



# **Hong Kong Advisory Council on AIDS**



**Annual Report  
August 2015 – July 2016**

## *Preface*

If I have to summarize the work of ACA in the past year with one word, I will say it is “*Communication*”. Formulation of a new set of Recommended HIV/AIDS Strategies (2017-2021) has been the biggest task in the past year. Since the process began in mid-2015, there has been a plethora of communication with various parties, generating abundant input for drafting the Strategies. With the help of the Community Forum on AIDS (CFA) and Hong Kong Coalition of AIDS Service Organizations, eight consultation forums were held in 2015. Stakeholders and relevant communities freely expressed their views and suggestions on the future directions for HIV prevention and treatment.

Opinions from overseas experts and health authorities have always been a valuable source of guidance and reference. Dr Tim Brown, HIV epidemiologist from the East West Center of Hawaii, visited us again in January 2016 to analyze and project the HIV situation in the next 15 years. The sharing from the Shenzhen CDC also provided us with insights on sex education in tertiary institutions and promotion of self-testing in the community.

Timely review of guidelines and policy is vital to ensure appropriate response to the rapidly changing epidemic. The AIDS Trust Fund has enhanced its funding mechanism for allocating resources to high-risk groups. The Scientific Committee on AIDS and STI has updated its recommended principles and practice of HIV clinical care in Hong Kong and promulgated these to the medical sector. The Hong Kong Red Cross Blood Transfusion Service had dialogue with stakeholders during CFA meetings and is considering to revise the blood donation policy related to MSM. AIDS NGOs have conducted implementation or pilot projects on mobile testing and self-testing this year, and shared their results with the community. All these initiatives are made possible in an atmosphere of mutual trust and willingness to communicate.

Despite the positive efforts and good will, it remains to be seen whether these fruitful communication will really be effective in curtailing the ever-rising HIV infection among MSM. Unsafe sex with multiple sex partners under the influence of illicit drug use, particularly among young MSM with low awareness of HIV risk and tendency to default follow up and treatment, are the critical challenges to our fight against HIV/AIDS. It is my heartfelt hope that in the coming years, we will take forward steps from “communication” to “collaboration” with our partners including NGOs, government departments, public and private health sectors, academia, and the general public in controlling the HIV epidemic.

Dr Susan FAN, JP  
Chairperson  
Hong Kong Advisory Council on AIDS  
March 2017

# 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 2015–2016	16
Chapter 6 : A Gallery	18
Appendix A : Historical Development of Hong Kong’s AIDS Programme (since 1984)	22
Appendix B : ACA Membership List	24
Appendix C : Topics / Issues Discussed at ACA Meetings	26
Appendix D : Overall Attendance Rate of the ACA Members	28
Appendix E : Task Force Membership List	29
Appendix F : End-term review of the implementation of the Recommended HIV/AIDS Strategies for Hong Kong 2012-2016	30
Appendix G : CFA Membership List	40
Appendix H : Topics / Issues Discussed at CFA Meetings	42

# 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 77% of all reported HIV cases in Hong Kong as at 30 June 2016.

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 2016, 8053 HIV infections have been reported to this system. Among them, 1700 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 4.2:1 as at June 2016.

9. The majority (67.9%) of reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remains the major mode of transmission, accounting for 77.1% among the reported cases in Hong Kong. Cumulatively, men who have sex with men accounted for 41.4% and heterosexuals accounted for 35.7% of all reported cases. The number of HIV infections related to injection drug use remains low at 348 cases (4.3%) so far. The total number of perinatal HIV transmission cases now stands at 29 as at 30 June 2016.

#### **B. Unlinked Anonymous Screening**

11. The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. In 2015, the HIV prevalence of drug users attending inpatient drug treatment centres/institutions was 0.90%, and that of inmates newly admitted into correctional institutes was 1.24%.

#### **C. Seroprevalence in Selected Populations**

12. The positive HIV antibody detection rate was 0.006% from all the blood donations in 2015 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.456% in 2015, a small increase from the previous year (0.404% in 2014).

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 2015, 51338 tests were performed of which 5 were found positive, indicating a prevalence of 0.01%.

Table 1. Antenatal HIV Testing

	<b>No. of tests</b>	<b>HIV+</b>	<b>%</b>	<b>Opt-Out (%)</b>
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
2015	51338	5	0.01	1.5

***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 2015, 61 out of 6056 samples tested HIV positive, equivalent to 1.007%.

Table 2. Methadone Clinic Testing

	<b>No. of tests</b>	<b>HIV+</b>	<b>%</b>
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
2015	6056	61	1.007

Figure 1 : Annual Reported HIV/AIDS in Hong Kong  
1984 – 2015 (N=7718/1655)

