

# Hong Kong Advisory Council on AIDS



*ACA Annual Report  
Aug 2002 - July 2003*

# *Preface*

It is indeed a privilege for me to have been appointed the Chairman of the Hong Kong Advisory Council on AIDS for the second time. I deeply appreciate the honour and the responsibility that go with the appointment.

In my second 3-year tenure of office from August 2002 to July 2005, I pledge to see through the targets set out in the "Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006" - a book of strategy for maintaining Hong Kong a low HIV prevalence city.

Last year was a year full of uncertainty and fear. The outbreak of SARS in the first half of 2003 almost made Hong Kong come to a standstill. However, with a concerted effort from all levels of the community, the SARS epidemic was finally contained and the bleak outlook of Hong Kong turned bright and prosperous again.

Looking ahead, apart from a recorded high figure of 260 HIV infections in 2002, the recent disturbing trend of new HIV reports in Chinese MSMs, injecting drug users and elderly men is a cause of concern. To ensure that the situation is under control, there is a need to bring in new vision and synergy on top of current HIV/AIDS strategies in Hong Kong.

Lastly, I would like to thank the ACA Secretariat for compiling this annual report, the tenth annual report that forms part of the continuing process of strengthening communication among the Council, Government departments and NGOs involved in AIDS prevention, care and control in Hong Kong.

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Chairman  
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May 2004

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# 1. HIV/AIDS Situation in Hong Kong

## Introduction

HIV (Human Immunodeficiency Virus) is the cause of AIDS (Acquired Immune Deficiency Syndrome). Half of the HIV-infected people will progress to AIDS in 10 years' time without treatment. There are three main routes of HIV transmission : sexual, blood-borne 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 88% of all reported HIV cases in Hong Kong as at 30 June 2003. 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. The last process of the surveillance includes the interpretation and dissemination of HIV/AIDS information. Timely information derived from this HIV/AIDS surveillance is of vital importance to the development of effective prevention and control programmes.

## HIV/AIDS Surveillance

The Special Preventive Programme of the Department of Health 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 at 30 June 2003, 2116 HIV infections were reported to this system. Among them, 641 had progressed to AIDS. The numbers of reported HIV infections and AIDS cases were on a steady rise from the beginning of the epidemics to 1996. The reported HIV infections

and AIDS cases had reached the top and become stable at about 200 and 60 cases per year respectively in the subsequent 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 the ratio in the region of 4.3 : 1 in June 2003. However, it is notable that the number of reported infected females is on the rise over the past decade. Knowing that heterosexual contact is the commonest route of transmission, this is an observation that requires close monitoring.

The majority (69.4%) 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 16.0% of the cumulative total as of mid-2003.

Although the number of HIV infections related to injection drug use remains low at 56 cases (or 2.6%) so far, 28 of them (50.0%) were reported in the past 3 years. The total number of perinatal HIV transmission cases now stands at 15.

### **Unlinked Anonymous Screening**

The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. Out of 4037 samples collected from the methadone clinics in 2002, 10 were tested HIV, equivalent to 0.248%. The seroprevalence rates of patients attending tuberculosis treatment clinics and inmates newly admitted into correctional institutes were 0.92% and 0.40% respectively.

### **Seroprevalence in selected populations**

The positive HIV antibody detection rate was 0.002% from all the blood donations in 2002 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.077% in 2002, a small increase from the previous year (0.061% in 2001).

The implementation of the universal HIV antibody testing programme began on 1 September 2001 in all antenatal clinics of the Hospital Authority and Maternal and Child Health Clinics of the Department of Health. In its first year running, a total of 41714 samples were tested with an average opt-out rate of 3.8% in the public service, 12 pregnant women were found positive for HIV, indicating a prevalence of 0.03%, which was slightly smaller than that projected from the pilot study of Kwong Wah Hospital.

Figure 1: Annual Reported HIV/AIDS  
1984 - 2002, Hong Kong, (N=2015/613)

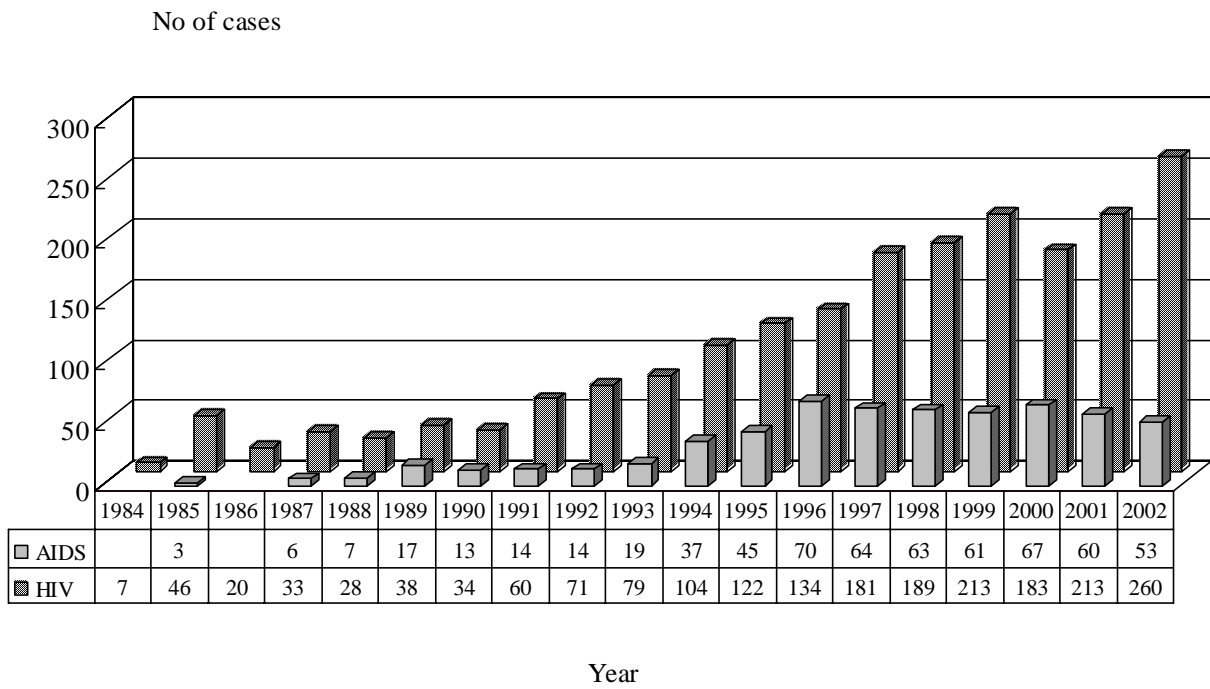


Figure 2: Ethnicity of reported HIV infection  
1984 - 2002, Hong Kong, (N=2015)

