

HONG KONG
Advisory Council on AIDS

A Report...
August 2001 to July 2002

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 third 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 2001-July 2002) has seen the reported HIV figures maintained at a low level about 200 per year. We consider ourselves fortunate as in some countries which are close and surrounding us, the rates of HIV/AIDS are on the rise. In the absence of well-designed strategies, the risks would, unavoidably, have effects on us in the long run.

Meanwhile, based on our current "low-infection" status, and taking into consideration our collaborative efforts with our neighbours, especially that with the Mainland, the Council has come up with new proposed strategies for the prevention and care of HIV/AIDS in Hong Kong for the next five years from 2002 up to 2006. During the process of formulating the strategies, we are aware of the ups and downs in our fight against the epidemic : while we have made progress in the overall prevention , there were setbacks in individual aspects, such as in combating the increasing infection rate of Injecting Drug Users. Nevertheless, our confidence has never been shaken. The Council is now more determined than anytime else in enhancing our strategies to substantiate our fight against the epidemic. Yet, we are careful in anticipating the impacts of uncertainties- uncertainty on how the global development would influence our local situation, uncertainty on how our neighbours would react to the expanding influence of the epidemic, and uncertainty on how patient our community will be in accepting and tolerating the recovery of people from the epidemic. Against these backgrounds, we need to strengthen our monitoring and evaluation systems.

Some local conditions are changing, too. In response to recommendations put forward by ACA, the Council for the AIDS Trust Fund (ATF) has begun to consider programme-based funding to facilitate the implementation of long term projects coupled with the introduction of a technical review process to promote the achievement of quality standards in HIV prevention & care. The Community Planning Process, though currently under review, had proven to be successful in gathering the strength of the community, and in proposing responses within various vulnerable populations. More mainstream non-governmental organizations (NGOs) have begun to master the skills for incorporating HIV/AIDS into their programmes. Indeed, the work of the ACA through its recommended strategies 1999-2001 has begun to bear fruit. We hope these responses could be continued, and be expanded further in the coming next five years.

Over the years, we have been emphasizing, repeatedly, that the work in fighting HIV/AIDS is not a single task. It takes all of us to rise and face the challenges ahead. The word “we” includes the ACA and its sub-committee members, health care and social welfare professionals, scientists and academia, people working in the HIV/AIDS field, people living with HIV/AIDS, their friends and family supporters, as well as members of the wider community. Given the relief of prejudice and discrimination on the part of the service providers, and the public at large, we are confident that social stigmatization against people living with HIV/AIDS will eventually become non-existent. This, in return, would encourage the testing for HIV, and help keep Hong Kong as a low prevalence area in the long run. To this end, we appeal for the continual support from the community, and our working partners alike, to work together towards this goal.

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.

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1. HIV/AIDS Situation in Hong Kong

Introduction

HIV is transmitted in three major ways: through sexual intercourse, in blood, and from mother to child. In Hong Kong, the first HIV cases were reported in 1984. As it had happened in many other developed countries, the early part of the HIV epidemics witnessed a significant proportion of our HIV infections resulting from blood or blood products transfusion. The situation later changed to one that sexual routes, including heterosexual and homosexual contacts, predominate and become the commonest route of HIV transmission. It accounts for 81% of all reported HIV cases in Hong Kong. Understanding the current HIV/AIDS situation is therefore crucial in monitoring and planning of our prevention and care effort for this infection.

HIV/AIDS surveillance comprises a framework of systematic and consistent monitoring of HIV/AIDS situation. It has the essential components of collection, collation and analysis of HIV/AIDS data; and then the interpretation and dissemination of HIV/AIDS information. Timely information derived from this HIV/AIDS surveillance is pertinent to any effective prevention and control programme.

HIV/AIDS Surveillance

The Department of Health's Special Preventive Programme maintains the HIV/AIDS surveillance system. It regularly obtains data concerning HIV/AIDS through three mechanisms: (1) voluntary reporting, (2) unlinked anonymous screening, and (3) seroprevalence monitoring of selected groups. In

addition, information collected from the Sexually Transmitted Infections surveillance, HIV risk behavioural surveillance and other research studies on HIV virology and immunology are included to complement and supplement the system.

The surveillance definition of AIDS for adults and adolescents was drawn up by the Scientific Committee on AIDS in 1995. The most common AIDS defining condition was *Pneumocystis carinii* pneumonia followed by *Mycobacterium tuberculosis* infection.

Based on the associated HIV risks, target populations for seroprevalence surveillance are grouped under 3 categories: (a) general population; (b) vulnerable communities with defined behavioural risk; and (c) setting with undefined HIV risk.

Voluntary Reporting

The voluntary HIV/AIDS reporting system has been in place since 1984. This is a non-name based reporting programme. Laboratories and medical practitioners submit reports of newly diagnosed HIV infection and AIDS cases to the Department of Health, latter through the special form DH2293.

As of the end of June 2002, 1863 HIV infections had been reported to this system. Among them, 585 had progressed to AIDS. The numbers of reported HIV infections and AIDS cases have been on a steady rise from the beginning of the epidemics to 1996. The reported HIV infections and AIDS cases have become stable at about 200 and 60 cases per year respectively in the past five years. The leveling off of AIDS cases may partly be due to the introduction of Highly Antiretroviral Therapy

(HAART) or commonly known as the cocktail therapy since the end of 1996.

HIV infection affects more males than females with an overall ratio of 4.5 : 1 at present. However, the number of reported infected females is noted to be on the increase over the past decade. Knowing that heterosexual contact is the commonest route of transmission, this is an observation that requires close monitoring.

The majority (69.7%) of all our reported HIV infections in Hong Kong belong to ethnic Chinese but the number of non-Chinese Asian cases is evidently rising, reaching 15.5% of the cumulative total as of mid-2002.

Although the number of HIV infections related to injection drug use remains low at 48 cases (or 2.6%) so far, 20 of them (41.7%) were reported in the past 2 years. The total number of perinatal HIV transmission cases now stands at 14.

Unlinked Anonymous Screening

The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. Out of 3811 samples collected from the methadone clinics in 2001, 4 were tested HIV, equivalent to 0.105%. The seroprevalence rates of patients attending tuberculosis treatment clinics and inmates newly admitted into correctional institutes were 0.07% and 0.33% respectively.

Seroprevalence in selected populations

The positive HIV antibody detection rate was 0.002% from all the blood donations in 2001 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.061% in 2001, a small increase from the previous year (0.039% in 2000).

Since 1st September 2001, a universal HIV antibody testing programme has been implemented in all antenatal clinics of the Hospital Authority and Maternal and Child

Health Clinics of the Department of Health. In its first three months of running, a total of 10238 samples were tested (96% opt-in rate), 6 pregnant women were found positive for HIV, indicating a positivity rate of 0.06%, which is consistent with the rate found among newborns in previous few years.

Figure 1: Annual Reported HIV/AIDS
 1984 - 2001, Hong Kong, (N=1755/560)

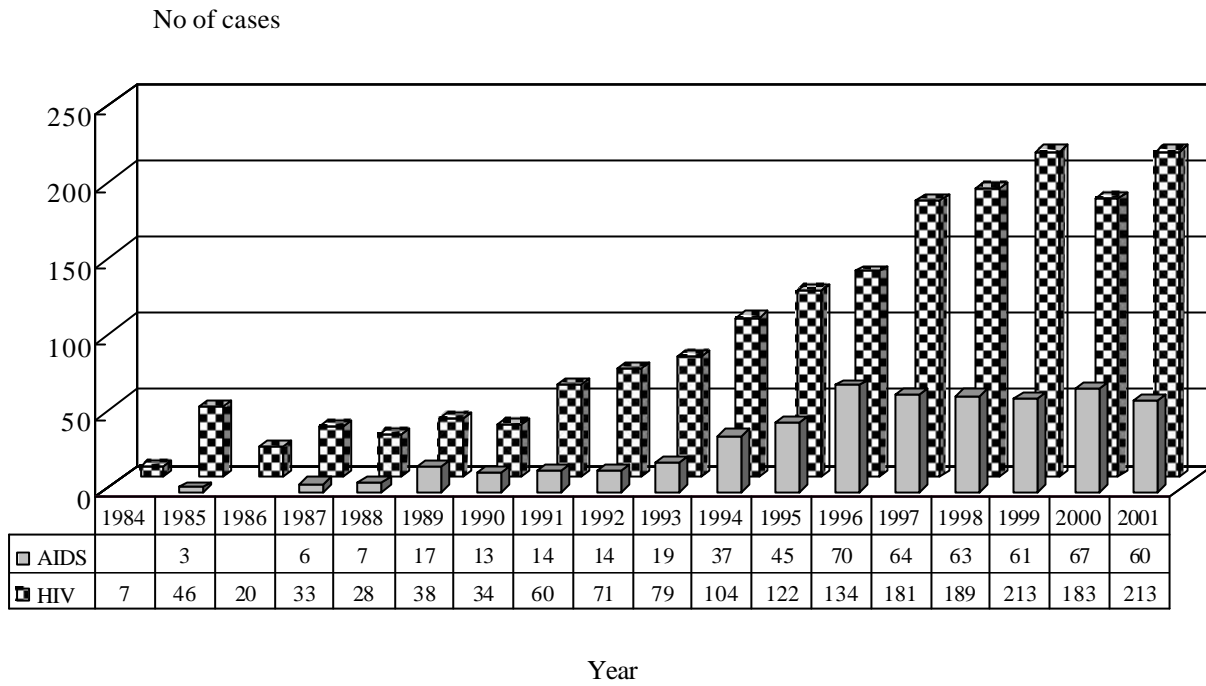


Figure 2: Ethnicity of reported HIV infection
 1984 - 2001, Hong Kong, (N=1755)

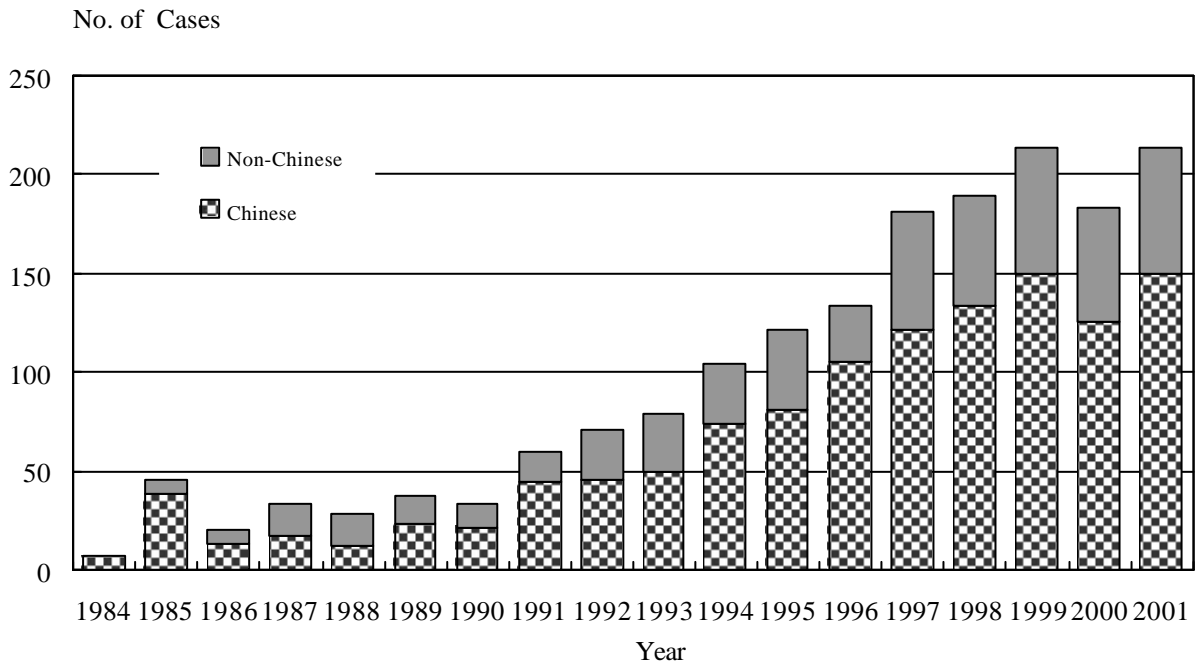


Figure 3: Routes of transmission of HIV infection
1984 - 2001, Hong Kong, (N=1755)

