

# **Advisory Council on AIDS**

**Report for August 1993 – July 1994**

**Hong Kong**

# *Preface*

The Advisory Council on AIDS was established in Hong Kong in 1990. Though a relatively young body, the Council has been actively working towards the development of strategies for the prevention, care and control of HIV/AIDS in Hong Kong. It is also taking on a coordinating role in the implementation of the local programme.

To document the progress of Hong Kong's AIDS programmes, it was generally felt necessary that a concise report be compiled for the reference of Council Members, local researchers and other workers on AIDS. This report is the fruit of a review exercise undertaken by the Secretariat of the Council, with input from the AIDS Unit of the Department of Health. The report covers not only activities of 1993/94, but also summarizes the historical development of Hong Kong's AIDS programme since 1985.

The Advisory Council on AIDS invites comments on all aspects of programme development. This report is a continuing part of the process of strengthening communication between the Council, government departments and NGOs involved in AIDS prevention, care and control in Hong Kong.

Secretariat  
Advisory Council on AIDS  
Hong Kong  
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# 1. HIV/AIDS Situation in Hong Kong

## Introduction

In Hong Kong, the first case of AIDS was reported in February 1985. In the same year, 55 persons were found to be infected with HIV when the sero-epidemiological surveillance programme started operation in April. To document the extent of HIV/AIDS epidemic in Hong Kong, three major methods of data collection were used by the Department of Health :

*HIV/AIDS voluntary reporting system*  
*Surveillance among selected groups*  
*Unlinked anonymous screening (UAS)*

## Voluntary Reporting System

As of 30 June 1994, the cumulative number of reported HIV infection was 461. Among them, 107 have developed AIDS and 68 died. Of the HIV infected cases, 66% were Chinese and 83% were in the age range of 20-49 years. Male to female ratio was 12.6:1. However, more women are becoming affected recently. Of the 34 infected women, 13(38%) were diagnosed in the past one year. Overall, sexual transmission accounted for 75% of all cases. The proportion of heterosexually acquired infection has been steadily increasing in the last couple of years. (figure)

Among the reported cases of HIV infection, 14% are blood or blood products recipients who acquired the infection before screening of donated blood and heat/detergent treated clotting factors were available in 1985. Injecting drug use accounts for only 2% of all cases. The first case of perinatally acquired infection is reported in June 1994.

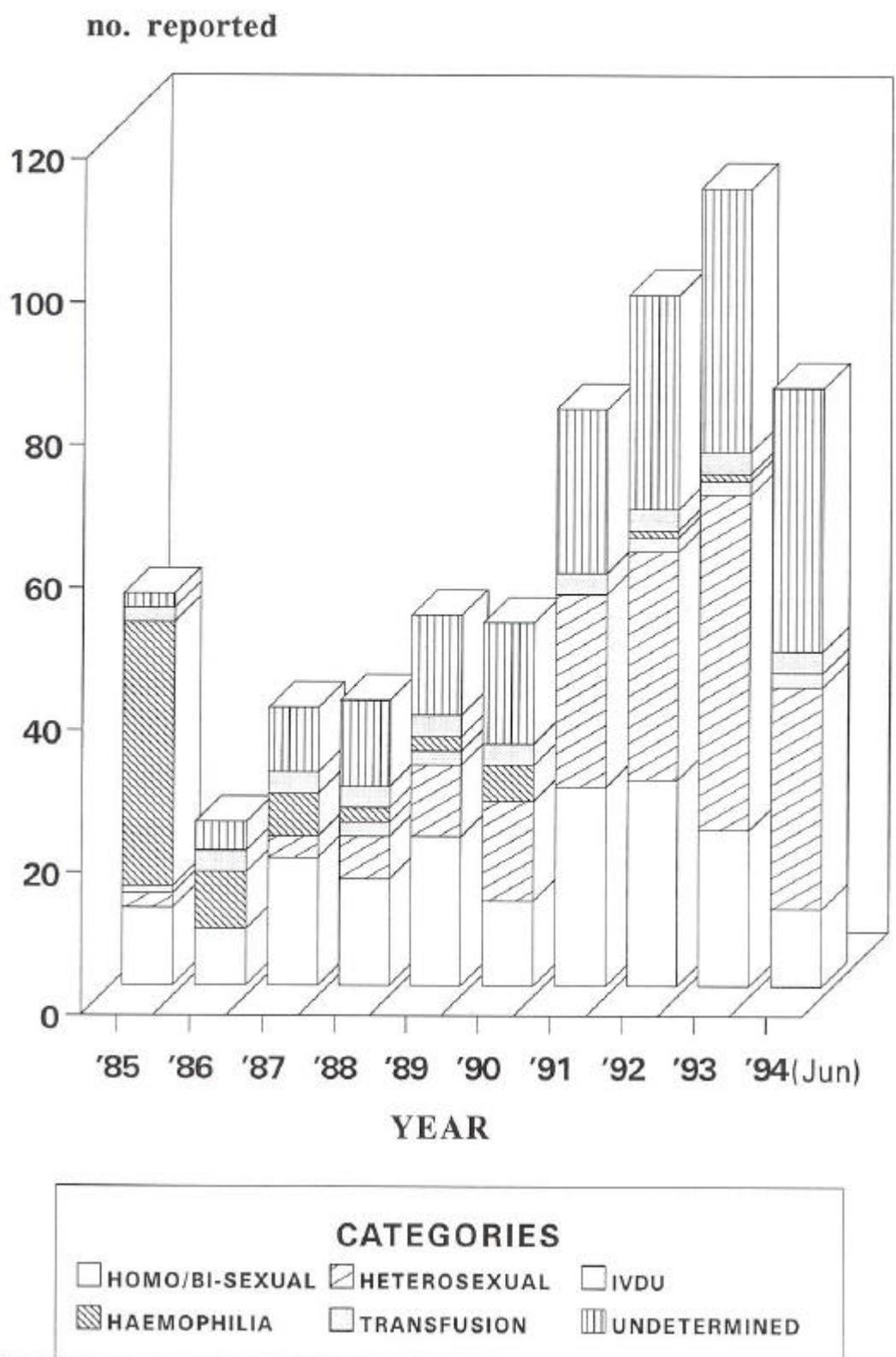
## Surveillance among selected groups

HIV antibody tests have been offered to clients of STD clinics (Social Hygiene Clinics) and drug users attending Methadone clinics and other drug rehabilitation services since 1985. The Hong Kong Red Cross Blood Transfusion Service has also been regularly screening all donated blood collected since August 1985. The prevalence rates have remained low : < 0.01% among blood donors and < 0.1% among STD patients and drug users.

## Unlinked Anonymous Screening

As a supplement to the above two programmes, unlinked anonymous screening (UAS) was introduced in November 1990. To date, UAS has been regularly conducted in the following groups : clients of Methadone Clinics, prisoners, neonates, street addicts, and TB (tuberculosis) patients. So far only six positive cases have been identified, out of about 40,000 samples tested in the last 3 1/2 years. The studies have confirmed that the HIV prevalence in Hong Kong is lower than 0.1%. As a regular exercise, UAS is now implemented under the supervision of the Scientific Committee on AIDS.

