Hong Kong
Advisory Council on AIDS

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Annual Report

August 2011 – July 2012

Preface

The HIV/AIDS pandemic continues to be a major public health threat both locally and globally. Despite scientific advances in recent years, a cure for AIDS has yet to be developed and AIDS-related illnesses remain one of the leading causes of death around the World.

Hong Kong is a dynamic society with high population mobility, constantly influenced by the socioeconomic, cultural and health situation in nearby areas and beyond. The rise in HIV infections among local men who have sex with men in the mid-2000s, paralleling a rapid rise among men who have sex with men in other parts of Asia, alerts us that constant vigilance is imperative for the control of communicable diseases. The successes of prompt, resolute and concerted prevention efforts in the last few years among injecting drug users, sex workers and their clients, and men who have sex with men demonstrated that our community can respond effectively to a crisis and slow the growth of the epidemic.

Hong Kong has established a comprehensive framework for curtailing the spread of HIV infection and supporting those living with HIV – a framework in which the Government, its advisory bodies, the medical, nursing and related professions, service organizations and civil society all play a part. To move to the next stage, however, of reversing the epidemic's growth will require sustained policy and resource commitment, improved technical competencies, innovations in prevention, and broad-based support from all sectors of Hong Kong society. The specific actions taken to lower HIV incidence, enhance access to care, optimize health outcomes for people living with HIV, and reduce HIV-related health disparities require continual adaptation guided by changes in the epidemiological and behavioural situation and ongoing assessment of the effectiveness of different responses. Priority-setting in determining strategies and resources should reflect the genuine need of affected communities, as well as the impact and acceptability of programmes and services.

Fostering a supportive environment in the wider community on one hand, and actively engaging members of specific sectors on the other hand, are both complementary and indispensable to the services offered by the Government. Let us each contribute our effort to this most challenging but meaningful endeavour.

Dr Susan FAN
Chairperson,
Hong Kong Advisory Council on AIDS
June 2013

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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 2012. 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 illness was *Pneumocystis jirovechi* pneumonia (previously named *Pneumocystis carinii* pneumonia) followed by *Mycobacterium tuberculosis* infection.

Based on the associated HIV risks, target populations for seroprevalence surveillance are grouped under 3 categories: (1) Community with predisposing risk factors; (2) Community without known risk factors; and (3) Community with undefined 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 2012, 5523 HIV infections were reported to this system. Among them, 1311 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 400 and 80 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 3.9:1 as at June 2012. However, it is notable that the number of reported infected females is on the rise over the past decade.

The majority (66.2%) 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 313 cases (or 5.7%) so far, 69 of them (22.0%) were reported in the past 4 years. The total number of perinatal HIV transmission cases now stands at 26 as of June 2012.

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 0.25% and 1.87% respectively in 2011.

Seroprevalence in Selected Populations

The positive HIV antibody detection rate was 0.002% from all the blood donations in 2011 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.172% in 2011, a small increase from the previous year (0.152% in 2010).

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
2010	54360	10	0.02	1.4
2011	55984	6	0.01	1.2

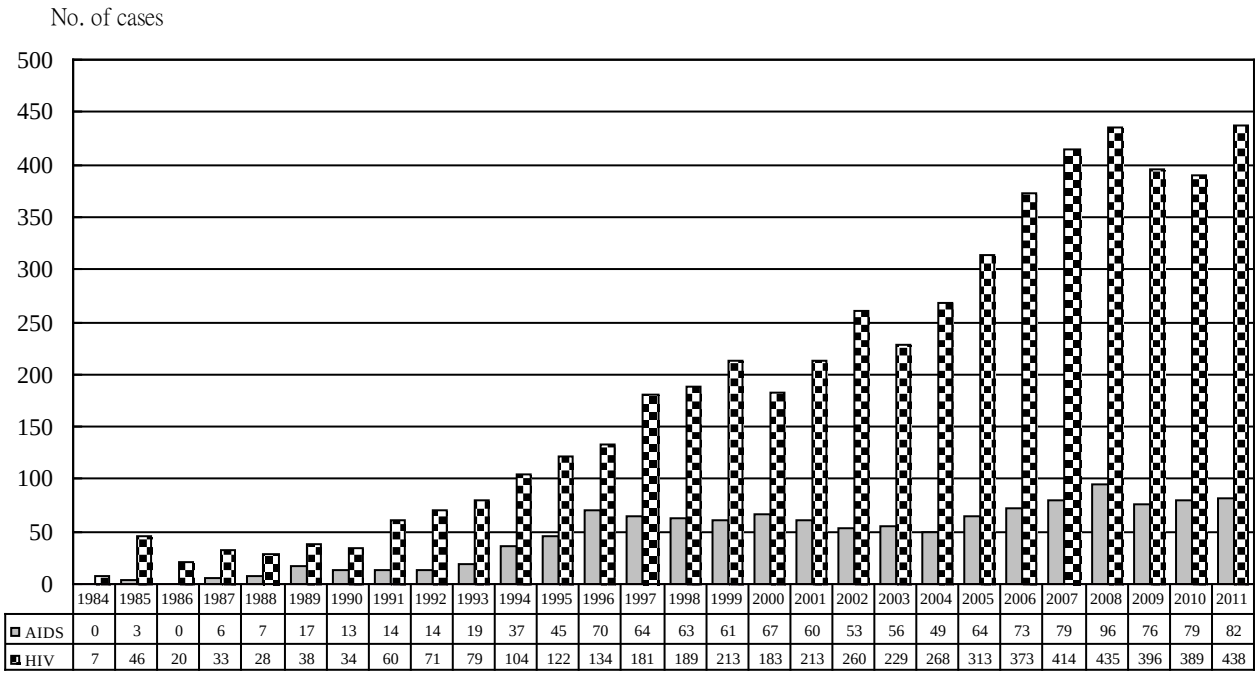
Universal HIV Antibody (Urine) Testing Programme in Methadone Clinic

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%.

