Preface

This is the fifth annual report of the Advisory Council on AIDS. Established in 1990, the Council has been actively working towards the development of strategies for the prevention, care and control of HIV/AIDS in Hong Kong. It also plays a co-ordinating role in the implementation of the local programmes.

1997 is a year of importance to Hong Kong, and also to the Advisory Council on AIDS (ACA), which has a role in advising the Government on the AIDS policy. With the rapid advance of HIV therapy, and the invention of new drugs, people living with HIV/AIDS are now having better chances to survive. Likewise, their requirements of care and treatment services have also changed. On the other hand, education and prevention strategies, under the new circumstances, have to be reconsidered. Such changing requirements are well noted by the ACA and it also undermines the need for a review of the AIDS situation as well as the programmes that the society requires. A review proposal was first considered at the ACA meeting held on 11 July, 1997. Thereafter, the review proposal was refined and members agreed to undertake the review in a two-stage process i.e. an internal situation assessment followed by an external consultancy beginning early 1998. With the support of the ACA members, AIDS service organisations, and people living with HIV/AIDS, the review was conducted smoothly and the external consultancy report released in June, 1998.

This report summarizes all activities undertaken by the Council and its committees/Task Forces in the past one year. It also gives a brief description of its historical past. As a concise report, details of AIDS campaigns, service provision, formulated policies and guidelines are not included. Readers are welcome to contact the Secretariat if these are required.

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

Secretariat Advisory Council on AIDS Hong Kong August 1997

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1. HIV/AIDS Situation in Hong Kong

Introduction

The Department of Health AIDS Unit is currently responsible for the compilation and processing of incoming HIV/AIDS data, interpretation of results and production of output. The Scientific Committee on AIDS/(SCA) has taken on the role of co-ordinating local scientists for consolidating input and monitoring the output.

There are five components of data input. They are: (1) voluntary HIV/AIDS reporting, (2) seroprevalence studies, (3) unlinked anonymous screening, (4) STD surveillance, and (5) disease registries.

HIV/AIDS Situation (figure 1-6)

The first AIDS cases were reported in 1985. As of the end of 1997, 309 AIDS cases had been reported. About one-third to half are still alive. In the past 2 years the 3 commonest AIDS defining conditions are: (1)*Pneumocystis carinii* pneumonia. (2) tuberculosis and (3) *Penicillium marneffei* infection.

As of the end of 1997, a cumulative total of 957 HIV cases have been reported. Among the 541 cases reported between 1994 and 1997, 90% were sexually acquired. The Social Hygiene Service has contributed to 18% of all reported cases, corresponding to a new case detection rate of 0.07 per 1000 tests. The HIV prevalence in methadone clinic attendees estimated using unlinked anonymous studies was in the range of 0.02 to 0.04% from 1994-1996.

STD Epidemiology

The Social Hygiene Service has been seeing approximately 20,000 new cases per year. The male-to-female incidence in 1997 was 1.89. In a survey discussed at the Scientific Committee on AIDS, it was estimated that the Social Hygiene Service covered 22.3% of all STD patients in the community.

HIV and Pregnancy

Under the AIDS Unit's Registry, a total of 22 pregnancies in 17 HIV positive women have been recorded. A total of 12 babies were born, four became infected. On the other hand, the annual HIV positive pregnancy rate is estimated to be 0.025%, derived from results of unlinked anonymous screening using neonatal cord blood samples.

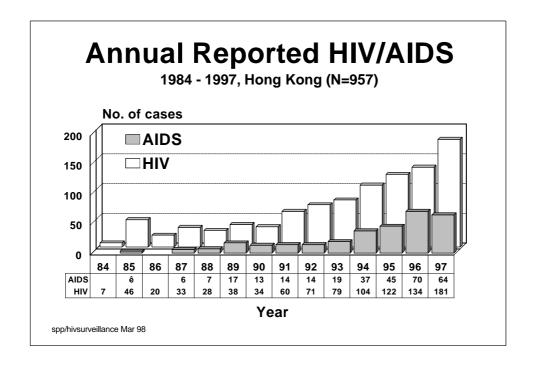
Sentinel Risk Behavioural Surveillance

Sentinel risk behavioural surveillance has been started as a pilot project under the AIDS

