



Hong Kong Advisory Council on AIDS



**Annual Report
August 2014 – July 2015**

Preface

2014-2015 was a sobering year. For the first time, 20-29 year-olds overtook the other age-groups to become the largest proportion among newly reported infection cases. Cases involving men who have sex with men (MSM) continued to rise and reached a record-breaking 60% among the new cases. Their median age dropped to 31, the lowest ever in the past 30 years.

If we probe deeper, however, we realize that these disturbing statistics were in fact attained against a backdrop of enhancements and breakthroughs in the work of HIV surveillance and prevention. In 2014, new cases identified by non-governmental organizations (NGOs) reached 18%, the highest ever, reflecting the increasing contribution of NGOs to HIV diagnosis. Inclusion of new venues and a population of male-to-female transgender into the HIV/AIDS Response Indicator Survey (HARiS) by the Department of Health were steps forward in HIV surveillance. A pilot scheme of self-testing and mobile testing offered by NGOs provided new channels for HIV diagnosis.

A changing epidemic needs new perspectives for planning new HIV response. Eight new members from different backgrounds were appointed to the Advisory Council this year. Bringing together clinical psychologists, media experts and seasoned youth counsellors will hopefully help shed light on the evolving HIV scene. The visits and presentations by Dr Tim Brown, our expert consultant in this field, and representative from the Macau health authority shared useful data and references to help us understand our own epidemic from various angles.

Much remains to be done. We must continue to keep abreast of developments, explore scientifically sound measures, and be target-oriented in trying out new responses in the face of many uncertainties. Growing evidence of the effectiveness of pre-exposure prophylaxis in preventing HIV transmission renders it a promising area for further consideration in future policy formulation. New testing methodologies, new treatment modes, HIV vaccination, self-testing and online counselling are all strategies worth further examination.

In the coming year, ACA will start drafting the new HIV/AIDS Strategies. We look forward to the constructive input from governmental bodies, NGOs, and stakeholders including people living with HIV/AIDS, working together to devise innovative approaches to combating the disease.

Dr Susan FAN, JP
Chairperson,
Hong Kong Advisory Council on AIDS
January 2016

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 2014–2015	16
Chapter 6 : A Gallery	18
Appendix A : Historical Development of Hong Kong’s AIDS Programme (since 1984)	25
Appendix B : ACA Membership List	27
Appendix C : Topics / Issues Discussed at ACA Meetings	29
Appendix D : Overall Attendance Rate of the ACA Members	31
Appendix E : Task Force Membership List	32
Appendix F : Mid-term review of the implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012-2016	33
Appendix G : CFA Membership List	43
Appendix H : Topics / Issues Discussed at CFA Meetings	45

1. HIV/AIDS Situation in Hong Kong

AIDS (Acquired Immune Deficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus), and in the absence of treatment, approximately half of the HIV-infected people will progress to AIDS in 10 years' time. The main routes of HIV transmission are : sexual, injecting drug use, blood-borne and from mother to child. Hong Kong's first HIV cases were reported in 1984. Similar to the trend in many other developed countries, the early HIV infections mainly arose from blood or blood products transfusion. Later sexual transmission, including heterosexual and homosexual contacts, became the commonest route of HIV transmission. It accounted for 76% of all reported HIV cases in Hong Kong as at 30 June 2015.

2. Monitoring and understanding the current HIV/AIDS situation is crucial for the planning and implementation of prevention and care. HIV/AIDS surveillance comprises a framework of systematic and consistent monitoring, encompassing the key components of collection, collation and analysis of HIV/AIDS data, followed by the interpretation and dissemination of the relevant information. Timely information derived from this HIV/AIDS surveillance is indispensable for developing 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 comprises 5 main programmes to provide a detailed description of the local HIV/AIDS situation, namely (a) voluntary HIV/AIDS case-based reporting; (b) HIV prevalence surveys; (c) sexually transmitted infections (STI) caseload statistics; (d) behavioural studies; and (e) HIV-1 genotyping studies.

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 illnesses are *Pneumocystis jirovecii* 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 system under which laboratories and medical practitioners report

newly diagnosed HIV infections and AIDS cases to the Department of Health through the special HIV/AIDS report form DH2293.

7. As at 30 June 2015, 7345 HIV infections have been reported to this system. Among them, 1607 have progressed to AIDS. The reported AIDS cases had stabilized at around 80 cases per year in the past few years. This levelling off of AIDS cases may partly be due to the introduction of Highly Active Antiretroviral Therapy (HAART), commonly known as the cocktail therapy, in late 1996.

8. HIV infection affects more males than females with the ratio in the region of 4.1:1 as at June 2015.

9. The majority (67.7%) of reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remains the major mode of transmission, accounting for 76.3% among the reported cases in Hong Kong. Cumulatively, men who have sex with men accounted for 39.2% and heterosexuals accounted for 37.1% of all reported cases. The number of HIV infections related to injection drug use remains low at 338 cases (4.6%) so far. The total number of perinatal HIV transmission cases now stands at 28 as at 30 June 2015.

B. Unlinked Anonymous Screening

11. The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. In 2014, the HIV prevalence of drug users attending inpatient drug treatment centres/institutions was 0.27%, and that of inmates newly admitted into correctional institutes was 1.04%.

C. Seroprevalence in Selected Populations

12. The positive HIV antibody detection rate was 0.004% from all the blood donations in 2014 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.404% in 2014, a small increase from the previous year (0.340% in 2013).

13. The Universal HIV Antibody Testing Programme was introduced in 2001 in all antenatal clinics of the Hospital Authority and Maternal and Child Health Clinics of the Department of Health. In 2014, 51263 tests were performed of which 2 were found positive, indicating a prevalence of 0.004%.

Table 1. Antenatal HIV Testing

	No. of tests	HIV+	%	Opt-Out (%)
2001 (Sep to Dec)	12965	7	0.05	3.4
2002	41932	8	0.02	2.8
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
2013	48871	7	0.01	1.5
2014	51263	2	0.004	1.7

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

14. The Universal HIV Antibody (Urine) Testing Programme (MUT Programme) was piloted in 2003 and rolled out to all Methadone Clinics of the Department of Health in 2004. In 2014, 53 out of 6527 samples tested HIV positive, equivalent to 0.812%.

Table 2. Methadone Clinic Testing

	No. of tests	HIV+	%
2003 (Jul – Sep)	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
2013	6925	47	0.679
2014	6527	53	0.812

Figure 1 : Annual Reported HIV/AIDS in Hong Kong
1984 – 2014 (N=6993/1545)