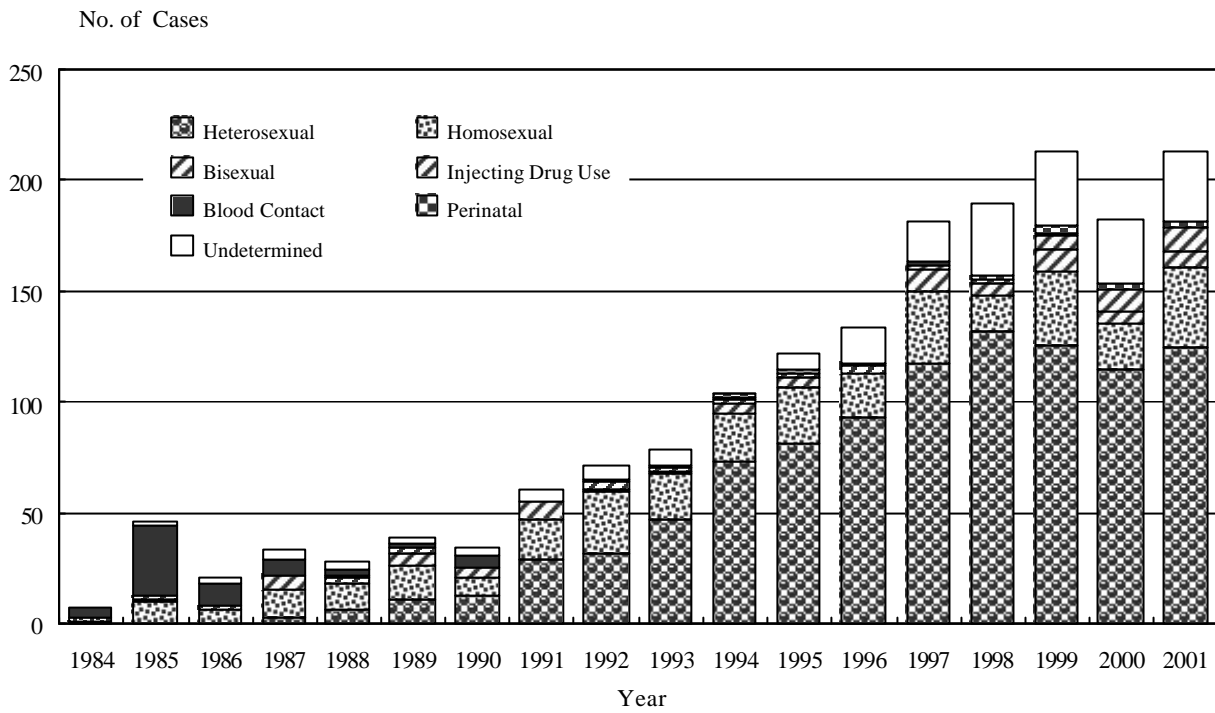


Figure 4: Sources of referral of HIV infection
1984 - 2001, Hong Kong, (N=1755)

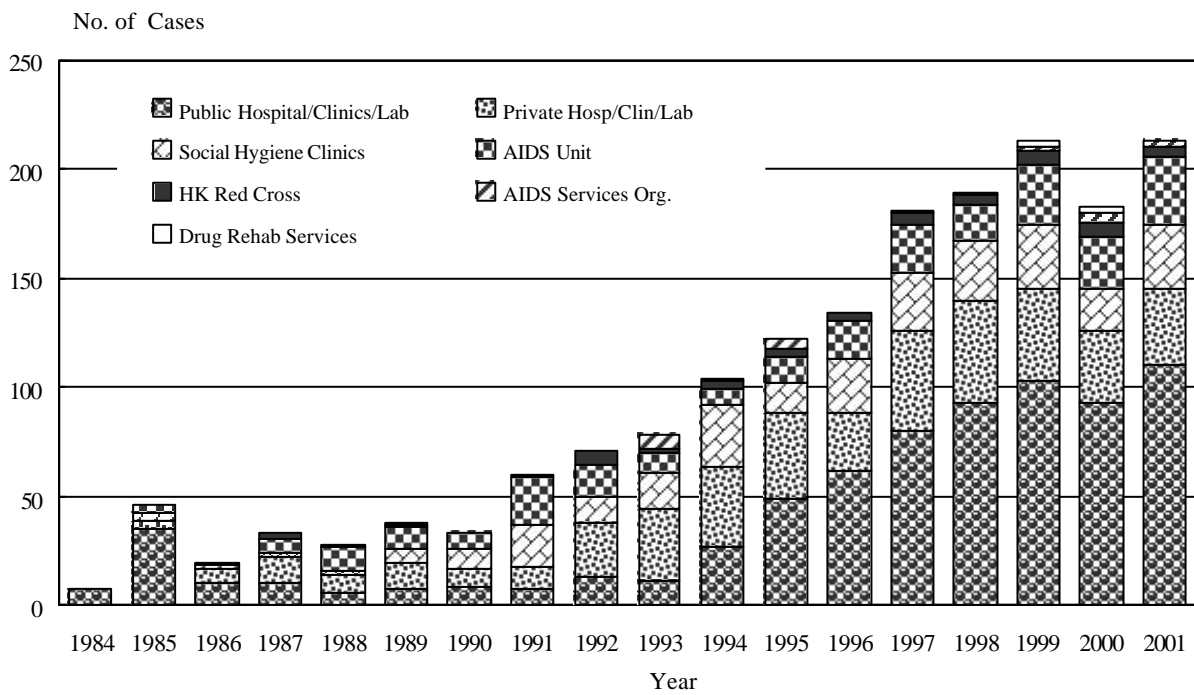


Figure 5: Primary AIDS-defining Conditions
Hong Kong 1985 - 2001, (N=560)

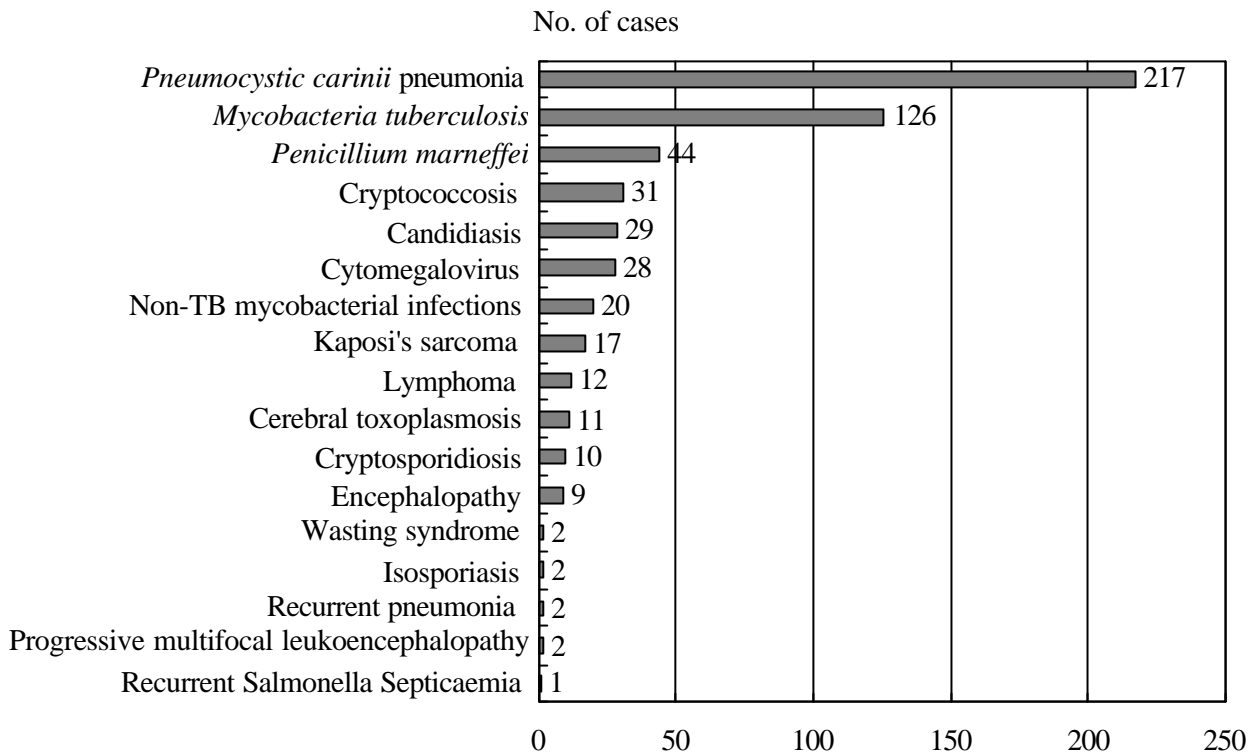
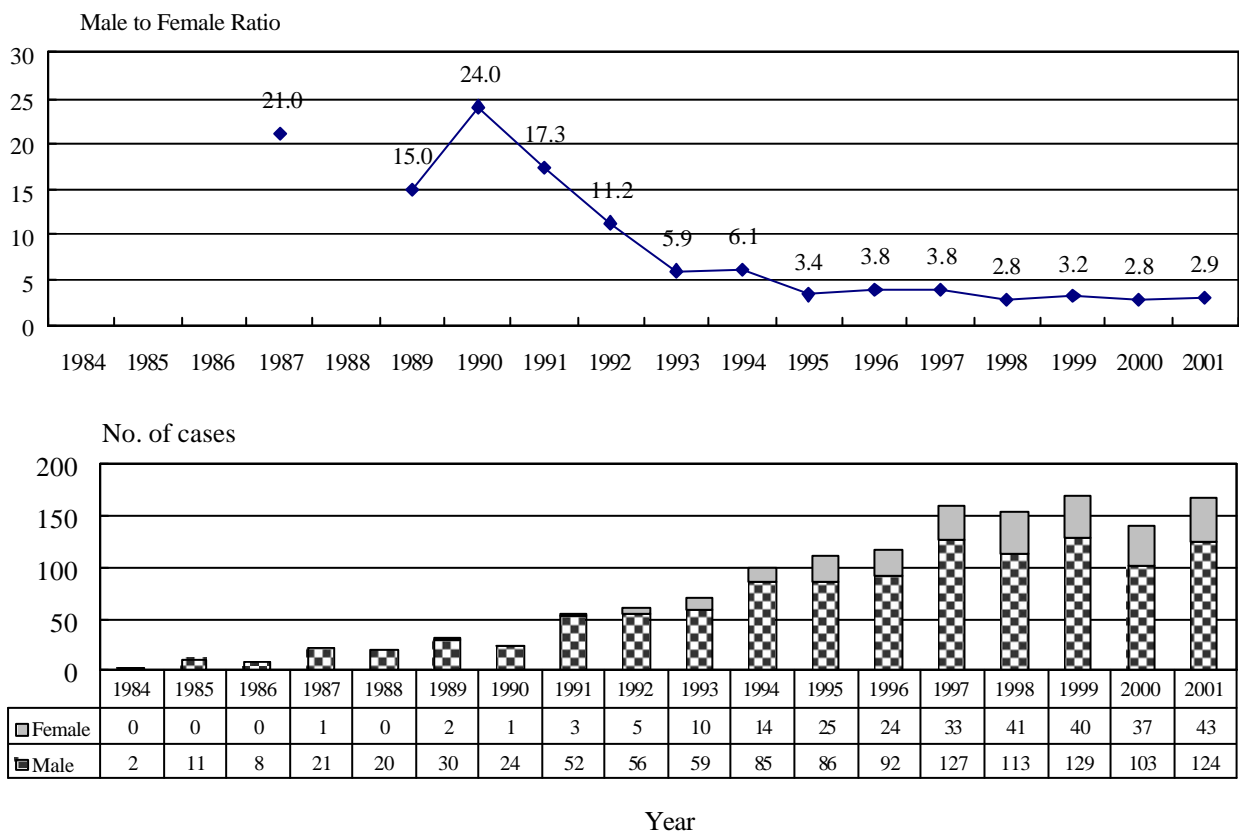


