

HONG KONG
Advisory Council
on AIDS

August 1999 to July 2000

REPORT

Preface

Into the 21st Century ... Expanding Hong Kong's Response to AIDS

This is the seventh annual report of the Advisory Council on AIDS (ACA) compiled by the Council's Secretariat. It is also the first report of the current term (fourth term) of ACA starting from 1 August 1999 to 31 July 2002. Established in 1990, the Council has been actively working towards the development of strategies for the prevention, care and control of HIV/AIDS in Hong Kong. It also plays a co-ordinating role in the implementation of local programmes.

The year under report (August 1999-July 2000) marked not only a turn of the century, it also witnessed the efforts of the Council in expanding Hong Kong's response to HIV/AIDS. Subsequent to a full-scale review of the AIDS programmes and situation in Hong Kong in 1998, the Council has been taking the lead to react positively to recommendations made by the Consultancy Report, with due rectification to suit the local situation. Firstly, there have been efforts to strengthen the structure of the Council. These include the retention of members with experience, and recruitment of new members with relevant exposure and/or expertise in other fields. Also, various stakeholders, including non-government organisations (NGOs), vulnerable groups, and people living with HIV/AIDS (PLHAs) have been invited to join the various committees/task forces of the Council to promote acceptance/non-discrimination, and to advise on effective HIV/AIDS prevention and care measures. Secondly, there have been changes made to committees under the ACA to reflect its nature of work: the AIDS Prevention and Care Committee was set up to emphasize on the need for more direct intervention efforts; and the Committee on Promoting Acceptance of People Living with HIV/AIDS was established to echo the advice of the Consultancy Report in promoting equal opportunities for PLHAs and their families in the "wider community" – meaning the society at large. The Scientific Committee on AIDS is the only committee retained under the Council to continue taking care of scientific matters related to HIV/AIDS.

Responses outside the Council have also been encouraging. The Community Planning Committee (CPC), a natural progression of the Community Planning Process, was formed in June 2000 with 24 members representing virtually all aspects of the community who are interested in, or have knowledge of, the prevention and care of HIV/AIDS. With the efforts of CPC, and its co-operation with ACA, the opportunity of expanding Hong Kong's Response to AIDS will be greatly enhanced.

To document the progress of Hong Kong's AIDS programme, this report summarises all activities undertaken by the Council and its committees/Task Forces/Working Groups in the past one year. It also gives a brief description of its historical past. As a concise report, details of AIDS campaigns, service provision, formulated policies and guidelines are not included. Readers are welcome to contact the Secretariat if these are required.

Finally, the Advisory Council on AIDS invites comments on all aspects of programme development. This report is part of the continuing process of strengthening communication among the Council, government departments, NGOs and other parties involved in AIDS prevention, care and control in Hong Kong.

Secretariat
Advisory Council on AIDS
Hong Kong
July 2000

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1. HIV/AIDS Situation in Hong Kong

Introduction

The AIDS Unit of Department of Health is the operational unit responsible for the prevention, care and control of HIV/AIDS. One major programme is HIV/AIDS surveillance which includes activities such as collection of data, compilation and processing of HIV/AIDS data, interpretation of results, generation of output for the disease monitoring, prevention and control in the community. The following review is provided by the Surveillance Office of AIDS Unit.

HIV/AIDS Situation

HIV/AIDS epidemiology in Hong Kong is monitored by the Department of Health with data regularly collected through three mechanisms: (1) voluntary reporting, (2) unlinked anonymous screening, and (3) seroprevalence monitoring of selected groups.

Voluntary Reporting

The voluntary reporting system was started with the first case of HIV infection diagnosed in November 1984. As of the end of June 2000, a total of 1446 HIV infection had been reported to the Department of Health AIDS Unit. Among them, 475 had progressed to AIDS. The numbers of HIV infection reported in the years 1997, 1998 and 1999 were 181, 189 and 213 respectively. The reported annual new AIDS patients was 64, 63 and 61 for the year 1997 to 1999 respectively.

Concerning the demographic characteristics, males were still the predominantly affected ones although there was a trend of increasing female infections reported in recent years. The male-to-female ratio decreased

from 6:1 in 1994 to 2.6:1 in the second quarter of year 2000.

Ethnic Chinese constituted the majority of reported HIV infections in Hong Kong, accounting for 69% of the cumulative figure. For the non-Chinese population, other Asian ethnicity was increasingly reported, reaching a cumulative figure of 14% among all cases.

Sexual contact remained the most important mode of transmission, accounting for eighty-two percent of cumulative total. Since 1994, the proportion of heterosexual transmission has been ranging between 65% to 70% of all annual reported infections, whereas 12-25% reported themselves as homo- or bisexuals. There was one infection resulted from infusion of an HIV-contaminated blood unit collected during a donor's window period in 1997. It was the only case detected since the Hong Kong Red Cross Blood Transfusion Service adopted universal blood screening in 1985. On the other hand, twenty-eight HIV infections were found among injecting drug users, six were reported in 1999 and five in the first half year in 2000. The total number of mother-to-baby transmission was eleven.

Unlinked Anonymous Screening

The Unlinked Anonymous Screening Programme in Hong Kong has been in operation since November 1990. The HIV seroprevalence in newborns was stable at 0.03% in recent few years. The positivity rate among methadone users was less than 0.05% before year 1997, rising to 0.11% in 1999. Prevalence in patients attending tuberculosis treatment clinics and correctional institute inmates was 0.63% and 0.69% respectively in 1999.

Seroprevalence in Social Hygiene Clinic clients and blood donors

STD (Sexually Transmitted Disease) clients of the Social Hygiene Clinics in the public service are offered regular HIV counselling and voluntary HIV testing. The new case detection rate has been stable at 0.06% to 0.07% over the past four years.

As for blood donors, seven HIV positives were detected among the 189,959 blood units screened by the Hong Kong Red Cross Blood Transfusion Services in 1999. This approximates to 3.7 per 100,000 blood units screened.

Other Surveillance Activities

Two other programmes contribute to our understanding of the HIV risk in the population. These are (a) STD Surveillance and (b) behavioural surveillance.

2. Historical Development of Hong Kong's AIDS Programme

The development of the Hong Kong AIDS programme can be divided into the following phases :

Phase I-The Initial Response (1984-1986)

In November 1984, an *Expert Committee on AIDS* was set up within the then Medical and Health Department, to “ ..discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease when required.” Subsequently in 1985, a *Scientific Working Group on AIDS* (SWG) was formed to initiate and implement medical, surveillance and public health activities in Hong Kong. Key output during this period included: establishing an AIDS counselling clinic and a hotline, ensuring supply of safe heat-treated blood products, safeguarding blood supply through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS), initiating an HIV/AIDS surveillance system, and providing the HIV antibody tests to people at risk of infection.

Phase II - Enhanced Public Education (1987-1989)

Public education was systematically introduced during the second phase, in line with the strategy of the World Health Organisation (WHO). A committee on Education & Publicity on AIDS (CEPAIDS) and a publicity working group were formed by the then Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes. These were put forth through the aid of various government departments as well as community organisations. Media publicity was launched, with television Announcement of

Public Interest (API, or TV spots) produced by the Government Information Service, to arouse public awareness.

The AIDS Counselling and Health Education Service of the Medical & Health Department was expanded to become an operational arm of the committee, which organised activities targeting various community groups.

Phase III- Consolidation (1990 -1993)

A central Advisory Council on AIDS (ACA), appointed by the governor, was established in March 1990. The Council has been charged with recommending AIDS strategy and streamlining the operations of Hong Kong's AIDS prevention, care and control programme. Community participation was encouraged and AIDS NGOs were formed during this period. AIDS Concern and the AIDS Foundation, which were formed respectively in 1990 and 1991, both established their status as organisations providing community education as well as counselling and support service to people living with HIV/AIDS.

In early 1993, the AIDS Trust Fund was set up by the government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, following the public outcry in response to the rejection of an HIV-infected haemophilia boy from school. The same fund also financed education and AIDS care projects.

On the other hand, the HIV/AIDS surveillance system was strengthened through the conduction of epidemiological serosurveillance, e.g. unlinked anonymous screening (UAS). The original counselling

service evolved to become the Department of Health's AIDS Unit.

Phase IV-Wide Community Participation (1994-1997)

In 1994, ACA published its first official strategy document titled *Strategies for AIDS Prevention, Care & Control in Hong Kong*, which formed the blueprint for policy formulation in the Government as well as community organisations.

There was wider community participation within this period and various new organisations were founded, including Action for REACH OUT, Society for AIDS Care, AIDS Memorial Quilt Project, HIV Information & Drop-In Centre of the St John's Cathedral, and the Teen AIDS. AIDS NGOs had contributed significantly under funding support from the AIDS Trust Fund. More pre-existing organisations also incorporated AIDS in its conventional activities through new initiatives, for example, the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macau.

During this period, education programmes on awareness/prevention were expanded with the participation of more NGOs and the re-organised CEPAIDS.

Phase V-Expanded Response (1998-2001)

A fundamental review, including an internal assessment and an external review, was conducted in 1998, with the results and recommendations submitted to ACA in July 1998. Based on findings of the Review, ACA formulated its medium term strategy through the publication of *AIDS Strategies for Hong Kong 1999-2001* in the same year (Appendix A). To tie in with the strategies formulated, a total of ten targets, ranging from early targets, through-period targets, and end-of-period targets were set up for implementation through the years

1999-2001. The essence of these strategies can be viewed in the following perspectives:

(a) Focus on Prevention

Special emphasis was put on the vulnerable groups with risk-taking behaviours, in involving the community's participation in prevention and care activities of HIV/AIDS, and promoting acceptance to people living with HIV/AIDS.

(b) Ensuring Quality Care

Attentions were drawn to supporting quality treatment, meeting the needs of people with HIV/AIDS, and promoting HIV testing.

(c) Strengthening Partnership

The strategies included the setting of a common programme direction, expanding responses through Community Planning, conducting evaluations to check the progress, and strengthening surveillance to monitor the HIV situation.

Details of the ten targets mentioned in *AIDS Strategies for Hong Kong 1999-2001* are appended in Appendix B for information. The support network of Hong Kong's AIDS programme is shown in Appendix C.

The Current AIDS Programme

The current development of the AIDS programme can be viewed from the following perspectives:

(a) The Government's Response

The Government has responded positively to HIV/AIDS at three different levels: Firstly, at the planning/policy level, special committees have been established to advise, supervise and/or co-ordinate the functioning of the various components of the programmes. The Advisory Council on AIDS and its committees are some examples. Secondly, at the operational level, designated services have been set up within the health sector to promote health and effect prevention, with the collaboration of other Government units. Thirdly, the Council for the AIDS Trust Fund (ATF) was set up to advise the allocation of funding to AIDS activities.