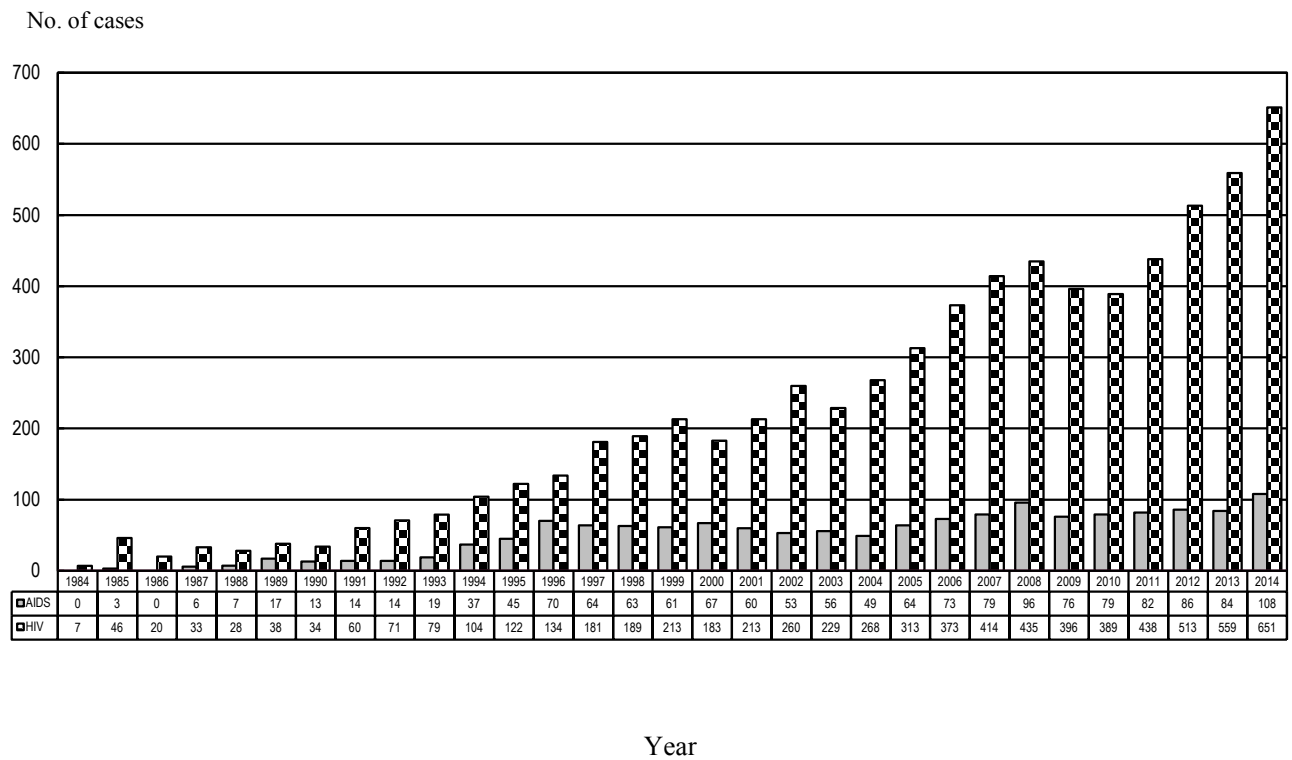


Figure 2 : Ethnicity of reported HIV infection in Hong Kong
1984 – 2014 (N=6993)

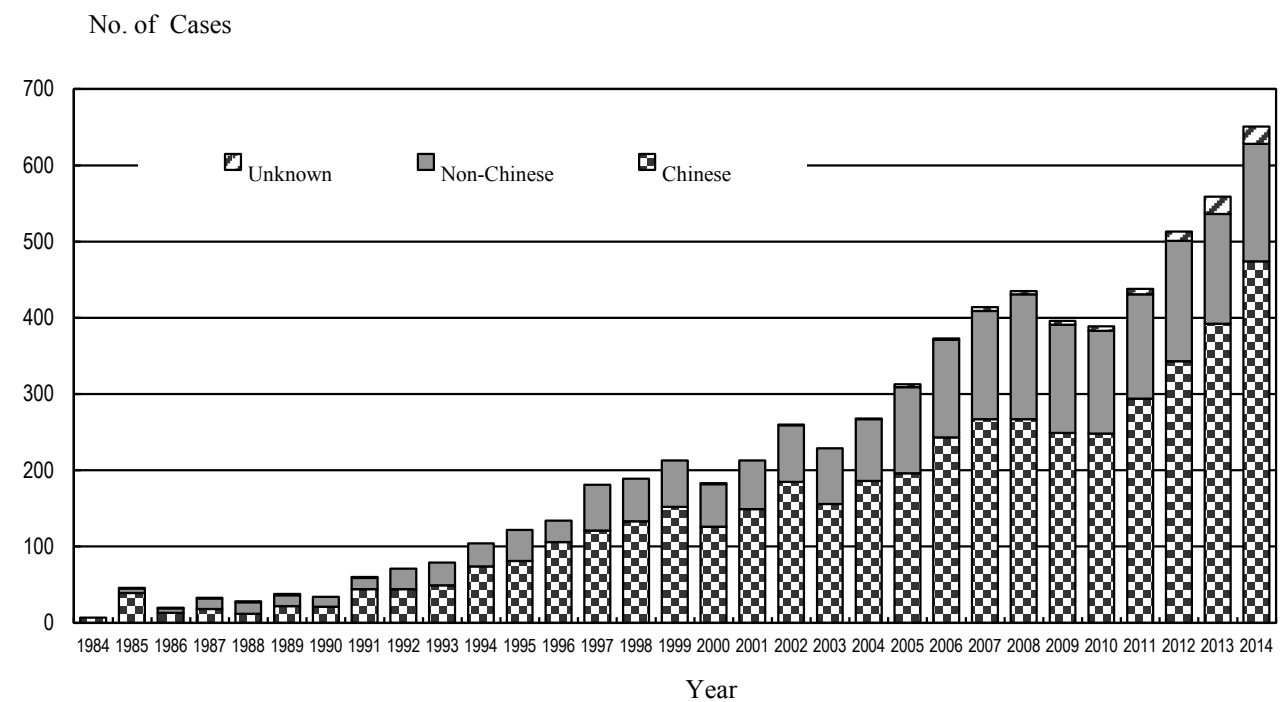


Figure 3 : Routes of transmission of HIV infection in Hong Kong
1984 – 2014 (N=6993)

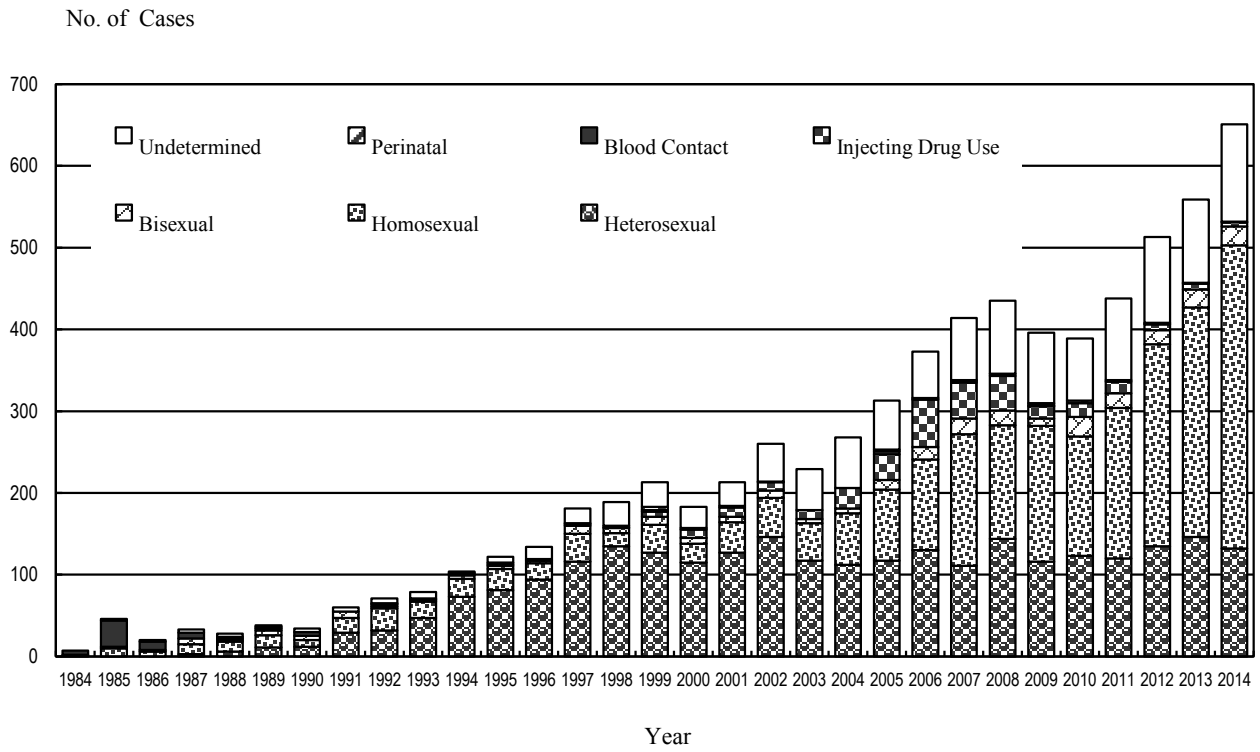


Figure 4 : Sources of referral of HIV infection in Hong Kong
1984 – 2014 (N=6993)

