



Hong Kong Advisory Council on AIDS



Annual Report
August 2017 – July 2018

Preface

The first case of HIV infection in Hong Kong was recorded in 1984. Since then the number of newly reported HIV infection has steadily increased over the years. The Hong Kong Government is credited for implementing its AIDS prevention programme early in the epidemic and for making available the “cocktail” antiretroviral therapy to HIV-infected individuals in the 1990s. The latter has transformed HIV infection from an invariably fatal disease to a chronic medical condition that can be controlled with treatment. Treatment not only improves survival and quality of life of people living with HIV infection, but also markedly reduces their risk of transmitting the virus to others. While some good progress has been made, many individuals with HIV infection are still diagnosed late. In addition, there is the worrying phenomenon of ChemSex which is fueling transmission of HIV infection among vulnerable groups such as young men who have sex with men (MSM).

The Hong Kong Advisory Council on AIDS (ACA) was set up in 1990 to advise the Government on the control of HIV and monitor the performance of its HIV prevention programme and services to people living with HIV. Over the years, ACA has continued to work tirelessly to fulfill its role. Thanks to the great effort of the previous term of ACA, a new set of Recommended Strategies was formulated and promulgated in May 2017 to outline the main directions for HIV prevention and control in the next five years. The current term of ACA will continue to monitor the progress of its implementation.

Following publication of the Strategies, ACA has continued to proactively address various concerns of the community. Together with Controller, Centre for Health Protection and Chairman, Council for the AIDS Trust Fund, I attended a meeting held by the Panel on Health Services of the Legislative Council in January 2018 to hear the views of public deputations. ACA welcomes the many constructive comments made by various stakeholders, and looks forward to working together with them to introduce new and effective approaches to control the disease.

I firmly believe that the continued concerted effort of the Government, NGOs and vulnerable communities will be crucial to roll out comprehensive effective interventions to keep our HIV prevalence at a relatively low level, and achieve the triple zero targets of “zero new infection, zero discrimination, and zero AIDS-related deaths”.

Dr. LI Chung-ki, Patrick, B.B.S., J.P.
Chairperson
Hong Kong Advisory Council on AIDS
December 2019

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	14
Chapter 5 : Highlights of the year 2017 – 2018	15
Chapter 6 : A Gallery	17
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 : Review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong (2017 – 2021)	29
Appendix F : CFA Membership List	42
Appendix G : Topics / Issues Discussed at CFA Meetings	44

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 2018.

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. To provide a detailed description of the local HIV/AIDS situation, this system comprises five major programmes, 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 commonly reported AIDS defining illnesses have been *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 three 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 an anonymous 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 2018, 9387 HIV infections had been reported to this system. Among them, 1925 had progressed to AIDS. The reported AIDS cases had stabilized at around 100 cases per year in the past few years, despite an increasing number of infections. This is attributed 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 of June 2018.

9. The majority (69.0%) of reported HIV infections in Hong Kong belong to ethnic Chinese.

10. Sexual transmission remains the major mode of transmission, accounting for 78.5% among the reported cases in Hong Kong. Cumulatively, men who have sex with men accounted for 45.0% and heterosexuals accounted for 33.5% of all reported cases. The number of HIV infections related to injection drug use remains low at 358 cases (3.8%) so far. The total number of perinatal HIV transmission cases now stands at 33 as at 30 June 2018.

B. Unlinked Anonymous Screening

11. The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. In 2017, the HIV prevalence of drug users attending inpatient drug treatment centres/institutions was 1.70%, and that of inmates newly admitted into correctional institutes was 0.73%.

C. Seroprevalence in Selected Populations

12. The positive HIV antibody detection rate was 0.004% from all the blood donations in 2017 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.429% in 2017, which was similar to the previous year (0.483% in 2016).

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 2017, 48500 tests were performed of which seven were found positive, indicating a prevalence of 0.01%.

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
2017	48500	7	0.01	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 2017, 41 out of 4913 samples tested HIV positive, equivalent to 0.83%.

Table 2. Methadone Clinic Testing

	No. of tests	HIV+	%
2003 (Jul – Sep)	1834	9	0.49
2004	8812	18	0.20
2005	8696	28	0.32
2006	7730	28	0.36
2007	7314	26	0.36
2008	7955	37	0.47
2009	7765	38	0.49
2010	7445	36	0.48
2011	6960	37	0.53
2012	6742	42	0.62
2013	6925	47	0.68
2014	6527	53	0.81
2015	6056	61	1.01
2016	5066	57	1.13
2017	4913	41	0.83

Figure 1 : Annual Reported HIV/AIDS in Hong Kong
1984 – 2017 (N=9091/1857)

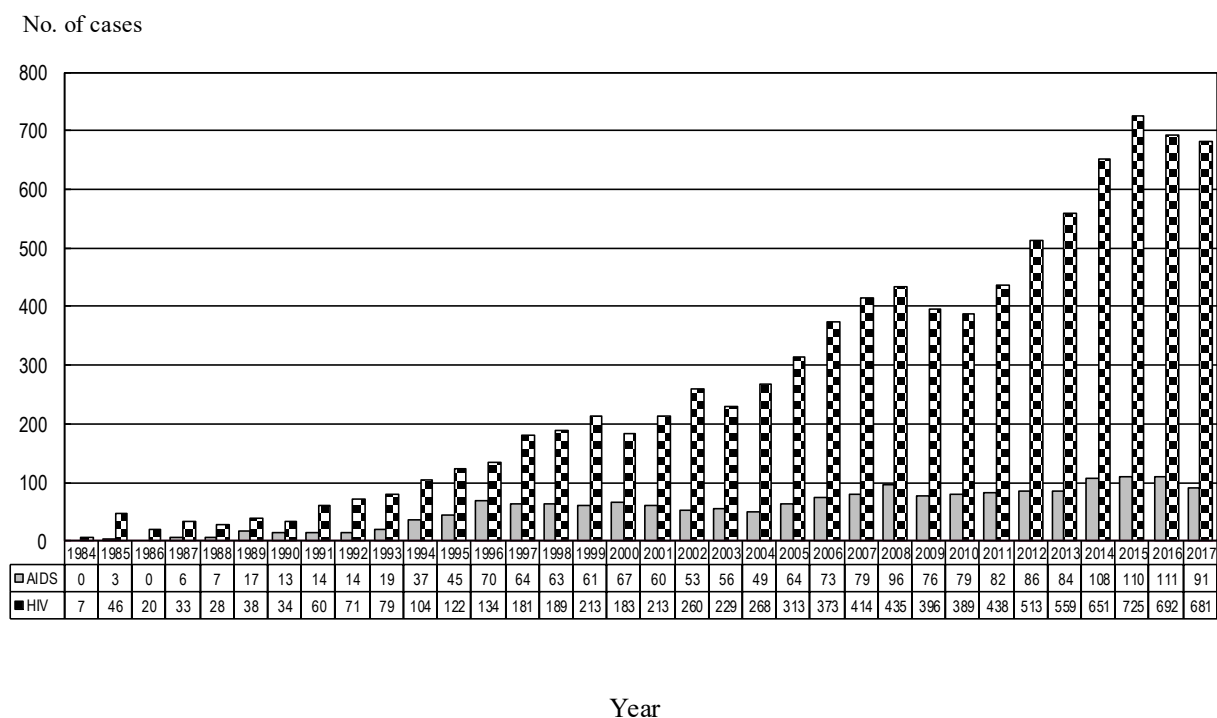


Figure 2 : Ethnicity of reported HIV infection in Hong Kong
1984 – 2017 (N=9091)