Figure: Reported HIV infection in Hong Kong (up to June 1994)



## 2. Historical Development of Hong Kong's AIDS Programme

The development of the Hong Kong AIDS programme can be characterized by the following three phases :

### The Initial Phase 1984 - 1986

At a time when less than 15,000 AIDS cases were reported worldwide and before the first AIDS case was diagnosed in Hong Kong, an *Expert Committee on AIDS* was set up by the then Medical & 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 when required." A *Scientific Working Group* (SWG) was subsequently formed to implement medical, surveillance and public health activities. Between 1984 and 1986, the main emphasis of the AIDS programme was to rapidly establish an infra-structure necessary for the containment of the disease.

The key achievements of the initial phase were :

#### (a) Safeguarding Blood and Blood Products

The Hong Kong Red Cross Transfusion Service commenced screening of all donor blood for HIV antibody since August 1985. In July of the same year, the Medical & Health Department procured the safer heat-treated blood product to replace all old stock of blood products used in public hospitals, thus eliminating the risk of HIV infection to haemophiliacs through exposure to contaminated blood products.

#### (b) Initiation of the Surveillance Programme

A surveillance programme was initiated in 1985 to monitor HIV prevalence in certain groups, namely : haemophiliacs, patients of social hygiene clinics, prisoners. The programme was later extended to cover semen donors, clients of drug rehabilitation centres, and health care workers having sustained accidental exposure to contaminated blood.

#### (c) Provision of Clinical Service

The Special Medical Consultation Clinic was established in September 1985 to handle enquiries from doctors on matters relating to AIDS and to provide HIV test to clients on an anonymous and confidential basis. A telephone counselling service began operation in November 1985 for persons who believed themselves to be at risk.

#### (d) Initiation of Awareness Campaigns

Publicity materials produced mainly related to safe sex and drug use.

### The Intensification Phase 1987 – 1990

The Government felt the need of intensifying the programme, and to pay particular attention to publicity, education and counselling :

#### (a) Publicity

The *Committee on Education & Publicity on AIDS* (CEPAIDS) was established in January 1987. In the same year, the *Publicity Working Group* was set up under CEPAIDS to formulate publicity strategies and oversee their

implementation. From 1987 to 1990, it produced 10 promotional films for screening on television. It also organized publicity activities at annual World AIDS Days. During the period, a whole range of printed materials including leaflets, newsletters, stickers, posters, comic books etc. were produced.

### **(b) Education**

From 1987 to 1990, 230 talks were delivered to 76,087 students by the AIDS Counselling & Health Education Service of the Medical & Health Department. Seminars were regularly organized for teachers, social workers and staff of drug rehabilitation programmes. Guidelines and information booklets were compiled and distributed to doctors, nurses and teachers.

### **(c) Counselling**

An AIDS Counselling Hotline (780 2211) was established by the Medical & Health Department for answering public enquiries on all aspects of AIDS. Between 1,000 to 1,600 enquiries were handled per month. A significant proportion of infected persons were followed up at the Special Medical Consultation Clinic.

## **The Consolidation Phase 1990 – 1993**

The expansion of the AIDS programme had led to the call for better coordination and the development of a substantive effort towards AIDS prevention and control. With the establishment of the Advisory Council on AIDS (ACA) in 1990, the AIDS programme became streamlined. An increase in community involvement was witnessed.

### **(a) Streamlined Organizational Structure**

The ACA was established in March 1990 to review and interpret trends and development relating to HIV/AIDS, and to advise the Director of Health on all aspects of the AIDS programme. CEPAIDS was put under the ACA, and restructured to incorporate the following working groups : research and evaluation, publicity, training of intermediaries, drug abuse & AIDS, community, schools/students and youth. The SWG became the operational arm of the Council on matters of epidemiology, surveillance, clinical care and guidelines establishment.

### **(b) Increased Community Involvement**

There was a marked increase in community involvement, as evidenced in the following two aspects :

#### **(i) The Government Programme –**

There was multi-sectoral representation at the ACA and its committees/working groups to the effect that the majority of conveners and members were community leaders, professionals and representatives of voluntary agencies rather than government officials.

#### **(ii) Non-governmental Organizations –**

AIDS Concern was formed in 1990, then the Hong Kong AIDS Foundation in late 1991. By 1993, both had established their status as organizations providing education, counselling and support service to people living with HIV/AIDS.

### **(c) Expanded Surveillance**

The Unlinked Anonymous Surveillance (UAS) programme was introduced in 1990 to supplement the surveillance system already in force. The UAS had been undertaken for neonates, TB patients, prisoners and drug abusers (see Chapter 2).

#### (d) Structured Educational Programme

Under the CEPAIDS structure, AIDS educational activities were either developed by its working groups or conducted as regular programmes of government departments or voluntary agencies. Essentially, educational programmes were implemented at three levels, namely :

- (i) General Public – through the effort of the *Publicity Working Group* and the regular media events organized by the Department of Health.
- (ii) Community Groups – programmes were designed to tailor to the needs of different community groups. The various Working Groups of CEPAIDS targeted respectively the general public, health care workers, drug users, workforce, students, youth etc.
- (iii) People practising high risk behaviours – through the Department of Health's AIDS Unit (formerly the AIDS Counselling & Health Education service), and through liaison with special groups, e.g. commercial sex workers, homosexuals etc.

#### (e) The AIDS Trust Fund

The AIDS Trust Fund was set up by the Government in early 1993 to offer exgratia payment to haemophiliacs who became HIV infected through transfusion of contaminated blood/blood products before September 1985. A sum of \$100M was allotted for this purpose. Another \$200M and \$50M were allotted to finance medical/support service projects and publicity/education projects respectively.

#### The Current AIDS Programme

The Hong Kong AIDS programme has evolved from a health-initiated programme to a multi-sectoral one involving both government and community efforts. It is supervised by the ACA, with operational support provided by Government departments, the Hospital Authority and non-governmental organization (NGOs). In addition to the Hong Kong AIDS Foundation and the AIDS Concern, other NGOs also participate actively in the AIDS programme e.g. the Caritas, SARDA, the Hong Kong Federation of Youth Groups, the Hong Kong Red Cross, the Family Planning Association of Hong Kong, the Hong Kong Council of Social Service, the Hong Kong Children & Youth Service.

In January 1994, the Department of Health's AIDS Unit was relocated to the Yaumatei Jockey Club Clinic, with improved facilities for delivering services to people with HIV/AIDS, as well as for conducting counselling and health education activities. In summary, the essential services/activities provided by the current programme in Hong Kong are enumerated below :

- (a) *Epidemiological surveillance & analysis, HIV reporting, UAS*
- (b) *Development of professional guidelines for the prevention, control and management of HIV infection*
- (c) *General and media Publicity*
- (d) *Targeted AIDS education & training programmes*
- (e) *HIV antibody test, counselling, infoline and hotline services*
- (f) *HIV clinical management and support service, review of such service*
- (g) *Infection control*
- (h) *Blood/blood product safety*

### 3. Advisory Council on AIDS

#### Introduction

The Expert Committee on AIDS formed in 1984 was upgraded to become the Advisory Council on AIDS (ACA) in 1990 to better cope with the epidemic. The second term of the ACA came into office with effect from 1 August 1993. The membership of the second term (August 1993 to July 1994) is shown at Appendix A.