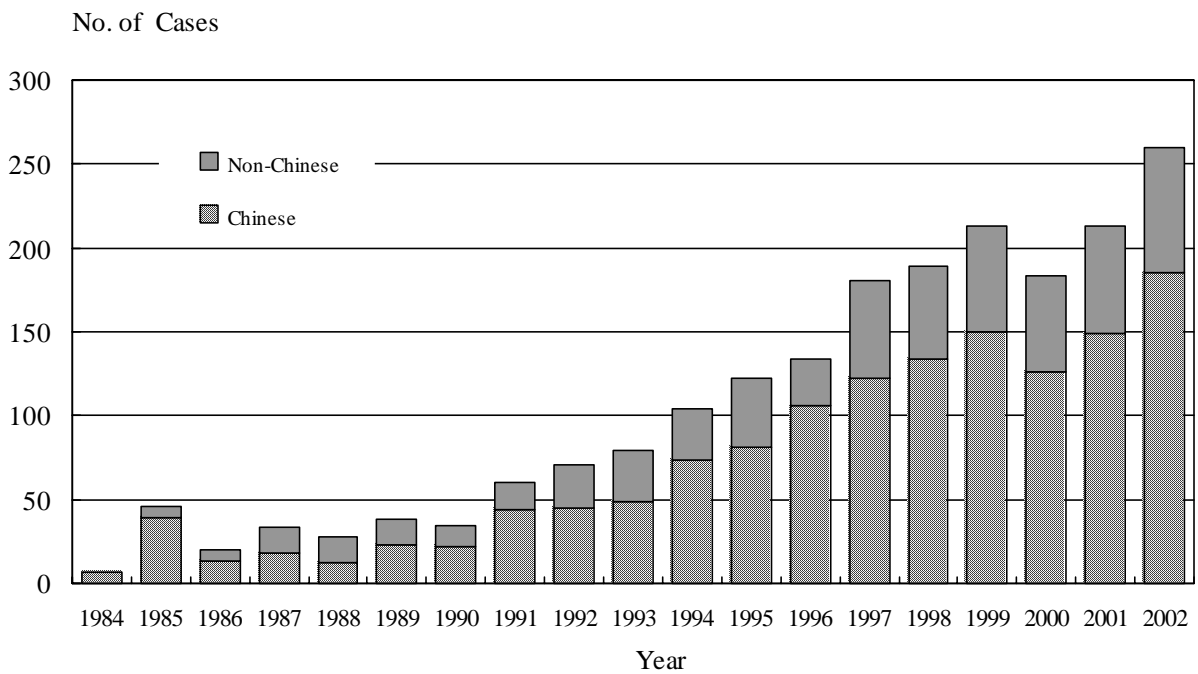


Figure 3: Routes of transmission of HIV infection  
1984 - 2002, Hong Kong, (N=2015)

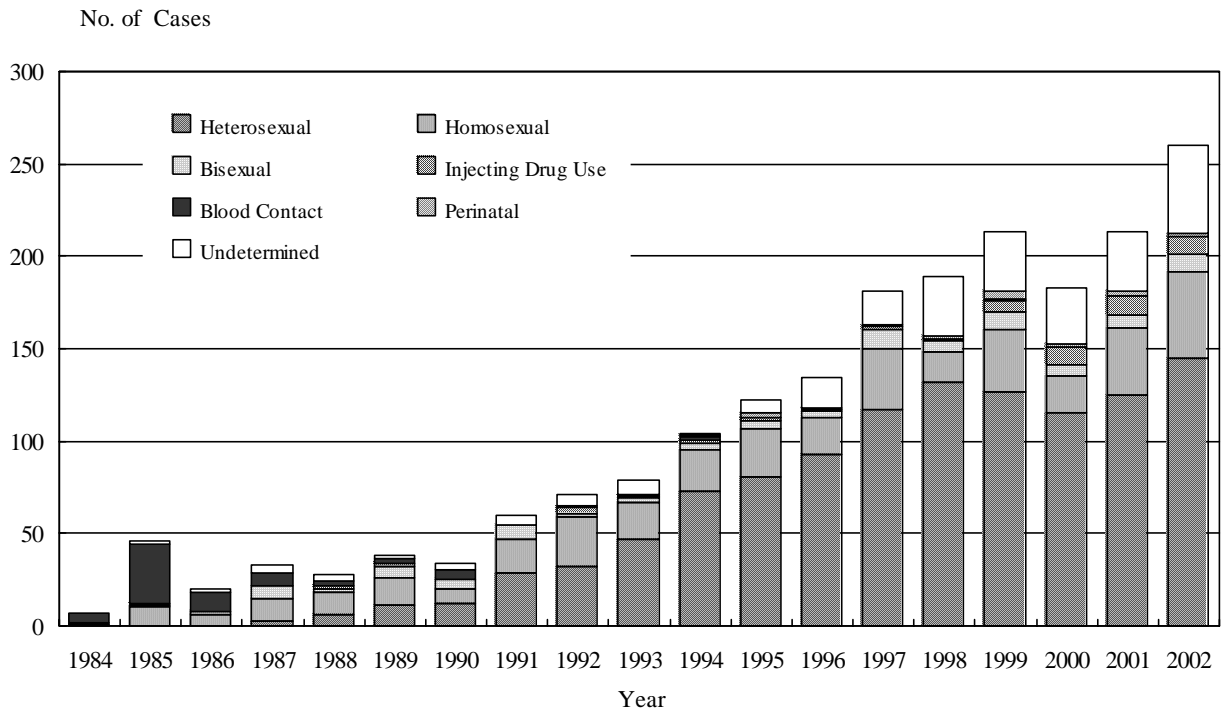


Figure 4: Sources of referral of HIV infection  
1984 - 2002, Hong Kong, (N=2015)

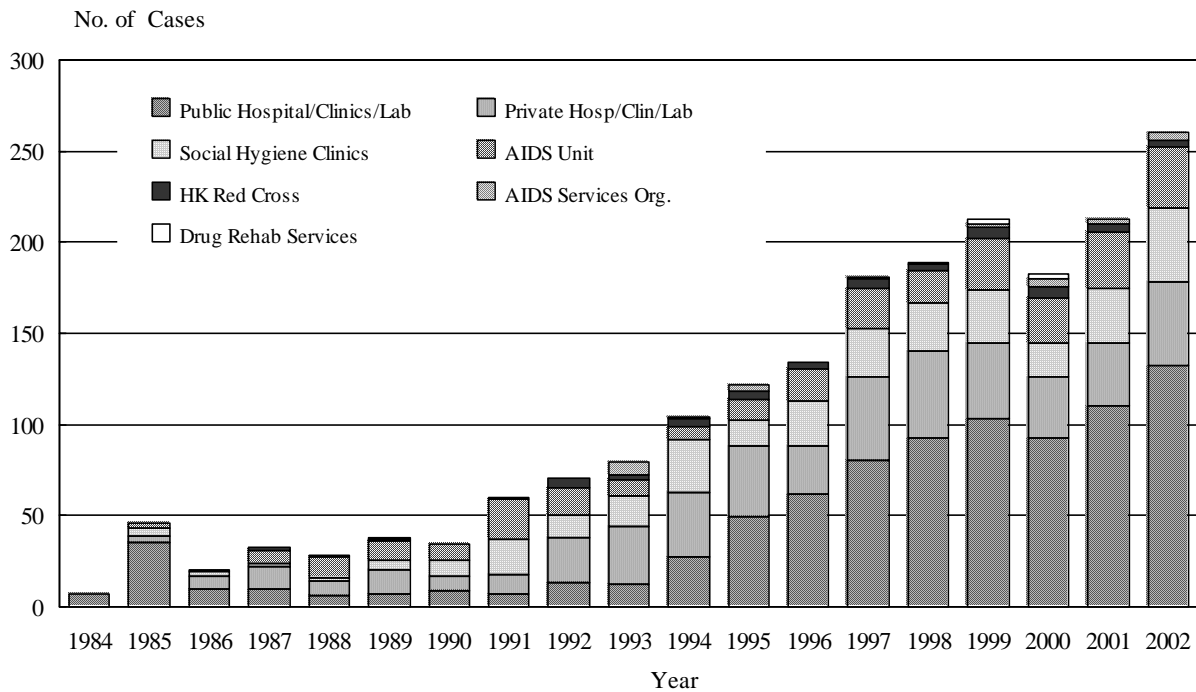


Figure 5: Primary AIDS-defining Conditions  
Hong Kong 1985 - 2002, (N=613)