The numbers of tests and the results in the subsequent few years are as follows:

	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
2010	7445	36	0.484
2011	6960	37	0.532

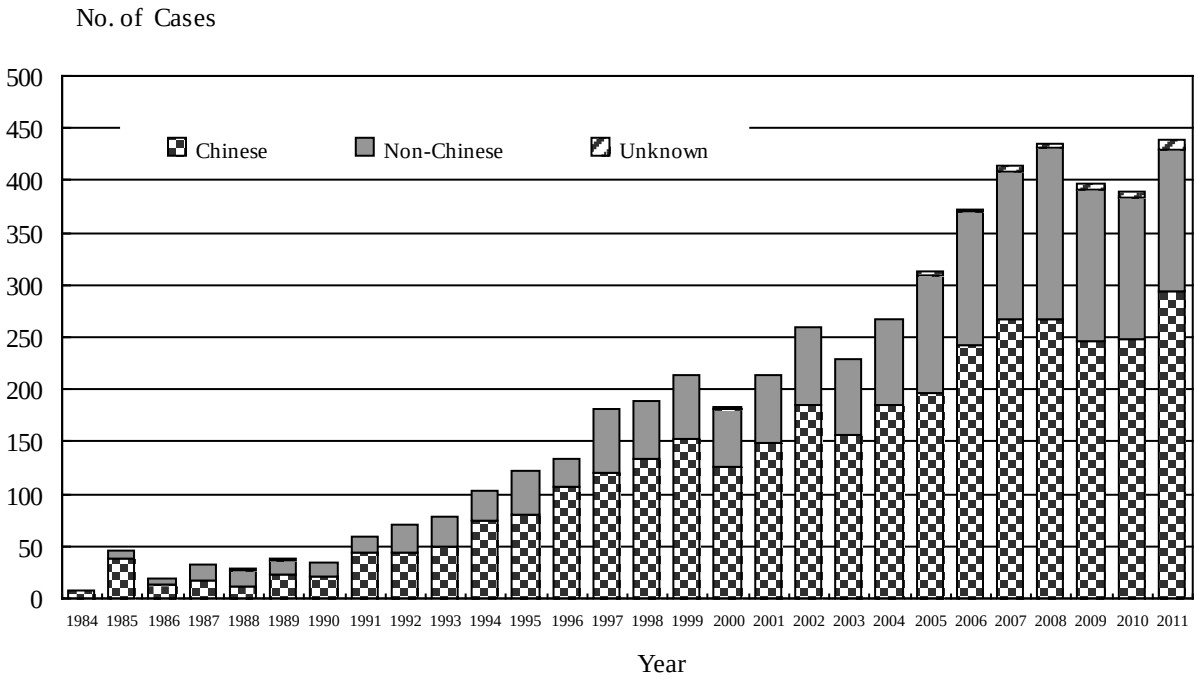
Figure 1: Annual Reported HIV/AIDS in Hong Kong
1984 - 2011 (N=5270/1267)



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
AIDS	0	3	0	6	7	17	13	14	14	19	37	45	70	64	63	61	67	60	53	56	49	64	73	79	96	76	79	82
HIV	7	46	20	33	28	38	34	60	71	79	104	122	134	181	189	213	183	213	260	229	268	313	373	414	435	396	389	438

Year

Figure 2: Ethnicity of reported HIV infection in Hong Kong
1984 – 2011 (N=5270)



Year

Figure 3: Routes of transmission of HIV infection in Hong Kong
1984 – 2011 (N=5270)

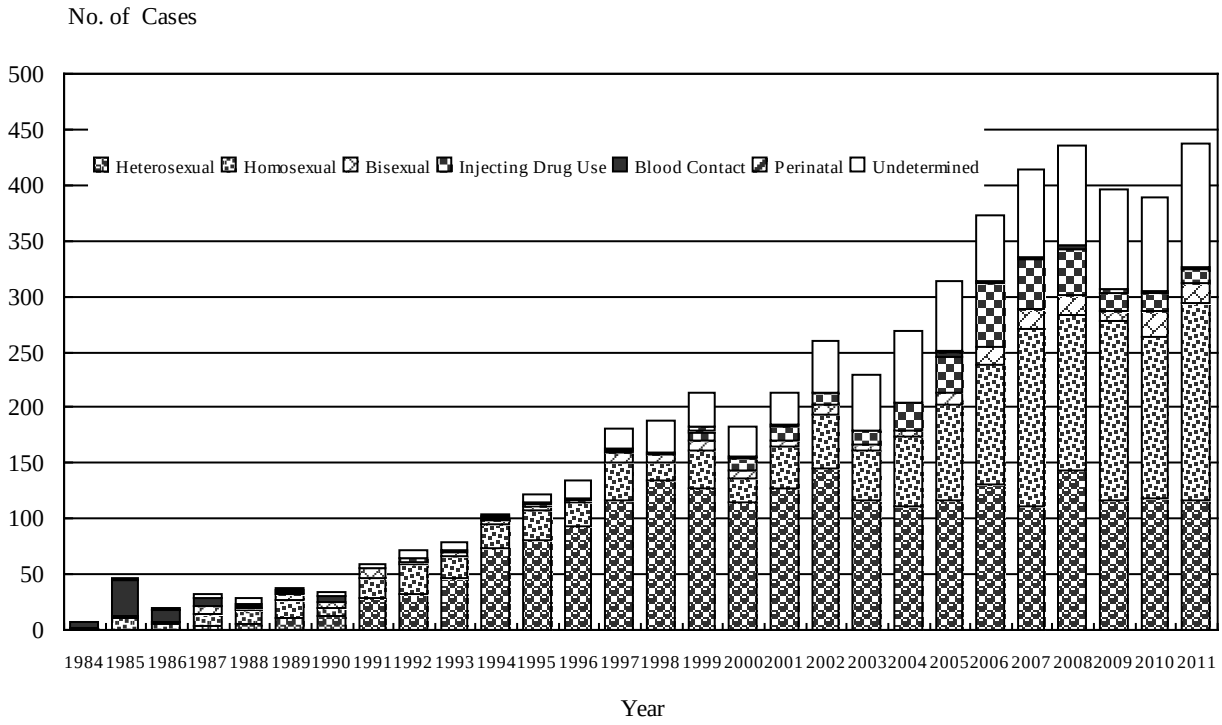


Figure 4: Sources of referral of HIV infection in Hong Kong
1984 – 2011 (N=5270)