Figure 6: Reported HIV Infection through Sexual Transmission*
by Sex (1984 - 2001, N=1421) Hong Kong



* 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-onward)

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. 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 for implementing the ten targets mentioned in *AIDS Strategies for Hong Kong 1999-2001* are described in Chapter 3 of this report, under the topic 'Follow-up on 1999-2001 Strategies'.

Current AIDS Programme (Extracted from the Recommended HIV/AIDS Strategies for 2002-2006)

Hong Kong has, over the years, established a network of organisations and a collection of activities devoted to HIV/AIDS prevention, care and control. The term *Programme* denotes this unique set of collaborative efforts.

Hong Kong's HIV/AIDS Programme is executed by a variety of agencies. Within the government, the Department of Health's Special Preventive Programme is the designated unit working on AIDS. The Government-appointed Advisory Council on AIDS provides policy advice on all aspects of the infection. A number of AIDS NGOs specialise in community-based activities. The efforts of these organisations are complemented by other government services,

public bodies, mainstream NGOs and the academia. AIDS NGOs in Hong Kong include: Hong Kong AIDS Foundation, AIDS Concern, Society for AIDS Care, Teen AIDS, St John's Cathedral HIV Education Centre, Action for Reach Out, Hong Kong Council of Social Service – AIDS Project

HIV/AIDS Surveillance is a regular programme of the Department of Health. A quarterly report (published in *Hong Kong STD/AIDS Update*) has been produced since 1995. HIV/AIDS surveillance is now composed of four inter-relating systems (i) voluntary reporting, (ii) seroprevalence studies, (iii) behavioural surveillance, and (iv) STI surveillance. An annual report of the four systems has been produced since late 2000. The joint efforts of the Department of Health and the University of Hong Kong between 1994 and 1998 concluded a pilot behavioural surveillance project, which produced its final report in 2000. Another project to explore the HIV situations in the Pearl River Delta Region ended in 2001. An investigation of the HIV subtypes was initiated in 2000, with the preliminary reports presented in the First China AIDS and STI Conference in Beijing in 2001.

The government's HIV prevention and education activities are implemented by both designated AIDS services and other departments/units. The Red Ribbon Centre is the resource centre that houses the Department of Health's HIV Prevention and Health Promotion Team. The Centre organises three major categories of activities – communication and information projects to promote awareness and acceptance, targeted prevention, and capacity building. It was designated an UNAIDS Collaborating Centre in late 1998, and has since been a focal point in rendering technical support to HIV activities in Mainland China and the region. The Department's Social Hygiene Service and Methadone Clinics are the outlets for STI treatment and harm reduction respectively. The Hong Kong Red Cross Blood Transfusion Service is on the forefront in safeguarding blood supply.

On the community level, the Coalition of AIDS Service Organisations has set up the first

Community Planning Committee which led to a set of prioritised activities in 2001. AIDS NGOs have continued to consolidate their expertise in HIV prevention and care. AIDS Concern has become a pioneer in the development of HIV prevention activities in men having sex with men (MSM), travellers and commercial sex workers (CSW), the latter in conjunction with the Action for Reach Out, an NGO working with CSWs. Teen AIDS focused on HIV awareness and sex education in young people. The Society for AIDS Care started a series of training activities in support of the universal antenatal HIV testing programme. The St. John's Cathedral HIV Education Centre has been focusing on HIV awareness and prevention in women. The AIDS Project of the Hong Kong Council of Social Service (HKCSS) provides a linkage between AIDS organisations and mainstream NGOs. The HKCSS successfully organised the Hong Kong AIDS Conference 2001 in August 2001. The Hong Kong AIDS Foundation has been focusing on collaboration with the Mainland in the past few years.

HIV testing, diagnosis and care constitute another broad category of programme on AIDS. The Department of Health's Virus Unit is the largest diagnostic laboratory on HIV, supporting the testing services organised by the Special Preventive Programme, Hospital Authority and the Hong Kong AIDS Foundation. The advent of highly active antiretroviral treatment (HAART) has caused significant changes to HIV treatment and care programmes around the world. It was estimated that in 2002 the active caseload of HIV/AIDS patients in the public service was 900. A majority of these patients are under the care of the Integrated Treatment Centre of the Department of Health and the Special Medical Service of the Hospital Authority's Queen Elizabeth Hospital.

The government has been funding a majority of activities in Hong Kong's HIV/AIDS Programme. While government agencies and public bodies are funded through their regular established mechanism, the AIDS Trust Fund has continued to be a unique source of financial support for community-based HIV activities. About 20 organisations were supported each year to implement a broad range of projects. A total of over HK\$60M has been disbursed to

support more than 300 projects in the eight years since the Council for The AIDS Trust Fund was established.

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 the third 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 adopted by ACA as its official recommendations from 1999 to 2001. A new set of strategies, however, is now in place to replace the set of recommendations, which has run its course between 1999 to 2001. This new strategy is known as *Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006*. 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 (Appendices D & F). 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)*

A total of four ACA meetings were held during the reporting period as follows :

- | | |
|-------------------------------|------------------|
| 1. (37 th meeting) | 24 August 2001 |
| 2. (38 th meeting) | 14 December 2001 |
| 3. (39 th meeting) | 22 March 2002 |
| 4. (40 th meeting) | 21 June 2002 |

Formulation of HIV/AIDS Strategies, 2002- 2006

In anticipation of the expiry of the recommended strategies for 1999-2001, it has become necessary to have in place a set of new strategies to coordinate the programmes, and to lead the way forward for future developments. At the 37th Meeting of the ACA held on 24 August 2001, it was resolved to, based on the directions given at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), work out a set of new strategies for the consideration of the Council. Through a series of meetings between the Council Chairman, Committee Chairmen and Secretariat staff, a draft document was prepared and was put up for discussion at the Council's 38th meeting held on 14 December 2001. Basically, the document was written in five chapters, with emphasis on:

- (a) Overview of strategy development, describing the process of development of the AIDS policy recommendations in Hong Kong;
- (b) Review of HIV situation and programmes in Hong Kong;

- (c) Framework for strategies 2002-2006: portraying the strategy framework, with outlined principles, objectives and targets for the new phase;
- (d) Strategy objectives, laying out in details the rationale and specificity of each objective; and
- (e) Working towards the common goals, proposing steps and targets for achieving the goals embodied in the new strategies.

Whilst the goal of the strategies 2002 to 2006 would be to maintain Hong Kong as a low HIV prevalence area, its belief has been built upon a set of seven guiding principles, and illustrated through four specific strategy objectives. Details of the guiding principles, and the four objectives are attached as Appendix A of this report.

To translate the objectives into specific actions, a total of eleven targets have been identified. Please also refer to Appendices B and C of this report on details of the eleven targets.

At the 38th meeting, it was agreed that members' concern on the draft document should be highlighted and converted into open questions to facilitate discussion by the public. An open forum was organised on 26 January 2002 for the purpose, after which a revised paper was tabled again at the 39th Council meeting for members' endorsement. The document, known as ***Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006***, was put to print after final vetting. This will become the blueprint of Hong Kong's recommended HIV/AIDS strategies in the five years from 2002-2006.

Follow-up on 1999-2001 Strategies

During the year under report, there had been marked progresses in achieving the ten targets as recommended by the ***AIDS Strategies for Hong Kong 1999-2001***. 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 fulfilled in 1999-2000.

(b) *Through-period targets*

Targets Four to Eight were the five through-period targets. Their progresses are as follows:

- (i) *Target Four* *The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation:* As reported in the last year, collaboration between the Council and the CPP had been enhanced and there was co-operation between the APCC Task Forces and the CPC work teams. In addition, capacity building seminars such as the one on conducting evaluations were arranged for the participation of HIV/AIDS workers including members of the CPC, and NGOs.
- (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 had worked out 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 had been delegated to the APCC. During the year under report, all the seven task forces under the APCC had concluded with their recommended strategies and their reports were published. These included recommended strategies for Youth, Travellers, Drug Users, Sex Workers and Clients, MSMs (Men having sex with men), Women as well as the Care and Welfare of People Living with HIV/AIDS.

- (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 was collected. The strengthening of the HIV surveillance system to incorporate STD surveillance and behavioural monitoring was also discussed at the SCA meetings, with more details needed to be worked out before implementation.
- (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 had formed a working group that reviewed the prevention and treatment of opportunistic infection in HIV/AIDS. As step number one, *Recommendations on the Management of HIV Infection in Infants and Children* was issued in July 2001, and revised in January 2002; while *Recommendations on the Treatment of Latent TB infection in HIV-positive Persons in Hong Kong* was also issued in early 2002, which could serve as guidance for the medical profession.

(c) **End-of-period targets**

Two target areas were under the end-of-target period. The following are their progresses:

- (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:* This target had been completed through the implementation of the new strategies 2002-2006, which had also taken the opportunity of reviewing the past achievements.
- (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:* This is a target which need to be established with care and consideration. The importance of establishing a formal mechanism for evaluation, and promoting the integration of evaluation in project implementation would need to be further elaborated under context of the new recommended strategies.

In general, most targets of the recommended strategies 1999-2001 had been met within the reported period, with the exception of a few which would be carried forward under the new strategies.

Updating HIV Situation in the Mainland

At the 37th ACA meeting held on 24 August 2001, Dr Emile Fox, UNAIDS Country Programme Adviser in China, was invited to update members on the latest HIV situation in the Mainland. Members noted that there were two major trends of infection including the spread through injection drug use, and, heterosexual activities. He suggested that Hong Kong could support the Mainland programmes by (a) intensifying safer sex promotion targeting

cross-border travellers, (b) enhancing exchange and develop training to meet the needs of technical people and leaders from the Mainland, (c) providing funding support. In view of the resource constraint, members also considered it appropriate to accord higher priority to work in collaboration with HIV/AIDS workers in the Pearl River Delta Region.

