

Hong Kong Advisory Council on AIDS



Report
August 2003 to July 2004

Preface

The beginning of the Easter Holidays also marks the end of my thirteen plus years' career with the Department of Health. While the output of the Secretariat may still not live up to expectations of many, it's grateful to witness the Council evolve over the years. The three strategy documents and loads of guidelines, statements, and recommendations reflect the tremendous efforts of the Council, while I am proud of being able to serve as its secretary.

What're the most memorable events between the last fourteen winters (and summers of course)? Everytime I tried to revisit the many incidents, my mental picture is that of a mosaic with faces of wonderful people whom I have the privilege of having worked with. So there's no single incident that deserves more attention than the others. But there are many people I wish to thank. They have made my life as a secretary not only easier, but more interesting. I thank chairmen Dr Conrad Lam and Dr Homer Tso for their leadership, and their vision of what an AIDS program should be. Dr Paul Saw, former Deputy Director of Health has introduced me to public health. I thank Dr P Y Lam for his unfailing support on the past 10 years, from physically setting up our exhibition booth in Yokohama to his guidance as Director of Health in ensuring that things do happen if we try hard enough. I also thank Rev Chu Yiu Ming for the many ideas that he'd shared with the Council and in bridging the Government and I am reminded of some charismatic people from aboard who inspired our work with the Council. Professor James Chin helped us with assessing Hong Kong's HIV situation between 1994 and 2000. His no-nonsense approach and critical attitude were truly phenomenal. I understand that not everyone agrees with his conclusion, but we're all impressed by his perseverance and humour. His ex-colleague Jonathan Mann came to our assistance in 1993 to talk with politician and the community, at a time when we're fighting a lonely battle of misconception about HIV/AIDS. Tragically, he died in an air crash in 1998. Nick Prescott, Tim Brown, Clement Chan Kam and John Bartlett laid the foundation of the Council's new strategies by reviewing our work and making recommendations on the way ahead, back in 1998. Sadly, Nick Prescott passed away couple of years later from a major illness.

A secretary is non-function if he is not part of the Secretariat. People who'd visited us were amazed that our Secretariat was in fact virtual, meaning that there are no staff officially assigned to the service! We learn to wear different hats at different times, and the staff team of today's SPP plays: host to the Secretariat, the Clinical Service, VCT Clinics, Red Ribbon Centre and the Surveillance office. I am indebted to my medical, nursing, administrative & clerical colleagues, and staff responsible for making coffees and keeping our three premises clean and tidy. I feel proud of being associated with this small but highly productive team.

Nick Prescott once told me that he learned by osmosis, the process of imbibing ideas naturally from people around. Osmosis will help the Council develop the best strategies appropriate to the Hong Kong setting.

SS Lee
Secretary
Hong Kong Advisory Council on AIDS
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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 80% of all reported HIV cases in Hong Kong as at 30 June 2004. 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 2004, 2384 HIV infections were reported to this system. Among them, 689 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 4.1 : 1 in June 2004. 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 (69.5%) 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-2004.

Although the number of HIV infections related to injection drug use remains low at 74 cases (or 3.1%) so far, 34 of them (45.9%) 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 1949 samples collected from the methadone clinics in 2003, 5 were tested HIV, equivalent to 0.257%. The seroprevalence rates of patients attending tuberculosis treatment clinics and inmates newly admitted into correctional institutes were 0.18% and 0.33% respectively.

Seroprevalence in selected populations

The positive HIV antibody detection rate was 0.003% from all the blood donations in 2003 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.080% in 2003, a small increase from the previous year (0.077% in 2002).

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.

The numbers of tests and the results in the subsequent two years areas follows :

	No	HIV+	%	Opt-Out (%)
2002	41932	8	0.02	2.8
2003	36366	6	0.02	3.1

Figure 1: Annual Reported HIV/AIDS
 1984 - 2003, Hong Kong, (N=2244/669)

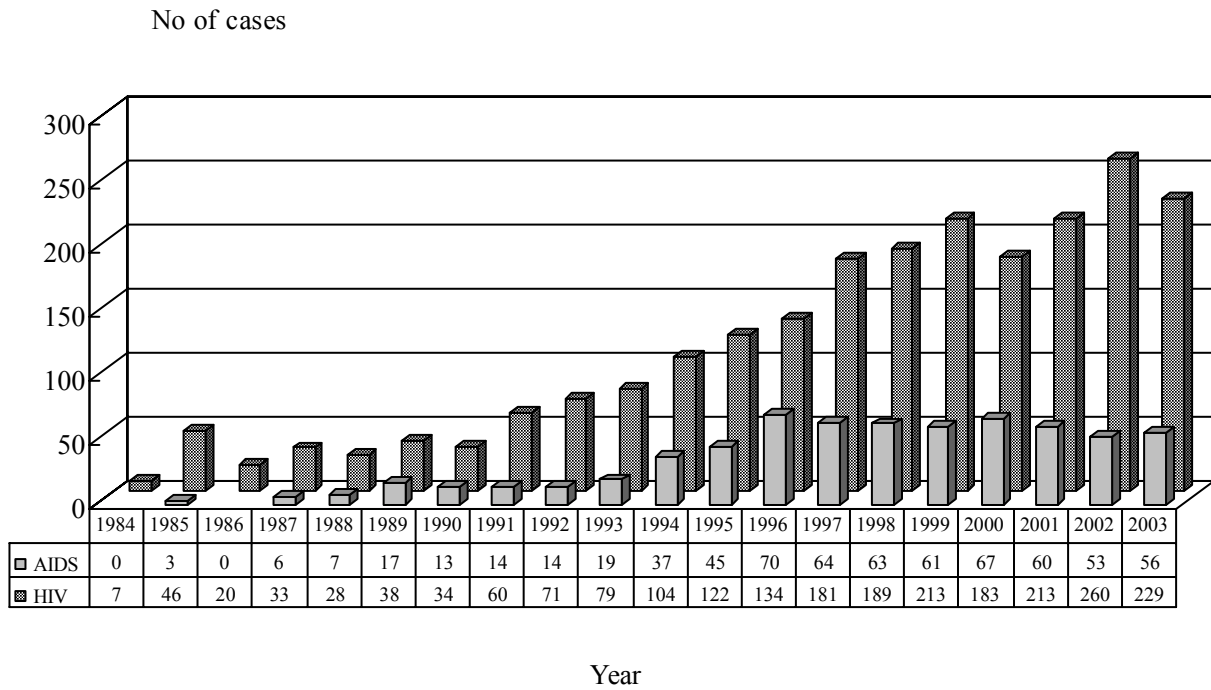


Figure 2: Ethnicity of reported HIV infection
 1984 - 2003, Hong Kong, (N=2244)