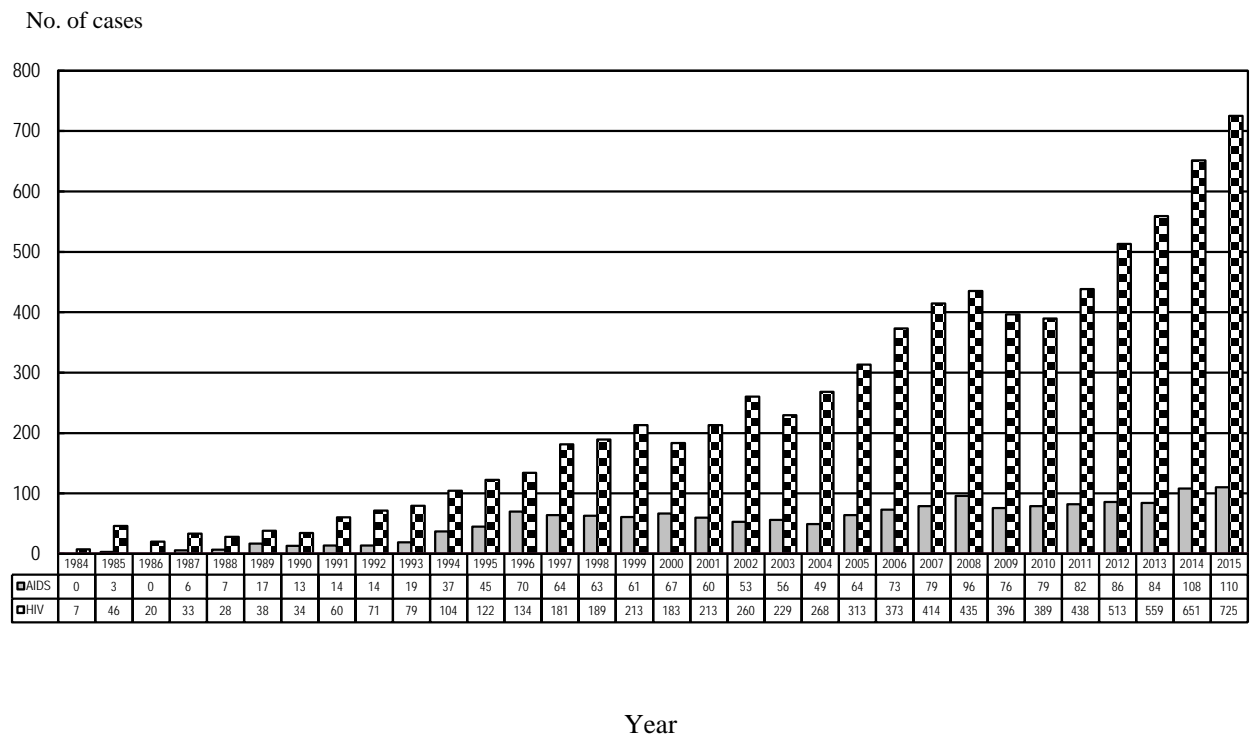


Figure 2 : Ethnicity of reported HIV infection in Hong Kong  
1984 – 2015 (N=7718)

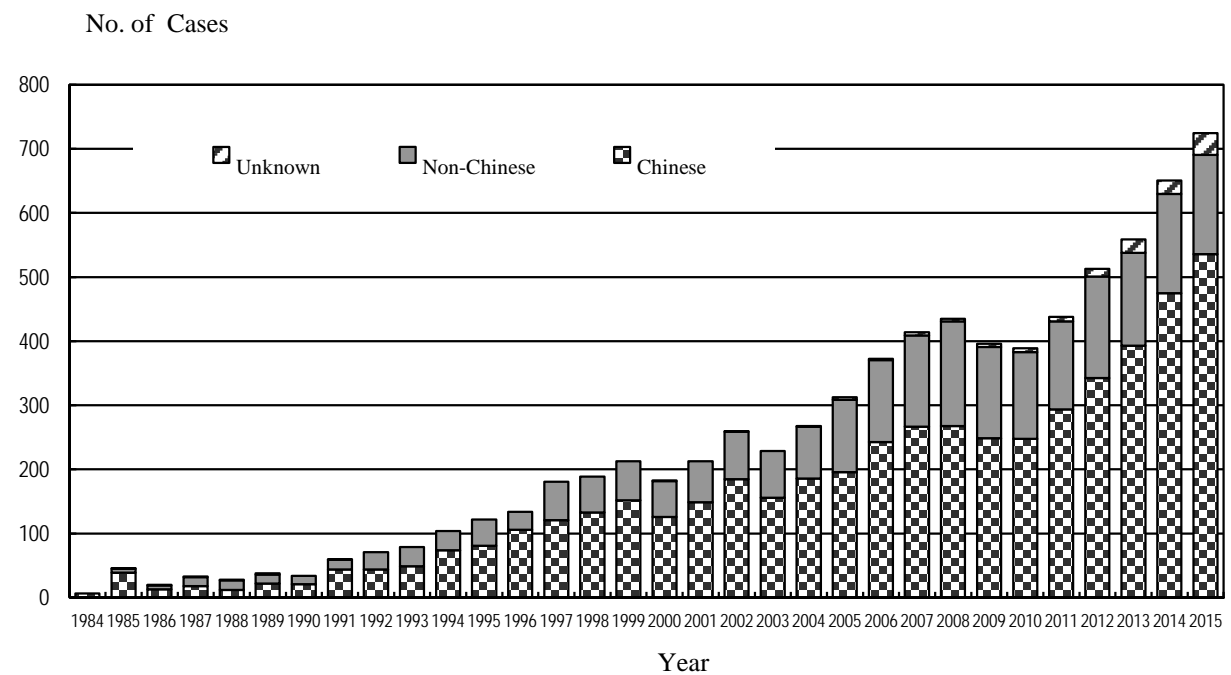


Figure 3 : Routes of transmission of HIV infection in Hong Kong  
1984 – 2015 (N=7718)

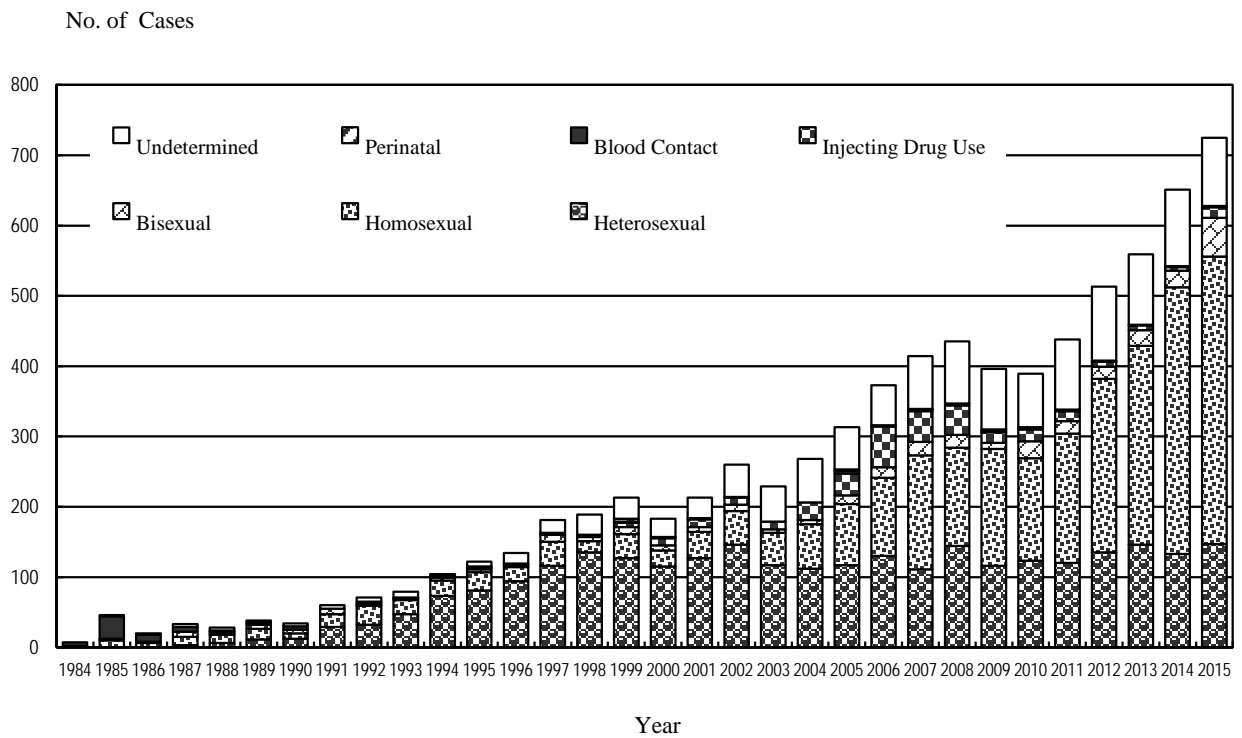


Figure 4 : Sources of referral of HIV infection in Hong Kong  
1984 – 2015 (N=7718)

