



Hong Kong Advisory Council on AIDS



**Annual Report
August 2013 – July 2014**

Preface

It has been thirty years since the first HIV infection case occurred in Hong Kong. One of the most significant developments of our AIDS prevention programme was the establishment of AIDS non-governmental organizations (AIDS NGOs) in 1990s. These NGOs continue to play an indispensable role in providing front-line services to at-risk populations. Their scope and diversity span all areas of HIV prevention, education and care. The quality of their services is a key element in the control of the HIV epidemic.

I am gratified to see the launch of the first internal audit of the HIV Voluntary Counselling and Testing Services (VCT) among AIDS NGOs. In this era of “Treatment as Prevention”, early detection and treatment not only improve the survival and quality of life of those infected, but also effectively prevent further transmission of HIV in the community. Internal audit helps to safeguard the standard of VCT services which enable infected persons to receive correct diagnosis, quality counselling and early treatment.

Strategic information is another essential factor in planning of the HIV response. The Department of Health’s HIV/AIDS Response Indicator Survey (HARiS) continues to rely on the contributions from NGOs for its conduction. Other targeted surveys carried out this year included “HIV Stigma Watch” by AIDS Concern and The Chinese University of Hong Kong, “Mental and Sexual Health Survey of Young Female Sex Workers” by Caritas, Hong Kong, and the “Behavioural Survey on Nepalese Injecting Drug Users” by SARDA. The surveys shed light on the health needs of these sub-populations which we often miss.

The availability of effective HIV treatment has successfully prolonged the life expectancy of those infected. The use of population viral loads has provided a new tool to assess HIV infectivity in the community, while the HIV Prevention, Care and Treatment Cascade represents another measure of the effectiveness of the HIV care system as a whole. These two recently developed mechanisms will further refine the monitoring and evaluation of our HIV response.

Entering the fourth decade of our fight against HIV/AIDS, we are faced with the grim reality that HIV/AIDS has continued to grow in our community. There is no room for complacency. We look to the sustained partnership of governmental bodies, NGOS, and stakeholders including people living with HIV/AIDS. Building on the foundations of past efforts and experiences, we need to maintain our momentum and devise innovative approaches to combat the disease in the future.

Dr Susan FAN, JP
Chairperson,
Hong Kong Advisory Council on AIDS
March 2015

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1. HIV/AIDS Situation in Hong Kong

AIDS (Acquired Immune Deficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus), and in the absence of treatment, approximately half of the HIV-infected people will progress to AIDS in 10 years' time. The main routes of HIV transmission are: sexual, injecting drug use, blood-borne and from mother to child. Hong Kong's first HIV cases were reported in 1984. Similar to the trend in many other developed countries, the early HIV infections mainly arose from blood or blood products transfusion. Later sexual transmission, including heterosexual and homosexual contacts, became the commonest route of HIV transmission. It accounted for 76% of all reported HIV cases in Hong Kong as at 30 June 2014.

2. Monitoring and understanding the current HIV/AIDS situation is crucial for the planning and implementation of prevention and care. HIV/AIDS surveillance comprises a framework of systematic and consistent monitoring, encompassing the key components of collection, collation and analysis of HIV/AIDS data, followed by the interpretation and dissemination of the relevant information. Timely information derived from this HIV/AIDS surveillance is indispensable for developing effective prevention and control programmes.

HIV/AIDS Surveillance

3. The Special Preventive Programme of the Department of Health maintains the HIV/AIDS surveillance system. It comprises 5 main programmes to provide a detailed description of the local HIV/AIDS situation, namely (a) voluntary HIV/AIDS case-based reporting; (b) HIV prevalence surveys; (c) sexually transmitted infections (STI) caseload statistics; (d) behavioural studies; and (e) HIV-1 genotyping studies.

4. The surveillance definition of AIDS for adults and adolescents was drawn up by the Scientific Committee on AIDS in 1995. The most common AIDS defining illnesses are *Pneumocystis jirovechi* pneumonia (previously named *Pneumocystis carinii* pneumonia) followed by *Mycobacterium tuberculosis* infection.

5. Based on the associated HIV risks, target populations for seroprevalence surveillance are grouped under 3 categories – (1) community with predisposing risk factors; (2) community without known risk factors; and (3) community with undefined risk.

A. Voluntary Reporting

6. The voluntary HIV/AIDS reporting system has been in place since 1984. This is a non-name based reporting system under which laboratories and medical practitioners report

newly diagnosed HIV infections and AIDS cases to the Department of Health through the special HIV/AIDS report form DH2293.

7. As at 30 June 2014, 6646 HIV infections have been reported to this system. Among them, 1497 have progressed to AIDS. The reported AIDS cases had stabilized at around 80 cases per year in the past few years. This levelling off of AIDS cases may partly be due to the introduction of Highly Active Antiretroviral Therapy (HAART), commonly known as the cocktail therapy, in late 1996.

8. HIV infection affects more males than females with the ratio in the region of 3.9:1 as at June 2014.

9. The majority (66.7%) of reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remains the major mode of transmission, accounting for 75.5% among the reported cases in Hong Kong. Cumulatively, men who have sex with men accounted for 36.7% and heterosexuals accounted for 38.8% of all reported cases. The number of HIV infections related to injection drug use remains low at 326 cases (4.9%) so far. The total number of perinatal HIV transmission cases now stands at 27 as at 30 June 2014.

B. Unlinked Anonymous Screening

11. The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. In 2013, the HIV prevalence of drug users attending inpatient drug treatment centres/institutions was 0%, and that of inmates newly admitted into correctional institutes was 0.96%.

C. Seroprevalence in Selected Populations

12. The positive HIV antibody detection rate was 0.003% from all the blood donations in 2013 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.340% in 2013, a small increase from the previous year (0.206% in 2012).

13. The Universal HIV Antibody Testing Programme was introduced in 2001 in all antenatal clinics of the Hospital Authority and Maternal and Child Health Clinics of the Department of Health. In 2013, 48871 tests were performed of which 7 were found positive, indicating a prevalence of 0.01%.

Table 1. Antenatal HIV Testing

	No. of tests	HIV+	%	Opt-Out (%)
2001(Sep to Dec)	12965	7	0.05	3.4
2002	41932	8	0.02	2.8
2003	36366	6	0.02	3.1
2004	41070	6	0.01	2.1
2005	42750	5	0.01	1.9
2006	43297	9	0.02	2.0
2007	47472	11	0.02	2.6
2008	51737	2	0.00	1.8
2009	51227	7	0.01	1.7
2010	54360	10	0.02	1.4
2011	55984	6	0.01	1.2
2012	53117	9	0.02	1.4
2013	48871	7	0.01	1.5

D. Universal HIV Antibody (Urine) Testing Programme in Methadone Clinics

14. The Universal HIV Antibody (Urine) Testing Programme (MUT Programme) was piloted in 2003 and rolled out to all Methadone Clinics of the Department of Health in 2004. In 2013, 47 out of 6925 samples tested HIV positive, equivalent to 0.679%.

