



Hong Kong Advisory Council on AIDS



**Annual Report
August 2009 – July 2010**

Preface

It is my pleasure to write the preface in this Annual Report ending July 2010 which marked the 20th anniversary of the Hong Kong Advisory Council on AIDS (ACA).

For over twenty years, HIV/AIDS has emerged to become one most devastating public health disaster confronting humankind. Unlike many parts of the world, the HIV prevalence in Hong Kong has been maintained at a relatively low level for a long time. The development of a positive community response is, beyond doubt, the key strategy both for combating the infection, and in the care of those infected.

Since its establishment in 1990, ACA has devoted to leading the fight against AIDS. It has succeeded in advising the Government on AIDS policy and bringing together local communities to mount a coordinated response. The ACA and its sub-committee, the Community Forum on AIDS (CFA), have made numerous valuable recommendations, ranging from developing professional guidelines for health care professionals in managing HIV/AIDS, formulating themes of AIDS-related publicity and public education in the territory, to drawing up long-term strategies for our AIDS efforts in respect of prevention, care and control.

Nevertheless, the rise in HIV infections among men who have sex with men (MSM) in Hong Kong and the neighbouring region over the last few years alert us that vigilance is always important for communicable diseases.

ACA will continue to play the role of monitor the HIV situation, and advise the Government of the response. I wish to take this opportunity to express my appreciation to members of ACA and CFA for their invaluable contribution throughout the year.

Lastly, I would like to thank and appreciate the ACA Secretariat for providing the secretariat support, without which, we would not have been running so efficiently.

Professor CHEN Char-nie, JP
Chairman
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 four main routes of HIV transmission: sexual, injecting drug use, 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 74% of all reported HIV cases in Hong Kong as at 30 June 2010. 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 2010, 4 649 HIV infections were reported to this system. Among them, 1141 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 380 and 75 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 4.0:1 as at June 2010. However, it is notable that the number of reported infected females is on the rise over the past decade.

The majority (66.4%) of all our reported HIV infections in Hong Kong belong to ethnic Chinese.

Although the number of HIV infections related to injection drug use remains low at 289 cases (or 6.2%) so far, 139 of them (48.1%) were reported in the past 4 years. The total number of perinatal HIV transmission cases now stands at 25 as of June 2010.

Unlinked Anonymous Screening

The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. The seroprevalence rates of drug user attending inpatient drug treatment centres/institutions and inmates newly admitted into correctional institutes were 0.70% and 0.78% respectively in 2009.

Seroprevalence in selected populations

The positive HIV antibody detection rate was 0.001% from all the blood donations in 2009 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.172% in 2009, a small decrease from the previous year (0.232% in 2008).

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 few years are as follows :

	No	HIV+	%	Opt-Out (%)
2003	36366	6	0.02	3.1
2004	41070	6	0.01	2.1
2005	42750	5	0.01	1.9
2006	43297	9	0.02	2.0
2007	47472	11	0.02	2.6
2008	51737	2	0.00	1.8
2009	51227	7	0.01	1.7

Universal HIV Antibody (Urine) Testing Programme in Methadone Clinic

The MUT Programme in Hong Kong was piloted in 2003 and rolled out to all clinics in 2004. Out of 8812 samples collected from the Methadone Clinics in 2004, 18 were tested HIV positive, equivalent to 0.204%.

	No	HIV+	%
2003 (July –Sept)	1834	9	0.491
2004	8812	18	0.204
2005	8696	28	0.322
2006	7730	28	0.362
2007	7314	26	0.355
2008	7955	37	0.465
2009	7765	38	0.489

Figure 1: Annual Reported HIV/AIDS in Hong Kong
1984 - 2009 (N=4443/1106)

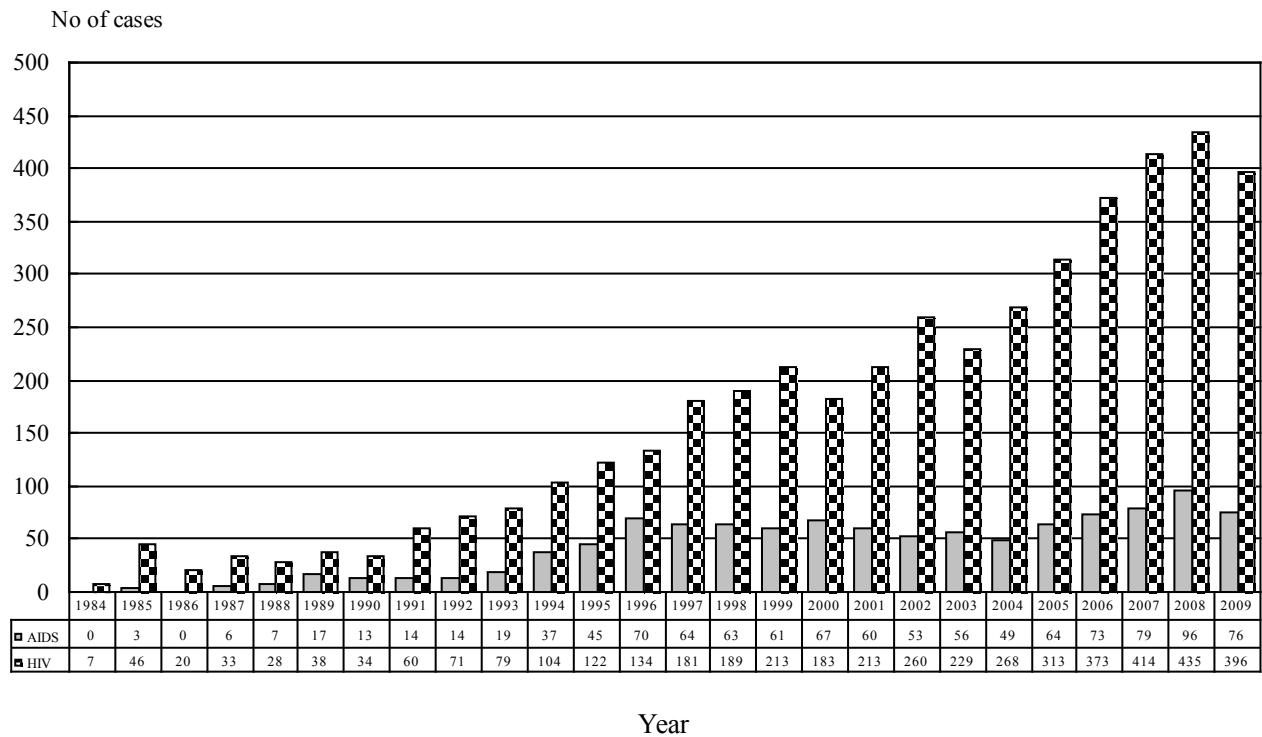


Figure 2: Ethnicity of reported HIV infection in Hong Kong
1984 - 2009 (N=4443)