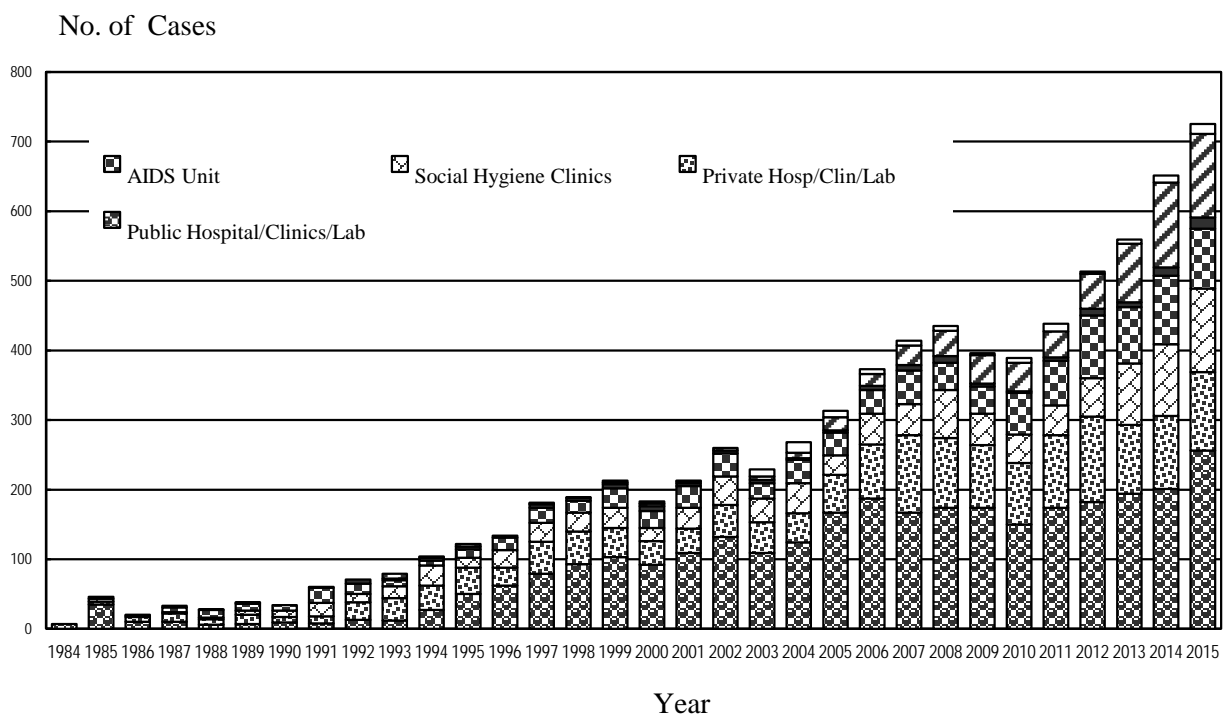




Figure 5 : Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2015 (N=1655)