In response to proposals made by the External Consultancy report, the ACA has undergone re-structuring to take care of the aspects on Prevention and Care of HIV/AIDS, as well as on promoting acceptance of People Living with HIV/AIDS. Further details are included in Chapter 3 of this Report.

(b) *Involvement of the Community*

Community involvement has been evolving in the recent years. Prior to 1997, community involvement has been largely in the form of participation by community leaders and the organisation of activities by AIDS NGOs. Following the publication of the *AIDS Strategies for Hong Kong 1999-2001*, community involvement has taken a different meaning. There have been increasing emphasis on the vulnerable communities, and in promoting community acceptance of people with HIV/AIDS.

Currently there are the following AIDS NGOs: Action for REACH OUT; AIDS Advocacy Alliance, AIDS Concern; AIDS Project, Hong Kong Council of Social Service; St John's Cathedral HIV Education Centre; Hong Kong AIDS Foundation; Society for AIDS Care; and Teen AIDS. There is a coalition of the AIDS NGOs known as the Hong Kong Coalition of AIDS Services Organisations (HKCASO) which was formed in early 1998. Another unofficial coalition works through the Committee on AIDS under the Hong Kong Council of Social Service which co-ordinates activities of AIDS NGOs and other community organisations since 1994.

(c) *Community Planning*

As initiated by the Consultancy Review in 1998, one effective way of expanding the response to HIV/AIDS was to ensure community involvement through a community planning process (CPP). Under this process, a Community Planning Committee (CPC) would be formed. Stakeholders, including people living with HIV/AIDS, and those from different vulnerable communities, were to be included in the CPC.

In August 1999, an application for funding support to the CPP was raised by the Hong Kong Coalition of AIDS Services Organization (HKCASO) to the Council for the

AIDS Trust Fund (ATF). Subsequently, a sum of HK\$1.7 million was granted for setting up the CPP. A CPC was constituted in June 2000, with 24 members on board. The duties of the CPC, in future, will be to identify priorities for implementing HIV/AIDS prevention activities. Currently, there are six priority groups identified by the External Consultants which required to be treated urgently. These vulnerable groups include: travellers to and from Mainland China, men having sex with men, youth, injecting drug users, sex workers and clients, and STD clinic attendees.

Relationship with Mainland and the International Community

Relationship of ACA with the Mainland AIDS workers has become more intimate since 1997. There are various means of collaborating with Mainland China on the prevention and control of HIV/AIDS. These include:

- (1) participation in World Health Organisation (WHO) or other United Nation (UN) supported activities, including consultancies in the Mainland;
- (2) participation in conferences and meetings;
- (3) joint education/training activities; and
- (4) reciprocal visits of government officials and non-governmental organisations.

Though there have not been direct participation of international agencies in Hong Kong's AIDS programme, there exists some interaction with the international community in the areas of

- (1) epidemiological surveillance,
- (2) information sharing,
- (3) acquisition of technical advice, and
- (4) co-ordination with other countries.

Such networking is made through participation in meetings, visits, training, and attendance of conferences.

Since December 1998, the Red Ribbon Centre, which partners with ACA in Hong

Kong's AIDS programmes, has become a UNAIDS (Joint United Nations Programme on HIV/AIDS) Collaborating Centre for Technical Support. This has strengthened the relationship between the Council and the UNAIDS.

The roles to be served by the UNAIDS Collaborating Centre are : (a) clearinghouse, (b) networking (c) technical development, and (d) collaboration.

3. Advisory Council on AIDS

Introduction

The Advisory Council on AIDS (ACA) was formed in 1990. Each term of the ACA lasts for three years, and it has now entered its fourth term with effect from 1 August 1999. The membership of the fourth term is shown at Appendix D.

With the objective of promoting community participation, ACA's membership has included community leaders, professionals and representatives of voluntary agencies. In July 1994, ACA published its first policy document *Strategies for AIDS Prevention, Care and Control in Hong Kong*. It had since become the blueprint of Hong Kong's AIDS strategy. In 1998, an overall review on Hong Kong's AIDS situation and programmes was conducted. Based on principles of the 1994 Strategies, and incorporating recommendations made through the Internal Assessment and in the External Consultancy Report, the *AIDS Strategies for Hong Kong 1999-2001* was drafted and adopted by ACA as its official recommendations for the coming three years. The terms of reference of the current term of ACA are:

- (a) to keep under review local and international trends and development relating to HIV infection and AIDS;
- (b) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and
- (c) to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA is now underpinned by three committees, each supported by sub-committees/task forces/working groups (Appendix D). The committees are:

- a) *Scientific Committee on AIDS (SCA)*
- b) *AIDS Prevention and Care Committee (APCC)*
- c) *Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)*

The fourth term of the ACA had met four times during the reporting period as follows :

- | | |
|-------------------------------|-------------------|
| 1. (30 th meeting) | 24 September 1999 |
| 2. (31 st meeting) | 14 January 2000 |
| 3. (32 nd meeting) | 7 April 2000 |
| 4. (33 rd meeting) | 7 July 2000 |

Follow-up on Strategies Implementation

With the completion of the overall review on Hong Kong's AIDS situation and programmes in June 1998, an External Consultancy Report was submitted to ACA. It was then followed-up by a special ACA working group which suggested a total of 10 targets. These ten target areas fell into three groups, namely (a) early targets, (b) through-period targets, and (c) end-of-period targets:

(a) *Early targets*

These were proposed to be implemented in the early months of ACA's current term of office. There were three early targets set out in the 1999-2001 Strategies:

- (i) *Target One To initiate a community planning process to strengthen the coordinated response of Hong Kong towards HIV prevention and care, with the active role assumed by the community in its planning. Its mechanism should be developed in consultation with community organisations and people living with HIV/AIDS: These had been accomplished through active support of*

ACA in the setting up of the Community Planning Process (CPP) by the Hong Kong Coalition of AIDS Services Organisations (HKCASO), an allied organisation of the NGOs. The Council for the AIDS Trust Fund approved a sum of HK\$1.7 M to push forward the CPP. The Council offered assistance to the CPP in their initial attempts to establish links with community organisations, and getting in touch with people living with HIV/AIDS.

- (ii) *Target Two To advise the Council for the AIDS Trust Fund (ATF) to review its technical review process and evaluation mechanisms, taking into consideration recommendations made in the external consultancy report:* The subject was discussed at ACA meetings in the presence of ATF representative(s), in a letter drawing the attention of ATF to recommendations put forward by the External Consultants, and through contact with the ATF Chairman and the Secretariat.
- (iii) *Target Three To plan for strengthening the role of the Advisory Council on AIDS, and to streamline its operation to carry forward the strategies developed for 1999-2001, guided by the principles and objectives so established:* The structure and role of the ACA were revised to tie in with the new strategies. The AIDS Prevention and Care Committee (APCC) was established to replace the Committee on Education and Publicity on AIDS (CEPAIDS) and the AIDS Services Development Committee (ASDC), with a view of providing more direct and effective support to intervention efforts. As recommended in the Consultancy Report, a new Committee on Promoting Acceptance of People Living with HIV/AIDS was established to promote a supportive environment in the community whereby people with HIV/AIDS could live with dignity and without discrimination. The Scientific Committee on AIDS (SCA), which used to focus on scientific matters

related to HIV/AIDS, continued to operate under the ACA.

(b) *Through-period targets*

The following are five through-period targets. Some of them have been accomplished, while others are in progress:

- (i) *Target Four The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation:* The Council had been working in collaboration with the CPP Secretariat since its inception. ACA has invited CPP Secretariat staff to attend its meetings (31st and 33rd meetings) to brief members on progress of the process. ACA also took up some of the capacity building work required by CPP. Two capacity workshops had been arranged by ACA during the reporting period, including (i) Consultancy visits by Dr Tim Brown and Mr Walter Chow to Hong Kong between 8-12 November 1999. In addition to a series of workshops, a lecture on “Overview of Community Planning for HIV Prevention and Care” was presented; and (ii) Consultancy visit by Mr Palani Narayanan between 29-30 May 2000. An informal meeting was held with health workers and members of the Task Force on Drug Users, followed by an “Interactive Workshop on HIV prevention among drug abusers – a harm reduction approach” for local workers on drugs and AIDS.
- (ii) *Target Five The community planning process will be supported, and the mechanisms of its operation evaluated for consolidation and refinement to improve its future development:* As of the end of June, CPP had successfully identified candidates representing the community in forming a Community Planning Committee (CPC), with its first meeting held in July 2000.
- (iii) *Target Six Prevention strategies on vulnerable populations will be developed. The main objectives are to stimulate interest in and bridging with the community, and to catalyse*

development of intervention efforts. Strategy development is a dynamic process requiring community input, ongoing evaluation and refinement: The development of prevention and care strategies has been delegated to the APCC through the ACA. There are totally seven Task Forces (TFs) working on different groups: Travellers, Men who have Sex with Men (MSM), Youth, Drug Users, Sex Workers and Clients, People Living with HIV/AIDS, and Women. These TFs would initiate draft strategies related to their specific population and forward them for discussion at the APCC. So far, the draft strategy document on Youth have been discussed and agreed. Two other draft strategies are under preparation for discussion.

- (iv) *Target Seven* The HIV surveillance system shall be strengthened in the collection, analysis and dissemination of epidemiological information. The system shall be expanded to incorporate STD surveillance and behavioural monitoring: The HIV surveillance system is currently operating under the auspices of the Department of Health. The Scientific Committee on AIDS is monitoring the epidemiology of HIV and the mechanism whereby surveillance information is collected.
- (v) *Target Eight* Clinical HIV management shall become developed as a specialist care programme with an integration of medical, laboratory and support services. The system should be supported by the enhanced participation of medical practitioners of all disciplines towards improved diagnosis and shared care: A working group on HIV Management has been formed under the SCA.

(c) End-of-period targets

Below are two target areas that have not been covered by the Council. These are basically assessment of past performances and recommendations for improvements:

- (i) *Target Nine:* The progress on the implementation of the AIDS strategies over the three-year period (1999-2001)

will be reviewed, which would provide input for planning the strategies for the next three to five years.

- (ii) *Target Ten:* The epidemiological and related behavioural situation on HIV/AIDS should be assessed to form the scientific basis for steering the development of medium and long term strategies on HIV/AIDS prevention and care in Hong Kong.