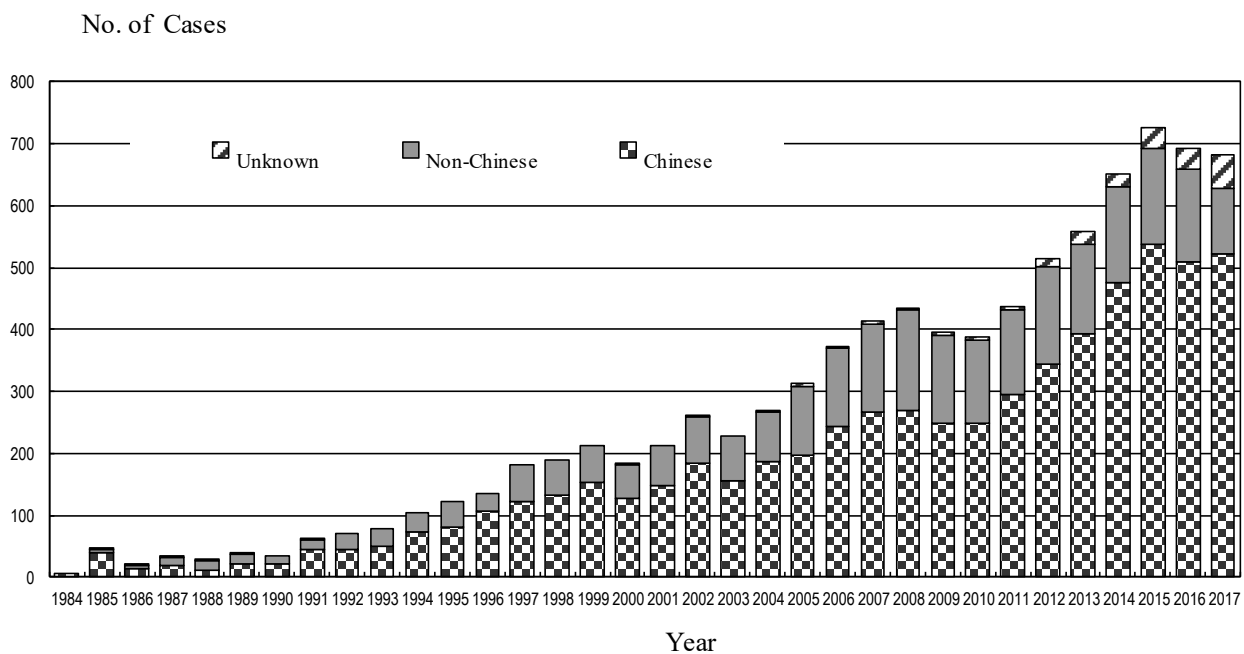


Figure 3 : Routes of transmission of HIV infection in Hong Kong
1984 – 2017 (N=9091)

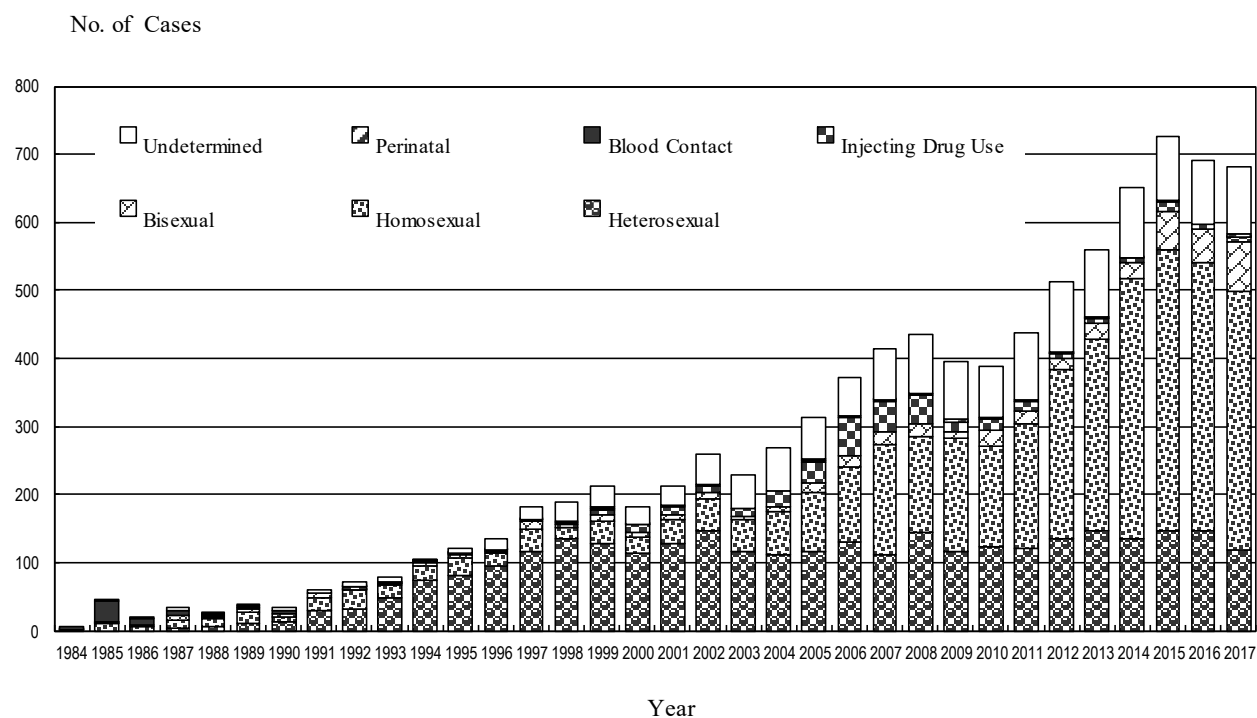


Figure 4 : Sources of referral of HIV infection in Hong Kong
1984 – 2017 (N=9091)

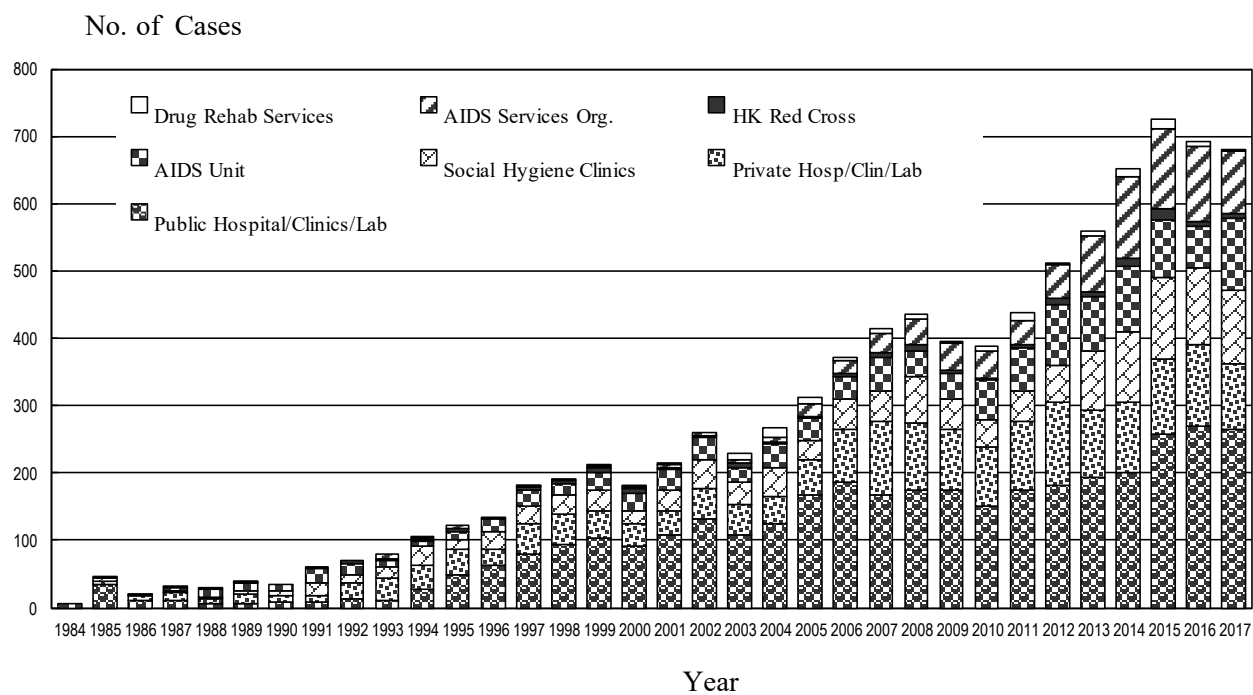


Figure 5 : Primary AIDS-defining illnesses of reported AIDS in Hong Kong
1985 – 2017 (N=1857)

