



Hong Kong Advisory Council on AIDS



**Annual Report
August 2012 – July 2013**

Preface

Since the first HIV infection case reported in 1984, Hong Kong has spared no effort in keeping the disease under control. The Hong Kong government, Hong Kong Advisory Council on AIDS, healthcare providers, non-governmental organizations (NGOs) and other HIV related service agencies have continued to work in tandem along the direction mapped out by the Recommended HIV/AIDS Strategies. With the input from the AIDS Trust Fund, it has been possible to target resources to the most susceptible populations as suggested by The Strategies.

While we focus on the imminent needs of priority communities in HIV prevention and medical services, we must not lose sight of the long term impact of HIV education on young people and the imperative for continuous collection of strategic information. Last year, a baseline survey on Life skills-based HIV/sex education in junior secondary schools was conducted with the help of the Department of Health and the Education Bureau. The survey results not only provided a long-awaited overview of HIV/sex education in the junior secondary levels in Hong Kong, but also identified areas for further improvement. Besides, the first HIV/AIDS Response Indicator Survey was launched this year with the participation of different NGOs adopting the same set of core indicators for assessment. This greatly facilitates the monitoring and evaluation of the community's HIV prevention programmes.

Undeniably, HIV's linkage with risk behaviour and marginalized practices involving sex and drugs render the disease a sensitive and even taboo subject. Discrimination and stigmatization remain in sectors of our society, and create barriers to reaching those populations that are most vulnerable. The Council took proactive steps to address the concern that police continue to seize and use condoms as evidence of prostitution. Increased public attention about HIV infected health care workers was also noted, and The Recommended Guidelines on HIV infection and health care workers were updated after extensive consultation.

Although Hong Kong's overall HIV prevalence remains low, the persistent rise in HIV among vulnerable groups is highly worrying. Until the advent of a true cure for HIV/AIDS, there is no room for laxity or complacency. The challenge ahead of us is to stay vigilant and make full use of available channels and resources to reach all sectors of society in combating the disease.

Dr Susan FAN, JP
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Hong Kong Advisory Council on AIDS
July 2014

Table of Contents

Preface	1
Table of Contents	2
Chapter 1: HIV/AIDS Situation in Hong Kong	3
Chapter 2: HIV/AIDS Programme in Hong Kong	9
Chapter 3: Hong Kong Advisory Council on AIDS	12
Chapter 4: Community Forum on AIDS	15
Chapter 5: Highlights of the year 2012-2013	17
Chapter 6: A Chronicle of events in 2012-2013	19
Chapter 7: A Gallery	20
Appendix A : Historical Development of Hong Kong's AIDS Programme (1984-2011)	26
Appendix B : ACA Membership List	28
Appendix C : Topics / Issues Discussed at ACA Meetings	30
Appendix D : Task Force Membership List	31
Appendix E : Review on the first year implementation of the Recommended HIV/AIDS Strategies for HK 2012 - 2016	32
Appendix F : CFA Membership List	40
Appendix G : Topics / Issues Discussed at CFA Meetings	42

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 75% of all reported HIV cases in Hong Kong as at 30 June 2013. Understanding the current HIV/AIDS situation is therefore crucial in monitoring and planning of our prevention and care effort for this infection.

2. 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

3. 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.

4. 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 jirovecchi* pneumonia (previously named *Pneumocystis carinii* pneumonia) followed by *Mycobacterium tuberculosis* infection.

5. 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.

A. Voluntary Reporting

6. 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.

7. As at 30 June 2013, 6045 HIV infections were reported to this system. Among them, 1387 had progressed to AIDS. The reported AIDS cases had become stable at about 80 cases per year in the past few 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.

8. HIV infection affects more males than females with the ratio in the region of 3.9:1 as at June 2013.

9. The majority (66.3%) of all our reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remained the major mode of transmission among the reported cases in Hong Kong, which accounted for 74.9%. Men who have sex with men accounted for 34.4% and heterosexual accounted for 40.5%. The number of HIV infections related to injection drug use remains low at 321 cases (or 5.3%) so far. The total number of perinatal HIV transmission cases now stands at 27 as of June 2013.

B. Unlinked Anonymous Screening

11. 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 0.98% and 0.74% respectively in 2012.

C. Seroprevalence in Selected Populations

12. The positive HIV antibody detection rate was 0.003% from all the blood donations in 2012 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.206% in 2012, a small increase from the previous year (0.172% in 2011).

13. 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 41,714 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.

Table 1. The number of tests in antenatal clinics and the results in the subsequent years

	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
2012	53117	9	0.02	1.4

D. Universal HIV Antibody (Urine) Testing Programme in Methadone Clinic

14. In Hong Kong, the Universal HIV Antibody (Urine) Testing Programme (MUT Programme) was piloted in 2003 and rolled out to all methadone clinics in 2004. Out of 8812 samples collected from the Methadone Clinics in 2004, 18 were tested HIV positive, equivalent to 0.204%.

Table 2. The number of tests under MUT Programme and the results in the subsequent years

	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
2012	6742	42	0.623

Figure 1: Annual Reported HIV/AIDS in Hong Kong
1984 - 2012 (N=5783/1353)

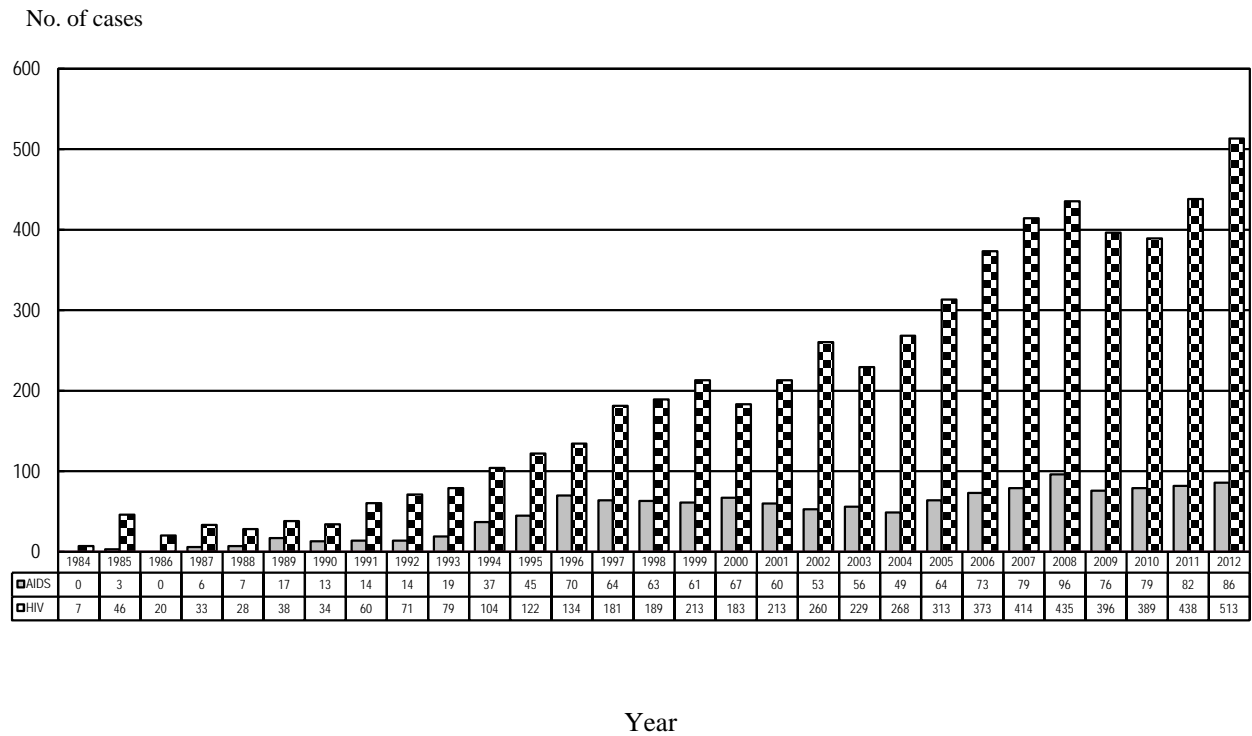


Figure 2: Ethnicity of reported HIV infection in Hong Kong
1984 - 2012 (N=5783)