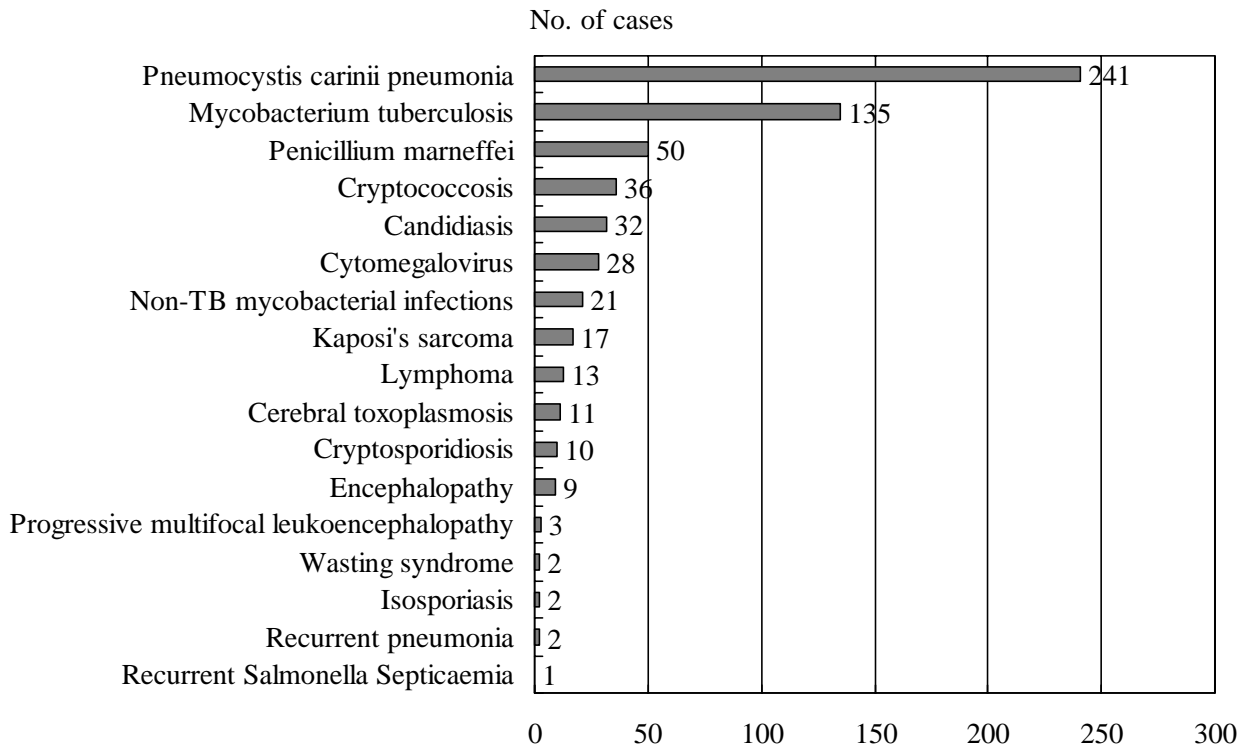
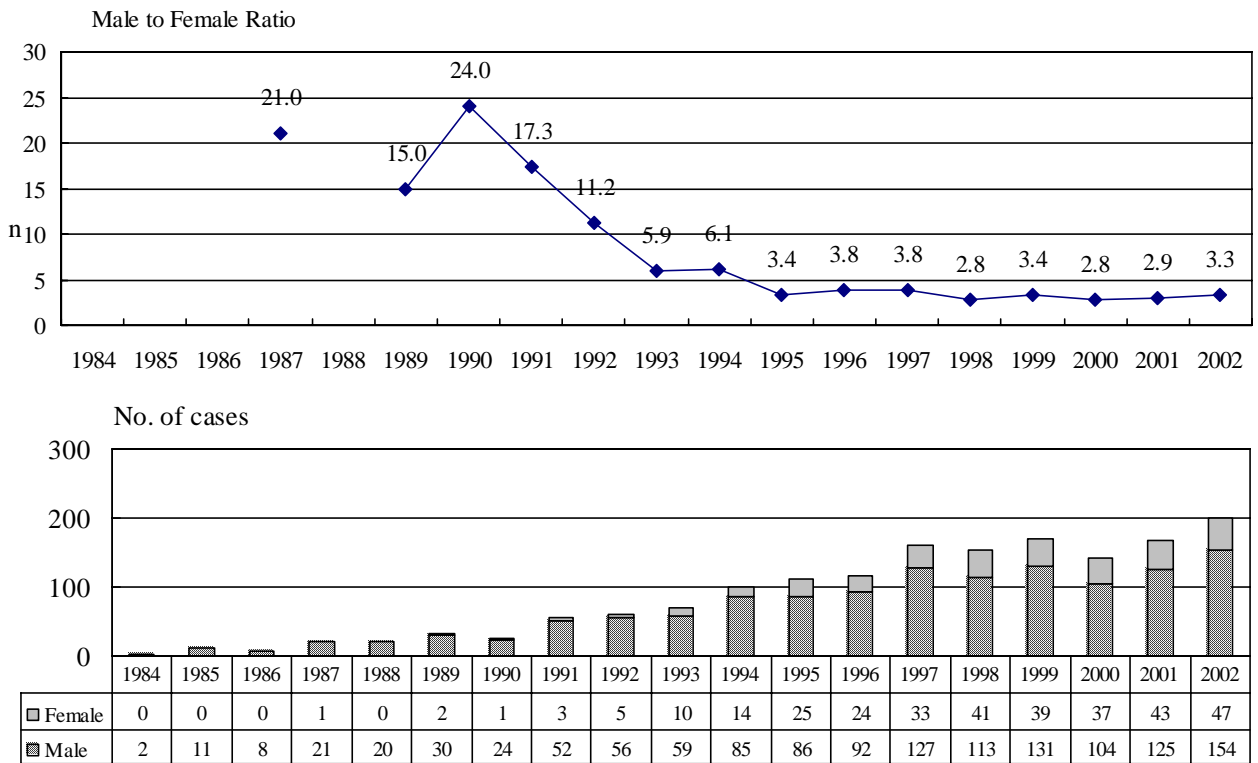


Figure 6: Reported HIV Infection through Sexual Transmission\*  
by Sex (1984 - 2002, N=1625) Hong Kong



\* 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 broadly divided into the following phases :

### **The Initial Response Phase (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. The 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.

### **Enhanced Public Education Phase (1987-1989)**

Public education was systematically introduced in this 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 support of various government departments as well as community organisations. Media publicity was launched, with Announcements

in the Public Interest (APIs) on television and radio, produced by the Information Services Department to arouse public awareness.

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

### **Consolidation Phase (1990 -1993)**

A central advisory body, the Hong Kong Advisory Council on AIDS (ACA), was established in March 1990 with membership appointed by the governor. The ACA was charged with recommending AIDS strategy and streamlining the operations of Hong Kong's AIDS prevention, care and control programmes. Community participation was encouraged and AIDS NGOs were formed during this period. The AIDS Concern and the AIDS Foundation were formed respectively in 1990 and 1991 both to provide 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 in Hong Kong.

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 AIDS Unit of the Department of Health.

## **Wider Community Participation Phase (1994-1997)**

In 1994, the 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. At the same time, more traditional 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 and prevention were expanded with the participation of more NGOs and the re-organised CEPAIDS.

## **Expanded Response Phase (1998-2001)**

A fundamental review, including an internal assessment and an external review, was conducted in 1998. The results and recommendations were submitted to the ACA in July 1998. Based on findings of the Review, the 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 in the years 1999-2001. The key foci of these strategies were :

### **(a) Focus on Prevention**

Special emphasis was placed on the vulnerable groups with risk-taking behaviour. It involved the community's participation in prevention and care activities of HIV/AIDS and the promotion of 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 featured 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.