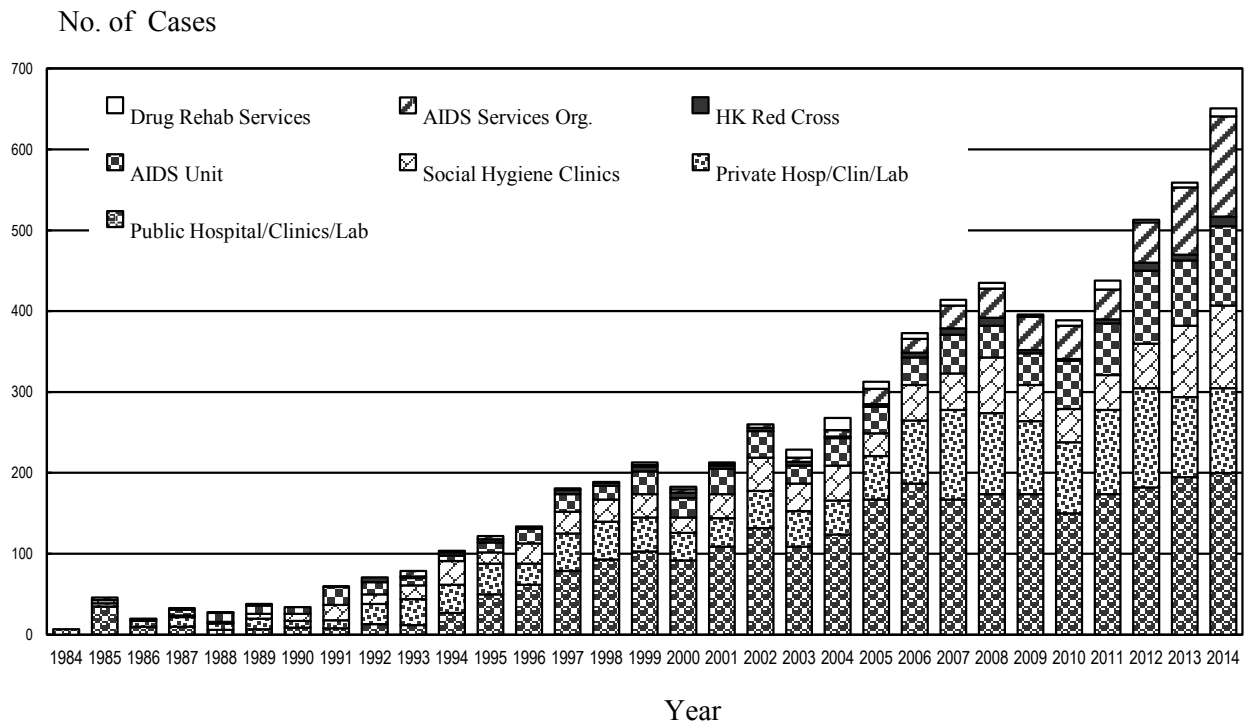


Figure 5 : Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2014 (N=1545)

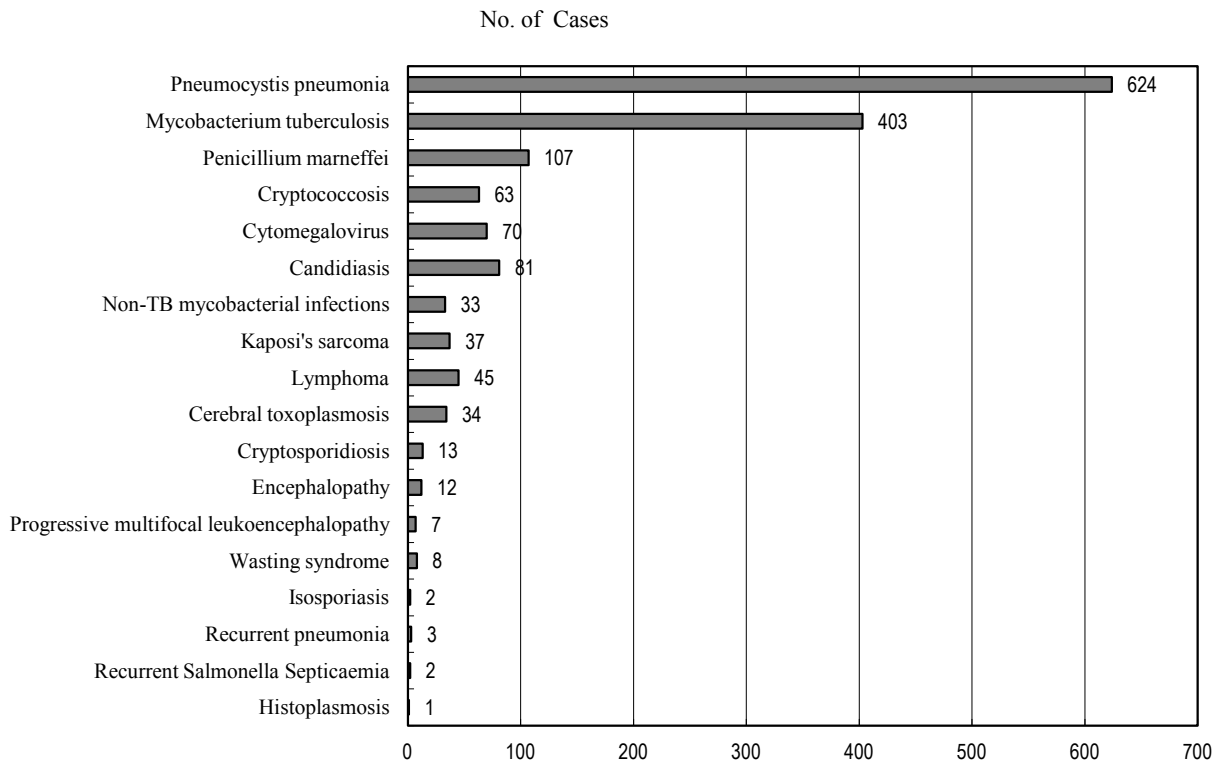
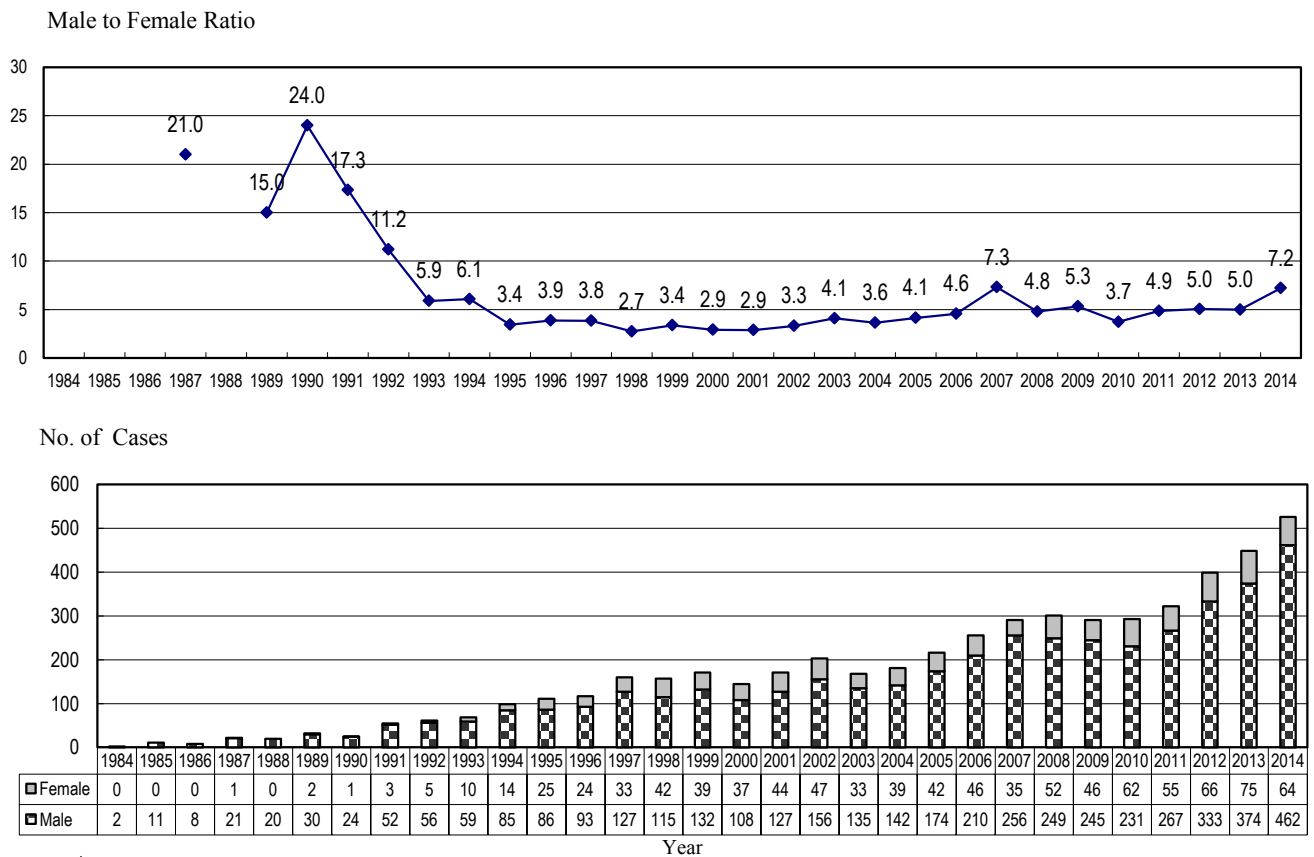