With the object of promoting community participation, membership of the second term comprised predominantly community leaders, professionals and representatives of voluntary agencies. To further upgrade the role and status of the ACA as a central advisory body to the government on AIDS policy, the terms of reference were revised as follows :

- (a) To keep under review local and international trends and developments relating to HIV infection and AIDS; and
- (b) To advise Government on effective programmes for prevention of AIDS and support services for HIV-infected persons and on further development of a comprehensive strategy on AIDS.

Before the second term, the ACA was supported by only two committees, namely CEPAIDS and SWG. At the beginning of the second term, it was considered that a proactive approach should be taken to review the adequacy of both clinical and support services for AIDS patients in the territory with a view to devising strategy the future development. Thus, the *AIDS Services Development Committee* (ASDC) was formed under the ACA and charged with such responsibility. The ACA is now underpinned by three committees, namely :

- (a) *Committee on Education & Publicity on AIDS (CEPAIDS)*
- (b) *Scientific Committee on AIDS (SCA) - the former Scientific Working Group renamed*
- (c) *AIDS Services Development Committee (ASDC)*

The second term of the ACA had met four times, as follows :

first meeting	11 October 1993
second meeting	20 January 1994
third meeting	19 April 1994
fourth meeting	11 July 1994

#### HIV Infection and the Health Care Workers – Recommended Guidelines

Following the self-disclosure of HIV status by a dentist in Hong Kong in November 1992 and the resultant public concern over the possibility of HIV infection in the health care setting, the ACA commissioned in late 1992 a Special Working Group to draw up a set of guidelines on HIV infection and the health care workers. The membership of this Special Working Group is shown at Appendix A. In the drafting process, consultation had been made with the Medical/Dental Associations/Councils. The ACA endorsed the guidelines in January 1994 and had it printed into a booklet. The initial 8,000 copies had been issued to the Hospital Authority, medical and dental associations, associations of supplementary medical professions, all practising doctors & dentists in the territory. Additional 3,000 copies had to be printed to meet with continuing demands from the health care professions.

The set of guidelines was an important document in that it addressed not only the issue of HIV-infected health care workers but also the

broader issue of preventing HIV transmission through medical/dental procedures.

## **Expert Panel on HIV Infected Health Care Workers**

In accordance with the recommendation of the guidelines, an expert panel on HIV infected health care workers was formed by the Director of Health in March 1994. The purpose of the expert panel is to advise on the management of HIV infected health care workers and to consider whether job modification or restriction is warranted, as and when advice is sought by the attending doctor of an HIV infected health care worker. The expert panel will undertake a case-by-case evaluation and consider all factors which may influence the degree of risk and work performance.

The expert panel had met to work out procedures on handling of cases.

The Secretariat shall start distributing the documents to interested persons and organizations, as well as government departments, once they are ready.

## **ACA Newsfile**

To keep members of the Council posted on the global epidemiological trend of AIDS and development of the local AIDS programme, the Council Secretariat has, since January 1994, commenced issuing a monthly newsletter, the *ACA Newsfile*, for the information of members of the ACA and all its committees and working groups. Edited by Consultant (Special Preventive Programme) of the Department of Health, seven issues have been published up to July 1994.

## **Strategies for AIDS Prevention, Care & Control in Hong Kong**

In order to set out strategic directions to consolidate and coordinate Hong Kong's AIDS programme, the Council published its first strategy document : *Strategies for AIDS Prevention, Care and Control in Hong Kong* in July. A bilingual Executive Summary was prepared for the reference of the public. Funding support from the AIDS Trust Fund has been sought for its publication.

## 4. Committee on Education & Publicity on AIDS

### The Restructured CEPAIDS

The CEPAIDS was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes. It was placed under the ACA when the latter was appointed by the Governor in March 1990. The CEPAIDS used to be underpinned by seven working groups, namely (a) Publicity, (b) Training of Intermediaries, (c) Youth, (d) Schools/Students, (e) Community, (f) Drug Abuse and AIDS and (g) Research and Evaluation.

At the beginning of the second term of the ACA, the CEPAIDS was restructured to streamline its operation. The Working Group on Research and Evaluation was dissolved. Instead, a Planning and Evaluation Subcommittee was set up to undertake reviews on the AIDS educational programmes and to plan future strategies. It was to act as a 'think-tank' to CEPAIDS. The Working Group on Training of Intermediaries was dissolved as it was considered that the training functions could generally be discharged and coordinated by the Department of Health and other professional bodies.

The restructured CEPAIDS is underpinned by a *Planning & Evaluation Subcommittee* and five working groups :

*Youth Working Group*  
*Working Group on School / Students*  
*Community Working Group*  
*Publicity Working*  
*Working Group on Drug Abuse & AIDS*

The CEPAIDS has the following terms of reference :

(a) To coordinate educational and publicity activities on AIDS in the territory;

(b) To develop appropriate AIDS prevention strategies;

(c) To implement educational activities which require collaborative work of different organizations and/or governmental departments; and

(d) To evaluate the effectiveness of the AIDS educational programme in Hong Kong.

Membership of the CEPAIDS, the Planning & Evaluation Subcommittee and the five working groups for the term August 1993 – July 1994 are shown at Appendix A.

The CEPAIDS has met three times, as follows :

first meeting	16 December 1993
second meeting	10 March 1994
third meeting	3 June 1994

The CEPAIDS, in implementing its publicity and education programmes, adopts basically a target-oriented approach. The various working groups and the government units/NGOs shall then focus on specific community groups. A checklist has been formulated by the committee to facilitate coordination and design of educational programmes on HIV/AIDS in Hong Kong.

### Publicity Working Group

1993 witnessed a shift in the emphasis of the AIDS publicity campaign from disseminating information to fostering a caring attitude towards AIDS patients and to tackling the complacency of the public. The campaign message delivered in two new

TV APIs, was “Think about AIDS. It could happen to you.” The object of the campaign was to bring home the message that AIDS could affect everybody and should be everybody’s concern. For the first time, the Publicity Working Group contracted out the creative work of the campaign to an advertising agency to stimulate wider community interest.

In 1994, the Publicity Working Group adopted the theme “AIDS and the Family” for the AIDS campaign to tie in with the WHO’s theme for the 1994 World AIDS Day. The AIDS campaign moved one step forward by encouraging parents and children to talk about AIDS in the family in an open manner so as to attain better knowledge on prevention and protection. This year two TV APIs, three radio APIs, two posters and a leaflet were produced. The message delivered was : “Talk about AIDS”.

During the creation process, the Publicity Working Group had held numerous meetings to brief and discuss with the advertising agency (McCann Erickson) themes, objectives, production details etc. The whole CEPAIDS had been invited to preview the APIs and give comments on the creative concept and presentation.

A press conference was held on 23.6.94 to launch the 1994/95 AIDS Awareness Campaign, and to release the TV APIs.

In addition to mounting the AIDS campaign, the Publicity Working Group also arranged publicity for other AIDS educational events : e.g. the roving exhibition staged at the commercial plaza of six housing estates between January and March 1994, the ‘ Youth Action on AIDS ’ exhibition-cum-award ceremony held in City Polytechnic in February 1994.

## **Youth Working Group**

Since 1991, the Youth Working Group had been launching annually the ‘ Youth Action on AIDS ’ Funding Scheme to encourage and mobilize young people to organize innovative projects on education/publicity on AIDS. The Funding Scheme

had been a tremendous success in two aspects. First, the projects which were designed by young people appealed more readily to young people. Second, in the process of implementation, the participants themselves benefited by learning a great deal about AIDS and its impact on the community.