Table 2. Methadone Clinic Testing

	No. of tests	HIV+	%
2003 (July –Sept)	1834	9	0.491
2004	8812	18	0.204
2005	8696	28	0.322
2006	7730	28	0.362
2007	7314	26	0.355
2008	7955	37	0.465
2009	7765	38	0.489
2010	7445	36	0.484
2011	6960	37	0.532
2012	6742	42	0.623
2013	6925	47	0.679

Figure 1: Annual Reported HIV/AIDS in Hong Kong
1984 – 2013 (N=6342/1437)

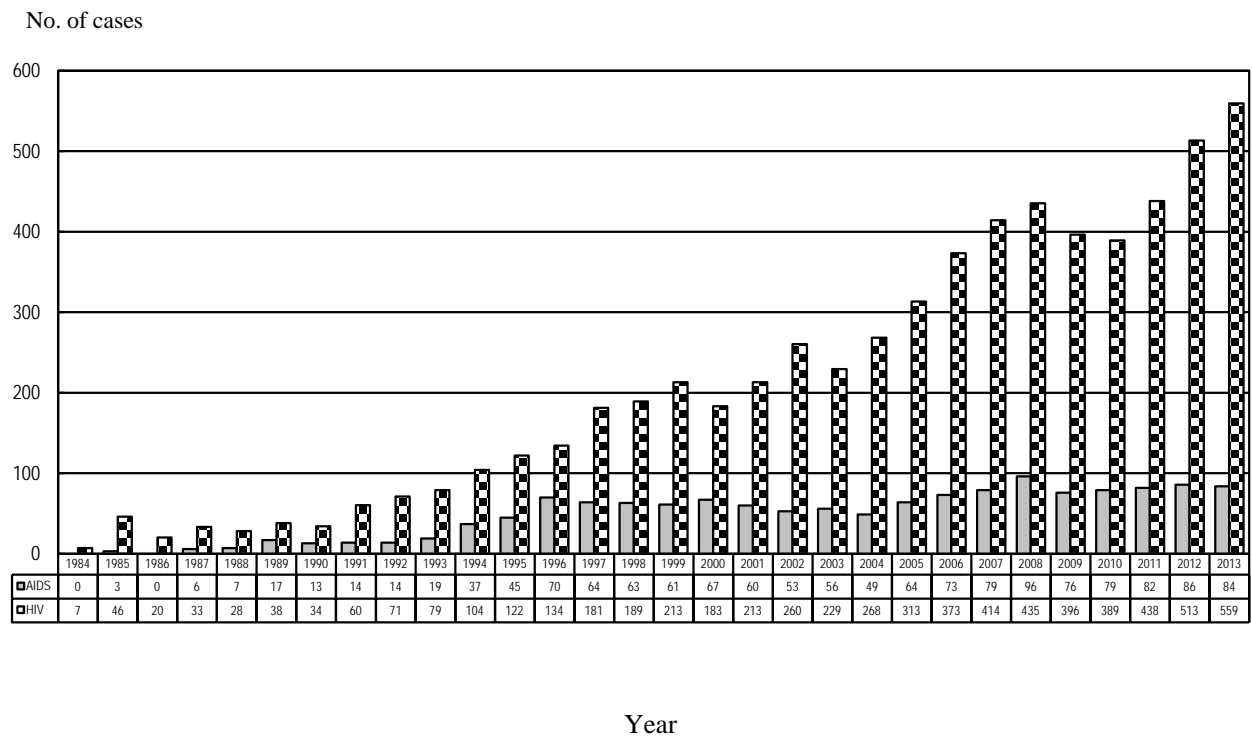


Figure 2: Ethnicity of reported HIV infection in Hong Kong
1984 – 2013 (N=6342)

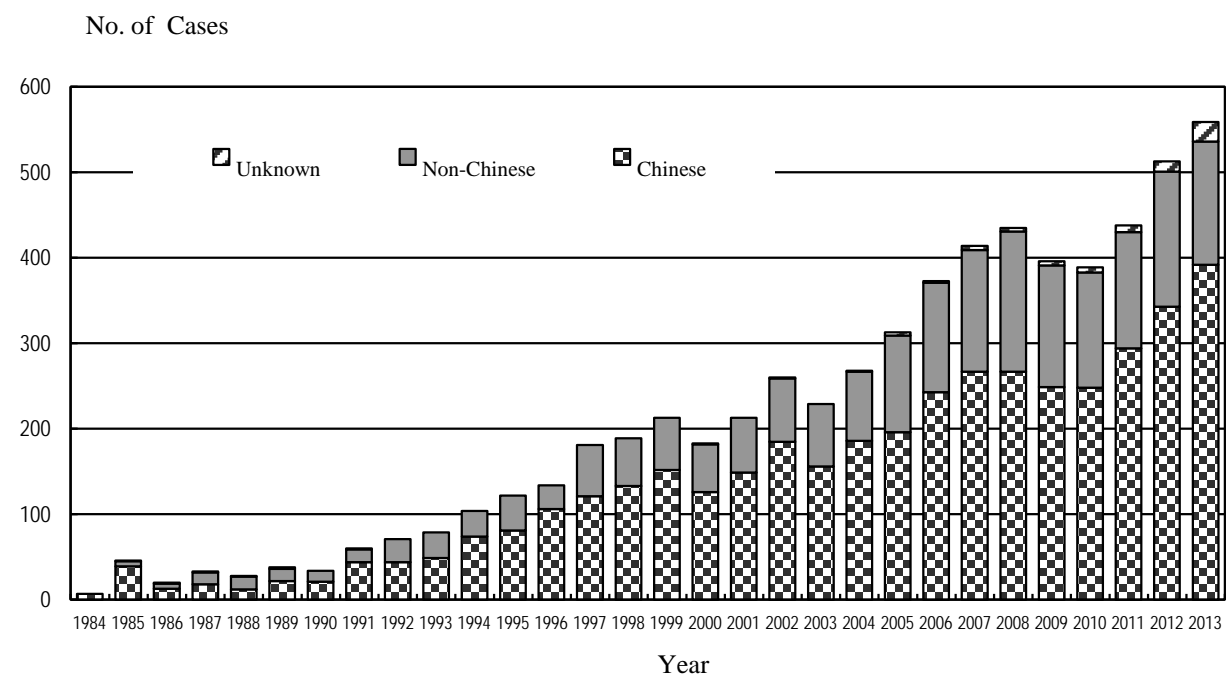


Figure 3: Routes of transmission of HIV infection in Hong Kong
1984 – 2013 (N=6342)

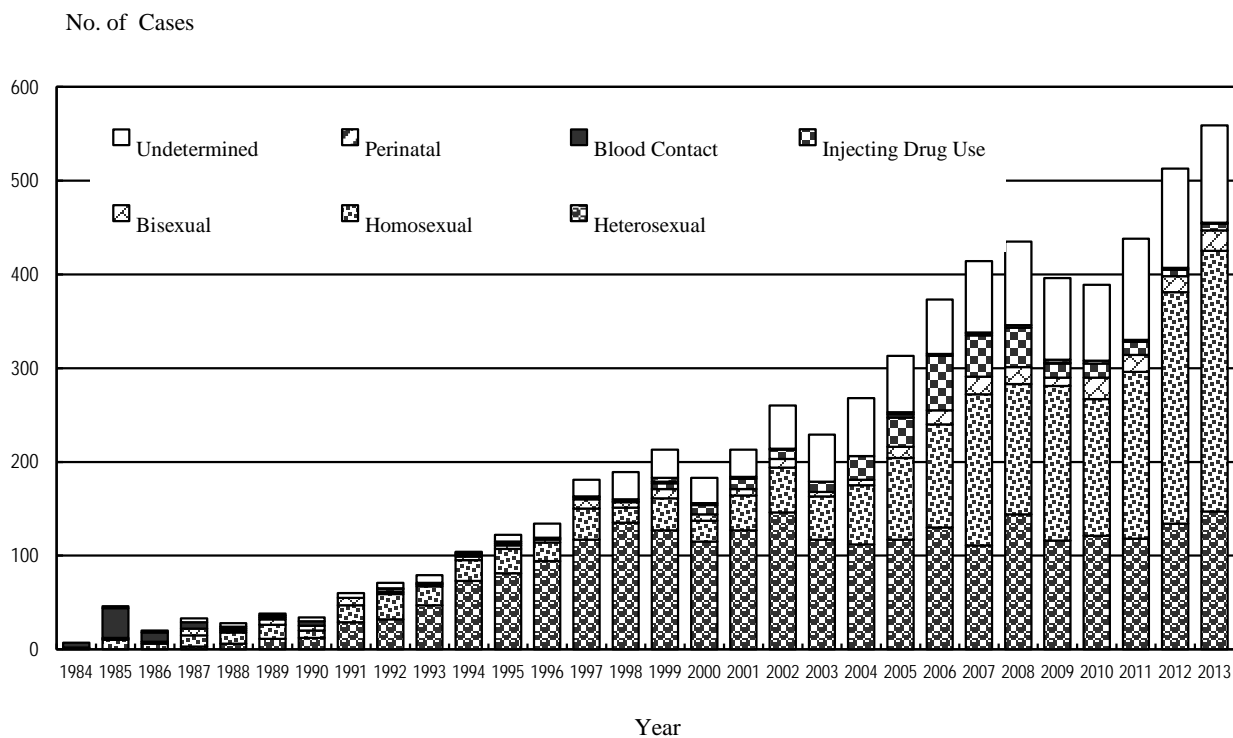


Figure 4: Sources of referral of HIV infection in Hong Kong
1984 – 2013 (N=6342)