Collaboration between Hong Kong and the Mainland/Macao

There has been increasing contact and collaboration between members of ACA and its Chinese partners working on AIDS in the Mainland, and in Macau. These include:

- (a) *Project collaboration:* The second “Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region” was organised in Hong Kong on 9-10 June 2000 jointly by the Red Ribbon Centre – UNAIDS Collaborating Centre for Technical Support; Centre of Infection and Immunity, HKU; Pearl River Delta Region HIV/AIDS Research Group of Guangdong Province; and Department of Health, Macao. Over 120 delegates from the Mainland, Macao and Hong Kong attended this workshop held at the Lam Woo International Conference Centre. Dr K H Wong, Secretary of ACA, was invited as a member of the organising committee. Dr Homer Tso, JP Chairman of ACA, was invited to conduct a roundtable discussion on “HIV/AIDS Management”. Plenary lectures were presented respectively by Prof James Chin of UC Berkley, Dr Tim Brown of the East West Centre, Hawaii, and Dr Roger Chan from the Hong Kong University. There was active sharing of information and experience to enhance understanding and promote future collaboration.
- (b) *Visits:* During the period, several Mainland delegations visited Hong Kong for experience sharing, and for

exchanging views on the prevention & care of HIV/AIDS. Dr Zhang Wen Kang, Minister of Health and Dr Yin Dakui, Vice-minister of Health paid their visits in August and September 1999. Dr Shao Yi Ming, Deputy Director of the Chinese National Centre for AIDS Prevention and Control, and Director of National AIDS Reference Laboratory, was in Hong Kong on 13 June 2000 and presented his lecture on “Epidemiology of HIV Infection in China” at the Red Ribbon Centre. A group of nine Mainland experts from the Railways and Health departments visited Hong Kong between 31 July-4 August 2000. The group was on a 5-day study tour to Hong Kong to take reference from Hong Kong’s programme on AIDS, with emphasis on the prevention of HIV among drug users in Hong Kong, and methadone treatment/ harm reduction. On both occasions, dinner receptions were held by the Chairman in honour of the guests.

Hong Kong AIDS Conference 2001

Following the withdrawal of the CityU group in organising the Hong Kong AIDS Conference in 1999, the Hong Kong Council of Social Service (HKCSS) has accepted the invitation to take up the organising work of the Conference. Due to engagement of the HKCSS, the date of holding the Conference was postponed. Tentatively, this 2nd Hong Kong HIV/AIDS Conference will be held between 27th – 29th August 2001. The theme is refined as “Towards greater Community Involvement for AIDS Prevention and Care – Challenge and Response in the new era”. The Council for the AIDS Trust Fund had approved a sum of \$0.64M for sponsoring the Conference.

The first Hong Kong AIDS Conference was organized by ACA in November 1996. Since then, there have not been further local conferences of the same scale and nature in Hong Kong.

International Conferences

During the report period, the following conferences were held with ACA participation: (a) the 14th World Congress of Sexology held in Hong Kong between 23-27 August 1999. HIV/AIDS had been covered as a subject of the programmes and ACA was invited as an honorary advisor; (b) the 5th International Congress on AIDS in Asia and the Pacific from 22-27 October 1999 was held in Kuala Lumpur, Malaysia. ACA was represented by Dr Homer Tso and Prof C N Chen at the Congress; and (c) the 13th International Conference on AIDS held in Durban, South Africa between 9-14 July 2000. The Conference was attended by four representatives representing respectively ACA and its three committees.

EOC Case Study Report on the Kowloon Bay Health Centre

Since 1995, a group of Richland Gardens residents have protested against the Government in building a Health Centre with HIV services close to their buildings. The objection had led to action that resulted in personal humiliation. Some health workers and patients of the Health Centre were reported to be disturbed by residents nearby. A case study was then conducted after complaints received by the Equal Opportunities Commission (EOC). Upon completion of the investigation, Ms Anna Wu, the EOC Chairperson, was invited to brief members on contents of the Report. In addition to reporting the incident, the Report also gave suggestions to prevent re-occurrence of similar events in future. The following points were raised for particular attention:

- (a) that the Health and Welfare Bureau should work closely with DH and the Planning Department on a clear set of guidelines setting out the location of sensitive services and the support facilities and infrastructure requirements;
- (b) that community integration should be adopted by Government as the Planning Policy in respect of the establishment of this type of centre and that maximum utilization should be made of the

community facilities and infrastructure in the neighbourhood;

- (c) that a coordinated strategy for consultation and to garner support from the local community should be worked out by concerned departments, and the various support groups (including the EOC), and the local District Office once decision have been made on the siting. The local District Office should take up a key coordinating role in the consultation and liaison process;
- (d) that in providing planning approval for this type of centre, the Government should consider the transport needs of staff, users and visitors to the centre and provide clear access to and from the centre;
- (e) that having regard to the difficulties experienced in this situation, the EOC should be given the power to seek declaratory and/or injunctive relief in its own name, in respect of unlawful acts and unlawful conduct under the anti-discrimination laws, as well as in respect of discriminatory policies and practices; and
- (f) that having noted that persons with disabilities are vulnerable when it comes to public disclosure of their disabilities, the courts should exercise their discretion and order that the names of such persons, particularly HIV or AIDS patients, should not be disclosed in court actions or reported in the media.

ACA was supportive of recommendations made by the EOC and a letter was later addressed to the Health and Welfare Bureau expressing the ACA stance:

- (a) that the Government should keep a close monitoring to new centres with HIV facilities. The Fanling Health Centre would be a focus;
- (b) that HWB should co-ordinate the various Government bureaux/ departments to ensure positive support; and
- (c) that the Government should eliminate discrimination to HIV/AIDS through promoting acceptance of people affected by HIV/AIDS.

In addition, a Committee on Promoting Acceptance of People Living with HIV/AIDS was formed under ACA, which came very close to the spirit of the EOC Report proposals.

High risk behaviours in blood donors – dimension and response

In response to a survey revealing some blood donors had made use of blood donation to test their HIV/STD status, a representative from the HKRCBTS was invited to brief ACA members on findings of the survey, and measures taken by the HKRCBTS in preventing the occurrence of this phenomenon. It was learnt from the HKRCBTS survey that:

- (a) about one-tenth of the male blood donors had deferrable risk behaviours;
- (b) some 7% of them would test HIV through blood donation; and
- (c) blood-donors in general had poor understanding of the HIV window period.

After the survey, the HKRCBTS had stepped up its programmes to (1) remind potential donor not to give blood if one had practised “deferrable risk behaviours”, (2) provide more education to the public about HIV related risk behaviours and blood safety; and (3) constantly review and improve the donation selection policy/system. In addition, HKRCBTS undertook to remind donors of the need to (i) follow the BTS guideline and to disclose the relevant health information requested for, (ii) to revise the Blood Donation Registration Form, (iii) to develop education and publicity programmes through a team of nursing staff established by the BTS to give education talks to secondary school students; and (iv) to undertake a pilot study on the effectiveness of interventions aiming at deferring high-risk blood donors in Hong Kong.

Having noted the finding in the survey, ACA supported that HIV testing now undertaken by the Government and non-government organisations should be promoted, and sources

of access to HIV tests should be widened. It was also agreed to enhance collaboration with the HKRCBTS in proposing education activities for reducing the risk of blood donation.

ACA 10th Anniversary cum Photo Exhibition

In memory of its 10th Anniversary, a gathering was initiated by ACA for its members, both past and present, to meet together and share experience in their work on HIV/AIDS. The function was held on 6th April 2000 at the Red Ribbon Centre. The event was well supported by members, staff and friends of ACA. About 120 guests turned up and Dr E K Yeoh, JP, a pioneer of Hong Kong's AIDS programme and now Secretary for Health and Welfare, was present to officiate at the ceremony. The ceremony was followed by a preview of a photo exhibition "15 years of AIDS in Hong Kong" with collection of more than 50 historical pictures on the work of HIV/AIDS prevention and care. A roving exhibition of the photos was arranged between April 7th 2000 to July 28th 2000, at five different locations including the Red Ribbon Centre, and City Hall of Hong Kong, Town Halls of Shatin, Tuen Mun and Tsuen Wan.

Overseas Visitors

Dr Tim Brown, fellow of the Program in Population of East West Centre, Hawaii, and Mr Walter Chow of the CDC project in the United States, visited Hong Kong in November 1999. They lectured and conducted workshops on community planning, and shared information with HIV/AIDS workers on the formation of the Community Planning Committee. Dr James Chin of School of Public Health, University of California at Berkley, who re-visited Hong Kong in June 2000 to present a plenary lecture on "The future of HIV/AIDS in the Pearl River Delta Region" at the Second Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region.

Building Community Relationships

To develop a close link with the community, the Chairman, members and secretarial staff of ACA have, in addition to their usual contacts with the community, initiated visits / meetings with other government and non-government organisations, as well as people with HIV/AIDS (PWAs), for the purposes of (a) sharing experience and exchanging views on matters of common concern; and (b) improving liaison and understanding with the PHAs/AIDS and non-AIDS organisations. Some of the recorded activities during the years included:

- (a) A series of familiarization visits by the ACA Chairman to various NGOs between 17-26 August 1999 including: Teen AIDS, Hong Kong AIDS Foundation, HIV Information and Drop-in Centre, Action for REACH OUT, AIDS Concern, Society for AIDS Care at Look-out, and the AIDS Project of the Hong Kong Council of Social Service;
- (b) Visit to Queen Mary Hospital on 3.9.1999 and meeting with Prof YL Lau;
- (c) Visit to patients of Haven of Hope Hospital on 17.9.1999 and meeting with Dr Chan Kin-sang, Chief of Staff responsible for hospice service in the hospital;
- (d) Visit to Queen Elizabeth Hospital on 22.9.1999, meeting with patient groups there;
- (e) Visit to SARDA on 14.10.1999;
- (f) Visit to patients of Integrated Treatment Centre at Kowloon Bay Health Centre on 15.10.1999;
- (g) Meeting with Narcotics Division at Admiralty Government Office on 15.11.1999;
- (h) Attending 1999 World AIDS Campaign "AIDS-I care Party" on 1.12.1999 at Kowloon Shangri-La Hotel;
- (i) Meeting with HKCASO and CPP staff on 24.3.2000 at Yau Ma Tei Jockey Club Clinic Conference Room;
- (j) Attending informal meeting with Mr Palani Narayanan, former Chairman of Asian Harm Reduction Network, on 29.5.2000; and
- (k) Attending 5th EOC Anniversary Cocktail Reception on 5.7.2000.

In addition, the ACA Chairman had, on behalf of ACA, attended several interviews/talk shows arranged by the media to promote knowledge and understanding of the public on HIV/AIDS.

ACA Newsfile

To keep members of the Council posted on the epidemiological trend of AIDS and development of the local AIDS programme, the Council Secretariat has, since January 1994, commenced issuing a monthly newsletter, the **ACA Newsfile**, for the information of members of the ACA and all its committees and task forces. Edited by the Secretary of the Council, 79 issues have been published up to July 2000.