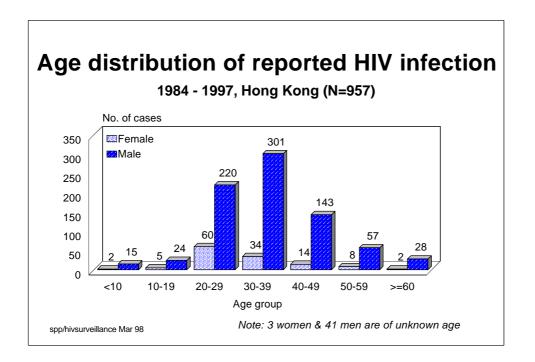
Scenario & Surveillance Research Project. Several potential sentinel sites had been tested: (1) public STD clinics, (2) outpatient methadone clinics, (3) inpatient drug treatment centres, and (4) correctional institutes.

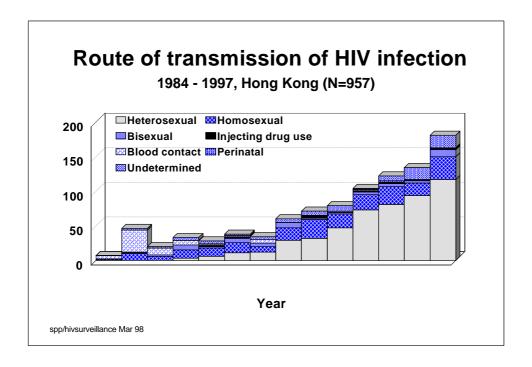
There were varying rates of high risk sex behaviours. 20-30% STD patients were not using condoms, while the figure was 28% in marginal youth, one-third in cross-border travellers, and 50% in commercial sex workers with non-paying partners. In injecting drug users, needle-sharing rates were generally low- 10% in methadone users, 4% in those on inpatient treatment, but higher at 20% in those interviewed on the street.

[The section has been excerpted from Chapter 1: HIV/AIDS Surveillance and Situation of the Internal Assessment Report on Review of the HIV/AIDS Situation and Programmes on its prevention, care and control in Hong Kong, April 1998.]

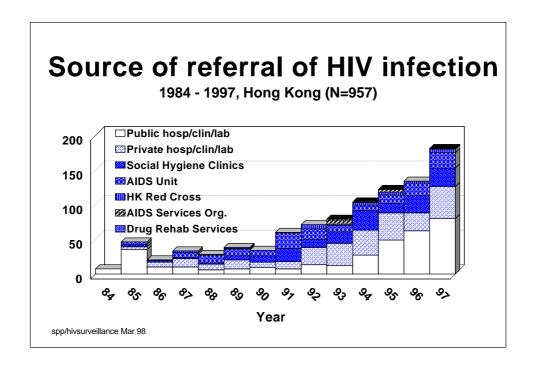


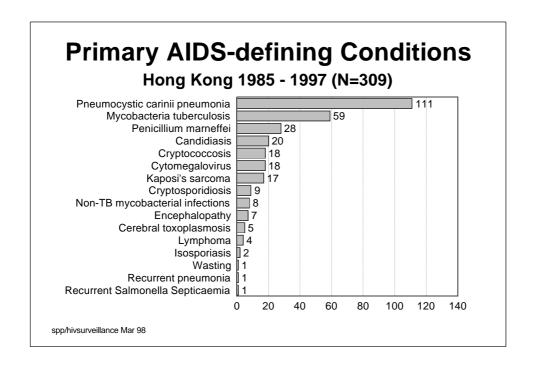
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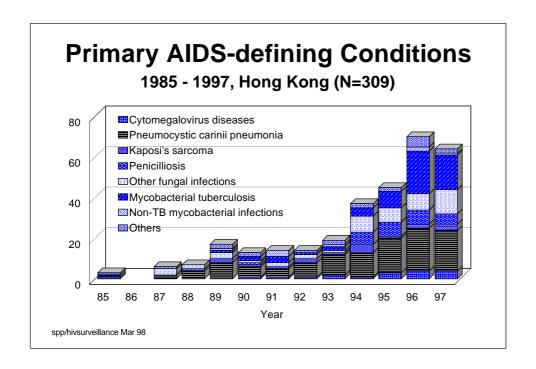