## **Current AIDS Programme (Extracted from Chapter 5 of 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 the Mainland and the International Community**

The 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 on the Mainland;
- (2) participation in conferences and meetings;
- (3) joint education/training activities; and
- (4) reciprocal visits of government officials and non-governmental organisations personnel.

Although direct participation of international agencies in Hong Kong's AIDS programme has yet to be seen, interaction with the international community are witnessed in the following areas :

- (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, seminars and conferences.

The Red Ribbon Centre, which partners with the ACA in Hong Kong's AIDS programmes, has become a UNAIDS (Joint United Nations Programme on HIV/AIDS) Collaborating Centre for Technical Support. Since December 1998, the relationship between the ACA and the UNAIDS has thus been tied together and strengthened.

The UNAIDS Collaborating Centre has 4 roles to play : (a) clearinghouse, (b) networking (c) technical development, and (d) collaboration.

## 3. Hong Kong Advisory Council on AIDS

### Introduction

Since the formation of the Hong Kong Advisory Council on AIDS (ACA) in 1990, with a tenure of office for three years, it has just completed the first year of its fifth term (1 August 2002 to 31 July 2003). The membership of the fifth term is shown in Appendix A.

With the primary objective of promoting community participation, the ACA comprises members drawn from all sectors of the community including community leaders and professionals. The terms of reference of the ACA in the current term 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.

Three committees underpin the ACA. They 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 three ACA meetings were held during the reporting period as follows :

1. (41<sup>th</sup> meeting) 28 September 2002
2. (42<sup>th</sup> meeting) 10 January 2003
3. (43<sup>th</sup> meeting) 11 July 2003

### AIDS Policy

The ACA has managed to progress with time. To cope with the changing circumstances and the AIDS epidemic trend in Hong Kong, the ACA is constantly reviewing and adjusting its AIDS strategies. The ACA has published three policy documents so far. In July 1994, the ACA published its first policy document with the title “*Strategies for AIDS Prevention, Care and Control in Hong Kong*”. It had since become the blueprint of Hong Kong’s AIDS strategies. In 1998, a comprehensive review on Hong Kong’s AIDS situation and programmes was conducted. On the basis of the principles of the 1994 Strategies and the 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, has been put in place to replace the earlier recommendations. This new strategy is known as *Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006*.

### First Informal Meeting in the Fifth Term

On the last day of August, members of the newly appointed Hong Kong Advisory Council on AIDS joined a gathering at the Red Ribbon Centre to exchange views on how to face up the new challenges of HIV/AIDS in Hong Kong. The gathering began with a round of coffee. Dr Homer Tso, the chairman, then introduced members to the rationale behind the gathering and the normal time frames for preparing the ACA meetings. The dialogue began with discussions on the need to set up committees to facilitate the processes of deliberation. It was agreed that there should be forums to network agencies, to develop technical guidance, and to examine specific issues on HIV prevention, care and control. New means of communication and advocacy should be explored. Previous strategies might

require modification in light of changes in societal conditions, needs of the community and international perspectives.

What then should be the key issues for the deliberation of the new term? There seems to be no lack of new challenges! To our members, the 11 targets proposed under the recommended strategies for 2002 to 2006 would remain the most important yardstick to monitor Hong Kong's progress on HIV/AIDS. Members were pleased to note the increasing involvement of mainstream NGOs in AIDS work in the territory. New areas of research would be crucial to provide the scientific foundation of new programmes, to map out risk and vulnerability patterns, and to understand the cost-effectiveness of selected activities which may in future become best practices even outside Hong Kong.

There would be problems, though. The dynamics of human mobility are a complex issue that demands a critical approach in correlating intervention with effectiveness. Defining sex education may prove to be more difficult than one could imagine. Interfacing the Mainland requires innovation and political sensitivity. Insurance and the involvement of the commercial sector has remained an untouched territory.

The four-plus hour meeting was a good starting point for preparing for the new term.

## **Operative Mechanism of the Council**

The operative mechanism of the Council was reviewed by members. In order to deliver the objectives of assessing and monitoring the HIV situations in Hong Kong, and to provide strategic direction to the programmes, three standing committees would continue to be formed as in the last term. The three committees are : AIDS Prevention and Care Committee (APCC), Scientific Committee on AIDS (SCA) and Committee on Promoting Acceptance of People living with HIV/AIDS (CPA).

Apart from the scope, the roles of the three committees are distinctly different. While APCC would conveniently function as a coordinating forum, the SCA would be a technical group for advising on guideline formulation and professional development. The CPA, on the other hand, shall be addressing issues relating to stigma and discrimination on HIV/AIDS in Hong Kong. In light of these differences, the membership composition of the three committees would also be handled differently. APCC would be composed of members representing agencies working on HIV/AIDS and people reflecting the needs of the vulnerable communities, as well as people living with HIV/AIDS. Membership of SCA would be drawn from people with technical expertise in a wide range of disciplines relating to HIV prevention, treatment and control. The CPA's members would be a combination of individuals and stakeholders.

The main objectives of each committee were then discussed. These would be translated into more specific terms of references by chairman and members of the three committees when they are formed. Members of the Council were welcomed to join one or more of the three committees. In order that the committees could work effectively and efficiently, it's recommended that standing sub-groups should not be formed under the committees. Should a specific issue require further deliberation by a smaller group of people between meetings, the better options would be the formation of (a) an independent inter-agency group, or (b) a group by a designated organisation.

Similar to the previous years, secretariat support for the Council and the three committees would be provided by the Special Preventive Programme of the Department of Health. Four meetings would be held per year by the Council, and a similar number for the committees. The operative mechanisms of each committee would be determined by the respective chairman in consultation with the members, in accordance with the principles established.

## **The Committee Chairmen**

The chairmen of the three committees for 1999 to 2002 were nominated to serve another term, that is, from 2002 to 2005. They are : Mrs Diana Wong of the APCC, professor YL Lau of SCA and Professor CN Chen of CPA. The three chairmen kindly accepted the invitation and would be working closely with the Secretariat on the formation of the new committees.

## **HIV Situations in Hong Kong**

The latest HIV/AIDS situations of Hong Kong were discussed, on the basis of a report modified and updated from a chapter from the *HIV Manual 2001* published by the Department of Health about a year ago.

## **Special Advisors for Committees**

In order to enhance the effectiveness of the Council's work, the Council resolved that special advisers might be identified and invited to support the activities of the three committees. These advisers should be technical experts in one of the three fields of HIV science, programme development, and the ethical issues relating to people living with HIV/AIDS. Special advisers are not members, but they would also be receiving all papers of the committees, and be asked to provide input on specific issues arising in the course of the committees' work.

## **Interfacing Mainland China – the role of the Red Ribbon Center as an UNAIDS Collaborating Center for Technical Support**

The profile of the work of the Red Ribbon Centre in interacting with Mainland China was discussed. A vote of thank was given to the Department of Health and Centre staff for their commitment to the development

of a range of programmes to build capacity of people working on HIV/AIDS, including those from Mainland China. There were five main types of capacity-building activities: fellowship for individuals, special workshops organised upon request, training courses, consultancies and technical forums. This has evolved to be a model for interfacing China, an important strategy highlighted by the ACA for the years 2002 to 2006. The Centre was keen to adopt a systematic approach in capacity-building that would not only be cost-effective, but could benefit technical people from both Hong Kong and Mainland China.