Other publications distributed together with the ACA Newsfile include : (a) **Hong Kong STD/AIDS Update** - a quarterly surveillance report published by the AIDS Unit and the Social Hygiene Service of the Department of Health; (b) **Red Ribbon** - half-yearly publication of AIDS Unit for people living with HIV/AIDS; (c) a four-monthly **AIDS Bulletin** prepared by the Red Ribbon Centre for youth, students and the public; (d) **Networking Voice**, a publication targeting youth workers, students and youth; issued by the Task Force on Youth under the AIDS Prevention and Care Committee of the ACA; and (e) **Project Mini** - Mini-posters publicising AIDS information on a quarterly interval by the AIDS Unit of the Department of Health.

ACA Website

It has been five years since the joint Internet HomePage (titled "The Virtual AIDS Office of Hong Kong") of ACA & AIDS Unit was launched. In view of the rapid changes of sciences and technology, this HomePage has undergone changes on several occasions to allow updating of information on ACA as well as HIV/AIDS development. All major publications under the ACA, including this Annual Report, had been put on the internet for easy reference. Photos could also be viewed at

the gallery index. The homepage has attracted nearly 100,000 viewers since 1997 and the toll is increasing. Readers are welcomed to visit the ACA website at the following address <http://www.info.gov.hk/aids>.

The Secretariat Office

The Secretariat office has moved to 5/F of the Yaumatei Jockey Club Clinic, next door to the Special Preventive Programme (SPP) office. The telephone and fax numbers have remained unchanged.

4. AIDS Prevention and Care Committee

Introduction

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replaces two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

The main objectives of APCC are (a) to take proactive steps in formulating prevention and care strategies relating especially to the vulnerable populations in the prevention of HIV/AIDS, and (b) to care for people living with HIV/AIDS. This is in line with the suggestions made in the Consultancy Report 1998 that called for an emphasis on promoting active prevention, especially among vulnerable populations, and combining prevention and care activities for maximum benefits.

Structure

Structurally, the APCC is underpinned by a *Media and Publicity Subcommittee* and seven Task Forces:

Task Force on Youth,
Task Force on Travellers,
Task Force on Men who have Sex with Men (MSM),
Task Force on Drug Users,
Task Force on Patient Care and Welfare,
Task Force on Sex Workers and Clients,
and
Task Force on Women

Task Forces have been given the liberty in recruiting their members/expertise from outside the APCC, and in formulating draft strategies related to target community. The Task Forces (TFs) have begun operation in phases. Up to the end of July 2000, the Sub-committee on Media and Publicity, TF on Youth, TF on MSM, TF on Travellers, and TF on Drug Users have been formed. Brainstorming exercises have also been conducted in respect of the proposed TFs on Patient Welfare and Care, Sex Workers and Clients, as well as Women. These three TFs are expected to have their first meeting later this year (2000).

APCC has the following terms of reference:

- (a) To be responsible to the Advisory Council on AIDS (ACA);
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

Membership of APCC, its Media and Publicity Subcommittee and the four Task Forces established are shown at Appendix D. APCC has met three times during the last one-year period as follows,

1. (1st meeting) 14 October 1999
2. (2nd meeting) 17 February 2000
3. (3rd meeting) 18 May 2000

Development of Prevention and Care Strategies

In line with the recommendations made in the External Consultancy Report released in July 1998, and in light of the changing needs of the society, APCC has initiated the process of strategies development through its different Sub-committee/Task Forces. In the last year, the Task Force on Youth has presented a draft strategy for discussion at the APCC and was subsequently endorsed at the meeting. Draft Prevention and Care strategies in respect of other vulnerable groups are also under preparation. Recommended Strategies for HIV Prevention in MSM (men having sex with men), and Recommended Strategies for HIV Prevention in Mobile Population, were the two Prevention Strategies developed earlier by CEPAIDS and published as *HIV Prevention strategy series in Hong Kong* in September 1998.

Sub-committee on Media and Publicity

This newly formed Subcommittee on Media & Publicity has broader duties and wider membership composition compared with the task force in the last term. The major task of the subcommittee was to draw up a media and publicity strategy on the prevention of HIV/AIDS in the community. Members have been recruited from different task force convenors, AIDS NGOs and expertise in the media & publicity field. The subcommittee has met three times since December 1999. The subcommittee has discussed the theme proposed for Worlds AIDS Campaign 2000 “AIDS : Men make a difference” and adopted the Chinese translation of 「預防愛滋，男士做起」。A number of activities have been proposed for Hong Kong to tie in with the campaign.

Task Force on Youth

This task force has been brought forward from ACA's third term of office. In addition to strategies formulation, the TF also takes charge of the “*Youth Action on AIDS*” *Funding Scheme* which has been started since 1991. The

“Youth Action on AIDS” Funding Scheme has served to encourage and mobilize young people to organise innovative projects on education/publicity on AIDS. This Funding Scheme has been a success in two aspects. Firstly, the projects, which are designed by young people, appeal more readily to their peers. Secondly, in the process of implementation, the participants themselves benefit by learning about AIDS and its impact on the community.

In 1999, 22 community-based HIV prevention projects targeting youth were sponsored by the Funding Scheme. As in previous years, the Scheme was concluded by an exhibition-cum-award ceremony, which was held on 26 February 2000 at the Red Ribbon Centre.

The Funding Scheme enters its tenth year in 2000. Successful applicants are given a ceiling amount of HK\$ 8,000 to implement their proposed HIV prevention programmes. For flexibility, the Scheme has been changed to a year-round exercise since 1997 and application could be submitted at any time.

To celebrate the 10th Anniversary of the Funding Scheme, a number of activities will be held this year including (1) wider publicity and promotion of the Scheme; (2) publication of a commemorative report on this Scheme; and (3) organising a Youth Forum-cum-10th Anniversary Celebration.

Through operating the Funding Scheme over the years, the Task Force has been able to identify and make acquaintance with youth workers who had shown an interest in AIDS education and prevention work. In an attempt to build up a larger pool of youth workers with such interest, the Task Force has been publishing a newsletter named “Networking Voice 滋心話集”, to network youth workers in the field. This publication has featured articles on all aspects of HIV prevention and care for young people, and is published once every four months on a regular basis. In 1999/2000, three issues of Networking Voice were published. These included themes on “Harm Reduction” published in September 1999 (Volume 5, Number 3); “Information Technology and AIDS in the New Millennium” published in January

2000 (Volume 6, Number 1); and “Youth & Sex” published in May 2000 (Volume 6, Number 2) respectively.

Task Force on Drug Users

The Task Force on Drug Users (formerly known as Task Force on Drugs and AIDS) is pitched under the AIDS Prevention and Care Committee (APCC). The Terms of Reference of the TF on Drug Users are:

- (a) To prepare a strategy paper to the APCC on the formulation of HIV/AIDS prevention and care strategies for the drug taking population;
- (b) To coordinate HIV/AIDS intervention activities in relation to the drug taking population; and
- (c) To conduct project evaluations in respect of activities organised by the Task Force and to make proposal for improvements where appropriate.

A total of three meetings had been held since its formation. The progress of the TF is reported to APCC meeting at quarterly intervals through the TF Convenor, who is a co-opted member of the APCC. In view of the changing circumstances, two additional targets were raised at the third APCC meeting held on 18 May 2000

(a) mobilizing other drug agencies in participating in the HIV/AIDS prevention and care work, in particular outreaching preventive counselling, and to contribute to the drafting of prevention and care strategies; and (b) proposing prevention/care strategies for monitoring the cross border injecting drug use and potential needle-sharing behaviours.

In the last year, the TF has been working closely with the Department of Health's AIDS Unit and in collaboration with other voluntary agencies such as SARDA, Pui Hong Self-Help Association (PHSHA), the Auxiliary Medical Service, and the Civil Aid Service in organising regular/ ongoing AIDS prevention workshops and seminars for inpatients of drug rehabilitation centres, half-way house residents, aftercare patients, methadone users, social workers and allied workers working with drug users. More

new activities are being planned alongside with the drafting of the proposed prevention and care strategies for the drug-taking population especially the injecting drug users.

Task Force on Travellers

The Task Force (TF) on Travellers is another TF carried forward from the last term. Like all other TFs under APCC, it serves to initiate the drafting of strategies in respect of travellers relating to HIV prevention. Its terms of reference are:

- (a) To coordinate, consolidate and expand existing prevention and research activities related to the AIDS prevention work on the traveller population. Emphasis will be put on the Hong Kong residents travelling to mainland China and Macao;
- (b) To foster support and mutual collaborations among members in organising the above mentioned AIDS prevention and research activities;
- (c) To initiate proposals for new relevant prevention and research activities; and
- (d) To liaise with the Community Planning Committee formed by the Hong Kong Coalition of AIDS Services Organizations, with respect to issues of concern to Travellers.

With a strong membership who are academics, social workers, HIV/AIDS workers, and representatives of the Department of Health, the TF had been planning/implementing a number of Prevention and Care activities through individual member agencies including:

- (a) Exhibitions on safer Sex Campaign has been held jointly by the Social Hygiene Service and the Red Ribbon Centre at various locations including the China-Hong Kong Ferry Pier and Portland Street, Mong Kok;
- (b) Video screening targeting Travellers at the Lo Wu border has been held by the Special Preventive Programme (SPP) of Department of Health;

- (c) Distribution of education booklet/pamphlets planned by NGO members of the TF at the border by early September this year;
- (d) Outreach work performed by TF member agency at Lo Wu, Lok Ma Chau and the Kwai Chung Container Terminal targeting truck drivers;
- (e) Production of an AIDS Prevention API (announcement of public interest) through the coordination of the Sub-committee on Media and Publicity based on information supplied by this TF;
- (f) Promotion of voluntary blood testing in drug users and organising training courses on AIDS Prevention and Care for social workers; and
- (g) Creation of website “iAIDS” to promote AIDS prevention and care work; and
- (h) Research and prevention work in Mainland by member agency.

During this term, the Task Force has held a total of five meetings. It is expected that a draft strategy on Travellers would be formulated later this year.

Task Force on MSM

MSM stands for “Men who have sex with Men”. The MSM Task Force was originally set up on April 23, 1999 under the former CEPAIDS and now operates under the APCC. It currently consists of 13 members from tongzhi organisation leaders, AIDS volunteers and professionals, AIDS researchers, owners of gay establishment, and interested individuals from the MSM community. The TF aims at making recommendations on HIV prevention based on their knowledge of the community together with input from people with relevant expertise.

The TF has engaged in a planning process which actively involves active participation and ongoing community consultation. Input has been drawn from pieces of academic research, informal surveys, consultations with personal networks of MSM, and first-hand experience of the TF members.

The TF has so far completed two phases of its planning cycle and has determined priority activities for conducting research on the sexual behaviour patterns of MSM, so as to determine the extent of HIV infection among MSM.