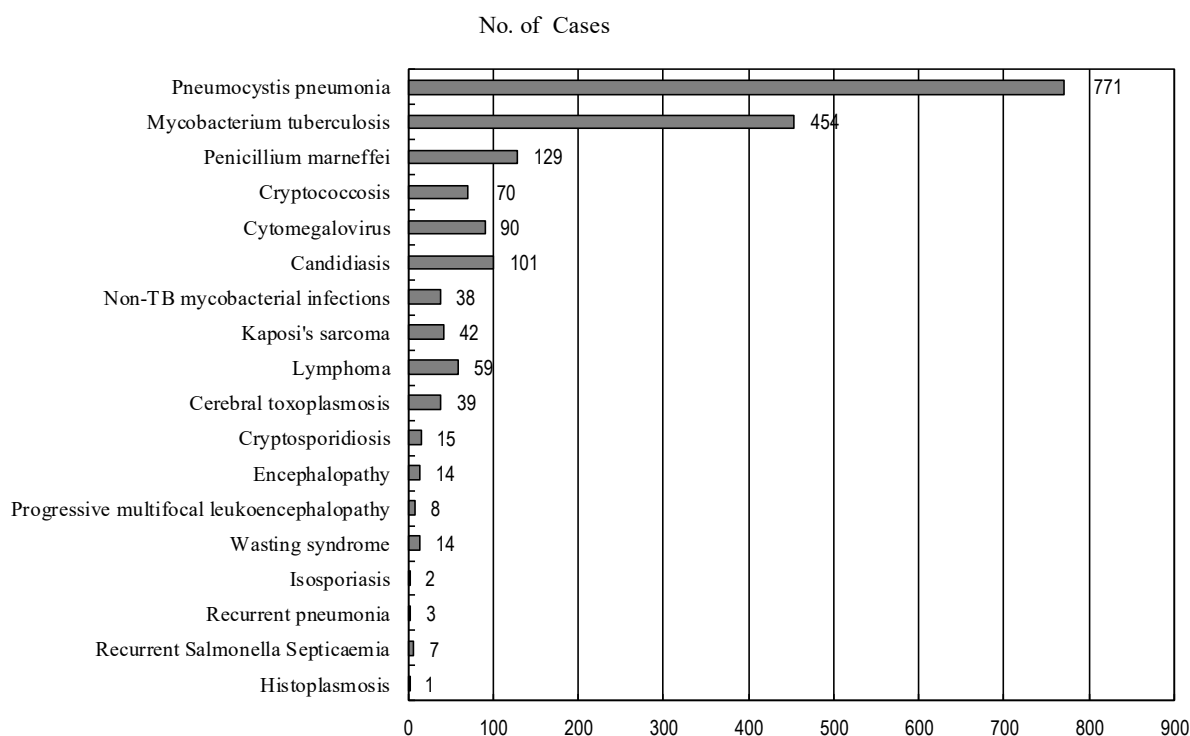
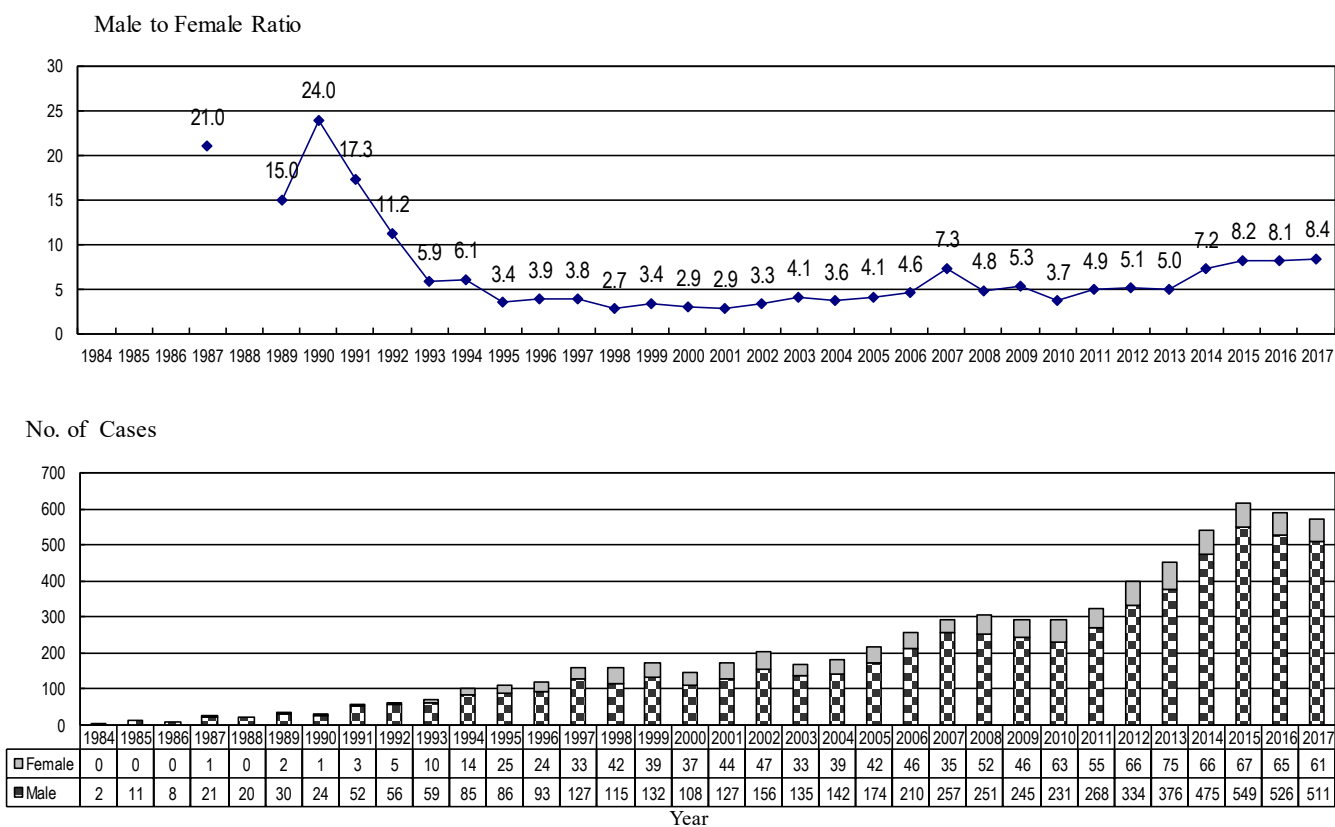


Figure 6 : Reported HIV Infection through Sexual Transmission* by sex in Hong Kong
1984 – 2017 (N=7134)



* 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 organisations 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 organisations involved in HIV/AIDS programmes are – A) advisory bodies; B) Department of Health; C) other governmental departments or public organisations; and D) non-governmental organisations (NGOs).

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 organisations;
- (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 organisations**

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 may receive care by the Special Medical Service at Queen Elizabeth Hospital and Princess Margaret Hospital, while affected children are managed by the Paediatrics units of Queen Mary Hospital and Queen Elizabeth Hospital.