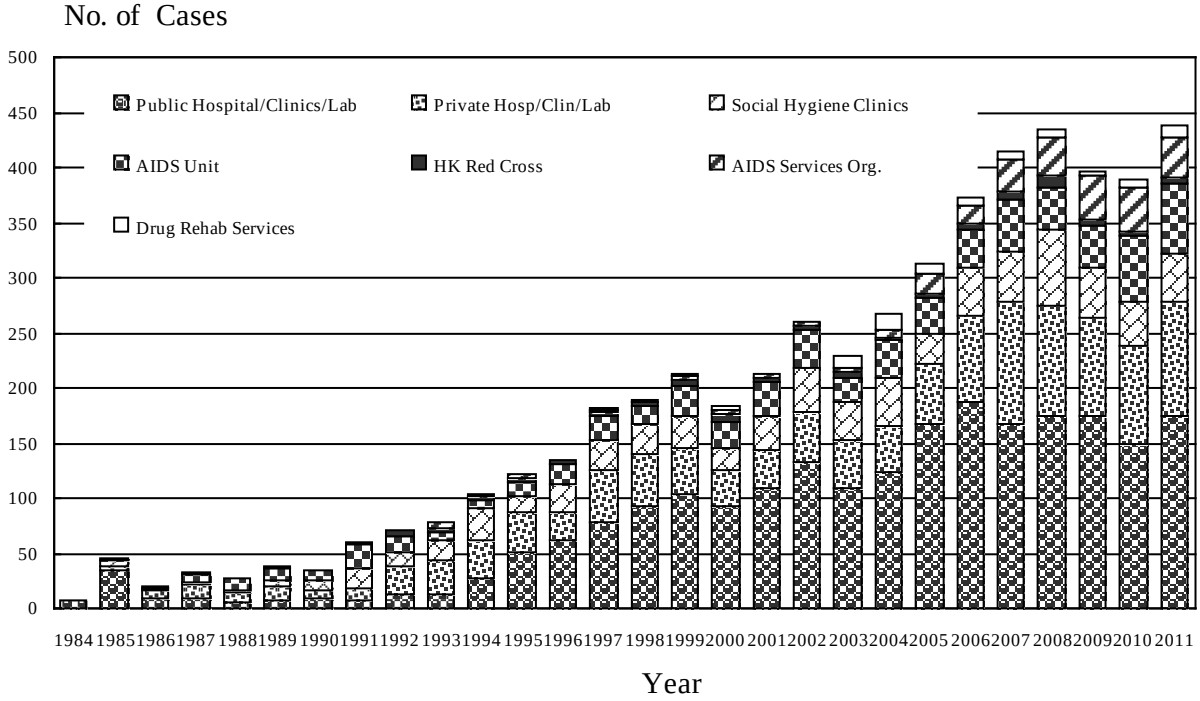


Figure 5: Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2011 (N=1267)

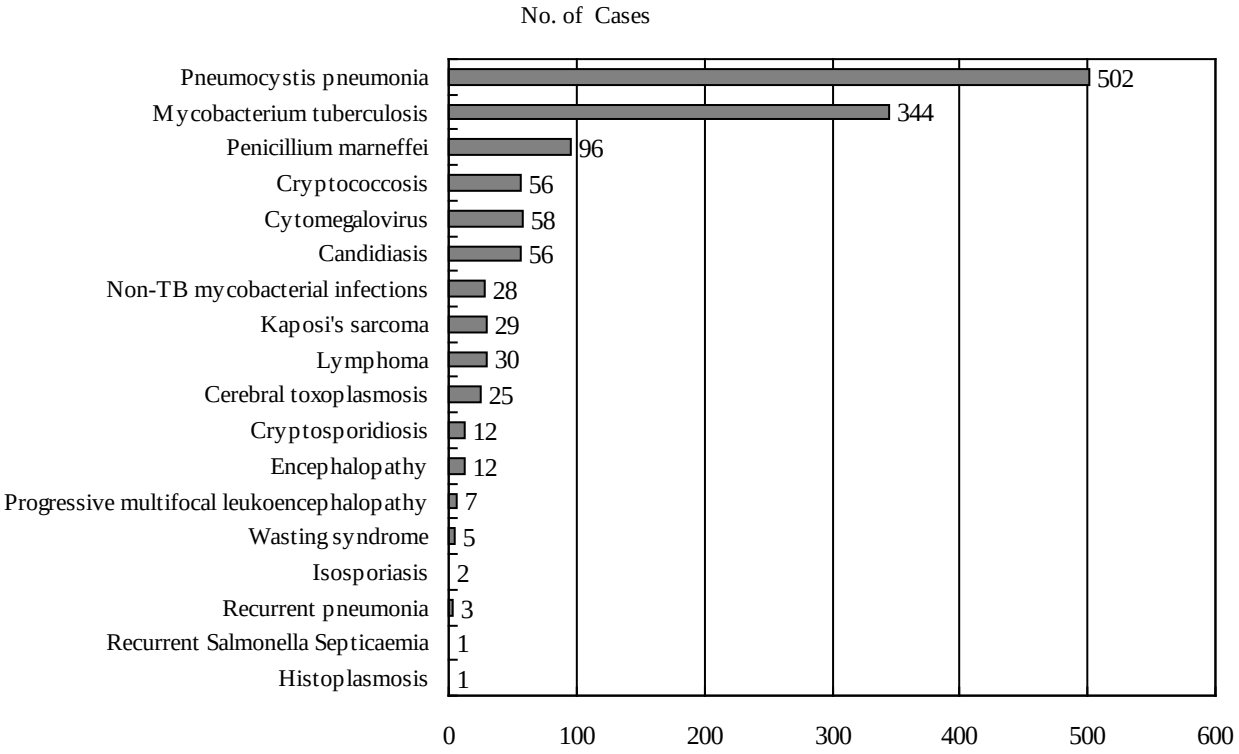
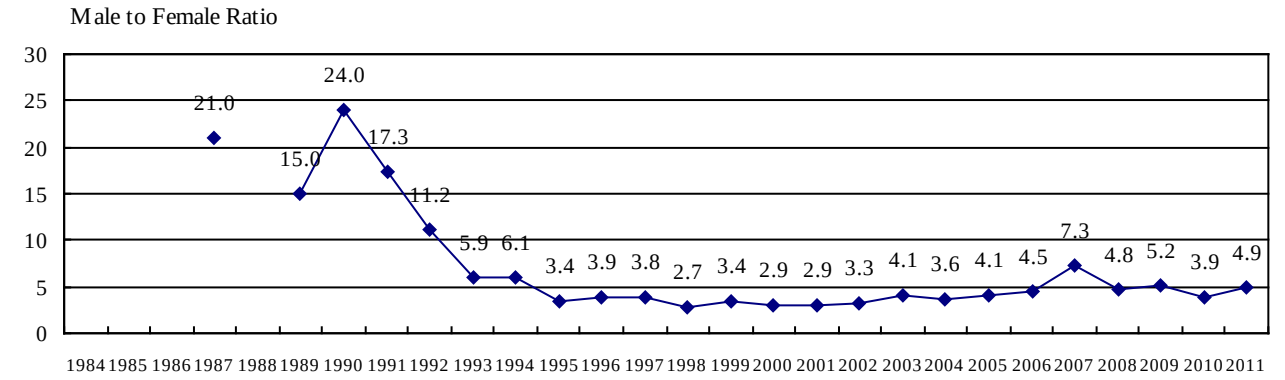
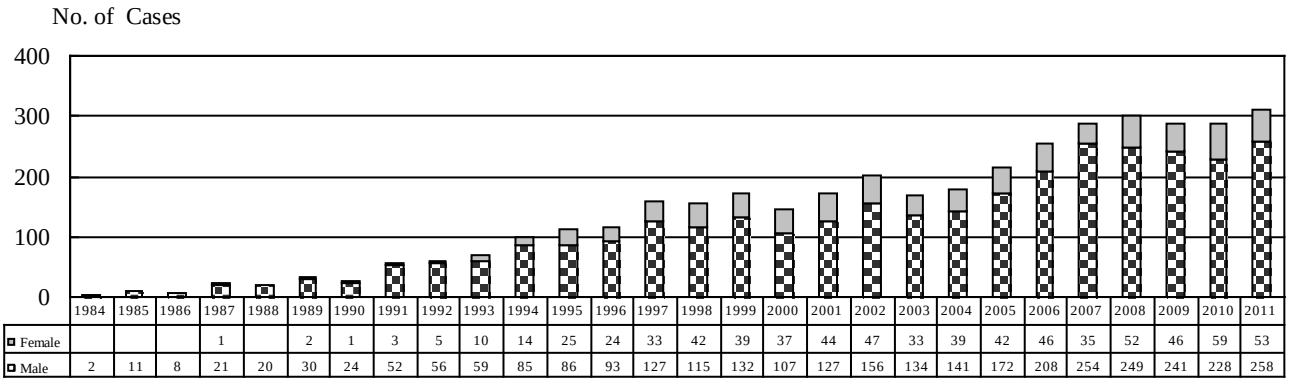