The MSM TF is currently engaged in the fourth and final phase of its planning cycle and is consulting the community on the issue of how to prevent the further spread of HIV among MSM.

Proposed APCC Task Forces under preparation

(a) *TF on Patient Welfare and Care*

A brainstorming session was held on 12 April 2000, and was attended by 29 participants including patients, representative of medical and social services providers, as well as relevant government departments. A number of subjects relating to the welfare and care of the HIV/AIDS patients were discussed including the identification of service gap. Participants agreed that a task force should be formed. APCC had resolved to form the TF with its first meeting scheduled for August this year.

(b) *TF on Sex Workers and Clients*

A brainstorming session was held on 23 June 2000, and was attended by 14 participants including representatives of organisations working with sex workers, medical and social services providers, as well as relevant government departments. Participants agreed that a task force should be formed to examine gaps in current services. They further agreed that the stakeholders-both sex workers and clients, should be represented at the TF meetings. APCC endorsement would be sought in the formation of this TF later this year.

(c) *Task Force on Women*

A brainstorming session was held on 20 July 2000, and was attended by 28 participants including representatives of women and HIV/AIDS organisations, medical and social services providers, and relevant government departments. Issues

were discussed and the need for forming a TF would be discussed at an upcoming APCC meeting.

preparation through coordination of the Subcommittee on Media and Publicity.

World AIDS Campaign 1999 & 2000

Since 1988, the first of December in a year has been commemorated world-wide as the World AIDS Day. Starting 1997, the World AIDS Day was expanded to form a campaign, through the efforts of UNAIDS. This serves to remind people that the work on AIDS should be continued the whole year round.

The theme of World AIDS Campaign 1999 was “LISTEN, LEARN, LIVE! World AIDS Campaign with Children and Young People”. The theme emphasised the need to Listen to the young people, especially their concerns and fears; to Learn from each other, about respect, participation, support, and protection from HIV infection and stigmatisation; and to Live in a world with fewer HIV and free from discrimination. The Campaign featured activities organised by the Government and community organisations, through the coordination of APCC. Highlights included the screening of a Japanese drama “Kamisama Monsukoshidake” which promoted AIDS awareness, and a youth activity “AIDS ‘I Care’” Party.

As in the past year, arrangement was made with the Post Office for inserting a postal slogan “World AIDS Campaign” on all local mails in the two-week period covering the 1999 event. Similar agreement will also be sought with the Post Office for printing the logo on envelopes for two weeks from November to December 2000 on local mails.

A series of activities to commemorate the World AIDS Campaign 2000 (WAC) will be conducted by various organisations on and around 1 December 1999. The theme chosen by UNAIDS for the World AIDS Campaign 2000 is “AIDS : Men Make a Difference”. It focusses on men’s behaviour in relation to the spread and containment of HIV/AIDS, and their contribution towards the fight against AIDS. An API focussing on safer sex for men was under

Collaboration with the Red Ribbon Centre

The Red Ribbon Centre (RRC) has been working closely with APCC through providing operational support to task forces. Since its designation as a UNAIDS Collaborating Centre for technical support in late December, 1998, it has enhanced collaboration work between APCC and the other AIDS organisations. A number of activities organised by the APCC, including meetings of the task forces, joint activities, were held conveniently at the RRC. Miss Miriam Yeung, a singer well-known to young people in Hong Kong, has been appointed a UNAIDS ambassador. Her involvement in AIDS awareness activities would serve as catalyst to activities of the APCC.

For the enhancement of communication and the avoidance of duplicated efforts, a Calendar summarising highlighted events of Government & NGOs has been produced through the support of Red Ribbon Centre, and released by the Council Secretariat. The Calendar is now published every quarter of the year.

5. Scientific Committee on AIDS

Introduction

The Scientific Committee on AIDS (SCA) was renamed from the former Scientific Working Group on AIDS to give it equal status to the other two committees under the ACA i.e. the Committee on Promoting Acceptance of People Living with HIV/AIDS and the AIDS Prevention and Care Committee. The SCA has been starting her new term (1999-2002) and conducted the first meeting on 19th November 1999. The Chairman of the current term is Prof. LAU Yu-lung of the Department of Paediatric, University of Hong Kong.

The SCA has the following terms of reference :-

- (a) to evaluate the HIV/STD surveillance system in Hong Kong;
- (b) to develop and recommend technical and professional guidelines/protocols on HIV/AIDS prevention, management and control;
- (c) to provide scientific and clinical input to the process of planning and development of services in HIV/AIDS prevention, management and control, and the training of health and community care workers; and
- (d) to recommend and coordinate researches on the clinical, scientific, epidemiological and sociological aspects of HIV/AIDS with special reference to Hong Kong.

The membership of the SCA is at Appendix A. It met thrice since beginning of the current term: -

1. (17th meeting) 19 November 1999
2. (18th meeting) 11 February 2000
3. (19th meeting) 25 May 2000

Reducing Mother to Child Transmission of HIV – Antenatal HIV testing

Vertical transmission is one important route of HIV transmission. The risk of transmission from an HIV-infected mother to her child ranges from 15-40%, which differs from place to place. In Hong Kong, a total of 10 mother to child transmission have been reported as at the end of 1999. Given the increasing female infections, the potential risk of perinatal infection is a cause of concern. In this connection the SCA had initiated a review on various issues related, and suggested that it would be crucial to strengthen the local programmes for preventing perinatal HIV infection. It further arrived at certain consensus up till the latest discussions conducted. These were:

- 5.1. HIV/AIDS was in the rising trend and heterosexual transmission was the most important mode of transmission and would have an impact on MTCT of HIV;
- 5.2. HIV positive pregnancy was not a rarity and was increasing in our locality;
- 5.3. majority of such cases escaped from identification under the current system for proper management and care;
- 5.4. effective treatment was available now in preventing MTCT of HIV;
- 5.5. feasibility and desirability of universal screening was agreed upon by members and selective approach was sub-optimal and
- 5.6. further work on education and training, cost-effectiveness and implementation was necessary.

A paper summarising views of the SCA members titled “Reducing perinatal infection – the role of antenatal HIV testing” was presented to ACA during its 25th meeting held in September 1998, and was endorsed by the ACA members.

Application of HIV tests in Hong Kong

HIV tests play an important role in the prevention, care and control programme of HIV/AIDS. Since the availability of HIV antibody test in 1985, there have been progressive developments in HIV testing methodology. Today, HIV tests can be applied in a variety of AIDS programmes, namely (a) diagnosis of infection in individual subject, (b) care of infected patient, (c) prevention of HIV transmission in specific settings, and (d) surveillance in the community.

In Hong Kong, the principle of HIV testing policy is voluntary, with consent and in the context of counselling. SCA is concerned with (a) the chance of late diagnosis of patients due to their accessibility to HIV testing, and (b) the need of enhancing the testing programme for increased testing requirements.

Revision of Professional Guidelines

One of the terms of reference of the SCA is *“to develop technical and professional guidelines on HIV/AIDS prevention, management and control”*. In this respect, over 10 guidelines have been established by SCA over the years. They covered areas of infection control, HIV surveillance, HIV testing and clinical management of the disease. Apart from providing education/information to readers, these guidelines serve to set and uphold the standard on various issues relating to the prevention and control of HIV/AIDS.

During ACA's review of AIDS situation and programme in Hong Kong, the subject of guidelines and its maintenance standard were raised. After meeting with Prof John Bartlett, one of the external consultants, SCA resolved that key principles should be laid down to guide the formulation of recommendations/guidelines in the future. A paper highlighting the proposals were discussed and endorsed by members of SCA for future implementation.

Action has also been undertaken by the SCA to collect views from members on updating the SCA issued guidelines, some of which were

published years ago. Since there were quite a number of guidelines issued in the past, the updating work has to be done in phases, so that the more pressing ones could be updated/revised at an earlier time.

HIV situation in narcotic drug abusers in Hong Kong

The apparent increase of positive rate detected amongst drug users attending methadone clinic within 1998 has drawn concern of the SCA. A paper on the above topic was tabled for discussion at the SCA meeting held in February 1999. As indicated by behavioural surveillance, which confirmed the presence of needle-sharing practices among drug users, the potential for greater spread of HIV within the drug-taking community has drawn a major concern. Members drew conclusion that HIV transmission through Injecting Drug Users (IDUs) were highly possible and therefore recommended actions to be taken for reducing such risks through

- (a) education to attendees of methadone clinics;
- (b) focus on advice against sharing needles to those “experienced” drug users such as those admitted to Shek Kwu Chau Centre for treatment; and
- (c) strengthening collaboration with drug prevention/control bodies such as the Action Committee Against Narcotics (ACAN).

Unlinked Anonymous Screening

The unlinked anonymous screening programme continued to provide supplementary information on the current HIV prevalence of various target groups. One concern noted was the apparent increased positive rate detected in the drug users attending methadone clinic: from 0.023% (1992-1997) to 0.2% (1998). Since late 1998, UAS for drug users was extended to Shek Kwu Chau Drug Treatment and Rehabilitation Centre. One round of exercise was also undertaken at Hei Ling Chau Prison. (zero positive out of 1036. In response to this warning

signal, the Committee alerted drug treatment & rehabilitation workers for action.

AIDS Scenario & Surveillance Research (Project II)

Following the success of the AIDS Scenario & Surveillance Research (ASSR) project, the University of Hong Kong and the Department of Health undertook an ASSR project II to look at the HIV/AIDS situation at the Pearl River Delta Region, including Hong Kong, Macau, and Guangdong. Several meetings had been held to exchange information ideas, collect and analyse epidemiological and behavioural information for the different places. To consolidate the data and provide training, a two-day Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was held in Macau between 11-12 December 1998. A proceedings of the Workshop is under preparation. A follow-up working group was also set up after the conduction of the Workshop for periodical review of the situation and to keep track of the changes of statistics within the Pearl River Delta Region.

Universal precautions applied to Dead Bodies

Due to a newspaper report that some funeral parlours refused to handle bodies of deceased AIDS patients, a complaint was received by the ACA raising concerns over possible discrimination towards bodies died of AIDS. The same problem was also referred to SCA with the proposal of applying universal precautions so that there might not be any discriminatory complaints on handling of the dead bodies. After discussion, SCA considered that there would be a need to review the existing precaution guidelines, which were first drawn up in 1994, and revised in 1997, by an inter-departmental working group consisting of the Hospital Authority, the Urban Services Department, the Regional Services Department, and the Department of Health (DH). The case was referred to DH and the working group was re-convened in May 1999 to review the

procedures and the guidelines on "Precautions for Handling and Disposal of Dead Bodies".

