

HONG KONG
Advisory Council on AIDS

|||||Report|||||

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August 2000 to July 2001

Preface

Rising to challenges ahead... Sharing responsibilities in a new era

This is the eighth annual report of the Advisory Council on AIDS (ACA) compiled by the Council's Secretariat. It is also the second 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 2000-July 2001) marked not only a turn of the century, it also witnessed the joint efforts of the Council, and the community at large, in rising together to meet challenges in expanding Hong Kong's response to HIV/AIDS. This community force, united under the Community Planning Process (CPP), has been formed in 1999 through the initiation of the Council and in accordance with recommendations made by the External Consultants following the 1998 review. Under its planning and support, a Community Planning Committee (CPC) was formed in mid-2000, and soon gathered a wide range of representation from different sectors of the community. By November 2000, the CPC published its six reports on situation analysis of the six vulnerable populations, followed by an open consultation for public views. This is by far the most structured movement in drawing the attention on and participation of the wider community in response to HIV/AIDS.

In parallel with the work done by the CPC, the Advisory Council on AIDS, supported by its three committees, has also worked out recommended principles for the reference of the community in establishing their prevention strategies. The AIDS Prevention and Care Committee (APCC), through its seven task forces, has been formulating strategies targeting high risk populations, which provide useful reference for the community when planning prevention activities. The Scientific Committee on AIDS, on the other hand, is developing recommended Clinical Guidelines on the prevention of perinatal HIV Transmission, and thereby paving the way for implementing the universal antenatal HIV testing for women. As for the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA), a strategy paper on setting the agenda of promoting acceptance of people living with HIV/AIDS in Hong Kong has been prepared, and endorsed by the Council, in early 2001. These developments have been helpful in creating a favourable environment under which the community's response could be enhanced, and patients' rights could be attended to, and taken care of in Hong Kong.

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 2001

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1. HIV/AIDS Situation in Hong Kong

Introduction

HIV/AIDS surveillance is the collection, collation and analysis of HIV/AIDS data; and the interpretation and dissemination of information in order that action may be taken for disease monitoring, prevention and control. It tracks the trend of HIV infections and gauges the impact of the disease in the community. In Hong Kong, such activities are undertaken by the Department of Health's AIDS Unit, which is also the operational unit responsible for the prevention, care and control of HIV/AIDS. The following review is provided by the Surveillance Office of the AIDS Unit.

HIV/AIDS Situation

The AIDS Unit regularly obtains data concerning HIV/AIDS 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 in November 1984 when the first case of HIV infection was diagnosed. As of the end of June 2001, 1 636 HIV infections had been reported to the AIDS Unit of the Department of Health. Among them, 524 had progressed to AIDS. The numbers of reported HIV infections were 189, 213 and 183; and the numbers of reported annual new AIDS patients were 63, 61 and 67 for the years 1998, 1999 and 2000 respectively.

Concerning the demographic characteristics, males were still predominantly affected although there was an increasing trend of reported infections in females in recent years. The male-to-female ratio had decreased from 6:1 in 1994 to 2.9:1 in the first 6 months of 2001.

Ethnic Chinese constituted the majority of reported HIV infections in Hong Kong, accounting for 69.1% of the cumulative figure. For the non-Chinese population, other Asian ethnicity was increasingly reported, reaching a cumulative proportion of 15.2% among all cases.

Sexual contact has remained the predominant mode of HIV transmission, accounting for 90.0% of the cumulative total. Since 1994, the proportion of annual reported HIV infections that were attributed to heterosexual transmission ranged from 65% to 70%, whereas 12% to 25% reported themselves as homosexuals or bisexuals. In 1997, one patient contracted HIV infection through transfusion of HIV-contaminated blood that was collected during a blood donor's window period. It was the only case detected since the Hong Kong Red Cross Blood Transfusion Service adopted universal blood screening in 1985. As of the end of June 2001, 40 HIV infections were found among injecting drug users. Of these, nine infections were reported in 2000 and seven in the first 6 months of 2001. The total number of mother-to-baby transmission was 13.

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 and 0.27% in 2000. The seroprevalence in patients attending tuberculosis treatment clinics and newly admitted correctional institute inmates was 0.49% and 0.26% respectively in 2000.

Seroprevalence in Social Hygiene clinic clients and blood donors

All Clients of the Social Hygiene Clinics in the public service are offered voluntary HIV testing. The annual HIV positivity rate was stable in the past 15 years and has remained less than 0.1%; the positivity rate for 2000 was 0.04%.

As for blood donors, in 2000, nine HIV positive blood units were detected among the 189,532 units screened by the Hong Kong Red Cross Blood Transfusion Services. This approximates to 4.7 HIV-positive blood units per 100,000 units screened.

Other Surveillance Activities

While the information obtained from the above channels are essential, they record infections that have already taken place and so may miss the opportunity to give early warning of potential for spread. Early warning signs can be derived from data that record risk. In Hong Kong, two programmes contribute to the understanding of the risk for HIV infections to the population. These are (a) Sexually Transmitted Disease (STD) Surveillance and (b) behavioural surveillance.

Figures Legends

Please refer to pages 6 – 8 for figures of the following :

Figure 1 : Annual Reported HIV/AIDS, 1984-2000

Figure 2 : Ethnicity of reported HIV infection, 1984-2000

Figure 3 : Routes of transmission of HIV infection, 1984-2000

Figure 4 : Sources of referral of HIV infection, 1984-2000

Figure 5 : Primary AIDS-defining Conditions, 1985-2000

Figure 6 : Reported HIV Infection through Sexual Transmission, by sex 1984-2000

Figure 1: Annual Reported HIV/AIDS
1984 - 2000, Hong Kong (N=1542/500)

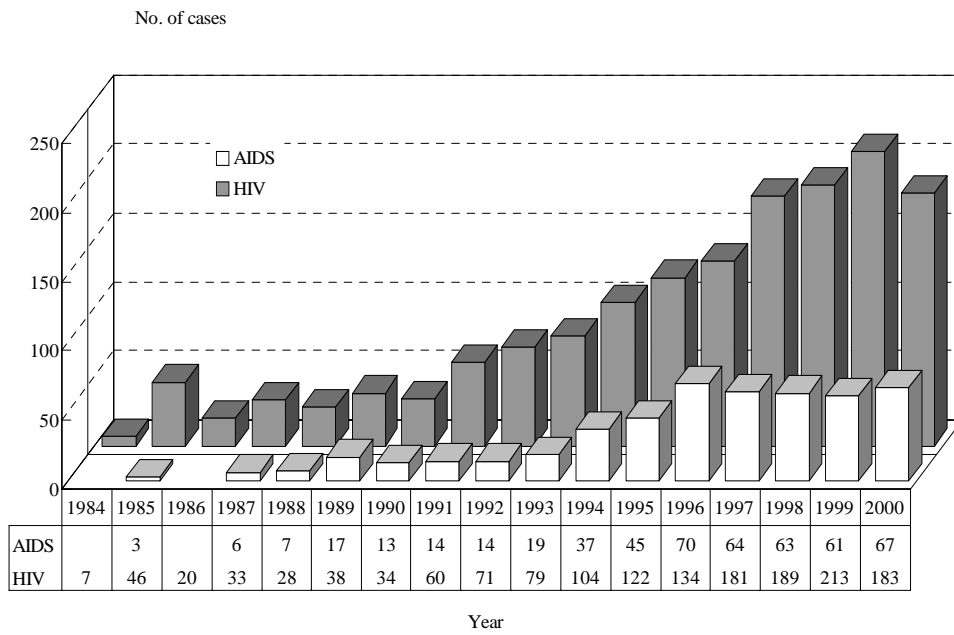


Figure 2: Ethnicity of reported HIV infection
1984 - 2000, Hong Kong (N=1542)

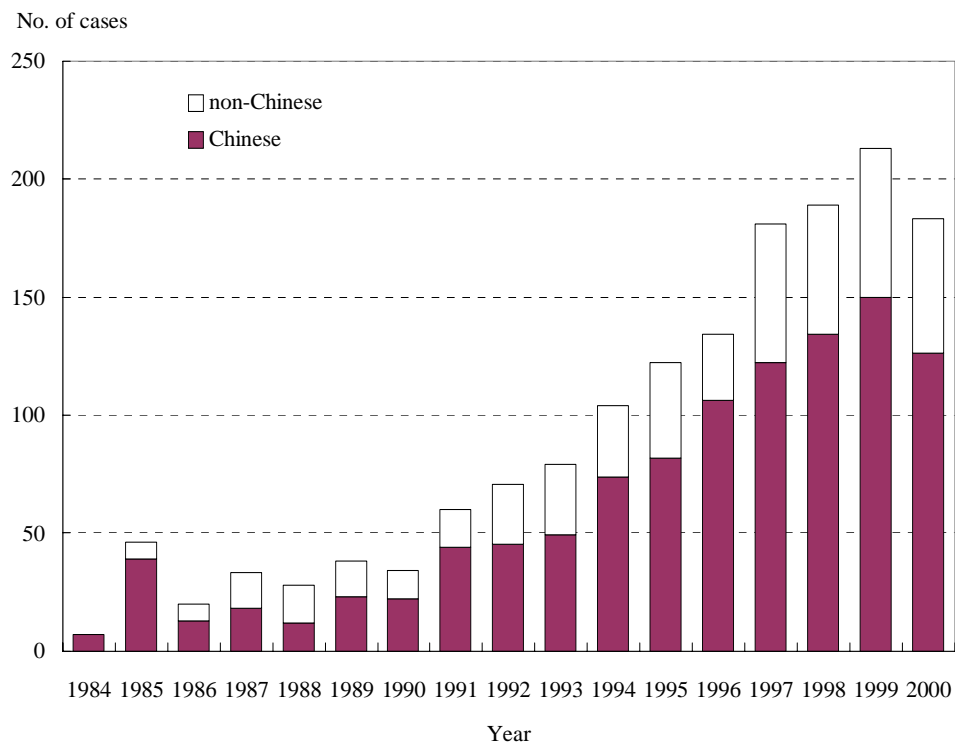


Figure 3: Routes of transmission of HIV infection
1984 - 2000, Hong Kong (N=1542)

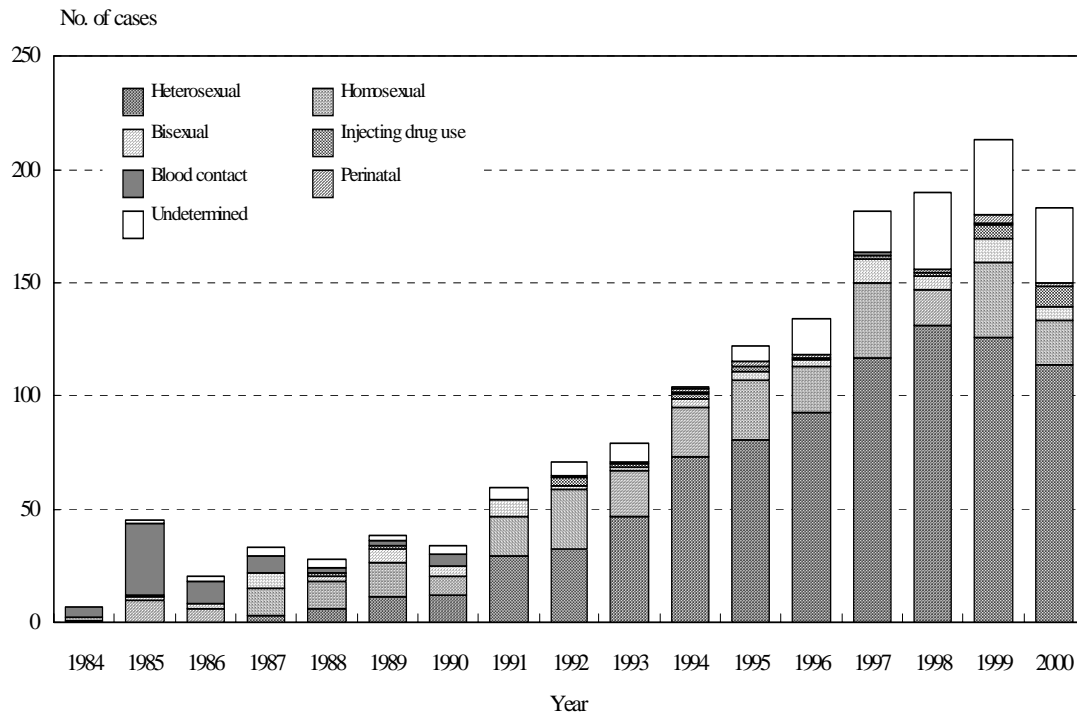


Figure 4: Sources of referral of HIV infection
1984 - 2000, Hong Kong (N=1542)