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2. Historical Development of Hong Kong's AIDS Programme

The development of the Hong Kong AIDS programme, as reflected in the Internal Assessment Report of the 1998 Review on Hong Kong's AIDS situation and programmes, can be divided into the following phases:

Phase I-The Initial Response (1984-1986)

In November 1984, an Expert Committee on AIDS was set up within the then Medical and Health Department, to "..discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease when required." Subsequently in 1985, a Scientific Working Group on AIDS (SWG) was formed to initiate and implement medical, surveillance and public health activities in Hong Kong. Key output during this period included: establishing an AIDS counselling clinic and a hotline, ensuring supply of safe heat-treated blood products, safeguarding blood supply through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS), initiating an HIV/AIDS surveillance system, and providing the HIV antibody tests to people at risk of infection.

Phase II - Enhanced Public Education (1987-1989)

Public education was systematically introduced during the second phase, in line with the strategy of the World Health Organisation (WHO). A committee on Education & Publicity on AIDS (CEPAIDS) and a publicity working group were formed by the then Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes. These were put forth through the aid of various government departments as well as community organisations. Media publicity

was launched, with television Announcement of Public Interest (API, or TV spots) produced by the Government Informative Service, to arouse public awareness.

The AIDS Counselling and Health Education Service of the Medical & Health Department was expanded to become an operational arm of the committee, which organised activities targeting various community groups.

Phase III- Consolidation (1990 -1993)

A central Advisory Council on AIDS (ACA), appointed by the governor, was established in March 1990. The Council has been charged with recommending AIDS strategy and streamlining the operations of Hong Kong's AIDS prevention, care and control programme. Community participation was encouraged and AIDS NGOs were formed during this period. AIDS Concern and the AIDS Foundation, which were formed respectively in 1990 and 1991, both established their status as organisations providing community education as well as counselling and support service to people living with AIDS.

In early 1993, the AIDS Trust Fund was set up by the government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, following the public outcry in response to the rejection of an HIV-infected haemophilia boy from school. The same fund also financed educational and AIDS care projects.

On the other hand, the HIV/AIDS surveillance system was strengthened through the conduction of epidemiological serosurveillance, e.g. unlinked anonymous screening (UAS). The original counselling service became the Department of Health's AIDS Unit.

Phase IV-Wide Community Participation (1994-1997)

In 1994, the ACA officially published its strategy in a document titled *Strategies for AIDS Prevention, Care & Control in Hong Kong*. Subsequently, more guidelines and documents on HIV/AIDS had been published.

There was wider community participation within this period and various new organisations were founded, including 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. AIDS NGOs had contributed significantly under funding support from the AIDS Trust Fund. More pre-existing organisations also incorporated AIDS in its conventional activities through new initiatives, for example, the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macau.

During this period, education programmes on awareness/prevention were expanded with the participation of more NGOs and the re-organised CEPAIDS.

The Current AIDS Programme

The current development of the AIDS programme can be viewed from the following perspectives:

(a) The Government's Response

The Government has responded actively to the HIV/AIDS epidemics at three different levels: <u>Firstly</u>, at the planning/policy level, special committees have been established to advise, supervise and/or co-ordinate the functioning of the various components of the programmes. The Advisory Council on AIDS and its committees are some examples. Secondly, at the operational level, designated services are set up within the health sector to promote health programmes, with collaboration from the non-designated Government units. Thirdly, to provide financial support through the setting up of the Council for the AIDS Trust Fund (ATF). The ATF provides funding source for the AIDS activities and facilitates the participation of the community.