23. **AIDS Trust Fund (ATF)** 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. Over the years, the NGOs have been active in raising funds for their operation and services to support community-based projects. From 2008 to 2018, a total of 160 programmes or projects were funded by ATF, amounting to a total of HK\$305 million.

D. Non-governmental organisations

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) *Providing 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 2017 and July 2018 is shown in **Appendix B**.

27. The major issues and papers examined and reviewed by the ACA in the period covered by this report are 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 five 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*, *Recommended HIV/AIDS Strategies for Hong Kong 2012-2016* and the latest *Recommended HIV/AIDS Strategies for Hong Kong (2017 – 2021)*.

Building Community Partnership

30. ACA participated in the World AIDS Campaign 2017 Creative School Projects on HIV/AIDS Prevention Award Presentation Ceremony organised by the Department of Health on 18 November 2017 at iSQUARE, Tsim Sha Tsui, with Chairperson of ACA as one of the officiating guests. The ceremony was also officiated by Under Secretary for Food and Health, Director of Health and Chairman of the Family Planning Association of Hong Kong. Counterparts from the health authorities of Shenzhen and Macau also attended the event.

Website

31. 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 295 issues have been published up to July 2018.

32. 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.

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

34. 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 2016 – July 2017);
- (3) Agenda of four ACA meetings;
- (4) Agenda of three CFA meetings; and
- (5) Review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021). The review was completed during the reporting period in July 2018. Details are shown in **Appendix E**.

4. Community Forum on AIDS

35. 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.

36. The CFA provides a platform where the views and expertise of organisations and individuals involved in HIV/AIDS advocacy, education and services can be directly shared and collected, to support strategy formulation at the ACA level.

37. The CFA has the following terms of reference –

- (1) to enhance communication between the Council and frontline HIV/AIDS service delivery organisations 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.

38. 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 5th term of CFA (2017-2020) is shown in **Appendix F**.

39. 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.

40. 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 2017 to July 2018)

1. New members appointed to ACA and CFA

The 10th term of ACA began in August 2017. Dr. LI Chung-ki, Patrick was appointed as ACA Chairperson for 3 years with effect from 1 August 2017. Seven members retired after serving for 6 years in ACA, and eight new members were appointed. They came from a variety of backgrounds including the academia, medicine, business, social work and NGO. Familiarisation visits to 21 NGOs / government units / university were arranged from November 2017 to June 2018 to introduce these services to both new and old members.

Mr. CHU Muk-wah, Daniel was appointed as CFA Convener for the 5th term till 31 July 2020. Two new members were also recruited into CFA. The new composition had brought new perspectives to the work of prevention and control of HIV in community level.

2. Review on the first year implementation of Recommended HIV/AIDS Strategies in Hong Kong (2017-2021)

In mid-2018, ACA Secretariat conducted a review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) and the report was presented to ACA in July 2018. With the efforts of NGOs, Department of Health and Hospital Authority, most of the targets were achieved or on schedule. New initiatives such as introduction of HIV self-test kits and various online interventions were piloted in the past year.

3. Legislative Council Panel on Health Services Meeting with deputations/individuals

A meeting was held by the Panel on Health Services of the Legislative Council on 4 January 2018 to discuss the HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021). At the meeting, the Administration briefed members regarding the current HIV situation, HIV and AIDS response measures, funding mechanism of the ATF and manpower involved in providing HIV services. Upon the panel members' request, another special meeting was held on 5 February 2018 to discuss the subject further and hear public deputations. Stakeholders and the public raised their opinions on the Strategies by written submission and/or attending deputation meetings. The key issues raised by the deputations during the meeting was presented and deliberated in the 102nd ACA meeting.

4. The fourth HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong (PRiSM)

Organised as a regular public health surveillance programme, the fourth round of PRiSM was conducted by DH from April 2017 to September 2017. In addition to MSM, transgender women (TGW) was added in this round for the first time. In the 103rd ACA meeting and the 46th CFA meeting, major findings of this large scale community-based sexual behavioural survey were presented. They covered demographics, HIV status, social networking, sexual behaviour, drug/substance use, exposure to HIV prevention messages, HIV testing behaviour, self-reported history of sexually transmitted illnesses, and use of HIV pre-exposure prophylaxis (PrEP) among MSM and TGW.

5. Sharing of HIV self-testing programme conducted by NGO

AIDS Concern shared with CFA in the 47th meeting its HIV self-testing promotion programme started since 2015. The objectives of the programme were to expand HIV testing coverage of people at high risk and to encourage never-testers to get tested regularly. The programme was comprised of three phases and it was hoped that the experience gained in the first two phases could inform the future direction to enhance testing rate in the MSM community.

6. Capacity building and networking

ACA Chairperson and members attended various HIV/AIDS prevention seminars and activities, such as the World AIDS Campaign 2017 Creative School Projects on HIV/AIDS Prevention Award Presentation Ceremony on 18 November 2017.

On 2 December 2017, ACA and The Hong Kong Society for HIV Medicine (HKSHM) co-organised a half day Seminar on Chemsex. Experts from Hong Kong and the United Kingdom shared their first-hand experiences in this field. The report back of this seminar was presented in the 102nd ACA meeting.

6. A Gallery

Photo taken during the 100th ACA Meeting on 20 October 2017



Photo taken during the 47th CFA Meeting on 8 June 2018



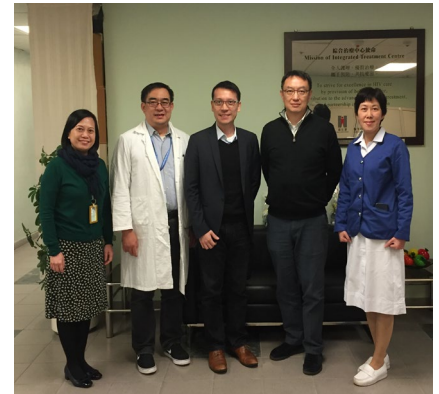
**ACA familiarisation visits to NGOs & government units working on HIV/AIDS
(November 2017 – June 2018)**



AIDS Concern



The Family Planning Association
of Hong Kong



Integrated Treatment Centre



Hong Kong AIDS Foundation



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



Red Ribbon Centre



Rainbow of Hong Kong



The Society for AIDS Care



Hong Kong Red Cross



Action for REACH OUT



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



The Society of Rehabilitation and Crime Prevention, Hong Kong (SRACP)



St John's Cathedral HIV Education Centre



Teen's Key



Yau Ma Tei Methadone Clinic



The Boys' and Girls' Clubs Association of Hong Kong



AIDS Institute of The University of Hong Kong



Transgender Resource Center



Queen Elizabeth Hospital



A-Backup



Midnight Blue

World AIDS Campaign 2017 Creative School Projects on HIV/AIDS Prevention Award Presentation Ceremony on 18 November 2017

The World AIDS Campaign 2017 Creative School Projects on HIV/AIDS Prevention Award Presentation Ceremony was held at iSQUARE, Tsim Sha Tsui on 18 November 2017. The Under Secretary for Food and Health, Director of Health and Chairman of the Family Planning Association of Hong Kong officiated the ceremony. Counterparts from the health authorities of Shenzhen and Macau also attended the event.



Seminar on Chemsex held on 2 December 2017

ACA and The Hong Kong Society for HIV Medicine (HKSHM) co-organised a half day Seminar on Chemsex on 2 December 2017. Experts from Hong Kong and the United Kingdom shared with us their first-hand experiences in this field.



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 organise 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) <ul style="list-style-type: none"> • The ACA’s first official strategy document, “<i>Strategies for AIDS Prevention, Care & Control in Hong Kong</i>” 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 organisations 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-organised CEPAIDS.
5. Expanded Response Phase (1998 – 2001) <ul style="list-style-type: none"> • 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 - <ul style="list-style-type: none"> (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) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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 first 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 2017 – July 2018

Chairperson :

Dr. LI Chung-ki, Patrick, B.B.S., J.P.