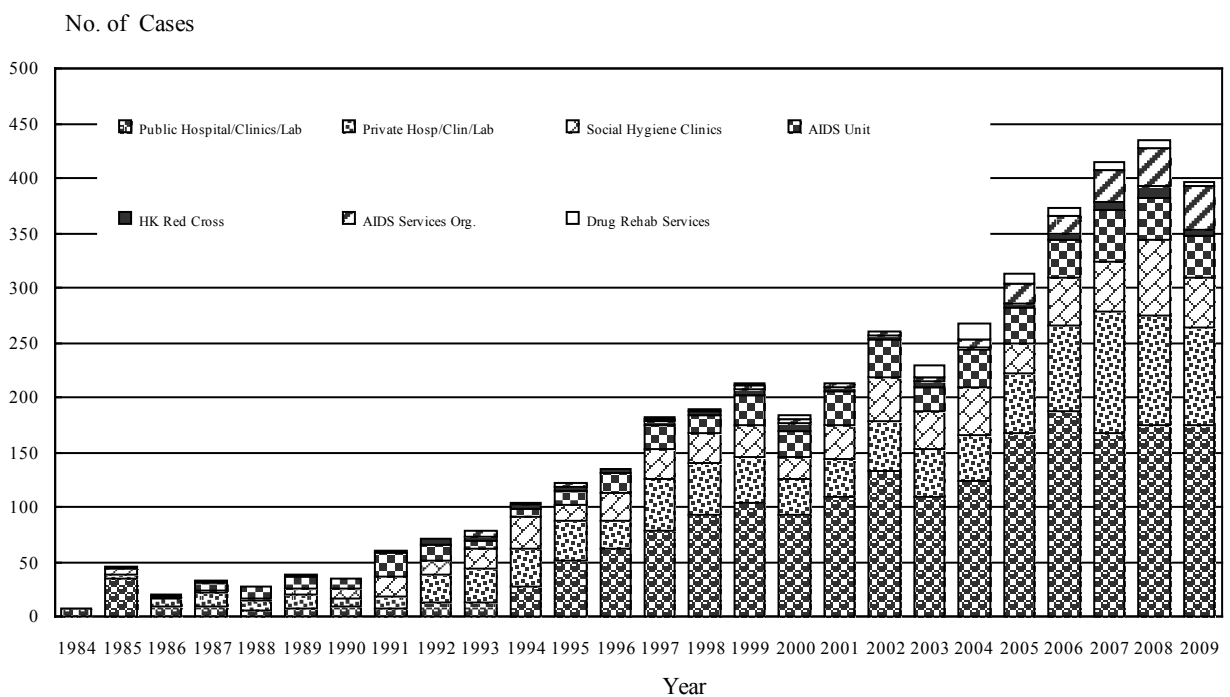


Figure 3: Routes of transmission of HIV infection in Hong Kong
1984 - 2009 (N=4443)

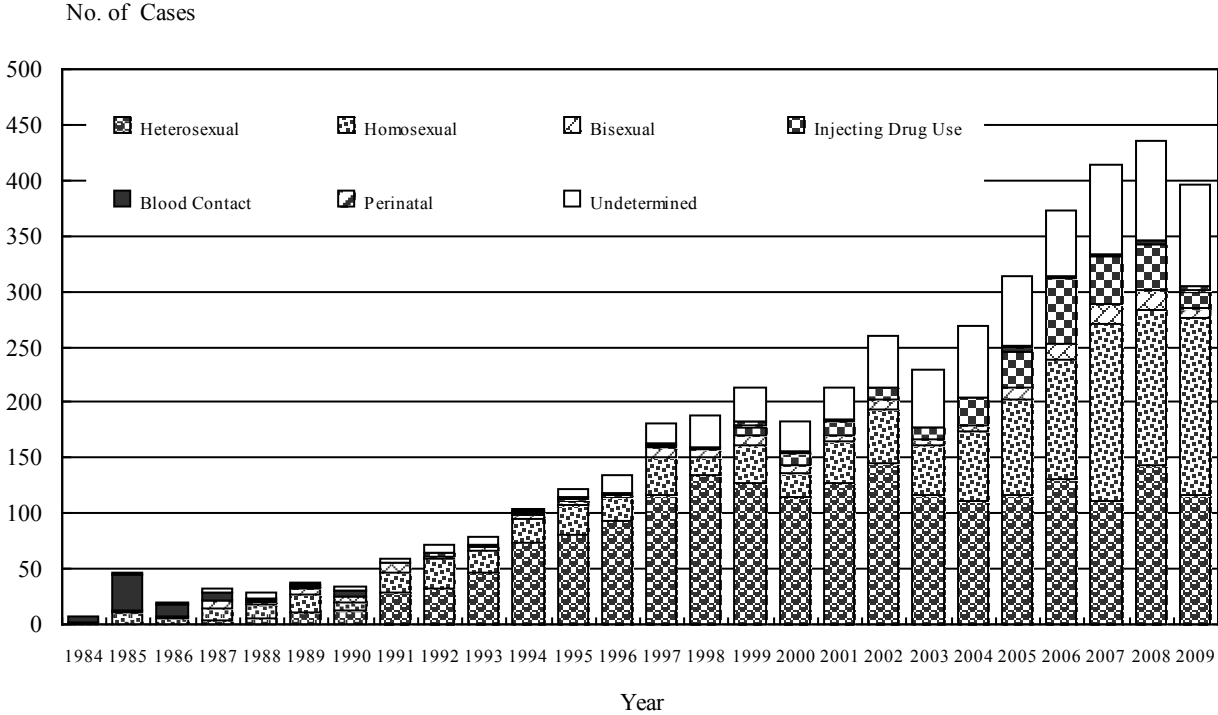


Figure 4: Sources of referral of HIV infection in Hong Kong
1984 - 2009 (N=4443)