Attending the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2001

Both the Vice-chairperson, Dr Margaret Chan, and the Secretary, Dr S S Lee joined the Chinese delegation in attending the UNGASS held in the United Nations Headquarters Building in New York between 25-27 June 2001. It was noted that major achievements of the meeting include

- (a) Development of consensus in a number of issues, including a joint declaration of commitment to address the HIV problem on a global level;
- (b) Setting of specific targets to monitor the progress of the declaration; and
- (c) Establishing a Global AIDS and Health Fund (subsequently the Global Fund to Fight AIDS, TB and Malaria) to enhance financial support for addressing the epidemic.

The Council considered the UNGASS experience could serve as a reference for determining the directions suitable for Hong Kong, and that we should, after taking the African experience, address vulnerability in a pragmatic way.

Lessons from the Kowloon Bay Incident- a study report

Two reports on the Kowloon Bay Incident, had been brought to the attention of the Council. One was the study report of the Equal Opportunities Commission, which was

discussed at the 31st Council meeting. A second report was commissioned by the Department of Health and authored by a social scientist Dr KM Chan. He was invited to brief members of his study at the 37th Council meeting. Dr Chan classified the incident as a NIMBY (Not in my backyard) syndrome, and concluded by making recommendations to prevent recurrence of similar incidents. The meeting resolved to release the report for future reference of planners and the community. The report was issued in May 2002.

As a separate issue, members noted that legal action in respect of the Kowloon Bay incident was considered by EOC in late 2001 and resulted in an out-of-court settlement, with written apology received from the defendants.

Follow-up on the implementation of the Strategy on universal antenatal testing

The issue was first raised to the Council during the 33rd meeting, and a report was made by the SCA Chairman to the Council at the 34th meeting held in October 2000. Members noted that a special Working Group was formed under the SCA to study the issue, with the consensus that universal antenatal testing should be introduced in Hong Kong. The Council supported the six principles embodied in the draft "Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission" prepared by the Working Group, and advised that the following were to be adhered:

- (a) At policy level, the six leading principles of the recommended clinical guidelines should become 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 (DH) and the Hospital Authority (HA) stressing the need for bringing the new strategy to the attention of antenatal service-providers in the public and private sectors. Responses of the two public organisations to advice given by the ACA have been encouraging. In addition to support from Government through the Health and Welfare Bureau, both DH and HA have worked for preparing the scheme with seminars/training courses organised for staff of these two public organisations.

The Universal Antenatal HIV Screening Programme was implemented on 1 September 2001. More details on following-up to the development of this scheme can be referred to in Chapter 5, under the topic "Reducing Mother to Child Transmission of HIV - Antenatal HIV Testing".

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

Promoting public awareness on HIV/AIDS had been a major prevention strategy of the Government throughout 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, and reported at the 35th ACA meeting held on 19 January 2001 to review the work done by the various government departments, and to identify ways for improvements. The meeting then agreed that the Education Department (ED) would conduct a review of its work in the school settings and to identify areas for improvements.

To follow-up with the above resolution, ED had arranged a meeting with the Department of Health later after the 36th meeting to discuss on how to integrate health promotion to school

education. Tentatively, both agreed to take on a "life-event" approach, and to promote all-round development in moral education, civic education, as well as health education. A new *Teaching Kit for Secondary School Pupils*, alongside with the revised *Guidelines on the prevention of blood borne diseases in schools (2001)* were subsequently issued and distributed by ED in December 2001. These publications provided teachers with instructional activities and materials to enable them to improve their skills in enhancing pupils' understanding on HIV/AIDS, and to develop their prevention skills. It also helped in fostering a caring attitude amongst pupils towards people living with HIV/AIDS.

The Social Services Department, on the other hand, are also taking measures to review their guidelines within its different branches to ensure that services provided to people living with HIV/AIDS are not neglected, or being discriminated.

Review on activities of the Council between 1999-2001

As the fourth term (1999-2001) of the Council was coming to a close, a paper was compiled by the ACA Secretariat to review the past activities of the Council. In general, the ACA activities could be summarised in four main categories which were

- (a) Deliberation of issues relating to HIV/AIDS;
- (b) Development of strategies;
- (c) Networking; and
- (d) Monitoring of activities of the three committees including the SCA, APCC, and CPA.

Apart from the four Council meetings a year, members also participated in committee activities, functions organised by various agencies, communicated with overseas and Mainland counterparts through conferences and reciprocal visits.

Questionnaire Survey

To better evaluate the processes and outputs of the Council, a questionnaire survey was administered by the Secretariat to collect views from members of ACA and the three committees. Report of the evaluations indicated that the most important issues deliberated by the Council, in order of importance, were

- (a) The advice on implementing the antenatal HIV testing in Hong Kong;
- (b) Initiation of the community planning process; and
- (c) Means for improving programme effectiveness.

There was also noted concerns expressed on "how" to attain effective interfacing with the Mainland. In view of the notable differences between Hong Kong and the Mainland prevailing in areas such as programme setup and societal responses in addressing HIV/AIDS, members considered that such "interfacing", for the time being, could be effective more on technical aspects than for administrative linkages. It was, however, encouraged that more contacts and collaboration/exchanges to be conducted by unofficial means.

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. In addition to unofficial contacts/collaborative activities made between non-government organizations, there were also official contacts made through visits conducted by both sides of the government. The following are some of the examples:

- (a) Dr He Ya-qing MD, of the Shenzhen Hygiene and Epidemic Prevention Station, visited the Red Ribbon Centre between November 2001 and January 2002. He also met with Dr Homer Tso and Dr S S Lee to exchange experience in HIV/AIDS prevention;

- (b) Between 15 and 18 December 2001, 8 delegates from Fujian Health Bureau came for a 4-day visit. They were briefed on subjects of (i) AIDS programme in Hong Kong, (ii) patient care & support, (iii) surveillance and (iv) human mobility.
- (c) Two delegations with a total of 21 delegates from the Ministry of Health, Jiangxi visited the Red Ribbon Centre and other HIV/AIDS service centres between the period 8-10 April 2002 (Group 1) and 14-16 May 2002 (Group 2). They were welcomed and briefed by the ACA Chairman, Dr Homer Tso, on Hong Kong's HIV/AIDS policy before conducting a series of visits to the local organisations. Their visiting programme include government and non-government organisations working on HIV/AIDS, family planning, drugs and STDs.

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: Dr Ren Xiao-hui, Lecturer of Cheng Du West China University of Medical Science, between 30 August to 13 September 2001; Dr Chen Jie, Deputy Director of Guangxi Centres for Disease Control and Prevention, between the two periods 26 September-3 October 2001 and 25 February- 1 March 2002; Dr Chen Zhong-dan, from Department of Infectious Diseases Prevention and Control, Wuhan Public Health and Anti-epidemic Station, between 10-23 October 2001; and Dr Zhu Min, Lecturer, School-based Health Education Programme Officer, Yunnan, who visited Hong Kong between 14-27 October 2001.

Hong Kong AIDS Conference 2001

At the 30th Council meeting, ACA invited Hong Kong Council of Social Service (HKCSS) to take up the organising work of the Hong Kong AIDS Conference 2001. It was subsequently

endorsed by the HKCSS after internal discussions and consultations.

The Conference, with the theme "Towards greater Community Involvement for AIDS Prevention and Care - Challenge and Response in the new era", was held at the Hong Kong Convention and Exhibition Centre between 27-29 August 2001, with funding support from the AIDS Trust Fund. Featuring 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 as the Keynote speakers, the Conference had attracted 330 participants in attendance.

After the conference, a report was submitted by the organising committee for the reference of the ACA at its 38th meeting.

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

International Networking

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

- (a) The Sixth International Congress on AIDS in Asia and the Pacific held in Melbourne, Australia between 5-10 October 2001, attended by Prof Y L Lau and Dr Richard Tan;
- (b) First China AIDS/STD Conference held in Beijing, China between 13-16 November 2001, attended by Dr Homer Tso, the ACA Chairman; and
- (c) The XIV International AIDS Conference 2002 held in Barcelona, Spain between 7-12 July 2002, attended by Dr Homer Tso, the ACA Chairman, and Prof C N Chen.

ACA also invites/receives visitors all over the world for promoting exchanges and for building capacity in local HIV/AIDS workers.

One obvious example was the visit from Dr Dale Stratford, who came to Hong Kong between 20-29 November 2001. Dr Stratford, a behavioural scientist of the *Centers for Disease Control and Prevention, USA*, was invited by the ACA to conduct a "Prevention Evaluation Workshop- Hong Kong HIV/AIDS Prevention Programme" for all HIV/AIDS workers between 24-25 September 2001. She was also invited to the 37th AIDS Prevention and Care Committee (APCC) meeting held on 26 September 2001 to brief members on the application of evaluations in HIV/AIDS projects in the US. In addition to attending the above activities, Dr Stratford also took the opportunity to visiting local organisations working on AIDS.

Building Community Relationships

To develop a close link with the community, the ACA Chairman and his members have, in addition to their regular 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) Attending the opening of the AIDS Charity Walk 2001 hosted by the Hong Kong AIDS Foundation on 18th November 2001;
- (b) Attending the "10th Anniversary Dinner" hosted by the Hong Kong AIDS Foundation on 30th November 2001;
- (c) Officiating at the Opening Ceremony of World AIDS Campaign activity "We Care" cum Launching of 27802211.com organised by Red Ribbon Centre at East Point City, Tseung Kwan O, on 1 December 2001;
- (d) Participating as guests of honour at "A Beautiful Life" candle light function organised by Hong Kong AIDS

- Foundation in the evening of 1 December 2001;
- (e) Guest speaker at an AIDS Education Premiere organised by AIDS Concern on 5 December 2001;
 - (f) Attending an interview for promoting "Female Condom Usage as Safer Sex Promoter in HK" organised by the HK Federation of Women's Centre on 18 December 2001;
 - (g) Attending drama performance "As quick as love" organised by Teen AIDS on 21 December 2001;
 - (h) Receiving a group of officials from Fujian visiting the Red Ribbon Centre in December 2001;
 - (i) Attending the Annual Prize Presentation Ceremony organised by the Hong Kong Red Cross Blood Transfusion Service on 4 May 2002;
 - (j) Receiving a group of officials from Jiangxi visiting the Red Ribbon Centre and delivering a speech titled "Hong Kong HIV/AIDS Policy" on 15 May 2002; and
 - (k) Hosting the "Scaling -up" Post-Barcelona Conference Feedback Seminar at the City University of Hong Kong Lecture Theatre on 26 July 2002.

In addition, the ACA Chairman had, on behalf of ACA, attended several interviews arranged by the media to promote awareness of the public on HIV/AIDS.

ACA Newsfile and other periodical publications

To keep members of the Council posted on the epidemiological trend of AIDS and development of the local 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, 103 issues have been published up to July 2002.

Other publications distributed together with the ACA Newsfile include : (a) **Hong Kong STD/AIDS Update** - a quarterly surveillance report published by the Surveillance Office of Special Preventive Programme (SPP) 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 the Integrated Treatment Centre of SPP 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 29 April 2002, the joint Internet HomePage (titled "The Virtual AIDS Office of Hong Kong") of ACA & AIDS Unit was revamped. This "office" now functions 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, are shelved in the "Virtual AIDS Office" (internet) for easy reference. Photos could also be viewed at the indexed gallery. The homepage has attracted more than 430,705 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>.

