



Hong Kong Advisory Council on AIDS



**Annual Report
August 2016 – July 2017**

Preface

The fight against HIV/AIDS has been going on for more than three decades. While good progress has been made, the persistent rise in HIV among vulnerable groups is worrying. Entering the fourth decade, we are faced with the grim reality that HIV/AIDS continues to spread in our community. Complacency leads to a lowering of guard, and there is a real risk that we shall encounter the tipping point around the corner, beyond which the situation will escalate beyond containment.

ACA was set up in 1990 to advise the Government on the control of HIV and monitoring of programmes related to HIV prevention and services to people living with HIV. Over the years, ACA has continued to work tirelessly to fulfill its role. A set of Recommended Strategies is put forward every 5 years to outline the main directions for HIV prevention and control. The process of formulating the latest “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” kicked off in 2015, and involved a wide community of local and overseas experts, key agencies, stakeholders and interested persons/organizations. We are indebted to all these parties for their effort and input, and hope that the Strategies serve to guide and support the various endeavours in our fight against HIV/AIDS.

2017 marks another challenging year for ACA, when we continued to proactively address concerns from the community. The Council met the Department of Justice to raise questions about condoms seizure and the necessity of using seized condoms as evidence in the prosecution of prostitution-related offences. The Council also kept in view new developments in HIV prevention strategies, such as pre-exposure prophylaxis (PrEP) and HIV self-testing.

As this shall be my last Annual Report in the capacity of Chairperson of ACA, I would like to take this opportunity to thank, from the bottom of my heart, all the members and staff that I have had the privilege of working with during my term of office. I could not ask for a more dedicated and professional team. May I wish my successors positive strides toward the triple zero targets of “zero new infection, zero discrimination, and zero AIDS related deaths”.

Dr Susan FAN, JP
Chairperson (2011-2017)
Hong Kong Advisory Council on AIDS
August 2018

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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 78% of all reported HIV cases in Hong Kong as at 30 June 2017.

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 2017, 8799 HIV infections have been reported to this system. Among them, 1817 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 4.4:1 as at June 2017.

9. The majority (68.5%) of reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remains the major mode of transmission, accounting for 77.8% among the reported cases in Hong Kong. Cumulatively, men who have sex with men accounted for 43.6% and heterosexuals accounted for 34.2% of all reported cases. The number of HIV infections related to injection drug use remains low at 354 cases (4.0%) so far. The total number of perinatal HIV transmission cases now stands at 32 as at 30 June 2017.

B. Unlinked Anonymous Screening

11. The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. In 2016, the HIV prevalence of drug users attending inpatient drug treatment centres/institutions was 0.62%, and that of inmates newly admitted into correctional institutes was 0.94%.

C. Seroprevalence in Selected Populations

12. The positive HIV antibody detection rate was 0.003% from all the blood donations in 2016 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.483% in 2016, a small increase from the previous year (0.456% in 2015).

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 2016, 51519 tests were performed of which 9 were found positive, indicating a prevalence of 0.02%.

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
2015	51338	5	0.01	1.5
2016	51519	9	0.02	0.01

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 2016, 57 out of 5066 samples tested HIV positive, equivalent to 1.125%.

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
2015	6056	61	1.007
2016	5066	57	1.125

Figure 1 : Annual Reported HIV/AIDS in Hong Kong
1984 – 2016 (N=8410/1766)