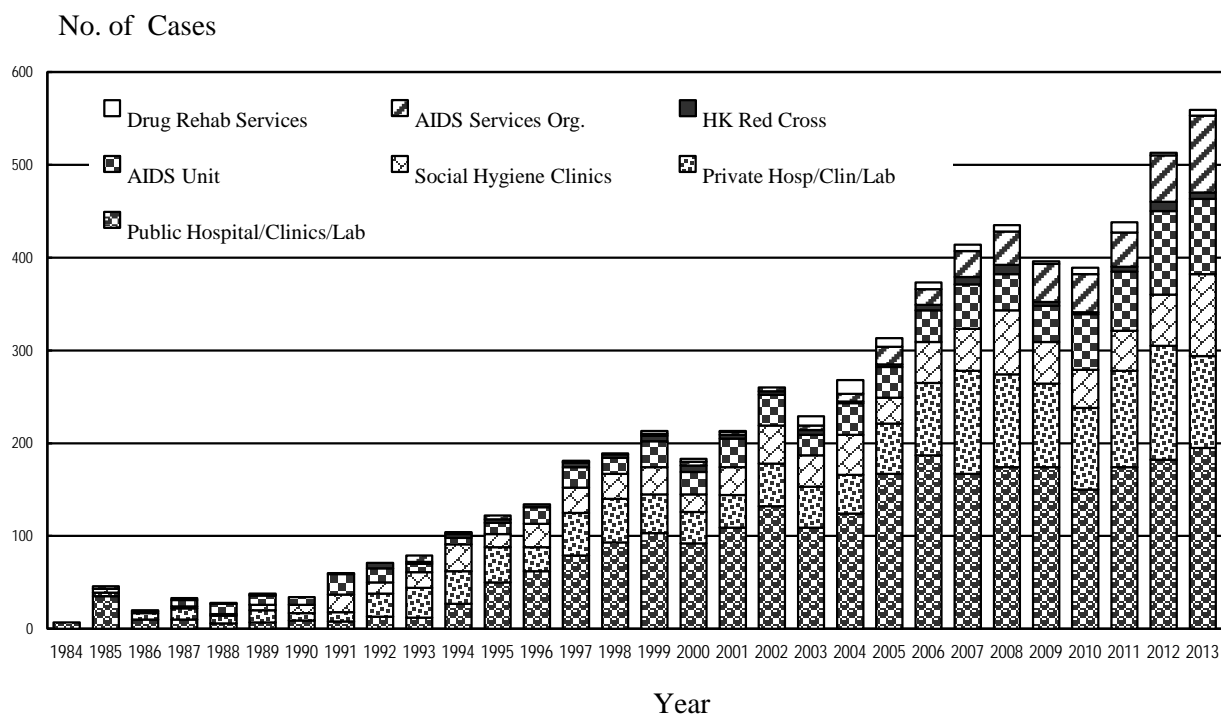


Figure 5: Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2013 (N=1437)

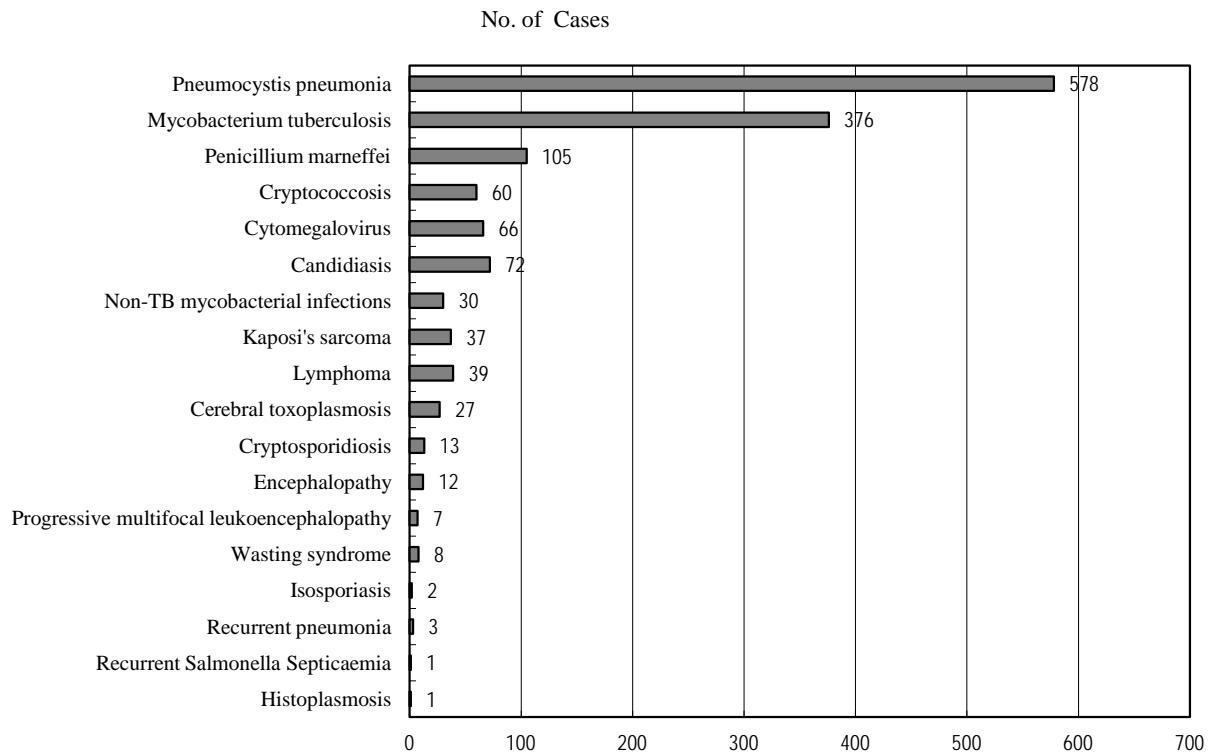
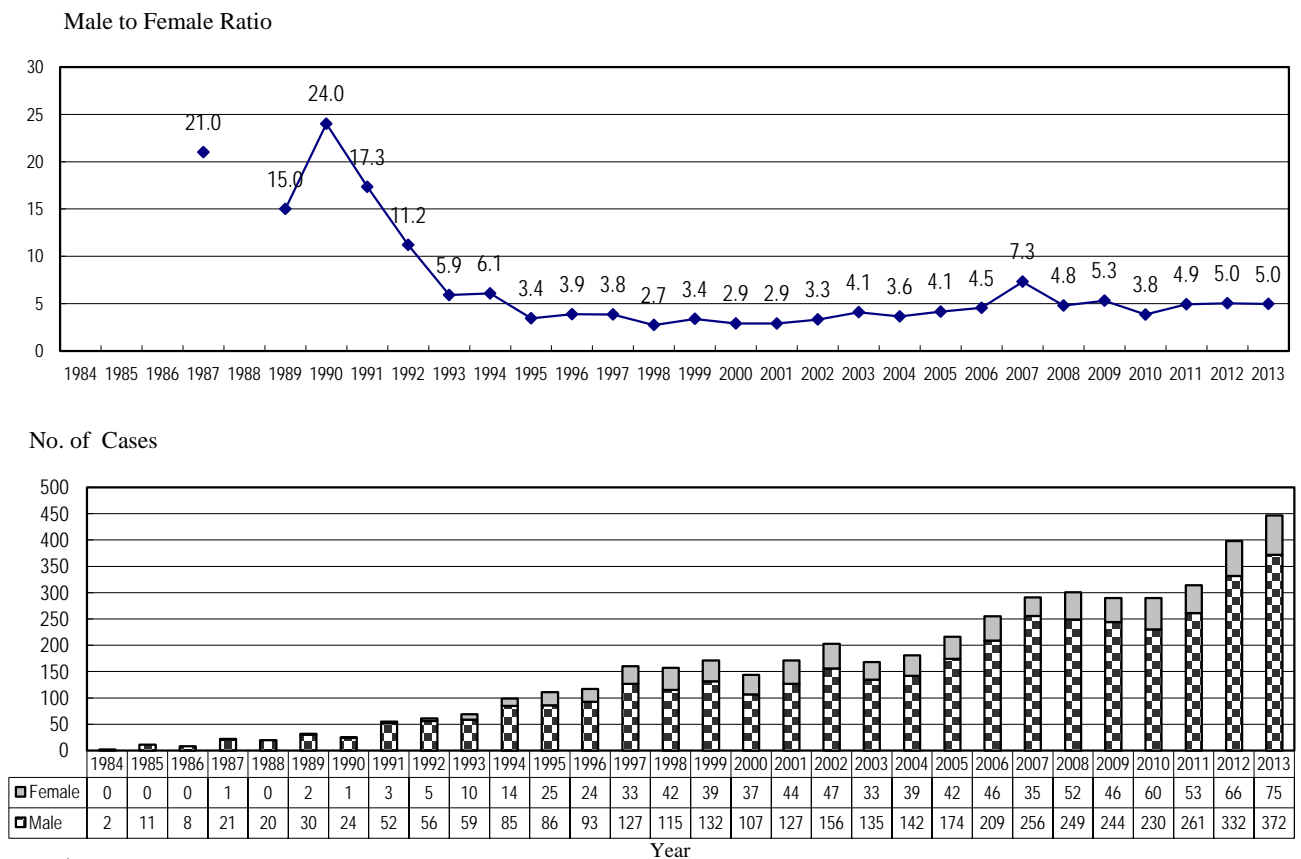