Figure 6 : Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 – 2014 (N=5332)



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

2. HIV/AIDS Programme in Hong Kong

15. HIV/AIDS programmes in Hong Kong are developed in response to changes in the epidemic and needs of various populations. They closely follow the direction set by the Recommended HIV/AIDS Strategies for Hong Kong issued by the ACA. Over the years, there have been significant changes concerning the organizations involved in planning and implementing HIV/AIDS programmes, their respective roles and functions, and the scope of HIV prevention, treatment and support. The historical development of HIV/AIDS Programme is set out in **Appendix A**.

16. Currently the main types of organizations involved in HIV/AIDS programmes are – A) advisory bodies; B) Department of Health; C) other governmental departments or public organizations; and D) non-governmental organizations.

A. Advisory bodies

17. The two major Government-appointed advisory bodies involved in HIV/AIDS are –
- (1) **The Advisory Council on AIDS (ACA)** – reviews the latest developments and provides policy advice on all aspects of HIV infection; and
 - (2) **The Scientific Committee on AIDS and STI (SCAS)** under the Centre for Health Protection 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 among community stakeholders, and for dialogue with ACA members.

B. Department of Health

19. **The Special Preventive Programme (SPP)** of DH serves the following four areas –
- (1) *Clinical service* – includes the 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 for non-governmental organizations;
 - (3) *Policy development* – provides secretariat and operational support to ACA and CFA; and

- (4) *Surveillance and research* – monitors the local HIV situation through a range of 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* – provides STI prevention, counselling and treatment;
- (2) *Tuberculosis and Chest Service* – manages 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 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 HIV/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 among marginalized populations and support of people living with HIV (PLHIV).

22. **Hospital Authority and Hong Kong Red Cross Blood Transfusion Service** 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. From 2007 to 2015, a total of 138 projects were funded by ATF, amounting to a total of HK\$226 million.

D. Non-governmental organizations

24. **AIDS NGOs** are heavily involved in the implementation of AIDS programme and related activities, in particular –

- (1) *Conducting HIV preventive activities at the front-line* – including venue and on-line outreach, publicity and education, 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;
- (3) *Partnership with the government* – participating in community-based surveys such as (a) HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong (PRiSM), Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Workers in Hong Kong (CRiSP) and HIV and AIDS Response Indicator Survey (HARiS); (b) formulating guidelines; and (c) advocacy; and
- (4) *Fund raising* – for their operation and services to support community-based projects.

3. Hong Kong Advisory Council on AIDS

25. The Hong Kong Advisory Council on AIDS (ACA) was formed in 1990. 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. ACA members are drawn from diverse sectors of the community, particularly professionals and community leaders. With a tenure of office for three years, the ACA has entered into the first year of its ninth term (1 August 2014 to 31 July 2017). The membership of the ninth term is shown in **Appendix B**.

27. The major issues and papers examined and reviewed by the ACA in the period covered by this report can be seen in **Appendix C**. During the ACA Meeting held in October 2014, all members supported listing the overall attendance rate of the meetings in the ACA annual report. In this connection, the overall attendance rates of the 23 gazetted members in the past four ACA Meetings are shown in **Appendix D**.

28. A two-tier system of interaction has been adopted since 2005 in which the functions of coordinating agencies working on HIV prevention and care and promoting acceptance of people living with HIV/AIDS were taken up by the Community Forum on AIDS (CFA).

AIDS Policy

29. In 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 latest *Recommended HIV/AIDS Strategies for Hong Kong 2012-2016 (The Recommended Strategy)*.

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 Recommended Strategy regarding HIV education. The Task Force's Terms of Reference are –

- (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 E**.

Building Community Partnership

31. ACA participated in the World AIDS Campaign (WAC) 2014 Kick-off Ceremony held by the Department of Health on 29 November 2014 at Sha Tin Town Hall Plaza, with Chairperson of ACA as one of the officiating guests. The ceremony was also attended by Mrs Regina Leung, the wife of the Chief Executive, Secretary for Food and Health, officials from the Department of Health, 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.

ACA Newsfile, Other Periodical Publications, and Website

32. The ACA Newsfile, a monthly bulletin of the ACA, keeps ACA and CFA members posted on the most updated HIV/AIDS situation, the development of local programmes, highlights of discussion in ACA and CFA, and HIV/AIDS related news and activities. Launched in January 1994, a total of 259 issues have been published up to July 2015.

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

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

35. Information 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 2013– July 2014);

- (3) Agenda of four ACA meetings;
- (4) Agenda of four CFA meetings; and
- (5) Mid-term Review of the Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016. The review was completed during the reporting period and uploaded in early 2015. Details are shown in **Appendix F**.

4. Community Forum on AIDS

36. The Community Forum on AIDS (CFA) was formed in 2005 to replace two previous committees, namely – (1) the AIDS Prevention and Care Committee (APCC), which was established in 1999 to enhance 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 to coordinate and recommend strategies for promoting acceptance of people living with HIV/AIDS.