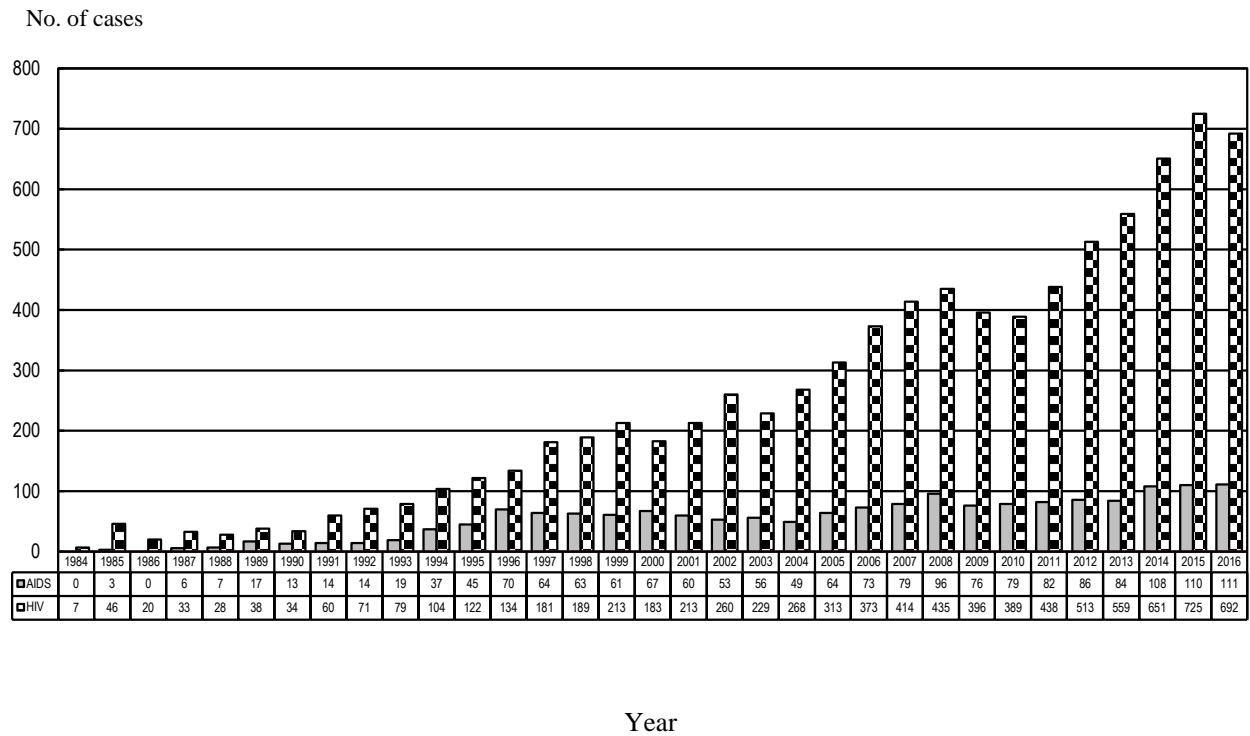


Figure 2 : Ethnicity of reported HIV infection in Hong Kong
1984 – 2016 (N=8410)