Figure 6: Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 – 2013 (N=4789)



* Sexual transmission refers to that relating Heterosexual, Homosexual and Bisexual contact

2. HIV/AIDS Programme in Hong Kong

15. HIV/AIDS programmes in Hong Kong are developed in response to changes in the epidemic and needs of various populations. They closely follow the direction set by the Recommended HIV/AIDS Strategies for Hong Kong issued by the ACA. Over the years, there have been significant changes concerning the organizations involved in planning and implementing HIV/AIDS programmes, their respective roles and functions, and the scope of HIV prevention, treatment and support. The historical development of HIV/AIDS Programme is set out in **Appendix A**.

16. Currently the main types of organizations involved in HIV/AIDS programmes are – A) advisory bodies; B) Department of Health; C) other governmental departments or public organizations; and D) non-governmental organizations.

A. Advisory bodies

17. The two major Government-appointed advisory bodies involved in HIV/AIDS are –
- (1) **The Advisory Council on AIDS (ACA)** – reviews the latest developments and provides policy advice on all aspects of HIV infection; and
 - (2) **The Scientific Committee on AIDS and STI (SCAS)** under the Centre for Health Protection of DH – formulates technical guidance and recommendations on public health and clinical practice.
18. **The Community Forum on AIDS (CFA)** under the ACA provides a platform for sharing and exchange among community stakeholders, and for dialogue with ACA members.

B. Department of Health

19. **The Special Preventive Programme (SPP)** of DH serves the following four areas –
- (1) *Clinical service* – includes the AIDS Hotline, AIDS Counselling and Testing, clinical consultation and treatment, nursing care and psychosocial support;
 - (2) *Health promotion at community level* – mainly delivered through the Red Ribbon Centre (RRC), by collaborating with both local and regional health authorities and community agencies to undertake education projects and epidemiological surveys, and provide training and technical support for non-governmental organizations;
 - (3) *Policy development* – provides secretariat and operational support to ACA and CFA; and

- (4) *Surveillance and research* – monitors the local HIV situation through a range of surveillance systems in collaboration with various stakeholders, and announces the most updated HIV situation every quarter.

20. **Other related DH services include -**

- (1) *Social Hygiene Service* – provides STI prevention, counselling and treatment;
- (2) *Tuberculosis and Chest Service* – manages HIV/TB co-infection;
- (3) *Public Health Laboratory Centre* – provides HIV relating laboratory services;
- (4) *Methadone Clinics* – provides Methadone Treatment Programme and other harm reduction activities for opioid dependent persons; and
- (5) *Family Health Service and Student Health Service* – provides sexual and reproductive health services to women of reproductive age and school students respectively.

C. **Other governmental departments and public organizations**

21. **Government departments / policy bureaux** with active involvement in the HIV/AIDS programme include -

- (1) *Correctional Services Department* – involved in health education and sentinel surveillance;
- (2) *Education Bureau* – involved in sex/AIDS education and professional development of teachers;
- (3) *Information Services Department* – involved in mass communication on HIV prevention; and
- (4) *Social Welfare Department* – involved in subvention of social and rehabilitation services related to HIV prevention among marginalized populations and support of people living with HIV (PLHIV).

22. **Hospital Authority and Hong Kong Red Cross Blood Transfusion Service** provide hospital-based clinical service and ensure supply of safe blood and blood products. Infected adults can receive care from the Special Medical Service in Queen Elizabeth Hospital and Princess Margaret Hospital, while affected children are managed by the Paediatrics units in Queen Mary Hospital and Queen Elizabeth Hospital.

23. **AIDS Trust Fund** provides financial support to those living with HIV infection and haemophilia, and to agencies working on HIV/AIDS prevention, patient support and for research activities. From 2002 to 2006, a total of 79 projects were funded by ATF, amounting to a total of HK\$107 million. From 2007 to 2013, a total of 101 projects were funded by ATF, amounting to a total of HK\$153 million.

D. Non-governmental organizations

24. **AIDS NGOs** are heavily involved in the implementation of AIDS programme and related activities, in particular –

- (1) *Conducting HIV preventive activities at the front-line* – including venue and on-line outreach, publicity and education, community programmes, condom distribution, and media advocacy; some also provided HIV testing and counselling services;
- (2) *Provide support services to PLHIV and their carers* – through visits, home care, referral, free transport and escort to clinic follow-up, counselling, support groups, and rehabilitation programmes;
- (3) *Partnership with the government* – participating in community-based surveys such as (a) PRiSM, CRiSP and HARiS; (b) formulating guidelines; and (c) advocacy; and
- (4) *Fund raising* – for their operation and services to support community-based projects.

3. Hong Kong Advisory Council on AIDS

25. The Hong Kong Advisory Council on AIDS (ACA) was formed in 1990. The terms of reference of the ACA in the current term are –

- (1) to keep under review local and international trends and development relating to HIV infection and AIDS;
- (2) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and
- (3) 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.

26. ACA members are drawn from diverse sectors of the community, particularly professionals and community leaders. With a tenure of office for three years, the ACA has entered into the third year of its eighth term (1 August 2011 to 31 July 2014). The membership of the eighth term is shown in **Appendix B**.

27. The major issues and papers examined and reviewed by the ACA in the period covered by this report can be seen in **Appendix C**.

28. A two-tier system of interaction has been adopted since 2005 in which the functions of coordinating agencies working on HIV prevention and care and promoting acceptance of people living with HIV/AIDS were taken up by the Community Forum on AIDS (CFA).

AIDS Policy

29. In 1994, the ACA published its first policy document titled “Strategies for AIDS Prevention, Care and Control in Hong Kong”. Regular reviews of local AIDS situation and programmes have been conducted thereafter, with four more strategies issued, namely *AIDS Strategies for Hong Kong 1999-2001*, *Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006*, *Recommended HIV/AIDS Strategies for Hong Kong 2007 to 2011*, and the latest *Recommended HIV/AIDS Strategies for Hong Kong 2012-2016 (The Recommended Strategy)*.

Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong

30. During the 79th ACA Meeting held on 29 June 2012, the ACA agreed to set up Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong (Task Force) in response to the target set out in The Recommended Strategy regarding HIV education. The Task Force’s Terms of Reference are –

- (1) to advise on the administrative and technical guidance required for encouraging and supporting whole-school implementation of life skills-based HIV education;
- (2) to advise on the planning of a multi-sectoral seminar for enhancing the awareness of stakeholders on HIV and sexual health of students in secondary schools; and
- (3) to advise on the planning and result dissemination of a survey on the implementation of life skills-based HIV education in junior secondary level of schools.