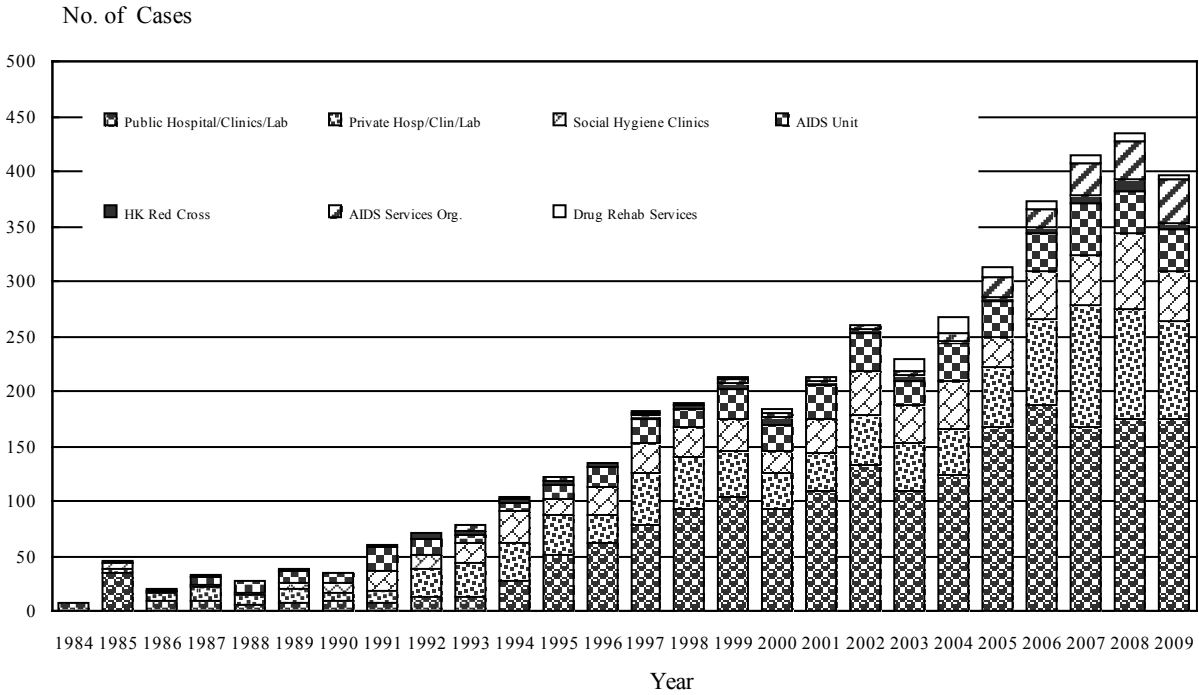


Figure 5: Primary AIDS-defining Conditions of reported AIDS in Hong Kong 1985 - 2009 (N=1106)

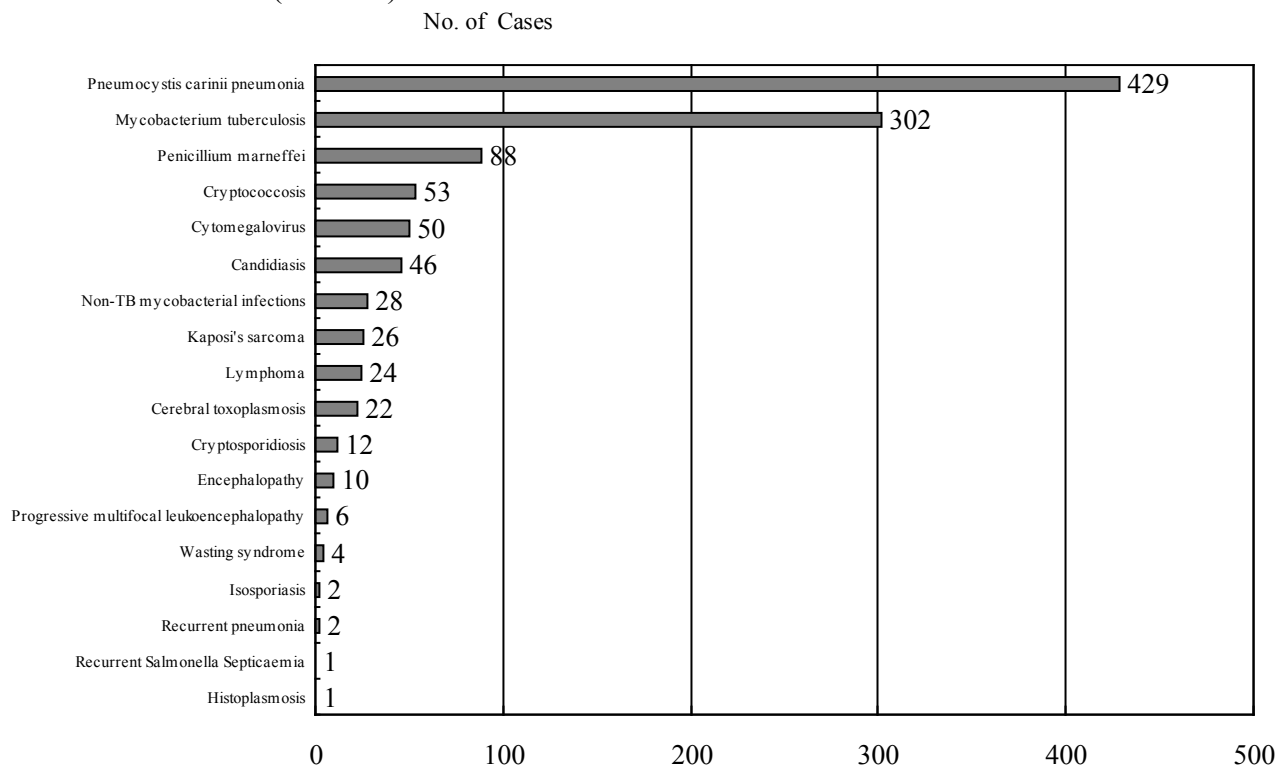
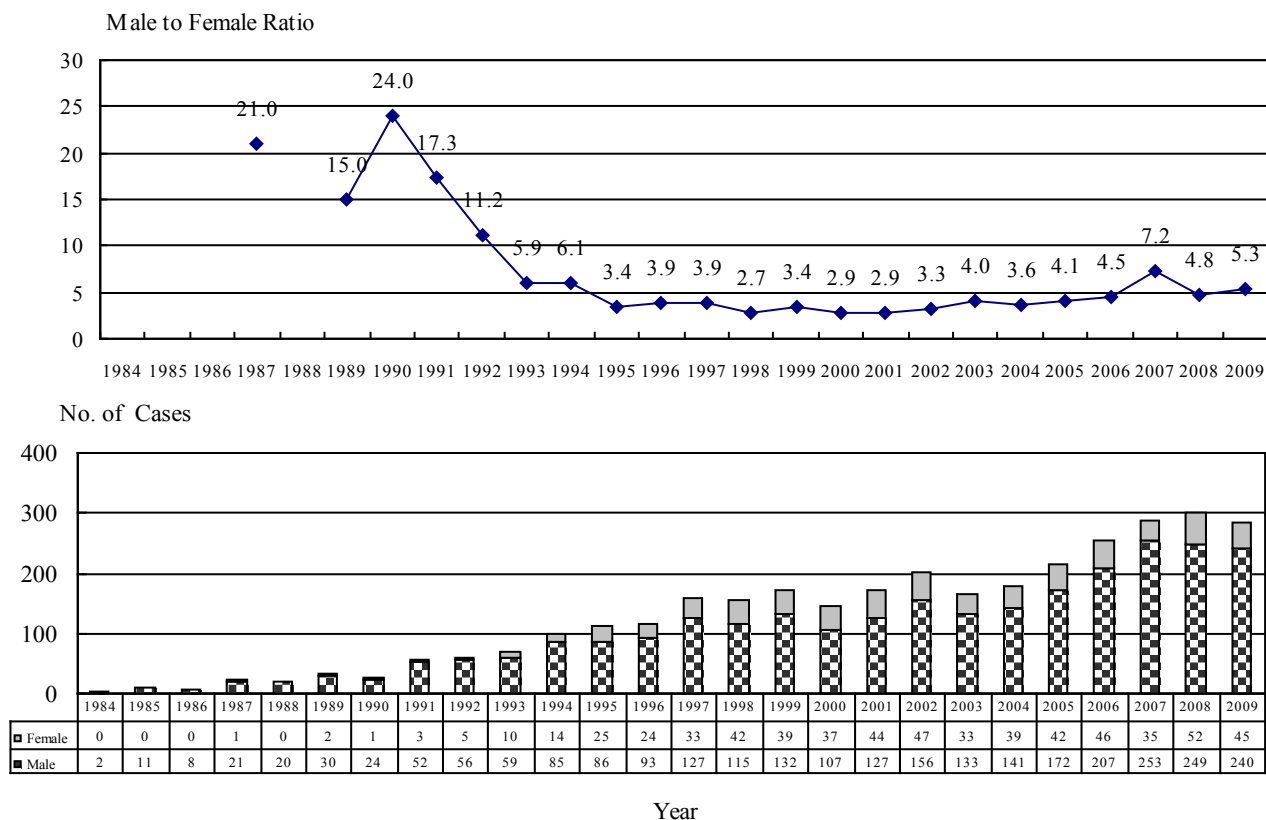