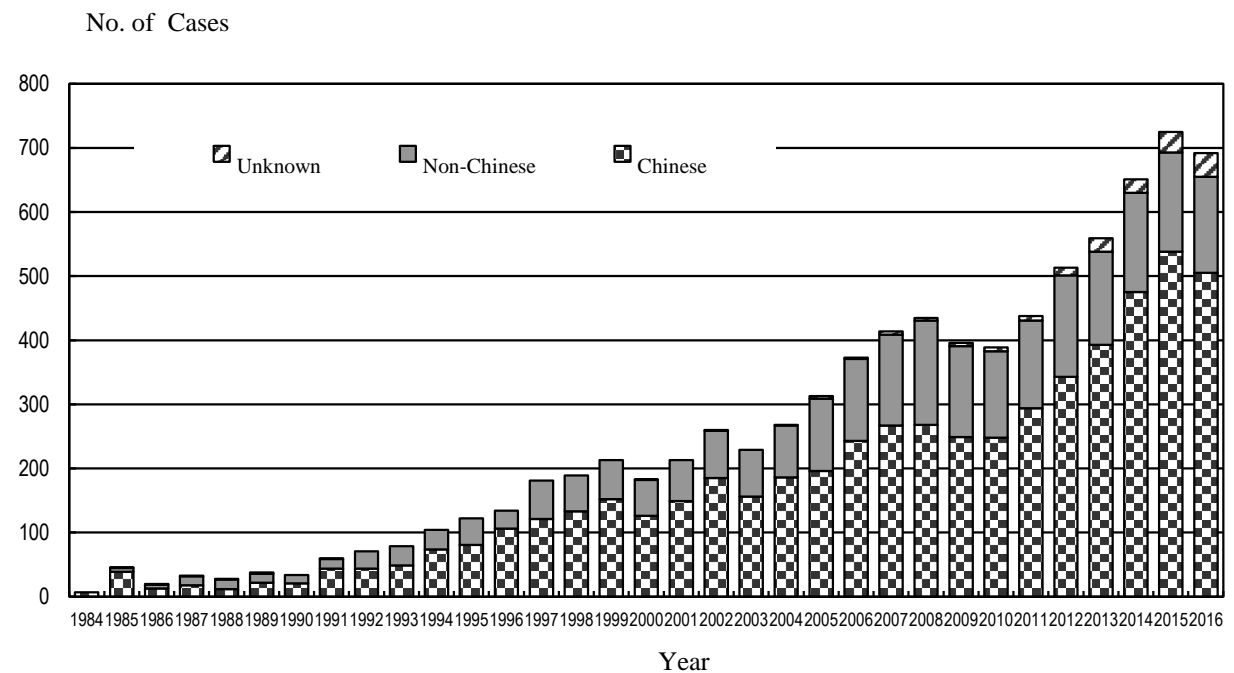


Figure 3 : Routes of transmission of HIV infection in Hong Kong
1984 – 2016 (N=8410)

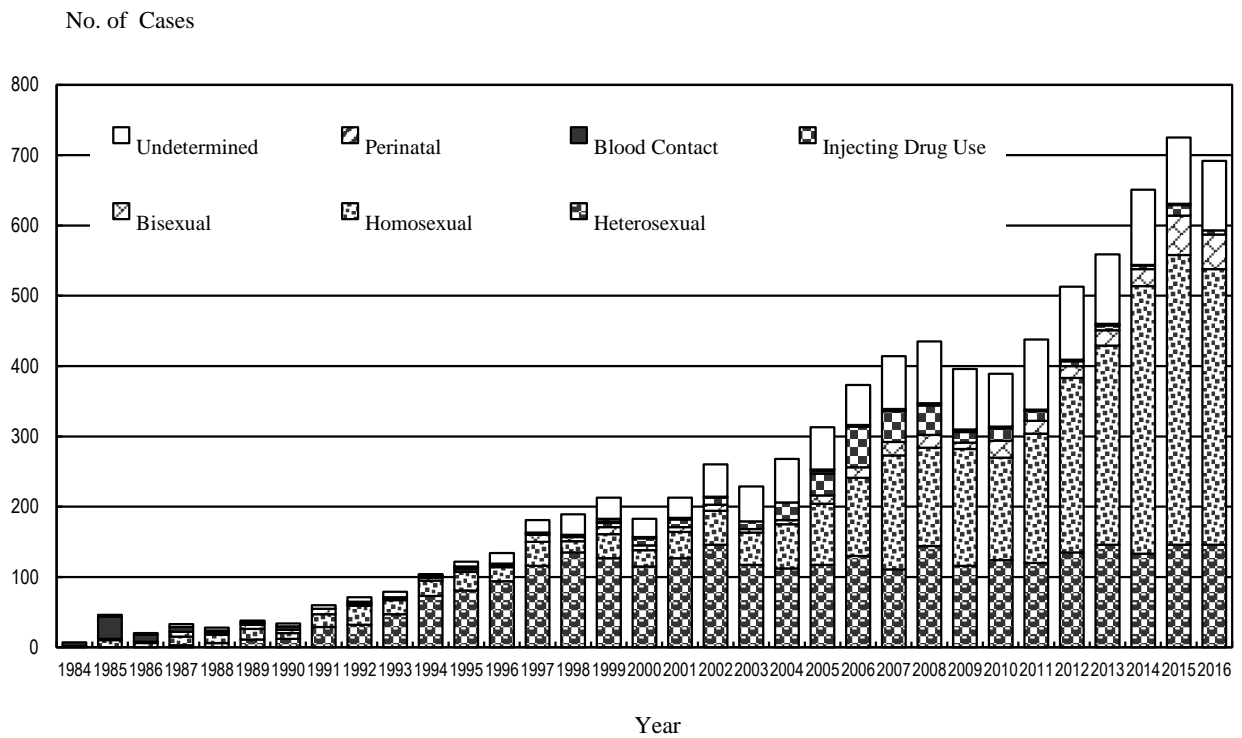


Figure 4 : Sources of referral of HIV infection in Hong Kong
1984 – 2016 (N=8410)