The membership list of Task Force is shown in **Appendix D**.

Building Community Partnership

31. ACA participated in the microfilm premiere and kick-off ceremony of World AIDS Day (2012) held by the Department of Health on 30 November 2012, with Chairperson of ACA as one of the officiating guests. The ceremony was also attended by officials from the Department of Health, RTHK, Shenzhen and Macao CDC, members of non-governmental organizations and the general public, signifying involvement of the whole community and regional counterparts in fighting AIDS epidemics.

ACA Newsfile, Other Periodical Publications, and Website

32. The ACA Newsfile, a monthly bulletin of the ACA, keeps ACA and CFA members posted on the most updated HIV/AIDS situation, the development of local programmes, highlights of discussion in ACA and CFA, and HIV/AIDS related news and activities. Launched in January 1994, a total of 247 issues have been published up to July 2014.

33. Other HIV related publications produced by the Department of Health are also distributed to ACA and CFA members, including Red Ribbon Bulletin, AIDS Newsletter, the Node, and Networking Voice.

34. The ACA homepage is a bilingual website accessible to the public at <http://www.aca.gov.hk>.

35. Information uploaded onto the ACA website during the reporting period included –
- (1) ACA Newsfile (12 issues);
 - (2) Annual Report of Hong Kong Advisory Council on AIDS (August 2012– July 2013);
 - (3) Agenda of four ACA meetings;
 - (4) Agenda of four CFA meetings; and

- (5) Review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016. The review was completed during the reporting period and uploaded in October 2013. Details are shown in **Appendix E**.

4. Community Forum on AIDS

36. The Community Forum on AIDS (CFA) was formed in 2005 to replace two previous committees, namely – (1) the AIDS Prevention and Care Committee (APCC), which was established in 1999 to enhance the quality of HIV prevention and care activities in Hong Kong; and (2) the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA), which was formed in 1999 to coordinate and recommend strategies for promoting acceptance of people living with HIV/AIDS.

37. The CFA provide a platform where the views and expertise of organizations and individuals involved in HIV/AIDS advocacy, education and services can be directly shared and collected, to support strategy formulation at the ACA level.

38. The CFA has the following terms of reference –

- (1) to enhance communication between the Council and frontline HIV/AIDS service delivery organizations and workers;
- (2) to examine needs and identify gaps in the community;
- (3) to recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (4) to provide a platform for collaboration in combating HIV/AIDS epidemic;
- (5) to enhance the quality of HIV/AIDS service through development of best practices and indicators; and
- (6) to advocate and facilitate capacity building with other relevant parties.

39. The CFA comprises members drawn from agencies specialising in HIV prevention and care; mainstream NGOs whose activities encompass HIV/AIDS; representatives of communities vulnerable to HIV/AIDS; individuals with expertise in related fields, and ACA members. The membership of the 3rd term of CFA (2011-2014) is shown in **Appendix F**.

40. An Observer system was introduced in the 25th CFA meeting on 14 June 2012. Members of the public may register with the CFA Secretariat to attend CFA meetings.

41. The major issues and papers examined and reviewed by the CFA in the period covered by this report can be seen in **Appendix G**.

5. Highlights of the year (August 2013 to July 2014)

The second HIV/AIDS Response Indicator Survey (HARiS) 2014

42. After its launching in 2013, the second round of HARiS was carried out from April to October 2014, with the Male-to-Female Transgender population newly added. New outreach venues such as motels and massage parlors were explored for recruiting participants. After the results were reported in the ACA and CFA, the information was uploaded to the DH website in March 2015.

Launching of internal audit for voluntary counselling and testing services

43. After the issue of “Quality Assurance Guidelines on HIV Voluntary Counselling and Testing Services (VCT) in Community Settings” in 2009, an internal audit was conducted in 2014 to assess its implementation among AIDS NGOs. The audit aims to ensure the quality and uniformity of VCT services provided by them. Eight organizations participated, and CFA acted as the coordination and sharing platform. The audit results were reported to the ACA and CFA.

Report on the results of “HIV Stigma Watch” study on people living with HIV/AIDS (PLHIV)

44. In April 2014, the Department of Psychology of the Chinese University of Hong Kong (CUHK) and AIDS Concern were invited to report at the 86th ACA meeting on the results of their joint study, HIV Stigma Watch. It was the first comprehensive study in Hong Kong to investigate the effects of stigmas on physical and mental health of PLHIV. The results were also presented in the poster exhibition of the 20th International AIDS Conference in July 2014.

Discussion on the needs of HIV-infected haemophilia patients for treating Hepatitis C

45. It was noticed that some HIV-infected haemophilia patients suffering from hepatitis C failed to respond or were intolerant to the current HCV treatment. However, scientific evidence had already shown good treatment response by using new direct acting antivirals (DAA). During the meeting, ACA members agreed that ATF funding should be sought to support the provision of DAA for these patients.

Direct dialogue with Hong Kong Red Cross

46. Representative from the HKRC were invited to meet with the CFA to discuss the issue on blood donation policy of MSM in Hong Kong and the result of discussion was subsequently reported in the ACA. ACA members concurred with the various measures implemented by HKRC to ensure the safety of blood and blood products, and agreed that the issue should be followed up by the expert professionals in HKRC.

Introduction of new concepts to enhance HIV surveillance in Hong Kong

47. The concepts of Population Viral Loads and HIV Prevention, Care and Treatment Cascades were introduced to the ACA in July 2014. While viral load measures were shown to be associated with the number of new infection across time, the treatment cascade helped monitor the effectiveness of each level of HIV care system. Participation of the DH, HA, communities and even private sector was essential to perfect these surveillance systems.

Sharing of study results conducted by NGOs

48. NGOs had conducted a number of studies regarding the risky behaviours of the at risk populations and shared their results with the CFA. While SARDA presented the HIV-related behavioural survey among Nepalese injecting drug users (IDUs) in Hong Kong, Caritas, Hong Kong presented the findings of a survey regarding mental and sexual health of young female sex workers.

Others

49. Other topics discussed included: experience sharing on follow up of HIV-infected clients with substance abuse problems and the use of “ASSIST” screening questionnaire by CHOICE; study results of the performances of syphilis rapid test kits by DH; report back on the 11th International Congress on AIDS in Asia and the Pacific (ICAAP 2013) and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) by AIDS Concern and Transgender Resource Centre respectively.

6. A Gallery

Activities for World AIDS Campaign 2013

- ◆ Poster and calendar promoting WAC 2013



World AIDS Campaign 2013 – Activity Calendar (Hong Kong)