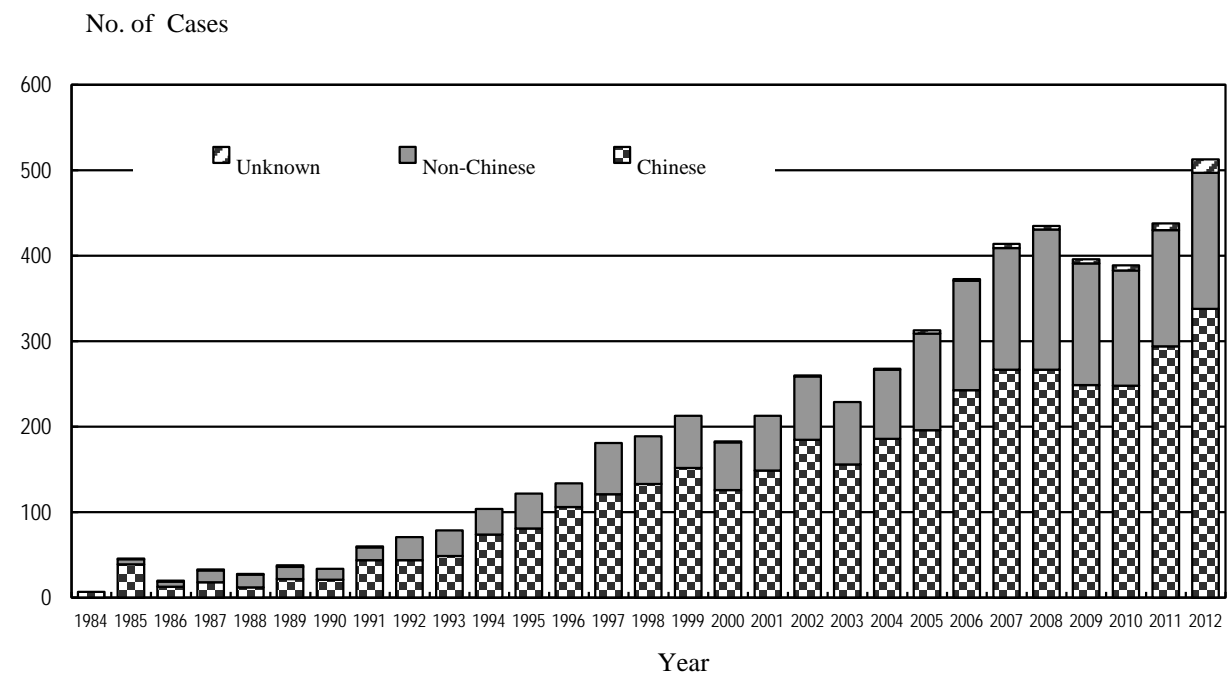


Figure 3: Routes of transmission of HIV infection in Hong Kong
1984 – 2012 (N=5783)

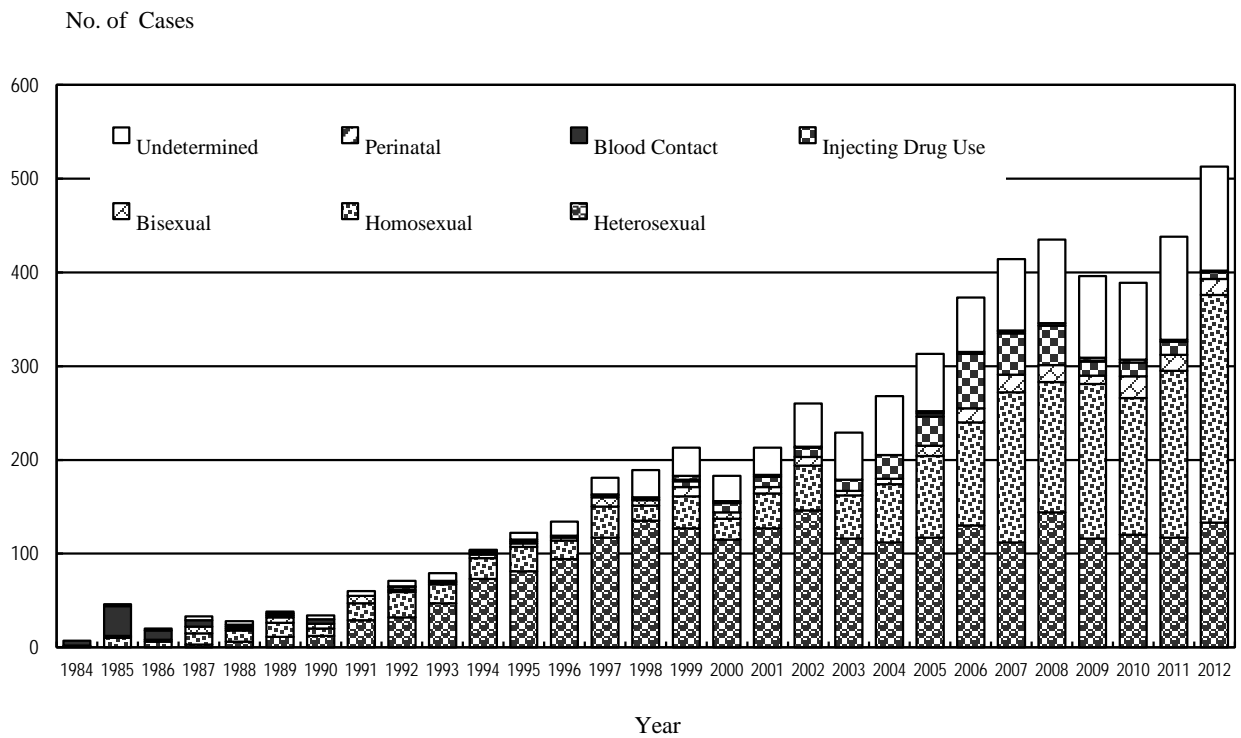


Figure 4: Sources of referral of HIV infection in Hong Kong
1984 – 2012 (N=5783)