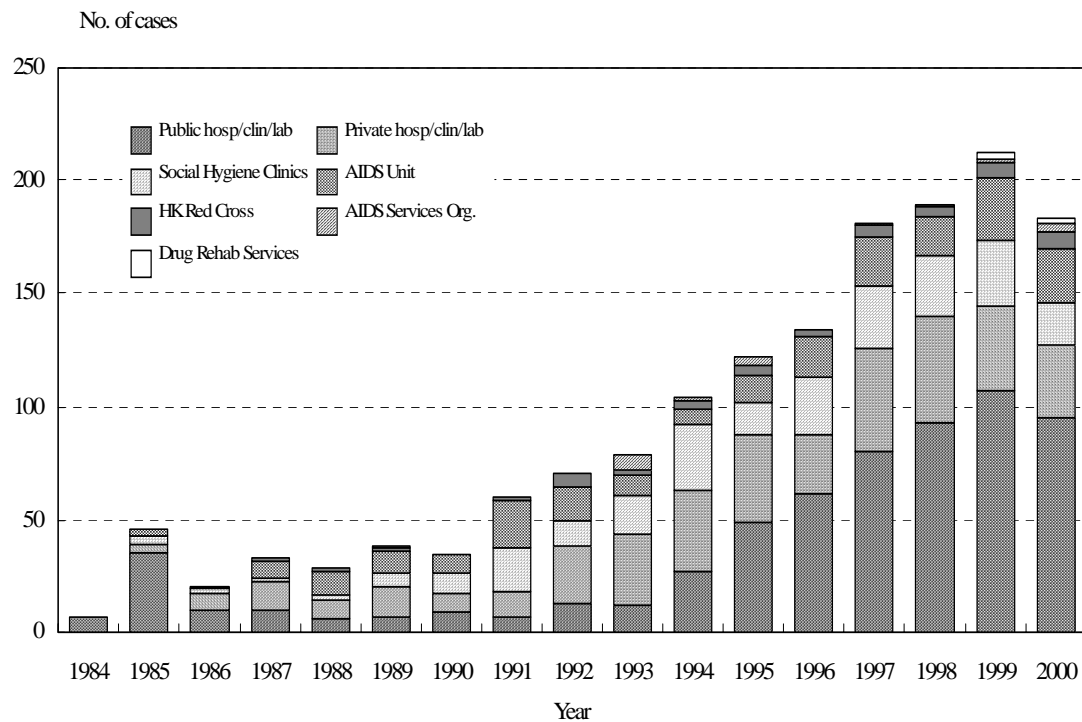


Figure 5: Primary AIDS-defining Conditions
Hong Kong 1985 - 2000 (N=500)

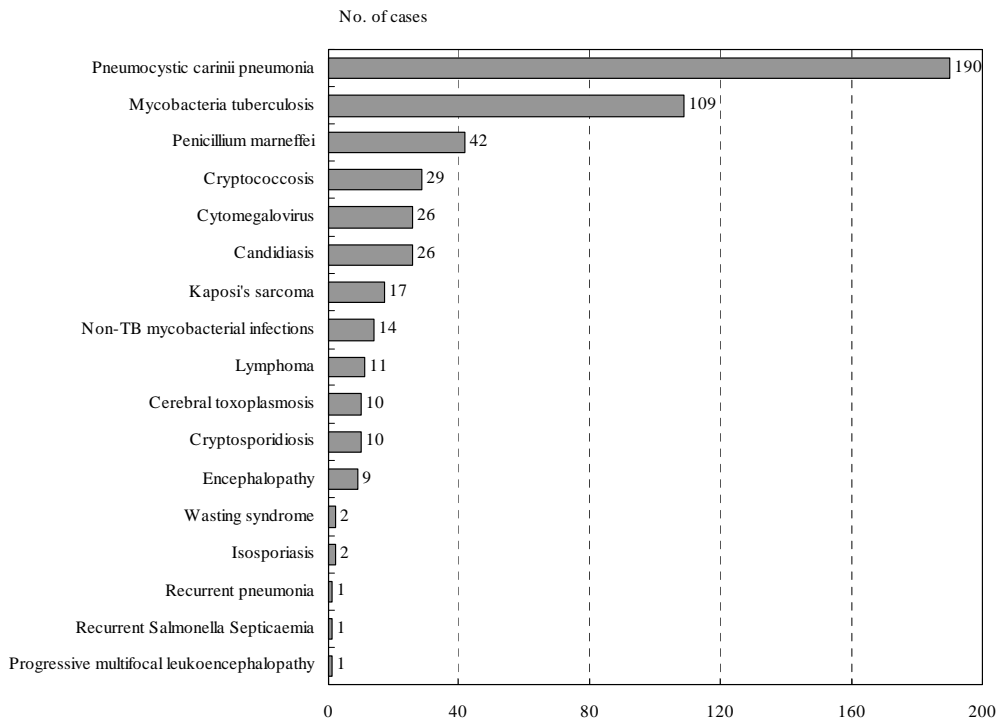
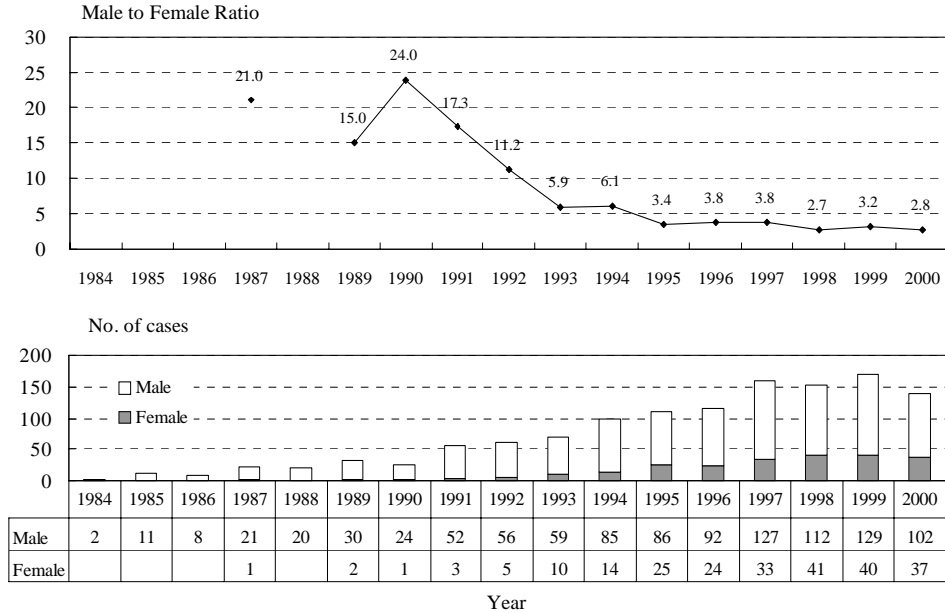


Figure 6: Reported HIV Infection through Sexual Transmission*
by Sex (1984 - 2000, N=1252) Hong Kong



* Sexual transmission refers to that relating Heterosexual, homosexual and Bisexual contacts

2. Historical Development of Hong Kong's AIDS Programme

The development of Hong Kong's 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 Macao.

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 key foci of these strategies are :

(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 various government services. Thirdly, the Council for the AIDS Trust Fund (ATF) was set

up to advise on the allocation of funding to AIDS activities.

In response to proposals made in the External Consultancy report, the ACA has undergone re-structuring to enhance its efforts on the prevention and care of HIV/AIDS, as well as on promoting acceptance of people living with HIV/AIDS.

(b) Contribution of AIDS NGOs

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 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) has been formed in June 2000. Stakeholders, including people living with HIV/AIDS, and those from different vulnerable communities, have been 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, and its maintenance cost for the first two years. Under the planning of CPP, a CPC was constituted in June 2000, with their first mission to identify priorities for implementing HIV/AIDS prevention activities to those six priority groups, identified by the External Consultants for urgent treatment. 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. So far, gaps in existence had been identified for these vulnerable groups and the prioritising work is now in progress.

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 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 into the second year of the fourth term (1 August 1999 to 31 July 2002). 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 opinion leaders from 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, a comprehensive 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 ensuing 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 thrice during the reporting period as follows :

1. (34th meeting) 13 October 2000
2. (35th meeting) 19 January 2001
3. (36th meeting) 20 April 2001

Follow-up on Strategies Implementation

During the year under report, there had been progresses regarding the implementation of the ten targets as recommended by the *AIDS Strategies for Hong Kong 1999-2001*. These ten target are listed in Appendix B of this report. Specifically, the Council had made and/or noted the following progresses :

(a) *Early targets*

Targets One, Two and Three were the early targets which had been taken up in the last year. To reinforce action on Target Two, the ACA had further proposed to the Council for the AIDS Trust Fund (ATF) to consider funding projects based on the CPC prioritization recommendations, and technical competence of agencies concerned.

(b) *Through-period targets*

The following are progresses of the five through-period targets:

- (i) Target Four *The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation:* Collaboration between the Council and the CPP had been enhanced through (a) mutual attendance of ACA and CPP functions/activities by members of

respective organisations. For examples, CPP Secretariat staff attended the meetings organised by Task Forces under the AIDS Prevention and Care Committee (APCC), while ACA Chairman/secretariat staff attended the CPC open forum to discuss gaps identified for the vulnerable groups; and (b) joint project between Task Force members and members of work teams under the CPC, such as the HIV situation analysis on travellers conducted jointly by the TF on Travellers of APCC and the Working Team on Travellers of CPC.

- (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:* An evaluation of the community planning process (CPP) had been conducted by a study group formed under the ACA. It was concluded that the CPP had been successful in expanding the community's response to HIV/AIDS. In addition, the Community Planning Committee (CPC), formed in July 2000, had moved through situation and needs assessments, and was working on the prioritization process. The study concluded that CPP should continue to guide the development of effective interventions on a community level.
- (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. Throughout the year, three HIV prevention strategy reports were published. They were the recommended strategies for respectively Youth, Travellers and Drug Users. Draft strategies formulated for Sex Workers and Clients, MSMs (Men having sex with

men), Women as well as for the Care and Welfare of People Living with HIV/AIDS would be presented to the APCC for further discussion and agreement.

- (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 Scientific Committee on AIDS had continued to monitor 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:* The SCA formed a working group that reviewed the prevention and treatment of opportunistic infection in HIV/AIDS. Recommendation had been drafted on the management of paediatric HIV infection and tuberculosis in HIV positive individuals.

(c) End-of-period targets

Below are the two target areas that complete with the ten-strategy proposal of the 1999-2001 strategies. 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:* Public awareness on HIV/AIDS was reviewed by ACA at its meetings held on 19th January and 20th April 2001. The HIV prevention and care work in the school setting, the social service setting, and the role of the Information Services Department, were

discussed and evaluated. This review has provided a solid base for which the ACA could work on to formulate its 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:* The ACA meeting held on 19th January 2001 had resolved that standard mechanisms and mutually agreed indicators should be established for a scientific assessment of the effectiveness of AIDS awareness activities. Specifically, the recommendations include (a) setting a formal mechanism for evaluation; (b) setting standard for evaluation methodology; (c) promote psychological research; and (d) to determine the varying impacts such as population movement, prevailing STD figures, and the booming sex trade. Capacity Building for the local communities, including the NGOs, were considered necessary.

Proposed Plan to enhance the Community Planning Process

Since the Community Planning Process was initiated by ACA in 1999, it has been in operation under the auspices of the Hong Kong Coalition of AIDS Service Organizations (HKCASO), and supported by the Council for the AIDS Trust Fund (ATF) through a twenty-month grant. During these two years, there had been steady progress which was reported to the ACA and discussed in its meetings. Members noted that the CPP had managed to arouse active community involvement, was open in the process of community planning, and had adopted scientific principles in delivering the tasks of the Community Planning Committee, with the support of a resource pool including professionals in clinical, public health and other

fields. The primary aim of the pilot phase of CPP in enhancing the community's response to HIV/AIDS had largely been achieved.