In 1993, a record 20 youth groups had been selected under the Scheme as compared to only 4 in 1991 and 12 in 1992. These groups implemented a vast variety of creative projects including drama shows, mobile exhibitions, football training projects, campaign, funfairs, quizzes, the production of caring cards, calendar cards, videos and other educational materials. All projects were concluded by end 1993. An exhibition-cum-award ceremony was held in February 1994. The best three projects were picked out by an adjudication panel and each awarded a trophy and a cash prize of \$2,000.

The Funding Scheme was launched again in 1994. Eight youth groups had filed in project proposals in Phase I of the Scheme. Of these, five proposals had been approved. Phase II of the Scheme is open to application up to the end of 1994.

To pay tribute to the innovative projects launched under the Scheme in the past three years, the Working Group was in the process of compiling a handbook summarizing these projects, and incorporating synopses on the role of young people in the fight against AIDS. The handbook was expected to be ready by October 1994.

Through operating the Funding Scheme over the years, the working Group had been able to identify and make acquaintance with a number of youth workers who had shown an interest in AIDS education/publicity work. In an attempt to build up a larger pool of youth workers with such interest, the Working Group organized in October 1993 a training camp on AIDS education for youth workers in Sai Kung Outdoor Recreation Camp : 56 youth workers participated in the programme, 26 of them indicated a wish to have some form of follow-up activities held. Spurred by this favourable response, the Working Group went a step further to explore the feasibility of establishing a network of youth workers on AIDS

education. A task group was formed to set up such a network in late 1993. The task group had so far :

- (a) conducted a recruitment exercise of network members by sending invitation letters to participants of the training camp and youth workers having participated in the 'Youth Action on AIDS' Funding Scheme
- (b) published two issues of the network bulletin – 'Voice', and
- (c) held a meeting with network members to share experience and exchange ideas as to how to mobilize young people in AIDS education work.

## Community Working Group

In previous years, the Community Working Group had mainly targeted their education/publicity effort on selected community groups. For instance, a workshop for woman was held in December 1990; two seminars on 'AIDS and the Workplace' were held in March 1992 and May 1993 respectively. Attendances at these workshop/seminars had been encouraging.

To put HIV/AIDS in the proper perspective and to foster a non-discriminatory attitude towards those infected, the Working Group was planning with the Commercial Radio Hong Kong to do a late-night radio programme in November/December to discuss the issue of AIDS on air. The public would be welcomed to phone in to join in the discussion with the panellists including among others an HIV positive person and a medical/social worker. The idea behind the programme was to induce a participatory approach in public AIDS education.

## Working Group on Schools/Students

The Working Group on Schools/Students had produced quite a number of education/publicity materials for distribution to students, teachers and parents in the past year. The more important ones were :

- (a) An information leaflet on AIDS for secondary students and another for primary students were distributed through schools in June 1993.
- (b) A 44-page booklet entitled 'Facts about AIDS' for teachers and parents was distributed in September 1993.
- (c) A teaching kit on AIDS for primary schools was prepared and distributed in mid-1994.
- (d) A circular to spell out Education Department's policy on issues relating to HIV-positive pupils in schools was issued to schools in February 1994. The circular set out guidelines on education placement, public education and prevention, confidentiality, legal liability and block insurance policy for aided schools.

Ongoing seminars on AIDS were organized for principals and teachers of secondary schools, primary schools and kindergartens.

Several projects were launched by the Working Group, as follows :-

- (a) The "Action on AIDS" Funding Scheme 1993/94 was held to encourage students of tertiary institutions to promote AIDS awareness. However, only 1 project from CUHK was approved and given a grant of \$10,000 for implementation.
- (b) A Chinese translation competition on the 1993 World AIDS Day theme was held. Response was favourable with over 800 entries received from students.

(c) To encourage students to learn the basic facts about AIDS, an Inter-secondary School Quiz and Telematch on AIDS was held in February-March 1994. Fifty-two schools participated in the quiz part. The 5 schools with the highest group scores were invited to take part in the telematch staged in Southorn Stadium in March 1994. The telematch was recorded by RTHK for screening on TVB on 9 April. A grant of \$389,200 was obtained from the AIDS Trust Fund for staging the telematch.

## Working Group on Drug Abuse & AIDS

In collaboration with the Department of Health's AIDS Unit, the Working Group on Drug Abuse and AIDS organized regular/ongoing workshops and seminars for inpatients of drug rehabilitation centres, half-way house residents, aftercare patients, methadone users, social workers and allied workers (e.g. AMS staff) working with drug users.

Since 1991, the working group had been conducting annual surveys on street drug users with the object of monitoring their AIDS knowledge, awareness, attitude and behaviour over time. The 1993 survey (496 persons interviewed) showed that 19.8% respondents practised needle sharing. From the three surveys (1991-1993), it was noted that the age of addicts had dropped. There was an increasing trend of condom use (10.1%, 14.5% and 20.2% respectively from 1991 to 1993). The majority of respondents acquired AIDS knowledge from the media.

In support of the World AIDS Day 1993, the Working Group in collaboration with other organizations staged a *Drugs and AIDS Awareness Day* in the White Head Closed Camp and the Pillar Point Vietnamese Boat People Centre in December 1993. It was a carnival-style function to dispense education on drugs and AIDS. Though attendance was not particularly encouraging, there was a

noticeable increase in enquiries and application for treatment with SARDA in the wake of the event.

A pilot project was launched in July 1994 to collect abandoned syringes in the vicinity of Shek Kip Mei Methadone Centre. The objectives of the project were threefold, namely

- (a) as an environmental project to clean up the abandoned syringes which were both an eye sore and a health hazard;
- (b) to educate methadone users the risks of using and abandoning injecting instruments, and needle-sharing; and
- (c) to distribute AIDS prevention leaflets.

Three other pilot projects were commenced in May 1994, through the collaboration of the Department of Health's AIDS Unit and the Methadone Clinics, namely :-

- (a) To put across the message of safer sex and to induce behavioural change, condoms were distributed to methadone patients in six day clinics. The programme has recently been extended to all Methadone Clinics in the territory.
- (b) To reduce the risk of using contaminated syringes, vials of bleach solution and distilled water were distributed in 22 Methadone Clinics.
- (c) New posters focussing on needle sharing and the AIDS Hotline were produced and later displayed at the Methadone Clinics and drug rehabilitation centres.

## Planning and Evaluation Subcommittee

The Planning and Evaluation Subcommittee, jointly with the Centre for Clinical Trials and Epidemiological Research (CCTER), CUHK conducted a survey to evaluate the AIDS education

programme in secondary schools in Hong Kong in early 1994. The survey was conducted to understand teachers' and students' knowledge on AIDS, students' attitude towards condom usage and risk behaviours and teachers' confidence in teaching AIDS prevention.

The survey had the following essential findings :

- (a) there were still some popular misconception about AIDS among teachers and students;
- (b) the teaching staff were not well prepared to guide the students in AIDS prevention, quite a number of them were not supportive towards HIV-infected students;
- (c) about 20% of the students were sexually active, a substantial proportion of them were not practising safer sex or were showing attitude inclining towards risk behaviours;
- (d) class teaching might be able to raise knowledge level but had not been able to change attitude or behaviours. Extra-curricular programmes showed little observable effect; and
- (e) students were strongly subjected to peer's influence in AIDS related attitude and behaviours.