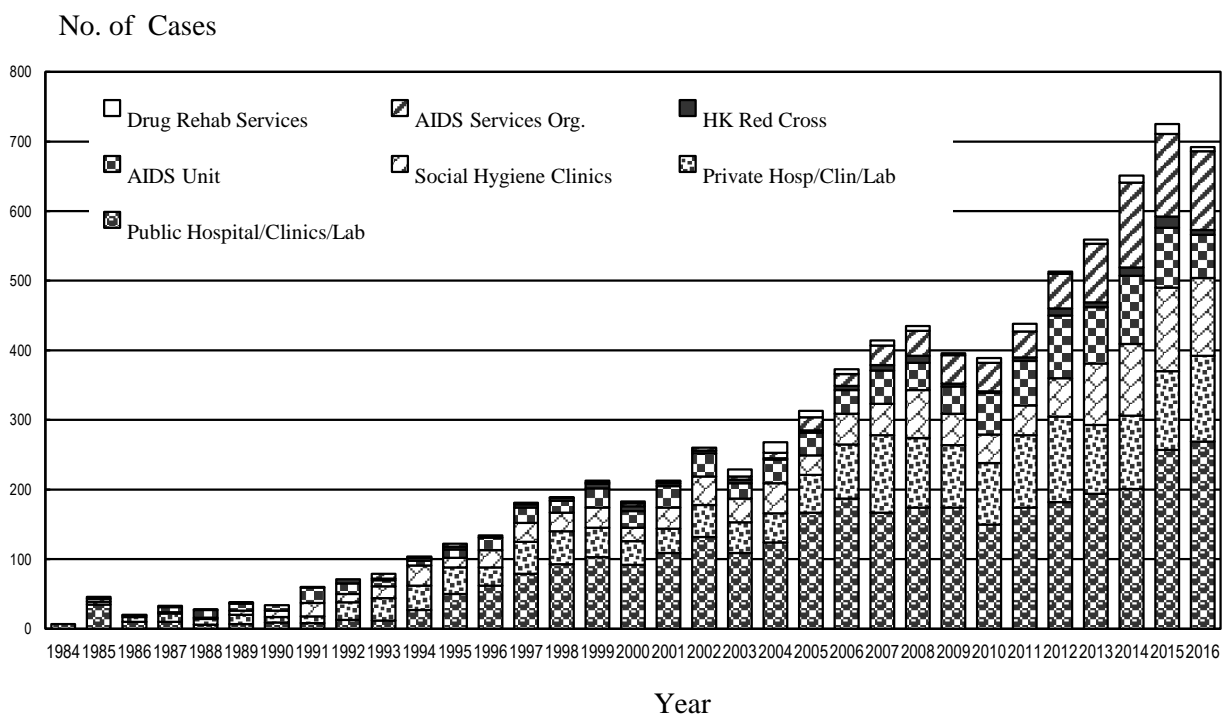


Figure 5 : Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 – 2016 (N=1766)