ACA considered that the continuation of the CPP in the next phase should proceed accordingly to sustain the previous efforts. A proposed plan was raised and discussed at the 36th meeting which included (a) the setting up a model for the community planning cycle; and (b) to add value to the CPP in Hong Kong by informing the community/community-based agencies of the need for effective intervention, and identifying/assessing existing capacity in implementing such intervention.

For enhancing the effectiveness of community-based HIV/AIDS activities, it was also proposed to develop means of (a) supporting quality projects, (b) building capacity of implementing agencies, and (c) promoting the integration of evaluation in project implementation. These recommendations had been conveyed to the Community Planning Committee and agencies involved in the development or support of community-based activities.

Endorsement of Strategy on universal antenatal testing

Universal antenatal testing had been a subject of intense discussion at the Scientific Committee on AIDS and its Working Group on Mother to Child Transmission of HIV during the later half of the year 2000, prior to its being submitted to the Council. At the 34th ACA meeting held on 13 October 2001, a draft "Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission" was presented and concluded. The strategy of universal antenatal testing was endorsed, the implementation of which should adhere to the following: (a) At policy level, the six leading principles of the recommended clinical guidelines should form the guiding principles; (b) At execution level, details of the Guidelines would be refined by SCA, in consultation with the community; and (c) At protocol level,

procedures of testing would be worked out by the individual agency.

To follow-up on the decisions made by the ACA, the Chairman had, after the meeting, separately wrote to the Department of Health and the Hospital Authority stressing the need for bringing the new strategy to the attention of antenatal service-providers in the public and private sectors. The SCA also took the initiative to consult professional and community bodies on the draft Clinical Guidelines. As at March 2001, 40 out of the 45 professional/community bodies consulted had responded. All of them indicated support to principles laid down in the Clinical Guidelines. Based on responses obtained, the revised "Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission" was issued by SCA in April 2001

Responses of the Government to advice given by the ACA have also been encouraging. In addition to support from the Health and Welfare Bureau, both the Department of Health and the Hospital Authority are working on the scheme for introducing universal antenatal testing for pregnant women. Already there were seminars/training courses organised by these two public organisations for preparation of the scheme. It was expected that the scheme would be ready for commencement before the last quarter of 2001.

Review of Government's Involvement in promoting public awareness on AIDS in Hong Kong

The promotion of public awareness on HIV/AIDS had been a major prevention strategy of the Government through the past 16 years, after the epidemic was first diagnosed in Hong Kong in 1985. With the establishment of the ACA in 1990, this responsibility had been discharged through a committee under the ACA: firstly it was the Committee on Education and Publicity on AIDS (CEPAIDS) (1990-1998), and then succeeded by the AIDS Prevention and Care Committee (APCC) (1999 onwards). A stock-taking exercise was conducted (reported

at the 35th ACA meeting held on 19 January 2001) to review on the work done by the various government departments, and to identify ways for improvements. Whilst members generally agreed that the current low prevalence might reflect partly the efforts of the Government in promoting public awareness, further improvements were required for enhancing the effectiveness for all prevention activities. In this respect, the following recommendations were made :

- (a) A positive image of HIV/AIDS should be portrayed in conveying publicity message. In addition, such activities should enlist support from the grassroots level, and by establishing working partnership with other social/ethical groups. It was also recommended that a standard mechanism and mutually agreed indicators in measuring the achievements be established to effectively monitor the progresses of such activities;
- (b) It was suggested that the Education Department (ED) conduct a review of its work in the school settings and to identify areas for improvements; and
- (c) For the provision of supporting services to people living with HIV/AIDS, it was suggested that the Social Welfare Department (SWD) look at its existing services and to identify ways for improvement.

At a later meeting (36th meeting) of ACA held on 20 April 2001, both ED and SWD submitted their reports on their services provided to HIV/AIDS. It was noted that :

- (a) ED could strengthen their HIV/AIDS education in schools by incorporating the idea of promoting acceptance to PLHAs especially when it came to students and teachers living with HIV/AIDS;
- (b) SWD should examine the need for updating their guidelines for social workers serving the PLHAs. This is to ensure that quality service could be provided in view of the changing needs.

Code of Practice on Education under the DDO

The Code of Practice (COP) on Education was issued by the Equal Opportunities Commission (EOC) and put into operation with effect from 6 July 2001, after due vetting by the Legislative Council, in accordance with the Disability Discrimination Ordinance (DDO). Prior to its publication, the EOC had issued a draft to ask for public comments/consultation. The draft had been examined by ACA and CPA (Committee on Promoting Acceptance of People Living with HIV/AIDS) members, with a consolidated reply to EOC by the ACA Chairman, supporting the principles of the Code since its spirit was in concurrence with that of the Council and the CPA.

Collaboration between Hong Kong and the Mainland

There has been increasing contact and collaboration between members of ACA and its Mainland partners working on AIDS in the Mainland, and in Macao.

Between 1 and 4 August 2000, 9 delegates from Ministry of Health and Ministry of Railway came for a 4-day workshop. Meetings were held with the ACA, government agencies and NGOs. The workshop covered the subjects of (a) AIDS programme in Hong Kong, (b) patient care & support, (c) surveillance and (d) human mobility.

In late December 2000, another delegate of 18 officials from Guangzhou were in Hong Kong to take reference of our HIV prevention, care & control programmes. There was intensive discussion on areas of common interest at a dinner meeting hosted by Dr Homer Tso, the Council Chairman. A reciprocal visit took place in July 2001 by Dr. Tso, Professor M H Ng and Dr SS Lee. Earlier in September 2000, the Chairman & the Secretary were in Beijing for an unofficial visit to UNAIDS China Office.

During the period, several Mainland delegations visited Hong Kong for experience sharing, and for exchanging views on the prevention & care of HIV/AIDS. These include the following who came as Lions Red Ribbon Fellows: Mr Wang Quanyi, Lecturer of Peking Union College between 9-22 October 2000; Ms Zhao Chengzheng, Chief of the Department of Drug Information, National Institute on Drug Dependence, Peking University, between 1-13 December 2000; Dr Liu Wei, Professor, AIDS Surveillance & Testing Center, Guangxi Health and Anti-epidemic Center Virology Division, Guangxi Health and Anti-epidemic Center, between 16-21 February 2001; Mr Gan Zhigao, Professor of Public Health, Division of Diseases Control of E.P.S. Field of Surveillance of Health Promotion, Liuzhou. Professor Zgang Lixing, of the China Anti-Tuberculosis Association, visited Hong Kong on 10 November 2000.

Hong Kong AIDS Conference 2001

The preparation of the Hong Kong AIDS Conference 2001 has been in good progress since the Hong Kong Council of Social Service (HKCSS) accepted invitation from ACA to take up the organising work. The Conference, with the theme "Towards Greater Community Involvement", would be held between 27-29 August 2001 at the Hong Kong Convention and Exhibition Centre. A first announcement was issued in October 2000, which was followed by a second announcement in May 2001. Dr Helene Gayle, Director of National Centre for HIV, STD & TB Prevention of the Centres for Disease Control & Prevention of the US, and Prof Zeng Yi, President of the Chinese Foundation for Prevention of STD and AIDS, have accepted invitation to be speakers of the Keynote and Plenary Sessions. The Hon Tung Chee Hwa, Chief Executive of Hong Kong Special Administrative Region, has agreed to be the Patron. Mrs Betty Tung, wife of Mr Tung, has also agreed to be the officiating guest. Overseas participants, including those from the Mainland, would be joining the Conference. The Council for the AIDS Trust Fund had approved a sum of \$0.65M for sponsoring the Conference.

This would be the second AIDS Conference of its kind ever been organised in Hong Kong and the first one was organized by ACA in November 1996.

International Networking

International conferences attended by ACA members during the period under report include:

- (a) The Community Planning Leadership Summit held in Atlanta in March 2001, attended by Dr Homer Tso, *JP*, ACA Chairman; Prof C N Chen, *JP*, ACA member and Chairman of Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA); and Dr S S Lee, the ACA Secretary. The group took the opportunity to visit the Center for Disease Control & Prevention in Atlanta, and engaged in a study to explore the future roles of Community Planning (refer to "Proposed plan for enhance the community planning process", page 15);
- (b) The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS held between 25-27 June 2001 at New York, attended by Dr Margaret Chan, *JP*, the Council vice-chairman & Dr S S Lee, Secretary of ACA, as members of the Chinese delegation.

ACA also plans to nominate two members to attend the Sixth International Congress on AIDS in Asia and the Pacific to be held in Melbourne, Australia between 5-10 October 2001, under the sponsorship of the Council for the AIDS Trust Fund.

ACA received many visitors in the past one year. Dr Neil Brenden of the Family International Health, visited Hong Kong on 21 February 2001. Prof James Chin of School of Public Health, University of California at Berkley, our adviser of the Scientific Committee on AIDS, visited Hong Kong in May 2001 and attended the 22nd SCA meeting to present "Updating the HIV epidemic in Asia". Dr Tim Brown, our external adviser on the 1998

HIV/AIDS Review, was back again in early June 2001. Besides discussing with health professionals on modeling, Dr Brown also attended a dinner meeting with the CPC Co-chairs on 5 June 2001, in the presence of the Chairman and the Secretary of ACA. Other overseas visitors of the year included Ms Oppenheimer, a substance abuse expert and Consultant to the UNAIDS APICT (Asia Pacific Intercountry Team) on 14 March 2001, and Mr Boniface Guwe Chidyansiku, ambassador of Zimbabwe on 4 June 2001.

Building Community Relationships

To develop a close link with the community, the ACA Chairman and his members 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 PLHAs and non-AIDS organisations. The following were some of the activities in the last year:

- (a) Visits to patient support group at the Kowloon Bay Integrated Treatment Centre by Dr Homer Tso, *JP*, ACA Chairman and Mrs Diana Wong, ACA member and Chairperson of APCC on 22 September 2000;
- (b) Chairing the Consensus symposium on the prevention of mother-to-child HIV transmission hosted by the Hong Kong University of Hong Kong, Centre of Infection held on 21 April 2001 by Dr Homer Tso, *JP*;
- (c) Lunch meeting hosted by ACA Chairman for Prof James Chin, SCA Adviser on 26 May 2001 to learn of the development of HIV/AIDS in Asia;
- (d) ACA Chairman meeting with HKCASO and CPP staff on 5 June 2001 at the Hong Kong Jockey Club to discuss on future development of CPP;

- (e) ACA Chairman, Secretary and members attending the 2000 World AIDS Campaign "Positive Response" Day;
- (f) ACA Chairman and Secretary attending and conducting a seminar on Hong Kong HIV/AIDS situation at the 7th Western Pacific Congress on Chemotherapy and Infectious Disease held at the Hong Kong Convention and Exhibition Centre between 11-14 December 2000;
- (g) ACA Chairman and Secretary attending Christmas celebrations organised for and by HIV/AIDS patients of Kowloon Bay Integrated Treatment Centre held on 22 December 2000;
- (h) ACA Chairman and Secretary attending the 4th Anniversary of Red Ribbon Centre titled "Building a Harmonious Community" cum Drawing Contest held at Tsuen Wan on 26 May 2001; and
- (i) ACA Chairman and Secretary attending the Hong Kong Community Charter on AIDS Robbi-for-charter signing ceremony cum Robbi Manifesto Contest Awards Presentation ceremony.

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, 91 issues have been published up to July 2001.

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 that covers epidemiological information

on STD and HIV/AIDS in Hong Kong; (b) **Red Ribbon** - a half-yearly publication of AIDS Unit by and for people living with HIV/AIDS; (c) a four-monthly Newsletter - **AIDS Newsletter** prepared by the Red Ribbon Centre for youth, students and the community groups interested in any aspect of HIV prevention and care; (d) **The Node** - a four-monthly publication of the UNAIDS Collaborating Centre for Technical Support which covers activities of the Centre, news and information of regional interest; (e) **Networking Voice**, a four-monthly 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 (f) **Project Mini** - Mini-posters publicising AIDS information on a quarterly interval by the AIDS Unit of the Department of Health.