Figure 6: Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 – 2011(N=3928)





	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Female				1		2	1	3	5	10	14	25	24	33	42	39	37	44	47	33	39	42	46	35	52	46	59	53
Male	2	11	8	21	20	30	24	52	56	59	85	86	93	127	115	132	107	127	156	134	141	172	208	254	249	241	228	258

Year

* Sexual transmission refers to that relating Heterosexual, Homosexual and Bisexual contact

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 (ATF) 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 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 ATF. 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:

(1) 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.

(2) Ensuring Quality Care

Attentions were drawn to supporting quality treatment, meeting the needs of people with HIV/AIDS, and promoting HIV testing.

(3) 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 - 2011)

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.

During this period, the HIV situation has left its slow steady state and entered into a new phase. There is a striking increase in infections among local MSM, against a stable heterosexual transmission. HIV prevention in MSM is listed as the top priority area of action in ACA's Recommended HIV/AIDS Strategies for Hong Kong 2007-2011. Based on the results of community assessment and evaluation, ATF launched in December 2006 a two-year Special Project Fund and revised its funding priorities thereafter for HIV prevention in MSM to support relevant community projects. As a result, over the years there has been a rapid scale-up in the number and type of community organizations engaged in targeted prevention and HIV testing. A mechanism was established to monitor the progress towards the goal and objectives proposed for the strategies 2007 to 2011. The progress of the eight targets is in Appendix A.

Current AIDS Programme (Adapted from Appendix IV of the Recommended HIV/AIDS Strategies for Hong Kong 2012-2016)

1. The local HIV/AIDS programmes are executed by a variety of agencies spanning across sectors including health, social, educational, legal, private, correctional services and other.
2. There are two major Government-appointed advisory bodies. The Advisory Council on AIDS reviews the latest developments and provides policy advice on all aspects of HIV infection. The Scientific Committee on AIDS and STI of CHP, DH formulates technical guidance and recommendations on public health and clinical practice.
3. The Special Preventive Programme is the operational service of the DH specialising in HIV prevention, surveillance, care and support for Strategies development and implementation. Its clinical component offers voluntary HIV testing and counselling service, designated HIV care through its Integrated Treatment Centre, positive prevention programmes, and works closely with local hospitals and universities to sustain quality and seamless care. Its HIV surveillance system collects, analyzes and disseminates information on (1) size, distribution, risk behaviours and HIV prevalence of key populations from studies and sentinel sites; (2) STI statistics provided by Social Hygiene

Service; (3) HIV/AIDS infection through a voluntary, anonymous reporting system and (4) HIV-1 subtyping. It also participates in the Pearl River Delta Region HIV Epidemiology Electronic Platform, which was started in 2004 and involves 12 cities including Macau and Hong Kong, with a report published in December 2009.

4. Other related DH services include (1) STI prevention, counselling and treatment by the Social Hygiene Service, which is provided free to the local community; (2) management of HIV/TB co-infection by the Tuberculosis and Chest Service; (3) HIV antibody testing, HIV-1 genotyping and subtyping, CD4/CD8 T lymphocyte subset test and plasma HIV-1 load tests by the Public Health Laboratory Centre; (4) Methadone Treatment Programme and other harm reduction activities for opioid dependent persons by methadone clinics; and (5) sexual and reproductive health services offered by the Family Health Service and the Student Health Service to women of reproductive age and school students respectively.

5. Outside DH, some programmes are integrated in the existing Government structure. Other than DH and Food and Health Bureau, the Government departments / policy bureaux with active involvement in the AIDS programme include the Correctional Services Department (health education and sentinel surveillance), the Education Bureau (holistic sex/AIDS education in school curriculum, resource production and professional development of teachers), the Information Services Department (mass communication on HIV prevention and anti-discrimination), and the Social Welfare Department (subvention of social and rehabilitation services related to HIV prevention of marginalized populations and support of PLHIV). The work of the Government is supplemented by the Hospital Authority (hospital-based clinical service) and its Hong Kong Red Cross Blood Transfusion Service (safety of blood and blood products). With the introduction of nucleic acid testing in 2006, the window period for the detection of HIV in donated blood and blood products has been significantly shortened. Within the Hospital Authority, adults who are PLHIV receive HIV care from the Special Medical Service in Queen Elizabeth Hospital and Princess Margaret Hospital, while children affected by HIV are managed by the Paediatrics units in Queen Mary Hospital and Queen Elizabeth Hospital.

6. The Government set up a special fund – AIDS Trust Fund - in 1993 to render financial support to those living with HIV infection and haemophilia. The ATF launched an additional ex-gratia payment scheme in July 2005 to provide on-going financial assistance to the haemophilia patients and their families. The fund has effectively served as the main source of financial support for agencies working on HIV/AIDS prevention and patient support and for research activities operating in Hong Kong. It is managed by a Council chaired by a government-appointed community leader and made up mainly of non-officials. Over the years, the Fund has become increasingly focused on supporting programmes with the greatest impact on the epidemic in its funding decisions. For example, faced with the rising HIV epidemic among MSM, the ATF launched a Special Project Fund for a period of 2 years between December 2006 and August 2008. Revision of funding guidelines to tie in with the priority areas as identified by the Advisory Council on AIDS was promulgated in May 2008. From 2002 to 2006, a total of 79 projects were funded by ATF, amounting to a total of HK$107

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. From 2007 to 2011, a total of 70 projects were funded by ATF, amounting to a total of HK$84.54 million.