(b) Involvement of the Community

Community involvement has been in the recent few years. This increasing community involvement has been largely in the form of participation by community leaders and active organisations of activities by NGOs. **NGOs** have the benefit of involving members/volunteers to join in with their staff in organising and running the activities. On the whole, NGOs working on AIDS can be divided into AIDS(-specific) and non-AIDS(-specific) ones. The former were formed chiefly for providing AIDS services and prevention, while the later involved AIDS as part of its scope.

The existing AIDS NGOs known include: Action for Reach Out; AIDS Advocacy Alliance, AIDS Concern; AIDS Project, Hong Kong Council of Social Service; HIV information and Drop-in Centre; Hong Kong AIDS Foundation; Society for AIDS Care; and Teen AIDS. There is a coalition of the AIDS NGOs known as the Hong Kong Coalition of AIDS Services Organisations (HKCASO) which was formed in early 1998. Another unofficial coalition works through the Committee on AIDS under the Hong Kong Council of Social Service which coordinates activities of AIDS NGOs and other community organisations since 1994.

Relationship with Mainland and the International Community

(a) Relationship with the Mainland

Relationship of ACA with the Mainland AIDS workers has become more intimate since 1997. There are various means of collaborating with mainland China on the prevention and control of HIV/AIDS. These include:

- (1) World Health Organisation (WHO) or other United Nation (UN) supported activities, including consultancies in the Mainland;
- (2) participation in conferences and meetings;
- (3) joint education/training activities; and
- (4) reciprocal visits of government officials and non-governmental organisations.

(b) Relationship with the International Community

Though there have not been direct participation of international AIDS agencies in Hong Kong's AIDS programme, there exists some interaction with the WHO and the UNAIDS (previously the Global Programme on AIDS) in the areas of

- (1) epidemiological surveillance,
- (2) information sharing on prevention and education,
- (3) acquisition of technical advice, and
- (4) co-ordination with other countries.

These activities were effected through participation in meetings, visits, training, and attendance of conferences.

3. Advisory Council on AIDS

Introduction

The Expert Committee on AIDS formed in 1984 was transformed into the Advisory Council on AIDS (ACA) in 1990 to better cope with the epidemic. The third term of the ACA came into office with effect from 1 August 1996. The membership of the third term is shown at appendix A.

With the object of promoting community participation, ACA's membership has included community leaders, professionals and representatives of voluntary agencies. In July 1994, ACA published its first policy document *Strategies for AIDS Prevention, Care and Control in Hong Kong*. It became the blueprint of Hong Kong's AIDS strategy as endorsed by the Advisory Council. The terms of reference of ACA are:

- (a) to keep under review local and international trends and development relating to HIV infection and AIDS;
- (b) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and
- (c) 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.

The ACA is now underpinned by three committees, each supported by Task forces and sub-committees. The committees are :

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

The third term of the ACA had met three times during the reporting period as follows:

1. (23rd meeting) 6 October 1997 2. (24th meeting) 6 January 1998 3. (25th meeting) 20 April 1998

Review of Hong Kong's AIDS Programmes

Since the first HIV infection case was diagnosed in Hong Kong in 1984, there has been a proliferation of AIDS programmes/activities, and an organisational structure has also been developed. After more than a decade's efforts, Hong Kong has established its own programme strategy in fighting against AIDS, and efforts undertaken by various NGOs and government departments have contributed to the low HIV prevalence in Hong Kong. However, in view of the rapid development in HIV, changes in epidemiological trends, and evolving needs of previous community therapy, programmes might not be able to keep track with the future demand. To facilitate further development, a review of Hong Kong's AIDS Situation and Programmes i.e. related efforts in prevention, care and control programmes, was conceived. The whole review process has lasted for six months.

(1) Objectives

Objectives of the Review are:

- (a) to undertake a thorough assessment of Hong Kong's HIV/AIDS situation, policies, and the programmes developed for its prevention, care and control;
- (b) to identify indicators for systemic evaluation of the local AIDS programmes; and
- (c) to recommend on the future direction of strategy, programme development and the operating structures at the government level and the community.