On the basis of the above findings, the Working Group would be making recommendations to improve the existing AIDS education programme at school for consideration by the ACA.

The Subcommittee was planning to commission the CCTER of CUHK to conduct two other surveys in late 1994, namely : (i) a survey to evaluate the new series of TV APIs designed and produced in the last two years; and (ii) a public awareness survey on AIDS to monitor general knowledge and attitude of the community.

## World AIDS Day 1993 and 1994

Since 1988, the first of December every year had been commemorated worldwide as the World AIDS Day. The WHO designated the theme of the World AIDS Day 1993 as 'Time to Act' underlining the need for taking prompt action in the AIDS era. In a concerted effort to show support for the World AIDS Day 1993, AIDS Concern, Hong Kong AIDS Foundation and Department of Health jointly staged a series of education/publicity activities from 28 November to 5 December 1993, promoted as the AIDSweek '93. A sum of \$84,000 was sought from the AIDS Trust Fund for the production of 20,000 leaflets, 2,000 posters and 1,500 T-shirts to publicize the event.

During the AIDSweek '93, AIDS Concern had presented the 'AIDS on Screen' video/film festival showing works related to HIV/AIDS issues, an exhibition of international posters on AIDS, an aerobic marathon fund-raiser, an AIDSweek tea dance at Club '97, and a safer sex kit distribution exercise.

The Hong Kong AIDS Foundation had organized a poster design competition, 'AIDS and Workplace' seminar for human resource managers, a 'Caring Star' campaign to show support to AIDS patients, and 'Time to Act' AIDS Awareness Day at the Chater Road Pedestrian Precinct.

The Department of Health had organized a 'Red Ribbon' campaign and exhibition at Queen Elizabeth Hospital, a talk on AIDS policy to legCo members, a luncheon seminar on 'social and economic implications of AIDS' for community leaders in collaboration with the Lions Club, and a Drug and AIDS Awareness Day at Pillar Point Refugee Centre in collaboration with SARDA. We were honoured by the presence of Professor Jonathan Mann of the Harvard AIDS Institute, who gave a number of presentations to different people on and around World AIDS Day 1993.

Following the lead of the United Nations proclaiming 1994 the International Year of the Family, WHO had designated the theme of the World

AIDS Day 1994 “AIDS and the Family”. Following the success of the AIDSweek’ 93, the committee considered it necessary to strengthen the coming programme by organizing, instead, an AIDS Fortnight for 1994 (20 Nov – 4 Dec). An ad hoc working group comprising representatives from AIDS Concern, Hong Kong AIDS Foundation, Hong Kong Council of Social Service, the Department of Health and the Information Services Department had been formed to coordinate education/publicity activities for the Hong Kong AIDS Fortnight 1994. To mark the opening of the Fortnight, an AIDS Awareness Day would be held on 20 November at the piazza of the HK Cultural Centre. A budget of HK\$650,000 was being sought from the AIDS Trust Fund to organize the AIDS Awareness Day and to publicize the Fortnight.

So far, activities contemplated for the Fortnight included an “AIDS and the Family” seminar, launching of “the Hong Kong Community Charter on AIDS”, a radio phone-in programme with the presence of HIV-infected persons, a drama competition, an art exhibition, an “AIDS on Screen” premiere, a safer sex kit distribution exercise, quilt display etc.

## 5. Scientific Committee on AIDS

### The Renamed Committee

The Scientific Committee on AIDS (SCA) was renamed from the former Scientific Working Group on AIDS to give it equal status to the other two committees under the ACA i.e. the Committee on Education & Publicity on AIDS and the AIDS Services Development Committee.

The SCA had the following terms of reference :-

- (a) To supervise and evaluate the HIV/AIDS surveillance system in Hong Kong.
- (b) To develop technical and professional guidelines on HIV/AIDS prevention, management and control.
- (c) To recommend and develop training for health care professionals on all aspects of HIV/AIDS prevention and management.
- (d) To recommend and undertake research on the clinical, scientific and epidemiological aspects of HIV/AIDS with special reference to Hong Kong.

The membership of the SCA is at Appendix A. It had met three times, as follows: -

- (i) First meeting           8 December 1993
- (ii) Second meeting       14 March 1994
- (iii) Third meeting         22 June 1994

### New Guidelines for Health Care Workers

The Scientific Committee on AIDS had during the period August 1993 – July 1994 formulated the following guidelines on HIV/AIDS management :

- (a) ***HIV antibody testing : recommended measures to generate quality results*** – This would be printed into a leaflet for distribution to private and public laboratories.
- (b) ***Guidelines on management of HIV infection in children*** – This has been made available to paediatricians in Hong Kong.
- (c) ***Guidelines for prevention and management of tuberculosis in HIV-infected patients, with emphasis on the possible emergency of multiple-drug resistant tuberculosis.*** The final version would be ready before the end of 1994.
- (d) ***The choice of safe clotting factor concentrate for treatment of haemophilia in Hong Kong – recommended guidelines.*** A new set of guidelines has been drafted to replace old specifications, to be studied by the Committee later this year.
- (e) ***Precautions for handling and disposal of dead bodies*** – A proposal was made to the Advisory Council on this issue. An interdepartmental committee comprising the Urban Services Department, Regional Services Department, Hospital Authority and the Department of Health was formed to establish a new set of guidelines for relevant settings which involved

operational procedures in these departments.

### **Unlinked Anonymous screening**

As an ongoing surveillance, unlinked anonymous screening (UAS) was performed on urine samples of injecting drug users attending methadone clinics. Since April 1992, only one positive case had been detected.

In March 1994, 444 saliva samples were obtained from street injecting drug users and tested for HIV antibody. No positive case was detected.

In April and May 1994, 409 blood samples from newly admitted prisons of 3 prison/correctional institutions were tested for HIV antibody. One positive case was detected. The Committee has resolved to continue with UAS on different groups on a regular basis.

### **External Quality Assurance Programme**

In 1993, 16 laboratories (2 public and 14 private) participated in the External Quality Assurance Programme administered by the Hong Kong Medical Technology Association, with the technical support of the Department of Health's Virus Unit. The results in 1993 were satisfactory and were comparable to those of 1991 and 1992.

### **Project on Sentinel Behavioural Surveillance and Scenario Construction**

As described in Chapter 2, surveillance of HIV/AIDS prevalence in Hong Kong was administered through a voluntary reporting system, an unlinked anonymous screening undertaken on different high-risk and low-risk groups, and a regular surveillance on selected groups. Taking the benefit

of expert advice from Professor James Chin, former epidemiologist of WHO's Global Programme on AIDS, the SCA had taken a review of the current HIV/AIDS surveillance system in early 1994. The conclusion was reached that the system had focused primarily on establishing HIV prevalence in different risk groups. Considerable efforts had been made in collecting data but relatively little had been done in interpreting these information to produce meaningful analyses necessary for the design of an effective preventive and control programme. The very low prevalence (i.e. less than 1 infection per 1,000 adults) detected made accurate estimation/projection difficult.