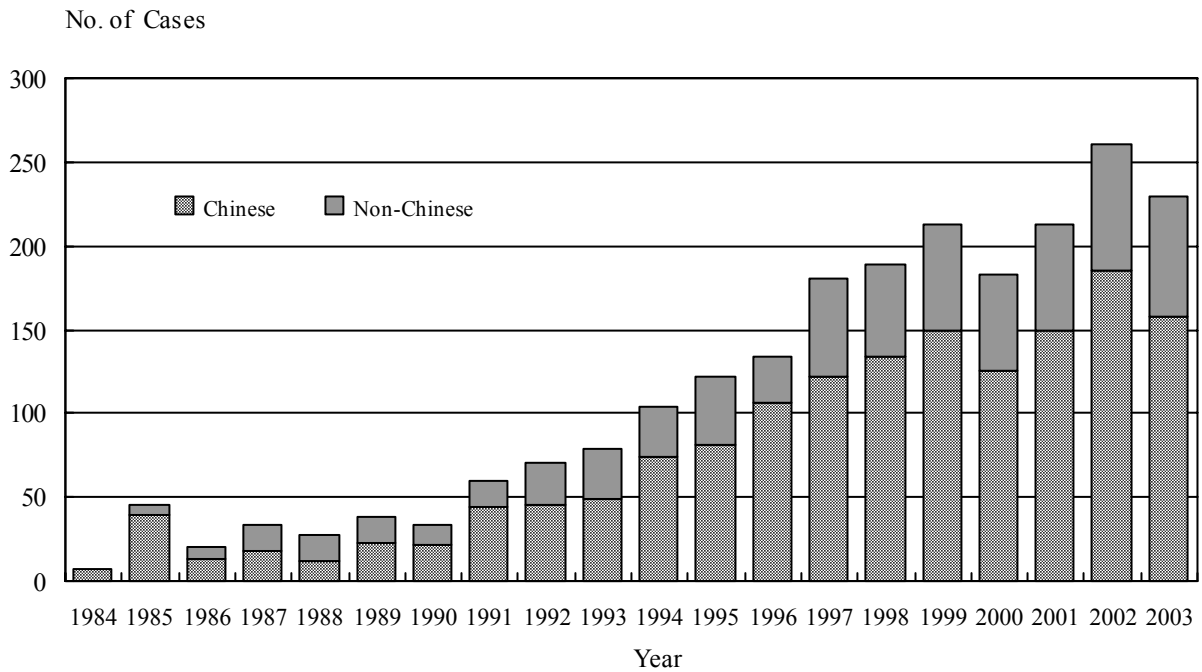


Figure 3: Routes of transmission of HIV infection
1984 - 2003, Hong Kong, (N=2244)

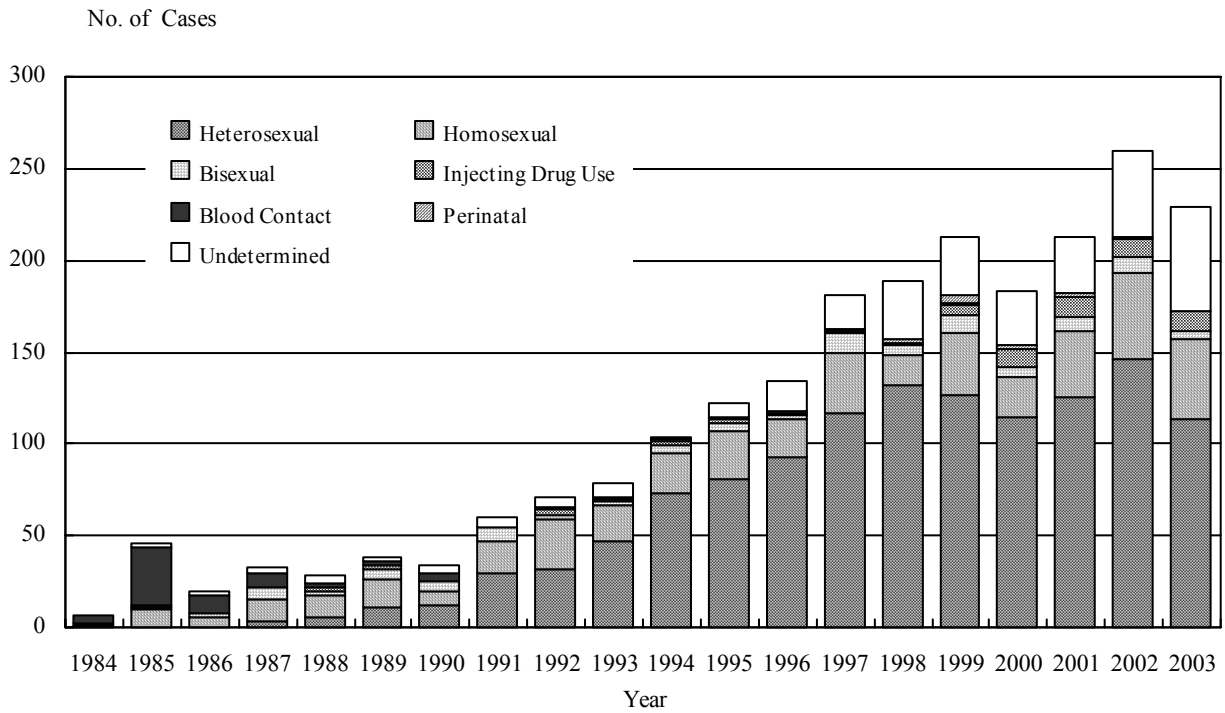


Figure 4: Sources of referral of HIV infection
1984 - 2003, Hong Kong, (N=2244)