Figure 6: Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 - 2009 (N=3325)



* 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.

Building on Success Phase (2002-2006)

The HIV prevalence in Hong Kong was at a low level of not more than 0.1% in the general population. The conclusion was drawn after examining all available epidemiological data, with the caution that the potential for its spread was always present. Against the background of a relatively low HIV prevalence, Hong Kong's programme on its prevention, care and control, had incorporated various components. Within each component of the programme, *gaps and challenges* were identified for the formulation of the strategies 2002 to 2006.

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

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

A mechanism was established to monitor the progress towards the goal and objectives proposed for the years from 2002 to 2006. A set of eleven targets was developed. A progress of the targets is in [Appendix A](#).

Current AIDS Programme (Extracted from Chapter 3 of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011)

Programmes on HIV/AIDS

Over the years, Hong Kong has established a comprehensive range of programmes and activities by various sectors of the community to address HIV/AIDS. The term programme denotes this unique set of collaborative efforts. This section serves to provide an outline as well as the highlights of the latest development.

Hong Kong's HIV/AIDS Programme are executed by a variety of agencies. Within the Government, the Department of Health's SPP is the designated unit working on AIDS. With the formation of CHP under Department of Health in 2004, SPP was put under its Public Health Services Branch. The Government-appointed *Advisory Council on AIDS* provides policy advice on all aspects of the infection. In 2004, the ACA released its report on the study of HIV-infected haemophiliacs "*The Forgotten tragedy, the Unforgettable trauma*", the recommendations of which were adopted by the Government. The new *Community Forum on AIDS* was set up by the Council in

its sixth term of 2005-2008. A number of AIDS non-governmental organizations (NGOs) provide prevention and care services in community-based settings. Formed in February 1998, the *Hong Kong Coalition of AIDS Service Organizations (HKCASO)* aims to facilitate communication between its member agencies and to advocate on policy issues relating to HIV/AIDS in Hong Kong. The efforts of designated organizations/units are supplemented by other government services, public bodies, mainstream NGOs and the academia.

HIV/AIDS surveillance is a regular programme under the purview of the Department of Health. It is comprised of 4 inter-relating components: (i) voluntary reporting; (ii) seroprevalence studies; (iii) behavioural surveillance; and (iv) sexually transmitted infection (STI) surveillance. Quarterly statistics and annual surveillance reports are published on a regular basis. Updated statistics are released and disseminated to stakeholders through the website (www.aids.gov.hk) and quarterly press meetings. The DH2293 report form on HIV/AIDS was revised in late 2005 to collect more useful information. Based on several years of gainful experience from the pilot molecular epidemiology project, HIV-1 subtyping has been recently incorporated as a surveillance tool in Hong Kong.

The Government's **HIV prevention and health promotion** 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 organizes three major categories of activities – communication and information projects on awareness and acceptance, targeted prevention, and capacity building. Its designation as the Joint United Nations Programme on HIV/AIDS (UNAIDS) Collaborating Centre for Technical Support was granted in 1998 and recently extended to mid-2011. A new wing of the Centre was opened in June 2006 to enhance its role in capacity building and training. The Department's *Social Hygiene*

Service and Methadone Treatment Programme are outlets for STI treatment and harm reduction respectively. Territory-wide social marketing campaigns on harm reduction and safer sex were carried out in 2002 and 2005 respectively. In 2004, a universal yearly urine HIV testing programme was rolled out in all methadone clinics, to improve care, surveillance and control of HIV among drug users. In mid-2006, in partnership with the community, a HIV awareness campaign targeting MSM was launched. The *Hong Kong Red Cross Blood Transfusion Service* is on the forefront in safeguarding blood supply in Hong Kong. Nucleic acid amplification test for HIV and HCV was introduced in July 2002 to further shorten the window period of missing acute infections in blood donors.

On the community level, the AIDS NGOs have continued to consolidate their expertise in HIV prevention and care. *AIDS Concern* is a pioneer in the development of prevention activities targeting MSM, travellers and sex workers. The *CHOICE*, *Action for Reach Out* and *Ziteng* worked on female sex workers and clients. The *Society for AIDS Care* provides centre-based and home care services to people living with HIV/AIDS. The *St John's Cathedral HIV Education Centre* works on prevention among youth, women, Asian migrant workers and church congregations. *TeenAIDS* focused on HIV awareness and young people. The *Hong Kong AIDS Foundation* targets a range of populations and is notable for its collaboration with Mainland. Over the past few years, there was an increasing number of main stream organizations commencing work in the field of HIV/AIDS. The *Society for the Aid and Rehabilitation of Drug Abusers* works on drug users in outreach and treatment settings, the *Society of Rehabilitation and Crime Prevention* targets sex workers and ex-offenders, the *Caritas – Hong Kong* and the *Boys and Girls' Club Association of Hong Kong* focus on youth. The *Hong Kong Federation of Women's Centres* serves women.