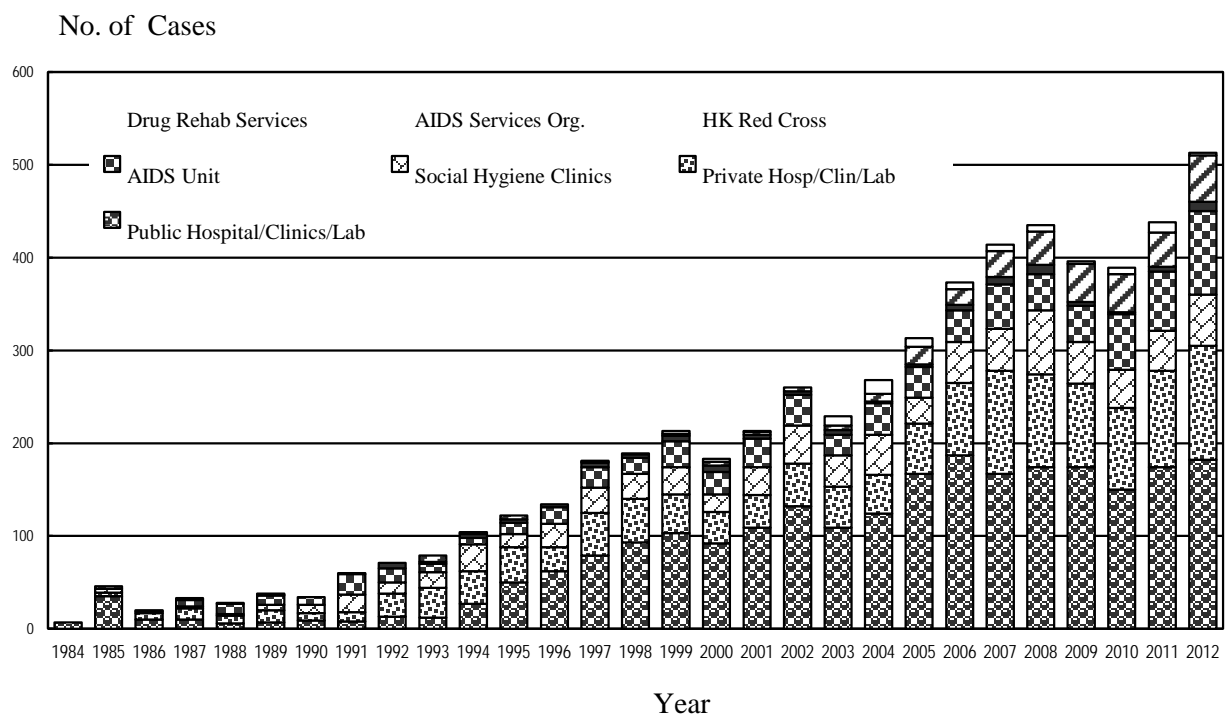


Figure 5: Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2012 (N=1353)

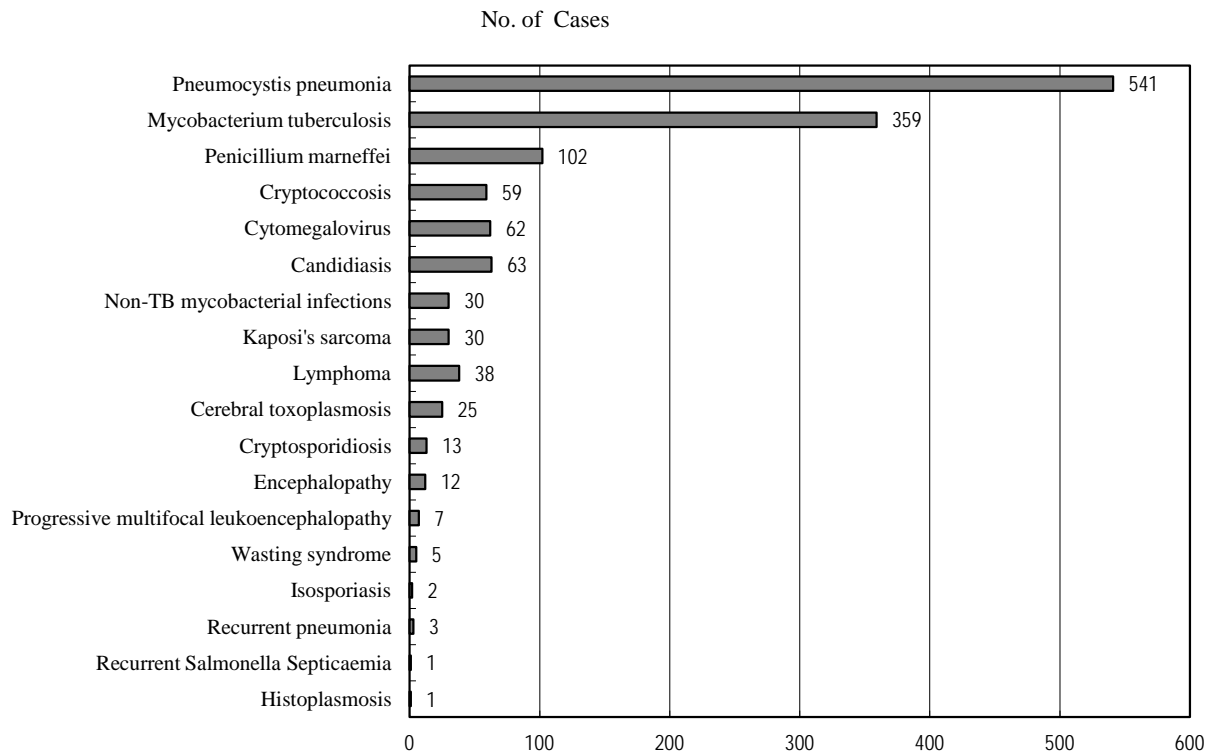
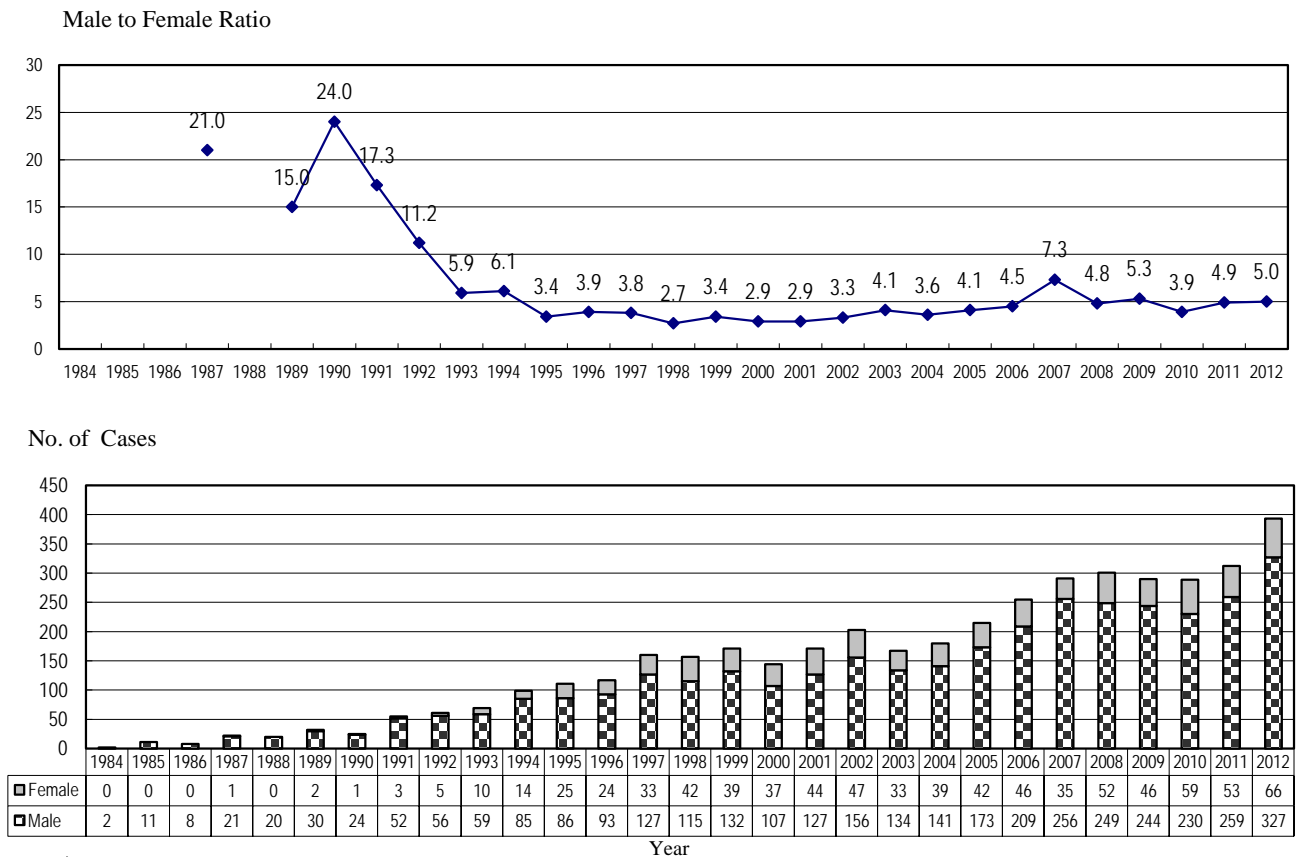