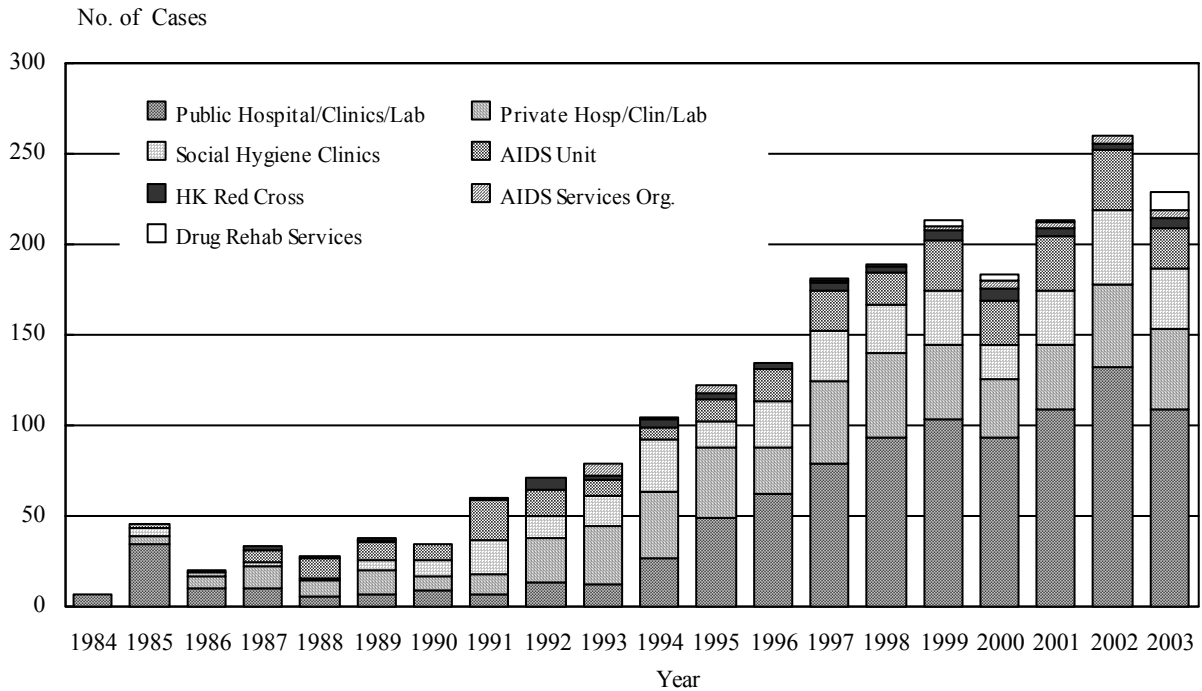


Figure 5: Primary AIDS-defining Conditions
Hong Kong 1985 - 2003, (N=669)

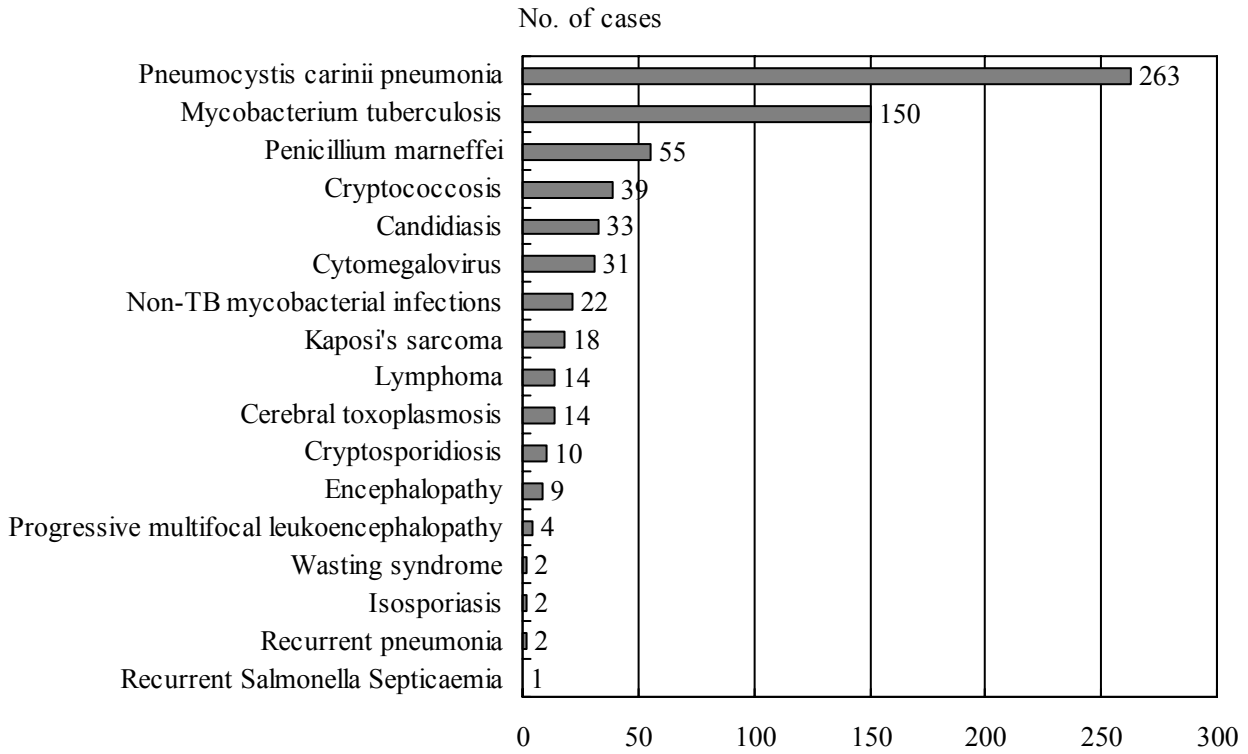
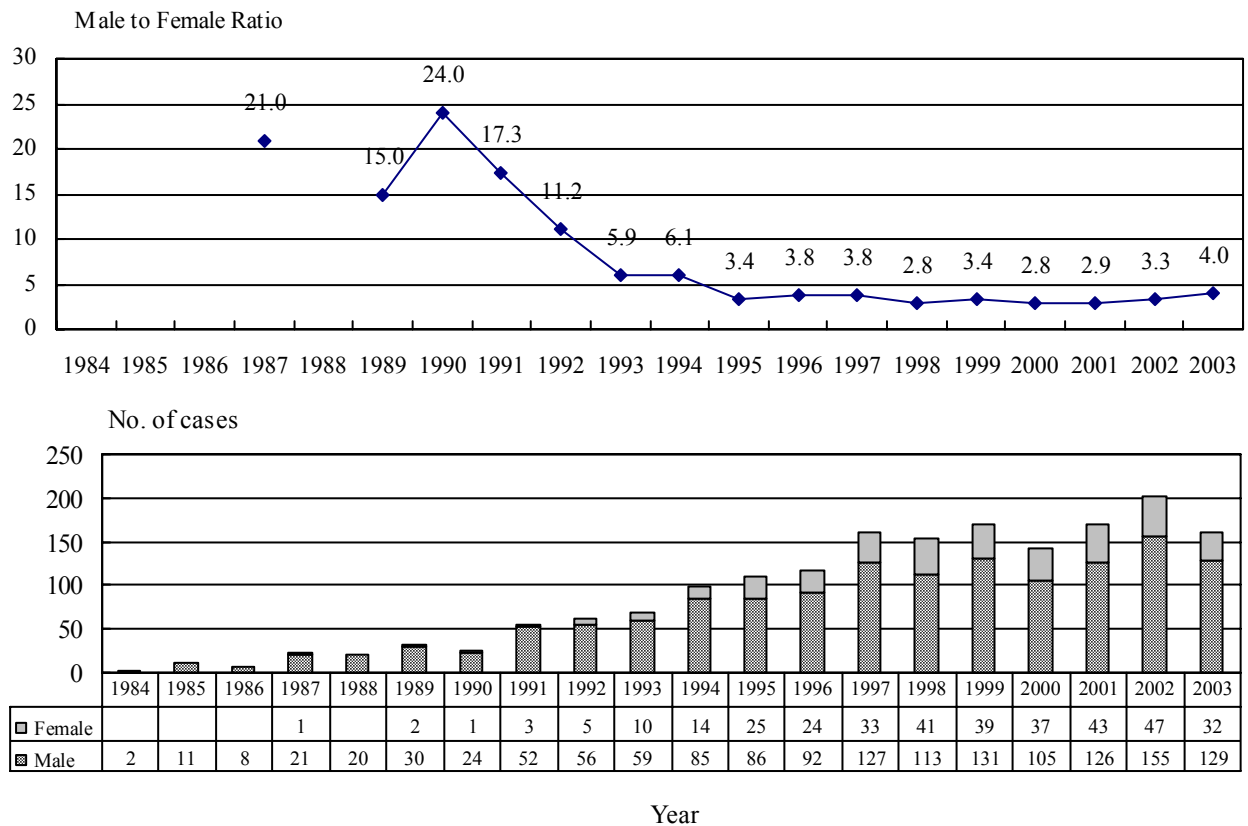


Figure 6: Reported HIV Infection through Sexual Transmission*
by Sex (1984 - 2003, N=1789) Hong Kong



* 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.(Note 1)

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.(Note 2)

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.