In addition to the "Virtual AIDS Office", there are in existence more websites to link with and supplement HIV/AIDS prevention work. For example, there are the AIDS Hotline website <http://www.27802211.com> created since 1st December 2001, and the <http://dsonline.com.hk> created in 31st July 2002 for educating the younger generation on knowledge related to sexual diseases including HIV/AIDS.

4. AIDS Prevention and Care Committee

Introduction

The AIDS Prevention and Care Committee (APCC) was formed under the fourth term of ACA starting August 1999. It 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 from outside the APCC, and in formulating draft strategies relating to their target community. In this respect, all the seven Task Forces under the APCC have successfully completed their tasks. As at the end of the fourth term, recommended strategies for the seven target populations under monitoring of the Task Forces have all been formulated. (Please refer to the following paragraph on *Development of Prevention and Care Strategies with emphasis on vulnerability* under the item "Major Outputs in the Fourth Term" in page 23 for further details.)

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. (7th meeting) 26 September 2001
2. (8th meeting) 23 January 2002
3. (9th meeting) 6 June 2002

Major Outputs in the Last Year

During the fourth term, a number of key outputs were delivered by the APCC which carries impacts on the overall development on the HIV AIDS prevention/care work. These include:

(1) Development of Prevention and Care Strategies with emphasis on vulnerability

In line with the recommendations made in the External Consultancy Report released in July 1998, and in light of the changing needs of the society, APCC has initiated the process of strategies development through its different Sub-committee/Task Forces. The first strategy proposed and discussed at the APCC meetings was "HIV Prevention and Care in Youth- Principles of Strategy" written by the Task Force on Youth, which was endorsed in 1999, and published in December 2000. HIV Prevention and Care strategies in respect of other vulnerable groups were also prepared by task forces formed during the fourth term: (a) Cross Border Travellers (published in March 2001), (b) Sex Workers and Clients (published in June 2001), (c) Drug Users (published in June 2001), (d) Care & Welfare of People Living with HIV/AIDS (published in July 2001), (e) MSM (men having sex with men) (published in September 2001), and (f) Women (published in July 2002). All these strategies were discussed and endorsed at the APCC meetings. They set out the principles whereby the HIV/AIDS prevention and care workers can follow. They also formed the basis for the Advisory Council on AIDS (ACA) in formulating Hong Kong's HIV/AIDS prevention and care strategies in the coming five years (2002-2006).

(2) Coordination of HIV/AIDS prevention and care activities

APCC had been taking the lead in co-ordinating the WAC (World AIDS Campaign) activities through the publishing of the APCC activities calendar. The committee had also

provided a forum for NGOs, government units & academicians to share information & experience.

(3) Promotion of quality treatment, care and support of people living with HIV/AIDS

A task force on Patient Care and Welfare of People Living with HIV/AIDS (PLHAs) was established in 2000 comprising members of HIV/AIDS workers, medical professionals, as well as representatives of patient groups to study and propose measures in promoting the quality of treatment, care and support to PLHAs. A recommended strategy paper was eventually produced in July 2002.

(4) Promotion of evaluation of HIV prevention & care activities

Evaluation on the effectiveness of AIDS prevention and care programmes in Hong Kong has been an important step for enhancing the quality of services/activities provided. There have been opinions that local workers might not be familiar with the evaluation procedures. In order to help members break through the barriers, discussions had been held at APCC meetings with a view of sharing the evaluation concept and techniques. With the support of APCC, Dr Dale Stratford, CDC expert in evaluation, was invited to Hong Kong in 2001 to conduct training on evaluation skills.

(5) ACA proposed HIV/AIDS strategies for Hong Kong, 2002-2006

With the aim of achieving the strategic goal for carrying forward the HIV/AIDS prevention, care and control work, and to maintain Hong Kong as a low prevalence city, ACA has drafted and proposed the HIV/AIDS strategies for Hong Kong in the coming five years covering 2002-2006. The proposal was passed to the APCC for discussion/input at its 8th meeting.

Consultation on the prevention of mother-to-child HIV Transmission

In addition to formulating HIV/AIDS prevention and care strategies, the APCC also acted as a forum for collecting feedback on major public issue that has a bearing on the development of policies in prevention of the spread of HIV/AIDS, such as the consultation on prevention of mother-to-child HIV Transmission, as recommended by the Scientific Committee on AIDS (SCA). APCC members were in general supportive to the proposal, and the six principles that were stated in the consultation paper.

Universal voluntary antenatal testing was finally adopted and implemented in the public sector in September 2001. (For follow-up details, please refer to Chapter 5, under the topic "Reducing Mother to Child Transmission of HIV - Antenatal HIV Testing".)

World AIDS Campaign 2001 & 2002

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 2001 had, like the previous year, continued to centre on "AIDS and Men". The emphasis, however, has changed to focussing on the general population, with the slogan "I care. Do You?" Eye catching wind-breakers were distributed and worn by government officials and members of NGOs on December 1st to signify the concerted efforts of both government and non-government organisations in addressing their common wish for the community's concern over the people living with HIV/AIDS. On the activities side, in addition to the various activities organised by NGOs, there was a launching ceremony of the Internet website <http://www.27802211.com> which targets on the

younger populations. The event was attended by the Chairperson and members of the APCC.

A series of activities to commemorate the World AIDS Campaign 2002 (WAC) will be conducted by various organisations on and around 1 December 2002. The theme chosen by UNAIDS for the World AIDS Campaign 2002 will be "Stigma and Discrimination". The new slogan would be "Live and let live" for this year's campaign.

Activities of Task Forces under APCC

One major activity of the task forces was the formulation of HIV/AIDS prevention and care strategies related to their specific population. There are, of course, other function/activities for different task forces. Below is a brief summary of the work of individual task force:

(A) *Task Force (TF) on Youth*

This task force has been brought forward from ACA's third term of office. In addition to strategies formulation (which it has completed early in 1999), the TF also supervised 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.

In 2001-02, 20 community-based HIV prevention projects targeting youth were sponsored by the Funding Scheme.

The Funding Scheme has entered its twelfth year in 2002. 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 showed 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 carried feature 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 2001, three issues of Networking Voice were published. These included themes on ‘Sexual equality’ published in September 2001 (Volume 7, Number 3); ‘Love and Sex’ published in January 2002 (Volume 8, Number 1); and ‘Dating’ published in May 2002 (Volume 8, Number 2) respectively.

(B) Task Force on Drug Users

The Task Force on Drug Users (formerly known as Task Force on Drugs and AIDS) has also been brought forward from ACA’s third term of office. During the fourth term, the TF has conducted a total of 10 meetings, and successfully completed its formulation of recommended HIV/AIDS Prevention and Care Strategies for Drug Users.

In addition to formulating strategies, 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.

(C) 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 has completed its drafting of strategies in respect of travellers relating to HIV prevention and care, and was published in March 2001. During the fourth term, 14 meetings were held.

With a strong membership including academics, social workers, HIV/AIDS workers, and representatives from DH, the TF had been proposing and coordinating a number of prevention and care activities through individual member agencies including safer Sex Campaign, cross-border projects, outreach work at Lo Wu, Lok Ma Chau and the Kwai Chung Container Terminal targeting truck drivers, promoting voluntary blood testing in drug users and organising training courses on AIDS Prevention and Care for social workers.

(D) 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 15 members from tongzhi organisations, AIDS volunteers and professionals, AIDS researchers, owners of gay establishment, and interested individuals from the MSM community. During the fourth term, more than 10 meetings were held, with its recommended strategies on MSM formulated and published in September 2001.

(E) 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. Its formulated strategies were completed and published in July 2001.

(F) TF on Sex Workers and Clients

A total of 5 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 formulated and published its recommended strategies in March 2001.

(G) TF on Women

- (a) 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 group had met 6 times to determine the proposed strategies for Women in the prevention of, and care for HIVs. Their recommended strategies were endorsed at the 9th meeting of the APCC and printing of the recommendations is in progress.

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 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.

There are now twenty-four members in the SCA. A list of the members is at Appendix D. It met three times during the reported period as follows: -

1. (23rd meeting) 27 September 2001
2. (24th meeting) 17 January 2002
3. (25th meeting) 28 May 2002

Reducing Mother to Child Transmission of HIV - Antenatal HIV Testing

Vertical transmission is one important route of HIV transmission. The risk of transmission from an HIV-infected mother to her child ranges from 15-40%, which differs from place to place. Given the increasing female infections, the potential risk of perinatal infection is a cause of concern. In this connection the SCA had initiated a review on the various issues involved, and suggested to strengthen the prevention of perinatal HIV infection by the introduction of universal antenatal HIV testing. A paper summarising views of SCA members was presented to and endorsed by ACA during its 25th meeting held in September 1998. Since then, 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.

Based on the 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, through a liaison group consisting of HA and DH representatives, to implement universal antenatal HIV testing in the public sector by September 2001.

To assess the progress, an interim report was discussed by SCA members at the 24 meeting held on 15 January 2002. Members expressed concern over:

- (a) the positive predictive value of the modern HIV antibody screening tests and its relationship with pregnancy;
- (b) reaction of HIV positive expectant mothers after being informed of the HIV antibody results;
- (c) awareness raising of local people towards the potential of HIV infection through vertical transmission;
- (d) management of those expectant mothers shortly before or in labour, as well as the turn around time;
- (e) following up those children exposed to antiretroviral drugs; and
- (f) cost effectiveness of the different costs in testing HIV antibody.

The meeting agreed, after discussion, that it would be desirable to develop expertise in managing the infected children/babies in a few dedicated centres, and that a centralised mechanism should be derived for following-up those antiretroviral exposed children.

In the first three months since the implementation of the Universal Antenatal HIV Screening Programme in September 2001, a total of 10,238 tests were performed in the public service, with six expectant mothers detected positive. The total opt-out rate was roughly 4%.

Application of HIV tests in Hong Kong

HIV tests play an important role in the prevention, care and control programme of HIV/AIDS. 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.

Overall, 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, with HIV universal HIV testing for antenatal women suggested, and implemented at the public sector clinics/hospitals starting September 2001.

The possibility of implementing universal HIV testing in Methadone Treatment Centres has been proposed and discussed in the SCA meetings. It is hoped that a pilot scheme could be formulated sometimes later for testing the acceptability of users attending these treatment centres.

Development and 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*". 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 later 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 subsequent implementation.

In the last 3 years, the following guidelines have been developed/ revised:

- (a) Procedure for Management of Needle Stick Injury in Mucosal Contact with blood or Body Fluids - General Guidelines for Hep. B, C and HIV prevention (revised November 2000);
- (b) Recommended Clinical Guidelines on the Prevention of perinatal HIV Transmission (April 2001);
- (c) Recommendations on the Management of HIV Infection in Infants and Children (July 2001);
- (d) Recommendations on the Treatment of Latent TB infection in HIV-Positive Persons in Hong Kong (January 2002); and
- (e) Recommendations on the Management of HIV Infection in Infants and Children (revised January 2002).