(2) Format

The review had taken 2 main phases first an internal assessment conducted through the Council Secretariat and second an external consultancy. A Steering Committee was formed composing of G

Chairman

Dr Conrad LAM, JP

Advisers

Dr C H LEONG, JP

Professor S H LEE, JP

Technical Adviser

Dr Patrick LI

Members

Professor M H NG

Dr Homer TSO, JP

Ms Carlye TSUI, JP

Professor Y L LAU

Secretary

ACA Secretariat

(3) Internal Assessment

The internal situation assessment gave a factual account of the information gathered through review of documents, a questionnaire survey, interviews, site visits, and two consultation meetings. This factual assessment report was distributed to ACA members and discussed at the 25th ACA meeting held on 20th April 1998. The Council accepted the Internal Assessment Report as a briefing document for the external consultants in the second phase of the Review.

(4) External Consultancy

The second phase of the review was conducted by four external consultants between 27th April 1998 and 15th May 1998. They are:

- (a) Professor John BARTLETT, an infectious disease expert;
- (b) Mr Nicholas PRESCOTT, an economist of the World Bank;
- (c) Dr Tim Brown, Fellow of the Program in Population of East West Center, Honolulu, Hawaii; and
- (d) Dr Clement CHANKAM of the UNAIDS.

The four consultants had a hectic schedule in Hong Kong. They had, in addition to

making reference to the information at hand, made a record of 31 visits and meetings with the various people including government officials, hospital experts, academics, representatives of NGOs, Advisory Council on AIDS, Council for the AIDS Trust Fund, and people with HIV/AIDS in order to better understand the local HIV/AIDS programme development.

Based on information and observations they obtained, a Report was produced by the external consultants in June 1998, recommending ways ahead for meeting the challenges.

(5) The Outcome

On the whole, the external consultants considered it necessary for the community to work together to expand the response to AIDS in Hong Kong. The main areas focused are:

- (a) targeted prevention with objectives to replace general education and publicity based activities;
- (b) proposal to implement a community planning process to work out priority activities:
- (c) setting programme directions in the AIDS Trust Fund; and
- (d) refine the role of the Advisory Council on AIDS.

(6) Follow-up Actions

To carry the recommendations forward, the Advisory Council has:

- (a) invited one of the external consultants,Dr Tim Brown, to hold a briefing session for ACA members on 10 July 1998 to explain the Report in details;
- (b) organised a Special Working Group meeting with the participation of the chairmen of ACA and its committees to discuss on recommendations of the Report, and to produce a strategy paper proposing the way forward for members' discussion at the September ACA meeting;
- (c) invited the Hong Kong Coalition of AIDS Services Organisation to propose on the arrangement of the

- Community Planning Process as suggested by the Report; and
- (d) invited members to meet in September to discuss on papers related to the Report, and to plan for future developments.

between Hong Kong and the Mainland after 1997, it is expected that such co-operation and collaboration will continue to increase.

ACA Membership

Congratulations to the following eight ACA members, whose terms expired on 31st July 1998, on their re-appointment by the Government for another year. They are: Professor CN CHEN, JP, Mr HUI Yin-fat, JP, Professor M H NG, Professor YL LAU, Dr Patrick LI, Mrs Diana WONG IP Wai-ying, Dr Richard TAN, and Mr Patrick MAULE.

We are also sad in losing the company of Mr Walter CHAN in the ACA, who resigned on 1st January, 1998 on personal grounds. We wish him all the best in his future career.

Collaboration between Hong Kong and the Mainland

During the reported period, there has been increased contact and collaboration between the ACA and its Chinese partners working on AIDS in the Mainland. These include:

- (a) Project collaboration: An example was the Hong Kong Sex and AIDS Education Expo jointly organised by the Hong Kong Sex Education Association and CEPAIDS for ACA from October 17-19, 1997. Six Chinese experts under sponsorship of the Council for the AIDS Trust Fund had taken part in the event by participating in the seminars and staging an exhibition booth; and
- (b) Visits: During the period, six visits had been arranged by ACA for Chinese delegates from Mainland to visit Hong Kong for experience sharing, and for exchanging views on the prevention & care of HIV/AIDS. With the growing relationship

Conferences

Two International Conferences on AIDS fell within the Report period, including the IV International Congress on AIDS in Asia & the Pacific which was held in Manila, the Philippines between 25 and 29 October 1997, and the World AIDS Conference held in Geneva, Switzerland between 27 June and 3July 1998. Dr Homer TSO and Ms Carlye TSUI represented the Council at the Philippines congress, while Dr Conrad LAM and Dr Homer TSO participated in the Geneva conference. Both visits were financially supported by the Council for the AIDS Trust Fund.