HIV testing, diagnosis and care constitute another broad category of programme on

AIDS. The Government's *Public Health Laboratory Centre* is the largest diagnostic laboratory on HIV in Hong Kong, supporting a variety of testing and patient monitoring services/ programmes organized by the Department of Health, Hospital Authority, NGOs as well as private sectors (on confirmation testing). The advent of highly active antiretroviral therapy (HAART) has significantly changed HIV treatment and care around the world. At the end of year 2008, it was estimated that there were some 5077 PLHA in Hong Kong, with an estimated 1200 people on HAART. Longitudinal care of the vast majority of PLHA is provided by the public sector – *Integrated Treatment Centre (ITC)* of the Department of Health and the *Special Medical Service* of the Hospital Authority's Queen Elizabeth Hospital. Princess Margaret Hospital is providing in-patient care on HIV/AIDS and collaborates with ITC through the Infectious Disease Programme on AIDS. Queen Mary Hospital is the largest centre for HIV-infected paediatric patients. The *Scientific Committee on AIDS and STI* under the CHP formulates technical guidance and recommendations on public health and clinical practice. It issued local recommendations on "Management of Human Immunodeficiency Virus and Tuberculosis Coinfection" and "Management of Human Immunodeficiency Virus and Hepatitis B Coinfection" in 2008/09.

Programme funding source comes mainly from the Government, both through regular established mechanisms and the ATF, to Government departments, public bodies and community organizations. The ATF introduced a technical review system and a 3-year programme funding mechanism in 2003. In 2005, the ATF established an additional ex-gratia payment scheme to provide financial assistance to HIV infected haemophiliac patients and their families.

In response to the rising MSM epidemic, the ATF in December 2006 launched a Special Project Fund for HIV prevention in MSM to support community projects for reducing risk behaviours and preventing HIV

infections in MSM for the coming two financial years (2007 to 2009). The SPF funds prevention and research projects and, for the first time, predefined objectives and preferred project areas are listed for application. From 2004 to 2009, a total of 96 projects were funded by ATF, amounting to a total of HK\$126 million. These covered patient support and care, HIV prevention and research. Besides, the NGOs have been active in raising funds for their operation and services to support community-based projects over the years.

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.

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.

3. Hong Kong Advisory Council on AIDS

Introduction

The Hong Kong Advisory Council on AIDS (ACA) was formed in 1990. With a tenure of office for three years, it has entered into the second year of its seventh term (1 August 2008 to 31 July 2011). The membership of the seventh term is shown in [Appendix B](#).

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.

A two-tier system of interaction was also adopted in the seventh term. After integrating the function of coordinating agencies working on HIV prevention and care and promoting acceptance of people living with HIV/AIDS, a new committee named the Community Forum on AIDS (CFA) was formed.

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

1. (68th meeting) 9 October 2009
2. (69th meeting) 15 January 2010

3. (70th meeting) 9 April 2010
4. (71st meeting) 2 July 2010

The issues and papers examined and reviewed by the ACA in the period covered by this report can be seen in [Appendix D](#).

AIDS Policy

The ACA has managed to keep abreast of all the latest developments in the local public health infrastructure and the AIDS epidemic trend in Hong Kong. To cope with the changing circumstances, the ACA is constantly reviewing and adjusting its AIDS strategies. The ACA has published four 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, was put in place to replace the earlier recommendations. The new strategy document was known as *Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006*.

ACA at its 58th meeting endorsed the adoption of the new strategies entitled *Recommended HIV/AIDS Strategies for Hong Kong 2007-2011*. The document is intended to serve as a blueprint for guiding, improving and better coordinating the HIV

programme in Hong Kong for the next few years. In this connection, Hong Kong's HIV programme refers to the collective efforts of all agencies on HIV prevention, care and control.

In preparing the strategies, ACA has taken reference from previous strategy documents, an estimation and projection of HIV/AIDS situation in Hong Kong, a community assessment and evaluation exercise and extensive consultations with Government bureaux and departments, AIDS NGOs, stakeholders and members of the public.

Under the framework for strategies for 2007-2011, there are four strategy objectives:

- (i) Maintaining low HIV prevalence;
- (ii) Reducing HIV spread;
- (iii) Achieving early HIV diagnosis, treatment and care; and
- (iv) Optimising health of HIV/AIDS patients.

and there are eight guiding principles:

- (i) Adopting evidence-based approach;
- (ii) Encouraging community partnership and support;
- (iii) Building supportive and enabling environment;
- (iv) Prioritizing funding;
- (v) Integrating monitoring and evaluation;
- (vi) Cultivating expertise;
- (vii) Addressing vulnerability and risk behaviours with intensive coverage; and
- (viii) Enhancing communication and education

The eight targets of the strategies are set out below:

One	Increase condom use of MSM, sex workers and clients to $\geq 80\%$
Two	Incorporate rapid HIV testing for late presenting mothers to close gap of MTCT

Three	Develop one or more resource allocation plan to guide programme funding
Four	Review ATF funding mechanism to improve effective funding of community-based response
Five	Regularize community surveillance of risk populations at 1-2 year intervals
Six	Improve HIV testing coverage among risk populations
Seven	Sustain quality HIV care of international standards to people living with HIV/AIDS
Eight	Enhance collaboration with Mainland China through regular or ad-hoc programmes/projects

Building Community Relationship

The Chairperson 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.

As part of the HIV prevention activities to mark the 2009 World AIDS Day (WAD), the Department launched a series of publicity activities so as to raise HIV awareness, risk perception and promote safer sex practice in the general public. HIV-related information and health messages were delivered through 11 episodes of the TV programme "Off Pedder" from August 2009 to January 2010. A series of AIDS-related radio programmes titled "Let's Get Touched" were also broadcast from October 2009 to February 2010 on the two radio channels of Commercial Radio. Red

Ribbon Centre produced a new set of announcements of public interest (API), titled "Travel Smart, Play Safe" and featuring Miss Miriam Yeung, UNAIDS National Goodwill Ambassador for Hong Kong SAR China. The APIs were broadcast on television and radio channel since 1, December (WAD). Related publicity targeting the general public was also carried out at border points and related transport media from November 2009 to January 2010. These activities helped to set the scene, create a supportive environment, facilitate targeted activities and improve prevention of infection in other communities.