37. The CFA provide a platform where 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) to enhance communication between the Council and frontline HIV/AIDS service delivery organizations and workers;
- (2) to examine needs and identify gaps in the community;
- (3) to recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (4) to provide a platform for collaboration in combating HIV/AIDS epidemic and facilitate dialogue with other stakeholders in related fields;
- (5) to enhance the quality of HIV/AIDS service through development of best practices and indicators; and
- (6) to advocate and facilitate capacity building with other relevant parties.

39. The CFA comprises members drawn from agencies specialising in HIV prevention and care; mainstream NGOs whose activities encompass HIV/AIDS; representatives of communities vulnerable to HIV/AIDS; individuals with expertise in related fields, and ACA members. The membership of the 4th term of CFA (2014-2017) is shown in **Appendix G**.

40. An Observer system was introduced in the 25th CFA meeting on 14 June 2012. Members of the public may register with the CFA Secretariat to attend CFA meetings.

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

5. Highlights of the year (August 2014 to July 2015)

New members appointed to ACA and CFA

42. The 9th term of ACA started in August 2014. Seven members retired after serving for 6 years in ACA, and 8 new members were appointed. They came from a variety of backgrounds including the mass media, medicine, microbiology, law, social work and civic organizations. Two new members were also recruited into CFA. The new composition has brought new perspectives to the work of prevention and control of HIV. Familiarization visits to 12 NGOs were arranged to introduce these services to both new and old members.

Mid-term review of implementation of Recommended HIV/AIDS Strategies in Hong Kong 2012-2016

43. A mid-term review of the implementation of the Recommended HIV/AIDS Strategies in Hong Kong was presented to CFA and ACA in December 2014 and January 2015 respectively. With the efforts of non-governmental organizations, Department of Health and Hospital Authority, most of the targets were achieved or on schedule. Many new initiatives were piloted in the past year.

Briefing on drug treatment and rehabilitation services in Hong Kong

44. At the CFA meeting in June 2015, Dr LAM Ming, Consultant Psychiatrist of Tuen Mun Alcohol & Drug Dependence Unit and Chief of Service of General Adult Psychiatry Department in the Castle Peak Hospital, briefed members on the situation of drug abuse and the services of HA Substance Abuse Clinic. Drug treatment and rehabilitation services operated by NGOs were also presented. DH organized a workshop on drug abuse in November 2014.

Dr Tim Brown's Consultancy Visit

45. Dr Tim Brown, Senior Research Fellow of the East-West Centre in Hawaii, USA, paid a visit to Hong Kong in April 2015. He was invited by DH to advise on the enhancement of HIV surveillance and strengthening of the current response. During his one-week stay, he met with ACA and presented his interpretation of the HIV epidemiology and response. He also met with CFA members and conducted an AIDS Epidemic Model training course for relevant stakeholders.

Implementation and quality assurance of HIV voluntary counselling and testing services (VCT) in the community

46. DH presented the results of an internal audit of VCT services provided by NGOs in 2014 and 2015 at both CFA and ACA meetings. Improvements were noted in various areas, including participation rate (the number of participating NGOs increased from 7 to 10), equipment procurement, staff training and quality control of test kits. NGOs welcomed the internal audit exercise which helped uphold the quality of VCT services. The exercise will continue on an annual basis.

Sharing on HIV situation and AIDS Programme in Macau

47. Dr LEONG Iek-hou, Commissioner of the AIDS Prevention and Control Commission of the Government of Macau S.A.R., presented Macau's current HIV situation at the ACA meeting in July 2015. Heterosexual female infection accounted for a large portion of new cases, but an increase of HIV infection among MSM was also observed in recent years.

Kicking off the formulation of Recommended HIV/AIDS Strategies for Hong Kong 2017-2021

48. DH presented the plan for drafting a new ACA HIV/AIDS Strategies at ACA meeting in July 2015. Discussion included factors to be considered when drafting the strategy, preliminary plans for the Community Stakeholders' Consultation Meeting in 2015 and the public consultation in 2016. ACA agreed with the arrangement and the details were further deliberated by CFA.

Presentation of research conducted by NGOs - Life skills education and sexual health of youths

49. AIDS Concern presented the findings of one of their surveys to CFA. It studied young people's knowledge on HIV and sexually transmitted infections (STIs), their life-skills and sexual behaviours. Results showed that although young people had good knowledge on HIV and STIs, their grasp of life skills to protect themselves and use condoms was not satisfactory. AIDS Concern concluded that HIV education with life-skills component should be stressed when reaching out to young MSM; while sex education in general should be extended to the tertiary levels.

6. A Gallery

Photo taken during the 88th ACA Meeting on 10 October 2014



ACA familiarization visits to NGOs and government units working on HIV/AIDS
(in last quarter of 2014)



AIDS Concern



Hong Kong AIDS Foundation



The Family Planning Association
of Hong Kong



Society for the Aid and Rehabilitation of Drug Abusers
(SARDA) cum Pui Hong Self-Help Association



Community Health Organization for
Intervention, Care and Empowerment
Limited (CHOICE)



Heart to Heart



Red Ribbon Centre



Integrated Treatment Centre

HIV/AIDS Forum 2014 held on 22-23 November 2014



ACA familiarization visits to NGOs and government units working on HIV/AIDS (in first quarter of 2015)



Caritas Youth and Community Service



Hong Kong Red Cross



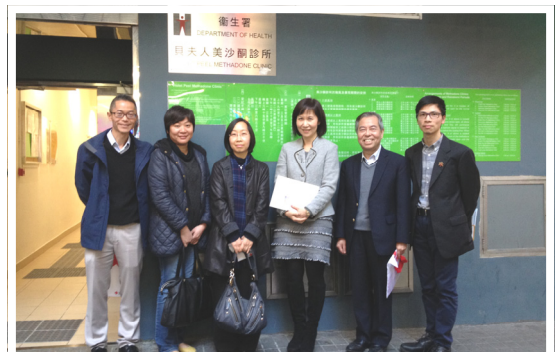
Action for REACH OUT



Zi Teng



Teen's Key



Violet Peel Methadone Clinic



The Society of Rehabilitation and Crime Prevention, HK (SRACP)



Midnight Blue

Dr Tim Brown's Consultancy Visit (13-17 April 2015)

Meeting with NGOs



Familiarization workshop on applying the AIDS Epidemic Model (AEM) for Policy Analysis



Presentation at the 90th ACA Meeting held on 17 April 2015



Photo taken during the 36th CFA Meeting on 10 June 2015



ACA familiarization visits to NGOs and government units working on HIV/AIDS (in second quarter of 2015)



Society for AIDS Care



Boys' and Girls' Clubs Association of Hong Kong



Rainbow of Hong Kong



Chi Heng Foundation



Queen Elizabeth Hospital



A-Backup



St. John's Cathedral HIV Education Centre



AIDS Institute of The University of Hong Kong

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

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;
- ATF has received an injection of HKD350 million in 2013;
- The first internal audit of voluntary counselling and testing services (VCT) in community settings was launched in 2014.