On 13-19 November 1998, a medical conference arranged by the Harvard AIDS Institute, HOPE worldwide Health Corps will be held in Hong Kong. The conference is supported by the UNAIDS and local participation to this conference is subsidised by the Council for the AIDS Trust Fund. ACA has accepted invitation to become a local partner.

Overseas Visitors

During the reported period, there were numerous overseas visits to the ACA from AIDS experts and personnel from other parts of the world. The more familiar names were Prof James CHIN of School of Public Health, University of California at Berkley, who revisited Hong Kong and attended the SCA meeting held on 25 September, 1997 to provide members with an updated HIV/AIDS Scenario Report; Dr David HO, renowned medical researcher and Director of Aaron Diamond AIDS Research Centre of New York, who visited Hong Kong and joined the SCA-ASDC Joint Meeting on December 10, 1997 to advise on the provision of medical services associated with the HIV/AIDS therapy; and Dr Peter PIOT, UNAIDS Executive Director who visited Hong Kong in 8 May 1998 and delivered a seminar on "China's Reponses to HIV/AIDS" at the Lam Woo International Conference Centre. These visits and meetings/seminar are helpful to strengthen the work of ACA members/local AIDS workers, and at the same time enhance collaboration between AIDS workers of Hong Kong and experts from other parts of the world.

Community Relationships

To develop a close relationship with the community, the Chairman and members of ACA have, in addition to their usual contacts with the community leaders/workers, initiated visits/ meetings with other government and nongovernment organisations, as well as people with HIV/AIDS(PHAs), for the purposes of (a) sharing experience and exchanging views on matters of common concern; and (b) improving liaison and understanding with the PHAs/AIDS and non-AIDS organisations. Some of these activities included:

- (i) attending and officiating at the opening ceremony of the fundingraising art exhibition organised by HIV Information and Drop-In Centre of St John's Cathedral on 23 August, 1997;
- (ii) visits to the AIDS Unit, Department of Health and meeting with a group of HIV/AIDS patients on 28 August, 1997:
- (iii) meeting with the AIDS Advocacy Group (later re-named as the AIDS Advocacy Alliance) on 27 November, 1997:
- (iv) meeting with Dr Joseph LAU of planning of Evaluation sub-committee, CEPAIDS on 15 December, 1997;
- (v) visit to the Society for AIDS Care on 4 March, 1998;
- (vi) visit to the AIDS Concern on 4 March,
- (vii) visit to Centre for Clinical Trials and Epidemiological Research of the Chinese University of Hong Kong on 12 March 1998; and
- (viii) hosting and attending four consultation meetings with NGOs and government units between January to May 1998 to discuss/collect feedback

on the Review (including the Internal Assessment Report).

ACA Newsfile

To keep members of the Council posted on the 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 task forces. Edited by the Secretary of the Council, 55 issues have been published up to July 1998.

Other publications distributed together with the ACA Newsfile include : (a) *Hong Kong* STD/AIDS Update - a quarterly surveillance report published by the AIDS Unit and the Social Hygiene Service of the Department of Health; (b) *Red Ribbon* - half-yearly publication of people living with HIV/AIDS, co-ordinated and sponsored by the AIDS Unit of the Department of Health and the AIDS Trust Fund respectively; (c) a four-monthly AIDS Bulletin prepared by the Red Ribbon Centre for youth, students and the public; (d) Networking Voice, a publication targeting students and youth; issued by the Task Force on Youth under the Committee on Education and Publicity on AIDS of the ACA; and (e) Project Mini - Mini-posters publicising AIDS information on a quarterly interval by the AIDS Unit of the Department of Health.