The revision was completed within six months with the following recommendations: (a) to revise the guidelines by removing points of ambiguity in regard to the procedures, (b) to use different colour tags to signify different handling and disposal methods of dead bodies, and (c) to clarify changes made to the guidelines by holding education seminars for operators and staff of funeral parlours/undertakers, and to send the revised guidelines to hospitals/mortuaries for reference/compliance. The revised guidelines and recommended procedures have been put on trial since 1st March 2000 and so far proved successful.

6. Committee on Promoting Acceptance of People Living with HIV/AIDS

Introduction

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) is a new committee formed under the fourth term of ACA, as proposed in the External Consultancy Report in 1998. It is responsible for coordinating and recommending strategies for enhancing acceptance for people living with HIV/AIDS. It also works towards creating an environment of acceptance through community mobilization, conducting studies and making recommendations accordingly. The Committee has the following terms of reference:

- (a) To recommend and coordinate strategies towards promoting understanding of HIV/AIDS and acceptance of people living with HIV/AIDS;
- (b) To recommend to policy makers measures conducive to acceptance of people living with HIV/AIDS;
- (c) To mobilize the wider community in creating an environment of acceptance for people living with HIV/AIDS;
- (d) To examine legal and ethical issues of HIV/AIDS and their impacts on societal acceptance and make recommendations to the Advisory Council on AIDS; and
- (e) To review steps taken pursuant to recommendations made by the Committee and to carry out functions that ACA may delegate to the Committee.

Members of the CPA profess a wide variety of expertise. In addition to People Living with HIV/AIDS (PLHA) and representatives from AIDS NGOs, there are also Legislative Councillors, lawyers, academics, social workers, and other professionals, in addition to representatives of the Equal Opportunities Commission (EOC), Health and Welfare Bureau, the Department of Health, and ACA members. Since formation, the CPA has met twice during the reporting period as follows:

1. (1st meeting) 9 March 2000
2. (2nd meeting) 8 June 2000

Mode of operation

In order to maximize the application of expertise in the Committee, a “core team” system has been adopted with the following characteristics:

- (a) a specific task is to be handled by a designated team headed by a key member;
- (b) as deemed appropriate by this key member, invited expertise could join a team for better results,
- (c) the team would report to the Committee from time to time as to its progress; and
- (d) once the task is completed, the core team would be dissolved, and members would be free to form another core and make contributions.

Under the reporting period, the CPA has formed four core teams (CTs) on

- (a) Education;
- (b) Legal/Ethical issues;
- (c) Collaboration with Stakeholders; and
- (d) Partnership with Professionals.

Core Team on Education

The CT on Education, since formation, has met twice with the following resolutions:

- (a) Two targets has been prioritised in the general public, namely, youth and adults;
- (b) The agreed strategies of working with youth were:

- Identifying and breaking barriers to effective education;
 - Deciding message(s) to be delivered to youth; and
 - Assessing channels for educating the youth.
- (c) Networking and co-operation with Task Forces of APCC, as well as co-operation with AIDS-specific and mainstream NGOs were pivotal for achieving acceptance from society.

Core Team on Legal/Ethical Issues

Since formation, this CT has met twice with the following resolutions:

- (a) Supporting EOC “to seek declaratory and/or injunctive relief of its own name, in respect of all unlawful acts under the anti-discrimination laws ...”;
- (b) The labeling of facilities for PLHA as objectionable premises should cease. Establishment of good understanding and liaison between government departments are crucial in promoting acceptance of facilities for PLHA;
- (c) Partner notification of HIV should be encouraged under voluntary basis. Mandatory notification is considered counter-productive to HIV prevention strategies and hence not supported;
- (d) Religious attitude towards PLHA was considered as positive. CT would cautiously observe if this phenomenon would further improve/remains unchanged in future; and
- (e) Concerns about the police in their prosecution of those who carried injection apparatus that contained illicit substances, as this might have negative impacts on HIV prevention.

Core Team on Collaboration with Stakeholders

Two meetings were held by the CT with the followings discussed:

- (a) Though there were many who could be described as stakeholders, four had been

identified: Employers, PLHAs, the Media and Health Insurance;

- (b) The acceptance of PLHAs by employers is of primary importance because this would affect not only their self-esteem but also their livelihood. With the advances of medical technology, the average lifespan of PLHAs has been prolonged and their physical conditions improved. Employment is important to integrate PLHAs in the society. In this respect, a policy of inclusion has been proposed and a multi-tactical approach was also advocated for convincing employers of different sizes;
- (c) PLHAs are themselves the second most important target group within the “stakeholders”, as they constitute a potent force to change. Self-empowerment is encouraged and capacity building of PLHAs is suggested in areas such as understanding their own rights, participation in events/developments affecting their well-being, including the Community Planning Process;
- (d) The Media plays an important role in projecting the public image of PLHAs. This image is influenced by prevailing attitudes of the society. As such, it has been proposed that parallel approaches should be made to the media and the general public at large involving networking, education and mutual understanding; and
- (e) Health and medical care provision are important items of concern to the PLHAs. Despite the provision of a ‘safety net’ offered by the Government in the medical care, the future remains unpredictable. The CT would closely monitor the outcome of the forthcoming health care reform before initiating strategies to deal with the changing situation.

Core Team on Partnership with Professionals

Two meetings were held and matters discussed/agreed included:

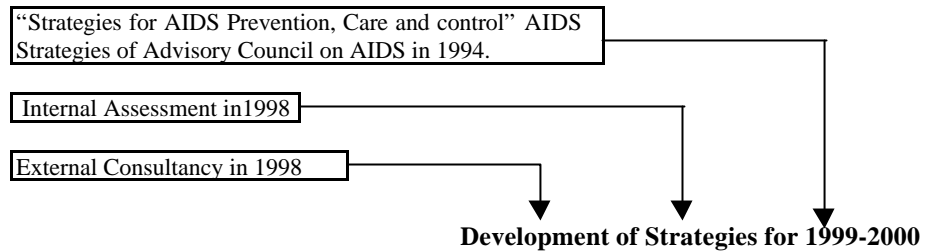
- (a) Promoting acceptance by health care professionals through a three-pronged strategy targeting ethical codes, professional guidelines and procedural protocols;
- (b) Suggesting the addition of equity of care in the Hong Kong Medical Council's professional ethical code;
- (c) Encouraging the promulgation of practice guidelines and procedural protocols which reflect the spirit of equity of care in health and allied health professions; and
- (d) Targeting trainee professionals by the inclusion of ethics relating to HIV/AIDS in their syllabus.

Evaluation

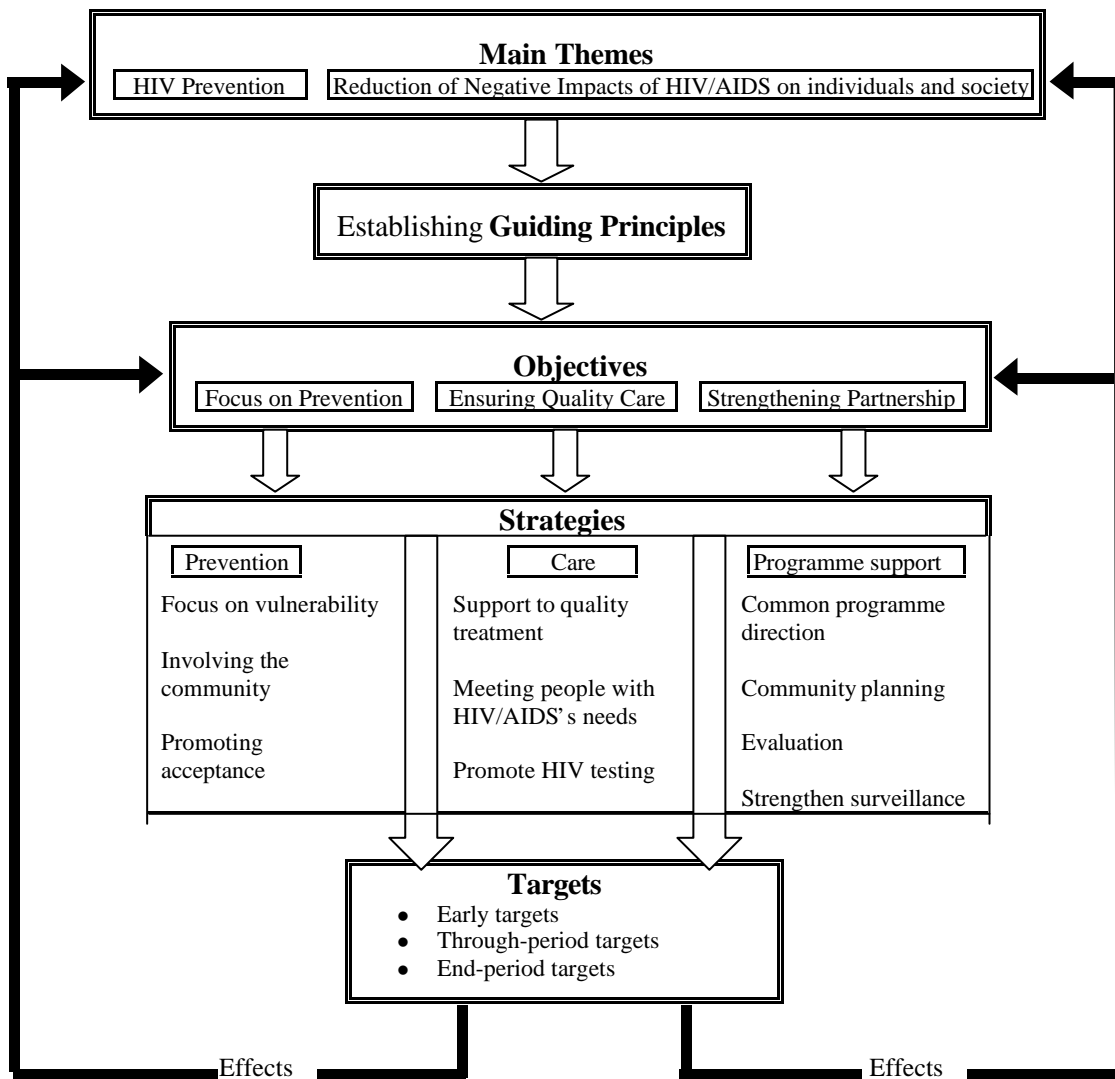
Evaluation is a process for identifying the strength and weaknesses of the programmes. The main objectives would be to find out areas for improvement, and to map out future directions/developments required. Subsequent to draft strategies being proposed by the Core Teams, there would be suggestion of plans for implementation and subsequent evaluation.