ACA Website

On 1 February 2001, the joint Internet HomePage (titled "The Virtual AIDS Office of Hong Kong") of ACA & AIDS Unit was revamped. This new "office" was launched to function as a clearinghouse of Hong Kong's AIDS programme in four dimensions - prevention, clinical service, surveillance, and policy development. This change allows updating of information on ACA as well as HIV/AIDS development in a more integrated approach. The ACA set-up, its composition, membership and terms of reference are all included. In addition, all major publications under the ACA, including this Annual Report, was put on the "Virtual AIDS Office" (internet) for easy reference. Photos could also be viewed at the gallery index. The homepage has attracted more than 142,025 viewers since its set up in 1997 and the toll is still increasing. Readers can now visit "Virtual AIDS Office" more conveniently through the address <http://www.aids.gov.hk>, or alternatively, it could be connected through ACA's own Homepage <http://www.aca-hk.com>.

Response to the Health Care Reform Document

A consultation document on health care reform was released by the Health and Welfare Bureau in early 2001 and the ACA had studied the document titled "Lifelong Investment in Health". Members were particularly interested in the document's implication to HIV/AIDS prevention, care and control, as well as related issues. Whilst the Council was appreciative of the spirit of the reform, and supportive of the vision of "*...promoting health, providing lifelong holistic care, enhancing quality of life and enabling human development*" (para.10 of the document), it also proposed that the Government should have in place a mechanism for health strategy formulation, and to carefully carve out the roles, objectives and operating mechanisms of the proposed "Research Office" to achieve the goal of establishing a knowledge-based integrated health care system. The ACA proposals were prepared in a paper and submitted to the Health and Welfare Bureau in March 2001.

Secretariat Staff movement

The ACA Secretariat was having a very "mobile" year as Dr Kenny Chan, who had been serving as Secretary to the CPA, and Dr Clive Chan, Secretary of APCC, both left the Special Preventive Programme in July 2001. Dr Kenny Chan has left for overseas training in clinical infectious diseases while Dr Clive Chan was on transfer to the Food and Environmental Hygiene Department. We thank them for their work and contributions to the Secretariat and wish them both the best in their careers.

The Council and the Secretariat also wish to take the opportunity to welcome Dr Francisco HY Wong, Dr Kelvin Low and Ms Catherine Wong in joining our team. Dr Wong had been posted to The Red Ribbon Centre in June 2001 and Dr Kelvin Low had also returned to Hong Kong in July 2001 after overseas studies. Ms Catherine Wong was posted to the

Secretariat in February 2001 to replace Miss Windy Lau, our Assistant Clerical Officer who used to work in the ACA Secretariat

At the Red Ribbon Centre, we have also Mr SY Mak, Executive Officer of Special Preventive Programme, on transfer out of DH at the end of July 2001. He was replaced by Mr Alfred Leung. We will remember, with thanks, the good supporting work of Mr Mak to the Council's committees/task forces. We also welcome Mr Leung to join in our ACA family.

Retirement

We are sad to hear that Mr Y F Hui had relinquished his membership with the Advisory Council on AIDS, to tie in with his retirement from the Council of Social Service. The announcement was made at the 36th ACA meeting held on 20 April 2001. Mr Hui had been serving the Council since 1996 and his contributions to ACA were well appreciated by the Council Chairman and members.

We wish Mr Hui many years of happy retirement.

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 Care and Welfare of People Living with HIV/AIDS,
Task Force on Sex Workers and Clients,
and
Task Force on Women

Task Forces have been given the liberty in co-opting their members/expertise from outside the APCC, and in formulating draft strategies related to their targeted community. As at the end of July 2001, three Task Forces (TFs), namely the TF on Youth, TF on Travellers, and TF on Drug Users have already issued their recommended HIV/AIDS prevention and care strategies, whilst the rest of the task forces were having their drafts formulated for submission to APCC for further discussion.

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 seven Task Forces established are shown at Appendix D. APCC has met three times during the last one-year period as follows:

1. (4th meeting) 14 September 2000
2. (5th meeting) 13 December 2000
3. (6th meeting) 15 March 2001

Development of Prevention and Care Strategies

One major task of APCC was to monitor the development of Prevention and Care Strategies by its task forces. Due to the phased development of the task forces, some had been able to formulate their recommended strategies earlier, whilst the others might take a longer time for consultation and consensus-building. As at the end of July 2001, three task forces had completed their write-up of recommendations. These include Youth, Drug Users and Travellers. The other task forces/sub-committee on MSM (Men Having Sex with Men), Sex Workers and Clients, Care and Welfare of People Living with HIV/AIDS, Women and Media & Publicity were continuing to refine their drafts before submission to the APCC. It is expected that all recommended strategies on Prevention and Care of HIV/AIDS should have been in place by the end of the year.

Publicity on Media

Media Publicity was, in the past, supported by funds from the Major Publicity Campaign vote under management by the Information Services Department (ISD), which also provided technical assistance to the projects. Over the years, the annual Media Campaign on HIV/AIDS had been advised by members of the APCC mainly through the Subcommittee on Media & Publicity (previously the Publicity Working Group). The accounting procedures has been modified recently, while the role of APCC has remained unchanged.

In the last year, ISD had assisted APCC in producing an Announcement of Public Interest on safer sex, the idea through which had originated from the Sub-committee on Media and Publicity. The subcommittee was working on a strategy for the reference of the Government and the community.

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 supervises the "*Youth Action on AIDS*" Funding Scheme which has been started since 1991. The Funding Scheme has served to encourage and mobilize young people to organise innovative projects on education/publicity on AIDS. This 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 2000-01, 24 community-based HIV prevention projects targeting youth were sponsored by the Funding Scheme. To mark the 10th Anniversary of the Scheme, an exhibition-cum-award ceremony with a youth forum was held at the City Hall, Hong Kong on 3-4 February 2001. Twenty-four organizations took part in the exhibition and prizes were awarded to the best projects. In the youth forum over 200 participants joined the active discussion on sex and AIDS with the input of representatives from schools, youth agencies and mass media.

The Funding Scheme now enters its eleventh year in 2001. Successful applicants are given a ceiling amount of HK\$ 8,000 to implement their proposed HIV prevention project. For flexibility, the Scheme has been changed to a year-round exercise since 1997 and application could be submitted at any time.

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 order 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. Since August 2000, three issues of Networking Voice were published. These included themes on 'Working together' published in September 2000 (Volume 6, Number 3); 'Joining the Rave Party' published in January 2001 (Volume 7, Number 1) and 'Gender Differences' published in May 2001 (Volume 7, 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 six 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.

Under the reported period, the TF has developed its recommended strategies for Drug Users emphasizing on (a) an open adoption of the harm reduction principle in parallel with the supply and demand reduction policies of the Action Committee Against Narcotics; (b) liberalization of the criminal liability of possessing an instrument fit for drug injection as a chargeable offense; (c) re-examination of the needle-exchange programme in context of local needs and previous experiences; and (d) encouraging centres to conduct HIV/AIDS

education and prevention activities and their inclusion include into the code of practice under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Bill. Other recommendations include strategies on prevention education, publicity and health promotion, as well as the formation of out-reaching teams for providing outreach counseling, surveillance/evaluation, and crisis intervention.

In addition, the TF also worked 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.

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 proposing and coordinating 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 public locations including the China-Hong Kong Ferry Pier and the KCR Stations;
- (b) Cross-border intervention activities including the distribution of safer sex publicity materials, poster campaign, video screening targeting Travellers at the Lo Wu border has been held by member organisations of the TF;
- (c) Outreach work was conducted by TF member agency at Lo Wu, Lok Ma Chau and the Kwai Chung Container Terminal targeting truck drivers;
- (d) Promotion of voluntary blood testing in drug users and organising training courses on AIDS Prevention and Care for social workers; and
- (e) Peer education to women whose sex partner might involve extra-marital affairs and the promotion of safer sex and HIV testing through the use of Video Discs; and
- (f) Research and prevention work in Mainland by member agency.

During the reported period, the Task Force has held a total of five meetings and completed its formulation of recommendations on strategies relating to cross-border travellers. Strategies suggested were:

- (a) In carrying out prevention work, the limited amount of manpower has made prioritization and the involvement of other main stream NGOs essential.
- (b) To increase the awareness of people on both places about the epidemic, regular and joint publicity including the announcement of data on HIV and STD

by the Hong Kong and the mainland sides is useful.

- (c) Effort should be made to strengthen collaboration with the mainland counterparts in the implementation of cross-border prevention programmes.
- (d) The AIDS Trust Fund should consider supporting joint projects with the mainland counterparts when Hong Kong people could be seen as the “beneficiaries”.
- (e) Prevention programmes should aim at conveying messages relating to safe sex, vulnerability to HIV infection and impact of HIV infection on family members. Cost effectiveness and evaluation of outcomes of prevention programs should be emphasized. An evidence based approach should be adopted.
- (f) Venues such as ferry piers, container terminals, border checkpoints, STD clinics and train stations should continue to be used for driving home the messages to travellers.
- (g) Public awareness of the issues should be sustained.
- (h) Coordination among relevant parties involved in prevention work such as task forces, sub-committees and the Community Planning Committee should continue unabated.
- (i) Existing preventive and surveillance programmes should be sustained. Future programme should also take a sustainable approach.

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 organisations, AIDS volunteers and professionals, AIDS researchers, owners of gay establishment, and interested individuals from the MSM community.

As the Task Force (TF) is concerned with the prevention of HIV transmission among MSM in Hong Kong, the main terms of reference of the TF include the prioritization of strategies to enable the Tongzhi community to

- (a) conduct researches on sexual behaviour patterns of MSM;
- (b) determine the extent of HIV infection among MSM;
- (c) evaluate the impact of efforts to prevent HIV infection among MSM; and
- (d) prevent the further spread of HIV among MSM.

The TF will also serve to bring to the attention of the APCC/ACA issues of concern to the Tongzhi community in relation to HIV/AIDS.

The TF has so far completed a draft strategy proposal and has determined priority activities for conducting research on the sexual behaviour patterns of MSM. The proposal would be forwarded to APCC for discussion in the coming meeting in September 2001.

TF on Care and Welfare of People Living with HIV/AIDS

A total of 8 meetings were held since the TF was established on 12 August 2000. The terms of reference of the Task Force are as follows:

- (a) To identify gaps in areas related to the welfare and care of the PLHA;
- (b) To propose strategies on improving PLHA's welfare and care as well as supporting their family member and partner who provide care to PLHA;
- (c) To promote quality treatment, care and support of PLHA in both public and private sectors; and
- (d) To reflect views of the Task Force to the Committee on Promoting Acceptance of PLHA with regard to areas in promoting acceptance and the protection of rights of PLHA.

To achieve these ends, four core areas including clinical, social, and educational and employment needs of PLHA were identified. A draft strategy proposal was discussed and finalised by the TF after three rounds of drafting, consultation and redrafting among the Task Force members. The finalised draft of the strategy paper would be passed to the APCC for comments at its coming meeting in September this year.

TF on Sex Workers and Clients

A total of four meetings were held since the TF was established with its first meeting on 4th December 2000. With a total of 14 members, the TF has a wide representation including representatives of organisations working with sex workers, medical and social services providers, as well as stake holders representing sex workers. The TF has the following terms of reference:

- (a) To prepare proposals to APCC proposing the formulation of HIV/AIDS prevention and care strategies for sex workers and their clients;
- (b) To coordinate HIV/AIDS intervention activities in relation to the Task Force;
- (c) To encourage the conduction of project evaluations in respect of prevention and care activities organized for sex workers/clients, and to make proposal for improvements where appropriate; and
- (d) To strengthen connection of APCC with the Community Planning Process/Community Planning Committee regarding proposed HIV/AIDS prevention and care activities/strategies affecting the sex workers/clients.

A draft recommendation of strategy proposed for sex workers and their clients had been compiled and will be submitted to the APCC in its coming meeting to be held in September this year for discussion/agreement.