## **Construction of Core Indicators for Monitoring the United Nations Declaration of Commitment on HIV/AIDS – An Exercise for Hong Kong**

Members were briefed on the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), a forum attended by 189 countries in 1991 that had led UNAIDS to propose the development of a set of core indicators for monitoring national and global progress. The ACA resolved that Hong Kong should take this as an opportunity to adopt the same framework in monitoring AIDS activities in the territory. Department of Health would be charged with this responsibility, on the principle that, as far as possible, existing mechanisms should be tapped to collect the necessary data for deriving the indicators.

## **Report of the Expert Panel on HIV Infection in Health Care Workers 1994 – 2003**

The report of the Expert Panel on HIV infection of Health Care workers was discussed. The Panel was formed in 1994 in response to the incidents centering on the self-disclosure of the HIV status of an infected dentist in Hong Kong. Apart from focusing on quality infection control standards, the Director of Health appointed a Panel to advise attending

physicians of HIV infected health care workers on possible need for job modification, in accordance with a set of guidelines formulated by the ACA. While acknowledging the importance to integrate the subject of HIV infection in health care workers in the portfolio of professional registration bodies, it was noted that :

- (a) currently there's minimum capacity in the health profession to take up a similar role in the territory;
- (b) the provision of timely technical advice is crucial;
- (c) efforts to involve the participation of respective health profession should be made; and
- (d) the incorporation of the functions of the Panel by the professional bodies remains a long term goal.

### **The Use of Unsafe Clotting Factor Concentrates before 1985 – Haemophilia and HIV Infection**

Following the report of the New York Times of the “dumping” of unsafe clotting factor concentrates in Asian countries, the ACA had resolved to discuss the issue at the July meeting. In concluding the discussion, the ACA :

- (a) noted the media report on the alleged unethical distribution of non heat-treated clotting factor concentrates in the early 1980s when new safer alternative had just begun to be available;
- (b) reckoned that joining the class action lawsuit filed by an American law firm would be a personal option, the decision of which would need to be considered individually by weighing the pros and cons unique to one's circumstances; it was understood that the Government would provide the information for individuals upon request;
- (c) considered that as a priority, the unmet medical and psychosocial needs of HIV infected haemophiliacs and their

families should be appropriately attended to.

### **Report on the Implementation of the Universal Antenatal HIV Testing Programme in the Public Service**

In an effort to prevent mother-to-child HIV transmission, the Council proposed the introduction of universal antenatal HIV testing in Hong Kong. The programme was launched in September 2001. The Council examined an evaluation report coordinated by the Scientific Committee on AIDS, which concluded with nine recommendations, ranging from the continued monitoring of the programme, emphasis on the development of practice protocols for the management of children born to HIV infected mothers, possible use of rapid tests to supplement the current programme, and means to enhance effectiveness of universal antenatal HIV testing. It was agreed that there would also be a need to increase the coverage rate in the private sector.

It was noted that the evaluation report would be published for the reference of all who have been working on the subject and those concerned with the perinatal transmission of HIV.

### **National and International Networking**

The III Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was held successfully on 7 to 9 November 2002. There were active discussion and information exchanges during the three-day meeting in Shenzhen, with the participation of over one hundred health professionals from Hong Kong, Macao, Guangzhou, Shenzhen, Jiangmen, Zhuhai, Shende, Dongguan, Foshan, Qingyuan and Huizhou. The opening of the workshop was officiated by officials of Guangdong and Shenzhen, Dr Homer Tso, Chairman of the Hong Kong Advisory Council on AIDS, and Mr PK Ip, head of the Macao Public Health Laboratory.



The first day of the workshop featured situation reports of the cities and discussions on the implications of the two important risk factors – sex and drug use. The second day covered clinical presentations of HIV infection and new surveillance activities, namely, molecular epidemiology and antenatal HIV testing. The third morning provided an opportunity to exchange views on opportunities for collaboration.

Dr Xu Ruiheng of the Guangdong CDC gave a concluding presentation to summarise the most important learning points of the workshop. He began by quoting a participant's remark that HIV/AIDS is a problem rather than a disease. The broad dimension and the complexity of the issues provided, not surprisingly, the backdrop for the workshop. He reminded participants that there's a distinct difference between the public health perspective taken on by the workshop and the clinical perspective that some might have in handling individual cases.

Dr Xu went on to alert participants of a number of practices in the region which were particularly meaningful and could become good reference materials in programme planning. These practices were : the methadone clinic services in Hong Kong, the HIV screening for foreign entertainment industry workers in Macao, HIV testing for pregnant women in Shenzhen and Zhuhai, and the operation of the surveillance system in Guangdong province.

Epidemiologically, there were both similarities and differences across the cities in the Pearl River Delta Region. While Hong Kong and Macau were witnessing infection through sexual contacts, cities like Guangdong were troubled by transmission in injection drug users. Shenzhen was somewhere in between, and seemed to be in the process of being transformed from a city with predominantly sexual to IDU-related HIV spread.

For the Mainland, Dr Xu remarked that the action plan formulated by the Central Government had created a useful framework to develop programmes for putting HIV under effective control. He explained the strategy for targeting drug users, which would involve

the introduction of methadone treatment and needles 'social marketing'. He reminded the audience that the new harm reduction strategy was not meant to replace but incorporate detoxification as the only means of drug rehabilitation, the action plan considered it as one of the different tools to reduce drug related harm, alongside methadone, needle access, and outreach. It was hoped that this pragmatic approach would become characterise China's new direction to combating HIV spread.

## **Building Community Relationship**

The Chairman and the members of the ACA, in addition to their regular contact with the community, initiated visits and meetings with government and non-governmental organizations, as well as people living with HIV/AIDS (PLA) to develop a closer link with the community with a view to sharing experience and exchanging views on matters of common concern and improving liaison and understanding with PLA and non-AIDS organizations.

However, the outbreak of the Severe Acute Respiratory Syndrome (SARS) in Hong Kong and on the mainland in the first quarter of the year 2003 almost brought all activities to a halt. Although the situation began to improve in July, the ACA had already witnessed the lapse of the first year of its fifth term.

## **ACA Newsfile and other Periodical Publications**

The ACA Newsfile is a monthly publication of the ACA. It keeps ACA members posted of the epidemiological trend of HIV/AIDS and the development of the local programmes with features of HIV/AIDS related news and activities. First published in January 1994, 115 issues were published until July 2003.

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 Bulletin** - a half-yearly publication of the Integrated Treatment Centre of SPP 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 Red Ribbon Centre and (f) **Project Mini** - Mini-posters publicising AIDS information on a quarterly interval by the AIDS Unit of the Department of Health.

## **ACA Website**

The Virtual AIDS Office of Hong Kong is the joint Internet HomePage of the ACA and the AIDS Unit. It covers Hong Kong's AIDS programme in four dimensions - prevention, clinical service, surveillance, and policy development. It allows updating of information on ACA as well as HIV/AIDS development in a more integrated approach. The set-up of the ACA in its fifth term including composition, membership and terms of reference has been updated. In addition, all major publications under the ACA have been stored electronically under the ACA Document Cabinet for easy reference. Readers can now visit the "Virtual AIDS Office" more conveniently by clicking <http://www.aids.gov.hk>, or the ACA's own Homepage <http://www.aca-hk.com>.

## 4. AIDS Prevention and Care Committee

### Introduction

The AIDS Prevention and Care Committee (APCC) was formed in the fourth term of the ACA in August 1999. It has replaced two previous committees namely: 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 for looking after the needs of patients in AIDS clinic and support services.

The main objective of the APCC is to enhance the quality of HIV prevention and care activities in Hong Kong.