Note 1 : The Hong Kong AIDS Foundation has been receiving funding from the AIDS Trust Fund for implementation of projects on HIV prevention and care and support in Hong Kong with youths, the general public, vulnerable groups such as MSM, cross-border travelers, drug users and sex workers and their clients and people living with HIV/AIDS as targets.

Note 2 : Up to July 2004, 548 projects were approved with a total fund amounting to HK\$239.504M.

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 second year of its fifth term (1 August 2003 to 31 July 2004). 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 four ACA meetings were held during the reporting period as follows :

1. (44th meeting) 17 October 2003
2. (45th meeting) 9 January 2004
3. (46th meeting) 2 April 2004
4. (47th meeting) 30 July 2004

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***.

Summary

The ACA examined and reviewed the following issues and papers in the period covered by this report :

Treatment and Care of HIV-infected Haemophilia Patients in Hong Kong

Members noted with concern the treatment and care provided for patients suffered from both haemophilia and HIV infection and expressed sympathy for their sufferings. With the advent of HAART since

1995/96, a decline in deaths and new AIDS was witnessed locally. The improved HIV/AIDS survival also brought increased challenges to HIV-infected haemophilia patients. The ACA would continue to keep in view of the development of the matter and explore other alternatives to assist them. A collection of stories depicting the life of some haemophiliacs with HIV infection was also brought to the attention of members.

Planning the Core Indicators Set for Monitoring Hong Kong's AIDS Programme

Members were supportive to the proposal to produce Hong Kong's own core indicators for monitoring Hong Kong's AIDS programme. The collection of the data would be based on the following three principles :

- (i) to use existing data;
- (ii) to modify UNAIDS indicators as appropriate; and
- (iii) to use same methodology for data collection for allowing longitudinal comparison.

The first set of the data would be available at the end of the first quarter next year.

Development Plan for the Expert Panel on HIV Infection of Health Care Workers for 2004 to 2006

As a follow-up to an earlier discussion about the future mode of operation of the Expert Panel, members unanimously agreed to the proposals for (i) the appointment of a new Panel with a chairman and 4 to 5 members for a 3-year tenure from January 2004 to December 2006; (ii) the establishment of a new set of protocol to enhance the effectiveness of the work of evaluating the referred cases; and (iii) the reprinting of the guidelines to incorporate the modus operandi of the Panel.

An Update on the HIV Situation in Hong Kong with Focus on Areas of Concern

Members were told that in the first three-quarters of the year 2003, 157 HIV infections and 37 AIDS cases had been reported compared to 260 and 53 respectively recorded in the previous year. While the outbreak of the SARS explained the dip in the first half of 2003, it appeared that an upsurge would be likely for the final quarter of the year. Members also learned that there were three areas of concern :

- (i) while the population seroprevalence remained low at <0.1%, the possible increase in the number of reports would be a matter of concern;
- (ii) sexual transmission remained an important risk of HIV infection in Hong Kong. The recent disturbing trend of new HIV reports especially in Chinese MSMs and elderly men would need to be addressed; and
- (iii) although the absolute number of HIV infected drug users remained small, their engagement in risk taking behaviours through sex or the drug use might pose a threat to the community

A Review of Progress of Targets Established in the Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006

Members were given to know the findings of the review. It was reassuring that most of the targets listed had been met partially or in full. There were only two targets falling behind with the schedules. Members agreed to make an effort to put the second community planning process in place and to explore means to incorporate HIV in public health and clinical training in Hong Kong.

Introduction of the Methadone Clinic Universal Urine Testing for HIV Antibody Programme

On the subject of methadone clinic universal HIV urine testing programme (MUT), members were conveyed the results of a pilot programme run from July to September 2003 in three methadone clinics at Sham Shui Po, Homantin and Aberdeen. All (2456) attendees were offered the test and 74% (1817) had the tests performed. Nine cases were tested positive with a seroprevalence rate of 0.50%, a slightly above the range of seroprevalence as predicted in previous rounds of unlinked anonymous screening (UAS). A full MUT programme rolling out on 1 January 2004 in all methadone clinics in the territory followed the initiative. Members were given to understand that the MUT would not be the solution to the gap of surveillance in hard-to-reach populations and the coverage of only 70% would be another matter of concern. Members were also alerted that the future population risk to HIV in Hong Kong would be affected by the increasing human mobility between Hong Kong and the Mainland. An "infection rate gradient" between cities in the Pearl River Delta Region with the lowest in Hong Kong, higher in Shenzhen and the highest near the boundary between Guangdong and Guangxi supplied traces of clues.

World AIDS Day 2003

A short account of the World AIDS Day and the projects and activities organized in Hong Kong to commemorate the World AIDS Day on 1 December 2003 was given to members, who were also presented the features of the joint project, a collaboration between Hong Kong and the Mainland, to mark the World AIDS Day 2003. The project included the production of a short educational film, a theme song and a concert cum preview of the educational film at the Capital Stadium in Beijing on 27.11.2003.

Establishment of the Centre for Health Protection by the Department of Health

The newly appointed Controller of the Centre for Health Protection (CHP), Dr LEUNG Pak-yin briefed members on the organizational structure and implementation milestones of the CHP. He highlighted that CHP's activities would be organized into six functional branches. An integrated approach to controlling health hazards would be the cornerstone of health protection. Apart from the vertical organization, a programme-based approach would be necessary for a comprehensive health protection system. Scientific committees would underpin the CHP responsible for giving scientific based advice to the CHP to develop strategies for the effective control of communicable diseases. Members also gave their views on future relationship between the ACA including its committees and the CHP. The CHP was formed in June 2004.

Revisiting the Community Planning Process

Members studied the background, principles and practices of community planning, a term used by the Centers for Disease Control and Prevention (CDC) to describe a systematic mechanism for prioritizing population and prevention needs through the involvement of all stakeholders. They also noted that the first cycle of community planning was undertaken by the HKCASO. With the funding support from the AIDS Trust Fund, a small team of staff was set up. A Community Planning Committee was also formed to lead the process. The preparations for the Community Planning Process (CPP) took place in 1999 and the process was implemented in five different phases from April 2000 to August 2001. On account of changes in HIV epidemiology, societal forces affecting vulnerability and behavioural risk and the alteration of the community's response, it seemed that the re-prioritization was inevitable. Members generally agreed that a new round of CPP would be required to put in place effective HIV prevention and care work.