TF on Women

Established with its first meeting held on 18th April 2000, the TF on Women was the youngest group formed under the APCC. So far, the meeting had met four times to discuss on the proposed strategies for Women in the prevention of, and care for, HIVs. Its terms of reference are as follows:

- (a) To prepare a strategy paper to APCC proposing the formulation of HIV/AIDS prevention and care strategies for women;
- (b) To coordinate HIV/AIDS intervention activities in relation to the Task Force;
- (c) To conduct project evaluations in respect of activities organized for women by the Task Force, and to make proposal for improvements where appropriate;
- (d) To strengthen connection of APCC with the Community Planning Process/Community Planning Committee regarding proposed HIV/AIDS prevention and care activities/strategies affecting the female population; and
- (e) To facilitate HIV/AIDS situational/epidemiological analysis for the female population

Like the other TFs formed lately in year 2000, a draft strategy proposal has been established for Women, and would be discussed at the upcoming APCC meeting. Though not included as one of the six prioritised populations under the External Consultancy Report, women are facing the risk of HIV infection in another context. They might be unknowingly affected by their sex partners who engaged in risk behaviours. With over twenty members who came from a variety of professions, including representatives of women and HIV/AIDS organisations, medical and social services providers, and relevant government departments, this TF was in fact one of the "biggest" in term of its size.

World AIDS Campaign 2000 & 2001

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 take the form of 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 2000 was "AIDS : Men Make a Difference", which focussed 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 produced through the coordination of the Sub-committee on Media and Publicity, and the technical support of production from the Information Services Department. An activity titled "Positive Response Day" was also staged on December 1st to target the younger generation. Miss Miriam Yeung, Hong Kong UNAIDS Ambassador, was present at the function to appeal to the audience to develop a "positive response" i.e. acceptance of people living with HIV/AIDS. The project was successful as a total of 4,000 people on site were attracted to the activity. Miss Yeung assisted in the distribution of VCDs, posters and publicity materials bearing the theme 'positive response'.

A series of activities to commemorate the World AIDS Campaign 2001 (WAC) will be conducted by various organisations on and around 1 December 2001. The theme chosen by UNAIDS for the World AIDS Campaign 2001 will continue to be AIDS and men, but will focus more on other aspects different from that of the 2000 campaign. The new slogan would be "I care. Do You?" for the second year of this two-year campaign. This new slogan had already been in use at the 4th anniversary celebrations of the Red Ribbon Centre held in Tsuen Wan in May 2001. The Function was participated by the Chairman and member of the Council and APCC.

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.

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. It has conducted its first meeting of the new term (1999 – 2002) on 19th November 1999. The Chairman of the current term is Prof. LAU Yu-lung of the Department of Paediatrics, 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 three times during the reported period as follows: -

1. (20th meeting) 5 October 2000
2. (21st meeting) 8 February 2001
3. (22nd meeting) 24 May 2001

Progress on Implementing Universal Antenatal HIV testing

Since the proposal on reducing perinatal infection through antenatal HIV testing was supported by ACA at its 25th meeting held on September 1998, SCA had worked out a draft "Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission" to include the following six principles:

- (a) Universal testing of HIV antibody should be performed for antenatal women in Hong Kong;
- (b) The prevention of mother-to-child transmission (MTCT) of HIV involves the administration of antiretroviral prophylaxis;
- (c) Clinical management should include that for the maternal HIV infection;
- (d) The mode of delivery and its management should be considered on the grounds of obstetric indications as well as HIV status;
- (e) Paediatric management should be offered to reduce the risk of MTCT of HIV; and
- (f) Coordinated efforts should be made to strengthen our knowledge base regarding MTCT of HIV in Hong Kong.

With the endorsement of ACA, the principles above were taken as a base for consultation to collect views from professional bodies and community organisations. Responses collected from the professionals and the community organisations were encouraging, with the important strategy of universal antenatal HIV testing widely supported. In addition, there were suggestions for (a) addressing the training needs, (b) coordinating efforts between Department of Health and Hospital Authority; and (c) identifying funding support to implement the strategy. Based on feedback collected, the SCA's "Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission"

was finally issued in April 2001. The public sector, including the Department of Health (DH) and the Hospital Authority (HA), took the recommendations positively and initiated a series of activities working towards implementation of universal antenatal HIV testing in September 2001. Training programmes arranged for the health care personnels with support of SCA members include:

- (a) Seminars on Universal Antenatal HIV testing for health care workers held respectively on 9.1.2001 and 30.1.2001;
- (b) Workshop on Universal Antenatal HIV testing for MCHC Doctors and Nurses at School of Public Health Nursing held on 10.2.2001;
- (c) Seminar on "Preventing Mother-to-child transmission of HIV and Universal Antenatal HIV testing" for health care workers held on 17.4.2001;
- (d) Half-day Training workshop on Universal Antenatal HIV testing for staff of Family Health Services (FHS) held respectively on 16.6.2001 and 30.6.2001; and
- (e) Seminar on Universal Antenatal HIV testing jointly organised by DH and HA on 18.6.2001 for health care workers.

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 settings, 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 in patients

due to suboptimal access to HIV testing, and (b) the need of enhancing testing to meet the rising demand. The subject was discussed at on SCA meeting on 5 October 2000.

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 in 1998, the subject of guidelines and the maintenance of their standard were raised. 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, through the establishment of a Working Group on Management of HIV Infection (Appendix D refers), to collect views from members on updating the SCA issued guidelines, some of which were published years ago. In the last year the management of paediatric HIV infection and the prevention and treatment of opportunistic infection had been raised for the Committee's revision.

Management of HIV infection in Children

The management of HIV infection in children is one of the earlier guidelines currently under review. In the management of paediatric HIV infection, the SCA has endorsed the

following principles at its 22nd meeting held on 24 May 2001:

- (a) HIV -exposed or infected children should be evaluated as soon as possible after birth for the diagnosis of HIV infection;
- (b) Postnatal antiretroviral treatment should be completed according to the perinatal prophylaxis regimen chosen for the mother;
- (c) Prophylaxis against PCP should be commenced at 6 weeks of age for all infants born to an HIV-infected mother;
- (d) Early treatment of HIV-infected infants regardless of clinical and immunologic parameters is the preferred approach for achieving viral suppression;
- (e) Childhood immunization is an important part of the management programme for HIV infected children, the practice of which is similar to that for healthy infants and children with slight adjustment;
- (f) Highly Active Antiretroviral Therapy (HAART) should be considered in the management of HIV-infected children;
- (g) A multispecialty, multidisciplinary approach involving the following expertise is needed for the comprehensive care of HIV-infected children: paediatric infectious disease, paediatric neurology, paediatric cardiology, nursing, social work, psychology, nutrition, and pharmacology. Life-long continuous care is recommended;
- (h) Recommendations for therapy and management will have to be updated frequently as the management of HIV infection in infants, children and adolescents is rapidly evolving and becoming increasingly complex; and
- (i) A mechanism shall be in place to enhance the local knowledge base in HIV Management in children, and the exposure (infection or otherwise) to antiretroviral treatment.

Opportunistic infection in HIV/AIDS

A group led by Dr ST Lai had started to review the principles and practice in the

prevention and treatment of opportunistic infection in HIV/AIDS patients. A set of background papers were subsequently compiled and brought to the attention of the Committee at its meeting on 8 February 2001. It was resolved to pursue the development of consensus on selected areas with local relevance. A set of guidance was prepared to facilitate the write-up of these consensus papers.

Monitoring HIV situation in Hong Kong and the region

The unlinked anonymous screening programme continued to provide supplementary information on the current HIV prevalence in various target groups. The programme had revealed apparent increased HIV positive rate in drug users attending methadone clinic: from less than 0.1% before 1966 to 0.27% in 2000.

As at 31 March 2001, the total number of HIV found in injecting drug users was 39, compared to 24 a year ago (31 March 2000). The issue had once again been examined by the SCA on 24 May 2001. There was no definite indication of a rapid spread of HIV among Injecting Drug Users (IDUs), but rather the possibility of a spilling effect from the Mainland. It was proposed that regular voluntary HIV antibody testing should be expanded to drug treatment centres to better monitor the growth of HIV amongst IDUs. Other suggestions include strengthening education at the methadone clinics, focusing on harm reduction measures, advice against sharing needles, and strengthening surveillance activities in drug users

On 24 May 2001, Professor James Chin brief SCA members on the HIV situation in Asia. It was concluded that sexual transmission had not exploded in most countries, though the absolute number of HIV and individuals has continued to rise. He reminded members of the low infectivity of the virus and the need for a high number of concurrent partners to fuel an epidemic. On the other hand, injecting drug use was an important route of HIV transmission in many countries in Asia.

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 of 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 Councillor, lawyers, academics, social workers, and other professionals, as well as representatives of the Equal Opportunities Commission (EOC), Health and Welfare Bureau, the Department of Health, and ACA members. During the reported period, the CPA has met thrice :

1. (3rd meeting) 28 September 2000
2. (4th meeting) 4th January 2001
3. (5th meeting) 12th April 2001

Formulation of strategies

In order to maximize the application of expertise in the Committee, a "core team" system has been adopted for the formulation of proposed strategies focussing the following areas (a) Education; (b) Legal/Ethical issues; (c) Collaboration with Stakeholders; and (d) Partnership with Professionals. A consolidated proposal on strategies for promoting acceptance of People Living with HIV/AIDS (PLHAs) was submitted to the CPA in its fourth meeting held on 4 January 2001 and was endorsed by members after discussion. The strategy paper, titled "Setting the agenda of promoting acceptance in Hong Kong- a strategy paper", gave a summation of the core teams' proposals which were reflected in 13 points of recommendations as follows:

1. Education on HIV/AIDS should begin with the very concept of acceptance of PLHA. The effort should be broad-based, including professional training, school and civic education. It should start with a focus on the young but ultimately should involve all members of society. It should also extend beyond the conventional health partners to avoid exceptionalism.
2. Education with a focus on acceptance is complemented by that on human rights. This is especially pertinent in the education of PLHA themselves, as their empowerment will work against the forces of marginalisation.
3. Alliance ought to be built with various sectors of the community, including but not

limited to social service and education. To jumpstart the process, discussion forums may be initiated between AIDS-specific interest groups and mainstream NGOs to not only promote mutual understanding and future cooperation, but also to provide a model upon which such alliance could be built.

4. The establishment of a central repository of education materials on promoting acceptance of PLHA is cost-effective, at least in the initial phase. Thereafter this 'backbone' may be supplemented by parallel efforts of other interested parties.
5. HIV/AIDS related facilities are a sensitive issue in society. Good liaison in the early planning stage of such facilities will be the key to acceptance. Nevertheless, there should be zero tolerance to discrimination.
6. To protect the confidentiality of PLHA, the Committee is of the view that the EOC should be able to "seek declaratory and/or injunctive relief in its own name, in respect of all unlawful acts under the anti-discrimination laws". The Committee also recommends that alternative means of dispute resolution such as the involvement of mediators should be explored in matters related to PLHA.
7. Laws relevant to HIV and PLHA have to be continually reviewed, with a view to timely response to the epidemic and needs of PLHA. In this context laws governing the possession of illicit drugs are in conflict with the harm reduction approach in general and the needle exchange programme in particular. It is advisable that these laws be reexamined. The Committee reiterates its support of the harm reduction approach which is conducive not only to HIV control but acceptance of PLHA and some marginalised groups.
8. Acceptance of PLHA among care professionals shall begin with a regulatory framework. In the case of the medical profession, the Hong Kong Medical Council, Hospital Authority/Hong Kong Medical Association, and individual medical institutions shall establish appropriate ethical codes, guidelines and protocols respectively. The same hierarchy will apply to other professions, including but not limited to social service workers, nurses and other allied health disciplines.
9. It is important to bring home to the business community that acceptance of PLHA is in line with their interests. In fact recruitment of employers in the prevention and care of HIV will constitute a potent force for change.
10. The effective but costly health care of HIV/AIDS highlights the importance of assuring access. In light of impending health care reforms, it is therefore important that acceptance of PLHA among the insurance industry should be studied to contribute to future strategies towards the equitable treatment of PLHA.
11. Acceptance of PLHA is facilitated by implementation of the principle of Greater Impact of People Living with HIV/AIDS (GIPA) in which PLHA shall be involved in all levels, from being a target, through contributor, implementer, to ultimately decision maker. Successful GIPA will be one testimony to acceptance of PLHA in a community. To this end, it is important to develop effective means toward their empowerment in terms of communication skills, knowledge in HIV, job-specific training, and skills for organising and conducting policy dialogue.
12. The media are important stakeholders because of their significant impact on public opinion. It is proposed that a three-pronged strategy of networking, education and persuasion be adopted to inculcate a sense of responsibility as a short-term goal.
13. The level of acceptance should be monitored by a process of benchmarking and periodic assessment. In this connection, sustainability and consistency are most important. Indicators that are amenable to measurement include legal rights of PLHA, the placement of HIV/AIDS in a relative scale of acceptance, and the social distance

accorded to PLHA. The Committee itself shall also contribute to this monitoring process by examining and responding in a timely fashion to individual events in the community that are damaging to acceptance of PLHA.