Vice-Chairman :

Department of Health:

Dr. CHAN Hon-yee, Constance, J.P.

Members :

Mr. CHAN Siu-hung, J.P.

Dr. CHENG Mei-ching, Joanne

Mr. CHEUNG Tat-ming, Eric

Mr. CHU Muk-wah, Daniel

Mr. FUNG Hing-wang, S.B.S.

Ms. HO Pik-yuk, Shara

Dr. KONG Shiu-ki, Travis

Mr. KWOK Lap-shu

Dr. LAM Ming

Prof. Albert LEE

Mr. LEE Wai-kwong, Sunny, J.P.

Dr. LUI Chung-yan, Grace

Mr. MUI Wai-keung, Moses

Ms. SUN Hau-kei, Binky

Mr. TONG Tak-fai, Edmond

Ms. WONG Wai-kwan, Loretta

Dr. YAM Wing-cheong

Education Bureau :

Mr. Sheridan LEE

Food and Health Bureau :

Mr. CHAN Wai-kee, Howard, J.P.

Hospital Authority :

Dr. LIU Shao-haei

Social Welfare Department :

Mr. FONG Kai-leung (up to 28 February 2018)

Mr. KOK Che-leung (from 1 March 2018)

Secretary :

Department of Health :

Dr. CHAN Chi-wai, Kenny

Council Secretariat :

Department of Health :

Miss Louisa HUNG

Ms. LAM Shui-ki (up to 19 November 2017)

Miss WU Ching-yee (from 20 November 2017)

Mr. LAI Ching-wai

Appendix C : Topics / Issues Discussed at ACA Meetings

Date of Meeting	Topics / Issues Discussed at ACA Meetings
100 th ACA Meeting 20 October 2017 (Friday)	<ol style="list-style-type: none"> 1. Proposed schema of operation for the Hong Kong Advisory Council on AIDS (2017-2020) (ACA Paper No. 1/2017-2020) 2. Current HIV situation and AIDS programme in Hong Kong (ACA Paper No. 2/2017-2020) 3. Report on 2017 National Conference on HIV/AIDS held at Guangzhou (ACA Paper No. 3/2017-2020)
101 st ACA Meeting 12 January 2018 (Friday)	<ol style="list-style-type: none"> 1. Interim results of the HIV/AIDS Response Indicator Survey (HARiS) 2017 - Female sex workers, male clients of female sex workers and people who inject drugs (ACA Paper No. 4/2017-2020) 2. Updates on the development of pre-exposure prophylaxis for HIV prevention (ACA Paper No. 5/2017-2020) 3. Highlights of World AIDS Campaign 2017 (ACA Paper No. 6/2017-2020) 4. Report of the Community Forum on AIDS
102 nd ACA Meeting 13 April 2018 (Friday)	<ol style="list-style-type: none"> 1. HIV epidemiology in 2017 (ACA Paper No. 7/2017-2020) 2. Report back of the Legislative Council Panel on Health Services Meeting with deputations/individuals on 5 February 2018 (ACA Paper No. 8/2017-2020) 3. Report back of the Seminar on Chemsex co-organised by the ACA and the Hong Kong Society for HIV Medicine (ACA Paper No. 9/2017-2020) 4. Report of the Community Forum on AIDS

Date of Meeting	Topics / Issues Discussed at ACA Meetings
103 rd ACA Meeting 13 July 2018 (Friday)	<ol style="list-style-type: none"> 1. Results of PRiSM 2017 - HIV prevalence and risk behavioural survey of men who have sex with men and male-to-female transgender in Hong Kong (ACA Paper No. 10/2017-2020) 2. Review on the first year implementation of ACA Recommended HIV/AIDS Strategies 2017-2021 (ACA Paper No. 11/2017-2020) 3. Report of the Community Forum on AIDS

Appendix D : Overall Attendance Rate of the ACA Members

	100th Meeting	101st Meeting	102nd Meeting	103rd Meeting
	20-Oct-2017	12-Jan-2018	13-Apr-2018	13-Jul-2018
Overall attendance of 23 gazetted members	20	17	19	18
Overall attendance rate (%)	83%	71%	80%	75%

Appendix E : Review on the first year implementation of the Recommended HIV/AIDS Strategies for Hong Kong (2017 – 2021)

As at July 2018

A list of initiatives related to the ACA's recommended strategies – Areas to be strengthened

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Primary target populations (1): Men who have sex with men (MSM)	Target young MSM intensively: To tackle with the problems: unprotected sex, alcohol and substance abuse (chemsex and chemfun), low HIV testing rate and lower treatment rate	<p><u>NGO</u> Use of digital technology to reach target populations, including instant communication apps (e.g. LINE, WeChat, WhatsApp) for online promotion and preliminary intervention via internet (e.g. Facebook, Instagram and online young MSM forums) Other promotion channels included: - Community outreach (visit to bar, pub and sauna) - Institutions (e.g. universities) outreach; - Educational talks/Workshops; - Recruitment of young MSM as Ambassador to help deliver health messages; - Thematic HIV educational workshops /exhibitions in tertiary institutions: Sexual Health, Risk Assessment, Medical treatment for HIV & STI, sexual orientation, couple relationship and self-protection Targeted voluntary counselling and testing (VCT) services for different age groups, with introduction of coping skills</p> <p><u>HA and DH</u> Risk reduction counselling for young MSM Liaise with NGOs for drug addiction counselling ★ Counselling to enhance engagement and retention in care MSM Working Group convened by the Red Ribbon Centre: serve as a platform to discuss ad-hoc MSM issues, publicity plan and prevention programmes targeted to (young) MSM Health promotion project on mental health and chemsex (DH) ★ Multimedia platform : "Gay Men HIV Testing Hotline 2117 1069", Gay Men HIV Information website www.21171069.com, Mobile app "1069 Test Finder" (DH)</p>
	Increase condom use Combined prevention	<p><u>NGO</u> Sex education</p>

Priority area	Recommendation	Existing programme & New initiatives (marked 🌟)
Primary target populations (1): Men who have sex with men (MSM) (continue)	services, provided as a package, consisting of information dissemination, condom distribution, HIV testing, referral and linkage to HIV care	<ul style="list-style-type: none"> - Educational exhibitions - Thematic HIV educational workshops in tertiary institutions <p>Condom Distribution</p> <ul style="list-style-type: none"> - Collaboration with student affairs office / administration office to provide free condoms and lube in institutions; - Collaboration with LGBT advocacy group formed by students across various institutions in Hong Kong to provide free condoms and lube in College during Orientation Camp, Christmas, Valentine's Day etc.; - Distribute educational materials (include condoms and lube) during sauna and bar outreach - Provide free condoms to VCT service users - Distribute in local LGBT events (e.g.: film festival, Gay Pride, etc.); - Distribute condoms in MSM support group workshops and activities <p>Referral and linkage to HIV care</p> <ul style="list-style-type: none"> - Internet / smart phone apps counselling - Thematic HIV educational workshops in tertiary institutions: Peer HIV Training 🌟 <p>Others</p> <ul style="list-style-type: none"> - Capacity building workshops and peer support groups for MSM <p><u>HA and DH</u></p> <p>Distribution of free condoms in HIV clinics, DH Social Hygiene Clinics and the Red Ribbon Centre</p> <p>Distribution of free condoms to institutions and NGOs, also in various LGBT events</p>
	Advocate annual universal HIV testing	<p><u>NGO</u></p> <p>Promote annual universal HIV & STI voluntary counselling and testing service among MSM on social media platforms</p> <p>HIV & STI voluntary counselling and testing service targeting young MSM in institutions 🌟</p> <p>HIV/AIDS Helpline Services and use the communication apps e.g. WhatsApp, Line and WeChat to provide real-time testing support 🌟</p> <p><u>DH</u></p> <p>World AIDS Campaign 2018 : to promote annual universal screening as a norm for the community irrespective of individually assessed risk of infection 🌟</p>