HIV situation in narcotic drug abusers in Hong Kong

As revealed by SCA Paper "Seroprevalence of HIV infection in Hong Kong" (SCA Discussion Paper D-8/99-02), the HIV prevalence among methadone clinic clients obtained through Unlinked anonymous screening (UAS), as well as through voluntary testing, were both rising between 1998-2001 when compared with figures in 1992-1997. The number of HIV positive recorded among drug users attending inpatient drug treatment centres/institutions, also indicated a rising trend, with 7 HIV-positives out of 1165 samples tested under UAS. Results of behavioural surveillance confirmed the presence of needle-sharing practices among drug users. The potential for greater spread of HIV within the drug-taking community has thus become a cause for major concern. Members concluded that HIV transmission through Injecting Drug Users (IDUs) were highly possible and therefore recommended actions to be taken for reducing such risks through

- (a) education to attendees of methadone clinics;
- (b) focus on advice against sharing needles to those "experienced" drug users such as

those admitted to Shek Kwu Chau Centre for treatment; and

- (c) strengthening collaboration with drug prevention/control bodies such as the Action Committee Against Narcotics (ACAN).

Universal precautions applied to Dead Bodies

In 1999, SCA considered that there was a need to review the existing guidelines, "Precautions for Handling and Disposal of Dead Bodies". Revision was proposed by a special working group formed by relevant government departments within six months. The revised guidelines and recommended procedures were put on trial since 1st March 2000. In September 2001, the WG met again to review the implementation of the guidelines and was satisfied that the guidelines had been running on quite smoothly, with only a few minor amendments required to make it more applicable. These revisions were reflected in the fourth edition of the Guidelines, which was published in January 2002. To maintain regular contact, the WG also decided that its members should keep in contact, with at least a regular meeting held annually to review the guidelines. SCA members supported the revision of the guidelines for preventing the transmission of infectious disease, including HIV/AIDS.

Management of HIV infection in Children

The management of HIV infection in children is one of the earlier guidelines reviewed by the SCA during its 4th term of office. SCA endorsed a set of principles at its 22nd meeting held on 24 May 2001.

Along these principles, the contents of the "Recommendations on the management of HIV infection in infants and children" was reviewed earlier in July 2001 and subsequently amended at the 23rd SCA meeting held on 27

September 2001. A revised version of the Guidelines was published in January 2002 incorporated comments received and discussed after the 23rd meeting.

Recommendations on Treatment of Latent TB infection in HIV-positive Persons in Hong Kong

The treatment of latent TB has formerly been discussed at the SCA and Working Group meetings. A draft recommendation paper was examined at the 23rd SCA Meeting. Members were concerned about the management of TST (tuberculin skin testing) positive patients, as well as those who had contact with TB. A revised version incorporated comments of members was finally endorsed at the 24th Meeting and the recommendations published in early 2002.

Profile and Behavioral Pattern of Female Sex Workers attending Government Social Hygiene Service

In addressing members' concern on the profile and behavioural pattern of those female workers attending the Government Social Hygiene Service for treatment, a paper was raised for discussion at the 23rd Meeting. Members noted that the information available on sex workers had been limited, and felt that there would be a need to encourage more studies in this area, especially information on the male sex workers. It was, however, agreed by members that the paper had provided a basic framework for conducting proper mapping of the local commercial sex industry.

Prevention of Transfusion of Transmissible Infections in HKSAR

The prevention of transmissible infections through blood transfusion is an issue that's often sensationalized. In order to protect

blood safety, the HKRCBTS had taken measures to defer some blood donors, including male who had sex with another male. The strategy had led to complaints from the gay community. At the 23rd Meeting, the HKRCBTS representative briefed members on the role of the HKRCBTS, as well as measures that would be taken by them in alleviating the frustration within the homosexual community, without compromising the local blood safety. It was known that the decision to defer male donors who had sex with another male from donating blood was made by the HA(BTS) Expert Panel on Blood and Blood products Safety under the Hospital Authority, and that the Expert Panel's view to existing practice was consistent with the latest international recommendation and had received support by the local community. Members were informed that HKRCBTS had re-designed a new Blood Donor Registration Questionnaire. Legal advice was also sought to examine the compatibility of this questionnaire with the local legal provision. Members felt that although blood safety should be given the overall priority when HKRCBTS was dealing with the blood donation, care should be taken in avoiding unnecessary conflicts arising therein. On the other hand, the Committee understood that nucleic acid testing (NAT) would be introduced in blood safety screening to shorten the window period of HIV and hepatitis C infection.

Reappraisal of the Management of needlestick injury or mucosal contact with blood or body fluids in Hong Kong

In view of changing circumstances, CDC in Atlanta, USA had revised their Guidelines on Management of Occupational exposure to blood borne infections. The document was tabled for discussion at the 24th meeting. It was noted that the existing recommendations on 'Management of needlestick injury or mucosal contact with blood and body fluids in Hong Kong', which was prepared in 1997, would need to be reviewed. Members urged that a revision of the guidelines be drafted by the Secretariat after comparing the differences between the existing

document, and the Recommendations of the latest CDC Guidelines of the US. The meeting also agreed to take the initiative to invite the Scientific Working Group on Viral Hepatitis Prevention (SWGHP) to revise, if necessary, the relevant parts on the management of needlestick injury.

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. (6th meeting) 24 October 2001
2. (7th meeting) 7th February 2002
3. (8th meeting) 23rd May 2002

A list of CPA members is in Appendix D of this report.

Cases discussed and resolutions

One distinct characteristic of the CPA was to discuss live experience on acceptance happening to us everyday, in our living or working environments. Throughout the past meetings, four such cases had been raised for discussion with distinct points of interest as follows:

(a) “Compulsory HIV testing and disclosure”

The case was raised to the attention of members from a newspaper report on compulsory HIV testing and disclosure by a drug rehabilitation centre in Kam Tin. Debates centred on whether the agency had the right to ask their clients to disclose their 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 as part of the licensing requirements for these centres/ agencies so as to protect client's privacy.

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

It was reported in 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 case 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. 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). As a significant proportion of HIV infections had occurred in homosexual people, the HKRCBTS has adopted a policy to defer donors who were men having sex with men, in line with recommendations in western countries. MSM organisations 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.

(d) "Criminalisation and HIV Testing"

The case, though happened in Scotland, was considered of relevance to Hong Kong. The story was about a man who, being aware of his positive HIV status while he was an inmate in Glenochil Prison, knowingly transmitted the virus to his girlfriend through unprotected vaginal and anal intercourse afterwards. The man was later convicted, based on his previous HIV antibody testing results and molecular investigation information obtained by the police. The man was sentenced to 5 years' imprisonment. Members were concerned that (a) the very purpose of confidential and voluntary HIV testing as a means of reducing transmission risks from both public and personal perspectives be affected if confidentiality of such tests were not protected, (b) the role of HIV counselling might need to be redefined in light of the judgment, and (c) there would be negative impact to research on the respective fields. Members also questioned the appropriateness of the police in submitting research results as evidence for the charge, and considered that personal confidentiality should be respected under the circumstances.

Strategies Development

The CPA is a newly formed committee under the fourth term of ACA. In order to map out its future role and development, it had adopted a "core team" system for making recommendations to the committee on how the acceptance to people living with HIV/AIDS (PLHAs) could be enhanced. In this respect, four core teams respectively on (a) *Education*, (b) *Legal/Ethical issues*, (c) *Collaboration with Stakeholders*, and (d) *Partnership with Professionals* were set up in March 2000 for defining the targets, identifying areas of intervention, and prioritizing the order of work.

Under their repeated discussions and recommendations, a strategy paper "*Setting the agenda of promoting acceptance of people living with HIV/AIDS*" was finalized by CPA at their 4th meeting held on 4th January 2001. It proposed a total of 13 recommendations which summarized the views of the four core teams formed under the CPA. (A summary of the recommendations is appended in Appendix E). The recommendations were further submitted to the ACA, and were endorsed at the 35th ACA meeting. These recommendations has formed the basis for Hong Kong in further extending its work on promoting acceptance of PLHAs in the pursuing years.

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

Progress on the Fanling Health Centre

The Fanling Health Centre, modelled on 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 has been completed and handed over to the Department of Health earlier in April 2002.

During its construction period, CPA members were concerned about the response of the public to the construction and siting of the Centre, and conducted a visit to the site there on 4 January 2001, followed by a discussion on the likely problems that might occur, 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, 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.

Subject to equipment and staff availability, the Fanling Integrated Centre will start serving its clients in the month of August 2002.

Active participation in the Hong Kong AIDS Conference 2001

The Hong Kong AIDS Conference 2001 was organised between 27-29 August 2001 at the Hong Kong Convention and Exhibition Centre. CPA has participated actively to the conference by organising a symposium on "Aspects of Discrimination: Its Mechanisms and Resolution" in the evening of 27 August 2001, the first day of the Conference. The function addressed the various interpretations of discrimination and suggested ways of breaking the ice. The symposium was well attended by participants from local and overseas with a Q and A discussion following views expressed by experts, who had been invited from various fields including the Equal Opportunity Commission, academia, social worker, as well as representatives of PLHAs.

A proceeding has been under preparation to record what had been discussed in the symposium.

The Kowloon Bay Incident

Following the happening of the Kowloon Bay Health Centre (KBHC) incident, of which staff working in the KBHC complained on being discriminated by some residents of the nearby Richland Gardens, the EOC has taken legal action against these discriminatory acts, while leaving an alternative for settlement of the case if the accused were willing to apologise for their misbehaviors. After a year-long negotiation, the residents involved in the case agreed to make apologies and so legal proceedings were discontinued. Members were happy to see that the case has come to a satisfactory ending through the effort of the mediators, as well as the

way EOC in handling this issue, were highly appreciated.

In order to explain to the public the happenings at the Kowloon Bay, Dr K M Chan of the Chinese University of Hong Kong was entrusted by the Department of Health to compile a report. The report, in addition to providing an analysis of the Kowloon Bay Incident, also suggested ways for avoiding re-occurrence of similar conflicts in the future. The Report, with both Chinese and English editions, was published in April 2002.

Appendix A : ACA Recommended HIV/AIDS Strategies, 2002-2006- The Guided Principles and Objectives

Guiding Principles*

The seven guiding principles are as follows:

- (i) The *prevention-treatment-care continuum* is the cornerstone of effective strategies in HIV prevention and care.
- (ii) The principle of targeted intervention, addressing *vulnerability* (see Box 4) and *risk* behaviours, should be embodied in the efforts on HIV prevention. This is particularly relevant in low prevalence setting in determining the effectiveness of the programmes so delivered.
- (iii) Promotion of *acceptance* is an integral component of public awareness and health promotion activities on HIV prevention and care. The principle goes beyond fighting discrimination and calls for acceptance of people living with HIV/AIDS in the community.
- (iv) The concept of *professional standard* should be incorporated in the HIV treatment and care services organised for people living with HIV/AIDS.
- (v) *Effectiveness* is the implied principle in the development of HIV prevention, care and control efforts, based on scientific evidence derived from vigorous research.
- (vi) HIV/AIDS crosses country boundaries. The observance of *solidarity* is emphasized in developing strategies in Hong Kong, in interfacing with the Mainland, the region and globally.
- (vii) *Gender* issue is a perspective that should be incorporated in the development of programmes on HIV prevention, treatment and care.