In addition to recommendations put forth by the CPA as above, the term "acceptance of PLHAs" was also clarified. Acceptance, under the circumstances, implies that PLHAs are "being considered as ordinary members of the community who are accorded equality, compassion and mutual respect".

The strategy paper was presented to the ACA in its 35th meeting held on 19 January 2001 and endorsed by members after discussion.

Request for addition of Equity of Care to professional ethical code of HKMC

The Hong Kong Medical Council (HKMC) was reviewing its professional ethical code in mid-2000. In response to the call for comments on the code, CPA forwarded a suggestion for the addition of equity of care in the professional ethical code for treatment of all patients. This suggestion was accepted by the HKMC.

CPA Case Discussions

Case discussion on subjects relating to the violation of the principles of acceptance, or that which amounts to the discrimination of PLHAs, had been put up to the CPA for debate, and for appropriate action. This new agenda has been an innovative part of the CPA meetings as lively examples of cases that had happened and been reported in the media provided good focal points for better understanding existing social responses to PLHAs. Three cases has been examined and debated :

(a) "Compulsory HIV testing and disclosure"

The case was raised to the attention of members from a newspaper report that compulsory HIV testing and disclosure had been practised by a drug rehabilitation centre in Kam Tin. Debates centred on whether the said centre, or other similar agencies, have the right to ask their clients to disclose their privacy/HIV status. After discussion, members considered that the centre involved had violated the confidentiality of the patient, as well as his privacy. However, the act itself might not be of discriminatory nature, if the patient would not be barred from the service. It would be important to ensure that the information would not be further disclosed to a third party. It was suggested that guidelines should be set a part of the licensing requirements for these centres/ agencies to follow so as to protect client's privacy.

(b) "The actor alleged to be infected with HIV"

The case had first been reported by a local newspaper that an actor, Mr Y, was alleged to be a promiscuous homosexual affected by HIV and could have spread the disease to a hundred others. Though there was no evidence to prove the HIV status of the actor, rumours had gone so far in some other publications that forced the actor to withdraw from the entertainment business. This issue had brought out two issues: that (a) whether action should be taken to alleviate the plight of Mr Y, and that (b) whether action had to be taken by the CPA to delineate its role, and in furthering efforts on promoting acceptance following the occurrence of this incident. After discussion, CPA decided that letters of complaint should be made to respectively the Press Council, the Ethics Committee of the Journalist Association, as well as the Privacy Commissioner for Personal Data, on the misbehavior of the publications involved. Responses from the above organisations were encouraging, as they all supported the stance of the CPA. In addition, the Press Council expressed support to self-regulatory action on the part of the press. The Ethics Committee of the Journalist Association, on the other hand, condemned the act of reporting unproven news, and agreed on self-disciplinary action on the part of the journalist. (Full text in June 2001 issue of ACA Newsfile)

(c) "What does male homosexuality have to do with blood donation"

The discussion was raised following a complaint of discrimination to the Equal Opportunity Commission (EOC), lodged by homosexual organisations against the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS). In view of the significant proportion of HIV infection in homosexual countries, the HKRCBTS has adopted a policy to defer donors who were men having sex with men, in line with recommendations in western countries. This measure, however, was objected by the MSM organisations. They argued that it should be the unsafe sexual behaviour, rather than the MSM identity, which the HKRCBTS should aim at. The CPA did not consider the practice discriminatory, in view of the evidence on the practice and the need to protect public health. A new form would however be designed by HKRCBTS to address the sentiments of the communities involved.

parents of students, residents, patients, district council members as well as relevant Government departments. He thanked members for their suggestions on improving the representation and efficiency of the working group, and promised to inform members of the progress in due course.

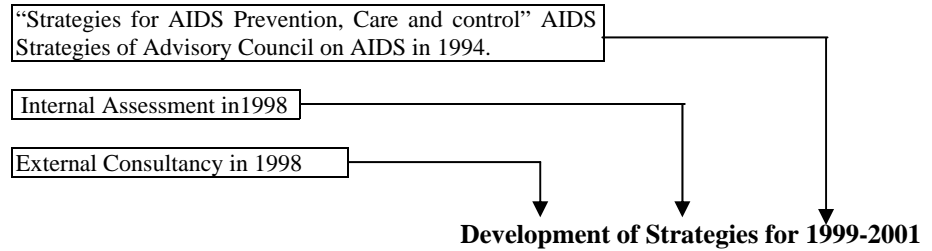
Progress on Fanling Health Centre

The Fanling Health Centre, similar to the Kowloon Bay Health Centre, is a multi-disciplinary health centre to care for, amongst others, Sexually Transmitted Diseases (STDs) and HIV/AIDS patients. The centre is scheduled to be completed by mid-2002 with services to commence by late 2002.

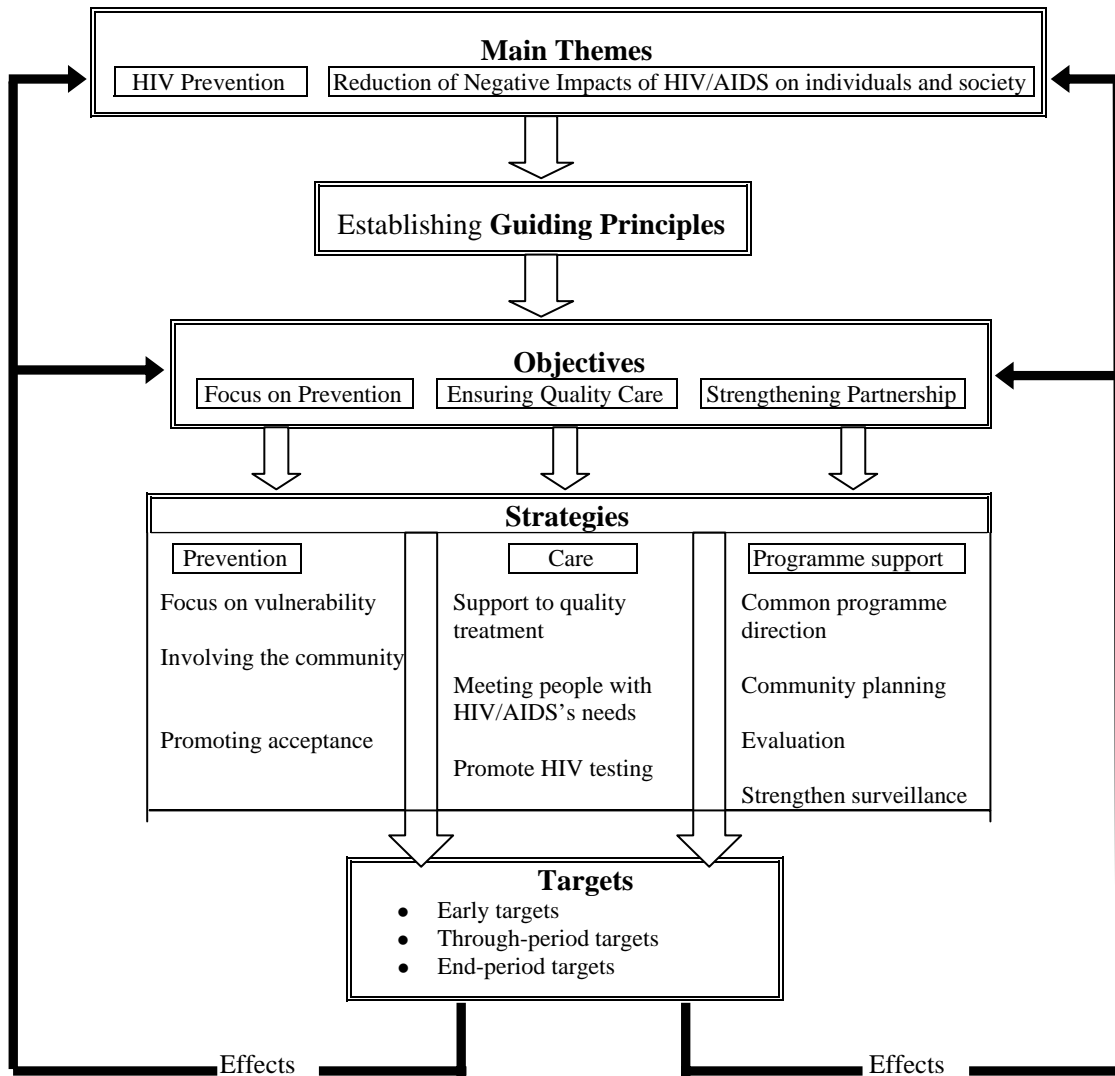
CPA members were concerned about the response of the public to the construction and siting of the Centre, following previous experience of the Kowloon Bay Health Centre which had drawn protest of residents nearby. To better understand the siting and progress of the Fanling project, CPA members conducted a site visit to the Fanling Health Centre on 4 January 2001 and followed by a discussion on the likely problems that might occur to the health centre, relating especially to the public sentiments. The discussion was joined by Dr Au Tak Kwong, Community Physician of the New Territories East (CP/NTE) Regional Office, who informed members that a working group had been formed under the umbrella of the North District Council with representatives from the nearby schools,

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.

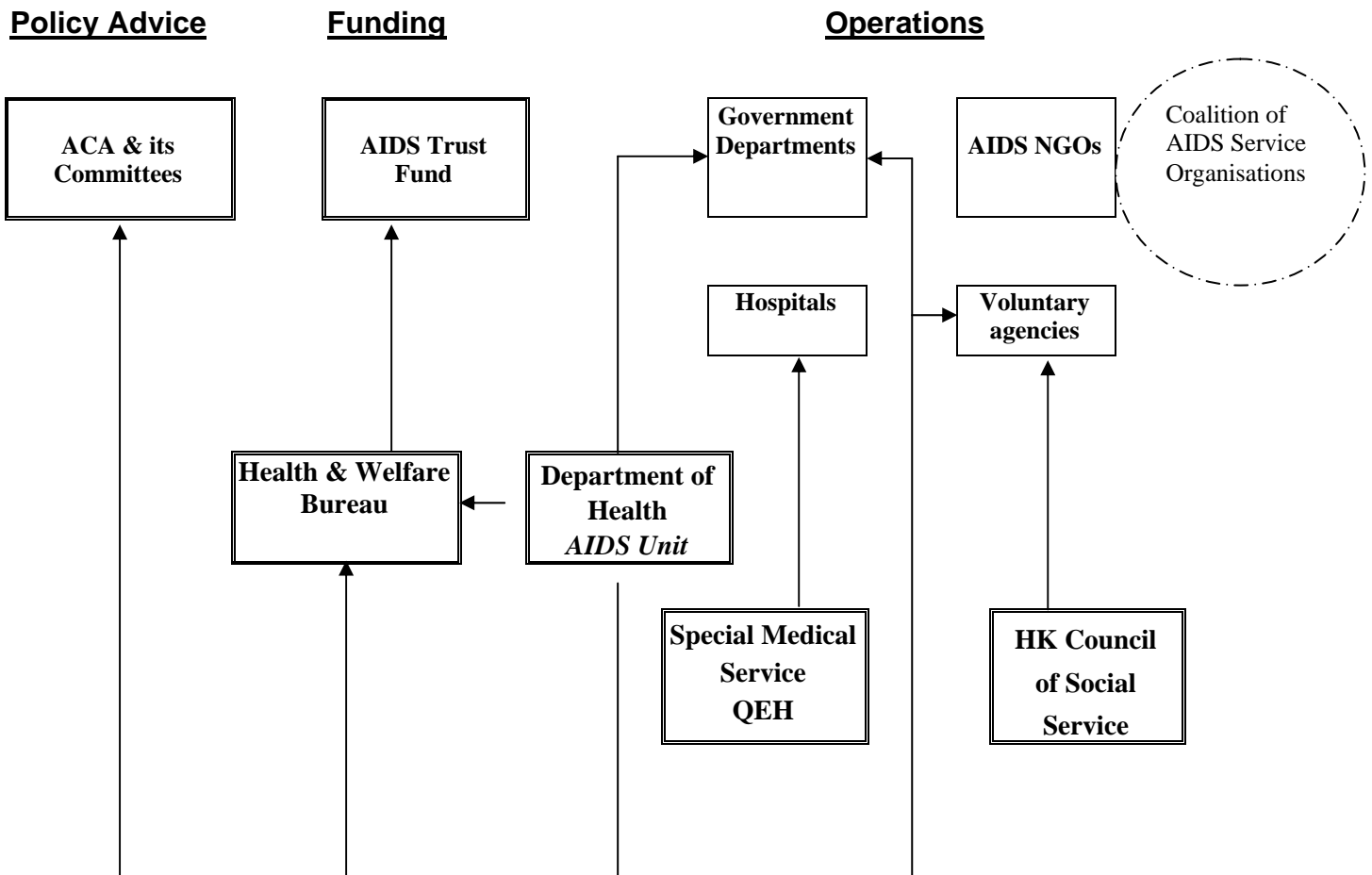
Target Eight: Clinical HIV management shall become developed as a specialist care programme with an integration of medical, laboratory and support services. The system should be supported by the enhanced participation of medical practitioners of all disciplines towards improved diagnosis and shared care.