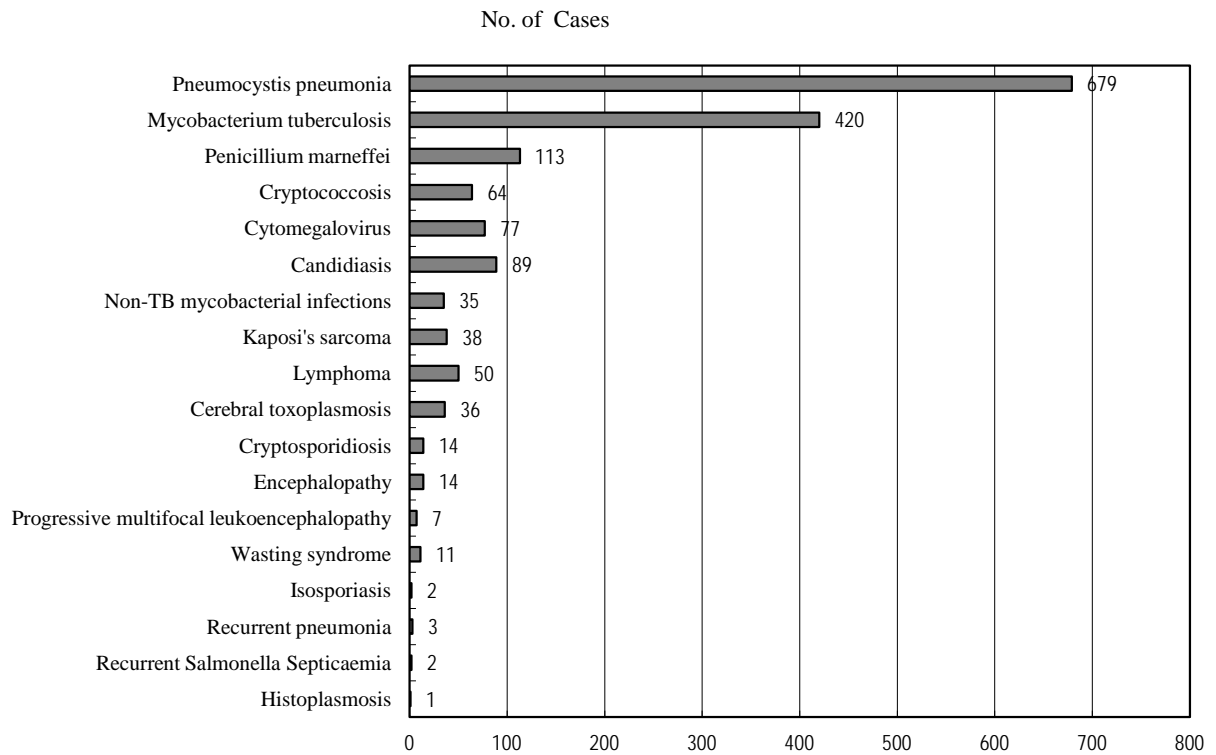
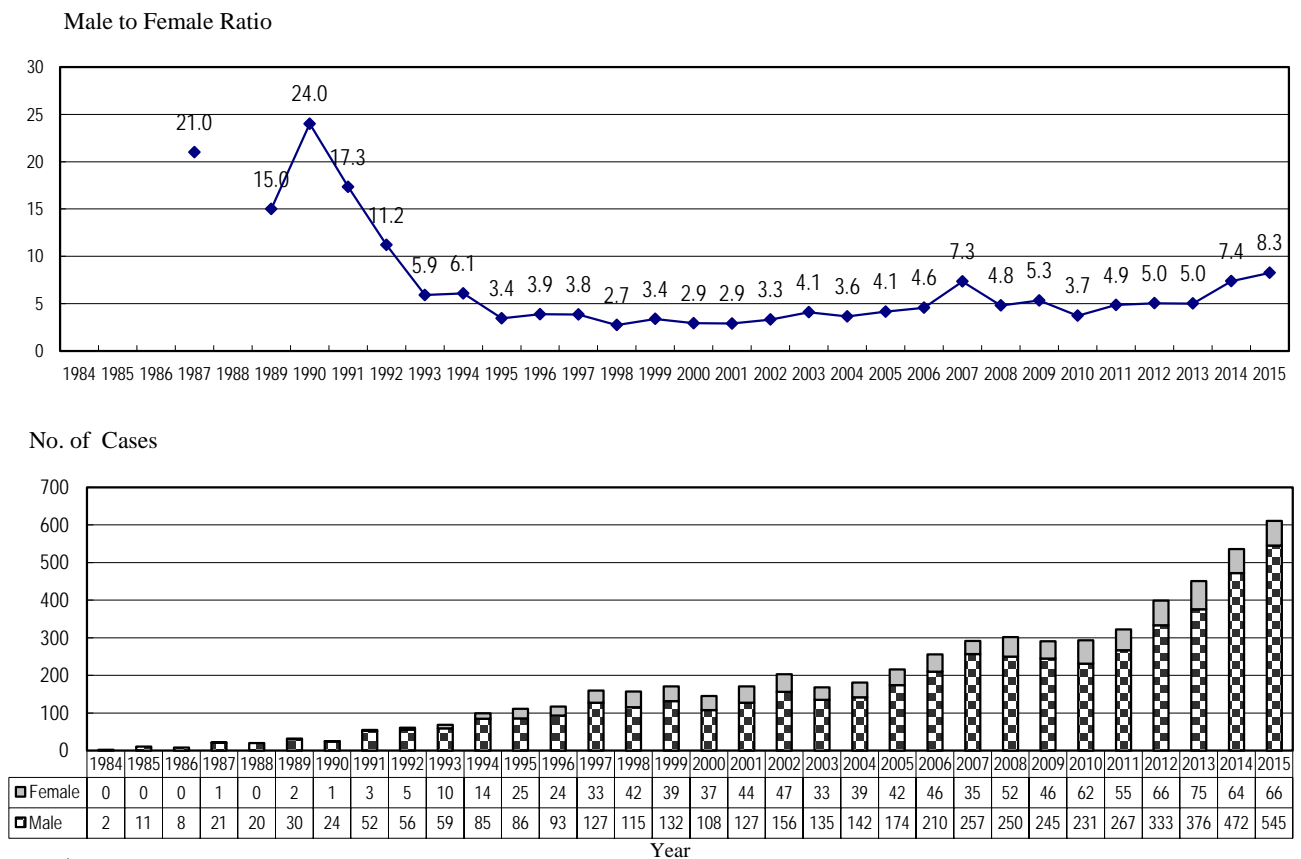


Figure 6 : Reported HIV Infection through Sexual Transmission\* by sex in Hong Kong 1984 – 2015 (N=5957)



\* 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. 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 2016, a total of 149 projects were funded by ATF, amounting to a total of HK\$250 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. The membership for the year between August 2015 and July 2016 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. Participation of the community is vital in controlling the HIV epidemic and formulating HIV Strategies for Hong Kong. Since mid-2015, the ACA has started the development of the fifth set of recommended strategies for 2017 to 2021. Three rounds of consultation were planned since then, with one to be held for stakeholders in late 2015, another two for stakeholders and the public respectively in late 2016. In mid-2015, the ACA formed the Working Group of the Community Stakeholders' Consultation, which would be responsible for coordinating the first round of consultation. The working group composed of ten members coming from member agencies of the Hong Kong Coalition of AIDS Service, relevant communities and independent individuals of related expertise.

32. The first round of consultation were held from 16 October 2015 to 4 December 2015. During the period, people could submit their opinions online or joined the eight sessions of Community Stakeholders' Consultation Meeting (CCM) for eight priority populations, namely, ethnic minorities (EM), females sex workers (FSW) and people living with HIV (PLHIV), sex workers clients (SWC), male sex workers (MSW) and male-to-female transgender persons (TG), men who have sex with men (MSM), and injecting drug users (IDU). Around thirty members from the AIDS NGOs and communities joined voluntarily as table hosts and note-takers during the meetings. There was a total of 183 participants, among which 54% were members of the relevant communities.

33. After the consultation, a report were drafted by the secretariat and circulated among all CCM participants for their comments. A final meeting of the working group was held on 17 March 2016 and endorsed the report. The report was subsequently uploaded onto the ACA website in May 2017.

## Website

34. 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 271 issues have been published up to July 2016.
35. 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.
36. The ACA homepage is a bilingual website accessible to the public at <http://www.aca.gov.hk>.
37. 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 2014 – July 2015);
  - (3) Agenda of four ACA meetings;
  - (4) Agenda of four CFA meetings; and
  - (5) End-term Review of the Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016. The review was completed during the reporting period and uploaded in mid-2016. Details are shown in **Appendix F**.

## 4. Community Forum on AIDS

38. 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.

39. 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.

40. 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.

41. 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**.

42. 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.

43. 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 2015 to July 2016)**

### **1. Formulation of Recommended HIV/AIDS Strategies for Hong Kong**

The process of formulating the next set of Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) was kicked off in July 2015. A series of tasks were undertaken to collect opinions from stakeholders, review the local situation and identify current needs and service gaps. The key work carried out from August 2015 to July 2016 are summarized below.

#### **A. Collection of opinions through Community Stakeholders' Consultation**

An eight-week stakeholders consultation was held in October and November 2015. With the support of CFA, the Hong Kong Coalition of AIDS Service Organizations (HKCASO), various AIDS non-governmental organizations and members of the community, eight sessions of consultation meetings were conducted with a total attendance of 183 participants. Another nine online submissions of open opinions were also received. The opinions collected were deliberated by ACA and a detailed report will be available in 2017.