Strategy Objectives*

Aiming at maintaining a low HIV prevalence, an expanded and sustainable response, and founded on the seven guiding principles, four objectives are defined for Hong Kong's HIV programmes for the years 2002-2006:

- (i) To implement targeted interventions best suited in low HIV prevalence situation
- (ii) To support evidence-based programme development
- (iii) To integrate HIV prevention, education, treatment and care efforts in existing health and social service programmes
- (iv) To interface effectively with the Mainland to maximise the impacts of the collective responses

* Extracted from *Recommended HIV/AIDS Strategies for Hong Kong 2002-2006*

Appendix B : ACA Targets 2002-2006

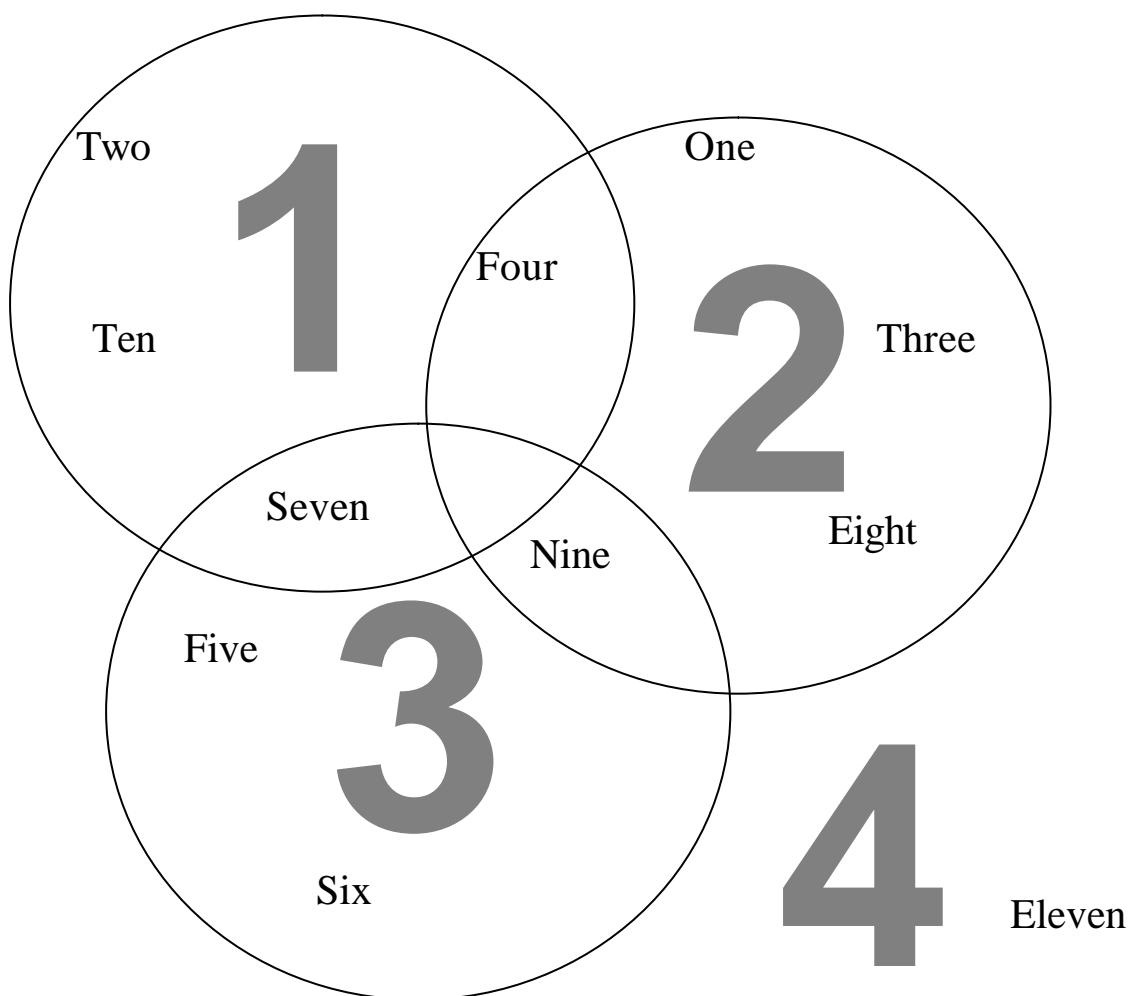
The following are the eleven targets set out by Recommended HIV/AIDS Strategies for Hong Kong 2002-2006*:

Targets

One	A set of programme indicators will be established to monitor the effectiveness of Hong Kong's efforts in HIV prevention and care.
Two	A second cycle of the community planning process will be implemented and evaluated.
Three	A technical review mechanism will be in place to ensure funding of effective community-based HIV prevention activities.
Four	Harm reduction will be adopted as one effective strategy in addressing substance abuse.
Five	A framework on sex education integrating with HIV prevention will be developed.
Six	Participation of mainstream service organisations in HIV/AIDS activities will be increased.
Seven	Technical assistance will be established to support agencies in the development of HIV/AIDS prevention and care activities.
Eight	A research agenda will be proposed to stimulate a wider participation of the academia in supporting evidence-based programme development.
Nine	Clinical and public health HIV medicine will be integrated into the training and service portfolio of the health profession.
Ten	A wider access to HIV testing will be promoted.
Eleven	Forums to network people working on HIV/AIDS in Hong Kong, the Mainland China, and the Asia Pacific region will be established.

* Extracted from *Recommended HIV/AIDS Strategies for Hong Kong 2002-2006*

Appendix C : Inter-relationship of Objectives and Targets in the recommended HIV/AIDS Strategies 2002-2006*



Objectives	
1.	To implement targeted interventions best suited in low HIV prevalence situation
2.	To support evidence-based programme development
3.	To integrate HIV prevention and care efforts for achieving sustainable response
4.	To interface with the Mainland to maximize

* Extracted from *Recommended HIV/AIDS Strategies for Hong Kong 2002-2006*

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, BBS
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 & Food 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
(up to November 2001)

Ms. Alice CHAN
(from November 2001)

Mr. Chung-chi TO

Mr. Tony PANG Shing-fook
(reigned in February 2002)

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
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Dr. Patrick LI Chung-ki, BBS

Mr. Graham SMITH

Sr. Ann GRAY
(from December 2000)

Ms. Atty CHING
(from January 2001)

Ms. Elijah FUNG
(from December 2000)

Ms. Lourdes FONG
(from November 2000)

Mr. WAN Mau-cheong
(from December 2000)

Correctional Services Department :

Dr. TAN Kaw-hwee
(up to August 2001)

Dr. CHAN Kheng-bee
(from August 2001)

Department of Health :

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

Dr. KWONG Kwok-wai
(from February 2000)

Health, Welfare & Food 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. Franciso WONG
(from June 2001 to April 2002)

Dr. WAN Wai-yee
(from April 2002)

Mr. John YIP Lau-sun

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

Co-convenors :

Dr. Joseph LAU Tak-fai

Ms. Margaret PANG
(from March 2000)

Members :

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(up to February 2002)

Ms. Dora YEUNG
(from February 2002)

Mr. William KAM
(up to March 2002)

Ms. Vivian LEUNG
(from March 2002)

Ms. Paulina KWOK
(up to January 2001)

Mr. Kevin KWAN
(from January 2001 to March 2002)

Mr. Michael SO
(from March 2002)

Ms. Linda WONG
(up to July 2000)

Ms. Sylvia TAI
(from July 2000 to January 2002)

Ms. CHAN Yu
(from January 2002)

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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Ms. Margaret PANG
(from January to February 2000)

Ms. Bella LUK Po-chu
(resigned in March 2000)

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Mr. John YIP Lau-sun

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

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Mr. Anthony YEUNG

Mr. Robert GORE
(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
(from June 2001)

In Attendance :

Dr. Kelvin LOW
(up to June 2000)

Ms. Victoria KWONG

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

Convenor :

Mr. HO Chi-on, Billy

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Mr. KO Chun-wa	Ms. S.Y. CHAN
Miss YAU Yuk-lan	Mr. CHAN Chiu-kwong
Miss Wendy WU	Miss Mary YIP (up to August 2000)
Mr. YUEN Wai-sum	Miss Teresa FUNG (from August 2000 to February 2002)
Mr. Roger CHAN	Mr. KAM Shi-yuen (up to October 2001)
Ms. Atty CHING Tsui-wan	Dr. Kelvin LOW (up to June 2000)
Miss WONG Ka-yee, Karrie (up to May 2002)	Ms. CHENG So-kwan (up to May 2001)
Mr. Alfred N.W. AU	Mrs MAK K Y Jolene (from February 2002)
Miss Susan CHA (up to October 2000)	Ms CHEUNG Wing-tak (from May 2001 to March 2002)
Ms. SUM Shuk-kan (from October 2000)	Ms WONG Mei-yuk,Lina (from March 2002)
Mrs WANG CHEUNG Kwai-fun (from October 2001)	

Secretary :

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

Mr. LEUNG Fuk-chak
(from June 2001)

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

Convenor :

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Mr. Eric SIU	Ms. S.Y. CHAN (up to December 2000)
Mr. Spencer SO (up to May 2001)	Mr. YU Koon-hing, Richard (up to July 2000)
Mr. Tony PANG Shing-fook (up to February 2002)	Mr. NGAN Hon-fat (from July 2000 to February 2001)
Ms. Dora YEUNG (from February 2002)	Dr. Kelvin LOW (up to June 2000)
Mr. LEUNG Ping-shing	Dr. Clive CHAN Ching-nin (up to June 2001)
Mr. CHAN Chun-kai (up to December 2000)	Ms. CHENG So-kwan (up to May 2001)
Mr. YUEN Wai-sum (up to May 2001)	Dr. WONG Ka-hing (up to December 2000)
Mr. Kenneth PANG	Mr. John YIP Lau-sun
Mr. KO Chun-wa	Miss W.C. CHAN (up to May 2001)
Mr. Joe TANG	Ms. CHAN Kam-wa (from December 2000)
Mr. CHAN Wai-to	Mr. KAU Kin-man
Dr. Y.W. MAK	Ms. Mary YIP
Ms. Mimi LEE	Mrs. Diana WONG
Mr. Joseph PIANPIANO (from May 2001)	Mrs. Lily NG (from May 2001)
Ms. MAK Yuen-han (from May 2001)	Dr. Francisco WONG (from June 2001 to April 2002)
Miss TAM Ngai-yin (from May 2001)	Dr. WAN Wai-yee (from April 2002)
Mr. KWONG Kit-ying (from December 2000 to June 2002)	
Ms. Florence TSUI (from June 2002)	

Secretary :

Miss Carol YEUNG
(up to March 2001)

Ms. Iris LEUNG
(from March 2001 to August 2001)

Miss Annie LAI
(from August 2001)

Task Force on Women (of APCC)

Liaison Persons :

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Dr. Francisco WONG
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Dr. WAN Wai-yee
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Ms. Rachel DAI

Miss Jenny CHAN

Ms. LEUNG Yuet-sheung, Vivian

Ms. CHUNG Siu-fung

Mr. LI Choi-hing, Johnny

Ms. May KO

Ms. Adeline LAU

Ms. CHAN Yu

Ms. LAI Sau-ling

Ms. POON Hoi-see

Ms. HO Tak-yin

Ms. Shirley YIP Yuen-neung

Ms. Heidi IP

**Task Force on Sex Workers and Clients
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Ms. LAM Yee-ling Elaine

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Ms. LEUNG Yuet-sheung, Vivian	Ms. HO Tak-yin
Ms. Elijah FUNG	Dr. HO King-man
Ms. Louise WONG (up to March 2002)	Mr. John YIP Lau-sun
Ms. May KO	Miss CHU Yuet-chun
Mr. Dymosh NG	Mr. Ivan SO (from March 2002)
1-2 sex worker representative	Mr. WONG Kin-yung (from June 2001)
	Ms. Lina WONG Mei-yuk