7. The first AIDS NGO was set up in 1990 and the number has grown over the years. The Hong Kong Coalition of AIDS Service Organizations formed in 1998 provides a platform for collaboration and experience sharing among various NGOs working in HIV-related areas. The Coalition has 15 full and associate members in 2011-2012, including non-AIDS specific NGOs which are involved in HIV prevention and health promotion activities. Coordination among NGOs has made it possible for them to complement each other and scale up programme coverage for key subgroups.

8. In recent years, a large proportion of the work carried out by NGOs has been focused on populations which are disproportionately affected by HIV, such as MSM, IDU, SW and their clients, prisoners, and ethnic minorities. In addition to more conventional activities such as venue outreach, hotline, group, educational sessions, community programmes, distribution of promotional material and condom, and media advocacy, more NGOs have been running online interventions, HIV testing and counselling services, and sexual health programmes for their clients. NGOs provide support services to PLHIV and those caring for them mainly through visits, home care, referral, free transport and escort to clinic follow-up, counselling, support groups, social functions and rehabilitation programmes. Increasing community involvement has been evident in the last decade, and training of peer volunteers has become a popular tool to engage and empower community members. On a smaller scale, HIV prevention activities such as workshops, peer education, distribution of promotional materials, drama and community functions have also been organized by NGOs to raise awareness of HIV among school students and general public.

9. In partnership with the government, NGOs have been actively involved in (1) HIV surveillance including community-based surveys among MSM and female SW; (2) formulating quality assurance guidelines on providing HIV test and peer education in community settings; and (3) advocacy of strategies and more focused resource allocation. Some NGOs have also taken part in operational research with academic institutions, international meetings, external consultancies and cross-border HIV prevention programmes. Sensitization and skills building trainings on HIV prevention have been offered by NGOs for teachers, healthcare and social workers, and uniformed services.

10. The Community Forum on AIDS of the ACA set up since 2005 provides a platform for sharing and exchange of the latest developments among community stakeholders and for dialogue with ACA members. The Red Ribbon Centre under the SPP maintains close partnership with the NGOs and provides technical support to them. Apart from organising, and coorganising with local organisations, training activities for community workers and health professionals, overseas expertise was also tapped on capacity building activities.

11. In 1997, DH's RRC was opened. It has been designated as an UNAIDS Collaborating Centre for Technical Support since 1998 to consolidate local efforts on HIV prevention

and pass on Hong Kong's experiences to other places. Three major types of activities have been organized: (1) promotion of HIV awareness and acceptance; (2) targeted prevention; and (3) capacity building. The RRC has held numerous capacity building activities for counterparts in the region, especially Mainland China, and has worked to strengthen the response among MSM. Formed in 2007 with representatives from NGOs and the MSM community, the MSM Working Group has provided useful advice to steer the four major social marketing campaigns on HIV prevention targeting the needs of MSM. Agreements have been made with Macau and Guangdong to strengthen collaboration for achieving information sharing, exchange of expertise, capacity building and coordination of mass communication. Since 2006, the RRC has collaborated with health authorities in the Pearl River Delta region to organize synergistic HIV and STI prevention programmes for MSM and cross-border travellers.

Relationship with the Mainland and the International Community

The relationship of ACA with the Mainland AIDS workers has grown from strength to strength 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: (1) clearinghouse; (2) networking; (3) technical development; and (4) collaboration.

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 first year of its eighth term (1 August 2011 to 31 July 2014). The membership of the eighth 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:

(1) to keep under review local and international trends and development relating to HIV infection and AIDS;

(2) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and

(3) 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 continually adopted in the eighth term. The function of coordinating agencies working on HIV prevention and care and promoting acceptance of people living with HIV/AIDS were taken up by a committee named the Community Forum on AIDS (CFA).

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

1. 76th meeting 3 October 2011
2. 77th meeting 20 January 2012
3. 78th meeting 20 April 2012
4. 79th meeting 29 June 2012

The major issues and papers examined and reviewed by the ACA in the period covered by this report can be seen in Appendix C.

AIDS Policy

The ACA has managed to keep abreast of all the latest developments in the local public health infrastructive 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. Medium term strategies known as ***Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006 and Recommended HIV/AIDS Strategies for Hong Kong 2007 to 2011***, were subsequently published by ACA.

ACA at its 77th meeting endorsed the adoption of the new strategies entitled ***Recommended HIV/AIDS Strategies for Hong Kong 2012-2016***. 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 series of meetings engaging the community stakeholders and extensive consultations with Government bureaux and departments, AIDS NGOs and members of the public.

Under the framework for strategies for 2012-2016, there are three objectives:

(1) Empower communities most affected by HIV to reduce their risk behaviours and underlying vulnerabilities;

(2) Ensure sustainable resources and adequate numbers of trained personnel for provision of quality and non-discriminatory services; and

(3) Move towards an increasingly results-based implementation of prevention, treatment, care and support services.

and there are eight guiding principles:

(1) Diversified approaches are to be combined strategically based on latest evidence with regard to epidemiology, research findings and programme response to actively address the heterogeneous and evolving needs of communities at higher risk of HIV infection.

(2) Available resources are to be targeted to reduce those risk behaviours and underlying vulnerabilities of priority communities which can bring down new HIV infections.

(3) Priority areas for action are widely shared, owned and regularly reviewed by stakeholders.

(4) Services that reach marginalized communities are sensitive to their human rights.

(5) Effective responses are made sustainable, brought to scale, and are flexible enough to make continuous improvement as the situation evolves.

(6) Policies and programmes are coordinated among agencies, optimized to engage and empower community members, and guided by strategic information.

(7) The environment is conducive to universal access of HIV prevention, treatment, care and support, especially by the communities most vulnerable to HIV infection.

(8) Monitoring and evaluation forms an integral part of the local AIDS programme.

The eleven targets of the strategies are set out below:

Behaviours

I. Expand testing coverage

Receive HIV test in the last year and know the result:

(1) At least 50% of MSM;
(2) At least 25% of male clients of female sex workers;
(3) At least 50% of female sex workers; and
(4) At least 80% of opioid dependent persons.

II. Ensure regular condom use:

(1) At least 80% and 70% of MSM use condoms in the last anal intercourse with casual and regular partners respectively;
(2) At least 80% of heterosexual men use condoms in the last vaginal intercourse with commercial sex partners; and
(3) At least 80% of female sex workers use condoms in the last vaginal intercourse with regular clients.