#### **B. Assessment of local HIV situation by overseas expert**

Dr Tim BROWN, fellow of East West Center of Hawaii, presented to ACA his assessment on Hong Kong's HIV situation using the AIDS Epidemic Model (AEM). He anticipated that HIV infection through heterosexual contact will remain low in the coming five years, but will rise among MSM. From the AEM, it was estimated that only by improving the level of consistent condom use to 70% and coverage of anti-retroviral treatment to 81% will the annual number of new infections among MSM start to stabilize. Promotion of annual HIV testing, consistent condom use and linkage to care should be further strengthened among them in the coming five years, particularly with focus on the younger generation.

#### **C. End-term review of current ACA Strategies**

An end-term review of the current ACA Strategies (2012-2016) was conducted to evaluate the progress of implementation of the eleven targets and five priority areas for action. With the concerted efforts from the AIDS NGOs and other stakeholders, much work has been done and most of the targets have been achieved.

#### **D. Updating the Recommended principles and practice of HIV clinical care in Hong Kong**

ACA noted the update of the recommended principles and practice of clinical care of HIV which were newly issued in mid-2016. The document set out six principles including development of special expertise, multi-disciplinary team approach, tailored package of prevention interventions, equitable access, respecting the rights of the patient, and community participation. It forms the basis for drafting the new HIV/AIDS Strategies regarding provision of care to the infected.

## **2. Update on HIV situation in Shenzhen**

Dr ZHAO Jin from the HIV/AIDS Prevention and Control Division, Shenzhen Center for Disease Control and Prevention (CDC) presented the latest situation in Shenzhen to ACA. Shenzhen was also experiencing a rapid growth of HIV infections among MSM, exerting great pressure on its antiretroviral treatment service. Other issues including use of mobile apps among MSM for finding partners, HIV education in universities and secondary schools, and eligibility of receiving HIV treatment in Shenzhen and drug resistance were also discussed.

## **3. Enhanced funding mechanism for ATF projects**

The ATF Secretariat introduced to ACA the enhanced funding mechanism for Publicity and Public Education projects which will help channel more resources to high-risk groups. The time for launching the new mechanism, mechanism of selecting projects, communication with NGOs, and monitoring mechanism were shared and discussed.

## **4. Revision of Blood Donor Deferral Policy for MSM in Hong Kong**

The Hong Kong Red Cross Blood Transfusion Service (BTS) presented a proposed new MSM blood donor deferral policy, which will reduce the current life-time ban on MSM blood donation to one-year only. Concerns on the potential increase in risk of HIV transmission, monitoring of the situation, and education to donors were discussed.

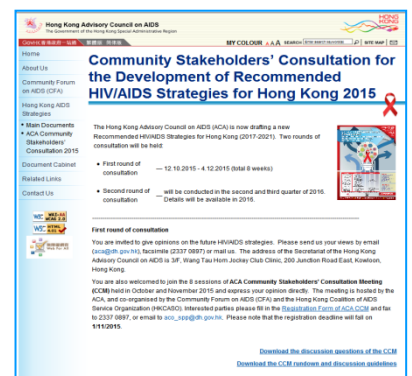
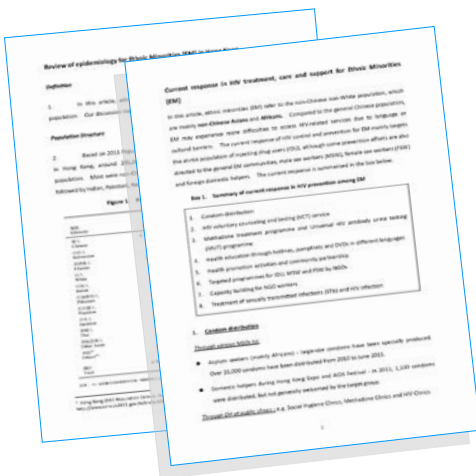
## **5. Sharing of HIV prevention and testing programmes conducted by NGOs**

The Family Planning Association of Hong Kong (FPAHK) presented a programme of Life-skills based HIV Education conducted in 2014 to 2015. The programme reached over 1,500 lower secondary school students and improved both the students' HIV knowledge and relevant life-skills. AIDS Concern shared with CFA its new project for providing mobile HIV rapid test since December 2015, and CHOICE and the Chinese University of Hong Kong presented a recent study on providing self-testing service. Both services could help capture more never-testers than traditional centre-based service, and will continue to be run.

## 6. A Gallery

### ACA Community Stakeholders' Consultation Meeting

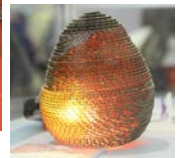
Eight sessions of ACA Community Stakeholders' Consultation Meeting were held from 25 October 2015 to 13 November 2015.



## World AIDS Campaign 2015 – “Getting to Zero”

An Egg Design Competition Award Presentation Ceremony was held on 28 November 2015 at the Whampoa Garden Fashion World. The winning and outstanding pieces were exhibited on 28-29 November and 5-6 December 2015 in four shopping malls.

The Secretary for Food and Health (SFH), Dr KO Wing-man, the Director of Health, Dr Constance CHAN, and the Chairman of the RRC Management Advisory Committee, Dr Richard TAN at the ceremony.



## Dr Tim Brown's Consultancy Visit in January 2016

Presentation at the 93rd ACA Meeting held on 8 January 2016



Meeting with AIDS NGOs on 7 January 2016



**“Getting To Zero” 2015 Logo Design Contest for Youth of Hong Kong**



**Asia Pacific AIDS & Co-infections Conference 2016 (APACC)**



**A seminar on Pre-Exposure Prophylaxis (PrEP) held by the Hong Kong Coalition of AIDS Service Organizations (HKCASO)**



## 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**

From August 2015 – July 2016

### **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

Ms HO Pik-yuk, Shara

Dr LAM Ming

Dr LAW Yi-shu, Louise

Prof Albert LEE

Prof LEE LAI Chun-hing, Annisa

Mr LEE Luen-fai

Prof LEE Tze-fan, Diana, JP

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 (up to 10 April 2016)

Mr CHAN Wai-kee, Howard, JP (from 11 April 2016)

***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 (up to March 2016)

Miss Louisa HUNG (from April 2016)