**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
(up to February 2002)

Ms. SHUM Ha Yin

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

Secretary :

Ms. Ella MA

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Mr. CHEUNG Che-kwok

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(up to June 2001)

Dr Franciso WONG
(from June 2001)

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
(up to September 2000)

Mr LEE King-fai
(from September 2000)

Ms. Jamie OR
(up to February 2001)

Ms KO Mei-lan, Rene
(from February 2001)

Mr. NG Chi-sum

Mr. Chung-chi TO

Ms. Anna YAU
(up to September 2001)

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)

Chairman:

Professor LAU Yu-lung

Members:

Dr. Thomas LAI Sik-to

Dr. Samuel YEUNG Tze-kui
(up to February 2002)

Dr. Ronald LAM
(from February 2002)

Dr. Brian JONES

Dr. LIM Wei-ling, JP

Dr. LO Kuen-kong

Dr. TAM Cheuk-ming

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

Dr. LEE Shui-shan
(from July 2000)

Professor NG Mun-hon

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
(up to August 2001)

Dr. CHAN Kheng-bee
(from August 2001)

Dr. Susan FAN Yun-sun

Dr. LIEM Chi-kung

Dr. David HENDERSON
(up to November 2001)

Dr. John SIMON

Dr. LO Wing-lok

Dr. Eddie LOKE Yiu-wah

Professor CHEN Char-nie, JP

Mr. LUI Ping-keung

Dr. Patrick LI Chung-ki, BBS

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 (up to February 2002)	Dr. Susan S.S. CHIU
Dr. Ronald LAM (from February 2002)	Dr. LEE Shui-shan
Dr. LIM Wei-ling, JP	Dr. WONG Ka-hing
Ms. Manbo MAN	Dr. Kenny CHAN Chi-wai (up to June 2001)
Dr. WONG Hon-kwong	Dr. Kelvin LOW (from July 2001)
Dr. C.Y. LI	

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, BBS

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
(resigned in March 2002)

Professor Peter LEE Wing-ho

Mr. Vincent LO Wing-sang

Rev. CHU Yiu-ming

The Very Revd. C.J. Phillips
(resigned in February 2002)

Professor Sara HO Suk-ching

Dr. Richard TAN

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

Mr. Tony PANG Shing-fook
(resigned in February 2002)

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 & Food 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. Heidy 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: The CPA recommended Strategies

The following are the recommended strategies proposed by CPA for promoting acceptance to people living with HIV/AIDS:

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

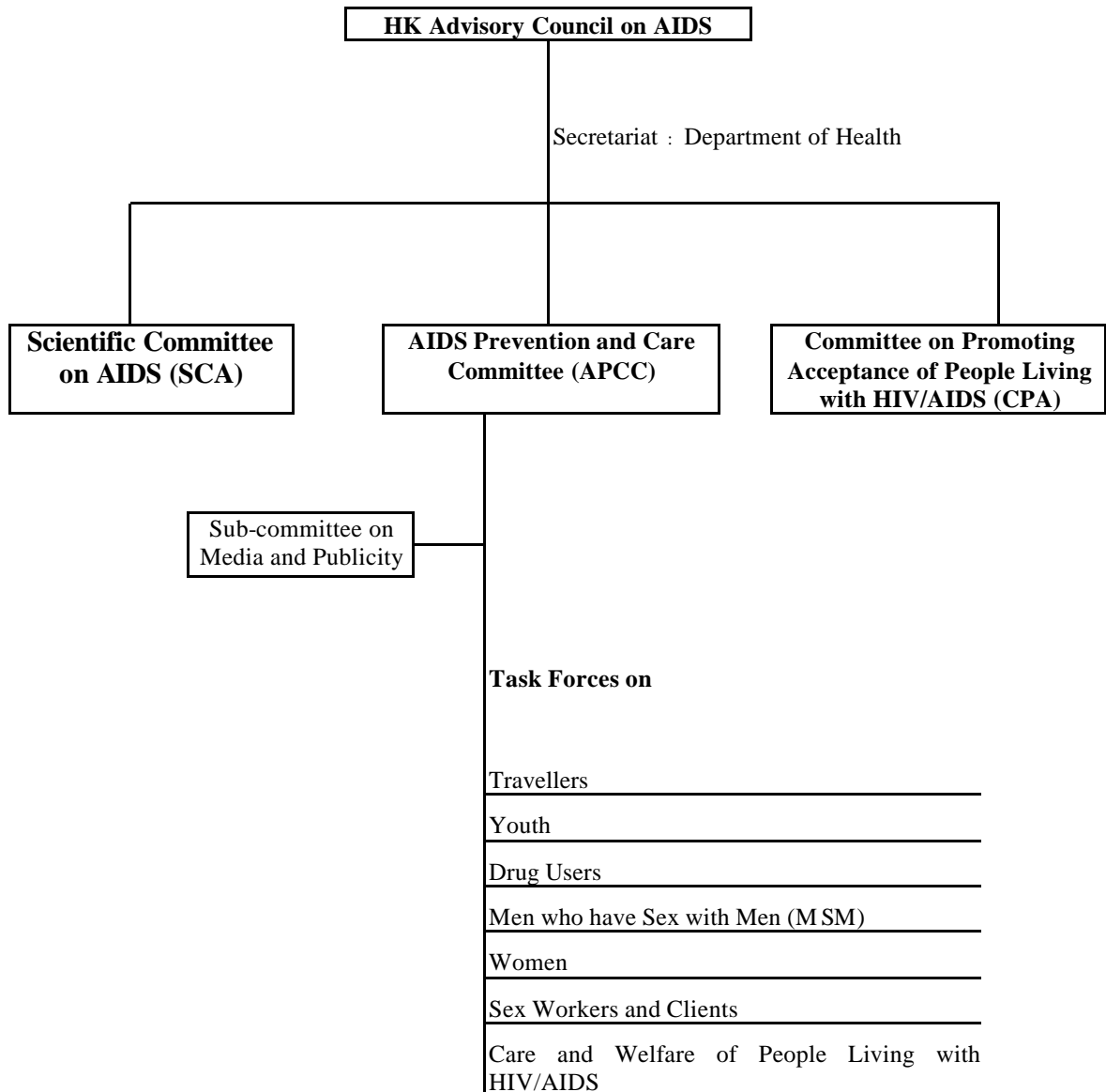
codes, guidelines and protocols respectively. The same hierarchy will apply to other professions, including but not limited to social service workers, nurses and other allied health disciplines.

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 People Living with HIV/AIDS (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".

Appendix F: Organisational Structure of Hong Kong's Advisory Council on AIDS

(ACA Fourth Term: August 1999- July 2002)



Appendix G: 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)

Chairman, Vice-Chairman and members of the Red Ribbon Centre Management Advisory Committee accompanied officiating guests Dr Homer TSO, Ms Christine FANG and UNAIDS Hong Kong Ambassador Ms Miriam YEUNG (at centre) in launching the www.27802211.com in World AIDS Day 2001.



Dr Margaret CHAN (left), D of H and Vice-Chairperson of ACA, was seen posing a picture with Dr ZHANG Wan-kang (centre), Minister of Health, China and other members of the Chinese delegation, during their attendance of the UNGASS 2001. Dr Chan was invited to the UNGASS as a member of the Chinese delegation.

The United Nations Headquarters Building in New York during the UNGASS.



Dr Emile FOX, UNAIDS Country Programme Advisor, China attending the 37th ACA meeting held on 24.8.2001.

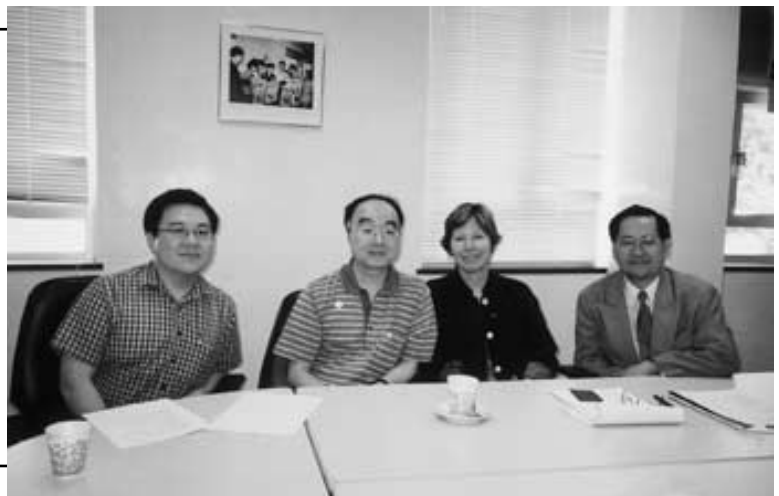
A symposium "Aspects of Discrimination: Its Mechanism and Resolution" organised by Committee on Promoting Acceptance of People Living with HIV/AIDS of ACA, was held in August 2001, during the Hong Kong AIDS Conference 2001.



Speakers of the Symposium "Aspects of Discrimination: Its Mechanism and Resolution" : (From left to right) Dr Sing LEE, Mr MAK Hoi-wah, Dr Travis Shui Ki KONG, Prof C N CHEN (Facilitator), Dr Joyce MA and Ms Anna WU.



Dr Dale STRATEFORD, Behavioral Scientist of CDC, Division of HIV/AIDS Prevention, US met Prof C N CHEN, Chairman of Committee on Promoting Acceptance of People Living with HIV/AIDS. At left are Dr Francisco WONG (first on left) and Dr S S LEE from the ACA Secretariat.



Dr SS LEE (left), Dr Homer TSO (middle) and Dr CHAN Chi-wing (right) attended the Opening Ceremony of the First China AIDS/STD Conference held in Beijing, China.



Hong Kong delegates of the First China AIDS/STD Conference posed for a picture with Dr Emile FOX, UNAIDS Country Programme Advisor, China (left at the back) in the UNAIDS China office, Beijing.

Dr Homer TSO, JP Chairman of the ACA, was seen discussing an issue on HIV/AIDS Strategy for HK with a member attending the ACA Open forum on 26 January 2002 organised specially for members of ACA, its committees and AIDS NGOs.



Mr Billy HO, Convenor of Task Force on Youth, presented a souvenir to Mrs Diana WONG, Chairperson of AIDS Prevention and Care Committee during the 2001 "Youth Action on AIDS" Funding Scheme prize presentation Ceremony on 23 February 2002.

Prof C N CHEN (centre), with volunteers and supervisor of Phoenix Project, was seen attending a radio programme interview on Harm Reduction, which serve as a part of the Harm Reduction Media Campaign of Hong Kong.





Dr Homer TSO shared his experience in working on effective Hong Kong HIV/AIDS policies with the Jiangxi delegates of Jiangxi Health Bureau (on 15 May 2002) at the Red Ribbon Centre.

The Harm Reduction Media Campaign Launching Ceremony was held on 20.5.2002. Amidst the crowd was Dr Homer TSO (left on centre), Dr S S LEE (at right on centre) and a ACAN member.



Dr Homer TSO delivering his opening speech at the "Scaling Up" Post Barcelona Conference Feedback Seminar on 26 July 2002.

The ACA Chairman, Dr Homer TSO (centre front) took a photo with part of the members attending the last (40th) ACA meeting held on 21 June 2002.



ACA Secretariat

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