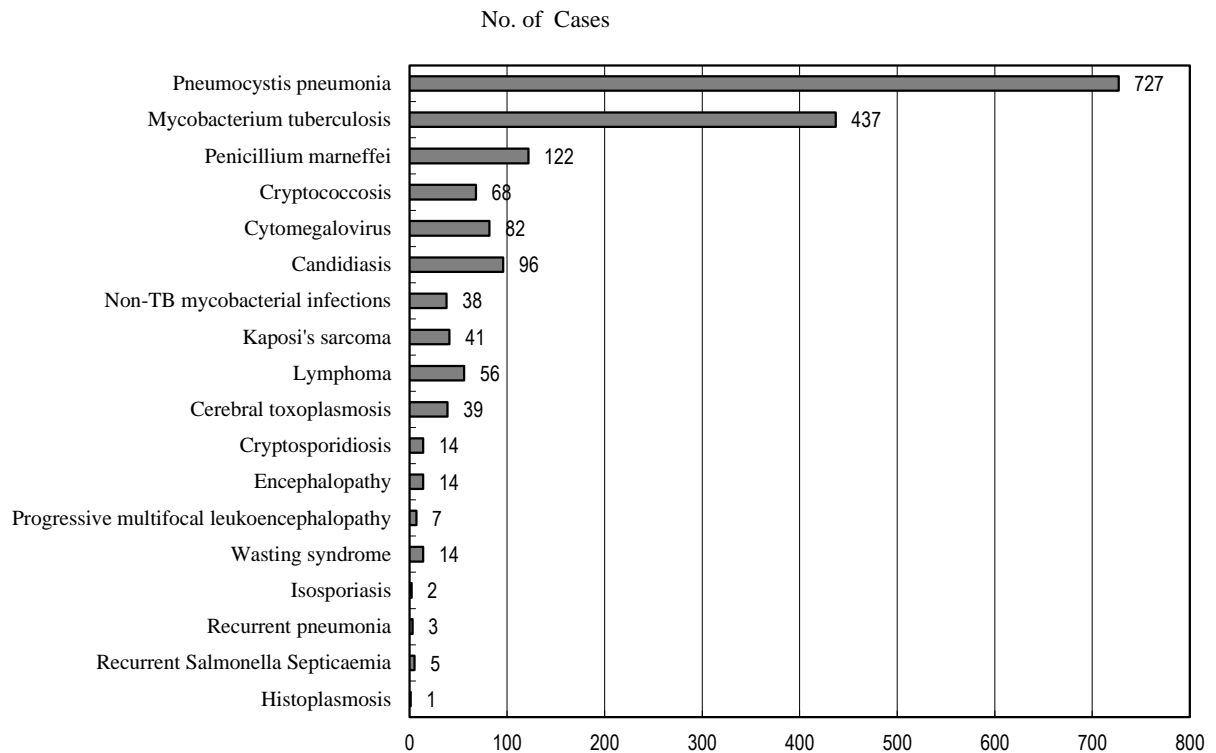
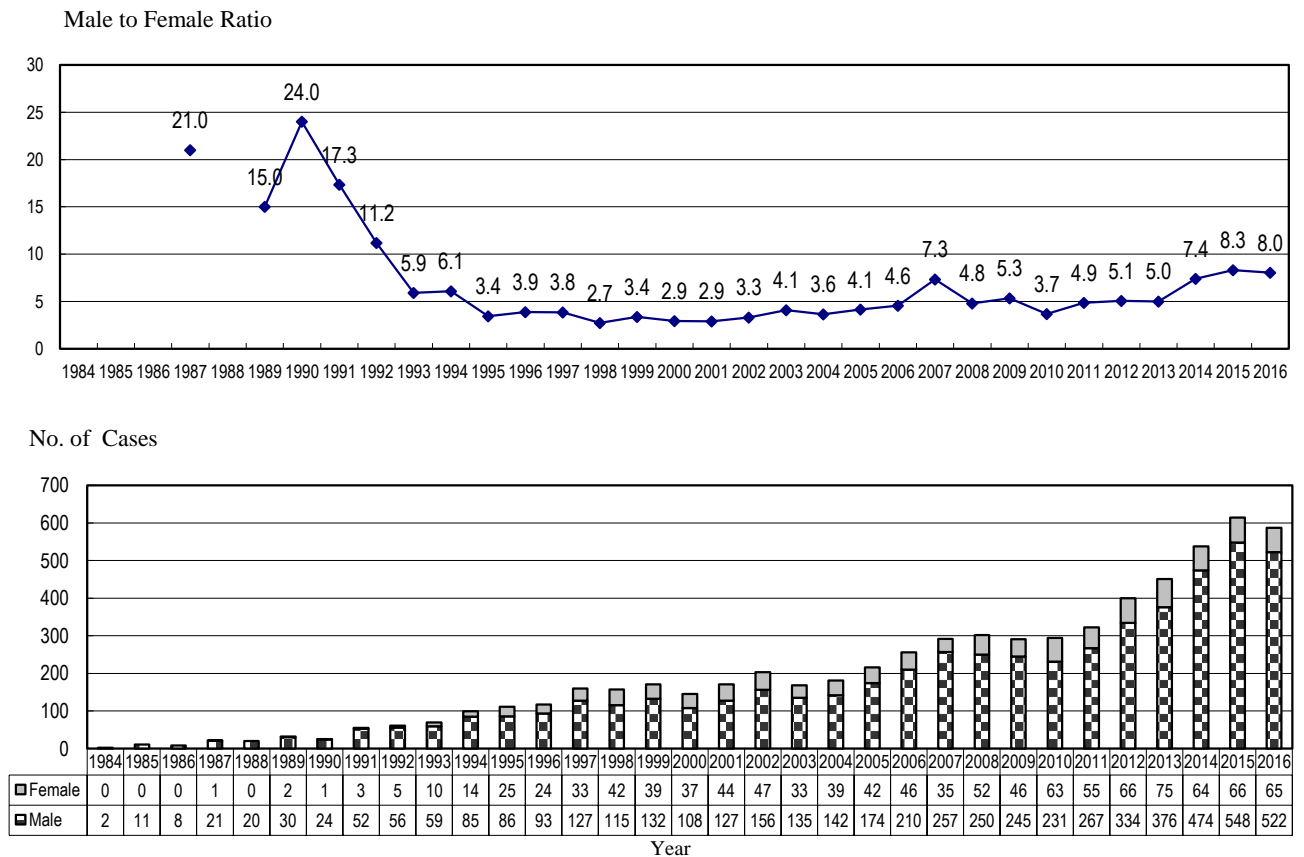