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
92 <sup>nd</sup> ACA Meeting 9 October 2015 (Friday)	<ol style="list-style-type: none"> <li>1. Current HIV situation and AIDS programme in Shenzhen</li> <li>2. Proposed Revision of Blood Donor Deferral Policy for Donors with History of MSM in Hong Kong (ACA Paper No. 12/2014-2017)</li> <li>3. The World Health Organization and the Joint United Nations Programme on HIV/AIDS Strategy on AIDS (2016 – 2021) (ACA Paper No. 13/2014-2017)</li> <li>4. Revisiting the Guidelines on HIV infection and health care workers (ACA Paper No. 14/2014-2017)</li> <li>5. Report of the Community Forum on AIDS</li> </ol>
93 <sup>rd</sup> ACA Meeting 8 January 2016 (Friday)	<ol style="list-style-type: none"> <li>1. Update on AIDS Epidemic Model estimates for Hong Kong and implications on HIV prevention and control</li> <li>2. Life skill-based HIV education programme for youth (ACA Paper No. 16/2014-2017)</li> <li>3. Report of the Community Forum on AIDS</li> </ol>
94 <sup>th</sup> ACA Meeting 8 April 2016 (Friday)	<ol style="list-style-type: none"> <li>1. Proposal on revised funding mechanism for ATF project applications (ATF Secretariat) (ACA Paper No. 17/2014-2017)</li> <li>2. Report on the Community Stakeholders' Consultation for the formulation of Recommended HIV/AIDS Strategies (2017-2021) (ACA Paper No. 19/2014-2017)</li> <li>3. Recommended principles and practice of HIV clinical care in Hong Kong (ACA Paper No. 20/2014-2017)</li> <li>4. Report of the Community Forum on AIDS</li> </ol>

<b>Date of Meeting</b>	<b>Topics / Issues Discussed at ACA Meetings</b>
<p>95<sup>th</sup> ACA Meeting 16 June 2016 (Thursday)</p>	<ol style="list-style-type: none"> <li>1. HIV projections, scenarios and recommendations from the AIDS Epidemic Model (ACA Paper No. 18/2014-2017)</li> <li>2. Further discussion on controversial issues raised by the Community Stakeholders' Consultation (ACA Paper No. 21/2014-2017)</li> <li>3. Framework of the next Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) (ACA Paper No. 22/2014-2017)</li> <li>4. Report of the Community Forum on AIDS</li> </ol>

## Appendix D : Overall Attendance Rate of the ACA Members

	88th Meeting	89th Meeting	90th Meeting	91st Meeting	92nd Meeting	93rd Meeting	94th Meeting	95th Meeting
	10-Oct-2014	9-Jan-2015	17-Apr-2015	10-Jul-2015	9-Oct-2015	8-Jan-2016	8-Apr-2016	16-Jun-2016
<b>Overall attendance of 23 gazetted members</b>	20	17	16	20	17	19	19	19
<b>Percentage (%)</b>	87%	74%	70%	87%	74%	83%	83%	83%

## **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 : End-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 initiatives launched in 2012-2014	New initiatives launched in 2015 and 2016
<p><b>R1. Keep convenient access to quality condoms and lubricants</b></p>	
<ul style="list-style-type: none"> <li>- <i>Distributed free condoms and lubricants at gay venues, government clinics, NGO centres, working venues, borders, private sex premises, through automatic vending machines in universities and posting condoms to clients.</i></li> </ul>	<ul style="list-style-type: none"> <li>• One more NGO started to distribute condoms to MSM and male sex workers found in motels; and</li> <li>• Health Clinic of HKU started to distribute condoms in its own clinic and during health events.</li> </ul>
<p><b>R2. Expand voluntary counseling and testing service for HIV and STI in community and clinical settings</b></p>	
<ul style="list-style-type: none"> <li>- <i>Timing: Increased evening sessions in Social Hygiene Clinics of DH;</i></li> <li>- <i>Venue: Started mobile testing, on-site testing at youth centres, expanded the number of districts providing HIV testing services, started VCT at Shek Kwu Chau Drug Rehabilitation Centre; and</i></li> <li>- <i>Booking: started online and mobile app booking.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Outreach HIV testing in motel for male sex workers;</li> <li>• Online and telephone support for home test kit users; and</li> <li>• Online booking service.</li> </ul>

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 and 2016
<p><b>R3. Promote HIV testing and condom use as a norm</b></p> <ul style="list-style-type: none"> <li>- <i>Promoted through mass media, internet, mobile app and awareness campaign;</i></li> <li>- <i>Promoted through peers and opinion leaders in the community;</i></li> <li>- <i>Included HK, Shenzhen and Macau testing centres into location-based navigation of mobile app; and</i></li> <li>- <i>Produced a short film about HIV prevention and testing which was screened during Gay Film Festival 2015.</i></li> </ul>	<ul style="list-style-type: none"> <li>• DH produced a new API and three episodes of online videos;</li> <li>• NGOs produced videos about proper condom use and negotiation skills;</li> <li>• Held education booths, workshops and activity tours targeting young MSM in universities through collaborating with LGBT groups.</li> </ul>
<p><b>R4. Sustain provider-initiated universal HIV testing</b></p> <ul style="list-style-type: none"> <li>- <i>Maintained high coverage of testing in social hygiene clinics, TB &amp; Chest clinics, methadone clinics and antenatal clinics;</i></li> <li>- <i>Updated clinical guidelines on prevention of perinatal HIV transmission.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Started to implement urine collection at home in all methadone clinics to increase the HIV testing coverage</li> </ul>
<p><b>R5. Positive prevention targeting PLHIV</b></p> <ul style="list-style-type: none"> <li>- <i>Promoted early uptake of HAART, increased counseling on risk reduction and drug adherence, started partner counseling and referral, screening of STI; and</i></li> <li>- <i>Conducted a pilot project to enhance detection of gonorrhoea and chlamydia among PLHIV by taking rectal and pharyngeal swab.</i></li> </ul>	<ul style="list-style-type: none"> <li>• An increasing number of NGOs offered counseling and follow up services to PLHIV.</li> </ul>



**ACA Recommendations (R) and initiatives launched in 2012-2014****New initiatives launched in 2015 and 2016****R6. Outreach to hidden subgroups**

- *Distributed condoms and develop HIV prevention programmes targeting refugees, asylum seekers, new immigrants from high HIV prevalence places, domestic helpers, transgender people and persons who have hearing or physical disability;*
- *Provided on-site VCT at other NGO's centres which serve **ethnic minorities** and at youth centres for MSM; and*
- *Extended outreach service to Ma Lam, motels and other venues for female and male sex workers.*

- Expanded outreach educational programmes :
  - half-way house under Correctional Services for male adult prisoners;
  - pregnant migrant domestic helpers through collaborating with non-AIDS NGOs;
  - Children & Juvenile Homes; and
  - drug users by collaborating with drug rehabilitation centres and organisations;
- Social Workers reached Vietnamese drug users by organising health talk at Tuen Mun Community Centre and Shum Shui Po public parks;
- Launched a new project for the “private contact base” female sex workers (mainly Mainlanders); and
- Started to distribute educational materials at Immigration Department.