The APCC has the following terms of reference :

- (a) to assess needs of the community for preventive and care programmes on HIV/AIDS in Hong Kong;
- (b) to identify and promote best practices in HIV prevention and care; and
- (c) to network and harness the capacity of agencies on HIV prevention and care in Hong Kong.

### Action Plan for 2002 to 2005

Bearing the current terms of reference in mind, the APCC adopted the following action plan to guide its work for the years 2002 to 2005.

- (a) To draw up a list of existing prevention and care programmes that had been organized by concerned communities and thereby identifying needs required;
- (b) To identify best practices and to promote sharing among concerned communities;

- (c) To set up a framework for monitoring/evaluation of the HIV/AIDS prevention and care programmes in HK; and
- (d) To support and facilitate the Community Planning Process if needed.

### Membership

The membership of the APCC is shown in Appendix B.

The APCC comprises members drawn from 4 different areas including agencies specializing in HIV prevention and care; individuals from vulnerable communities; selected mainstream Non-governmental Organizations and Government bureaux and departments.

The APCC met three times during the reporting period as follows :

- 1. (10<sup>th</sup> meeting) 6 December 2002
- 2. (11<sup>th</sup> meeting) 14 March 2003
- 3. (12<sup>th</sup> meeting) 13 June 2003

### Experience Sharing Session

Starting from the 11<sup>th</sup> meeting, representatives from an NGO were invited to the meeting to introduce to members the HIV/AIDS prevention and care activities undertaken by their organization. By exchanging views and personal experiences, representatives as well as members would benefit from the experience sharing session.

The Chief Staff Officer (Youth and Volunteer) and the First Aid and Nursing Officer of the Hong Kong Red Cross told members the joys and pains over the "HIV/AIDS Peer Educator Training

Programme” and the extraordinary and ubiquitous networks enjoyed by the Hong Kong Red Cross.

The Supervisor of Caritas Integrated Services for Young People – Stanley of the Caritas – Hong Kong briefed members on the Play Safe Healthy Lift Project, the objectives of which were to increase young disco-goers’ knowledge and awareness of HIV and STD and to encourage them to live a healthy life. Members were also given to know the set-backs and challenge faced by the project officer.

## **World AIDS Day 2002**

The World AIDS Campaign 2002 focused on “Stigma and discrimination” under the slogan “Live and let live”. To commemorate the World AIDS Campaign 2002, members were informed that the Red Ribbon Centre in collaboration with the Information Services Department and the Radio Television Hong Kong had produced an “AIDSFILM”, which contained a 7-episode, 5-minute TV series. Projects and activities organized by NGOs in support of the World AIDS Day were also disseminated to members.

## **A Database for the Community-based HIV Prevention and Care Activities in Hong Kong**

Members discussed the mechanism for collecting information on community-based HIV prevention and care activities in Hong Kong. That came into line with the action plan “to draw up a list of existing prevention and care programmes that had been organized by concerned communities and thereby identifying needs required”. It was agreed to disseminate and collect data by electronic means.

## **Monitoring the Declaration of Commitment on HIV/AIDS –**

## **Guidelines on Construction of Core Indicators**

To be in line with ACA’s resolution to produce Hong Kong’s own core indicators, members’ perspective was brought to the report published by UNAIDS on when and how to construct the core indicators. After compiling the core indicators for Hong Kong, they would become the basis for the AIDS strategy for prevention, care and control in Hong Kong.

## **Advancing HIV Prevention : New Strategies for a Changing Epidemic-United States 2003**

Members examined a paper contained in the Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention and learned of the new strategies that aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment and ongoing prevention services in the USA.

## **5. Committee on Promoting Acceptance of People Living with HIV/AIDS**

### **Introduction**

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) was formed in 1999 in response to a proposal contained in the External Consultancy Report in 1998. It is responsible for coordinating and recommending strategies for promoting 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.

### **Terms of Reference**

The current terms of reference for the Committee are as follows :

- (a) Recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (b) Explore legal and ethical issues of HIV/AIDS and their implications on societal acceptance;
- (c) Examine and recommend responses to incidents relating to the acceptance of people infected or affected by HIV/AIDS.

In line with the terms of reference, the CPA agreed the following three Courses of action at its first meeting in the current term :

- (a) Examination of current issues on stigma, discrimination or the promotion of acceptance of people living with HIV/AIDS in Hong Kong or other places as appropriate;
- (b) Advocacy in appealing for the acceptance of people living with HIV/AIDS, through responding to issues in (a) and/or other means to be worked out;

- (c) Identification of best practices in the promotion of acceptance of people living with HIV/AIDS.

### **Membership**

Alongside people living with HIV/AIDS, members of the CPA are drawn from a wide spectrum of professions including doctors, nurses, academia, social workers, as well as selected public bodies including the Hospital Authority, the Equal Opportunities Commission and the Consumer Council. Representatives from the Health, Welfare and Food Bureau, the Social Welfare Department and the Department of Health are also working together towards the goal of eliminating all kinds of stigma and discrimination against people living with HIV/AIDS.

A membership list of CPA is in Appendix C.

The CPA met twice during the period under reporting :

1. 9<sup>th</sup> meeting – 25 February 2003
2. 10<sup>th</sup> meeting – 29 May 2003

### **Schema of Operation**

Members discussed vigorously the proposed terms of reference and the proposed actions for the current term of office. Members also agreed to look at the issue of rehabilitation in relation to people living with HIV/AIDS.

### **AIDSFILe – Programme to Address Stigma and Discrimination**

Members were recapped the background information on the production of the TV series by the Radio Television Hong Kong in Collaboration with the Red Ribbon Centre to Commemorate the World AIDS Campaign 2002. The summaries of the 7 episodes AIDSFILE were delivered to members for a better understanding of the theme of each episode.

### **KABP Study Report on AIDS Among Social Welfare Personnel in Hong Kong, 2001**

Members were presented the findings of the study report and the 5-point recommendation by the Chief Officer, Service Development (Family & Community) of the Hong Kong Council of Social Service. Members generally felt that the survey was a useful tool to gauge respondents' perception on people living with HIV/AIDS.

### **Assisted Reproduction in HIV Infected Persons**

The advance in Highly Active Antiretroviral Therapy (HAART) has revolutionized the natural course of HIV infection. Given the desire of HIV positive individuals to procreate, members discussed the ethical issues regarding the use of assisted reproduction in HIV infected individuals and the reproductive options for them.

### **Identification of Discriminative Policies and Practices Against People Living with AIDS in Institutions**

Members were presented the results of the study which was trying to identify discrimination against people living with HIV/AIDS in institutions. According to the study, 10 fields and 37 situations were identified for the measurement of indicators.

The overall situation based on the calculation of the indicators was that Hong Kong had 86.5% degree of non-discrimination in internal regulations and procedures in relation to people living with HIV/AIDS.

### **Response to the Discussion Paper on Insurance Issues under the Anti-discrimination Legislation**

The Equal Opportunity Commission (EOC) issued a Discussion Paper on Insurance Issues under the Anti-discrimination Legislation for the purpose of public consultation. On behalf of the Committee, the Chairman wrote a letter to the EOC in response to that document expressing members' concerns over taking out a medical insurance and related issues.

## 6. Scientific Committee on AIDS

### Introduction

The Scientific Committee on AIDS (SCA) was renamed from the former Scientific Working Group on AIDS in December 1993. The main objective of the SCA in the current term of office is to consolidate the scientific foundation of HIV programmes in local context but with an international perspective.