Going Cyberspace

The joint internet Homepage of AIDS Unit & ACA has been strengthened. The contents were fine-tuned in November, 1997 and consolidated to include main features such as: Community Programmes, HIV/AIDS Situation in Hong Kong, and information about ACA including its structure, membership as well as publications. Other information which could be obtained through the Internet include: Reporting HIV/AIDS for medical practitioners, Health Net, Press Release, Gallery, Publications, Safer Sex Trivia, and Health Services. The ACA Newsfile

can also be accessed through this revitalised HomePage. Since its commencement, the revitalised HomePage has attracted over 16,000 'visitors'. The address is http://www.info.gov.hk/aids

4. Committee on Education & Publicity on AIDS

Introduction

The Committee on Education and Publicity on AIDS (CEPAIDS) was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes. It was placed under ACA when the latter was appointed by the Governor in March 1990. CEPAIDS was originally 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, CEPAIDS was restructured to streamline its operation. The Working Group on Research and Evaluation was dissolved. a Planning and Evaluation Subcommittee was set up to undertake reviews on the local AIDS education programmes and to plan future strategies. It was to act as a 'thinktank' to CEPAIDS. The Working Group on Training of Intermediaries was also dissolved. It was considered that the training functions could generally be discharged and co-ordinated by the Department of Health and other professional bodies. The Community Working Group was replaced by the Working Group on Workplace.

Towards the third term of the ACA in August 1996, some slight changes were made and the Working Group on Workplace was dissolved as a majority of its work had been undertaken by the Government and other organizations. The 4 working groups were renamed as Task Forces to reflect their respective roles.

The restructured CEPAIDS is now underpinned by a *Planning & Evaluation Subcommittee* and four Task Forces:

Task Force on Youth
Task Force on School AIDS Education

Task Force on Media and Publicity
Task Force on Drug & AIDS

CEPAIDS has the following terms of reference:

- (a) to develop appropriate strategies on education and publicity on HIV/AIDS;
- (b) to promote education, publicity and related research on AIDS through collaboration of government departments and non-governmental organisations; and
- (c) to evaluate the effectiveness of education and publicity programmes on AIDS in Hong Kong.

Membership of CEPAIDS, its Planning & Evaluation subcommittee and the four Task Forces for the term August 1996-July 1999 are shown at Appendix A. CEPAIDS had met four times during the last one-year period as follows,

(26th meeting)
 (27th meeting)
 (28th meeting)
 (28th meeting)
 (28th meeting)
 (28th meeting)

4. (29th meeting) 21 May 1998

CEPAIDS, in implementing its publicity and educational programmes, adopts basically a target-oriented approach. The various task forces and the government units/NGOs focus on specific community groups in their conduction of tailored education programmes.

Task Force on Media and Publicity

In 1997, the media campaign carried four main foci, to tie in with the 4 seasons. China travellers were targeted in Spring. In Summer, students/ youngsters free from school were the next target: that included publicity in collaboration with Commercial Radio to

publicise safer sex in August, and survey conducted to study the attitude and behaviour of youngsters who chose to spend their holidays in the holiday villas. A new internet homepage was introduced around Autumn for bringing more knowledge and information on AIDS to families. In Winter, a sculpture featuring two red ribbons intertwined in the symbol of a heart was erected at the Central Plaza on Hong Kong Island by December 1 to arouse public awareness on AIDS, to earmark the joint effort and achievements made by AIDS workers for the care and concern for people living with HIV/AIDS, and to commemorate the World AIDS Campaign, 1997.

Parallel with the Winter focus, a Launching Ceremony of the "World AIDS Campaign 1997-The Hong Kong Project' was held at the Central Plaza, Wanchai on December 1. Five campaign partners, representing different sectors of the community, joined hands with the ACA in the call for concern over "Children living in a world with AIDS", a theme for the 1997 World AIDS Campaign. An exhibition entitled "From World AIDS Day to World AIDS Campaign" was also staged concurrently in the first floor foyer of Central Plaza from December1-7 to publicise the past World AIDS Days activities and work done by the government and community-based AIDS workers in the past. The successful launching of this activity carried a symbolic meaning: it brought to us light on collaboration with the community, hope, recognition and acceptance to those infected. Campaign partners included the Outstanding Young Persons' Association, Lions Clubs International District 303, Rotary International District 3450, Hong Kong Junior Chamber, and Zonta Club of Victoria.