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, 199 issues were published until July 2010.

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 half-yearly 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; and (e) Networking Voice, a half-yearly publication

targeting youth workers, students and youth; issued by the Red Ribbon Centre

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 seventh 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.info.gov.hk/aids> or the ACA's own Homepage <http://www.aca.gov.hk>.

4. Community Forum on AIDS

Introduction

The Community Forum on AIDS (CFA) was formed in the sixth term of the ACA in October, 2005. It has replaced two previous committees namely: the AIDS Prevention and Care Committee (APCC), which was established under the ACA in 1999 for enhancing the quality of HIV prevention and care activities in Hong Kong and the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA), which was formed in 1999 for coordinating and recommending strategies for promoting acceptance of people living with HIV/AIDS.

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

The CFA has the following terms of reference :

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

Membership

The membership of the CFA is shown in [Appendix C](#).

The CFA comprises members drawn from 5 different areas including agencies specialising in HIV prevention and care; mainstream NGOs whose profile of activities that could incorporate HIV/AIDS; representatives of vulnerable communities to HIV/AIDS; individuals with expertise in related fields, and ACA members.

The CFA met four times during the reporting period as follows :

1. (15th meeting) 22 September 2009
2. (16th meeting) 5 January 2010
3. (17th meeting) 18 March 2010
4. (18th meeting) 17 June 2010

The issues and papers examined and reviewed by the CFA in the period covered by this report can be seen in [Appendix E](#).

5. A Chronicle of the Second Year Events

<u>Date</u>	<u>Event</u>
17.9.2009	ACA Chairman attended the 9 th ICAAP Report Back Seminar
21.9.2009	ACA Chairman attended the Opening Ceremony and Welcome Dinner of the Sixtieth Session of the World Health Organization Regional Committee for the Western Pacific
9.10.2009	The 68 th ACA Meeting
29.11.2009	ACA Chairman attended World AIDS Day 2009 in Shenzhen
5.1.2010	The 16 th CFA Meeting
15.1.2010	The 69 th ACA Meeting
8.3.2010	The 17 th CFA Meeting
9.4.2010	The 70 th ACA Meeting
17.6.2010	The 18 th CFA Meeting
18.6.2010	Hong Kong Advisory Council on A IDS 20 th Anniversary Seminar cum Reunion
2.7.2010	The 71 st ACA Meeting

6. A Gallery

ACA 20th Anniversary Seminar cum Reunion held on 18 June 2010



ACA 20th Anniversary Seminar cum Reunion held on 18 June 2010



ACA 20th Anniversary Seminar cum Reunion held on 18 June 2010



World AIDS Day 2009 in Shenzhen held on 29 November 2009



Appendix A: Progress of the targets of the Recommended HIV/AIDS Strategies for Hong Kong 2002-2006

<p>Target One</p> <p><i>A set of programme indicators will be established to monitor the effectiveness of Hong Kong's efforts in HIV prevention and care</i></p>	<ul style="list-style-type: none"> • ACA initiated the construction of the First set of Core Indicators (2003) for monitoring Hong Kong's AIDS programmes and adopted all UNAIDS national indicators except 2 indicators that were not locally applicable. In 2006, the ACA deliberated the new set of UN core indicators for Hong Kong application.
<p>Target Two</p> <p><i>A second cycle of the community planning process will be implemented and evaluated</i></p>	<ul style="list-style-type: none"> • The Community Planning Process (CPP) was in operation between 1999 and 2001 when funded by ATF. CPP was a breakthrough in strengthening societal responses to the challenges of HIV/AIDS. A report on prioritized activities was compiled and became a useful reference for ACA and ATF when drawing up strategies and assessing HIV/AIDS community funding applications respectively. Subsequent applications for funding for a second round of CPP were rejected. The ACA established a Community Forum on AIDS to enhance communication between ACA and AIDS NGOs and provide a platform for collaboration in combating HIV/AIDS epidemic, among other things.
<p>Target Three</p> <p><i>A technical review mechanism will be in place to ensure funding of effective community-based HIV prevention activities</i></p>	<ul style="list-style-type: none"> • ATF has continuously improved its evaluation mechanism for community projects and taken reference on the prioritized intervention in the priority communities from CPP when assessing applications. At the initial stage, 2 independent reviewers outside ATF will be invited to assess the application and make recommendations per a standard template. There are guidelines for the reviewers on how to review the applications. Members of ATF Council and its subcommittees will then vet and decide on the funding approval of the applications. Applicants may be invited to make presentations of their projects to ATF members. • Since April 2003, programme-based funding has been introduced for activities that would last up to 3 years.

<p>Target Four</p> <p><i>Harm reduction will be adopted as one of the effective strategy in addressing substance abuse</i></p>	<ul style="list-style-type: none"> • Harm reduction has been adopted as one key strategy in preventing IDU from contracting HIV. In 2002, DH's Red Ribbon Centre (RRC) together with Narcotics Division of Security Bureau launched a territory wide publicity campaign named "Break the needle habit, methadone does it." The main objective of the campaign was to increase awareness and acceptance of the harm reduction concepts in the general public, as well as drug users, by employing a social marketing framework in health promotion. The harm reduction media campaign was evaluated and received positive feedbacks. • A pilot programme on universal antibody urine testing was introduced in 2003. Subsequently, the universal HIV urine testing programme was rolled out in all methadone clinics in 2004.
<p>Target Five</p> <p><i>A framework on sex education integrating HIV prevention will be developed</i></p>	<ul style="list-style-type: none"> • During the academic year 2002-03, 23% of primary schools and 35% of secondary schools had nominated teachers to attend in-service teacher education programmes on life-skills training, AIDS education and sex education organized by Education and Manpower Bureau. • Since December 2003, DH and RTHK collaborated in a joint project to transform "Dr Sex Hotline" into a new interactive internet-based sex education website.
<p>Target Six</p> <p><i>Participation of mainstream service organization in HIV/AIDS activities will be increased</i></p>	<ul style="list-style-type: none"> • There has been increasing participation of mainstream service organizations in HIV/AIDS activities with ATF applications. Twelve out of eighteen successful applicants for ATF funding came from mainstream service organizations and academia in 2003. Before 2000s, the successful applicants were almost exclusively AIDS service organizations. Even for the membership of Hong Kong Coalition of AIDS Service Organizations, it was noted that nearly 50% of their members are from mainstream service organizations. • People from mainstream NGOs were invited to introduce their projects at sharing sessions in RRC / ACA committees. They are also invited to become members of the Community Forum on AIDS formed in 2005.