Figure 6: Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 – 2012 (N=4331)



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

2. HIV/AIDS Programme in Hong Kong

Introduction

15. AIDS programmes in Hong Kong are planned and developed according to the changes of the HIV epidemics and needs of various populations. They closely followed the direction set by the Recommended HIV/AIDS Strategies for Hong Kong issued by the ACA. Over the years, there were a lot changes concerning the organizations involved in planning and implementation of AIDS programmes, their respective roles and functions, and the scope of HIV preventive activities and service provided (the historical development of AIDS Programme is in **Appendix A**).

16. Nowadays, there are several main types of organizations involved in AIDS programmes development and implementation, including (a) advisory bodies; (b) Department of Health; (c) other governmental departments or public organizations; and (d) non-governmental organizations.

A. Advisory bodies

17. Two major Government-appointed advisory bodies were involved, including:

- (1) **Advisory Council on AIDS (ACA)** - reviews the latest developments and provides policy advice on all aspects of HIV infection; and
- (2) **Scientific Committee on AIDS and STI (SCAS)** under CHP of DH - formulates technical guidance and recommendations on public health and clinical practice.

18. **The Community Forum on AIDS (CFA)** under the ACA provides a platform for sharing and exchange of the latest developments among community stakeholders, and for dialogue with ACA members.

B. Department of Health

19. **The Special Preventive Programme (SPP)** of DH is responsible for prevention, surveillance and clinical management of HIV/AIDS. It provides services of the following four areas:

- (1) *Clinical service* - ranged from AIDS Hotline, AIDS Counselling and Testing, clinical consultation and treatment, nursing care and psychosocial support;
- (2) *Health promotion at community level* - mainly delivered through the Red Ribbon Centre (RRC), by collaborating with both local and regional health authorities and community agencies to undertake education projects and

epidemiological surveys, and provide training and technical support to non-governmental organizations;

- (3) *Policy development* - SPP provides secretariat and operational support to ACA and CFA; and
- (4) *Surveillance and research* – SPP monitors the local HIV situation through various surveillance systems in collaboration with various stakeholders, and announces the most updated HIV situation every quarter.

20. **Other related DH services include:**

- (1) *Social Hygiene Service* – provide STI prevention, counselling and treatment;
- (2) *Tuberculosis and Chest Service* – management of HIV/TB co-infection;
- (3) *Public Health Laboratory Centre* – provides HIV relating laboratory services;
- (4) *Methadone clinics* – provides Methadone Treatment Programme and other harm reduction activities for opioid dependent persons; and
- (5) *Family Health Service and the Student Health Service* – provides sexual and reproductive health services to women of reproductive age and school students respectively.

C. Other governmental departments and public organizations

21. **Government departments / policy bureaux** with active involvement in the AIDS programme include:

- (1) *Correctional Services Department* – involved in health education and sentinel surveillance;
- (2) *Education Bureau* – involved in sex/AIDS education and professional development of teachers;
- (3) *Information Services Department* – involved in mass communication on HIV prevention; and
- (4) *Social Welfare Department* – involved in subvention of social and rehabilitation services related to HIV prevention of marginalized populations and support of PLHIV).

22. **Hospital Authority and Hong Kong Red Cross Blood Transfusion Service** help provide hospital-based clinical service and ensure supply of safe blood and blood products. Infected adults can receive care from the Special Medical Service in Queen Elizabeth Hospital and Princess Margaret Hospital, while affected children are managed by the Paediatrics units in Queen Mary Hospital and Queen Elizabeth Hospital.

23. **AIDS Trust Fund** provides financial support to those living with HIV infection and haemophilia, and to agencies working on HIV/AIDS prevention, patient support and for research activities. 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 2012, a total of 86 projects were funded by ATF, amounting to a total of HK\$134 million.

D. Non-governmental organizations

24. **AIDS NGOs** are heavily involved in the implementation of AIDS programme and related activities. Their contributions mainly include:

- (1) *Conduct HIV preventive activities at the front-line* - including venue and on-line outreach, educational sessions, community programmes, condom distribution, and media advocacy; some also provided HIV testing and counselling services;
- (2) *Provide support services to PLHIV and their carers* – through visits, home care, referral, free transport and escort to clinic follow-up, counselling, support groups, and rehabilitation programmes; and
- (3) *Partnership with the government* – participate in community-based surveys such as (a) PRiSM, CRiSP and HARiS; (b) formulating guidelines; and (c) advocacy.

3. Hong Kong Advisory Council on AIDS

Introduction

25. The Hong Kong Advisory Council on AIDS (ACA) was formed in 1990. 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.

26. A two-tier system of interaction was adopted since 2005 in which 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).

27. With a tenure of office for three years, ACA has entered into the second year of its eighth term (1 August 2011 to 31 July 2014). The membership of the eighth term is shown in **Appendix B**.

Regular meetings

28. During the reporting period of this report, a total of four ACA meetings were held:

- | | | |
|----|--------------------------|-----------------|
| 1. | 80 th meeting | 5 October 2012 |
| 2. | 81 st meeting | 11 January 2013 |
| 3. | 82 nd meeting | 12 April 2013 |
| 4. | 83 rd meeting | 26 July 2013 |

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

A. AIDS Policy

29. In July 1994, the ACA published its first policy document titled “Strategies for AIDS Prevention, Care and Control in Hong Kong”. Regular reviews of local AIDS situation and

programmes have been conducted thereafter, with four more strategies issued, namely *AIDS Strategies for Hong Kong 1999-2001*, *Recommended HIV/AIDS Strategies for Hong Kong 2002 to 2006*, *Recommended HIV/AIDS Strategies for Hong Kong 2007 to 2011*, and the *Recommended HIV/AIDS Strategies for Hong Kong 2012-2016 (The Recommended Strategy)* which is currently being adopted.

Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong

30. During the 79th ACA Meeting held on 29 June 2012, the ACA agreed to set up Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong (Task Force) in response to the target set out in The Strategy regarding HIV education. Its Terms of Reference are as follows -

- (1) To advise on the administrative and technical guidance required for encouraging and supporting whole-school implementation of life skills-based HIV education;
- (2) To advise on the planning of a multi-sectoral seminar for enhancing the awareness of stakeholders on HIV and sexual health of students in secondary schools; and
- (3) To advise on the planning and result dissemination of a survey on the implementation of life skills-based HIV education in junior secondary level of schools.

The membership list of Task Force is shown in **Appendix D**.

B. Building community relationship

31. ACA participated in the microfilm premiere and kick-off ceremony of World AIDS Day (2012) held by the Department of Health on 30 November 2012, with Chairperson of ACA as one of the officiating guests. The ceremony was also attended by officials from the Department of Health, RTHK, Shenzhen and Macao CDC, members of non-governmental organizations and the general public, signifying involvement of the whole community and regional counterparts in fighting AIDS epidemics.

C. ACA Newsfile and Other Periodical Publications

32. The ACA Newsfile, a monthly bulletin of the ACA, was first published in January 1994. It keeps ACA and CFA members posted of the most updated HIV/AIDS situation, the development of the local programmes, highlights of discussion in ACA and CFA, and HIV/AIDS related news and activities. Up to July 2013, a total of 235 issues have been published.

33. Other HIV related publications produced by the Department of Health were also distributed to ACA and CFA members, including Red Ribbon Bulletin, AIDS Newsletter, the Node, and Networking Voice.

D. ACA Website

34. ACA homepage is a bilingual website which is open to the public at <http://www.aca.gov.hk>.

35. Information being uploaded onto the ACA website during the reporting period included:

- (1) ACA Newsfile (12 issues);
- (2) Annual Report of Hong Kong Advisory Council on AIDS (August 2011– July 2012);
- (3) Agenda of four ACA meetings;
- (4) Agenda of four CFA meetings; and
- (5) Review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016 (The review was finished during the reporting period, and uploaded in October 2013) (Result of review is in **Appendix E**).

4. Community Forum on AIDS

Introduction

36. The Community Forum on AIDS (CFA) was formed in the sixth term of the ACA in October 2005 to replace two previous committees, namely: (1) 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 (2) 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.

37. 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.

38. 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

39. 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.

40. The membership of the 3rd term of CFA (2011-2014) is shown in **Appendix F**.

Regular meetings

41. Observer system has started since 25th CFA meeting on 14 June 2012. Members of the public was allowed to join the meeting upon prior registration with CFA secretary.

42. During the reporting period of this report, a total of four CFA meetings were held:

1. 26th meeting 5 September 2012
2. 27th meeting 12 December 2012
3. 28th meeting 14 March 2013
4. 29th meeting 10 June 2013

The major issues and papers examined and reviewed by the CFA in the period covered by this report can be seen in **Appendix G**.

5. Highlights of the year (August 2012 to July 2013)

Review of the first year implementation of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

43. In 2013, ACA conducted a review of the first-year implementation of the Recommended Strategies on HIV/AIDS in Hong Kong (2012-2016). The review mainly focused on the ongoing and new initiatives of the five priority areas of action. The summary was uploaded to ACA website for public reference. (Please see **Appendix E** for details).

Updating the Recommended Guidelines on HIV infection and health care workers

44. The ACA revisited the subject of HIV infection and health care workers. Professional input from the Expert Panel were sought on international and local developments of the field. Extensive consultations for stakeholders and general public were conducted. The revised guidelines was ultimately released in October 2013.

Launching of the first HIV/AIDS Response Indicator Survey (HARiS) 2013

45. HARiS was developed according to the recommendation by Dr Tim Brown, was first launched from April 2013 to September 2013. It collected standardized strategic information through a pre-defined set of core indicators among four at-risk subpopulations, including MSM, FSW, clients of FSW and IDU. Results was subsequently reported in both ACA and CFA, and uploaded to DH website.

Discussion on abandoning condom as evidence of prostitution

46. The ACA has followed up the subject of abandoning condom as evidence of prostitution, communicated with the Police and suggested to them to not use condom at all as evidence of prostitution. The Police responded that law enforcement action would not be solely based on possession of condoms and they will continue to address sex workers' concern and enhance mutual understanding through their established channels by explaining their enforcement priority.

A baseline survey on life skills-based (LSB) HIV education in junior secondary school

47. A baseline survey on LSB HIV education in junior secondary school was conducted in 2012/13, under the direction of the Task Force. With a response rate of >80%, it was found that some 80% of the schools provided some form of LSB HIV or sex education. The survey findings were discussed at ACA meeting and subsequently disseminated to all schools and uploaded to the RRC website. A multi-sectoral seminar was later organized by the Education Bureau for teachers and related workers in March 2014.

Sharing by AIDS Trust Fund during ACA meeting

48. ATF represented by its Secretary attended the 82nd meeting in April 2013 to share with members information on the ATF operation, mechanisms of application assessment and funding allocation, utilization of funding for different target populations, statistics on interventions delivered under the funded programmes, and its enhanced publicity and communication with the funding applicants.

Capacity building and networking

49. ACA joined the AIDS Institute of the University of Hong Kong in co-organizing two scientific events during the reporting period: (1) the Hong Kong Symposium on HIV/AIDS 2012; and (2) the public lecture delivered by Nobel Laureate Professor Françoise Barré-Sinoussi in July 2013. Both events were well attended by AIDS workers.

50. A report back seminar was held in September 2012 at CHP, DH. The Chairperson of ACA and speakers from AIDS NGO who have attended the XIX International AIDS Conference in Washington DC shared their views during the seminar.

Others

51. During the reporting period, the Boys' and Girls' Club Association of Hong Kong was invited to share its experience and a survey result on young MSM. DH has presented about self HIV testing, and its potential implications for Hong Kong has been deliberated. Progress of the universal antenatal HIV testing and prevention of mother-to-child transmission (MTCT) was also revisited.