### Terms of Reference

The SCA has the following terms of reference :-

- (a) to advise on the effective surveillance of HIV/AIDS, and the monitoring of the situation as it relates to Hong Kong;
- (b) to advise on the development of effective clinical and public health programmes on HIV/AIDS in Hong Kong;
- (c) to establish rationale and develop principles on the effective prevention, treatment and control of HIV infection in Hong Kong;
- (d) to promote the development of research agenda on HIV/AIDS and its related areas in Hong Kong; and
- (e) to promote regional and international collaboration of research activities in HIV/AIDS. (Note : new item proposed by SCA members)

### Membership

The SCA is composed of professional experts and academicians in HIV medicine, clinical medicine and its relevant specialties, public health, social and behavioural sciences. A list of the members is in Appendix D. It

met three times during the reporting period as follows :-

1. (26<sup>th</sup> meeting) 10 December 2002
2. (27<sup>th</sup> meeting) 12 March 2003
3. (28<sup>th</sup> meeting) 24 June 2003

### Schema of Operation

Members had a fruitful discussion at the first meeting about the terms of reference and the action plan for 02-05. One additional item was included in the originally proposed 4-item terms of reference and respective members volunteered to take a leading role in the coordination of individual tasks in the action plan. It was resolved that the agreed action plan would become the target of the SCA for 2002-2005.

### Reappraisal of the Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV

Members discussed the proposed amendments and agreed to consult the Scientific Working Group on Viral Hepatitis Prevention on the part regarding post-exposure prophylaxis hepatitis C infection. The updated guideline was subsequently in print in March 2003.

### First Year Report on Prevention of Mother-to-Child Transmission of HIV in Hong Kong

The production of a written report was the culmination of the first year Universal

Antenatal HIV Testing Programme indicative of a concerted effort to prevent the mother to child transmission of HIV. The report revealed that 41,714 HIV antibody testes were performed in the first year of the programme. Twelve pregnant women were tested HIV positive and were offered appropriated treatment. No babies born to HIV infected women were reported. The result of the first year programme was encouraging. The meeting then agreed to continue to keep in view of the development of the programme.

### **HIV/STI Risk Behaviour in STD Clinic Attendees**

Members were presented HIV/STI risk behaviour surveillance data of STD clinic attendees collected from 10 public social hygiene clinics for the period from 1996 to 2000. The findings of the questionnaire survey provided the trend of HIV/STI in Hong Kong and became the basis for the formulation of appropriate strategies to cope with the situation.

### **Factors Associated with Adherence to Antiretroviral Medication in HIV-in-patients**

Members were introduced to the study aiming to assess adherence with antiretroviral medication in a sample of HIV patients in Hong Kong and identify predictors of adherence. The results suggested that adherence was a multidimensional concept. Continuous support of patients and individualized medication programmes that would help patients adjust their treatment to their lifestyle were recommended.

### **Guideline Reappraisal – List of the Pre-existing Guidelines Formulated by SCA**

Members reviewed the guidelines on the list and agreed to revise 2 guidelines in response to recent development in the medical field. The meeting agreed that there was no urgency for reviewing other guidelines on the list.

### **Rapid Test for HIV Infection**

Ora Quick Rapid HIV – 1 Antibody Test, which was approved by the Food and Drug Administration (FDA), was introduced to members. The meeting agreed to write up a set of recommendations on HIV antibody rapid testing. A study to evaluate the specificity and sensitivity of the rapid test would be carried out by the AIDS Unit of the Department of Health.

### **A Proposed Stock-taking Exercise of HIV/AIDS Research Programme in Hong Kong**

Members discussed the methods of carrying out the stock-taking exercise of HIV/AIDS research programme in Hong Kong. It was agreed to perform electronic search first to be supplemented by correspondence with respective higher institutions for the required information.



## 7. A Chronicle of the First Year Events

<u>Date</u>	<u>Event</u>
23 August 2002	Gazette No. 34/2002 : Appointment of the ACA Chairman, Vice-Chairman and Members for a period of three year w.e.f. 1 August 2002.
31 August 2002	Informal meeting of ACA at RRC.
27 September 2002	The 41 <sup>st</sup> ACA Meeting at Wu Chung House.
27 September 2002	Appointment of the Chair of APCC, CPA, SCA for the 5 <sup>th</sup> term of ACA.
23 October 2002	Appointment of APCC Members for the 5 <sup>th</sup> term of ACA.
28 October 2002	Appointment of SCA Members for the 5 <sup>th</sup> term of ACA.
7-9 November 2002	The 3 <sup>rd</sup> Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region China Organized by Guangdong Province Center for Disease Control & Prevention at Shenzhen.
29 November 2002	ACA Chairman attending the World AIDS Day at Helena May Event : Stigma and discrimination : live and let live organized by the St. John Cathedral HIV Resource Centre.
1 December 2002	ACA Chairman attending the Variety Show on Sexual Health and AIDS Prevention organized by the HK Federation of Women's Centres.
2 December 2002	ACA Chairman attending the 40 <sup>th</sup> Anniversary of the HK Paediatric Society.
6 December 2002	The 10 <sup>th</sup> APCC Meeting at RRC.
10 December 2002	The 26 <sup>th</sup> SCA Meeting at Wu Chung House.
28 December 2002	Appointment of CPA Members for the 5 <sup>th</sup> term of ACA.
10 January 2003	The 42 <sup>nd</sup> ACA Meeting at Wu Chung House.
25 February 2003	The 9 <sup>th</sup> CPA Meeting at RRC.
12 March 2003	The 27 <sup>th</sup> SCA Meeting at Wu Chung House.
14 March 2003	The 11 <sup>th</sup> APCC Meeting at Dominion Centre.
2 May 2003	Appointment of the Special Advisors for SCA and APCC
29 May 2003	The 10 <sup>th</sup> CPA Meeting at RRC.

13 June 2003	The 12 <sup>th</sup> APCC Meeting at Dominion Centre.
24 June 2003	The 28 <sup>th</sup> SCA Meeting at Wu Chung House.
11 July 2003	The 43 <sup>rd</sup> ACA Meeting at Wu Chung House.
15 July 2003	Resignation of Prof. Lee Wing-ho, Peter from ACA.

## 8. A Gallery



The Third Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was held in Shenzhen from 7 to 9 November 2002.



Dr Homer TSO, JP, was one of the speakers at the workshop.



Prof LAU Yu-lung, Chairman of the SCA discussed with the participants at the workshop.



Dr Homer TSO, JP, spoke up at the workshop.



Mrs Diana WONG, Chairperson of the APCC met Mr CHENG Yi-min, one of the Red Ribbon Centre Fellowship Scheme participant.





Rev CHU Yiu-ming addressed at the 'Youth Action on AIDS' Exhibition cum Award Presentation Ceremony at RRC. (Rev CHU is a member of the ACA and the Chairman of the Red Ribbon Centre Management Advisory Committee)



Dr Homer TSO, JP, Chairman of the ACA posed for a picture at the 'Youth Action on AIDS' Exhibition cum Award Presentation Ceremony at RRC.