Annual Report of the Hong Kong Advisory Council on AIDS (Aug 2002 – July 2003)

Members noted the draft annual report depicting the activities of the ACA in the first year of its fifth term of office from August 2002 to July 2003. They agreed that the report would be printed as a public record.

A Report on Hong Kong's Participation in the XV International AIDS Conference

Over 30 Hong Kong participants from various organizations took part in the conference. The types of activities in the Conference included scientific presentations, skill-building workshop, exhibition booths, satellite meeting and off-site events. The 2004 AIDS Film Festival was also one of the highlights of the Conference. The XVI International AIDS Conference would be held in Toronto, Canada in July 2006.

Construction of the First Set of Core Indicators for Monitoring Hong Kong's AIDS Programme

The ACA first deliberated the issue at its 42nd meeting and resolved to construct a set of core indicators (CI) to monitor Hong Kong's AIDS programme. It was noted that the CI were compiled by using existing data and modifying UNAIDS indicators as appropriate. The data used in the first set of CI were collected on a yearly basis covering the year 2003. By regularizing the exercise, longitudinal information could be obtained to allow monitoring and evaluation of the AIDS programme in Hong Kong.

Members noted that the paper set out systematically the data collected with a short analysis on the following 5 areas of concerns :

- i) HIV/AIDS in the workplace
- ii) Knowledge and sexual behaviour among youth
- iii) People with sexual risk behaviours and drug injection
- iv) Mother to child transmission of HIV
- v) HIV treatment for infected people

Study on the Needs of HIV Infected Haemophiliacs in Hong Kong: An Administrative Report on the Assessment of Stresses and Coping Strategies in People Living with Haemophilia and HIV Infection in Hong Kong

Members noted the administrative report, which depicted the activities of the study including setting out the aims of the study, selecting data collection methods and listing out constraints and problems. From the Results Report, they found that these patients would normally encounter isolation from the society, problem of mobility and multiple physical and psychological problems.

Members also had a preliminary discussion about how ACA could assist these patients. Most of the members thought that the ACA should take on a coordinating role to ensure that their individual needs would be met.

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.

The ACA resolved at its 44th meeting held on 17 October 2003 to initiate a study to assess the needs of HIV infected haemophilia patients in Hong Kong. The study was undertaken by professional staff of the Special Preventive Programme on behalf of the ACA secretariat with support by a panel of advisors. The study was progressing well and a preliminary report was presented to the ACA at its 47th meeting.

National and International Networking

A Training Workshop on Methadone Treatment for HIV Prevention was held in Hong Kong from 22 to 24 October 2003.

A meeting with Guangzhou CDC on scientific collaboration between HK/Guangdong on Pearl River Delta Region HIV Surveillance was held on 6 November 2003.

A collaborative project on HIV/AIDS – launching of World AIDS Day Publicity Project “Love under the Sun” in Beijing from 26 to 28 November 2003.

A Scientific Meeting of Universal Antenatal HIV Testing Programme in Hong Kong was held on 4 January 2004. Dr SHEN Jie, the special advisor of the Scientific Committee on AIDS, was one of the guest speaker.

A visit of Professionals and Policy maker from Guizhou Provincial Health Bureau to Hong Kong was held from 26 to 30 April 2004.

A visit of AIDS Workers and government officials from Jiangmen was held from 8 to 9 June 2004.

The XV International AIDS Conference was held from 11 to 16 July 2004 at Bangkok.

A Beijing – Hong Kong Public Health Forum on the prevention and control of HIV/AIDS was held from 19 to 20 July 2004 in Beijing.

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, 127 issues were published until July 2004.

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>.

Honours in 2004

Congratulations to Dr Homer Tso, JP, the Chairman of the Hong Kong Advisory Council on AIDS on his award of the Bronze Bauhinia Star for his efforts on AIDS prevention, care and control in Hong Kong.

The following members of the Council and Committees have also been accorded awards of the Bronze Bauhinia Star in this year’s Honours List :

- Dr LIM Wei-ling, Wilina
- Prof SZETO Wing-hong
- Miss CHAN Chiu-ling, Ophelia

Congratulations are also extended to Miss FANG Meng-sang, Christine and Dr LEE Shui-shan on their appointments as Justices of the Peace with effect from 1 July 2004.

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 four times during the reporting period as follows :

1. (13rd meeting) 19 September 2003
2. (14th meeting) 3 December 2003
3. (15th meeting) 19 March 2004
4. (16th meeting) 18 June 2004

Summary

The APCC examined and reviewed the following issues and papers in the period covered by this report :

Experience Sharing Session

As a continuation of the session, representatives from NGOs were invited to the

meeting to introduce to members HIV/AIDS prevention and care activities undertaken by their organizations. By exchanging views and personal experiences, representatives as well as members would benefit from the experience sharing session.

The Manager of the Community Health Organization for Intervention, Care and Empowerment (CHOICE) introduced to members the background information, the mission and current projects undertaken by CHOICE. One of the project was to conduct HIV seroprevalence surveillance of female sex workers and their clients in brothels, karaoke and internet bars in Hong Kong.

The Programme Manager and the Administration Manager of the Prospect Theatre briefed members on the project : 'AIDS, have a new look!-Creative Theatresports Scheme'. With funds coming from the AIDS Trust Fund, selected secondary students were taught drama and improvisational skills to foster their creativity and team spirit and AIDS knowledge to remove stigma and discrimination against people living with HIV/AIDS.

Support Fund for HIV/AIDS Patients and Their Families

Members examined the 'Support Fund' set up and administered by the Social Welfare Department. With money provided by the AIDS Trust Fund, the Support Fund aimed to provide temporary financial assistance to HIV/AIDS patients and their families in Hong Kong. Members appreciated the additional avenue for helping HIV/AIDS patients and their families.

Review of World AIDS Campaign 2003 Activities Organized by NGOs in Hong Kong

Members reviewed a compilation of activities organized by AIDS NGOs to

commemorate the World AIDS Day 2003 and suggested organizing out-of-the-box activities to boost World AIDS Campaign 2004 under the theme of Women, Girls, HIV and AIDS.

Viewing of the Educational Film Promoting the World AIDS Day 2003 – Love under the Sun

Members noted that the educational film 'Love Under The Sun' was jointly produced by the Ministry of Health, the Radio Television of Hong Kong and the Department of Health. The film was aiming at promoting the awareness of HIV/AIDS and the acceptance of people living with HIV/AIDS. Members viewed the film after the meeting.

The Tong Xing Community Participation Project

Members examined the Tong Xing community participation project organized by the Red Ribbon Centre. The aim of the project was to encourage community participation in HIV prevention and care activities. The term 'Tong Xing' (同行), literally means 'Walking Together' or partnership, was the title of the theme song created for the World AIDS Day 2003 publicity campaign. The project would run from April to December 2004. Members made valuable suggestions about the implementation of the project.

Introduction of Elderly Health Services

Members noted the services provided by the 18 Elderly Health Centres and the Visiting Health Teams of the Elderly Health Services of the Department of Health. They were also presented the results of a knowledge, attitude and behaviour study on 'Sex Among Chinese Elderly Male in Hong Kong'. The fact that some elders engaging in risk behaviour in sex was a cause for concern for members.