Appendix B : ACA Membership List

Ninth-Term : August 2014 – July 2017

Chairperson :

Dr FAN Yun-sun, Susan, JP

Vice-Chairman :

Department of Health:

Dr CHAN Hon-ye, Constance, JP

Members :

Mr CHAU Ting-leung, Marco

Mr CHEUNG Tat-ming, Eric

Mr CHOI Kim-wah, Cliff

Mr CHU Muk-wah, Daniel

Mr FUNG Hing-wang, SBS, JP

Ms HO Pik-yuk, Shara

Dr LAM Ming

Prof Albert LEE

Prof LEE LAI Chun-hing, Annisa

Dr LAW Yi-shu, Louise

Mr LEE Luen-fai

Prof LEE Tze-fan, Diana

Mr LEUNG Wing-ye, James

Ms Blanche TANG

Dr TSANG Tak-yin, Owen

Mr WONG Chi-wai, John

Dr YAM Wing-cheong

Education Bureau :

Mr YIP Yam-wing, Stephen

Food and Health Bureau :

Miss TSE Siu-wa, Janice, JP

Hospital Authority :

Dr LIU Shao-haei

Social Welfare Department :

Mr FONG Kai-leung

Secretary :

Department of Health :

Dr WONG Ka-hing, JP

Council Secretariat :

Department of Health :

Mrs Ellen LAU

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
88 th ACA Meeting 10 October 2014 (Friday)	<ol style="list-style-type: none"> 1. Proposed schema of operation for the Hong Kong Advisory Council on AIDS (2014-2017) (ACA Paper No. 1/2014-2017) 2. Current HIV situation and AIDS programme in Hong Kong (ACA Paper No. 2/2014-2017) 3. Report on the 20th International AIDS Conference (AIDS 2014), Melbourne, Australia (ACA Paper No. 3/2014-2017)
89 th ACA Meeting 9 January 2015 (Friday)	<ol style="list-style-type: none"> 1. Risk behaviours and HIV prevalence among men who have sex with men and transgender – findings from the HARiS 2014 (ACA Paper No. 4/2014-2017) 2. Mid-term review of the implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012-2016 (ACA Paper No. 5/2014-2017) 3. Targeted awareness and publicity campaigns in 2014/15 for men who have sex with men (ACA Paper No. 6/2014-2017) 4. Report of the Community Forum on AIDS
90 th ACA Meeting 17 April 2015 (Friday)	<ol style="list-style-type: none"> 1. A synthesis and interpretation of the current HIV epidemiology in Hong Kong (Dr Tim Brown) (ACA Paper No. 7/2014-2017) 2. Risk behaviours of female sex workers, male clients of female sex workers and injecting drug users – findings from the HARiS 2014 (ACA Paper No. 8/2014-2017) 3. A brief report of the China Provincial AIDS Directors 2015 Meeting (ACA Paper No. 9/2014-2017) 4. Report of the Community Forum on AIDS

Date of Meeting	Topics / Issues Discussed at ACA Meetings
<p>91st ACA Meeting 10 July 2015 (Friday)</p>	<ol style="list-style-type: none"> 1. Current HIV situation and AIDS programme in Macau (Dr. LEONG Iek-hou, Commissioner of the AIDS Prevention and Control Commission, Government of Macao S.A.R.) 2. A brief overview of the implementation and quality assurance of HIV counselling and testing services by non-governmental organizations (ACA Paper No. 10/2014-2017) 3. Framework for the formulation of the ACA Recommended HIV/AIDS Strategies 2017 - 2021 (ACA Paper No. 11/2014-2017) 4. Report of the Community Forum on AIDS

Appendix D : Overall Attendance Rate of the ACA Members

	88th Meeting	89th Meeting	90th Meeting	91st Meeting
	10-Oct-2014	09-Jan-2015	17-Apr-2015	10-Jul-2015
Overall attendance of 23 gazetted members	20	17	16	20
Overall attendance rate (%)	87%	74%	70%	87%

Appendix E : 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 (up to March 2014)

Dr SHU Bo-yee

Appendix F : Mid-term review of the implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

First priority area : Scale up HIV prevention in priority communities

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R1. Keep convenient access to quality condoms and lubricants	
<p><i>Distribute free condoms and lubricants at :</i></p> <ul style="list-style-type: none"> - Gay venues, gay events, sex parties, sex work premises; - Government clinics : HIV clinics, social hygiene clinics, methadone clinics, TB & Chest Clinics, Elderly Health Clinics; - University : automatic vending machine; - NGO centres; - Working venues : construction sites, taxi station in airport; - Border : Lok Ma Chau Control Point. 	<p><i>Expand the coverage of condom distribution :</i></p> <ul style="list-style-type: none"> - The five families clinics under the Professional Development and Quality Assurance (PD&QA) of the Department of Health in primary care setting; - Private sex premises through the person-in-charge; and - Posting condoms to clients.
R2. Expand voluntary counselling and testing service (VCT) for HIV and STI in community and clinical settings	
<p><i>Enhance service capacity</i></p> <ul style="list-style-type: none"> - Increase evening sessions in Social Hygiene Clinics (DH). 	<p><i>Expand the coverage of HIV testing services :</i></p> <ul style="list-style-type: none"> - Mobile app booking; - Mobile testing services in New Territories; - On-site VCT at youth centres and increased venues to different districts; - Restart VCT at Shek Ku Chau 石鼓州 drug rehabilitation centre.

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R3. Promote HIV testing and condom use as a norm	
<p>Through mass media channels :</p> <ul style="list-style-type: none"> - API, outdoor media, radio, printed media, the internet; - Through peers and opinion leaders in the community. <p>Through internet and free mobile application</p> <ul style="list-style-type: none"> - Include VCT venues of HK; - Include Shenzhen and Macau into location-based navigation application of mobile devices. 	<p>Through mass media and publicity event :</p> <ul style="list-style-type: none"> - A short film “愛 • 不難” was produced in 2014 to promote safer sex and HIV testing in MSM. It is also available on YouTube; - “Be Negative HIV/HCV awareness campaign 2014”. <p>Through digital appliances :</p> <ul style="list-style-type: none"> - Private messages sent through the internet, SMS and mobile apps to FSW to remind them of HIV testing and regular condom use.
R4. Sustain provider-initiated universal HIV testing	
<ul style="list-style-type: none"> - Maintain high coverage in social hygiene clinics, TB & Chest clinics, methadone clinics and antenatal clinics; - Revamp universal HIV antibody testing in methadone clinics in 2013; - Update clinical guidelines on prevention of perinatal HIV transmission. 	<p>Enhance the coverage :</p> <ul style="list-style-type: none"> - Launched a pilot project for urine collection at home for HIV testing at 3 methadone clinics.
R5. Positive prevention targeting PLHIV	
<ul style="list-style-type: none"> - Increase early uptake of HAART; - Counselling on risk reduction, drug adherence; - Partner counselling and referral; - Screening of STI; - Prevention of vertical transmission. 	<p>Enhance screening of STI :</p> <ul style="list-style-type: none"> - Conducting a pilot project to enhance detection of gonorrhoea and chlamydia among PLHIV by rectal and pharyngeal swab.

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R6. Outreach to more hidden subgroups	
<ul style="list-style-type: none"> - <i>Develop mobile applications (MSM, TG);</i> - <i>Provide MSM-oriented services in youth centres (MSM);</i> - <i>Increase outreach to FSW working in massage parlours (FSW);</i> - <i>Distribute condom and develop HIV prevention programmes to refugees, asylum seekers, new immigrants from high HIV prevalence places, transgender people, persons who have hearing or physical disability.</i> 	<p><i>Expand coverage to sex workers and ethnic minorities :</i></p> <ul style="list-style-type: none"> - Male sex workers (both MSM and heterosexual) : through venue, internet and mobile apps outreach; - Female sex workers : through outreach in spa, hair salon, beauty salon and brothel (Ma Lam); - Domestic helpers : through providing on-site VCT at other NGO's centres and Central.
R7. No restriction on purchase of syringes	
<ul style="list-style-type: none"> - <i>Explore feasibility of selling syringes in convenient stores (24 hours).</i> 	<p><i>Provide free new syringes</i></p> <ul style="list-style-type: none"> - Planning to distribute “Health Care Kits” containing new syringes to injecting drug users.