Date	Event	Venue	Target	Organiser	Enquiries	Tel
20/02/13 - 25/11/2013	World AIDS Campaign 2013 Cantonese radio programme "Safe Journey"	RTHK Radio 2 & TeenPower	Public	RTHK Radio 2 & Red Ribbon Centre	Ms Cheung	31437200
31/10/2013 & 04/11/2013	World AIDS Day 2013: Snap Your Love	Hong Kong Baptist University	University students	Hong Kong AIDS Foundation	Kyriell Yu Agnes Lau	25008528
25/11/2013 - 01/12/2013	Care Mobile Net—World AIDS Day Activity	Commercial Sex Venue	Female Sex Worker	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Ms Venus Lau Mo Yin	23203983
25/11/2013 - 01/12/2013	Care Mobile Net—World AIDS Day Activity	Cross Border Bus Station/ Commercial Sex Venue	Male Client of Female Sex Worker	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Mr Anthony Wong Lai Yin	23203983
25/11/2013 - 01/12/2013	Prevention Education through Ethnicity Rapport (Project P.E.E.R.)—World AIDS Day Activity	Metastudy Clinics within the territories and Non-Chinese substance abusers gathering spots	Non-Chinese Substance Abusers	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Ms Gigi Chan Wing Chi	23203983
25/11/2013 - 01/12/2013	Hotspot Tracking—World AIDS Day Activity	Metastudy Clinics within the territories and Chinese substance abusers gathering spots	Chinese substance abusers	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Mr Jason Lau Tai Chun	23203983
29/11/2013	World AIDS Day Activity— Training workshop for Students	The Hong Kong Polytechnic University	Student	Community Health Organisation for Intervention, Care and Empowerment and The Polytechnic University of Hong Kong - Nursing Department (joint collaboration)	Tong Yuk Fai Ho Pak Yuk Shara	31686024
30/11/2013	Drama performance cum Kick-off ceremony for World AIDS Campaign 2013	MacPherson Stadium	Public	RTHK Radio 2 & Red Ribbon Centre	Ms Cheung	31437200
30/11/2013	Celebrating of Life: Ending HIV Infection, Stigma and Discrimination 2013	St. John's Cathedral	Public	St. John's Cathedral HIV Education Centre	Elijah Fung Dicky Lai	28200631
01/12/2013	Together We Care Hearts Behind Bars—World AIDS Day Activity	Lo Wu Correctional Institution	Prisoner	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Ms Venus Lau Mo Yin	23203983
01/12/2013	Together We Care Hearts Behind Bars—World AIDS Day Activity	Lo Wu Correctional Institution	Prisoner	Mercury III Health Education Projects The Society of Rehabilitation and Crime Prevention, HK	Ms Venus Lau Mo Yin	23203983
01/12/2013 - 20/12/2013	World AIDS Day Activity—Testing month	C.H.O.I.C.E.	Public	Community Health Organisation for Intervention, Care and Empowerment	Ho Pak Yuk Shara	31686024
01/12/2013	RED Day@World AIDS Day—'I promise, I will not discriminate against Peipei Lung with HIV/AIDS' Photo Exhibition	Park Lane Shoppers Boulevard, TST (near Kowloon Hospital and Islamic Centre)	Public	The Society for AIDS Care	God Li	20590006
01/12/2013	The 18th Teen AIDS Band Show cum World AIDS Day Candlelit Vigil 2013	Avenue of Stars, Tam Sha Tsui	Youth & public	Teen AIDS Co-Organise Hong Kong AIDS Memorial Quilt Project Supporting Organisation: Touch Music, Touch Theatre, Touch Choir, Touch Counseling Centre	Ms Choi	28701222
01/12/2013	World AIDS Day 2013: Snap Your Love	Mongkok and Causeway Bay	General Public	Hong Kong AIDS Foundation	Kyriell Yu Agnes Lau	25008528
01/12/2013	IM Positive @ MALL	The ONE USG Atrium, Tam Sha Tsui	Public	AIDS Concern	Grace Ng Karen Chan	28864411



- ◆ "Safe Journey" drama premiere cum ceremony for WAC 2013



Life skills-based HIV education multi-sectoral seminar on 5 March 2014 at Space Museum



33rd CFA Meeting on 11 June 2014



Appendix A : Historical Development of Hong Kong's AIDS Programme (since 1984)

The development of Hong Kong's AIDS programme can be broadly divided into the following phases –

1. The Initial Response Phase (1984 – 1986)

- **Expert Committee on AIDS** was set up within the then Medical and Health Department In November 1984 to discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease;
- **Scientific Working Group on AIDS (SWG)** was formed Subsequently in 1985 to initiate and implement medical, surveillance and public health activities in HK; **AIDS counselling clinic** and a hotline was established;
- Safeguarded supply of **safe heat-treated blood products** through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS);
- **The HIV/AIDS surveillance system** was initiated;
- **HIV antibody testing service** was provided to people at risk of infection.

2. Enhanced Public Education Phase (1987 – 1989)

- **Committee on Education & Publicity on AIDS (CEPAIDS)** and a publicity working group were formed by the Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes;
- **The AIDS Counselling and Health Education Service** of DH was expanded to become an operational arm of the committee to organize activities;
- **Public education** was systematically introduced with Announcements in the Public Interest (APIs) on television and radio to arouse public awareness.

3. Consolidation Phase (1990 – 1993)

- **The Hong Kong Advisory Council on AIDS (ACA)** was established in March 1990;
- **First two AIDS NGOs** were formed : AIDS Concern (1990) and the Hong Kong AIDS Foundation (1991);
- **The AIDS Trust Fund (ATF)** was set up in 1993 by the Government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, and to finance education and AIDS care projects;
- **Unlinked anonymous screening (UAS)** was started in 1990, and has since been included into the HIV/AIDS surveillance system;
- The **AIDS Unit** of the Department of Health was established, which was evolved from the original counselling service.

<p>4. Wider Community Participation Phase (1994 – 1997)</p> <ul style="list-style-type: none"> • The ACA’s first official strategy document, “<i>Strategies for AIDS Prevention, Care & Control in Hong Kong</i>” was published in 1994; • More new NGOs involved in HIV prevention were founded –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; • Traditional organizations incorporated AIDS programmes in its conventional activities through new initiatives, eg. the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macao; • Education programmes on awareness and prevention were expanded with the participation of more NGOs and the re-organized CEPAIDS.
<p>5. Expanded Response Phase (1998 – 2001)</p> <ul style="list-style-type: none"> • The Hong Kong Coalition of AIDS Service Organizations (HKCASO) was formed in 1998. It provides a platform for collaboration and experience sharing among various NGOs working in HIV-related areas; • The AIDS Strategies for Hong Kong 1999-2001 was published by ACA in 1998, after incorporating the result of a review done in 1998; • Ten targets, ranging from early targets, through-period targets, and end-of-period targets were set up in the new Strategy. The key foci were: <ul style="list-style-type: none"> (a) Focus on Prevention on the vulnerable groups through community’s participation and the promotion of acceptance to people living with HIV/AIDS; (b) Ensure Quality Care is provided to meet the needs of people with HIV/AIDS, and in promoting HIV testing; and (c) Strengthen Partnership through setting of a common programme direction, expanding responses through Community Planning, conducting evaluations to check the progress, and strengthening surveillance system.
<p>6. Building on Success Phase (2002 – 2005)</p> <ul style="list-style-type: none"> • The ACA published its Strategies 2002 to 2006 in a background of low prevalence of HIV (< 0.1%) in the general population; • The Community Forum on AIDS (CFA) of the ACA was set up in 2005 to provide a platform for sharing and exchange of ideas and for direct dialogue with ACA members.
<p>7. Enhanced Targeted Response Phase (2006 – now)</p> <ul style="list-style-type: none"> • ATF launched a two-year Special Project Fund between December 2006 and August 2008 in view of rising number of HIV cases transmitted through MSM, and revised its funding priorities accordingly; • Community-based surveillance implemented for at-risk populations; • The ACA published its ACA’s Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 with MSM listed as the top priority area of action; • Roll-out of the HIV and AIDS Response Indicator Survey (HARiS) in 2013; • ATF has received an injection of HKD350 million in 2013; • The first internal audit of voluntary counselling and testing services (VCT) in community settings was launched in 2014.

Appendix B : ACA Membership List

Eighth-Term : August 2011 – July 2014

Chairperson:

Dr FAN Yun-sun, Susan, JP

Vice-Chairman:

Department of Health:

Dr CHAN Hon-ye, Constance, JP

Members:

Mr CHAU Ting-leung, Marco

Dr CHEN Zhi-wei

Mr CHOI Kim-wah, Cliff

Dr HO Chi-on, Billy

Ms HUI Mei-sheung, Tennessy, JP

Prof LEE LAI Chun-hing, Annisa

Ms LAU Man-man, Lisa, MH, BBS, JP

Dr LAW Yi-shu, Louise

Mr LEE Luen-fai

Prof LEE Tze-fan, Diana

Mr LEUNG Wing-ye, James

Mr Chung TO

Mr TONG Tai-wai, Raphael, MH

Dr TSANG Tak-yin, Owen

Mr WONG Chi-wai, John

Mr WONG Doon-ye, Charles

Prof YU Chung-toi, Samuel

Education Bureau:

Mr YIP Yam-wing, Stephen

Food and Health Bureau:

Miss TSE Siu-wa, Janice, JP

Hospital Authority:

Dr LIU Shao-haei

Social Welfare Department:

Mr LAM Ka-tai (up to September 2013)

Mr FONG Kai-leung (from September 2013)

Secretary:

Department of Health:

Dr WONG Ka-hing, JP

Council Secretariat:

Department of Health:

Mrs Ellen LAU

Ms LAM Shui-ki

Mr LAI Ching-wai

Appendix C : Topics / Issues Discussed at ACA Meetings

Date of Meeting	Topics / Issues Discussed at ACA Meetings
84 th ACA Meeting 4 October 2013 (Friday)	<ol style="list-style-type: none"> 1. Review on the first year implementation of ACA Recommended HIV/AIDS Strategies 2012-2016 (ACA Paper No. 23/2011-2014) 2. Preliminary results of the first HIV/AIDS Response Indicator Survey (HARiS) – MSM and male clients of female sex workers (ACA Paper No. 24/2011-2014) 3. HIV Infection and Health Care Workers – ACA Recommended Guidelines 2013 Final draft (ACA Paper No. 25/2011-2014) 4. Report of the Community Forum on AIDS
85 th ACA Meeting 10 January 2014 (Friday)	<ol style="list-style-type: none"> 1. Gauging the latest HIV risk behaviours and sero-prevalence among female sex workers – findings from the HARiS 2013 (ACA Paper No. 26/2011-2014) 2. HIV/AIDS Response Indicator Survey (HARiS) 2013 – preliminary findings of injecting drug users (ACA Paper No. 27/2011-2014) 3. World AIDS Campaign (WAC) 2013 in Hong Kong (ACA Paper No. 28/2011-2014) 4. Report of the Community Forum on AIDS
86 th ACA Meeting 11 April 2014 (Friday)	<ol style="list-style-type: none"> 1. Findings of a HIV Stigma Watch study on people living with HIV/AIDS (ACA Paper No. 29/2011-2014) 2. An update on addressing the needs of people affected by haemophilia and HIV infection in Hong Kong (ACA Paper No. 30/2011-2014) 3. HIV epidemiology in Hong Kong 2013 (ACA Paper No. 31/2011-2014) 4. Report of the Community Forum on AIDS
87 th ACA Meeting 4 July 2014 (Friday)	<ol style="list-style-type: none"> 1. A proof-of-concept construction of HIV prevention, care and treatment cascade for Hong Kong (ACA Paper No. 32/2011-2014) 2. Current HIV situation and programme response among ethnic minorities (ACA Paper No. 33/2011-2014) 3. A review of the work of Advisory Council on AIDS (2011-2014) (ACA Paper No. 34/2011-2014) 4. Report of the Community Forum on AIDS

Appendix D : Task Force Membership List

Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong

Convener:

Prof YU Chung-toi, Samuel

Members:

Mr CHOI Kim-wah, Cliff

Dr LAW Yi-shu, Louise

Mr LEUNG Wing-yee, James

Mr WONG Doon-yee, Charles

Mr YAU Lam-yip

Ms CHOW Fung-ping, Cyna

Secretariat:

Department of Health:

Dr LEUNG Wai-man, Raymond (up to March 2014)

Dr SHU Bo-yee

Appendix E : Review on the first year implementation of the Recommended HIV/AIDS Strategies for HK 2012 – 2016

As at September 2013

Priority area	Recommendation	Ongoing initiatives	New initiatives	
1. Scale up HIV prevention in priority communities	Keep convenient access to quality condoms and lubricants in venues frequented by priority populations	Distribute free condoms and lubricants in gay sauna, gay bar, gay social activities and MSM sex parties, and free condoms in HIV clinics, VCT centres, social hygiene clinics, methadone clinics, sex work premises and community outreach.	Distribute free condoms and lubricants via gay massage parlours, TB & Chest Clinics, Elderly Health Clinics, vending machine in university campus and mobile application	
		–	Develop mobile application for locating free condom distribution sites	
	Promote condom as a norm for safer sex to prevent HIV and STI	Publicize through API, outdoor media, print media, the internet, peers and opinion leaders in the community	Produce new TV announcements targeting heterosexual male	
	Expand Voluntary Counselling and Testing (VCT) for HIV and STI in community and clinical settings	Enhance the service capacity and publicize VCT in mass and targeted media, including the internet, mobile devices and community outreach	–	Engage healthcare providers to promote opportunistic HIV testing
			–	Increase evening sessions in Social Hygiene Clinics
			–	Include VCT venues of Shenzhen and Macau into location-based navigation application of mobile devices
			–	Increase outreach and VCT to sex workers (SW) working in massage parlours
			–	Study the scene and feasibility of self HIV test in MSM, and provide its updated education to the public
			–	Conduct Community-Based Participatory Research Intervention Model to scale up HIV test among MSM

Priority area	Recommendation	Ongoing initiatives	New initiatives
	Sustain provider-initiated universal HIV testing	Maintain high coverage in social hygiene clinics, TB & Chest clinics, methadone clinics and antenatal clinics	Revamp universal HIV antibody testing in methadone clinics and promote the service via more organizations which serves drug users
		–	Update clinical guidelines on prevention of perinatal HIV transmission
	Positive prevention targeting PLHIV	Maintain partner counselling and referral, risk reduction counselling, screening of STI, prevention of vertical transmission, follow up and drug adherence as part of the clinical management for people living with HIV (PLHIV)	Increase early uptake of HAART according to latest scientific evidence
			Conduct safer sex campaign targeting serodiscordant MSM couples
	Outreach to more hidden subgroups	–	Develop / ride on mobile applications to reach MSM, heterosexual male and the youth
		–	Provide MSM-oriented services in youth centres in the New Territories
		–	Distribute condom and offer HIV prevention to refugees, asylum seekers and new immigrants from places with high HIV prevalence
		–	Develop new programmes targeting gay couples, transgender people, younger MSM, persons who have hearing or physical disability.
	No restriction on purchase of syringes	–	Explore feasibility of selling syringes in convenient stores which open beyond business hours of dispensary stores

Priority area	Recommendation	Ongoing initiatives	New initiatives
2. Maintain holistic and quality HIV treatment, care and support	Share updated HIV-related knowledge in healthcare providers and NGO workers	Maintain attachment programmes for medical students	Expand clinical attachment for nursing undergraduates
		Produce regular publications, submit articles to peer-reviewed publications, present in academic meetings / conferences, organize continuous education programmes and promulgate local guidelines on HIV epidemiology, prevention, testing and care.	Produce a new HIV Manual with extensive input from local experts
		–	Develop a pilot training programme for private doctors on updated principles of HIV test and information on referral of PLHIV
		–	Conduct trainings for healthcare workers in the public sector, social workers and students of these disciplines with sharing by PLHIV
	Maintain high level of effectiveness in clinical management	Implement clinical governance against established standards	Provide information to increase health literacy of attending patients
		Maintain continuous access to a wide range of Highly Active Antiretroviral Therapy (HAART) and subsidy provided to eligible PLHIV	Revamp clinical management and information system in the Integrated Treatment Centre of DH
		Review level of provision required for the increasing number of PLHIV	Bid new resources for enhancing existing / setting up of new HIV clinic and fund injection to AIDS Trust Fund (ATF)
	Facilitate rehabilitation of PLHIV	Empower and mobilize PLHIV in advocacy, provision of service and education of service providers on their needs	–
		–	Develop new websites with comprehensive information on HIV/AIDS and frequently asked questions for newly diagnosed PLHIV