**R7. Availability of syringes, its proper use and disposal**

- *Distributed “Health Care Kits” containing new syringes and disinfecting accessories to injecting drug users; and*
- *Distributed clips and sharpbox to cleaners in public toilets.*

- Made a harm reduction manual on safer injection for drug users, family members and social workers.

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

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R8. Sharing of updated HIV knowledge in healthcare providers and NGO workers</b></p>	
<p><b><u>A. Training and education</u></b></p> <ul style="list-style-type: none"> <li>- <i>Trained health care workers (DH, HA and private doctors), NGO staff, staff of residential care homes for the elderly, university students from different faculties, and medical and nursing students through attachment programmes.</i></li> </ul> <p><b><u>B. Publication</u></b></p> <ul style="list-style-type: none"> <li>- <i>Produced regular publications, submitted articles to peer-review publications, published new HIV manual, promulgated local guidelines on HIV epidemiology, prevention, testing and care, issued updated HIV situation in bi-weekly DH's publication "CD Watch".</i></li> </ul> <p><b><u>C. Present in academic meetings / conferences</u></b></p> <ul style="list-style-type: none"> <li>- <i>Poster exhibition at International AIDS Conference 2014</i></li> </ul>	<ul style="list-style-type: none"> <li>• Developed HIV educational tools and booklets about HIV medication and drug adherence for medical personnel and frontline workers;</li> <li>• Staff training about HIV for those who can speak different languages; and</li> <li>• Dr Rainbow Scheme to educate private doctors about sexual health of MSM.</li> <li>• Updated HIV infection and Health Care Workers – Recommended Guidelines (October 2015);</li> <li>• Updated Recommendations on the Management of Human Immunodeficiency Virus and Tuberculosis Coinfection (March 2015);</li> <li>• DH and NGOs will attend International AIDS Conference in 2016.</li> </ul>

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R9. Maintain high level of effectiveness in clinical management</b></p> <ul style="list-style-type: none"> <li>- <i>Provided health information to attending patients;</i></li> <li>- <i>Maintained continuous and equitable access to HAART, multi-disciplinary service and subsidy to eligible PLHIV;</i></li> <li>- <i>Regular review and upgrade of clinical service, included computer systems and one-stop medical service; and</i></li> <li>- <i>Included submission of “Checklist for Quality Assurance for VCT service in community settings” as one of the criteria for applying ATF since 2015</i></li> </ul>	<ul style="list-style-type: none"> <li>• Distributed service information of NGO to methadone clinic doctors to facilitate patient referral; and</li> <li>• Referred HIV infected drug users to drug treatment and rehabilitation services.</li> </ul>
<p><b>R10. Facilitate rehabilitation of PLHIV</b></p> <ul style="list-style-type: none"> <li>- <i>Empowered and mobilized PLHIV in advocacy and education of service providers about the needs of PLHIV; and</i></li> <li>- <i>Various NGOs started follow up services for the newly diagnosed patients and their partners.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Provided information of Mainland HIV care service to Mainlanders;</li> <li>• Incorporated mindfulness training and expressive art therapy for emotional support;</li> <li>• Peer Listening Hotline;</li> <li>• Outreach service: hospital and home visit, off-premises counseling and mobile app counseling services, and</li> <li>• Held seminars for PLHIV to educate them about HIV treatment</li> </ul>

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

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R11. Educate public about Disability Discrimination Ordinance and acceptance of PLHIV and priority populations</b></p>	
<ul style="list-style-type: none"> <li>- <i>General public: Through mass media, training and consultancy services to organisations and employers, EOC Funding Scheme, and various mass media campaigns and advertisements;</i></li> <li>- <i>Specific groups : Training or education provided to teachers, social workers, disciplinary forces, NGOs, public and private health care workers and university students;</i></li> <li>- <i>Projects : Conduction of Community Participation Funding Programme; Special Partnership Projects; Equal Workplace Campaign funded by EOC; and</i></li> <li>- <i>Pilot study on PLHIV to measure stigma perceived by PLHIV.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Production of API by NGOs to promote anti-discrimination against PLHIV;</li> <li>• Launched HIV community education programs in tertiary educational institutions (Tung Wah College).</li> </ul>
<p><b>R12. Examine impact of relevant laws and policies on access to HIV-related services</b></p>	
<ul style="list-style-type: none"> <li>- <i>Wrote to the Police to explore the possibility of not seizing condoms during their enforcement action against organised prostitution activities.</i></li> </ul>	<ul style="list-style-type: none"> <li>• ACA examined the scientific evidence, recommendations from international health agencies and local services regarding various types of legislation during formulation of new Recommended HIV/AIDS Strategies (2017-2021).</li> </ul>

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R13. Expand life skills-based education on HIV among youth</b></p> <ul style="list-style-type: none"> <li>- <i>Formed a Task Force to advise on the development of LSBE on HIV in secondary schools;</i></li> <li>- <i>Completed a baseline survey about LSBE on HIV in junior secondary schools in 2013; results announced in Jan 2014;</i></li> <li>- <i>Annual professional training organised by EDB to teachers;</i></li> <li>- <i>“RR in Action” HIV educational programme gave priority to applications of LSBE HIV education projects; and</i></li> <li>- <i>DH worked with FPAHK to provide in-school LSBE on HIV in 2014-2015;</i></li> <li>- <i>Film production and sharing sessions held by NGOs</i></li> </ul>	<ul style="list-style-type: none"> <li>• DH collaborated with FPAHK to conduct LSBE for HIV in secondary school from 2016 to 2017 academic year; and</li> <li>• Logo Design Competition for secondary school students and youth.</li> </ul>
<p><b>R14. Tackling the underlying vulnerability of priority populations</b></p> <ul style="list-style-type: none"> <li>- <i><b>Personal support</b> : Conducted programmes which addressed self-acceptance, partner communication, illicit drug use and mental health are in place; and</i></li> <li>- <i><b>Socio-economical support</b> : Provided assistance on employment, career, legal and social support for priority populations.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Use of assessment tools to identify drug users who need drug rehabilitation and treatment services.</li> </ul>