Second priority area : Maintain holistic and quality HIV treatment, care and support

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R8. Shared updated HIV-related knowledge in healthcare providers and NGO workers	
<p><u>A. Training and education</u></p> <ul style="list-style-type: none"> - <i>Training to health care workers;</i> - <i>Training to social workers and NGOs;</i> - <i>Attachment programmes for medical and nursing students at DH.</i> 	<p><i>Enhance training to front-line health care workers :</i></p> <ul style="list-style-type: none"> - Private doctors - Seminars were held with HK Medical Association and the HK Doctors Union in 2013 and 2014. Relevant visual and audial recordings are freely available online; - Staff of residential care homes for the elderly - A multi-sectoral training session on HIV/AIDS was first held in 2014; - Experienced NGO staff - Launched an advanced HIV workshop covering topics of HIV treatment, HIV/HCV co-infection, and drug abuse. <p><i>Extend training to students from different faculties</i></p> <ul style="list-style-type: none"> - Extend attachment / training programme to students who were studying nursing, sociology, social work, behavioural health and education.
<p><u>B. Publication</u></p> <ul style="list-style-type: none"> - <i>Produce regular publications, submit articles to peer-review publications, published new HIV manual; and promulgate local guidelines on HIV epidemiology, prevention, testing and care.</i> 	<p><i>Strengthen communication with public on the most update epidemiology</i></p> <ul style="list-style-type: none"> - Issued an article on DH’s bi-weekly bulletin “CD Watch” to raise the awareness of the general public and doctors about sexually transmitted Hepatitis C (HCV) among MSM.
<p><u>X. Present in academic meetings / conferences</u></p>	<p>Attended <i>International AIDS Conference 2014</i> with exhibition of posters.</p>

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R9. Maintain high level of effectiveness in clinical management	
<ul style="list-style-type: none"> - <i>Maintain continuous access to a wide range of HAART and subsidy provided to eligible PLHIV;</i> - <i>Review level of provision required for the increasing number of PLHIV;</i> - <i>Provide information to increase health literacy of attending patients;</i> - <i>Revamp clinical management and information system in ITC of DH;</i> - <i>Bid new resources for enhancing existing / setting up of new HIV clinic and fund injection to ATF;</i> - <i>Implement clinical governance against established standards.</i> 	<p><i>Medical services in clinical settings :</i></p> <ul style="list-style-type: none"> - One-stop medical care with fibro-scan for monitoring liver fibrosis; and intra-uterine contraceptive device and injecting contraception for female clients; <p><i>Care services in community :</i></p> <ul style="list-style-type: none"> - “Checklist for Quality Assurance on HIV Voluntary Counselling and Testing Services in Community Settings” would be included as one of the assessment tool for evaluating ATF applicant in 2015.
R10. Facilitate rehabilitation of PLHIV	
<ul style="list-style-type: none"> - <i>Empower and mobilize PLHIV in advocacy, provision of service and education of service providers on their needs;</i> - <i>Develop new websites of HIV.</i> 	<p><i>Enhance follow up services in community settings :</i></p> <ul style="list-style-type: none"> - Started follow up services for the newly diagnosed patients and their partners; - Refer PLHIV with drug problem to HA and private clinics; - Training Indonesian HIV patients to provide peer counselling service to the newly infected Indonesian (domestic workers); - Receive referral of PLHIV from HA for counselling services; - Study on change of networking pre and post-HAART among MSM.

Third priority area : Foster an environment which supports safer sex, harm reduction and anti-discrimination

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R11. Educate public about Disability Discrimination Ordinance	
<ul style="list-style-type: none"> - Education : Provide talks, training and consultancy services to organizations and employers. - Projects : Community Participation Funding Programme; Special Partnership Projects; and publications. - Campaign : Conduct Equal Workplace Campaign funded by EOC to promote equal workplace for PLHIV based among corporate. 	<p>University students</p> <ul style="list-style-type: none"> - NGOs work with EOC to provide talks to university students of related faculties (eg. psychology, social work and nursing) on topics about acceptance of PLHIV and people with different sexual orientation in different settings.
R12. Promote acceptance to PLHIV and priority populations	
<ul style="list-style-type: none"> - General public : Through World AIDS Campaign, MicroFilm, theme songs, API and dramas. - Specific groups : Training to teachers, social workers, disciplined forces, NGO, public and private health care workers. - Workplace : Organize community-based or media programme through Equal Opportunities (Sexual Orientation) Funding Scheme, and increase its budget. - Pilot a study on PLHIV to measure stigma perceived by PLHIV. 	<p>Education targeting front line staff:</p> <ul style="list-style-type: none"> - Staff of Social Hygiene Service : provide training to them and invited MSM and TG speakers to share on how to provide gay- and TG-friendly services; - Corporate units (eg. hotel groups) : basic HIV knowledge. <p>Mass media</p> <ul style="list-style-type: none"> - Advertisement at MTR, microfilm for the youth, Puppet drama, API and WAD 2014 campaign.
R13. Examine impact of relevant laws and policies on access to HIV-related services	
<ul style="list-style-type: none"> - Review sexual and related offences of homosexual behaviours; - Explore removal of condom as evidence of illegal sex work. 	<p>Evidence of illegal prostitution activities</p> <ul style="list-style-type: none"> - ACA wrote to the Police to explore the possibility of not seizing condoms during their enforcement action against organized prostitution activities.

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R14. Expand life skills-based education (LSB) on HIV among youth	
<ul style="list-style-type: none"> - <i>Teach the use of condom in educational settings, outreach, internet and other media;</i> - <i>Sustain life skills-based education (LSBE) on HIV in schools;</i> - <i>Formed a Task Force to advise on the development of LSBE on HIV in secondary schools.</i> 	<p><i>Survey on Life skill-based HIV /sex education</i></p> <ul style="list-style-type: none"> - Baseline survey about LSBE on HIV in junior secondary schools in 2013; - Results announced in Jan 2014; - and a multi-sectoral seminar for school principles and teachers were held. <p><i>Promote LSB education on HIV</i></p> <ul style="list-style-type: none"> - DH’s “RR in Action” HIV educational programme; - In-school LSBE on HIV by DH and NGOs in 2014-2015; - Involve youth in the World AIDS Day 2014 and microfilm production; - Open forum to discuss about promotion of sex education among youth.
R15. Tackling the underlying vulnerability of priority populations	
<ul style="list-style-type: none"> - <i>Personal support</i> : Programmes which address self-acceptance, self-efficacy of using condoms, partner communication, illicit drug use, health consciousness, and mental health of MSM, relationship issues for MSM who have regular sex partner. - <i>Socio-economical support</i> : Provide assistance on employment, relationship issues, legal matters and social support for sex workers and drug users. 	<p><i>Substance abuse</i></p> <ul style="list-style-type: none"> - Residential treatment and rehabilitation programme for psychotropic substance abusers at Shek Kwu Chau for young people. <p><i>Career training</i></p> <ul style="list-style-type: none"> - For young FSW including pets grooming class, manicure class, English class and mutual support groups.