Priority area	Recommendation	Ongoing initiatives	New initiatives
3. Foster an environment which supports safer sex, harm reduction and anti-discrimination	Educate public on the protections rendered by the Disability Discrimination Ordinance	Provide talks, training and consultancy services to organizations and employers; Community Participation Funding Programme; Special Partnership Projects; and publications	Conduct Equal Workplace Campaign funded by Equal Opportunities Commission to promote equal workplace for PLHIV based among corporate
	Promote acceptance to PLHIV and priority populations	Continue the message in individual programmes esp. the World AIDS Campaign	Produce and publicize a MicroFilm, a theme song, a new API and dramas
		Organize community-based or media programme through <u>Equal Opportunities (Sexual Orientation) Funding Scheme</u>	Increase budget of the <u>Equal Opportunities (Sexual Orientation) Funding Scheme</u>
		Offer training to sensitize teachers, social workers, disciplined forces and lay workers on the need of PLHIV and priority populations	–
		–	Raise the understanding of private doctors on MSM as part of a comprehensive training programme
		–	Pilot a study on PLHIV to measure stigma perceived by PLHIV
	Examine impact of relevant laws and policies on access to HIV-related services	–	Review sexual and related offences of homosexual behaviours
		–	Explore removal of condom as evidence of illegal sex work
	Expand life skills-based (LSB) HIV education among youth	Teach the use of condom in educational settings, outreach, internet and other media; sustain life skills education in schools	–
		–	Form a Task Force which advise on the development of life skills-based HIV education in secondary schools and oversee a survey on the extent and components of LSB HIV education

Priority area	Recommendation	Ongoing initiatives	New initiatives
	Incorporate interventions that tackle underlying vulnerability of priority populations	Enhance programmes which address self-acceptance, self-efficacy of using condoms, partner communication, illicit drug use, health consciousness, and mental health of MSM.	Develop additional programmes which address relationship issues for MSM who have regular sex partner
		Maintain assistance on employment, relationship issues, legal matters and social support for sex workers and drug users	–

Priority area	Recommendation	Ongoing initiatives	New initiatives
4. Drive strategically informed and accountable interventions	Improve monitoring and evaluation of individual HIV prevention and care programmes	–	Set out concrete, quality and budgeted monitoring and evaluation plan
		–	Develop internal audit of VCT service in community settings
	Improve monitoring and evaluation of the territory-wide response	Enhance reporting of HIV/AIDS, STI, surveys on HIV prevalence, risk behaviours, universal HIV testing programmes, HIV subtypes and drug resistance patterns, and follow up on the management outcomes of PLHIV under care.	Review / add questions in community-based surveys on MSM, SW, opiate-dependent persons and male clients of SW for evaluating exposure and intensity of prevention programmes
		–	Develop and implement a common set of widely adopted indicators for monitoring the major risk factors of priority populations
		–	Study the feasibility of monitoring population viral load
	Characterize HIV risk among male sex workers, transgender population, people involved in compensated dating and non-injecting drug users	–	Study patterns of unprotected anal sex among MSM travelling to Shenzhen
		–	Compare risk of virtual versus physical channel sex networking in MSM
		–	Analyze sexual risk and substance use among African refugees and asylum seekers in Hong Kong
	Monitor STI pattern among FSW	–	Include test for chlamydia and gonorrhoea in community-based survey
	Conduct formative research of pilot programmes	–	Conduct RCT to evaluate efficacy of network-based HIV peer-education intervention targeting MSM
		–	Evaluate acceptability of female condom among monogamous women with STI

Priority area	Recommendation	Ongoing initiatives	New initiatives
5. Enhance partnership and capacity for an effective response within Hong Kong and the nearby region	Foster communication among service providers, policy makers and funding bodies	Continue Community Forum on AIDS (CFA) as a platform for communication among Advisory Council on AIDS (ACA), service providers and other stakeholders	Broaden membership, invite stakeholders for exchange and allow observers in CFA meetings
		–	Convene meetings between ACA and ATF, and revise application guidelines of ATF to align with recommendations of ACA
		–	Increase transparency of ATF by providing updates on funding situation, statistics of applications and frequently asked questions in its website regularly
		–	Organize briefing session and plan for experience – sharing seminar
	Mobilize vulnerable communities and PLHIV to take part in the AIDS response	Train up peer workers in spreading the messages in their communities	-
		–	Lobby gay groups and opinion leaders to take part in HIV prevention
	Mobilize resources other than ATF	–	Explore synergistic prevention of HIV, drug abuse and harmful drinking
	Assess the needs of building the capacity of NGO	Identify needs and opportunities for continuous training and development of NGO workers	-
	Exchange and collaboration between Hong Kong and other cities especially those in the Mainland	Continue existing fellowship programmes for personnel from the Mainland	Co-host a training workshop for strategic development of community-based organizations in the Mainland
		–	Provide training and attachment in the Mainland
		Maintain the online platform to share HIV surveillance information in Pearl River Delta	-
		Synergistic publicity in Hong Kong, Shenzhen and Macau around World AIDS Day	-

Priority area	Recommendation	Ongoing initiatives	New initiatives
		–	Take part in regional consultation on HIV, STI and other health needs of transgender people in Asia and the Pacific, and support a pilot project for transgender persons in Kunming.
		–	Study risk behaviours and HIV epidemiology of MSM crossing border for sex

Appendix F : CFA Membership List

Convener:

Prof YU Chung-toi, Samuel

Members:

Mr CHAN Wai-leung, Charlie	Caritas – Hong Kong
Mr CHAU Chun-yam	Boys' and Girls' Clubs Association of Hong Kong
Mr CHAU Ting-leung, Marco	Heart to Heart
Mr CHEN Noel / Mr SHAM Tsz-kit, Jimmy (change of representative in December 2013)	Rainbow of Hong Kong
Ms CHEUNG Hiu-wah, Mandy	AIDS Concern
Mr CHOI Kim-wah, Cliff	
Dr CHU Chung-man, Ferrick	
Ms HO Pik-yuk, Shara	CHOICE
Ms LAI Tak-yin, Debby	St. John's Cathedral HIV Education Centre
Mr LAM Kam-shun, Ray	Midnight Blue
Ms LAU Siu-kwan, Maple	Hong Kong AIDS Foundation
Dr LEE Chi-kei, Krystal	
Mr LEE King-fai	SARDA
Ms LEUNG Wing-yan, Joanne	Transgender Resource Center
Mr PUI Wing-tai, Beethoven	A-Backup
Ms SIU Hoi-ying, Winnie / Ms LEUNG Ka-wai, Heidi (change of representative in August 2013)	Hong Kong Red Cross
Dr WAN Wai-yee	
Mr WON Mau-cheong	
Mr WONG Doon-ye, Charles	

Miss YAU Ho-chun, Nora, MH, JP

Ms YIM Kit-sum, Kendy

Action for REACH OUT

Ms YU Po-chu, Pansy

Ms YUEN How-sin / Mr TO Kwok-sum, Sam /

SRACP

Mr LAU Tsz-chun, Jason

(change of representative in November 2013 and June 2014)

Secretaries:

Department of Health:

Dr SHU Bo-yee (up to March 2014)

Dr LEE Wai-yan, Joyce (from March 2014)

Mrs Ellen LAU

Appendix G : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
30th CFA Meeting 11 September 2013 (Wednesday)	<ol style="list-style-type: none"> 1. Preliminary result of the HIV/AIDS Response Indicator Survey (HARiS) –MSM and Sex Worker Clients (CFA Paper 11/2011-2014) 2. Further analysis result of the Survey on HIV/AIDS and Sex Education at Junior Secondary Level in Hong Kong (CFA Paper 12/2011-2014)
31st CFA Meeting 11 December 2013 (Wednesday)	<ol style="list-style-type: none"> 1. Results of HARiS (FSW and IDU) (CFA Paper 13/2011-2014) 2. Discussion on HARiS 2014 (CFA Paper 14/2011-2014) 3. Report back of ICAAP 2013
32nd CFA Meeting 13 March 2014 (Thursday)	<ol style="list-style-type: none"> 1. Preliminary findings of Nepalese drug users survey – 2013 2. Follow up after HIV testing –experience sharing
33rd CFA Meeting 11 June 2014 (Wednesday)	<ol style="list-style-type: none"> 1. Results of internal audit on quality assurance on HIV voluntary counselling and testing services (VCT) in community settings in 2013 (CFA Paper 15/2011-2014) 2. Survey on mental and sexual health of young female sex workers in Hong Kong 2014 (CFA Paper 16/2011-2014)

ACA Secretariat

Address : 3/F., Wang Tau Hom Jockey Club Clinic
200 Junction Road East
Kowloon, Hong Kong

Tel : (852) 3143 7281

Fax : (852) 2337 0897

E-mail : aca@dh.gov.hk

Website : <http://www.aca.gov.hk>