In order to better prepare ourselves for the epidemic, the SCA recommended setting up a sentinel behavioural surveillance (SBS) system to monitor, on a regular basis, AIDS-related high risk behaviour in different communities. The knowledge of the changing pattern of such behaviour in a community would provide useful information for social scientists to design appropriate interventional models to effect prevention. The SBS system was meant to supplement the current surveillance system. Concurrently, HIV/AIDS scenario would need to be constructed based on available epidemiological data. This would serve as a blueprint for strategic planning in AIDS education, surveillance and development of clinical and social services in Hong Kong.

A proposal was submitted to the AIDS Trust Fund in March 1994 to seek funds for implementing the SBS and scenario construction project for 2 years. A sum of HK\$1.59 million was approved in July. Preparation was under way to launch the SBS project in September/October. Standard questionnaires are being prepared for collecting behavioural data on a number of communities with varying levels of risk. At the end of the 2-year period, the expanded surveillance system shall become an ongoing integral programme to be absorbed by the Department of Health. By then, the effectiveness of the new SBS programme itself would also be evaluated.

## 6. AIDS Services Development Committee

### The New Committee

In anticipation of an increase in the number of HIV-infected people in the years to come, it was considered necessary to examine how services for HIV/AIDS patients should be developed in the medium to long term. The AIDS Services Development Committee (ASDC) was thus formed in the second term of the ACA and charged with such responsibility.

The ASDC was given the following terms of reference: -

- (a) to recommend on the strategy of developing clinical and support services for HIV infected individuals in Hong Kong;
- (b) to co-ordinate available services and facilitate their accessibility to people with HIV/AIDS and their relatives who require them; and
- (c) to evaluate the quality and availability of AIDS services in the territory.

The ASDC considered it timely to conduct a stock-taking exercise on existing services provided by both Government and NGOs to HIV-infected people and to examine critically how such services should be developed in future. To this end, two working groups, namely (i) the Clinical Services Working Group and (ii) the Social & Support Services Working Group, were formed to review these two categories of services rendered to HIV/AIDS patients.

In the review process (January – April 1994) the two Working Groups had visited all the major AIDS-related organizations (including the AIDS Unit of the Department of Health, Queen Elizabeth

Hospital, HK AIDS Foundation and ADIS Concern) to gather information and to get a better feel of the problems faced by HIV/AIDS patients. Interviews had been arranged with HIV patients and their family members. In addition, two surveys were conducted to supplement data collected through the above means, namely :

- (a) a survey, in questionnaire form, on management of HIV/AIDS patients in private hospitals;
- (b) an opinion survey, in questionnaire form, on clients attending the AIDS Unit of the Department of Health.

The membership of the ASDC and its two Working Groups are at Appendix A. The Committee had met three times, as follows : -

- |                     |                  |
|---------------------|------------------|
| (i) first meeting   | 10 December 1993 |
| (ii) second meeting | 10 March 1994    |
| (iii) third meeting | 17 June 1994     |

The two Working Groups had each met four times from December 1993 to June 1994.

### A Review of Services Provided to People with HIV/AIDS in Hong Kong

The ASDC managed to complete a comprehensive report on the review in July 1994. The report summarized all the accomplishments and constraints of the current system of service provision. It then propounded some basic principles which should be adopted in the planning and delivery of services and came up with 21 specific recommendations on future development.

In the provision of services to people with HIV/AIDS, the following accomplishments were recognized :

- (a) The basic services are felt to be affordable and generally accessible to HIV patients.
- (b) A small core of medical and nursing professionals from the Hospital Authority and the Department of Health has, over the years, developed interest and expertise in HIV management.
- (c) Efficient laboratory support is afforded by the Department of Health's Virus Unit which has functioned as a central diagnostic laboratory for HIV infection in the public service.
- (d) Community participation has become more evident in recent years.

The following constraints were identified: -

- (a) With services currently provided by different government departments, the Hospital Authority and the NGOs, there seemed to be a lack of long-term planning and coordination at the policy level.
- (b) In the absence of clear policy and staff education to safeguard confidentiality, HIV patients may run into the risk of exposing their identity in the course of applying for some social services e.g. housing, financial assistance etc.
- (c) At present, the AIDS services programme is heavily focused on the development of specific services. This may undermine efforts in mobilizing the community to accept people with HIV/AIDS. This dilemma between specific and general service warrants examination in depth.

(d) Because of the lack of central coordination, clients may face inconsistencies if they are using the services provided by more than one agencies.

(e) There has been insufficient emphasis on research in the current system. The absence of research will make it difficult to develop strategy or innovative programme.

The ASDC was of the view that the following guiding principles should be adopted in the planning and delivery of services :

### **Integration**

As far as possible, provision of services to HIV patient and their families should be integrated into the existing social and health care system because such would be more cost-effective, flexible, and would reduce stigmatization to HIV patients.

### **A community-based approach**

It is necessary for services to be provided at the community level to enable an HIV infected person to stay in his workplace, school, or within a certain community sector.

### **Non-discrimination**

The human rights and dignity of HIV infected people should be protected. There should be no discriminatory action against them in the provision of services, employment and travel.

### **Preservation of confidentiality**

Service providers should protect the confidentiality of clients throughout the process of information handling, record keeping and case decision making.

## Consumer participation

People with HIV/AIDS should be involved in both the policy and operational level of Hong Kong's AIDS programme because they best understand their needs.

In particular, the ASDC came up with the following 21 recommendations to improve services for HIV patients :

(1) The ACA should be upgraded to better reflect its role as the policy establishing body in Hong Kong.

(2) The system of service provision should be coordinated at both the policy and the operational level.

(3) A coordinated expert's team should be developed in the delivery of clinical service to HIV patients in the public sector to achieve continuity of care, cost-effectiveness etc.

(4) All public and private hospitals should set out clear policy not to turn away HIV patients.

(5) Based on the principles of integration and non-discrimination, NGOs should consider, wherever appropriate, the inclusion of AIDS services as an integral component of their services to the community.

(6) The Council for the AIDS Trust Fund should process all applications expeditiously and take reference of the policy of the ACA in the granting of funds.

(7) To provide comprehensive care to people with HIV/AIDS, a day care treatment centre should be set up.

(8) All volunteers providing services to people with HIV/AIDS, irrespective of their organizations, must undergo a locally-relevant standard training module to be specifically developed for them.

(9) Training in HIV/AIDS care needs to be strengthened for all health care staff.

(10) An AIDS manual should be developed for social work professionals.

(11) All agencies/government departments/public bodies concerned should establish clear policy to safeguard the confidentiality of people with HIV/AIDS, and review procedures in information handling for this purpose.

(12) The policy of non-discrimination (e.g. prohibition of compulsory HIV testing) should be established in schools, workplace, hostels, prisons, drug rehabilitation centres etc.

(13) It may be desirable to establish a central AIDS hotline linking up all AIDS agencies.

(14) The possible occurrence of high risk behaviour within institutions like prisons and boys/girls' homes should be studied.

(15) HIV patients' need for hospice and respite care should be examined as soon as possible.

(16) In the context of child adoption, the potential parents should be counselled on their fitness to take care of the child, including their risk of contracting HIV infection. An HIV test should not be performed on the child for the purpose of adoption.

(17) Guidelines on the handling of dead bodies of people with HIV/AIDS should be reviewed from time to time.

(18) Organizations providing home care and personal care should ensure that their services are also accessible to people with HIV/AIDS.

(19) Clients of an AIDS agency should be informed of services provided by all relevant agencies.