(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, 1999

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 FUNG Fu-chun, JP

Members:

Professor NG Mun-hon
Ms. Carlye TSUI Wai-ling, JP
Dr. Patrick LI Chung-ki
Mrs. Diana WONG IP Wai-ying
Dr. Richard TAN
Professor CHEN Char-nie, JP
Mr. HUI Yin-fat, JP
(resigned in April 2001)
Professor LAU Yu-lung
Mr. Vincent LO Wing-sang
Rev. CHU Yiu-ming
Professor Peter LEE Wing-ho
Mr. Daniel LAM Chun, JP
(resigned in July 2000)
Professor Sara HO Suk-ching
Mr. TAM Chun-kit
(up to July 2000)
Dr. CHAN Ka-ki
(from July 2000)

Education Department :

Health & Welfare Bureau :

Mr. Gregory LEUNG Wing-lup, JP
(up to April 2001)

Mr. Thomas YIU, JP
(from April 2001)

Hospital Authority :

Dr. Lawrence LAI Fook-ming, JP

Social Welfare Department :

Miss Ophelia CHAN Chiu-ling

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 Lau-sun

Miss Windy LAU Mei-ling
(up to February 2001)

Ms. WONG Yim-ping
(from February 2001)

Miss Elaine SIT Yee-ling
(up to May 2001)

Miss TANG Yuk-lan
(from May 2001)

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 Chun, JP
(resigned in July 2000)

Professor Sara HO Suk-ching

Mr. CHEUNG Che-kwok

Mr. HO Chi-on, Billy

Dr. Joseph LAU Tak-fai

Dr. Kerrie L. MacPherson

Ms. Bella LUK Po-chu

Mr. Chung-chi TO

Mr. Tony PANG Shing-fook

Ms. LIN Oi-chu

Dr. James CH' IEN Ming-nien

Mr. Frederick TONG Kin-sang

Mr. KO Chun-wa

Mr. Brett WHITE

Mr. CHAN Kwok-chiu

Dr. Patrick LI Chung-ki

Mr. Graham SMITH

Sr. Ann GRAY
(from December 2000)

Ms. Atty CHING
(from January 2001)

Ms. Elizah FUNG
(from December 2000)

Ms. Lourdes FONG
(from November 2000)

Mr. WAN Mau-cheong
(from December 2000)

Correctional Services Department :

Dr. TAN Kaw-hwee

Department of Health :

Dr. Thomas CHUNG Wai-hung
(up to January 2000)

Dr. KWONG Kwok-wai
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Health & Welfare Bureau :

Miss Angela LUK Yee-wah

Information Services Department :

Mr. Simon LAU Wai-bing

Social Welfare Department :

Mrs. Alice LEUNG WONG Sau-mei

Secretaries:

Department of Health :

Dr. Clive CHAN Ching-nin
(up to June 2001)

Dr. Francisco WONG
(from June 2001)

Mr. John YIP Lau-sun

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

Co-convenors :

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Ms. Margaret PANG
(from March 2000)

Members :

Mr. Tony PANG Shing-fook

Mr. William KAM

Ms. Paulina KWOK
(up to January 2001)

Mr. Kevin KWAN
(from January 2001)

Ms. Linda WONG
(up to July 2000)

Ms. Sylvia TAI
(from July 2000)

Ms. Anita CHU

Mr. Graham SMITH
(up to December 99)

Dr. SIAH Poh-chua
(up to October 2000)

Dr. MAN Si-wai
(from October 2000)

Ms. Elijah FUNG

Mr. Sumcy LEUNG

Dr. ASM ABDULLAH

Sister Ann GRAY
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Mr. John YIP Lau-sun

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

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(up to July 2000)

Mr. Chung LAU

Mr. Rodney JONES

Mr. Greg GRAY

Mr. Andy CHIU
(up to December 99)

Mr. CHEUNG Kam-hung, Kenneth
(up to December 99)

Mr. Ah Cheung

Mr. Justin SO

Mr. Tommy JAI

Mr. Nelson NG

Mr. John LOO Khim-hung

Mr. Roddy SHAW

Mr. Chung-chi TO

Mr. John ERNI
(up to December 99)

Miss Vera LAM
(up to December 99)

Secretary :

Mr. MAK Sik-yan
(up to June 2001)

Mr. LEUNG Fuk-chak
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In Attendance :

Dr. Kelvin LOW
(up to June 2000)

Ms. Victoria KWONG

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Mr. Alfred N.W. AU
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(from October 2000)

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Mr. CHAN Chiu-kwong
Miss Mary YIP
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Miss Teresa FUNG
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Mr. LEUNG Fuk-chak
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Mr. LEUNG Ping-shing
Mr. CHAN Chun-kai
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Mr. YUEN Wai-sum
(up to May 2001)

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(up to December 2000)
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(up to July 2000)
Mr. NGAN Hon-fat
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Dr. Kelvin LOW
(up to June 2000)
Dr. Clive CHAN Ching-nin
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Mr. KO Chun-wa
Mr. Joe TANG
Mr. CHAN Wai-to
Dr. Y.W. MAK
Ms. Mimi LEE
Mr. Joseph PIANPIANO
(from May 2001)
Ms. MAK Yuen-han
(from May 2001)
Miss TAM Ngai-yin
(from May 2001)
Mr. KWONG Kit-ying
(from December 2000)

Ms. CHENG So-kwan
(up to May 2001)
Dr. WONG Ka-hing
(up to December 2000)
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Miss W.C. CHAN
Ms. CHAN Kam-wa
(from December 2000)
Mr. KAU Kin-man
Ms. Mary YIP
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Mrs. Lily NG
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Dr. Francisco WONG
(from June 2001)

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(up to March 2001)

Ms. Iris LEUNG
(from March 2001)

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Ms. Sylvia TAI

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Dr. Francisco WONG
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Ms. CHUNG Siu-fung
Mr. LI Choi-hing, Johnny
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Ms. CHAN Yu

Ms. LAI Sau-ling

Ms. POON Hoi-see

Ms. HO Tak-yin

Ms. Shirley YIP Yuen-neung

Ms. Heidi IP

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Ms. Elijah FUNG

Ms. Louise WONG

Ms. May KO

Mr. Dymosh NG

1-2 sex worker representative

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Ms. HO Tak-yin

Dr. HO King-man

Mr. John YIP Lau-sun

Miss CHU Yuet-chun

Task Force on Care and Welfare of People Living with HIV/AIDS (of APCC)

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Dr. HO King Man

Mr. Barry LEE

Ms. Loretta WONG

Mr. Greg GRAY

Mr. Johnny LI

Ms. Louise WONG

Ms. CHUNG Wai Yee

Ms. Clara CHAN

Mr. Tony PANG Shing-fook

Ms. SHUM Ha Yin

Dr. Clive CHAN Ching-nin

Secretary :

Ms. Ella MA

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(of APCC)**

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Mr. CHEUNG Che-kwok

Members :

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Ms. Elijah FUNG

Mr. HO Chi-on, Billy

Ms. Victoria KWONG

Dr. Joseph LAU Tak-fai

Mr. Simon LAU Wai-bing

Ms. Amy LAW

Ms. Carol LEE

Ms. Jamie OR

Mr. NG Chi-sum

Mr. Chung-chi TO

Ms. Anna YAU

Ms. Grace YEUNG

Ms. Karen YU

Secretary :

Mr. MAK Sik-yan
(up to June 2001)

Mr. LEUNG Fuk-chak
(from June 2001)

Scientific Committee on AIDS (SCA)

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Dr. WONG Ka-hing
(up to July 2000)

Dr. LEE Shui-shan
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Professor KONG Yun-cheung

Professor LEE Shiu-hung, ISO, JP

Dr. TSE Hei-yee

Ms. Annie LEUNG Fat-ying

Dr. LIN Che-kit

Dr. TAN Kaw-hwee

Dr. Susan FAN Yun-sun

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Dr. David HENDERSON

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Dr. Eddie LOKE Yiu-wah

Professor CHEN Char-nie, JP

Mr. LUI Ping-keung

Dr. Patrick LI Chung-ki

Professor NG Mun-lun

Secretaries:

Dr. HO King-man

Mr. John YIP Lau-sun

Advisor:

Professor James CHIN

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

Convenor :

Dr. Susan FAN Yun-sun

Members :

Dr. LEUNG Sze-lee	Dr. CHENG Man-yung
Professor Ann MACKENZIE	Dr. LAM Siu-keung
Ms. Candy WU (up to August 2000)	Dr. CHAN Wai-sum
Ms. Filomena CHOW (from August 2000)	Dr. LEUNG Chi-wai
Professor Patricia SULLIVAN	Dr. CHOW Chun-bong
Professor T.F. FOK	Dr. TSE Kai-tai
Professor P.C. HO	Miss Alice TSANG
Dr. TSE Hei-yee	Dr. Dominic TSANG
Dr. Samuel YEUNG Tze-kui	Dr. Susan S.S. CHIU
Dr. LIM Wei-ling, JP	Dr. LEE Shui-shan
Ms. Manbo MAN	Dr. WONG Ka-hing
Dr. WONG Hon-kwong	Dr. Kenny CHAN Chi-wai (up to June 2001)
Dr. C.Y. LI	Dr. Kelvin LOW (from July 2001)

Secretary / Member :

Dr. HO King-man

Secretary :

Mr. John YIP Lau-sun

Advisor :

Professor LAU Yu-lung

**Working Group on Management of HIV Infection
(of SCA)**

Convenor :

Dr. Patrick LI

Members :

Dr. Thomas LAI Sik-to

Dr. Dominic TSANG

Dr. Brian Jones

Dr. WONG Ka-hing

Secretary / Member :

Dr. HO King-man

Secretary :

Mr. John YIP Lau-sun

Advisor :

Professor LAU Yu-lung

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

Chairman:

Professor CHEN Char-nie, JP

Members:

Ms. Carlye TSUI Wai-ling, JP

Professor Peter LEE Wing-ho

Mr. Vincent LO Wing-sang

Rev. CHU Yiu-ming

The Very Revd. C.J. Phillips

Professor Sara HO Suk-ching

Dr. Richard TAN

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

Mr. Tony PANG Shing-fook

Mr. John LOO Khim-hung

Dr. LO Chi-kin

Ms. Winnie HO Sze-ki

Ms. LIN Oi-chu

Dr. CHAN Kin-sang

Dr. CHAN Kin-man

Mr. TANG Wai-chung

Ms. Rita CHUNG Wai-yee

Mr. Tommy CHAN Ping-leung

Mr. MAK Hoi-wah

Ms. Atty CHING Tsui-wan

Department of Health :