<p>Target Seven</p> <p><i>Technical assistance will be established to support agencies in the development of HIV/AIDS prevention and care activities</i></p>	<ul style="list-style-type: none"> • The DH's Red Ribbon Centre is an UNAIDS Collaborating Centre for Technical Support and provides support to local organizations and those of neighbouring regions. There were increased exchange, assistance and collaboration between local workers. RRC continues to support 2-week training opportunities for Mainland China health professionals in HIV prevention, under the Lions Red Ribbon Fellowship programme.
<p>Target Eight</p> <p><i>A research agenda will be proposed to stimulate a wider participation of the academia in supporting evidence-based programme development</i></p>	<ul style="list-style-type: none"> • The Scientific Committee on AIDS (SCA) operated from 2002-05 as one of the 3 committees under ACA. During this term, researches pertaining to clinical HIV/AIDS in the last 20 years and an agenda to support research were discussed and reviewed by SCA. After 2005, there is a new Scientific Committee in DH's Centre for Health Protection named Scientific Committee on AIDS and STI taking over the work of the previous SCA.
<p>Target Nine</p> <p><i>Clinical and public health HIV medicine will be integrated in the training and service portfolio of the health profession</i></p>	<ul style="list-style-type: none"> • HIV medicine has become a component of the Higher physician training programme of several specialties under the Hong Kong College of Physicians. Training on public health HIV medicine is also accredited towards Fellowship training programme of the Hong Kong College of Community Medicine.
<p>Target Ten</p> <p><i>A wider access of HIV testing will be promoted</i></p>	<ul style="list-style-type: none"> • A new Hotline for ethnic minority in Hindi, Indonesian, Nepali and Urdu was developed. • Two mass HIV screening programmes were launched. The universal antenatal HIV testing programme was introduced in September 2001 whereas the universal methadone clinic urine HIV testing was rolled out in January 2004. Community organizations have expanded their testing service for risk populations such as MSM, sex workers and clients. • To assist outreach workers to perform rapid HIV test in Hong Kong, the SCA issued a set of recommended principles on the application of HIV antibody rapid test in Hong Kong for their reference. Since late 2005, pilot rapid testing programmes were implemented by DH and non-governmental organisations.

<p>Target Eleven</p> <p><i>Forums to network people working on HIV/AIDS in Hong Kong and Mainland China, and the Asia Pacific region will be established</i></p>	<ul style="list-style-type: none"> • Dr Shen Jie, the then Director of the China CDC Centre for STD/AIDS Prevention and Control was appointed as a special adviser of SCA (2002-2005) and SCAS (2005-2007). • UN Regional Task Force on Drug Use and HIV Vulnerability hosted a methadone treatment workshop in Hong Kong (22-24 October 2003), with the participation of about 100 technical people from neighbouring regions. • Since 2004, a project on setting up an electronic platform of HIV epidemiology in the Pearl River Delta Region was initiated, with 12 participating cities. • The Lions Red Ribbon Fellowship scheme is an ongoing exercise to network Mainland HIV healthcare professionals since 1999. For the past 2 years, Red Ribbon Centre coordinated an annual forum to network NGOs involved in AIDS work in Mainland China and neighbouring regions.
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Appendix B: ACA Membership List

Hong Kong Advisory Council on AIDS (ACA) (Seventh-Term : August 2008-July 2011)

Chairman:

Prof CHEN Char-nie, JP

Vice-Chairman:

Department of Health :

Dr LAM Ping-yan, JP

Members :

Prof CHAN Lai-wan, Cecilia, JP

Dr CHEN Zhi-wei

Dr CHU Chung-man, Ferrick

Ms CHU Kam-ying, Elsie

Mr Chung TO

Prof FOK Tai-fai, SBS, JP

Ms HUI Mei-sheung, Tennessy

Mr KO Chun-wa, MH

Dr LAI Sik-to, Thomas

Ms LAU Man-man, Lisa, MH, JP

Dr LEE Man-po

Mr PANG Shing-fook

Mr TONG Tai-wai, Raphael, MH

Mr WONG Doon-yee, Charles

Miss YAU Ho-chun, Nora, MH, JP

Dr YU Chung-toi, Samuel

Education Bureau :

Dr CHEUNG Kwok-wah

Food and Health Bureau :

Mrs MAK LOK Suet-ling, Susan

Hospital Authority :

Dr LAI Fook-ming, Lawrence, BBS, JP (up to December 2009)

Dr LIU Shao-haei (from January 2010)

Social Welfare Department :

Mrs Cecilia YUEN

Secretary:

Department of Health :

Dr WONG Ka-hing

Council Secretariat:

Department of Health :

Mr NG Chun-kit, Kenneth

Ms WONG Yim-ping (up to July 2010)

Ms LAM Shui-ki (from July 2010)

Ms TANG Yuk-lan

Appendix C: CFA Membership List

Community Forum on AIDS(CFA)

Convener:

Dr FAN Yun-sun, Susan

Members:

Ms AU Yin-ting, Janet (up to November 2009)

Mr CHAN Wai-leung, Charlie

Mr CHAU Ting-leung, Marco

Ms CHOI Siu-fong, Esther

Dr CHU Chung-man, Ferrick

Ms CHU Kam-ying, Elsie

Mr CHU Muk-wah, Daniel

Rev CHU Yiu-ming

Ms Elijah FUNG

Ms FONG Man-ying (up to September 2009)

Dr HO Chi-on, Billy

Ms HO Pik-yuk, Shara

Ms HUI Mei-sheung, Tennessy

Mr KAN Wang-hoi

Mr KO Chun-wa, MH

Prof LAU Tak-fai, Joseph

Dr LEE Chi-kei, Krystal

Mr LEE King-fai

Ms LIU Pui-shan, Sisi (from November 2009)

Prof MAK Ping-see, Diana

Miss NGAN Ching-ching, Dora (from September 2009 to October 2009)

Mr PUI Wing-tai, Beethoven

Ms SIU Hoi-ying, Winnie (from November 2009)

Mr TAM Wai-to

Mr TONG Tai-wai, Raphael, MH

Dr WAN Wai-yee
Mr WON Mau-cheong
Mr WONG Tak-hing, Brian
Miss WONG Wai-kwan, Loretta
Miss YAU Ho-chun, Nora, MH, JP
Ms YAU Yuk-lan
Ms YIM Kit-sum, Kendy
Mr YIU Wai-ming, Leo
Ms YU Po-chu, Pansy
Ms YUEN How-sin

Secretaries:

Department of Health :