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Primary target populations (1): Men who have sex with men (MSM) (continue)	Stop leakage for linkage to and retention in care and treatment	<p><u>NGO</u></p> <p>Thematic HIV educational workshops in tertiary institutions & MSM Support Groups: Medical Treatment for HIV & STI</p> <p>Mechanism to refer the PLHIV for medical treatment after tested positive in VCT service</p> <p>Peer support offered by PLHIV young MSM</p> <p>Case management by a case manager/worker with regular follow up</p> <p><u>HA and DH</u></p> <p>Case manager to assess and address the needs of patients</p> <p>Actively follow up and trace defaulters</p> <p>Mechanism to refer cases to NGOs which provide support to mental health problem and substance abusers ★</p> <p>Referral for psychiatrist consultation for patients with mental health problem and substance abuse</p>
	<p>Substance abuse /chemfun/ chemsex</p> <p>Enable staff to identify drug-using MSM and provide relevant services and proper referral</p> <p>Collaboration between HIV services and drug related services</p>	<p><u>NGO</u></p> <p>Staff training for HIV & STI voluntary counselling & testing services</p> <p>Refer the cases to other related drug rehabilitation NGOs e.g. PS-33 (Counselling Service for Psychotropic Substance Abusers), SACH – IV沙馳四號計劃</p> <p>Apply “Beat Drugs Fund” for projects</p> <p>LGBT sensitivity and HIV/AIDS education session offered to the Counselling Centre for Psychotropic Substance Abusers (CCPSA) and the drug rehabilitation hostels</p> <p><u>HA and academic institutions</u></p> <p>Supported and provided staff training including certificate course, workshop and conferences:</p> <p>The First Asia-Pacific Conference for Addiction Professionals co-organised by the Tung Wah Group of Hospitals Tung Wah Group of Hospitals CROSS Centre (2017), co-organised by Polytechnic University ★</p> <p>Annual Scientific Meeting cum Seminar on Chemsex by Hong Kong Society for HIV Medicine (2017) ★</p> <p><u>DH</u></p> <p>Closer liaison with drug rehabilitation services ★</p> <ul style="list-style-type: none"> - To introduce HIV prevention and testing services for their service users - To explore if any chance of collaboration to support PLHIV practicing chemsex - Reinforce chemsex publicity and harm reduction education

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Primary target populations (1): Men who have sex with men (MSM) (continue)	Fostering a non-discriminatory environment for the MSM community	<p><u>NGO</u> Educational talks, workshops and interest groups for Mature MSM. Thematic HIV educational workshops in tertiary institutions: Sexual orientation & couple relationship & self-protection (collaboration with local LGBT advocacy group) ★ Educational exhibitions in tertiary institutions</p> <p><u>NGO and DH</u> Participate in different anti-stigmatization and anti-discrimination events (e.g. IDAHOT, HKLGFF, Pink Dot Hong Kong, Hong Kong Gay Pride, etc.)</p>
Primary target populations (2): People living with HIV (PLHIV)	<p>Adopt a multi-specialty, multi-disciplinary care approach and respects the rights of the clients and their partners</p> <p>Ensure equitable access to high quality, holistic and diverse modes of services which address not only the physical needs but also psychological challenges including HIV disclosure faced by PLHIV</p>	<p><u>NGO</u> One NGO</p> <ul style="list-style-type: none"> - liaise with methadone clinic social workers to identify HIV infected methadone patients, make referrals to HIV treatment, and monitor their treatment progress. - liaise with drug treatment and rehabilitation centres to identify HIV-infected drug rehabilitants, make referrals to HIV treatment, and monitor their treatment progress. ★ <p>One NGO organised</p> <ul style="list-style-type: none"> - Individual or group counselling, Workshops on quality of life enhancement, Peer support service groups (e.g. “Newbie Group”) and Empowerment training for PLHIV of different ages - Chinese medicine workshop, Life and Death Educational Talk <p>Other support services for PLHIV</p> <ul style="list-style-type: none"> - Community Home Care Service - Community and Home Based Rehabilitation Service - Day Centre - Empowerment Mutual Help Service and Counselling Services - Case meeting with clinics, significant others of patients and regular volunteer home visit. <p><u>HA and DH</u> Designated doctors and specialty nurse on-site On-site support from pharmacist, clinical psychologist, psychiatrist and Phlebotomist. Other off-site support from Medical Social Workers, dietitian, physiotherapist and occupational therapist, microbiologists Other specialty support based on the clinical condition of the patient: e.g. oncologist, hematologist, nephrologist, neurologists,</p>

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Primary target populations (2): People living with HIV (PLHIV) (continue)		pulmonologists, endocrinologists, etc. (HA) Counselling services for every patient in the first visit and annual check-up for disclosure advice
	Adopt the strategy of “Treatment as Prevention” and ensure PLHIV’s adherence to treatment and proactively encourage partners of PLHIV to receive HIV testing	NGO Individual and group counselling HA and DH Initiate HAART for all eligible new patients Counselling on safer sex on every clinic visits and partner screening Drug adherence counselling for all patients on every visit Regular monitoring on drug adherence via monitoring of therapeutic drug level, viral load and CD4 count Drug adherence programme to enhance drug adherence
	Recognize the susceptibility of young and newly diagnosed PLHIV to defaulting treatment and step up efforts to retain them in long-term treatment	NGO Regularly review cases and communicates closely with HIV clinics to retain HIV infected drug users in treatment Individual counselling for newly diagnosed PLHIV Escort case to attend clinic Support group for newly diagnosed PLHIV. HA and DH Supportive counselling for young patients on drug adherence, treatment plan and follow-ups. Timely defaulter tracing and update its protocol Active engagement of patient’s significant others including relatives and partners Provide case management and active identification of default risk factors such as active substance use, mental health problems, etc.
	Provide structured training and education , especially promotion of holistic care among frontline healthcare/ staff	NGO Train up PLHIV volunteers about HIV and elderly home staff members. HA Joint HA training programme on holistic care of HIV, such as Post-registration Certificate Course for nurse and online programmes for health care workers e-learning training programme as a platform for health care workers

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Primary target populations (2): People living with HIV (PLHIV) (continue)		Joint Clinical Meetings and journal clubs for education and training <u>DH</u> Organised training workshops for front-line health care professionals to enhance understanding and special consideration for PLHIV in order to facilitate their daily services
	Support antiretroviral drug adherence by counselling, identifying and addressing barriers, and continuous monitoring, through patient engagement and integrated programmes	<u>NGO</u> Regularly review cases and communicates closely with HIV clinics to retain HIV infected drug users in treatment. Individual counselling for newly diagnosed PLHIV Support group for newly diagnosed PLHIV Incorporate the concept of “U=U” in health promotion and individual counselling ★ <u>HA</u> Drug adherence programme in accredited nurse clinics
	Strengthen early detection and management of co-infections and co-morbidities	<u>NGO</u> Regularly review cases and communicates closely with HIV clinics in treatment progress Collaboration with Department of Pharmacology and Pharmacy of HKU to conduct workshop with the topic of osteoporosis and other topics related to well-being of PLHIV <u>HA and DH</u> Regular blood check and clinical assessment for co-infections such as hepatitis, STDs. Ad hoc blood test on STDs upon sexual health counselling
	Enhance and sustain laboratory support for early diagnosis of opportunistic infections including multi-drug resistant TB, etc.	<u>HA and DH</u> Regular joint clinical round with pathologist and microbiologist on HIV patients & support on the pathological issues. Regular blood tests, investigations and medical sessions to monitor opportunistic infections. Tuberculin skin test for eligible patient on first visit and annual check-up. Medical consultation, chest x-ray and sputum for suspected TB. Molecular tests for early diagnosis of different opportunistic infections such as <i>GeneXpert</i> for early diagnosis of TB and rapid identification of multi-drug resistant TB