Health & Welfare Bureau :

Social Welfare Department :

Ms. Anna WU Hung-yuk, JP

The Hon. Fred LI Wah-ming, JP

Dr. LAM Ping-yan, JP

Mr. William TSUI Yiu-leung
(up to June 2000)

Mr. Peter KWOK Chung-kai
(from June 2000)

Mrs. Heidi KWONG Tam Lai-yi

Secretaries:

Department of Health :

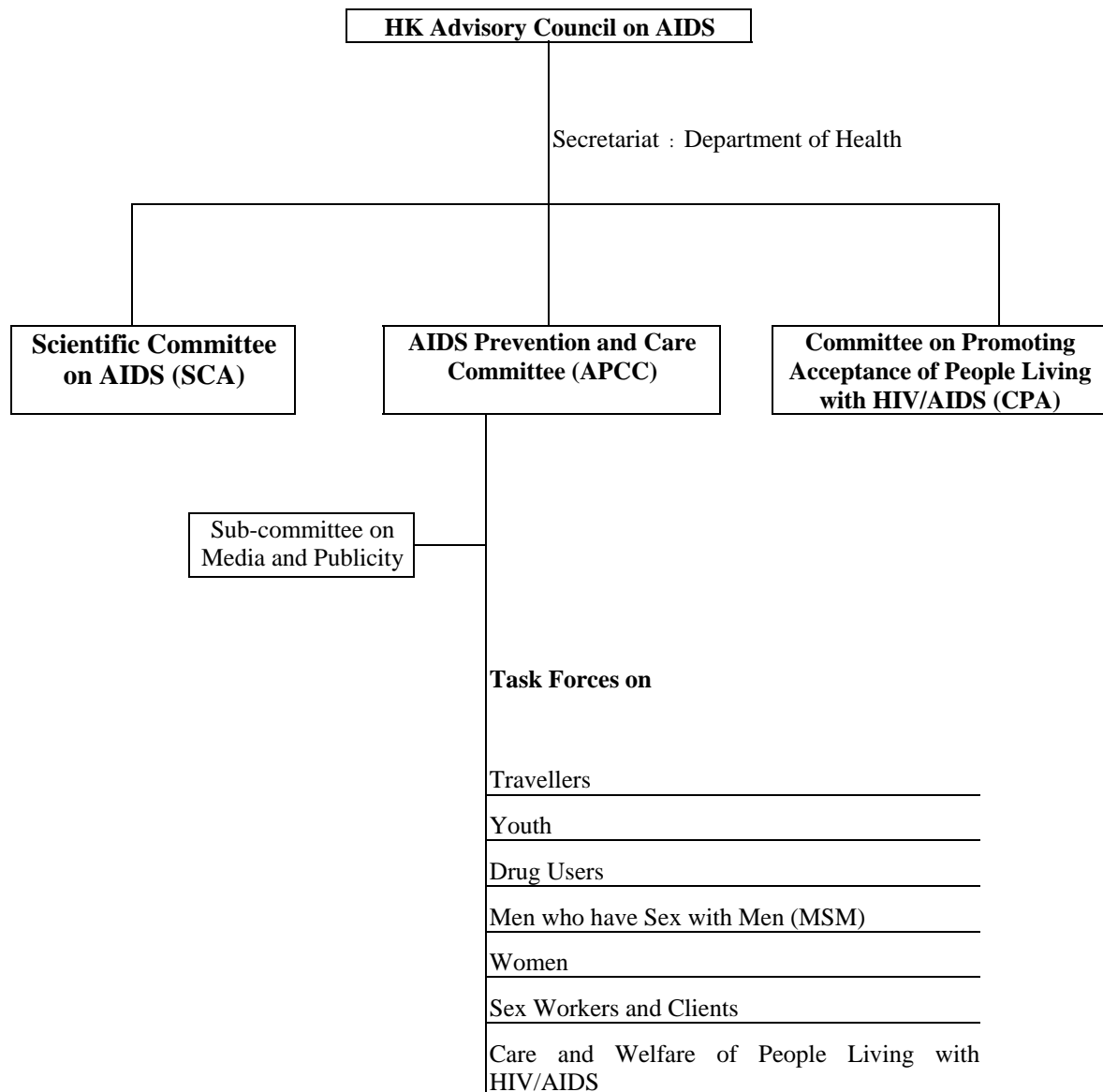
Dr. Kenny CHAN Chi-wai
(up to June 2001)

Dr. Kelvin LOW
(from July 2001)

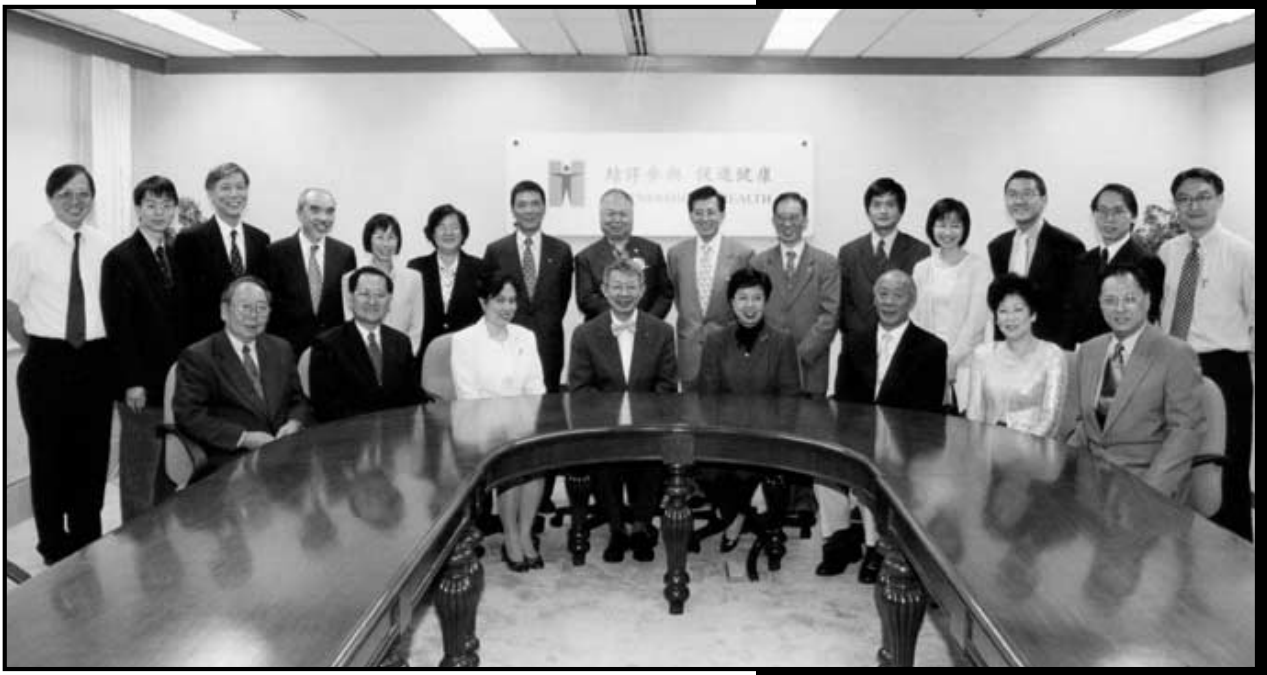
Mr. John YIP Lau-sun

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

(ACA Fourth Term: August 1999- July 2002)



Appendix F : Gallery



The Hong Kong Advisory Council on AIDS 1999-2001

Front row from Left : Prof James CHIN (Adviser), Prof CN CHEN JP, Ms Carlye TSUI JP, Dr Homer TSO JP (Chairman), Dr Margaret CHAN JP (Vice-chairman), Prof MH NG, Mrs Diana WONG, Mr Gregory LEUNG JP.

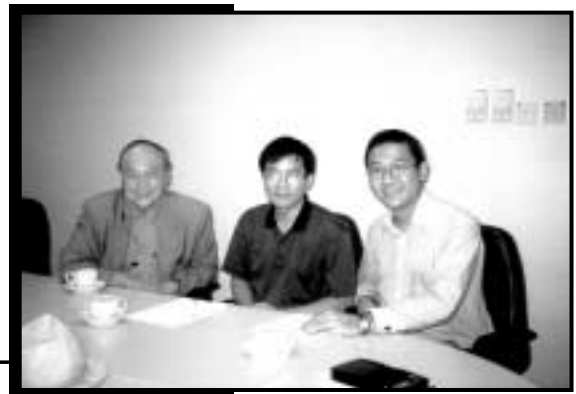
Back row from Left : Mr John YIP (Secretariat staff), Dr KH WONG (Secretary), Rev CHU Yiu-ming, Mr Vincent LO, Prof Sara HO, Ms Ophelia CHAN, Mr Daniel LAM JP (From September 1999 to July 2000), Mr HUI Yin-fat JP (From September 1999 to April 2001), Dr Lawrence LAI JP, Dr Richard TAN, Prof Peter LEE, Ms Angela LUK (H&W Bureau), Dr Clive CHAN, Dr KM HO, Dr Kenny CHAN (Secretariat staff).

(Members not in the picture include : Prof YL LAU, Dr Patrick LI, Mr CK TAM and Dr LEE Shui-shan)



Study Tour on HIV/AIDS for professionals, administrators and programme planners from the Mainland - a representative from Ministry of Health and Ministry of Railway presenting a souvenir to Dr Homer Tso, JP, Chairman of ACA. (Photo taken on 1 August 2000)

Lions Red Ribbon Fellow Mr Wang Quan-yi, lecturer, Peking Union Medical College, discussing issues on Drug and HIV Problems in Mainland and Hong Kong with Dr James Chien, Chairman of the Task Force on Drug Users and Dr Clive Chan, Secretary of APCC. (Photo taken on 17 October 2000)



UNAIDS Hong Kong Ambassador Miss Miriam Yeung Chin-wah presenting her own VCD 'Positive Response' to Dr Homer Tso, ACA Chairman at the 2001 WAC 'Positive Response Day' Ceremony. (Photo taken on 1 December 2000)

Our Happy guests at the 2001 WAC 'Positive Response Day' Ceremony. (Photo taken on 1 December 2000)





Mr Ho Chi-on, Convenor of Task Force on Youth of AIDS Prevention and Care Committee delivered a talk on Concept and Strategy in Preventive AIDS Education at the Seminar on Sex Education for Secondary School Teachers titled "High Risk Behaviours and Sexually Transmitted Disease". (Photo taken on 9 December 2000)

Dr Margaret Chan, JP, Director of Health and ACA Vice-Chairman is pictured listening to creative ideas from a group of best project competitors at the event 'Youth Action on AIDS' Funding Scheme 10th Anniversary cum Youth Forum. (Photo taken on 3 February 2001)



Participants of youth forum are pictured at the 'Youth Action on AIDS' Funding Scheme 10th Anniversary. They include youth, youth workers, school principals, representatives from The Committee on Home-school Co-operation, and the 'Yes' magazine. (Photo taken on 3 February 2001)



Ms Anna Wu JP, Chairperson of the Equal Opportunities Commission and member of the Committee on Promoting Acceptance of People Living with HIV/AIDS, delivering a speech at the event 'Building a Harmonious Community : Red Ribbon Centre 4th Anniversary cum Drawing Contest'. (Photo taken on 26 May 2001)





Dr Homer Tso, JP and guests are pictured at the cake-cutting ceremony of the event 'Building a Harmonious Community : Red Ribbon Centre 4th Anniversary cum Drawing Contest'. (Photo taken on 26 May 2001)

Robbi, a Cartoon Rabbit and newly appointed Ambassador of the Hong Kong Community Charter on AIDS, posing for a photo with winners of the Robbi Manifesto Contest. (Photo taken on 22 June 2001)



Dr Homer Tso, JP presented a souvenir to a winner of the Robbi Manifesto Contest at the Hong Kong Community Charter on AIDS Robbi-for-Charter Signing Ceremony cum Robbi Manifesto Awards Presentations Ceremony. (Photo taken on 22 June 2001)

Prof Y L Lau, Chairman of the Scientific Committee on AIDS, is seen conducting the meeting. Sitting on the left of Prof Lau is the SCA adviser, Prof James Chin. (Photo taken on 24 May 2001)



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