(20) The Department of Health should consider providing dental treatment to people with HIV/AIDS within the existing system.

(21) Rights of people with HIV/AIDS should be protected by law. But comprehensive legislation, e.g. in the form of 'Equal Opportunities' Act which can be applied to people with HIV/AIDS is preferable to specific legislation on AIDS.

# Appendix A : Membership Lists

## Advisory Council on AIDS

(Second Term : August 1993 – July 1994)

**Chairman :** Dr. LEE Shiu-hung, *ISO, JP*  
(Aug 93 – May 94)  
Dr. Margaret CHAN, *JP*  
(from June 94)

**Members :** Dr. the Honourable Conrad LAM, *JP*  
Professor NG Mun-hon  
Ms. Carlye Tsui, *JP*  
The Honourable Christine LOH  
(Aug 93 – Feb 94)  
The Honourable TIK Chi-yuen  
Mrs. Pamela CHAN, *JP*  
Dr. Margaret KWAN  
Dr. Susan LEONG, *JP*  
Ms. Esther FUNG  
The Honourable Timothy HA,  
*MBE, JP*  
Mr. Walter CHAN Kar-lok  
Miss Sally YEH  
Sister Maureen McGINLEY  
Dr. Patrick YUEN  
Dr. David FANG, *JP*  
Dr. Homer TSO  
Mr. LAW Chi-keung  
Dr. YEOH Eng-kiong  
Mrs. Shelley LAU, *JP*  
Dr. LEE Shui-shan

## Council

**Secretariat :** Mr. Aaron KWOK, secretary  
Miss Maggie CHAU  
(Aug 93 – Feb 94)  
Miss Windy LAU  
(from Mar 94)  
Miss Teresa TO

## *Special Working Group on the Establishment of Guidelines for HIV Infected Health Care Workers*

**Chairman :** Dr. Avery CHAN Sau-chee

**Members :** Dr. Homer TSO  
Dr. Patrick LI  
Dr. LEE Shui-shan  
Dr. W.L. LIM  
Mr. CHAN Wing-kai  
Ms. Carlye TSUI, *JP*

**Secretary :** Mr. TSE Kam-wai

**Committee on Education & Publicity  
on AIDS [CEPAIDS]**

Dr. LO Yim-chong

**Chairman :** Ms. Carlye TSUI, *JP*

**Members :** Mr. CHEUNG Che-kwok  
Mr. TSE Wang-lap  
Dr. Joseph LAU  
Dr. James M.N.CH' IEN, *MBE*  
Mr Ernesto M. CORPUS  
Mr. Eddy LI  
Ms. Ann LAM  
Dr. Margaret KWAN  
Mr. Frederick TONG  
Mr. FUNG Cheung-tim  
Ms. Lisa ROSS  
Miss LIN Oi-chu (from May 94)  
Mr. Harold YAU  
Mrs. June TONG  
Mr. Victor NG (up to April 94)  
Mr. A.J.L. DICKINSON  
(from May 94)  
Mr. HO Chung-nin  
Mr. KWOK Wai-cheung  
(from June 94)  
Miss Amy WONG (up to April 94)  
Miss Elsa TSE (from April 94)  
Miss SO Chi-kin (up to May 94)  
Mr. FUNG Man-lok (from May 94)  
Dr. WONG To-chuen  
Dr. LAM Ping-yan  
Dr. LEE Shui-shan

**Secretaries :** Mr. Aaron KWOK

***Planning & Evaluation Subcommittee  
(of CEPAIDS)***

**Co-conveners :** Ms. Carlye TSUI, JP  
Dr. Joseph LAU

***Working Group on Youth  
(of CEPAIDS)***

**Co-conveners :** Fr. Alfred J. DEIGNAN  
(up to Feb 94)  
Mr. FUNG Cheung-tim

**Members :** Dr. LEE Shui-shan  
Dr. LO Yim-chong  
Miss CHUNG Woon-cheung  
(up to Oct 93)  
Mr. LEUNG Ying-chee  
(Oct 93 – Dec 93)  
Mrs. Elaine YU  
(Dec 93 – Apr 94)  
Mrs. LAM LI Shuet  
(from Apr 94)  
Miss Jennie CHOW  
Mr. Billy HO Chi-on  
Mr. KO Chun-wa  
Mr. LEE Yiu-wah, David  
Miss YIU Yuk-yee, Mishelle  
(up to Mar 94)  
Mr. Aaron KWOK  
Miss Myra CHOR  
(up to Dec 93)  
Miss Yan CHAN

**Members :** Mr. CHEUNG Che-kwok  
Dr. Margaret KWAN  
Dr. LEE Shui-shan  
Dr. LO Yim-chong

**Secretary :** Mr. Aaron KWOK

Mr. YUEN Wai-sum  
(from Jul 94)  
Mr. Larry SO  
(from Jul 94)

**Secretary :** Mr. Leo SIN

*Working Group on Schools/Students  
(of CEPAIDS)*

**Convener :** Mr. HO Chung-nin  
(up to June 94)  
Mr. KWOK Wai-cheung  
(from June 94)

**Members :** Dr. LEE Shui-shan  
Dr. LO Yim-chong  
Ms. Pauline KAN  
Mr. HUI Tat-keung  
Mr. S.Y. CHOW  
Ms. Shirley WONG  
Dr. CHAN Chow-ming  
Ms. Teresa LEE  
(up to Mar 94)  
Ms. Lina LAU  
(from Mar 94)  
Mr. Aaron KWOK

**Secretary :** Mr. K.C. TSUI

***Working Group on Drug Abuse and AIDS  
(of CEPAIDS)***

(from May 94)

***Community Working Group  
(of CEPAIDS)***

**Convener :** Dr. James M.N. CH' IEN, *MBE*

**Co-conveners :** Mr. CHEUNG Che-*kwok*

**Members :** Mr. FUNG Cheung-tim

Mr. Eddy LI

Dr. LEE Shui-shan

Dr. Y.W. MAK

Dr. WONG To-chuen

Mr. Tony S.F. PANG

Dr. C.Y. SAM

Mr. Frankie SUN

Mr. Petain YUEN

Mr. TONG Wai-chuen

Mrs. Belinda HUI

(up to Apr 94)

Miss Karen IP

(from May 94)

Mr. CHAN Shun-chi, Peter

Mr. CHOI Kwok-wai

Dr. LO Yim-chong

Dr. WONG Ka-hing

(up to June 94)

Dr. L.Y. CHAN

(from July 94)

Mr. Aaron KWOK

Ms. CHAN Siu-kuen

Mr. Angus LAM

(from July 94)

Mr. Timothy KWAN

(from July 94)

Mr. CHEUNG Tsang-sun

(from July 94)

**Secretary :** Miss Susanne YEUNG

(up to Apr 94)

Miss Carmen TSOI

***Publicity Working Group  
(of CEPAIDS)***

**Convener :** Ms. Ann LAM

**Members :** Miss Alice AU  
Dr. LEE Shui-shan  
Mrs. June TONG  
Dr. LO Yim-chong  
Mr. Y.K. LAU

**Secretary :** Miss Linda CHAU

<b>Scientific Committee on AIDS</b>
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**Chairman :** Prof. NG Mun-hon