Dr WONG Wai-ming, Francis
Mr NG Chun-kit, Kenneth

Appendix D: Lists of ACA Meeting Agenda

Agenda for the 68th Meeting of the Hong Kong Advisory Council on AIDS

Date : 9 October 2009 (Friday)
Time : 2:30pm
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 67th Meeting
2. Matters Arising
3. Estimated Risk of Transfusion Transmitted Infections
(ACA Paper 13/2008-2011)
4. HIV Seroprevalence and Behavioural Risks in Men who have Sex with Men – the
Second Prism Survey
(ACA Paper 14/2008-2011)
5. Report on the 9th International Congress on AIDS in Asia and the Pacific 2009
(ACA Paper 15/2008-2011)
6. Report of the Community Forum on AIDS
7. Any Other Business
8. Date of Next Meeting

**Agenda for the 69th Meeting of
the Hong Kong Advisory Council on AIDS**

Date : 15 January 2010 (Friday)
Time : 2:30pm
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 68th Meeting
2. Matters Arising
3. HIV Strategy and Situation in Macao
4. "Find One Treat One" : a Strategy to Prevent HIV-1 Spread in Hong Kong
(ACA Paper 16/2008-2011)
5. 20th Anniversary of Hong Kong Advisory Council on AIDS (1990-2010)
(ACA Paper 17/2008-2011)
6. Report of the Community Forum on AIDS
7. Any Other Business
8. Date of Next Meeting

**Agenda for the 70th Meeting of
the Hong Kong Advisory Council on AIDS**

Date : 9 April 2010 (Friday)
Time : 2:30pm
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 69th Meeting
2. Matters Arising
3. Construction of Core Indicators for Hong Kong Using the UNGASS Framework for 2010 Reporting
(ACA Paper 18/2008-2011)
4. Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Workers (CRiSP) in Hong Kong 2009
(ACA Paper 19/2008-2011)
5. Understanding the Epidemiology of HIV in the Pearl River Delta Region from a Collaborative Cyber Surveillance Platform
(ACA Paper 20/2008-2011)
6. Report of the Community Forum on AIDS
7. Any Other Business
8. Date of Next Meeting

**Agenda for the 71st Meeting of
the Hong Kong Advisory Council on AIDS**

Date : 2 July 2010 (Friday)
Time : 2:30 pm
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 70th Meeting
2. Matters Arising
3. Update on Developing the Third Set of Core Indicators for Monitoring Hong Kong's AIDS Programme
(ACA Paper 21/2008-2011)
4. Progress on the responses to the Recommendations made in the Report '*The Forgotten Tragedy, The Unforgettable Trauma* – Addressing the needs of people affected by haemophilia and HIV infection in Hong Kong' published by the Advisory Council on AIDS
(ACA Paper 22/2008-2011)
5. A Proposed Scheme for the Formulation of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016
(ACA Paper 23/2008-2011)
6. Report of the Community Forum on AIDS
7. Any Other Business
8. Date of Next Meeting

Appendix E : Lists of CFA Meeting Agenda

Agenda for the 15th Meeting of the Community Forum on AIDS (CFA)

Date : 22 September 2009 (Tuesday)
Time : 2:30 pm
Venue : Board Room
Family Planning Association of Hong Kong
10/F Southorn Centre
130 Hennessy Road
Wan Chai, Hong Kong

Agenda

1. Confirmation of the Notes of the Last (14th) Meeting
2. Matters Arising
3. Mid-term Review of the Eight Targets of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 (CFA Paper 7/2008-2011)
4. Report Back of 9th ICAAP Meeting in Bali, Indonesia (PowerPoint Presentation by Red Ribbon Centre)
5. Report Back of the “*Regional Consensus Meeting on Developing a Comprehensive Package of Services to Reduce HIV among MSM*” 29 June - 1 July 2009 (CFA Paper 8/2008-2011)
6. HIV Surveillance Statistics and PRiSM findings (CFA Paper 9/2008-2011)
7. Any Other Business
8. Date of Next Meeting

Agenda for the 16th Meeting of the Community Forum on AIDS (CFA)

Date : 5 January 2010 (Tuesday)
Time : 2:30 pm
Venue : Board Room
Family Planning Association of Hong Kong
10/F Southorn Centre,
130 Hennessy Road
Wan Chai, Hong Kong

Agenda

1. Confirmation of the Notes of the Last (15th) Meeting
2. Matters Arising
3. Report Back of “*Asia Regional Consultation on MSM HIV/AIDS Care and Support*”
(PowerPoint Presentation by Miss Loretta WONG, AIDS Concern)
4. Report Back of “*Meeting on Strengthening Monitoring the Health Sector Response to HIV/AIDS in the Western Pacific Region*”
(PowerPoint Presentation by Special Preventive Programme, DH)
5. Publicity Activities Organized by RRC for World AIDS Day
(PowerPoint Presentation by Red Ribbon Centre)
6. Discussion on UNGASS Indicators 2010 and How CFA Could Contribute to the Exercise
(CFA Paper 10/2008-2011)
7. Any Other Business
8. Date of Next Meeting

Attached for information

Chinese Version of “Quality Assurance Guidelines on HIV Voluntary Counselling and Testing Services in Community Settings”

Agenda for the 17th Meeting of the Community Forum on AIDS (CFA)

Date : 18 March 2010 (Thursday)
Time : 2:30 pm
Venue : Board Room
Family Planning Association of Hong Kong
10/F Southorn Centre
130 Hennessy Road
Wan Chai, Hong Kong

Agenda

1. Confirmation of the Notes of the Last (16th) Meeting
2. Matters Arising
3. Towards Developing the Third Set of UNAIDS Core Indicators for Monitoring Hong Kong's AIDS Programme
(CFA Paper 11/2008-2011)
4. "Quality Assurance Guidelines on Peer Education in Community Settings" -
Draft
(CFA Paper 12/2008-2011)
5. Response to HKCASO's Comments and Questions on the Mid-term Review of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011
6. Any Other Business
7. Date of Next Meeting

Agenda for the 18th Meeting of the Community Forum on AIDS (CFA)

Date : 17 June 2010 (Thursday)
Time : 2:30 pm
Venue : Board Room
Family Planning Association of Hong Kong
10/F Southorn Centre
130 Hennessy Road
Wan Chai, Hong Kong

Agenda

1. Confirmation of the Notes of the Last (17th) Meeting
2. Matters Arising
3. Update on Development of the Third Set of UNAIDS Core Indicators for Monitoring Hong Kong's AIDS Programme
(CFA Paper 13/2008-2011)
4. Report Back of the High Level Dialogue organized by UNDP, APCOM and CCPL of HKU in Hong Kong on 17 May 2010 (PowerPoint Presentation)
5. Revised Draft of the Quality Assurance Guidelines on Prevention of HIV/AIDS through Peer Education Programme in Community Settings
(CFA Paper 14/2008-2011)
6. Any Other Business
7. Date of Next Meeting

ACA Secretariat

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