Priority area	Recommendation	Existing programme & New initiatives (marked 🌟)
Primary target populations (2): People living with HIV (PLHIV) (continue)	Strengthen and coordinate care for patients with mental health problem and substance abuse/chemsex	<p><u>NGO</u></p> <p>One NGO will make referral to the Substance Abuser Clinics of HA if signs of mental disturbance among HIV infected drug users are detected</p> <p>One NGO offer Meditation Workshops</p> <p>One NGO is in collaboration with the students of the University of Hong Kong to conduct a series of Expressive Arts Workshops for PLHIV 🌟</p> <p><u>HA</u></p> <p>On-site psychiatric and clinical psychologist support</p> <p>Regular assessment such as PHQ9 (mood, depression and adjustment problems), HAND (HIV-Associated Neurological Disorder) and counselling for mental health assessment.</p> <p>Regular counselling on chemsex, and substance abuse.</p> <p>Referral to detoxification institutes or NGOs for follow-up with regular reviews.</p> <p>Case conference with NGOs for better care coordination</p> <p>Psychiatric Liaison Clinic in HIV Service to enhance patient engagement</p>
Other key populations (1): People who inject drugs	<p>Enhance recruitment of drug users to methadone clinics for maintenance and detoxification programme</p> <p>Promote avoidance of needle sharing</p>	<p><u>NGO</u></p> <p>Maintain regular contacts with the EM drug users (e.g. Nepalese and Vietnamese) in the community</p> <p>Community education programmes, health talks and groups to educate the IDU not to share needle</p> <p>Encourage methadone clinic clients to test HIV annually and early referral of infected drug users for care</p> <p>Provide more in-depth information on HIV prevention, testing and treatment. 🌟</p> <p>Sharp boxes distribution and collect old needles in the community</p> <p>Mobile VCT provided on-site in hot spots</p> <p><u>DH</u></p> <p>Provides health education materials and technical support to NGO Project and assist in training of volunteers by organising AIDS related training workshops</p> <p>Harm Reduction Hotline</p> <p>Incentivized programme to enhance HIV testing rate among methadone clinic users 🌟</p>
Other key populations (2): Ethnic minorities	HIV education & promotion of HIV prevention through condom use and	<p><u>NGO</u></p> <p>Cooperate with EM servicing organisations (e.g. PathFinders, St John's Cathedral, Enrich HK, Chinese Rhenish Church Hong Kong Synod Mission, TCK Learning Centre for Migrant Workers and other domestic helper groups etc.) to provide the following services:</p>

Priority area	Recommendation	Existing programme & New initiatives (marked ★)
Other key populations (2): Ethnic minorities (continue)	regular HIV testing	<ul style="list-style-type: none"> - Talks and workshops - Outreach education service - Internet outreach ★ - AIDS Helpline - VCT Service
	Linkage to care after diagnosis	<p><u>HA</u> Spouse/partner referral for testing and counselling Multiple referral mechanism for patients from any ethnic groups Telephone counselling Liaise with appropriate NGOs for community support</p> <p><u>DH</u> Health education materials in multiple EM languages Join various EM functions to promote HIV knowledge and distribute health education materials/souvenirs Liaise with EM servicing organisation and start baseline assessment of behavioural risk among EM (survey or study) ★</p>
	Culture- and language-sensitive services and to protect clients' confidentiality	<p><u>NGO</u> Hire translators and design brochures in EM languages</p> <p><u>HA and DH</u> To arrange recognized interpreters from HA Policy in place upon the interpretation services needed</p>
	Training for interpreters on topics of HIV and health	<p><u>NGO</u> Training workshops on HIV/AIDS for translators★</p> <p><u>HA and DH</u> Services provided by recognized interpreters from HA/DH</p>

Priority area	Recommendation	Existing programme & New initiatives (marked 🌟)
Other key populations (3): Transgender (TG)	Collect further data on risk factors of infection among transgenders	<u>DH</u> First time to include TG in PRiSM survey (2017) 🌟 Disseminate key messages from survey (PRiSM 2017) to TG population via publicity 🌟
	Provide sensitivity training for front-line staff	<u>HA and DH</u> Provide training, briefings to trainees, new joint medical officers and nurses, and supporting staff
Other key populations (4): Female sex workers (FSW) and male clients of females sex workers	Reach FSW of ethnic minorities as their low access of HIV service	<u>NGO</u> Use the Apps to reach the part time FSW of ethnic minorities 🌟 AIDS Helpline and email counselling support for the FSW of ethnic minorities. 🌟 Special VCT sessions for FSW
	Maintain the current level of condom use and other preventive measures	<u>NGO</u> Outreach to FSW and FSW clients to distribute free condoms and provide health education cum assessment (e.g. at night clubs, one-woman brothel) Electronic publicity pamphlets to promote safe sex through apps and internet forums 🌟
	Maintain dialogue with relevant departments on seizure of condom during law enforcement	<u>NGO</u> Regular meeting with the Police

A list of initiatives related to the ACA's recommended strategies – Areas for further examination

Area to be examined	Recommendation	Existing programme & New initiatives (marked 🌟)
Pre-exposure prophylaxis (PrEP)	Conduct studies on its clinical effectiveness and cost effectiveness for at-risk	<u>NGO</u> Possible collaboration with a pharmaceutical company to provide drugs free/low cost 🌟

Area to be examined	Recommendation	Existing programme & New initiatives (marked 🌟)
Pre-exposure prophylaxis (PrEP) (continue)	populations	
	Research/ study/ pilot programme to assess local acceptability and service demand	<u>NGO and institutions</u> Apply ATF funding to run a research cum support service for current PrEP users/tourists 🌟
	Develop an appropriate service delivery model	<u>NGO</u> Pilot programme to provide PrEP for sexual partners of HIV+, with the support from private doctors 🌟 One-stop-service for potential PrEP users 🌟
	Offer education and technical support to stakeholders and the community of PrEP	<u>NGO</u> Thematic HIV educational workshops in tertiary institutions & MSM Support Groups to educate on PrEP as an additional HIV preventive measures 🌟 Position paper and health educational materials on PrEP 🌟 <u>DH</u> Provide health information and health advice on safe use of PrEP 🌟
HIV self-testing (home test)	<p>Improve the mode of delivery for people who self-test</p> <p>Support for tested positive</p> <p>Education and publicity for choosing appropriate test kits</p>	<u>NGO</u> Distribute self-test kits to target populations 🌟 Pilot programme to offer home test kits to VCT regular users and high risk target groups 🌟 Cover self-testing into thematic HIV educational workshops in tertiary institutions 🌟 Set up online counselling (e.g. WhatsApp, WeChat) and hotline for the tested positive 🌟 Publicity: Announcement in the Public Interests (API) and online videos 🌟 <u>DH</u> Conduct a feasibility study of using a web-based ordering and result upload of HIV self-test among MSM 🌟 Vendor machines selling self-test kit in DH Social Hygiene Clinics 🌟 Education of self-testing and publicity for choosing appropriate test kits via “www.21171069.com”

A list of initiatives related to the ACA's recommended strategies – Current responses to be maintained