HIV Infection and Its Prevention in Elderly People in Hong Kong

Members noted the paper that elderly HIV infection had continued to account for a small but significant proportion of all reported cases. They also examined the proposed strategies for strengthening activities and programmes on HIV prevention in elderly people.

Hong Kong's Participation in the XV International AIDS Conference

Members were provided updated information about participating NGO's activities in the XV International AIDS Conference held from 11 to 16 July 2004 at Bangkok, Thailand.

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 four times during the reporting period as follows :

1. 11th meeting – 4 September 2003
2. 12th meeting – 27 November 2003
3. 13th meeting – 18 March 2004
4. 14th meeting – 19 July 2004

Summary

The CPA examined and reviewed the following issues and paper in the period covered by this report :

Improving HIV Prevention Among HIV Infected Persons – Does a Risk of HIV Transmission Justify a Break in Patient Confidentiality

Member looked at the controversial issue of patient confidentiality in relation to prevention of HIV transmission. They examined relevant laws and regulations in Hong Kong as well as other countries. After discussion, members were inclined to accept the voluntary partner notification system as the most desirable system for Hong Kong.

Rehabilitation and People Living with HIV/AIDS

Given the advent of new treatment and medication, AIDS patients could survive longer and be regarded as patients with chronic diseases. Members reviewed the Government agencies responsible for rehabilitation and the existing services available for people with disabilities. After discussion, members agreed to set up a working group to look at the issue further.

Ethical Guidelines Regarding the Use of Assisted Reproduction in HIV Infected Individuals

Members reexamined the issue and discussed the four ethical guidelines for using assisted reproduction in HIV infected individuals. It was agreed that the guidelines should take reference from the Code of Practice of the Council on Human Reproductive Technology.

Ethical Principles on Partner Counselling and Referral Services of HIV Infection in Hong Kong

Members learned of the objectives of Partner Counselling and Referral Services (PCRS) and that there were three methods of PCRS. To promote PCRS in local health care settings, it was agreed to produce a set of guidelines on PCRS for health care workers first.

Report on the Progress of the AIDS Support and Services Working Group

A working group was set up to look at the inadequacy of services to AIDS patients. Members endorsed the first progress report of the working group.

A Review of Progress of Implementing the Strategies Adopted by the CPA

Members were presented the findings of the review and they were given to know that the CPA was all along working towards the fulfillment of its strategies in line with the terms of reference. They also noted the three recommendations as the suggested way forward for the CPA.

Recommended Ethical Principles on Partner Counselling and Referral for HIV Infected Individuals in Hong Kong

Members discussed the three recommended principles for health professionals when conducting PCRS for HIV infected persons. It was agreed that there was a need to include the fourth principle to require health institutions to develop their own protocols for conducting PCRS for their frontline staff.

Recommended Ethical Guidelines Regarding the Use of Assisted Reproduction in HIV Infected Individuals – A Summary of Feedback from Consulted Bodies and Organizations

Members noted that six professional bodies and organizations had responded favourably to the recommended ethical guidelines regarding the use of assisted reproduction in HIV infected individuals. Members agreed to upload the recommended guidelines for public viewing.

A Reappraisal of the Recommended Ethical Principles on Partner Counselling and Referral for HIV Infected Individuals in Hong Kong

Members reappraised the updated version of the recommended ethical principles on PCRS. While agreeing to the premises of these principles, members struggled with appropriate wording of the four recommended ethical principles. They were asked to forward their comments to the secretariat for compiling the final set of ethical principles.

Review on Social and Support Services to People with HIV/AIDS in Hong Kong

The working group submitted its draft final report which had examined the current level of provision of services in various areas. Members also noted that there were five deficient areas where improvements would be needed. A full working group report would be made available for CPA's endorsement.

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

four times during the reporting period as follows :-

1. (29th meeting) 30 September 2003
2. (30th meeting) 16 December 2003
3. (31st meeting) 30 March 2004
4. (32nd meeting) 29 June 2004

Summary

The SCA examined and review the following issues and papers in the period covered by this report :

A Proposed Template and Protocol of Pediatric Management of Infants Born to HIV Infected Mother

Following the ACA's recommendation for setting standards for managing babies exposed to HIV or antiretroviral therapy, SCA members examined the proposed template and protocol for managing babies born to HIV infected mothers. The paper was subsequently sent to the Coordinating Committee (Paediatricians) (COC(P)) of the Hospital Authority for their views on the principles of the protocols. There was a positive feedback and the COC(P) expressed their support for the principles.

A Review of the HIV/AIDS Surveillance System in Hong Kong

Members noted that the surveillance system in Hong Kong comprised voluntary HIV/AIDS reporting, seroprevalence studies, STD surveillance and behavioural surveillance. They were also given to understand the HIV situation in Hong Kong in the year 2001.

An Updated Guideline on ‘Prevention of Transmission of HIV in Health Care Settings’

According to the SCA action plan, the document entitled ‘Prevention of Transmission of HIV in Health Care Settings – Guidelines and Practices’, which was first published in 1992 and was edited in 1995, was due for review on account of the advent of new technology. Members examined the updated guideline and agreed that a fresh approach to revise the guidelines by collating all existing local and international guidelines for the protection of health care workers from HIV infection in clinical settings.

An Evaluation of the Pilot Programme on Universal HIV Antibody Urine Testing in Methadone Clinics

Members reviewed the pilot programme on universal HIV antibody urine testing in methadone clinics. The results of the pilot programme, which ran from July to September 2003 in three MCs, indicated a seroprevalence rate of 0.50% (9/1817), a figure slightly above the range of seroprevalence as predicted in previous rounds of unlinked anonymous screening (UAS). In view of the positive results of the pilot programme, the test was extended to all methadone clinics in Hong Kong starting from January 2004. HIV infected drug users in methadone clinics were offered appropriate counseling and treatment.

Recommended Principles on the Application of the HIV Antibody Rapid Test in Hong Kong

Members endorsed the revised guidelines on the ‘Recommended principles on the application of the HIV antibody rapid test in Hong Kong’ and agreed that the AIDS Counselling and Testing Service should carry out a pilot study of using OraQuick HIV-1/2 rapid test.

Recommended Principles of Antiretroviral Therapy in HIV Disease

A consensus statements on antiretroviral therapy was published in 1996 and 1998 by the SCA. In view of the rapid advancement of HIV medicine, members re-examined these principles. It was agreed that the recommended principles should be referred to relevant professional body for their views and comments.

HIV Clinical Care Model in Hong Kong

Members examined the proposed core components of a preferred local HIV clinical model, which attempted to set standards for the local HIV clinical care. Members discussed the core components and their discussions laid the foundations of the HIV clinical care model. It was agreed that their comments should be incorporated into the final version of the care model.

Guidelines on HIV Infection and the Health Care Workers

Members noted the reprint of the Recommended Guidelines on HIV Infection and the Health Care Workers and the appointment of a new Expert Panel on HIV Infection of Health Care Workers for 3 years starting from January 2004.