Appendix A : Development of AIDS Strategies in Hong Kong

Development of AIDS Strategies in Hong Kong – approach of the Advisory Council on AIDS:



Hong Kong AIDS Programme



Source: “AIDS Strategies for Hong Kong 1999-2001” published by the Advisory Council on AIDS, 1998

Appendix B : ACA Targets 1999-2001

The following are targets set out by AIDS Strategies in Hong Kong 1999-2001

(a) Early Targets

Target One: A community planning process will be initiated to strengthen the coordinated response of Hong Kong towards HIV prevention and care, with the active role assumed by the community in its planning. Its mechanism should be developed in consultation with community organisations and people living with HIV/AIDS.

Target Two: The Council for the AIDS Trust Fund will be advised to review its technical review process and evaluation mechanisms, taking into consideration the recommendations made in the external consultancy report.

Target Three: A plan will be proposed to strengthen the role of the Advisory Council on AIDS, and to streamline its operation to carry forward the strategies developed for 1999-2001, guided by the principles and objectives so established.

(b) Through-period targets

Target Four: The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation.

Target Five: The community planning process will be supported, and the mechanisms of its operation evaluated for consolidation and refinement to improve its future development.

Target Six: Prevention strategies on vulnerable populations will be developed. The main objectives are to stimulate interest in and bridging with the community, and to catalyse development of intervention efforts. Strategy

development is a dynamic process requiring community input, ongoing evaluation and refinement.

Target Seven: The HIV surveillance system shall be strengthened in the collection, analysis and dissemination of epidemiological information. The system shall be expanded to incorporate STD surveillance and behavioural monitoring.

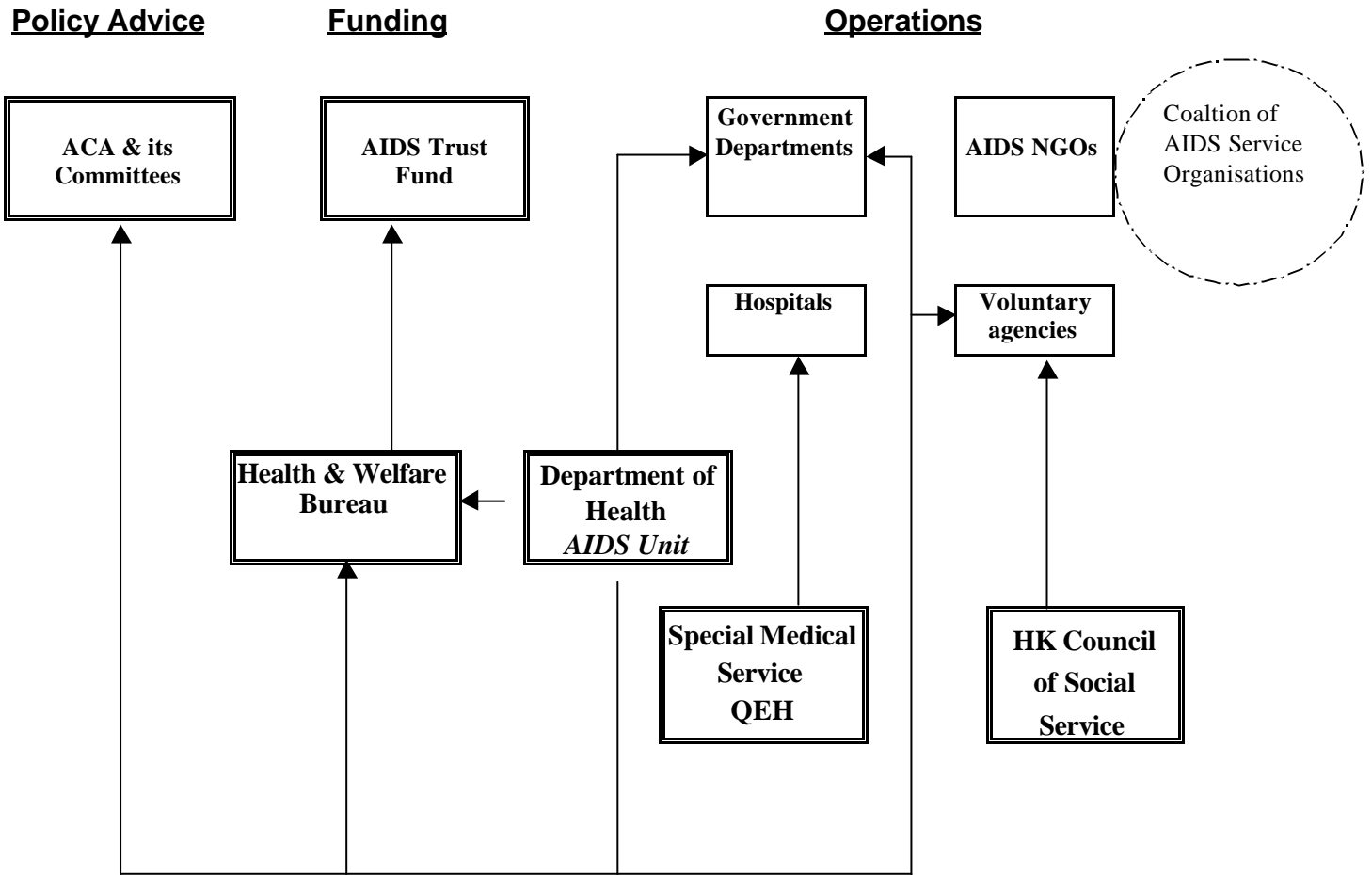
Target Eight: Clinical HIV management shall become developed as a specialist care programme with an integration of medical, laboratory and support services. The system should be supported by the enhanced participation of medical practitioners of all disciplines towards improved diagnosis and shared care.

(c) End-of-period targets

Target Nine: The progress on the implementation of AIDS strategies over the three-year period (1999-2001) will be reviewed, which would provide input for planning the strategies for the next three to five years.

Target Ten: The epidemiological and related behavioural situation on HIV/AIDS should be assessed to form the scientific basis for steering the development of medium and long term strategies on HIV/AIDS prevention and care in Hong Kong.

Appendix C : Support to AIDS Programme in Hong Kong



Source: "AIDS Strategies for Hong Kong 1999-2001" published by the Advisory Council on AIDS, 1998

Appendix D : Membership Lists

Advisory Council on AIDS (Fourth-Term : August 1999-July 2002)

Chairman:

Dr. Homer TSO Wei-kwok,, JP

Vice-Chairman:

Department of Health :

Dr. Margaret CHAN, JP

Members:

Professor NG Mun-hon

Ms. Carlye TSUI, JP

Dr. Patrick LI

Mrs. Diana WONG IP Wai-ying

Dr. Richard TAN

Professor CHEN Char-nie, JP

Mr. HUI Yin-fat, JP

Professor LAU Yu-lung

Mr. Vincent LO Wing-sang

Rev. CHU Yiu-ming

Professor Peter LEE Wing-ho

Mr. Daniel LAM, JP
(resigned in July 2000)

Professor Sara HO

Education Department :

Mr. TAM Chun-kit
(up to July 2000)

Dr. CHAN Ka-ki
(from July 2000)

Health & Welfare Bureau :
Hospital Authority :
Social Welfare Department :

Mr. Gregory LEUNG, JP
Dr. Lawrence LAI, JP
Miss Ophelia CHAN

Secretary:

Department of Health :

Dr. WONG Ka-hing
(up to July 2000)
Dr. LEE Shui-shan
(from July 2000)

Council Secretariat :

Department of Health :

Mr. John YIP
Miss Windy LAU
Miss Elaine SIT

AIDS Prevention and Care Committee (APCC)
--

Chairman:

Mrs Diana WONG IP Wai-ying

Members:

Dr. Richard TAN

Professor Peter LEE Wing-ho

Mr. Daniel LAM, JP
(resigned in July 2000)

Professor Sara HO

Mr. CHEUNG Che-kwok

Mr. HO Chi-on, Billy

Dr. Joseph LAU

Dr. Kerrie L. MacPherson

Ms. Bella LUK

Mr. TO Chi-chung

Mr. Tony PANG Shing-fook

Ms. LIN Oi-chu

Dr. James CH' IEN

Mr. Frederick TONG

Mr. KO Chun-wa

Mr. Brett WHITE

Mr. CHAN Kwok-chiu

Dr. Patrick LI

Mr. Graham SMITH

A CPC representative

Dr. TAN Kaw-hwee

Correctional Services :

Department of Health :

Dr. Thomas CHUNG
(up to January 2000)

Dr. KWONG Kwok-wai
(from February 2000)

Health & Welfare Bureau :

Miss Angela LUK

Information Services Department :

Mr. Simon LAU

Social Welfare Department :

Mrs. Alice LEUNG

Secretaries:

Department of Health :

Dr. CHAN Ching-nin

Mr. John YIP

**Task Force on Travellers
(of APCC)**

Co-convenors :

Dr. Joseph LAU
Ms. Margaret PANG
(from March 2000)

Members :

Mr. Tony PANG Shing-fook	Ms. Elijah FUNG
Mr. William KAM	Mr. Sumcy LEUNG
Ms. Paulina KWOK	Dr. ASM ABDULLAH
Ms. Linda WONG	Sister Ann GRAY (resigned in March 2000)
Ms. Anita CHU	Ms. Margaret PANG (from January to February 2000)
Mr. Graham SMITH (up to December 99)	Ms. Bella LUK (resigned in March 2000)
Dr. SIAH Poh-chua	

Secretary :

Mr. John YIP

**Task Force on Men who have Sex with Men
(of APCC)**

Convenor :

Mr. Graham SMITH

Members :

Mr. NG antoine-Andre	Mr. Justin SO
Mr. Anthony YEUNG	Mr. Tommy Jai
Mr. Robert GORE (up to July 2000)	Mr. Nelson NG
Mr. Ah Cheung	Mr. John LOO Khim-hung

Mr. Chung LAU
Mr. Rodney JONES
Mr. Greg GRAY
Mr. Andy CHIU
(up to December 1999)
Mr. CHUNG Kam-hung, Kenneth
(up to December 1999)

Mr. Roddy SHAW
Mr. To Chi-chung
Mr. John ERNI
(up to December 1999)
Miss Vera LAM
(up to December 1999)
Mr. Andy CHIU
(up to December 1999)

Secretary :

Mr. MAK Sik-yan

In Attendance :

Dr. Kelvin LOW
(up to June 2000)

Ms. Victoria KWONG

**Task Force on Youth
(of APCC)**

Convenor :

Mr. HO Chi-on, Billy

Members :

Mr. KO Chun-wa
Miss YAU Yuk-lan
Miss Wendy WU
Mr. YUEN Wai-sum
Mr. Roger CHAN
Ms. Atty CHING
Miss WONG Ka-ye, Karrie
Mr. Alfred N.W. AU
Miss Susan CHA