III. Maintain low needle sharing

Not more than 10% of IDU sharing needles with those outside their usual injection partners in the last 6 months.

Underlying vulnerability

IV. Condoms are widely accepted as a norm among vulnerable communities for practice of safer sex in all places where risk behaviours might occur.

Coverage of HIV prevention, treatment, care and support services

V. Achieve high coverage

Access HIV prevention messages or materials including condom in the last year:

(1) At least 75% of MSM;
(2) At least 50% of male clients of female sex workers;
(3) At least 95% of female sex workers; and
(4) At least 95% of opioid dependent persons.

VI. Expand early detection

Not more than 15% of newly reported HIV cases progress to AIDS within 3 months of diagnosis.

VII. Provide universal ART access

At least 95% of adults and children with advanced HIV infection receive antiretroviral therapy.

VIII. Give life skills to youth

At least 50% of students currently studying in senior secondary schools who have in the past received life skills-based HIV education at or before the age of 15.

Sustainable resources and trained personnel

IX. Resource effective efforts

Mobilize substantially more financial resources for proven effective interventions implemented by NGO beyond the current levels of provision.

X. Build capacity

Regularize sensitization and skill-building training for teachers, social workers, healthcare workers, law enforcement staff, and other NGO workers to ensure equal access to HIV-related services by their service clients.

Realizing results-based implementation

XI. Create results orientation
Develop, implement and act on a common set of indicators for monitoring the local AIDS response for key populations.

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 2011 World AIDS Day (WAD), the Department of Health launched a series of publicity activities so as to raise HIV awareness, risk perception and promote safer sex practice in the general public. Publicity events include broadcasting of radio programmes and a newly composed theme song; launching of a photo and video competition; advertising in bus bodies to promote safer sex and HIV tests; and lighting up local landmarks in red to echo a world-wide campaign. 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, 223 issues were published until July 2012.

Other publications distributed together with the ACA Newsfile include:

(1) 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;

(2) Red Ribbon Bulletin - a half-yearly publication of the Integrated Treatment Centre of SPP for people living with HIV/AIDS;

(3) 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;

(4) 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

(5) 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 eighth 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 strategy formulation at the ACA level.

The CFA has the following terms of reference:

(1) enhance communication between the Council and frontline HIV/AIDS service delivery organizations and workers;

(2) examine needs and identify gaps in the community;

(3) recommend measures conducive to promoting acceptance of people living with HIV/AIDS;

(4) provide a platform for collaboration in combating HIV/AIDS epidemic;

(5) enhance the quality of HIV/AIDS service through development of best practices and indicators; and

(6) advocate and facilitate capacity building with other relevant parties.

Membership

The membership of the CFA is shown in Appendix D.

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 three times during the reporting period as follows:

1. 23rd meeting 8 December 2011
2. 24th meeting 22 March 2012
3. 25th meeting 14 June 2012

The major 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 events in 2011-2012

Date	Event
3.10.2011	The 76th ACA Meeting
24.10.2011	ACA Chairperson and Members visit the HIV related services providers: Red Ribbon Centre, C.H.O.I.C.E, Zi Teng and Midnight Blue.
10.11.2011	ACA Chairperson and Members visit the HIV related services providers: Action for REACH OUT, The Society for AIDS Care, The Society of Rehabilitation and Crime Prevention, HK.
22.11.2011	ACA Chairperson and Members visit the HIV related services providers: Boys' and Girls' Club Association of Hong Kong, AIDS Concern, Hong Kong AIDS Foundation.
30.11.2011	ACA Chairperson attended the 20th Anniversary Charity Dinner of Hong Kong AIDS Foundation.
5.12.2011	ACA Chairperson and Members visit the HIV related services providers: Hong Kong Red Cross, Pui Hong Self-Help Association and Heart to Heart.
8.12.2011	The 23rd CFA Meeting
11.12.2011	ACA Chairperson being the Judge of "Anti-Stigma Campaign 2011 – 'Animate the Positive Living of People Living with HIV(PLHIV)!'" of AIDS Concern.
20.1.2012	The 77th ACA Meeting
10.2.2012	ACA Chairperson and Members visit the HIV related services providers: Caritas Youth and Community Service, Chi Heng Foundation and Society for the Aid and Rehabilitation of Drug Abusers (SARDA).
24.2.2012	ACA Chairperson and Members visit the HIV related services providers: Rainbow of Hong Kong, St John's Cathedral HIV Education Centre and A-Backup.
22.3.2012	The 24th CFA Meeting
20.4.2012	The 78th ACA Meeting
14.6.2012	The 25th CFA Meeting
29.6.2012	The 79th ACA Meeting
22-27.7.2012	ACA Chairperson attended the XIX International AIDS Conference at Washington, USA.

6. A Gallery

On 24 October 2011, ACA Chairperson and Members visit the HIV related services providers: Red Ribbon Centre, C.H.O.I.C.E, Zi Teng and Midnight Blue.

On 10 November 2011, ACA Chairperson and Members visit the HIV related services providers: Action for REACH OUT, The Society for AIDS Care, The Society of Rehabilitation and Crime Prevention, HK.

On 22 November 2011, ACA Chairperson and Members visit the HIV related services providers: Boys' and Girls' Club Association of Hong Kong, AIDS Concern, Hong Kong AIDS Foundation.

World AIDS Day 2011 Concert on 1 December 2011

On 5 December 2011, ACA Chairperson and Members visit the HIV related services providers: Hong Kong Red Cross, Pui Hong Self-Help Association and Heart to Heart.

On 10 February 2012, ACA Chairperson and Members visit the HIV related services providers: Caritas Youth and Community Service, Chi Heng Foundation and Society for the Aid and Rehabilitation of Drug Abusers (SARDA).

On 24 February 2012, ACA Chairperson and Members visit the HIV related services providers: Rainbow of Hong Kong, St John's Cathedral HIV Education Centre and A-Backup.