Area to be maintained	Recommendation	Existing programme & New initiatives (marked ★)
Capacity building (Training and education)	Support to Life skills-based education (LSBE) for local primary/secondary schools	<p><u>NGO</u> One NGO organised a “Red Ribbon Campaign”</p> <ul style="list-style-type: none"> - Distribute Red ribbons to students and teachers of more than 100 schools - Make use of social media to promote AIDS related information among peers - Set up promotional counters in schools with video and promotional kit support <p>Educational talks/workshops at primary / secondary schools</p> <p><u>DH</u> Health talks delivered to teachers (co-organised with Education Bureau) “RR100” visit to the Red Ribbon Centre offered to primary and secondary school students</p>
	Support to frontline workers to offer counselling to adolescents regarding sexuality and HIV-related issues	<p><u>NGO</u> Educational talks about sex, HIV/AIDS and safer sex negotiation skills for social workers Internal training for frontline workers/staff</p> <p><u>HA and DH</u> In-house pilot training Scheme/programme to all newly recruited nurses Briefing sessions to new supporting staff Update course/seminar open to HA/DH staff (DH)</p>
	Training programme for educators, parents and supporting staff , especially in accepting PLHIV and to reduce discrimination against HIV/AIDS	<p><u>NGO</u> HIV instructor training courses provided to volunteer staffs Roving Exhibition to disseminate the message of anti-discrimination against PLHIV Educational talks for parent teacher associations, schools (local and international) and colleges</p> <p><u>DH</u> Arrangement of summer intern and university student attachment & training in the Red Ribbon Centre</p>

Area to be maintained	Recommendation	Existing programme & New initiatives (marked ★)
Capacity building (Training and education) (continue)	Training to medical, nursing and paramedical personnel and students to improve their knowledge of HIV, their sensitivity to sexual minorities, PLHIV and ethnic minorities	<p><u>NGO</u></p> <p>HIV training courses provided to doctors (including Chinese Medical Practitioners) and youth</p> <p>Train-the-trainer workshop to nursing students</p> <p>“World AIDS Day” with programme of experimental activities related to HIV</p> <p>Training for elderly homes staff and hospital supporting staff</p> <p><u>HA</u></p> <p>Joint HA training programmes and related courses to various staff group, such as post-registration certificate courses for nurses</p> <p>e-learning for frontline healthcare workers on HIV/AIDS (HA)</p> <p>QEH/ CHP Joint Clinical Meeting on HIV Management</p> <p>Deliver regular lectures to Midwifery School on HIV and Pregnancy</p> <p>Online programmes for health care workers</p> <p>Patient Resource Center: Summer programme of R.I.G.H.T. Scheme for teenagers at age of 15-18</p> <p><u>HA and DH</u></p> <p>“Workshop for Health care Professionals 2018” to provide updates in HIV and Sexual Minorities (DH) ★</p> <p>Provide and deliver talks to local colleges and institutes on HIV education</p>
Post-exposure prophylaxis (PEP)	Monitor the use of PEP in various services to ensure its efficient use	<p><u>HA</u></p> <p>Follow HA protocol to provide PEP for all eligible health care workers</p> <p>Provide PEP counselling, occupational advices, blood tests and follow-up review and monitoring</p> <p>Protocol on Provision of PEP in AED was developed and regularly updated</p> <p>Starter pack of PEP provided in all HA AEDs</p> <p>PEP clinics under HIV Service</p> <p><u>DH</u></p> <p>The Scientific Committee on AIDS and STI under the Centre for Health Protection (CHP) has been monitoring the latest scientific evidence and is updating its recommendation for non-occupational PEP (nPEP) to sexual or injection exposure ★</p>
Information gathering	Conduct surveys and research , especially operational research	<p><u>NGO</u></p> <p>Annual surveys conducted to monitor the HIV risk behaviours of Chinese, Nepalese and Vietnamese drug users in the community / methadone clinic</p>

Area to be maintained	Recommendation	Existing programme & New initiatives (marked ★)
Information gathering (continue)	and socio-behavioural studies on key populations with suboptimal access to HIV services, those involved in drug abuse, etc.	<p><u>HA and DH</u></p> <p>Ongoing collaboration with institutions, universities or other agencies on studies and research.</p> <p>A survey was conducted jointly with Integrated Centre on Addiction Prevention and Treatment (ICAPT) to study the pattern of substance use among HIV-infected patients (QEH) ★</p> <p><u>DH</u></p> <p>Continue risk behavioural survey on target populations (PRiSM 2017 and HARiS 2018) ★</p>
	Collaboration and partnership between local organisations and regional counterparts (overseas and Mainland China)	<p><u>NGO</u></p> <p>Connection with sex workers groups, local sex education organisations, international youth sexual health organisations</p> <p>Collaboration with local HIV clinics</p> <p>Exchange visits to nearby regions/countries</p> <p>One NGO</p> <ul style="list-style-type: none"> - provided technical support, capacity building and training programmes/workshops for Mainland community based organisations and counterparts - entered an agreement with the Chinese Association for STD & AIDS Prevention and Control from 2016 to 2020 - co-organised the National Conference on HIV/AIDS and AIDS Forum of Beijing, Hong Kong, Macao and Taiwan <p>One NGO collaborated with Asia Pacific Coalition on Male Sexual Health (APCOM) by establishment of HIV Testing Promotional Campaign named “Test HKG” for young MSM</p> <p><u>HA</u></p> <p>Therapeutics Research, Education, and AIDS Training in Asia (TREAT) Asia : a collaborative research & training programme with countries in Asia Pacific region</p> <p>Collaboration with CUHK and HKU in clinical research</p> <p><u>DH</u></p> <p>The Red Ribbon Centre was designated as the “UNAIDS Collaborating Centre for Technical Support” to provide an avenue for local and international collaboration in the fight against HIV/AIDS</p>

Appendix F : CFA Membership List

Convener :

Mr. CHU Muk-wah, Daniel

Members :

Mr. CHAN Wai-leung, Charlie	Caritas – Hong Kong
Mr. CHAU Chun-yam	The Boys’ and Girls’ Clubs Association of Hong Kong
Ms. CHEUNG Hiu-wah, Mandy	AIDS Concern
Dr. CHU Chung-man, Ferrick	
Miss HUI See-yau, Ivy	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 Sun-sun, Eris	Hong Kong AIDS Foundation
Mr. LEE King-fai	SARDA
Ms. LEUNG Ka-wai, Heidy	Hong Kong Red Cross
Ms. LEUNG Wing-yan, Joanne	Transgender Resource Center
Mr. NGAI Tak-kin	Midnight Blue
Mr. PUI Wing-tai, Beethoven	A-Backup
Mr. SHAM Tsz-kit, Jimmy	Rainbow of Hong Kong
Miss Zenobia SO	
Mr. WONG Doon-yee, Charles	
Mr. WONG Lai-yin, Anthony	SRACP
Mr. YEUNG Chu-wing	POZ Positive
Ms. YIK Kwan-pik	Teen’s Key
Ms. YIM Kit-sum, Kendy	Action for REACH OUT
Ms. YU Po-chu, Pansy	

Ms. HO Pik-yuk, Shara

ACA

Ms. SUN Hau-kei, Binky

ACA

Secretaries :

Department of Health :

Dr. SIT Yao-wai, Alfred

Miss Louisa HUNG

Appendix G : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
45 th CFA Meeting 18 December 2017 (Monday)	<ol style="list-style-type: none"> 1. HIV and AIDS Response Indicator Survey (HARiS) 2017 preliminary results (CFA Paper No. 1/2017-2020) 2. Report of the National Conference on HIV/AIDS 2017 (CFA Paper No. 2/2017-2020)
46 th CFA Meeting 8 March 2018 (Thursday)	<ol style="list-style-type: none"> 1. Preliminary result of PRiSM 2017 - Men who have sex with men / male-to-female transgender (CFA Paper No. 3/2017-2020) 2. Update on HIV situation (2017)
47 th CFA Meeting 8 June 2018 (Friday)	<ol style="list-style-type: none"> 1. Experience sharing: HIV self-test promotion by AIDS Concern 2. PRiSM 2017 - publicity plan targeting men who have sex with men 3. HIV treatment cascade 2016 (CFA Paper No. 4/2017-2020)

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>