#### Fourth priority areas: Drive strategically informed and accountable interventions

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R15. Improve monitoring and evaluation of individual HIV programmes</b></p> <ul style="list-style-type: none"> <li>- <i>Set out concrete, quality and budgeted M&amp;E plan; and</i></li> <li>- <i>Conducted internal audit of VCT service in community settings.</i></li> </ul>	<ul style="list-style-type: none"> <li>• 3rd round of internal audit completed in Mar 2016.</li> <li>• Submission of HIV testing and follow up information by NGOs to DH.</li> </ul>
<p><b>R16. Improved monitoring and evaluation of territory-wide response</b></p> <ul style="list-style-type: none"> <li>- <i>Enhance communication between NGOs, DH and HA for surveillance purposes;</i></li> <li>- <i>Launched HIV /AIDS Response Indicator Survey (HARiS) in 2013 to monitor the effectiveness of HIV programmes done by NGOs by using a common set of indicators; and</i></li> <li>- <i>Study the feasibility of population viral load monitoring.</i></li> </ul>	<ul style="list-style-type: none"> <li>• 3rd round of (HARiS) completed in 2015. Results are available on DH SPP website.</li> <li>• Surveys on needs of PLHIV and acceptability of PLHIV among residential care homes conducted by NGOs.</li> </ul>

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R17. Characterize HIV risk among male sex workers, transgender population, people involved in compensated dating and non-injecting drug users</b></p> <ul style="list-style-type: none"> <li>- Studied the risky behaviours among MSM travelling to Shenzhen;</li> <li>- Compared risk of virtual vs physical channel sex networking in MSM;</li> <li>- Analyzed sexual risk and substance use among African refugees and asylum seekers in HK;</li> <li>- Included test for chlamydia &amp; gonorrhoea for FSW in HARiS 2013; and</li> <li>- Studied the prevalence of Herpes and HPV by blood test among MSM in 2013.</li> </ul>	<ul style="list-style-type: none"> <li>• NGOs participated in HARiS 2015 and 2016 for the “male to female transgender population”.</li> <li>• Qualitative studies on young MSM and study of chlamydia and gonorrhoea infection among FSW and MSM conducted by NGOs.</li> </ul>
<p><b>R18. Conduct formative research of pilot programmes</b></p> <ul style="list-style-type: none"> <li>- Conducted RCT to evaluate efficacy of network-based HIV peer-education intervention targeting MSM;</li> <li>- Evaluated acceptability of female condom among monogamous women with STI;</li> <li>- Study the acceptability of self-testing among MSM in HK.</li> </ul>	<ul style="list-style-type: none"> <li>• Study on change of sexual and health seeking behaviours among MSM HIV self-test users was completed.</li> </ul>

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

ACA Recommendations (R) and initiatives launched in 2012-2014	New initiatives launched in 2015 - 2016
<p><b>R19. Foster communication among service providers, policy makers and funding bodies</b></p> <ul style="list-style-type: none"> <li>- ATF held regular sharing sessions with NGO for reporting NGOs' programs and discussion on project application. Relevant information was uploaded to ATF website;</li> <li>- ATF attended ACA for presentation;</li> <li>- Familiarization visits to different NGOs for the new ACA members; and</li> <li>- Meetings between NGOs through HKCASO or others.</li> </ul>	<ul style="list-style-type: none"> <li>• NGOs held their own consultation meetings to collect opinions on the new HIV Strategies; and</li> <li>• NGOs joined the Community Stakeholders Consultation Meeting held by ACA in November 2015 and reflected the opinions collected from different communities at the meeting.</li> </ul>
<p><b>R20. Exchange and collaboration between Hong Kong and other cities especially those in the Mainland</b></p> <ul style="list-style-type: none"> <li>- Participated in regional consultation on HIV, STI and other health needs of TG people in Asia and the Pacific, and supported a pilot project for TG persons in Kunming;</li> <li>- Training, information exchange, meetings and mutual participation of activities between HK, Macau and Mainland officials or community organisations (e.g. HIV forum 2014);</li> <li>- Collaboration between Mainland and HK for various studies; and</li> <li>- Maintained the online platform of "Cyberdelta" for data sharing in Pearl River Delta Region.</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of experience between Hong Kong, Macau and Mainland authorities at the 15<sup>th</sup> Tripartite Joint Meeting of Guangdong-Hong Kong-Macao on Prevention and Control of Communicable Diseases;</li> <li>• Alumni-Association – Mainland Training Project for frontline workers in Qinghai held by NGOs, and</li> <li>• Workshop on "Emerging Issues on International HIV/AIDS Prevention and Treatment" will be held in 2016 with speakers from WPRO, HA, DH and academia.</li> </ul>



## Appendix G : CFA Membership List

### Convener :

Prof YU Chung-toi, Samuel

### Members :

Mr CHAN Wai-leung, Charlie	Caritas – Hong Kong
Ms CHAN Wing-chi ( <i>from 9 March 2016</i> )	SRACP
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 ( <i>up to 18 January 2016</i> )	Midnight Blue
Ms LAU Siu-kwan, Maple	Hong Kong AIDS Foundation
Mr LAU Tsz-chun, Jason ( <i>up to 8 March 2016</i> )	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
Mr SIN Man-hon, Eric ( <i>from 19 January 2016</i> )	Midnight Blue
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 (*up to March 2016*)

Miss Louisa HUNG (*from April 2016*)

## Appendix H : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
37 <sup>th</sup> CFA Meeting 23 September 2015 (Wednesday)	<ol style="list-style-type: none"> <li>1. Preliminary results of HARiS 2015 - Men who have sex with men, male-to-female transgender, and sex worker clients (CFA Paper 7/2014-2017)</li> <li>2. Formulation of Recommended HIV/AIDS Strategies for Hong Kong (2017 - 2021) and Community Consultation Meeting (CFA Paper 8/2014-2017)</li> </ol>
38 <sup>th</sup> CFA Meeting 16 December 2015 (Wednesday)	<ol style="list-style-type: none"> <li>1. Preliminary results of HARiS 2015 - female sex workers and injecting drug users (CFA Paper 9/2014-2017)</li> <li>2. Highlights of the Community Stakeholders' Consultation Meeting (CFA Paper 10/2014-2017)</li> </ol>
39 <sup>th</sup> CFA Meeting 8 March 2016 (Tuesday)	<ol style="list-style-type: none"> <li>1. Highlights of Dr Tim Brown's consultancy visit (CFA Paper 11/2014-2017)</li> <li>2. HIV/AIDS Response Indicator Survey 2016</li> <li>3. Summary of NGO visits for VCT technical support and review of VCT Checklist</li> </ol>
40 <sup>th</sup> CFA Meeting 13 June 2016 (Monday)	<ol style="list-style-type: none"> <li>1. A randomized controlled trial evaluating efficacy of promoting home-based HIV testing with online counselling in increasing HIV testing among MSM (CFA Paper 12/2014-2017)</li> <li>2. Increasing the accessibility of testing service: Sharing on the experience of mobile HIV rapid test</li> </ol>

### **ACA Secretariat**

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