Appendix A : Progress of the Targets of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011

Target One Increase condom use of MSM, sex workers and clients to ≥ 80%	• Community-based surveys among MSM, sex workers and their clients indicated that the level of consistent condom use remained stable; 75% of MSM always used condom for anal sex among non-regular sex partners (54%-60% for internet-recruited MSM); 95% of female sex workers used condom more than half encounters in preceding week during vaginal sex with customers; 67% and 71% of male sex workers used condom every time in vaginal sex and anal sex respectively with their clients; and 73%-81% of male clients of female sex workers always used condom.
Target Two Incorporate rapid HIV testing for late presenting mothers to close gap of MTCT	• The universal antenatal HIV testing programme was implemented on 1 September 2001. In 2006, one of the main recommendations from the evaluation of the antenatal HIV screening programme (2001-2004) identified that rapid HIV testing should be considered for late presenting women whose HIV status was unknown at the time of attending labour wards. To fill this gap, SCAS recommended the introduction of rapid HIV testing in 2007. • After a pilot scheme in 2007, rapid HIV testing has been offered to late presenting pregnant women in all public hospitals since 2008. As a result, the proportion of women who had HIV status known before delivery went up from 90.96% in 2006 to a record 99.96% in 2010.
Target Three Develop one or more resource allocation plans to guide programme funding	• Based on the success of ATF's Special Project Fund and the resource allocation model of San Francisco, ATF was recommended to move towards an epidemiology based under-driven approach for resource allocation. As a result, a resource allocation plan had been suggested by SPP based on the reported statistics in 2007 and the resource allocation of ATF to various populations and areas between financial year 2005-06 and 2007-08. Funding of programmes supported by ATF has been in line with the resource allocation plan.

Target Four Review ATF funding mechanism to improve effective funding of community-based response	• At the 61st ACA meeting, ATF presented a paper on how to improve its funding mechanism for a more effective community-based response having taken into account of the changing HIV situation and ACA's latest recommended strategies. High risk groups identified for high priorities included MSM, IDU, sex workers and their clients, cross-border travellers and persons living with HIV. Subsequently, ATF revised its funding guidelines to tie in with the priority areas as identified by ACA and specify important considerations of applications in May 2008 and again in 2009.
Target Five Regularize community surveillance of risk populations at 1-2 year intervals	• In 2006/07, a community-based HIV prevalence and risk behavioural survey for MSM frequenting gay saunas, bars and discos (PRiSM). The HIV prevalence was 4.1% from a sample of 859 MSM. In 2008/09, this survey was repeated with a sample of 831 MSM which showed a seroprevalence of 4.3%. • In 2006, a community-based risk behavioural and seroprevalence survey on female sex workers from different sex establishments including nightclubs, street, bars and "one woman brothels" (CRiSP). From 996 eligible samples, the HIV prevalence was 0.2%. The survey was repeated in 2009 with a sample of 986 female sex workers which showed an adjusted seroprevalence of less than 0.1%. • Seroprevalence and risk behaviours of community-based heroin drug users can be inferred from the universal HIV antibody urine testing programme in methadone clinics (since 2004) and annual Street Addict Survey (since 1991) respectively. • The above mentioned surveys, which were funded by DH and carried out in collaboration with NGOs and/or academic institutions, would be continued. • A series of behavioural risk surveys targeting male clients of female sex workers in Hong Kong have been conducted every one to two years and funded by ATF since 1999.

Target Six Improve HIV testing coverage among risk populations	• The proportion of MSM who had been tested for HIV in the past one year has increased from 24% in 2006/07 to 35% in 2007/08. The proportion of FSW who had been tested for HIV in the past one year has increased from 45% in 2006 to 49% in 2009. • The increase can be attributed partly to an escalation of funding from ATF for HIV testing services in the community settings. As a consequence, a greater proportion of new HIV diagnosis was now made by NGOs. The wide adoption of rapid HIV testing, including the government AIDS Counselling and Testing Service, which has better acceptability over conventional testing, also contributed towards a higher coverage. • With more organizations providing HIV testing and counselling in the community settings, CFA published quality assurance guidelines in 2009 to guard against the standard of service provision. • As for IDU, the coverage of annual universal HIV antibody urine testing programme in methadone clinics has reached 77% - 90%.
Target Seven Sustain quality HIV care of international standards to people living with HIV/AIDS	• Over the last few years, about 70% of reported HIV cases had received care at public HIV specialist services in the DH and HA. There was substantial increase in the drug expenditure due to rise in patient load and increasingly more of them receiving HAART as a standard lifelong treatment. As a result, extra funding has been allocated to both DH and HA to procure antiretroviral drugs. • The establishment of an HIV clinic in 2009 at Princess Margaret Hospital has strengthened the clinical capacity. • The local standard of HIV care is benchmarked by peer-reviewed guidelines and clinical effectiveness. All clinics have participated in the promulgation of relevant guidelines and importantly have achieved a high level of effectiveness in HIV disease management, such as low default rate, drug adherence, timely acquisition of new drugs, integrated management of co-infection, and programmes for preventing onward HIV transmission. • Scientific Committee on AIDS and STI continues to be a strong factor in the local standard of care. Since 2007, guidelines and recommendations have been published and updated for areas of prevention and care, including the prevention of perinatal HIV transmission, management of tuberculosis and hepatitis B co-infection, use of BCG vaccine in HIV infected patients and principles of antiretroviral therapies in HIV disease.

Target Eight Enhance collaboration with Mainland China through regular or ad-hoc programmes / projects	• There has been enhanced collaboration with Mainland China on three major areas, namely (1) surveillance; (2) health promotion and publicity; and (3) capacity building. • Apart from regular meetings and the Pearl River Delta electronic platform which has been used for sharing HIV surveillance data among 12 participating cities in the region since 2005, a collaborative research project on HIV-1 molecular epidemiology between Shenzhen, Guangzhou, Macau and Hong Kong was completed in 2007. • Since 2007, Hong Kong, Shenzhen and Macau from both the government and NGOs have been supporting each other in the publicity activities around World AIDS Day, HIV prevention campaigns for MSM, and sharing of mutual experience in related programmes. • Apart from the ongoing Lions Red Ribbon Fellowship Scheme which has been organized since 1999, a new one-week attachment programme was started in 2007 under the sponsorship of Lions Club for frontline workers in Shenzhen and Guangzhou on HIV prevention among MSM. This provides an opportunity for colleagues from across the border to learn about the outreach and centre-based HIV prevention activities in Hong Kong. • There were numerous exchanges between the Mainland and Hong Kong through regional meetings, forums and consultancy projects. For example, Mainland colleagues were invited as participants and/or observers in two large-scale meetings held in Hong Kong, namely the technical consultation on the health sector response in HIV and MSM in 2009 and the Regional Action Planning Meeting of Multi-city HIV Initiative among MSM and Transgender Populations in 2010. • Regarding training of HIV physicians and clinical staff, DH regularly received clinicians and nurses for clinical attachment programmes from various parts of Mainland China, including Beijing, Gansu, Guangxi, Guangdong, Sichuan and Hunan.