Ms. S.Y. CHAN
Mr. CHAN Chiu-kwong
Miss Mary YIP
(up to August 2000)
Miss Teresa FUNG
(from August 2000)
Mr. KAM Shi- yuen
Dr. Kelvin LOW
(up to June 2000)
Ms. Cheng So-kwan

Secretary :
Mr. MAK Sik-yan

**Task Force on Drug Users
(of APCC)**

Convenor :
Dr. James CH' IEN

Co-convenor :
Mr. LI King-fai

Members :

Mr. Eric SIU	Ms. S.Y. CHAN
Mr. Spencer SO	Mr. YU Koon-hing, Richard (up to July 2000)
Mr. Tony PANG Shing-fook	Mr. NGAN Hon-fat (from 14 July 2000)
Mr. LEUNG Ping-shing	Dr. Kelvin LOW (up to June 2000)
Mr. CHAN Chun-kai	Dr. CHAN Ching-nin
Mr. YUEN Wai-sum	Ms. CHENG So-kwan
Mr. Kenneth PANG	Dr. WONG Ka-hing
Mr. KO Chun-wa	Mr. John YIP
Mr. Joe TANG	Miss W.C. CHAN
Mr. CHAN Wai-to	
Dr. Y.W. MAK	
Ms. Mimi LEE	

Secretary :
Miss Carol YEUNG

Media and Publicity Subcommittee

(of APCC)

Co-convenors :

Ms. Bella LUK

Mr. CHEUNG Che-kwok

Members :

Dr. CHAN Ching-nin

Ms. Elijah FUNG

Mr. HO Chi-on, Billy

Ms. Victoria KWONG

Dr. Joseph LAU

Mr. Simon LAU

Ms. Amy LAW

Ms. Carol LEE

Ms. Jamie OR

Mr. NG Chi-sum

Mr. To Chi-chung

Ms. Anna YAU

Ms. Grace YEUNG

Ms. Karen YU

Secretary :

Mr. MAK Sik-yan

Scientific Committee on AIDS (SCA)

Chairman:

Professor LAU Yu-lung

Members:

Dr. Thomas LAI Sik-to	Ms. Annie LEUNG
Dr. Samuel YEUNG	Dr. LIN Che-kit
Dr. Brian JONES	Dr. TAN Kaw-hwee
Dr. LIM Wei-ling, JP	Dr. Susan FAN
Dr. LO Kue-kong	Dr. LIEM Chi-kung
Dr. TAM Cheuk-ming	Dr. David HENDERSON
Dr. WONG Ka-hing (up to July 2000)	Dr. John SIMON
Dr. LEE Shui-shan (from July 2000)	Dr. LO Wing-lok
Professor NG Mun-hon	Dr. Eddie LOKE Yiu-wah
Professor KONG Yun-cheung	Professor CHEN Char-nie, JP
Prof. LEE Shiu-hung, ISO, JP	Mr. LUI Ping-keung
Dr. TSE Hei-yee	Dr. Patrick LI
	Professor NG Mun-lun

Secretaries:

Dr. HO King-man

Mr. John YIP

Advisor:

Professor James CHIN

**Working Group on ‘ Prevention of mother
to child transmission of HIV’
(of SCA)**

Chairman :

Dr. Susan FAN

Members :

Dr. LEUNG Sze-lee

Professor Ann MACKENZIE

Ms. Candy WU

Professor Patricia SULLIVAN

Professor T.F. FOK

Professor P.C. HO

Dr. TSE Hei-yee

Dr. Samuel YEUNG

Dr. LIM Wei-ling, JP

Ms. Manbo MAN

Dr. WONG Hon-kwong

Dr. C.Y. LI

Dr. CHENG Man- yung

Dr. LAM Siu-keung

Dr. CHAN Wai-sum

Dr. LEUNG Chi-wai

Dr. CHOW Chun-bong

Dr. TSE Kai-tai

Miss Alice TSANG

Dr. Dominic TSANG

Dr. Susan S.S. CHIU

Dr. WONG Ka-hing

Dr. Kenny CHAN

Advisor :

Professor LAU Yu-lung

Secretary / Member :

Dr. HO King-man

Secretary :

Mr. John YIP

**Committee on Promoting Acceptance of
People Living with HIV/AIDS
(CPA)**

Chairman:

Professor CHEN Char-nie, JP

Members:

Ms. Carlye TSUI, JP
Prof. Peter LEE Wing-ho
Mr. Vincent LO Wing-sang
Rev. CHU Yiu-ming
The Very Revd. C.J. Phillips
Professor Sara HO
Dr. Richard TAN
Mr. Daniel LAM, JP
(resigned in July 2000)
Mr. Tong PANG Shing-fook
Mr. John LOO Khim-hung
Dr. LO Chi-kin
Ms. Winnie HO
Ms. O.C. LIN
Dr. CHAN Kin-sang
Dr. CHAN Kin-man
Mr. TANG Wai-chung
Ms. Rita CHUNG
Mr. Tommy CHAN
Mr. MAK Hoi-wah
Ms. Atty CHING

Department of Health :

Health & Welfare Bureau :

Social Welfare Department :

Ms. Anna WU, JP

The Hon. Fred LI Wah-ming, JP

Dr. LAM Ping-yan, JP

Mr. William TSUI
(up to June 2000)

Mr. Peter KWOK
(from June 2000)

Mrs. Heidy KWONG Tam Lai-yi

Secretaries:

Department of Health :

Dr. Kenny CHAN

Mr. John YIP

**Core Team on Education
(of CPA)**

Team Leader :

Mr. Tommy CHAN

Members :

Dr. Richard TAN

Ms. LIN Oi-chu

Ms. Atty CHING

Ms. Rita CHUNG

Dr. CHAN Kin-man

Mr. John LOO Khim-hung

Secretary :

Mr. John YIP

**Core Team on Collaboration with Stakeholders
(of CPA)**

Team Leader :

Dr. LO Chi-kin

Members :

Professor Sara HO

Mr. Tommy CHAN

Mr. William KAM

Secretary :

Mr. John YIP

**Core Team on Partnership with Professionals
(of CPA)**

Team Leader :

Dr. CHAN Kin-sang

Members :

Ms. Rita CHUNG

Mr. Tony PANG Shing-fook

Ms. Winnie HO

Ms. S.Y. CHAN

Mr. Tommy CHAN

Secretary :

Dr. Kenny CHAN

**Core Team on Legal/ethical Issues
(of CPA)**

Team Leader :

Mr. MAK Hoi-wah

Members :

Ms. Anna WU, JP

Mr. TANG Wai-chung

Mr. Vincent LO

Ms. Winnie HO

Mr. Tommy CHAN

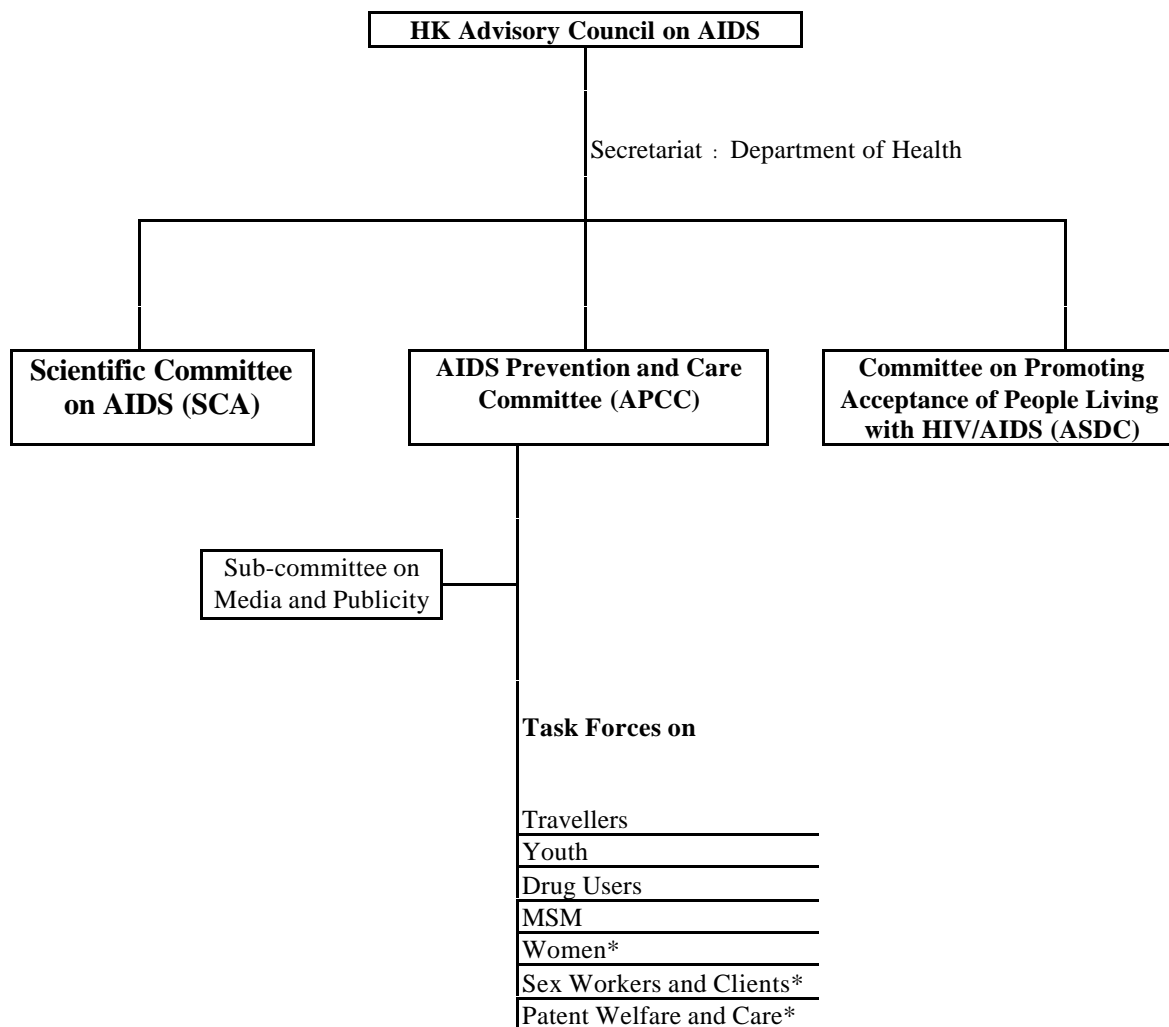
Rev. CHU Yiu-ming

Secretary :

Dr. Kenny CHAN

Appendix E: Organizational Structure of Hong Kong's Advisory Council on AIDS

(ACA Fourth Term: August 1999- July 2002)



* Task Forces not yet formed as at 31st July 2000)

ACA Secretariat

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