# Appendix A : ACA Membership List

## Hong Kong Advisory Council on AIDS (Fifth-Term : August 2002-July 2005)

### Chairman:

Dr TSO Wei-kwok, Homer, JP

### Vice-Chairman:

*Department of Health :*

Dr CHAN FUNG Fu-chun, Margaret, JP

### Members:

Ms CHAN Yu

Prof CHEN Char-nie, JP

Rev CHU Yiu-ming

Dr FAN Yun-sun, Susan

Ms FANG Meng-seng, Christine

Prof HO Suk-ching, Sara

Prof LAM Tai-hing

Prof LAU Yu-lung

Prof LEE Wing-ho, Peter, JP  
(resigned in July 2003)

Dr LI Chung-ki, Patrick, BBS

Prof MAK Ping-see, Diana

Dr TAN Richard

Mrs WONG IP Wai-ying, Diana

Prof WONG Lung-tak, Patrick, JP

*Education and Manpower  
Bureau :*

Dr CHAN Ka-ki

*Health, Welfare & Food Bureau :*

Mr YIU Kei-chung, Thomas, JP

*Hospital Authority :*

Dr LAI Fook-ming, Lawrence, JP

*Social Welfare Department :*

Ms CHAN Chiu-ling, Ophelia

**Secretary:**

*Department of Health :*

Dr LEE Shui-shan

**Council Secretariat :**

*Department of Health :*

Mr YIP Lau-sun, John  
(up to February 2003)

Mr WONG Man-kong  
(from February 2003)

Ms WONG Yim-ping

Ms TANG Yuk-lan



# Appendix B : APCC Membership List

## AIDS Prevention and Care Committee (APCC)

### Chairperson:

Mrs WONG IP Wai-ying, Diana

### Members:

Ms CHAN Lai-hing, Alice

Ms CHAN Yu

Ms CHING Tsui-wan, Atty

Dr FAN Yun-sun, Susan

Ms FUNG Elijah

Mr KAM Hing-fat, William

Mr KO Chun-wa

Mr KWOK Chung-kai, Peter

Dr KWONG Kwok-wai, Heston

Dr LAI Fook-ming, Lawrence, JP

Prof LAM Tai-hing

Mrs LEUNG WONG Sau-mei, Alice

Mr LOUEY Chi-ming, Paul

Prof MAK Ping-see, Diana

Dr TAN Richard

Ms YAU Yuk-lan, Janet

### Secretaries:

#### *Department of Health :*

Dr WAN Wai-yee

Mr YIP Lau-sun, John  
(up to February 2003)

Mr WONG Man-kong  
(from February 2003)

### Special Advisor :

Dr Tim BROWN

## Appendix C : CPA Membership List

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

#### Chairman:

Prof CHEN Char-nie, JP

#### Members:

Ms CHAN Chiu-ling, Ophelia

Dr CHAN Kam-tim, Michael

Ms CHAN Sui-ching, Iris

Mr CHAN Wing-kai

Ms CHENG Yuen-yee, Irene

Rev CHU Yiu-ming

Ms CHUNG Wai-yee, Rita

Prof HO Suk-ching, Sara

Mr KWOK Lap-shu

Dr KWONG Kwok-wai, Heston

Dr LAM Ping-yan, JP

Mr MAK Hoi-wah

Mr PANG Hung-cheong

Ms SUEN Shuk-yin, Christina

Dr TAN Richard

Mr WON Mau-cheong

Dr WONG Tin-yau

Ms WU Hung-yuk, Anna, JP

Mr YIM Kwok-keung

#### Secretaries:

##### *Department of Health :*

Dr LOW Hon-kei, Kelvin  
(up to July 2003)

Dr LEE Chi-kei, Krystal  
(from July 2003)

Mr YIP Lau-sun, John  
(up to February 2003)

Mr WONG Man-kong  
(from February 2003)

## **Appendix D : SCA Membership List**

### **Scientific Committee on AIDS (SCA)**

#### **Chairman:**

Prof LAU Yu-lung

#### **Members:**

Dr CHAN Kin-keung, Eugene

Prof CHEN Char-nie, JP

Dr JONES Brian

Dr LAI Sik-to, Thomas

Prof LAM Tai-hing

Prof LAU Ming-chu, Edith

Prof LEE Shiu-hung, ISO, JP

Dr LI Chung-ki, Patrick, BBS

Dr LIM Wei-ling, JP

Dr LIN Che-kit

Dr LO Kuen-kong

Prof NG Mun-lun

Prof SZETO Wing-hong

Dr the Hon LO Wing-lok, JP

Dr WONG Ka-hing

#### **Secretaries:**

Dr CHAN Kam-tim, Michael

Mr YIP Lau-sun, John  
(up to February 2003)

Mr WONG Man-kong  
(from February 2003)

#### **Special Advisor:**

Ms SHEN Jie

# Appendix E : Lists of ACA Meeting Agenda

## **Agenda for the 41st Meeting of the Advisory Council on AIDS 27 September 2002**

Date: 27 September 2002 (Friday)

Time: 2:30 p.m.

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wanchai , Hong Kong

1. Confirmation of Minutes of the 40<sup>th</sup> meeting
2. Matters arising
3. Proposed operative mechanism of the new term (5<sup>th</sup> Term) of office  
(ACA Discussion Paper D-01/02-05)
4. Nomination and appointment of chairman of committees
5. An update on the epidemiology of HIV infection in Hong Kong  
(ACA Information Paper I-01/02-05)
6. A.O.B.
7. Date of next meeting

Information paper (for new members only): HIV/AIDS : China's Titanic Peril – 2001  
Update of the AIDS Situation and Needs Assessment Report by UN Theme Group on  
HIV/AIDS in China, June 2002.

**Agenda for  
the 42nd Meeting of the ACA Meeting  
10 January 2003 (Friday)**

Date: 10 January 2003 (Friday)

Time: 2:30 p.m.

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wanchai , Hong Kong

1. Record of the 41st Meeting
  - (a) Minutes of the 41st Meeting
  - (b) Summary Report of the 41st Meeting
  
2. Special advisors for Committees of the Hong Kong Advisory Council on AIDS  
(ACA Discussion Paper D-02/02-05)
  
3. AIDS Epidemic Update – UNAIDS/WHO update report December 2002  
(ACA Information Paper I-02/02-05)
  
4. Interfacing Mainland China – the role of the Red Ribbon Centre as an UNAIDS  
Collaborating Centre for Technical Support  
(ACA Information Paper I-03/02-05)
  
5. Construction of Core Indicators for Monitoring the United Nations Declaration of  
Commitment on HIV/AIDS – an exercise for Hong Kong?  
(ACA Discussion Paper D-03/02-05)
  
6. A.O.B.
  
7. Date of next meeting

**Agenda for the**  
**43<sup>rd</sup> Meeting of the Advisory Council on AIDS**  
**11 July 2003 (Friday)**

Date: 11 July 2003 (Friday)

Time: 2:30 p.m.

Venue: Conference Room, Department of Health, 21/F, Wu Chung House,  
213 Queen's Road East, Wanchai, Hong Kong

Agenda

1. Confirmation of Minutes of the 42<sup>nd</sup> Meeting
  
2. Matters Arising
  
3. Report of the Expert Panel on HIV Infection in Health Care Workers 1994-2003  
(ACA Discussion Paper D-04/02-05)
  
4. The Use of Unsafe Clotting Factor Concentrates before 1985
  - (a) Allegations of the New York Times against *Cutter Biological* on the Distribution of Unsafe Non Heat-treated *Clotting Factor Concentrated* in Asian Counties  
(ACA Discussion Paper D-05/02-05)
  
  - (b) Haemophilia and HIV infection  
(ACA Information Paper I-04/02-05)
  
  - (c) Two Paths of Bayer Drug in 80's: riskier type went overseas – New York Times 22 May 2003  
(ACA Information Paper I-05/02-05)
  
  - (d) Report of the Study Group on HIV Infection of Haemophiliacs through Blood Products in Hong Kong – May 1993  
(ACA Information Paper I-06/02-05)
  
  - (e) A letter dated 11.6.2003 from Lieff, Cabraser, Heimann & Bernstein, LLP informing the victims concerned of the litigation  
(ACA Information Paper I-07/02-05)
  
5. Report on the Implementation of the Universal Antenatal HIV Testing Programme in the Public Service  
(ACA Discussion Paper D-06/02-05)
  
6. Any Other Business
  
7. Date of next meeting

### **ACA Secretariat**

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