Appendix B : ACA Membership List

Hong Kong Advisory Council on AIDS (ACA)
(Eighth-Term: August 2011 - July 2014)

Chairperson:

Dr FAN Yun-sun, Susan

Vice-Chairman:

Department of Health:
Dr LAM Ping-yan, JP (up to June 2012)
Dr CHAN Hon-yee, Constance, JP (from June 2012)

Members:

Mr CHAU Ting-leung, Marco
Dr CHEN Zhi-wei
Mr CHOI Kim-wah, Cliff
Dr HO Chi-on, Billy
Ms HUI Mei-sheung, Tennessy, JP
Prof LEE LAI Chun-hing, Annisa
Ms LAU Man-man, Lisa, MH, JP
Dr LAW Yi-shu, Louise
Mr LEE Luen-fai
Prof LEE Tze-fan, Diana
Mr LEUNG Wing-yee, James
Mr Chung TO
Mr TONG Tai-wai, Raphael, MH
Dr TSANG Tak-yin, Owen
Mr WONG Chi-wai, John
Mr WONG Doon-yee, Charles
Prof YU Chung-toi, Samuel

Education Bureau:

Dr CHEUNG Kwok-wah

Food and Health Bureau:

Mrs MAK LOK Suet-ling, Susan (up to January 2012)

Miss TSE Siu-wa, Janice, JP (from January 2012)

Hospital Authority:

Dr LIU Shao-haei

Social Welfare Department:

Mrs Cecilia YUEN (up to June 2012)

Mr LAM Ka-tai (from June 2012)

Secretary:

Department of Health:

Dr WONG Ka-hing

Council Secretariat:

Department of Health:

Mr NG Chun-kit, Kenneth (up to January 2012)

Mrs LAU MA Ching-suen (from January 2012)

Ms LAM Shui-ki

Ms CHU Moon-sheung (up to June 2012)

Mr LAI Ching-wai (from June 2012)

Appendix C : Topics / Issues Discussed at ACA Meetings

Date of Meeting	Topics / Issues Discussed at ACA Meetings
76th ACA Meeting 3 October 2011 (Monday)	1. Proposed schema of operation for the Hong Kong Advisory Council on AIDS 2011-2014 (ACA Paper No. 1/2011-2014) 2. Recommended HIV/AIDS Strategies for Hong Kong 2012 to 2016 – second draft (post-stakeholders consultation) (ACA Paper No. 2/2011-2014) 3. World AIDS Campaign 2011 in Hong Kong (ACA Paper No. 3/2011-2014)
77th ACA Meeting 20 January 2012 (Friday)	1. Recommended HIV/AIDS Strategies for Hong Kong 2012 to 2016 – Final Draft (ACA Paper No. 4/2011-2014) 2. Report of the first meeting of the Community Forum on AIDS (2011-2014) 3. Report on the 10th International Congress on AIDS in Asia and the Pacific (ICAAP), Busan 2011 (ACA Paper No. 5/2011-2014)
78th ACA Meeting 20 April 2012 (Friday)	1. Implementation and Monitoring of the Recommended HIV/AIDS Strategies for Hong Kong 2012 to 2016 (ACA Paper No. 6/2011-2014) 2. Update on HIV/AIDS Epidemiology in Hong Kong 2011 (ACA Paper No. 7/2011-2014) 3. Revisiting HIV infection and the health care workers (ACA Paper No. 8/2011-2014) 4. Report of the Community Forum on AIDS
79th ACA Meeting 29 June 2012 (Friday)	1. Research findings on teenage MSM sexual risk and behavioural patterns and its implications 2. HIV prevalence and risk behavioural survey of men who have sex with men 2011 (ACA Paper No. 9/2011-2014) 3. Update on universal antenatal HIV screening and mother-to-child HIV prevention in Hong Kong (ACA Paper No. 10/2011-2014) 4. Report of the Community Forum on AIDS

Appendix D : CFA Membership List

Community Forum on AIDS (CFA)

Convener:

Prof YU Chung-toi, Samuel

Members:

Mr CHAN Wai-leung, Charlie

Mr CHAU Chun-yam

Mr CHAU Ting-leung, Marco

Mr CHEN Noel

Ms CHEUNG Hiu-wah, Mandy

Mr CHOI Kim-wah, Cliff

Dr CHU Chung-man, Ferrick

Ms HO Pik-yuk, Shara

Ms LAI Tak-yin, Debby

Ms LAU Siu-kwan, Maple

Dr LEE Chi-kei, Krystal

Mr LEE King-fai

Ms LEUNG Wing-yan

Mr LI Chun-wai

Mr PUI Wing-tai, Beethoven

Ms SIU Hoi-ying, Winnie

Dr WAN Wai-yee

Mr WON Mau-cheong

Mr WONG Doon-yee, Charles

Miss YAU Ho-chun, Nora, MH, JP

Ms YIM Kit-sum, Kendy

Ms YU Po-chu, Pansy

Ms YUEN How-sin

Secretaries:

Department of Health:

Dr WONG Wai-ming, Francis (up to June 2012)

Dr SHU Bo-yee (from June 2012)

Mr NG Chun-kit, Kenneth (up to January 2012)

Mrs LAU MA Ching-suen (from January 2012)

Appendix E : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
23rd CFA Meeting 8 December 2011 (Thursday)	1. General operation of CFA meetings and Terms of Reference 2. Waste Disposal (Clinical Waste) (General) Regulation (CFA Background Information Paper 1/2011-2014) 3. An Exploratory Study of Risk Behaviours among Young MSM Using Focus Group Interview (PowerPoint presentation by Community Health Organization for Intervention, Care and Empowerment Limited) 4. Teenage MSM Sexual Health and Mental Health Survey (PowerPoint presentation by The Boys' & Girls' Club Association of Hong Kong) 5. Review of World AIDS Day activities 2011 (PowerPoint presentation by Red Ribbon Centre)
24th CFA Meeting 22 March 2012 (Thursday)	1. Matters Arising (a) Clinical Waste Control Scheme (b) Three-year Work Plan in Response to Recommended HIV/AID Strategies for Hong Kong, 2012 – 2016 (CFA Paper 2/2011 – 2014) (c) Inviting Parties Holding Different Views on HIV/AIDS Prevention to Take Part in Dialogue at CFA Meetings 2. An Exploratory Study of Risk Behaviours among Young MSM Using Focus Group Interview 3. Arrangement for Request of Attendance in CFA by Non-regular Members
25th CFA Meeting 14 June 2012 (Thursday)	1. Matters Arising (a) Inviting relevant stakeholders/interested parties for dialogue (b) Attendance in CFA by non-members (c) Concerns and comments on funding mechanism of AIDS Trust Fund (d) Report on the progress of AIDS response indicators (CFA Paper 3/2011-2014) (e) Summary of discussion on HIV-infected healthcare workers in Panel on Health Services of Legislative Council 2. Presentation on findings of the PRiSM 2011

ACA Secretariat

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