**Members :** Dr. W.K. LAM  
Dr. Y.L. LAU  
Mr. Walter CHAN  
Dr. Homer TSO  
Dr. Joseph LAU  
Dr. Susan LEONG, *JP*  
Dr. J.B. HOLLINRAKE, *MBE*  
Dr. C.F. LAI  
Dr. Philip S.L. TANG  
Dr. WONG Tze-wai  
Mr. Alfred CHAN  
Ms. WAH Kit-ying  
Dr. Patrick LI  
Miss Patricia CHENG  
Dr. WONG To-chuen  
Dr. S.L. CHAN  
Dr. Brian JONES  
Dr. W.L. LIM  
Dr. W.P. MAK  
Dr. K.K. LO  
Dr. LAM Ping-yan  
Dr. LEE Shui-shan  
Dr. Thomas CHUNG  
(up to Dec 93)  
Dr. Philip HO  
(from Mar 94)

**Secretaries :** Dr. WONG Ka-hing  
(up to June 94)  
Mr. Aaron KWOK

**AIDS Services Development Committee**

[ASDC]

**Chairman :** Dr. the Hon. Conrad LAM, *JP*

**Members :** Dr. Homer TSO  
Sister Maureen McGINLEY  
Fr. Louis HA  
Rev. CHU Yiu-ming  
Dr. C.C. LUK  
Miss Ophelia CHAN  
Mr. FUNG Cheung-tim  
Dr. Margaret KWAN  
Mr. Frederick TONG  
Miss Lisa ROSS  
Miss LIN Oi-chu  
(from May 94)  
Mr. TSE Wang-lap  
Mr. KO Chun-wa  
Dr. Patrick YUEN  
Mr. Victor NG  
(up to April 94)  
Mr. A.J.L. DICKINSON  
(from May 94)  
Miss Esther FUNG  
Dr. LAM Ping-yan  
Dr. LEE Shui-shan

**Resource** Miss Frances LEUNG

**Persons :** (up to Feb 94)  
Miss Teresa LEE  
(from Feb 94)

**Secretaries :** Dr. Elsie CHAN  
(Mar 94 – Apr 94)  
Dr. L.Y. CHAN  
(from May 94)  
Mr. Aaron KWOK

***Social & Support Services Working Group  
(of ASDC)***

**Convener :** Mr. KO Chun-wa

**Members :** Sister Maureen McGINLEY  
Fr. Louis HA  
Rev. CHU Yiu-ming  
Miss Ophelia CHAN  
Mr. Frederick TONG  
Miss LIN Oi-chu  
(May 94 - July 94)  
Miss Lisa ROSS  
Mr. FUNG Cheung-tim  
Dr. LEE Shui-shan  
Miss KO Mei-lan  
(from Jan 94)  
Miss Teresa LEE  
(up to Apr 94)

**Secretaries :** Dr. Elsie CHAN  
(Mar 94 – Apr 94)  
Dr. L.Y. CHAN  
(from May 94)  
Mr. Aaron KWOK

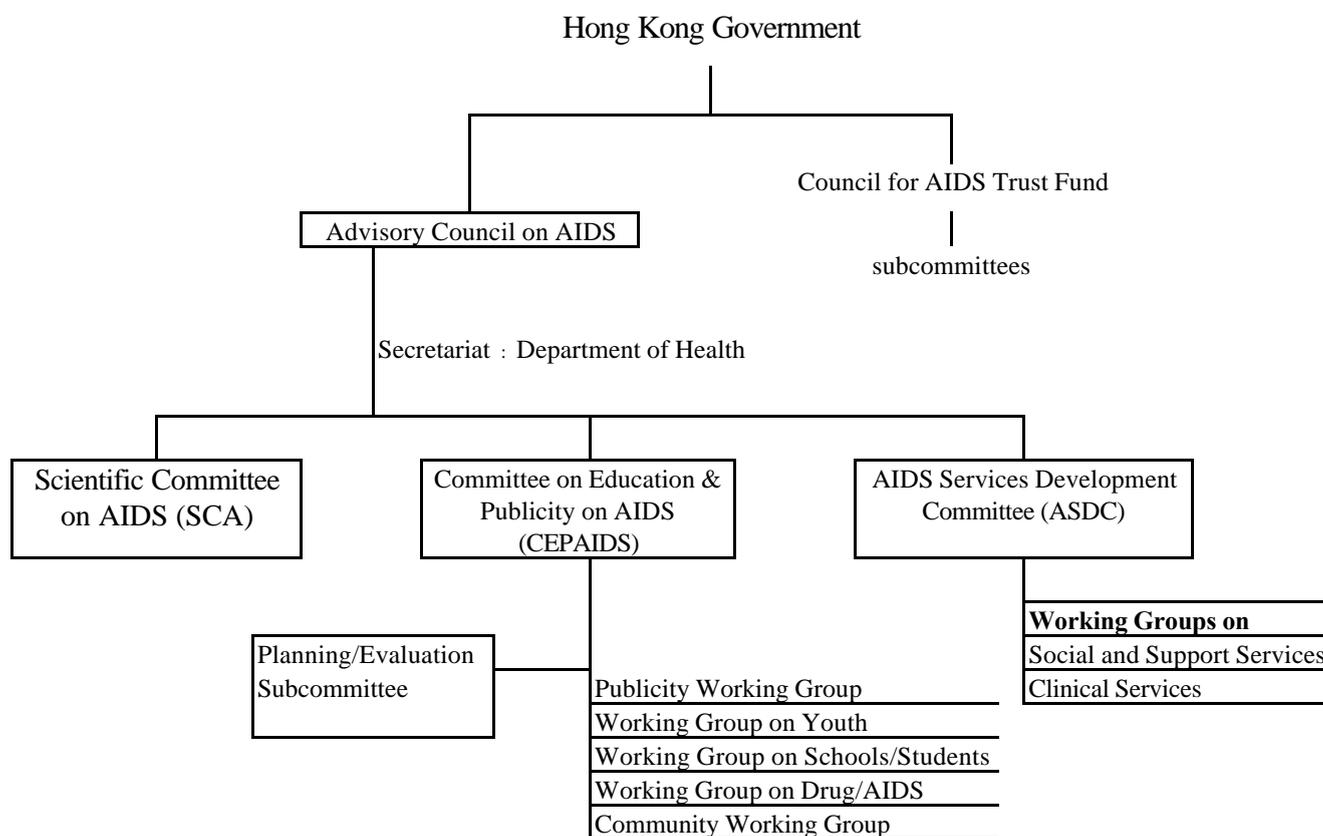
***Clinical Services Working Group  
(of ASDC)***

**Convener :** Dr. Homer TSO

**Members :** Fr. Louis HA  
Mr. Andrew LO  
Ms. Lisa ROSS  
Miss LIN Oi-chu  
(May 94 – July 94)  
Mr. Frederick TONG  
Miss Esther FUNG  
Dr. LEE Shui-shan  
Dr. WONG Ka-hing

**Secretaries :** Dr. Elsie CHAN  
(Mar 94 – Apr 94)  
Dr. L. Y. CHAN  
(from May 94)  
Mr. Aaron KWOK

## Appendix B. Organizational Structure of Hong Kong's AIDS Programme



Operational government departments  
(major ones) :

Department of Health Information Services Department Education Department [Hospital Authority] Social Welfare Department
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Non-governmental organizations :  
(on AIDS) :

Hong Kong AIDS Foundation AIDS Concern
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