Figure 6 : Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 – 2016 (N=6551)



* 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 2017, a total of 168 programmes and projects were funded by ATF, amounting to a total of HK\$272 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 2016 and July 2017 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 24 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 283 issues have been published up to July 2017.

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 2015 – July 2016);
- (3) Agenda of four ACA meetings; and
- (4) Agenda of four CFA meetings.

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 F**.

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 G**.

5. Highlights of the year (August 2016 to July 2017)

1. Launch of the new Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)

The process of formulating the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” was kicked off in 2015. An eight-week stakeholders’ consultation was held in October and November 2015, with eight sessions of consultation meetings conducted. The second round of stakeholder’s consultation was conducted from 26 August to 15 September 2016. During the 8-week public consultation period between 7 November and 31 December 2016, a total of 34 comments were received by the ACA Secretariat from 16 organisations and 18 individuals. The new Strategies was officially launched on 22 May 2017.

Two primary target populations were identified in the new Strategies, MSM and people living with HIV, for whom society need to intensify their efforts in the coming years. Actions for other key populations, including people who inject drugs, ethnic minorities, the transgender population, and female sex workers and their male clients were also mentioned.

By making reference to the recommendations of UNAIDS, the Strategies set four “90” targets to be achieved by the end of 2020. Five main directions for HIV prevention and control are also recommended:

- (a) Men who have sex with men (MSM) should receive HIV antibody testing annually and use condoms consistently, irrespective of their self-perception of risk of infection;
- (b) All HIV-positive patients should receive HIV treatment as soon as they get diagnosed;
- (c) Capacity building should be strengthened in both HIV-related service settings and drug rehabilitation and treatment services;
- (d) Sex and HIV education should be intensified through a life skills-based education approach; and
- (e) Antenatal testing of pregnant women who are at risk of HIV infection should be strengthened.

2. Communication with stakeholders

ACA Chairperson invited drug NGOs and AIDS NGOs to attend a meeting on 7 November 2016. The current drug taking situation among MSM, and possible collaboration and expansion of services between drug NGOs and AIDS NGOs was discussed.

Recognising concern among the stakeholder community over police seizure of condoms during prostitution-related law enforcement, ACA wrote to the police force several times from 2009 to 2013. Developments in law enforcement practices in New York, San Francisco, and Los Angeles were referred to, requesting the police to consider similar measures for Hong Kong. In July 2017, representatives of ACA met with the Department of Justice to debate the necessity of using seized condoms as circumstantial evidence in the prosecution of prostitution-related offences such as keeping a vice establishment under section 139 of Cap.200.

3. Sharing of HIV prevention and testing programmes conducted by NGOs

ACA invited representatives from the Chinese University of Hong Kong to present the findings on a survey of home-based HIV testing, and SACH-IV of Tung Wah Group of Hospitals to introduce the drug counselling service for HIV positive MSM.