6. A Chronicle of events in 2012-2013

<u>Date</u>	<u>Event</u>
2.8.2012	The 1st Task Force Meeting
5.9.2012	The 26th CFA Meeting
7.9.2012	ACA Chairperson attended the XIX International AIDS Conference – Report Back Seminar as speaker.
5.10.2012	The 80th ACA Meeting
13-14.11.2012	ACA Chairperson attended the Hong Kong Symposium on HIV/AIDS 2012 as speakers. The symposium was held by the HKU AIDS Institute and Hong Kong AIDS Foundation.
30.11.2012	ACA Chairperson attended the World AIDS Day 2012 premiere cum Kick-off Ceremony as Officiating guest.
12.12.2012	The 27th CFA Meeting
13.12.2012	The 2nd Task Force Meeting
11.1.2013	The 81st ACA Meeting
14.3.2013	The 28th CFA Meeting
12.4.2013	The 82nd ACA Meeting
26.4.2013	ACA Chairperson attended the “Alumni Association – Mainland Training Project” in Zhuhai as officiating guest. The event was organized by the Hong Kong AIDS Foundation.
5.6.2013	The 3rd Task Force Meeting
10.6.2013	The 29th CFA Meeting
24.7.2013	ACA Chairperson attended the Public Lecture “Challenges of HIV/AIDS Prevention, Care & Treatment in the 21st Century” as closing remark speaker. The lecture was held by ACA and the HKU AIDS Institute.
26.7.2013	The 83rd ACA Meeting

7. A Gallery

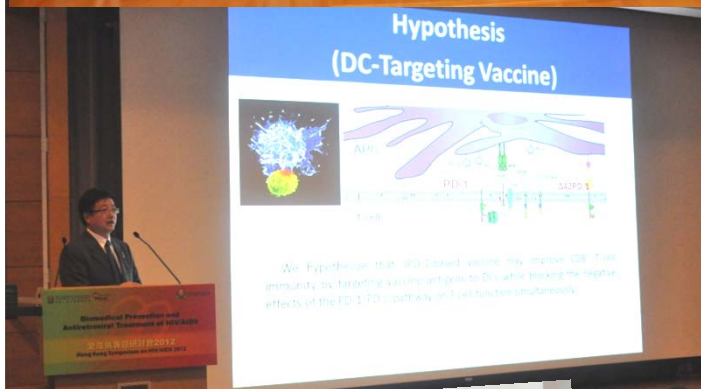
XIX International AIDS Conference Report Back Seminar held on 7 September 2012



Photos taken during the 80th ACA Meeting on 5 October 2012



Hong Kong Symposium on HIV/AIDS 2012 held on 13-14 November 2012



World AIDS Day 2012 premium cum kick-off ceremony on 30 November 2012



ACA Chairperson attended the “Alumni Association – Mainland Training Project” in Zhuhai held on 26 April 2013



Public Lecture “Challenges of HIV/AIDS Prevention, Care and Treatment in the 21st Century” held on 24 July 2013



Appendix A : Historical Development of Hong Kong's AIDS Programme (1984-2011)

The development of Hong Kong's AIDS programme can be broadly divided into the following phases:

1. The Initial Response Phase (1984 -1986)

- **Expert Committee on AIDS** was set up within the then Medical and Health Department in November 1984 to discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease;
- **Scientific Working Group on AIDS (SWG)** was formed Subsequently in 1985 to initiate and implement medical, surveillance and public health activities in HK; **AIDS counselling clinic** and a hotline was established;
- Safeguarded supply of **safe heat-treated blood products** through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS);
- **The HIV/AIDS surveillance system** was initiated;
- **HIV antibody testing service** was provided to people at risk of infection.

2. Enhanced Public Education Phase (1987 -1989)

- **Committee on Education & Publicity on AIDS (CEPAIDS)** and a publicity working group were formed by the Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes;
- **The AIDS Counselling and Health Education Service** of DH was expanded to become an operational arm of the committee to organize activities;
- **Public education** was systematically introduced with Announcements in the Public Interest (APIs) on television and radio to arouse public awareness.

3. Consolidation Phase (1990 - 1993)

- **The Hong Kong Advisory Council on AIDS (ACA)** was established in March 1990;
- **First two AIDS NGOs** were formed : AIDS Concern (1990) and the Hong Kong AIDS Foundation (1991);
- **The AIDS Trust Fund (ATF)** was set up in 1993 by the Government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, and to finance education and AIDS care projects;
- **Unlinked anonymous screening (UAS)** was started in 1990, and has since been included into the HIV/AIDS surveillance system;
- The **AIDS Unit** of the Department of Health was established, which was evolved from the original counselling service.

4. Wider Community Participation Phase (1994 -1997)

- The ACA's **first official strategy document**, "*Strategies for AIDS Prevention, Care & Control in Hong Kong*" was published in 1994;
- **More new NGOs** involved in HIV prevention were founded - 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;
- **Traditional organizations incorporated AIDS programmes** in its conventional activities through new initiatives, eg. the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macao;
- **Education programmes** on awareness and prevention were expanded with the participation of more NGOs and the re-organized CEPAIDS.

5. Expanded Response Phase (1998 - 2001)

- **The Hong Kong Coalition of AIDS Service Organizations (HKCASO)** was formed in 1998. It provides a platform for collaboration and experience sharing among various NGOs working in HIV-related areas;
- **The AIDS Strategies for Hong Kong 1999-2001** was published by ACA in 1998, after incorporating the result of a review done in 1998;
- **Ten targets**, ranging from early targets, through-period targets, and end-of-period targets were set up in the new Strategy. The key foci were:
 - (a) **Focus on Prevention on the vulnerable groups** through community's participation and the promotion of acceptance to people living with HIV/AIDS;
 - (b) **Ensure Quality Care** is provided to meet the needs of people with HIV/AIDS, and in promoting HIV testing; and
 - (c) **Strengthen Partnership** through setting of a common programme direction, expanding responses through Community Planning, conducting evaluations to check the progress, and strengthening surveillance system.

6. Building on Success Phase (2002 - 2005)

- The ACA published its **Strategies 2002 to 2006** in a background of low prevalence of HIV (< 0.1%) in the general population;
- **The Community Forum on AIDS (CFA)** of the ACA was set up in 2005 to provide a platform for sharing and exchange of ideas and for direct dialogue with ACA members.

7. Enhanced Targeted Response Phase (2006-now)

- ATF launched a two-year Special Project Fund between December 2006 and August 2008 in view of rising number of HIV cases transmitted through MSM, and revised its funding priorities accordingly;
- Community-based surveillance implemented for at-risk populations;
- The ACA published its ACA's Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 with MSM listed as the top priority area of action;
- Roll-out of the HIV and AIDS Response Indicator Survey (HARiS) in 2013.

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 CHAN Hon-ye, Constance, JP

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-ye, James

Mr Chung TO

Mr TONG Tai-wai, Raphael, MH

Dr TSANG Tak-yin, Owen

Mr WONG Chi-wai, John

Mr WONG Doon-ye, Charles

Prof YU Chung-toi, Samuel

Education Bureau:

Dr CHEUNG Kwok-wah (up to January 2013)

Mr YIP Yam-wing, Stephen (from January 2013)

Food and Health Bureau:

Miss TSE Siu-wa, Janice, JP

Hospital Authority:

Dr LIU Shao-haei

Social Welfare Department:

Mr LAM Ka-tai

Secretary:

Department of Health:

Dr WONG Ka-hing

Council Secretariat:

Department of Health:

Mrs LAU MA Ching-suen, Ellen

Ms LAM Shui-ki

Mr LAI Ching-wai

Appendix C : Topics / Issues Discussed at ACA Meetings

Date of Meeting	Topics / Issues Discussed at ACA Meetings
80 th ACA Meeting 5 October 2012 (Friday)	<ol style="list-style-type: none"> 1. Review on specific areas pertaining to HIV infection and health care workers – by Expert Panel on HIV Infection of Health Care Workers (ACA Paper No. 11/2011-2014) 2. ACA Recommended Guidelines on HIV infection and health care workers – an Update to the 2003 print version [draft] (ACA Paper No. 12/2011-2014) 3. A Report on the XIX International AIDS Conference at Washington DC, USA during the period from 22 to 27 July 2012 (ACA Paper No. 13/2011-2014) 4. Report of the Community Forum on AIDS
81 st ACA Meeting 11 January 2013 (Friday)	<ol style="list-style-type: none"> 1. Self HIV test and its relevance to Hong Kong (ACA Paper No. 14/2011-2014) 2. An update on HIV/AIDS epidemiology and surveillance among drug users in Hong Kong (ACA Paper No. 15/2011-2014) 3. World AIDS Campaign in Hong Kong 2012 (ACA Paper No. 16/2011-2014) 4. Report of the Community Forum on AIDS
82 nd ACA Meeting 12 April 2013 (Friday)	<ol style="list-style-type: none"> 1. Sharing by AIDS Trust Fund on its latest work and development (ACA Paper No. 17/2011-2014) 2. Review of HIV situation in Hong Kong as of 2012 (ACA Paper No. 18/2011-2014) 3. Public health response to MSM HIV epidemic in Hong Kong (ACA Paper No. 19/2011-2014) 4. Report of the Community Forum on AIDS
83 rd ACA Meeting 26 July 2013 (Friday)	<ol style="list-style-type: none"> 1. Baseline study on life-skills based HIV education in secondary schools (ACA Paper No. 20/2011-2014) 2. Population viral load to enhance HIV surveillance in Hong Kong (ACA Paper No. 21/2011-2014) 3. Report on the National HIV/AIDS and STI Programme Managers 2013 Meeting for Asian Countries in the Western Pacific Region (ACA Paper No. 22/2011-2014) 4. Report of the Community Forum on AIDS

Appendix D : Task Force Membership List

Task Force for Development of Life-skill base education (LSBE) on HIV in Hong Kong

Convener:

Prof YU Chung-toi, Samuel

Members:

Mr CHOI Kim-wah, Cliff

Dr LAW Yi-shu, Louise

Mr LEUNG Wing-yee, James

Mr WONG Doon-yee, Charles

Mr YAU Lam-yip

Ms CHOW Fung-ping, Cyna

Secretariat:

Department of Health:

Dr LEUNG Wai-man, Raymond

Dr SHU Bo-yee

Appendix E : Review on the first year implementation of the Recommended HIV/AIDS Strategies for HK 2012 - 2016

As at September 2013

Priority area	Recommendation	Ongoing initiatives	New initiatives
1. Scale up HIV prevention in priority communities	Keep convenient access to quality condoms and lubricants in venues frequented by priority populations	Distribute free condoms and lubricants in gay sauna, gay bar, gay social activities and MSM sex parties, and free condoms in HIV clinics, VCT centres, social hygiene clinics, methadone clinics, sex work premises and community outreach.	Distribute free condoms and lubricants via gay massage parlours, TB & Chest Clinics, Elderly Health Clinics, vending machine in university campus and mobile application
		-	Develop mobile application for locating free condom distribution sites
	Promote condom as a norm for safer sex to prevent HIV and STI	Publicize through API, outdoor media, print media, the internet, peers and opinion leaders in the community	Produce new TV announcements targeting heterosexual male
	Expand Voluntary Counselling and Testing (VCT) for HIV and STI in community and clinical settings	Enhance the service capacity and publicize VCT in mass and targeted media, including the internet, mobile devices and community outreach	Engage healthcare providers to promote opportunistic HIV testing
		-	Increase evening sessions in Social Hygiene Clinics
		-	Include VCT venues of Shenzhen and Macau into location-based navigation application of mobile devices
		-	Increase outreach and VCT to sex workers (SW) working in massage parlours
		-	Study the scene and feasibility of self HIV test in MSM, and provide its updated education to the public
		-	Conduct Community-Based Participatory Research Intervention Model to scale up HIV test among MSM
	Sustain	Maintain high coverage in social hygiene clinics, TB	Revamp universal HIV antibody testing in methadone

Priority area	Recommendation	Ongoing initiatives	New initiatives	
	provider-initiated universal HIV testing	& Chest clinics, methadone clinics and antenatal clinics	clinics and promote the service via more organizations which serves drug users	
		-	Update clinical guidelines on prevention of perinatal HIV transmission	
	Positive prevention targeting PLHIV	Maintain partner counselling and referral, risk reduction counselling, screening of STI, prevention of vertical transmission, follow up and drug adherence as part of the clinical management for people living with HIV (PLHIV)		Increase early uptake of HAART according to latest scientific evidence
				Conduct safer sex campaign targeting serodiscordant MSM couples
	Outreach to more hidden subgroups	-		Develop / ride on mobile applications to reach MSM, heterosexual male and the youth
				Provide MSM-oriented services in youth centres in the New Territories
				Distribute condom and offer HIV prevention to refugees, asylum seekers and new immigrants from places with high HIV prevalence
				Develop new programmes targeting gay couples, transgender people, younger MSM, persons who have hearing or physical disability.
	No restriction on purchase of syringes	-		Explore feasibility of selling syringes in convenient stores which open beyond business hours of dispensary stores

Priority area	Recommendation	Ongoing initiatives	New initiatives
2. Maintain holistic and quality HIV treatment, care and support	Share updated HIV-related knowledge in healthcare providers and NGO workers	Maintain attachment programmes for medical students	Expand clinical attachment for nursing undergraduates
		Produce regular publications, submit articles to peer-reviewed publications, present in academic meetings / conferences, organize continuous education programmes and promulgate local guidelines on HIV epidemiology, prevention, testing and care.	Produce a new HIV Manual with extensive input from local experts
		-	Develop a pilot training programme for private doctors on updated principles of HIV test and information on referral of PLHIV
		-	Conduct trainings for healthcare workers in the public sector, social workers and students of these disciplines with sharing by PLHIV
	Maintain high level of effectiveness in clinical management	Implement clinical governance against established standards	Provide information to increase health literacy of attending patients
		Maintain continuous access to a wide range of Highly Active Antiretroviral Therapy (HAART) and subsidy provided to eligible PLHIV	Revamp clinical management and information system in the Integrated Treatment Centre of DH
		Review level of provision required for the increasing number of PLHIV	Bid new resources for enhancing existing / setting up of new HIV clinic and fund injection to AIDS Trust Fund (ATF)
	Facilitate rehabilitation of PLHIV	Empower and mobilize PLHIV in advocacy, provision of service and education of service providers on their needs	-
		-	Develop new websites with comprehensive information on HIV/AIDS and frequently asked questions for newly diagnosed PLHIV

Priority area	Recommendation	Ongoing initiatives	New initiatives
3. Foster an environment which supports safer sex, harm reduction and anti-discrimination	Educate public on the protections rendered by the Disability Discrimination Ordinance	Provide talks, training and consultancy services to organizations and employers; Community Participation Funding Programme; Special Partnership Projects; and publications	Conduct Equal Workplace Campaign funded by Equal Opportunities Commission to promote equal workplace for PLHIV based among corporate
	Promote acceptance to PLHIV and priority populations	Continue the message in individual programmes esp. the World AIDS Campaign	Produce and publicize a MicroFilm, a theme song, a new API and dramas
		Organize community-based or media programme through <u>Equal Opportunities (Sexual Orientation) Funding Scheme</u>	Increase budget of the <u>Equal Opportunities (Sexual Orientation) Funding Scheme</u>
		Offer training to sensitize teachers, social workers, disciplined forces and lay workers on the need of PLHIV and priority populations	-
		-	Raise the understanding of private doctors on MSM as part of a comprehensive training programme
		-	Pilot a study on PLHIV to measure stigma perceived by PLHIV
		-	-
	Examine impact of relevant laws and policies on access to HIV-related services	-	Review sexual and related offences of homosexual behaviours
		-	Explore removal of condom as evidence of illegal sex work
	Expand life skills-based (LSB) HIV education among youth	Teach the use of condom in educational settings, outreach, internet and other media; sustain life skills education in schools	-
		-	Form a Task Force which advise on the development of life skills-based HIV education in secondary schools and oversee a survey on the extent and components of LSB HIV education
	Incorporate interventions that tackle underlying vulnerability of priority populations	Enhance programmes which address self-acceptance, self-efficacy of using condoms, partner communication, illicit drug use, health consciousness, and mental health of MSM.	Develop additional programmes which address relationship issues for MSM who have regular sex partner