Fourth priority areas: Drive strategically informed and accountable interventions

ACA Recommendations (R) and the ongoing initiatives	New initiatives (2013 and 2014)
R16. Improve monitoring and evaluation of individual HIV programmes	
<ul style="list-style-type: none"> - <i>Set out concrete, quality and budgeted M&E plan;</i> - <i>Develop internal audit of VCT service in community settings.</i> 	<ul style="list-style-type: none"> - <u>First round of internal audit</u> of VCT services completed in Mar 2014.
R17. Improve monitoring and evaluation of territory-wide response	
<ul style="list-style-type: none"> - <i>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;</i> - <i>Develop a common set of indicators for monitoring the effectiveness of HIV programmes for priority populations accessed by NGOs;</i> - <i>Study the feasibility of monitoring population viral load.</i> 	<p><i>Increase channels of HIV reporting</i></p> <ul style="list-style-type: none"> - Addition of fax line for HIV reporting. <p><i>Territory-wide response evaluation</i></p> <ul style="list-style-type: none"> - 1st and 2nd round of HIV/AIDS response indicators survey (HARiS) completed in 2013 and 2014; results available online.
R18. Characterize HIV risk among male sex workers, transgender population, people involved in compensated dating and non-injecting drug users	
<ul style="list-style-type: none"> - <i>Study patterns of unprotected anal sex among MSM travelling to SZ;</i> - <i>Compare risk of virtual vs physical channel sex networking in MSM;</i> - <i>Analyze sexual risk and substance use among African refugees and asylum seekers in HK;</i> - <i>Include test for chlamydia & gonorrhoea for FSW in HARiS 2013.</i> 	<p><i>Survey for risk of HIV infection of vulnerable groups</i></p> <ul style="list-style-type: none"> - Include “male to female transgender population” in HARiS 2014; - Study the prevalence of Herpes and HPV by blood test among MSM in 2013.
R19. Conduct formative research of pilot programmes	
<ul style="list-style-type: none"> - <i>Conduct RCT to evaluate efficacy of network-based HIV peer-education intervention targeting MSM;</i> - <i>Evaluate acceptability of female condom among monogamous women with STI;</i> - <i>Study the feasibility of self-HIV test in MSM.</i> 	<ul style="list-style-type: none"> - <i>Assessing change of sexual and health seeking behaviours</i> among MSM HIV self-test users.

Fifth priority areas: Enhance partnership and capacity for an effective response within HK and the nearby region

ACA Recommendations (R) and ongoing initiatives	New initiatives (2013 and 2014)
R20. Foster communication among service providers, policy makers and funding bodies	
<p>CFA :</p> <ul style="list-style-type: none"> - <i>A platform for communication among ACA, service providers and stakeholders;</i> - <i>Broadened membership, invited stakeholders for opinion exchange and allow observers in CFA meetings since 2012.</i> <p>HKCASO : <i>Regular meetings every 3 months.</i></p> <p>ATF :</p> <ul style="list-style-type: none"> - <i>Convene meetings between ACA and ATF, and revise application guidelines of ATF to align with recommendations of ACA;</i> - <i>Increase transparency of ATF by providing updates on funding situation, statistics of applications and FAQ and its website regularly;</i> - <i>Organize briefing session and experience sharing seminar for ATF applicants.</i> 	<p>Among NGOs</p> <ul style="list-style-type: none"> - <i>Sharing sessions among NGOs on topics related to PLHIV;</i> <p>Between policy makers and service providers :</p> <ul style="list-style-type: none"> - <i>Familiarization visits to different NGOs for the new term of ACA.</i>
R21. Mobilize vulnerable communities and PLHIV to take part in the AIDS response	
<ul style="list-style-type: none"> - <i>Train up peer workers in spreading the messages in their communities.</i> 	<ul style="list-style-type: none"> - <i>To train up ethnic minorities (eg. Indonesian PLHIV) to provide counselling service to their own communities.</i>

ACA Recommendations (R) and ongoing initiatives	New initiatives (2013 and 2014)
R22. Exchange and collaboration between Hong Kong and other cities especially those in the Mainland	
<ul style="list-style-type: none"> - <i>Continue existing fellowship programmes for personnel from the Mainland;</i> - <i>Maintain the online platform “Cyberdelta” to share HIV surveillance information in Pearl River Delta;</i> - <i>Synergistic publicity in HK, Shenzhen and Macau around World AIDS Day;</i> - <i>Co-host a training workshop for strategic development of community-based organizations in the Mainland;</i> - <i>Provide training and attachment in the Mainland;</i> - <i>Take part in regional consultation on HIV, STI and other health needs of transgender people in Asia and the Pacific, and support a pilot project for transgender persons in Kunming;</i> - <i>Study cross-border MSM risk behaviours and HIV epidemiology.</i> 	<p><i>Training and education of HIV workers</i></p> <ul style="list-style-type: none"> - Doctor of DH attended HIV training course at Chinese CDC; - HIV/AIDS Forum 2014 organized by ACA, HK NGOs, HKU and Ditan Hospital from Mainland for HIV experts; - “Alumni Association – Mainland Training Project” for frontline workers; - Extend HIV prevention education project to multiple districts in Shenzhen for cross-border travelers including MSM and clients of female sex workers from HK through collaboration with Shenzhen, Zhuhai and Macao’s NGOs and CDC.

Appendix G : CFA Membership List

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
Ms CHEUNG Hiu-wah, Mandy	AIDS Concern
Ms CHOI Siu-fong, Esther	The Society For AIDS Care
Dr CHU Chung-man, Ferrick	
Mr KWOK Lap-shu, Emil	Heart to Heart
Ms LAI Tak-yin, Debby	St. John's Cathedral HIV Education Centre
Mr LAM Kam-shun, Ray	Midnight Blue
Ms LAU Siu-kwan, Maple	Hong Kong AIDS Foundation
Mr LAU Tsz-chun, Jason	SRACP
Mr LEE King-fai	SARDA
Ms LEUNG Ka-wai, Heidi	Hong Kong Red Cross
Ms LEUNG Wing-yan, Joanne	Transgender Resource Center
Mr PUI Wing-tai, Beethoven	A-Backup
Mr SHAM Tsz-kit, Jimmy	Rainbow of Hong Kong
Dr WAN Wai-yee	
Mr WON Mau-cheong	
Mr WONG Doon-yee, Charles	
Miss YAU Ho-chun, Nora, MH, JP (<i>up to 31 July 2015</i>)	
Ms YIK Kwan-pik	Teen's Key
Ms YIM Kit-sum, Kendy	Action for REACH OUT

Ms YU Po-chu, Pansy

Mr CHAU Ting-leung, Marco

ACA

Mr CHU Muk-wah, Daniel

ACA

Ms HO Pik-yuk, Shara

ACA

Dr YAM Wing-cheong

ACA

Secretaries :

Department of Health :

Dr LEE Wai-yan, Joyce

Mrs Ellen LAU

Appendix H : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
34 th CFA Meeting 16 December 2014 (Tuesday)	<ol style="list-style-type: none"> 1. Preliminary results of HARiS 2014 targeting 5 populations (CFA Paper 1/2014-2017) 2. Mid-term review of the ACA Strategy 2012-2016 (CFA Paper 2/2014-2017) 3. Report of World AIDS Campaign 2014 by DH
35 th CFA Meeting 18 March 2015 (Wednesday)	<ol style="list-style-type: none"> 1. Supplementary results of HARiS 2014 - IDU (CFA Paper 3/2014-2017) 2. Review of local HIV situation 2014 and revision of HIV/AIDS Report Form (DH2293) 3. How life skills affect the sexual health status of youth community (CFA Paper 4/2014-2017) 4. Proposed new Partner Notification System on DH website (CFA Paper 5/2014-2017)
36 th CFA Meeting 10 June 2015 (Wednesday)	<ol style="list-style-type: none"> 1. Drug treatment and rehabilitation services provided by Hospital Authority and the referral system 2. Results of internal audit on quality assurance on HIV voluntary counselling and testing services (VCT) in community settings in 2014 (CFA Paper 6/2014-2017) 3. Dr Tim Brown's consultancy visit

ACA Secretariat

Address : 3/F., Wang Tau Hom Jockey Club Clinic
200 Junction Road East
Kowloon, Hong Kong

Tel : (852) 3143 7281

Fax : (852) 2337 0897

E-mail : aca@dh.gov.hk

Website : <http://www.aca.gov.hk>