4. Capacity building and networking

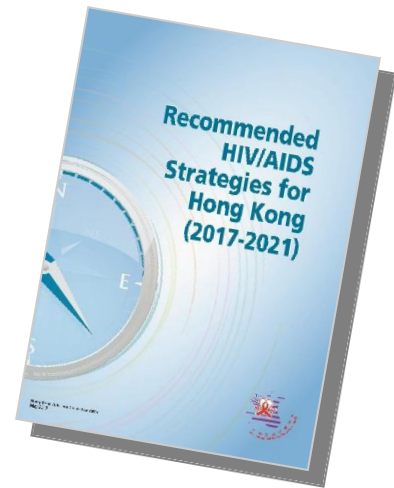
ACA Chairperson and members attended various HIV/AIDS prevention seminars and activities, such as the World AIDS Campaign 2016 Kick-off Ceremony on 19 November 2016 and Emerging Issues in HIV/AIDS Prevention and Treatment Symposium organized by CHOICE on 25 November 2016.

6. A Gallery

Launch of the new “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)”

The new “Recommended Strategies for HIV/AIDS for Hong Kong (2017-2021)” was launched at a press conference on 22 May 2017.

The Strategies together with “A supplement on the process of formulating the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” and the “Report of the Community Stakeholders’ Consultation” can be accessed from the ACA website (www.aca.gov.hk).



World AIDS Campaign 2016 Kick-off Ceremony

The World AIDS Campaign 2016 Kick-off Ceremony was held at iSQUARE, Tsim Sha Tsui on 19 November 2016. The Under Secretary for Food and Health, Director of Health and Chairman of the Family Planning Association of Hong Kong (FPAHK) officiated the ceremony. Counterparts from the health authorities of Guangdong Province, Shenzhen and Macau also attended the event.



“Emerging Issues in HIV/AIDS Prevention and Treatment” Symposium organized by CHOICE

A symposium, “Emerging Issues in HIV/AIDS Prevention and Treatment” was held by CHOICE on 25 November 2016. Dr Susan FAN, the Chairperson of the Hong Kong Advisory Council on AIDS, was invited to give an opening speech. Dr Kenny CHAN from the Department of Health (DH) presented the “Emerging challenges of the MSM HIV epidemic in Hong Kong”. Other speakers included HIV experts from The World Health Organization Regional Office for the Western Pacific (WPRO), Australia, the Mainland China and 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

From August 2016 – 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

Dr CHENG Mei-ching, Joanne

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

Prof Albert LEE

Prof LEE LAI Chun-hing, Annisa

Mr LEE Luen-fai

Prof LEE Tze-fan, Diana, JP

Mr LEUNG Wing-ye, James

Dr LI Chung-ki, Patrick, BBS, JP

Ms SUN Hau-kei, Binky

Dr TSANG Tak-yin, Owen

Mr WONG Chi-wai, John

Dr YAM Wing-cheong

Education Bureau :

Mr YIP Yam-wing, Stephen (up to 18 October 2016)

Mr Sheridan LEE (from 19 October 2016)

Food and Health Bureau :

Mr CHAN Wai-kee, Howard, JP

Hospital Authority :

Dr LIU Shao-haei

Social Welfare Department :

Mr FONG Kai-leung

Secretary :

Department of Health :

Dr WONG Ka-hing, JP (up to 7 November 2016)

Dr CHAN Chi-wai, Kenny (from 8 November 2016)

Council Secretariat :

Department of Health :

Miss Louisa HUNG

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
96th ACA Meeting 14 October 2016 (Friday)	<ol style="list-style-type: none"> 1. A randomised controlled trial evaluating efficacy of promoting home-based HIV testing with online counselling in increasing HIV testing among MSM (ACA Paper No. 23/2014-2017) 2. Highlights of the 21st International AIDS Conference (AIDS 2016), Durban, South Africa (ACA Paper No. 24/2014-2017) 3. Second Draft of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) – Revised after stakeholders consultation (ACA Paper No. 25/2014-2017) 4. Report of the Community Forum on AIDS
97th ACA Meeting 13 January 2017 (Friday)	<ol style="list-style-type: none"> 1. Final version of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) – Revised after public consultation (ACA Paper No. 26/2014-2017) 2. Formulation of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) – a supplement on the development process (ACA Paper No. 27/2014-2017) 3. World AIDS Campaign 2016 in Hong Kong (ACA Paper No. 28/2014-2017) 4. Report of the Community Forum on AIDS
98th ACA Meeting 7 April 2017 (Friday)	<ol style="list-style-type: none"> 1. Follow up of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) (ACA Paper No. 29/2014-2017) 2. HIV epidemiology in Hong Kong 2016 (ACA Paper No. 30/2014-2017) 3. World AIDS Campaign 2016 in Hong Kong (ACA Paper No. 31/2014-2017) 4. Report of the Community Forum on AIDS