Priority area	Recommendation	Ongoing initiatives	New initiatives
		Maintain assistance on employment, relationship issues, legal matters and social support for sex workers and drug users	-

Priority area	Recommendation	Ongoing initiatives	New initiatives
4. Drive strategically informed and accountable interventions	Improve monitoring and evaluation of individual HIV prevention and care programmes	-	Set out concrete, quality and budgeted monitoring and evaluation plan
		-	Develop internal audit of VCT service in community settings
	Improve monitoring and evaluation of the territory-wide response	Enhance reporting of HIV/AIDS, STI, surveys on HIV prevalence, risk behaviours, universal HIV testing programmes, HIV subtypes and drug resistance patterns, and follow up on the management outcomes of PLHIV under care.	Review / add questions in community-based surveys on MSM, SW, opiate-dependent persons and male clients of SW for evaluating exposure and intensity of prevention programmes
		-	Develop and implement a common set of widely adopted indicators for monitoring the major risk factors of priority populations
		-	Study the feasibility of monitoring population viral load
	Characterize HIV risk among male sex workers, transgender population, people involved in compensated dating and non-injecting drug users	-	Study patterns of unprotected anal sex among MSM travelling to Shenzhen
		-	Compare risk of virtual versus physical channel sex networking in MSM
		-	Analyze sexual risk and substance use among African refugees and asylum seekers in Hong Kong
	Monitor STI pattern among FSW	-	Include test for chlamydia and gonorrhoea in community-based survey
	Conduct formative research of pilot programmes	-	Conduct RCT to evaluate efficacy of network-based HIV peer-education intervention targeting MSM
		-	Evaluate acceptability of female condom among monogamous women with STI

Priority area	Recommendation	Ongoing initiatives	New initiatives
5. Enhance partnership and capacity for an effective response within Hong Kong and the nearby region	Foster communication among service providers, policy makers and funding bodies	Continue Community Forum on AIDS (CFA) as a platform for communication among Advisory Council on AIDS (ACA), service providers and other stakeholders	Broaden membership, invite stakeholders for exchange and allow observers in CFA meetings
		-	Convene meetings between ACA and ATF, and revise application guidelines of ATF to align with recommendations of ACA
		-	Increase transparency of ATF by providing updates on funding situation, statistics of applications and frequently asked questions in its website regularly
		-	Organize briefing session and plan for experience –sharing seminar
	Mobilize vulnerable communities and PLHIV to take part in the AIDS response	Train up peer workers in spreading the messages in their communities	-
		-	Lobby gay groups and opinion leaders to take part in HIV prevention
	Mobilize resources other than ATF	-	Explore synergistic prevention of HIV, drug abuse and harmful drinking
	Assess the needs of building the capacity of NGO	Identify needs and opportunities for continuous training and development of NGO workers	-
	Exchange and collaboration between Hong Kong and other cities especially those in the Mainland	Continue existing fellowship programmes for personnel from the Mainland	Co-host a training workshop for strategic development of community-based organizations in the Mainland
		-	Provide training and attachment in the Mainland
		Maintain the online platform to share HIV surveillance information in Pearl River Delta	-
		Synergistic publicity in Hong Kong, Shenzhen and Macau around World AIDS Day	-
		-	Take part in regional consultation on HIV, STI and other health needs of transgender people in Asia and the

Priority area	Recommendation	Ongoing initiatives	New initiatives
			Pacific, and support a pilot project for transgender persons in Kunming.
		-	Study risk behaviours and HIV epidemiology of MSM crossing border for sex

Appendix F : CFA Membership List

Community Forum on AIDS (CFA)

Convener:

Prof YU Chung-toi, Samuel

Members:

Mr CHAN Wai-leung, Charlie	Caritas - Hong Kong
Mr CHAU Chun-yam	Boys' and Girls' Clubs Association of Hong Kong
Mr CHAU Ting-leung, Marco	Heart to Heart
Mr CHEN Noel	Rainbow of Hong Kong
Ms CHEUNG Hiu-wah, Mandy	AIDS Concern
Mr CHOI Kim-wah, Cliff	
Dr CHU Chung-man, Ferrick	
Ms HO Pik-yuk, Shara	CHOICE
Ms LAI Tak-yin, Debby	St. John's Cathedral HIV Education Centre
Mr LAM Kam-shun, Ray (from March 2013)	Midnight Blue
Ms LAU Siu-kwan, Maple	Hong Kong AIDS Foundation
Dr LEE Chi-kei, Krystal	
Mr LEE King-fai	SARDA
Ms LEUNG Wing-yan	Transgender Resource Center
Mr LI Chun-wai (up to March 2013)	Midnight Blue
Mr PUI Wing-tai, Beethoven	A-Backup
Ms SIU Hoi-ying, Winnie	Hong Kong Red Cross
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

Action for REACH OUT

Ms YU Po-chu, Pansy

Ms YUEN How-sin

SRACP

Secretaries:

Department of Health:

Dr SHU Bo-yee

Mrs LAU MA Ching-suen, Ellen

Appendix G : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
26 th CFA Meeting 5 September 2012 (Wednesday)	<ol style="list-style-type: none"> 1. Matters Arising <ol style="list-style-type: none"> (a) Discussion on abandoning condom as prostitution evidence; (b) Progress of AIDS response indicators; and (c) Debrief - Visit to Shenzhen Center for Disease Control and Prevention (Shenzhen CDC). 2. Survey findings of MSM attending private group sex party
27 th CFA Meeting 12 December 2012 (Wednesday)	<ol style="list-style-type: none"> 1. Progress of Life skill-based education on HIV/AIDS and sex education in Hong Kong 2. Amendment to the HIV infection and the Health Care Workers – Recommended Guidelines (CFA Paper 5/2 011-2014)
28 th CFA Meeting 14 March 2013 (Thursday)	<ol style="list-style-type: none"> 1. Report back of the MSM Working Group special meeting held on 19 December 2012 (CFA Paper 6/2011-2014) 2. Audit of VCT Services in community settings (CFA Paper 7/2011-2014)
29 th CFA Meeting 10 June 2013 (Monday)	<ol style="list-style-type: none"> 1. Preliminary result of the Survey HIV/AIDS and Sex Education at Junior Secondary Level in Hong Kong (CFA Paper 8/2011-2014) 2. Self HIV test (CFA Paper 9/2011-2014) 3. Progress on implementation of ACA Recommended HIV/AIDS Strategies (2012-2016) (CFA Paper 10/2011-2014)

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