The Scientific Committee on AIDS in Support of the Centre for Health Protection

Members were consulted by a circulation of paper about the SCA providing service to the Centre for Health Protection (CHP), which was formed on 1 June 2004. Members unanimously agreed to extend the service to the CHP.

Draft Recommendations on Infection Control Practice for the Prevention of HIV in Health Care Settings

Following the discussion about the infection control practice at the 30th meeting held on 16.12.2003, members discussed the fundamentally revised paper, which set out recommendations in the light of international and local infection control guidelines. Members agreed that the updated guidelines should be re-submitted for their endorsement before release for public viewing.

Recommended Framework for the Delivery of HIV Clinical Care in Hong Kong

To follow up the 'HIV Clinical Care Model', members re-examined the recommended framework for the delivery of HIV clinical care in Hong Kong. Members noted the six principles in the delivery of HIV clinical care and the layout of HIV service in Hong Kong. After discussion, it was agreed that a set of recommended indicators for HIV clinical care model should be included.

A Draft Research Agenda on Basic Science of Hong Kong

Members had a preliminary discussion about a range of selected topics for basic research. It was concluded that it would be impracticable to develop a comprehensive list of topics for local research.

The Second Year Report on the Universal Antenatal HIV Testing Programme in Hong Kong

Members examined the second year results and noted that there was a higher coverage rate of the HIV antibody test for pregnant women in public hospitals than in the private sector. No HIV positive newborn

babies were detected. The results of the second year programme were sent to the Private Hospital Association and the Hong Kong Collage of Obstetrician and Gynaecology to stimulate response from major stakeholders in improving the coverage rate in the private sector.

7. A Chronicle of the Second Year Events

<u>Date</u>	<u>Event</u>
11 August 2003	Appointment of ACA Member, Prof CHEUNG Mui-ching, Fanny
21 August 2003	Resignation of Dr. Margaret CHAN, Vice-Chairman of ACA
4 September 2003	The 11 th CPA Meeting at RRC
19 September 2003	The 13 th APCC Meeting at Dominion Centre.
30 September 2003	The 29 th SCA Meeting at Wu Chung House.
17 October 2003	The 44 th ACA Meeting at Wu Chung House.
17 October 2003	ACA & its Committees Welcome Reception at RRC.
18 October 2003	ACA Chairman attended the “Seminar on HIV prevention for the male homosexual population in HK” organized by CUHK.
22-24 October 2003	ACA Chairman attended the Training Workshop on Methadone Treatment for HIV Prevention 22-24 October Hong Kong at Lam Woo International Conference Centre, Hong Kong.
22 November 2003	ACA Chairman attended “Children Can Help-A Project to Concern Children Orphared by AIDS” Organized by HK Committees on Children’s Right.
27 November 2003	The 12 th CPA Meeting at RRC.
27 November 2003	ACA Chairman attended the premiere of the educational film 「愛在陽光下」 ”Love under the Sun” at Beijing organized by the Ministry of Health.
3 December 2003	The 14 th APCC Meeting at RRC.
16 December 2003	The 30 th SCA Meeting at Wu Chung House.
4 January 2004	Scientific Meeting of Universal Antental HIV Testing Programme in Hong Kong at Princess Margaret Hospital.
5 January 2004	SCA Special Meeting with Dr Shen Jie, Advisor of SCA at RRC

9 January 2004	The 45 th ACA Meeting at Wu Chung House.
18 February 2004	ACA Chairman's informal gathering with German TV organized by German Public TV network ARD.
29 February 2004	ACA Chairman attended the Candlelit Ceremony, Cultural Performance 2004 organized by St. John's Cathedral.
11 March 2004	Advisory Panel Meeting – Assessment on Stresses and coping strategies of people living with hamophilia and HIV infection in HK.
18 March 2004	The 13 th CPA Meeting at RRC.
19 March 2004	The 15 th APCC Meeting at Dominion Centre.
19 March 2004	ACA Chairman and Members Visited the Sham Shui Po Methadon Clinic.
24 March 2004	ACA Chairman attended “A Panel Discussion : HIV/AIDS : The Challenge in Asia” organized by Asia Society.
30 March 2004	The 31 st SCA Meeting at Wu Chung House.
2 April 2004	The 46 th ACA Meeting at Wu Chung House.
22 May 2004	ACA Chairman attended the Anti-drugs Forum organized by The International Association of Lions Clubs.
11 June 2004	ACA Chairman attended the UN Symposium in Hong Kong 11 June 2004 organized by The United Nations Country Team in China.
18 June 2004	The 16 th APCC Meeting at Dominion Centre.
29 June 2004	The 32 nd SCA Meeting at Wu Chung House.
1 July 2004	ACA Chairman awarded the Bronze Bauhinia Star.
11 July 2004 to 16 July 2004	ACA Chairman attended the XV International AIDS Conference at Bangkok, Thailand.
19 July 2004	The 14 th CPA Meeting at RRC.
30 July 2004	The 47 th ACA Meeting at Wu Chung House.

8. A Gallery



ACA Welcome Reception at RRC on 17 October 2003



ACA Welcome Reception at RRC on 17 October 2003



APCC & CPA Chairpersons at the Welcome Reception at RRC on 17 October 2003



MTP Training Workshop on October 2003



Dr Shen Jie attended the Scientific Meeting of Universal Antenatal HIV Testing Programme in Hong Kong at the Princess Margaret Hospital on 4 January 2004



Dr Homer TSO, the ACA Chairman, hosted a reception dinner for Dr Shen Jie at the Hong Kong Academy of Medicine on 4 January 2004



Dr Shen Jie attended the SCA Special Meeting at the Red Ribbon Center on 5 January 2004



ACA Chairman attended the 'Tong Xing' Carnival held on 15 May 2004.



ACA Chairman and members visited SSP Methadone Clinic on 19 March 2004



ACA Chairman attended the Anti-drugs Forum on 22 May 2004 organized by The International Association of Lions Clubs



ACA Chairman had a discussion with delegates from Jiangmen on June 2004



ACA Chairman attended the XV International AIDS Conference at Bangkok on 6 July 2004



ACA Meeting at Wu Chung House

Appendix A: ACA Membership List

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

Chairman:

Dr TSO Wei-kwok, Homer, BBS, JP

Vice-Chairman:

Department of Health :

Dr CHAN FUNG Fu-chun, Margaret, JP
(up to August 2003)

Dr LAM Ping-yan, JP
(from August 2003)

Members:

Ms CHAN Yu

Prof CHEN Char-nie, JP

Prof CHEUNG Mui-ching, Fanny
(from August 2003)

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

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
(up to July 2004)

Ms Susie HO, JP
(from July 2004)

Hospital Authority :

Dr LAI Fook-ming, Lawrence, JP

Social Welfare Department :

Ms CHAN Chiu-ling, Ophelia, BBS

Secretary:

Department of Health :

Dr LEE Shui-shan, JP

Council Secretariat:

Department of Health :

Mr WONG Man-kong

Ms WONG Yim-ping

Ms TANG Yuk-lan

Appendix B: APCC Membership List

AIDS Prevention and Care Committee (APCC) (Fifth-Term: August 2002-July 2005)

Chairperson:

Mrs WONG IP Wai-ying, Diana

Members:

Ms CHAN Lai-hing, Alice

Ms CHAN Yu

Mr CHAU Ting-leung, Marco
(from August 2003)

Ms CHING Tsui-wan, Atty

Dr FAN Yun-sun, Susan

Ms FUNG Elijah

Ms HO Pik-yuk, Shara
(from March 2004)

Mr KAM Hing-fat, William

Mr KO Chun-wa

Mr KWOK Chung-kai, Peter
(up to August 2003)

Ms LING Yau-mei, Magdalene
(from August 2003
to November 2003)

Mr CHENG Kei, Freely
(from November 2003)

Dr KWONG Kwok-wai, Heston

Dr LAI Fook-ming, Lawrence, JP

Prof LAM Tai-hing

Mrs LEUNG WONG Sau-mei, Alice
(up to February 2004)

Mrs YUE LIU Mai-ye, Elaine
(from February 2004)

Ms LI Kai-kuen
(from August 2003)

Mr LOUEY Chi-ming, Paul

Prof MAK Ping-see, Diana

Ms SUN Miu, Milk
(from September 2003)

Mr TAM Wai-to
(from September 2003)

Dr TAN Richard

Mr TO Chung-chi
(from August 2003)

Ms YAU Yuk-lan, Janet

Ms YUEN How-sin
(from March 2004)

Secretaries:

Department of Health :

Dr WAN Wai-yee

Mr WONG Man-kong

Special Advisor :

Dr Tim BROWN

Appendix C: CPA Membership List

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

(Fifth-Term: August 2002-July 2005)

Chairman:

Prof CHEN Char-nie, JP

Members:

Ms CHAN Chiu-ling, Ophelia, BBS

Dr CHAN Kam-tim, Michael

Ms CHAN Sui-ching, Iris

Mr CHAN Wing-kai

Ms CHENG Yuen-yee, Irene
(up to May 2004)

Ms CHOI Siu-fong, Esther
(from May 2004)

Ms WU Hung-yuk, Anna, JP
(up to August 2003)

Mr WONG Kin-chow, Michael, GBS, JP
(from August 2003 to November 2003)

Mrs CHU YEUNG Pak-yu, Patricia, BBS
(from December 2003)

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
(up to August 2003)

Dr LEUNG Pak-yin, JP
(from August 2003 to October 2003
& from April 2004)

Dr CHING Cheuk-tuen, Regina
(from October 2003 to April 2004)

Mr MAK Hoi-wah

Mr PANG Hung-cheong

Ms SUEN Shuk-yin, Christina

Dr TAN Richard

Mr WON Mau-cheong

Dr WONG Tin-yau

Mr YIM Kwok-keung

Secretaries:

Department of Health :

Dr LEE Chi-kei, Krystal

Mr WONG Man-kong

Appendix D: SCA Membership List

Scientific Committee on AIDS (SCA)

(Fifth-Term: August 2002-July 2005)

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 LAU Ming-chu, Edith
(resigned in May 2004)

Prof LAM Tai-hing

Prof LEE Shiu-hung, JP

Dr LI Chung-ki, Patrick, BBS

Dr LIM Wei-ling, JP

Dr LIN Che-kit

Dr LO Kuen-kong

Dr LO Wing-lok, JP

Prof NG Mun-lun

Prof SETO Wing-hong

Dr WONG Ka-hing

Secretaries:

Dr CHAN Kam-tim, Michael

Mr WONG Man-kong

Special Advisor:

Ms SHEN Jie

Appendix E: Lists of ACA Meeting Agenda

Agenda for the 44th Meeting of the Advisory Council on AIDS

Date: 17 October 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 43rd Meeting
2. Matters Arising
3. Treatment and care of HIV-infected haemophilia patients in Hong Kong
(ACA Discussion Paper D-07/02-05)
4. Planning the Core Indicators set for monitoring Hong Kong's AIDS programme
(ACA Discussion Paper D-08/02-05)
 - (a) Proposed schema of data collection for national programme, behaviour and impact indicators.
 - (b) National Composite Policy Index
5. Development plan for the Expert Panel on HIV Infection of Health Care Workers for 2004 to 2006.
(ACA Discussion Paper D-09/02-05)
6. Any other business
 - (i) Recommended Ethical Principles Regarding the Use of Assisted Reproduction in HIV Infected Individuals
(ACA Information Paper I-08/02-05)
 - (ii) Proposed Meeting Schedules for the ACA and its Committees in 2004
(ACA Information Paper I-09/02-05)
7. Date of next meeting

Agenda for the 45th Meeting of the Advisory Council on AIDS

Date: 9 January 2004 (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 44th Meeting
2. Matters Arising
3. An Update on the HIV Situation in Hong Kong with Focus on Areas of Concern
(ACA Discussion Paper D-10/02-05)
4. A Review of Progress of Targets Established in the *Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006*
(ACA Discussion Paper D-11/02-05)
5. Introduction of the *Methadone Clinic Universal Urine Testing for HIV Antibody Programme*
(ACA Information Paper I-10/02-05)
6. World AIDS Day 2003
(ACA Information Paper I-11/02-05)
7. Any Other Business
8. Date of Next Meeting

Attachment: Adherence to methadone is associated with a lower level of HIV –
related risk behaviors in drug users

Agenda for the 46th Meeting of the Hong Kong Advisory Council on AIDS

Date: 2 April 2004 (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 45th Meeting
2. Matters Arising
3. Establishment of the Center for Health Protection by the Department of Health
(ACA Information Paper I-13/02-05)
4. Revisiting the Community Planning Process
(ACA Discussion Paper D-12/02-05)
5. Annual Report of the Hong Kong Advisory Council on AIDS
(ACA Information Paper I-14/02-05)
6. Any Other Business
7. Date of Next Meeting

Agenda for the 47th Meeting of the Hong Kong Advisory Council on AIDS

Date: 30 July 2004 (Friday)

Time: 2:30 pm

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

Agenda

1. Confirmation of minutes of the 46th meeting
2. Matters arising
3. A report on Hong Kong's participation in the XV International AIDS Conference (ACA Information paper I-15/02-05)
4. Construction of the first set of Core Indicators for monitoring Hong Kong's AIDS Programme (ACA Discussion paper D-13/02-05)
5. Study on the Needs of HIV Infected Haemophiliacs in Hong Kong (ACA Information paper I-16/02-05)
6. Planning of a new role for the Scientific Committee on AIDS (ACA Discussion paper D-14/02-05)
7. Information papers:
 - (a) UNAIDS 2004 Report on the Global AIDS Epidemic – executive summary (ACA Information paper I-17/02-05)
 - (b) The face of HIV/AIDS in China (ACA Information paper I-18/02-05)
8. Any other business
9. Date of next meeting

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