Date of Meeting	Topics / Issues Discussed at ACA Meetings
99th ACA Meeting 21 July 2017 (Friday)	<ol style="list-style-type: none"> <li data-bbox="523 255 1417 367">1. SACH-IV - Substance Abuse Counselling for HIV-infected drug abuser (ACA Paper No. 32/2014-2017) <li data-bbox="523 405 1417 551">2. Recent outbreak of hepatitis A infection concentrated among HIV infected men who have sex with men and its control measures (ACA Paper No. 33/2014-2017) <li data-bbox="523 589 1002 663">3. HIV treatment cascade 2015 (ACA Paper No. 34/2014-2017) <li data-bbox="523 701 1134 736">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	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
Overall attendance of 23 gazetted members	20	17	16	20	17	19	19	19
Percentage (%)	87%	74%	70%	87%	74%	83%	83%	83%

	96th Meeting	97th Meeting	98th Meeting	99th Meeting
	14-Oct-2016	13-Jan-2017	7-Apr-2017	21-Jul-2017
Overall attendance of 24 gazetted members	17	17	20	20
Percentage (%)	71%	71%	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 : CFA Membership List

Convener :

Prof YU Chung-toi, Samuel

Members :

Mr CHAN Wai-leung, Charlie	Caritas – Hong Kong
Ms CHAN Wing-chi (<i>up to 21 November 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 (<i>up to 31 May 2017</i>)	The Society For AIDS Care
Dr CHU Chung-man, Ferrick	
Miss HUI See-yau, Ivy (<i>from to 1 June 2017</i>)	The Society For AIDS Care
Mr KWOK Lap-shu, Emil	Heart to Heart
Ms LAI Tak-yin, Debby	St. John's Cathedral HIV Education Centre
Ms LAU Siu-kwan, Maple (<i>up to 31 December 2016</i>)	Hong Kong AIDS Foundation
Ms LAU Yuen-man, Eris (<i>from to 1 January 2017</i>)	Hong Kong AIDS Foundation
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	Midnight Blue
Dr WAN Wai-yee	
Mr WON Mau-cheong	
Mr WONG Doon-yee, Charles	
Mr WONG Lai-yin, Anthony (<i>from 22 November 2016</i>)	SRACP

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 (*up to February 2017*)

Dr SIT Yao-wai, Alfred (*from February 2017*)

Miss Louisa HUNG

Appendix G : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
41st CFA Meeting 12 September 2016 (Monday)	<ol style="list-style-type: none"> 1. Results of internal audit on HIV voluntary counselling and testing services (VCT) in community settings 2015 (CFA Paper 13/2014-2017) 2. Preliminary results of HARiS 2016 - Men who have sex with men and male-to-female transgender (CFA Paper 14/2014-2017) 3. Highlights of HIV projections, scenarios and recommendations from the AIDS Epidemic Model (CFA Paper 15/2014-2017)
42nd CFA Meeting 6 December 2016 (Tuesday)	<ol style="list-style-type: none"> 1. Preliminary results of HARiS 2016 - Injecting Drug Users (CFA Paper 16/2014-2017) 2. Consultation on proposal of revised Blood donor eligibility criteria – deferral policy for men who have sex with men (MSM)
43rd CFA Meeting 7 March 2017 (Tuesday)	<ol style="list-style-type: none"> 1. Outbreak of acute hepatitis A infection among HIV infected MSM in Hong Kong (CFA Paper 17/2014-2017) 2. Results of Street Addict Survey 2016 3. Update on HIV situation (2016) and report on MSM HIV prevention programme in 2016
44th CFA Meeting 6 June 2017 (Tuesday)	<ol style="list-style-type: none"> 1. Experience Sharing on Outreach Programme for Vietnamese Drug Users on HIV/AIDS Prevention 2. HIV treatment cascade 2015 (CFA Paper 18/2014-2017)

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>