Task Force on Youth

Since 1991, the Task Force on Youth (previously known as the "Youth Working Group") has 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 has been a tremendous success in two aspects. <u>Firstly</u>, the projects which are designed by young people appeal more readily to their peers. <u>Secondly</u>, in the process of implementation, the participants themselves are benefited by learning a great deal about AIDS and its impact on the community.

In 1997, 25 youth groups had filed in project proposals to the *Funding Scheme*. Of these, 21 proposals were approved. As in previous years, the Scheme was concluded by an exhibition-cum-award ceremony which was held on 28 February 1998 at the Red Ribbon Centre.

The *Funding Scheme* enters the seventh year in 1998. Successful applicants are given a ceiling amount of HK\$8,000 to implement their proposed programmes. For flexibility, the scheme has been changed to a year-round exercise since 1997 and application could be submitted at any time.

To pay tribute to the innovative projects launched under the *Scheme* in the past years, 2,000 copies of a Resource Casebook summarising more than 50 AIDS education projects reports sponsored under the Funding Scheme from 91-94 had been published in December, 1996 and were distributed to concerned members, AIDS organisations, Government Departments and NGOs. Some were also distributed to secondary schools and youth organisations. Limited copies of the Resource Casebook are still available and are distributed at the Red Ribbon Centre on a first-come-first-serve basis.

Through operating the Funding Scheme over the years, the Task Force had been able to identify and make acquaintance with 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 Task Force has been publishing a newsletter to network workers in the field. Named Networking Voice, the publication featured articles on all aspects of HIV prevention and care for young people, and was published once every four months on a regular basis. In 1997, three issues of volume 3 of Networking Voice were published. In 1998,

four issues are planned. These include the first issue with a theme on "Media & AIDS" published in January and the second issue on "Empowerment & AIDS" published in May. A third issue will be published in September with the theme of "Mobility & AIDS". Thereafter the fourth issue will be published at the end of the year in the form of a special issue focusing on the topic of World AIDS Campaign. Since the Networking Voice is receiving favourable responses and acceptance, circulation has been raised to 4,000 copies per issue, and feedback from youth workers and teachers are very encouraging with good suggestions for the future issues.

In view of successes in past years in the organisation of workshops for workers related to youth and AIDS, the Task Force has, early in the year of 1998, organised a training programme on "AIDS Education for Youth Workers" for those trained social workers who were working in outreach Teams, integrated teams, as well as in residential settings. The workshop had a full participation of 45 members. The programme of the workshop, which included strategy and model in organising AIDS programmes, methodology in carrying out AIDS related programmes for youth-at-risk, as well as skill and techniques in organising education programmes on AIDS, were well received by the participating social workers.

Task Force on School AIDS Education

The Task Force on School AIDS Education (previously known as Working Group for Schools/Students) had produced a number of education/publicity materials for distribution to students, teachers and parents in the past years. However, in view of the lapse of time, some of the information would need to be up-dated. It has therefore been recommended by the Task Force to request the Education Department to update the *Teaching Kit on AIDS for Secondary School Students and the Guidelines on the Prevention of Blood-borne Diseases in Schools.* The Education Department has successfully secured funding from the AIDS Trust Fund. Updating work is now being taken

care of by a working group formed under the Department.

To promote and disseminate information on HIV/AIDS, portable exhibition boards have been on loan to schools to facilitate staging of education programmes. Ongoing seminars on AIDS have been organized for teachers of secondary and primary schools.

AIDS/HIV has been included as a topic in regular sex education courses run by the Education Department for teachers since 1994. AIDS education for teachers will be integrated into these sex education programmes for teachers together with life skills training in the long run.

Education Department's policy on issues relating to HIV-positive pupils in schools was issued as a circular 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. This circular has helped create equal opportunities in education for students irrespective of whether they are contracted with the disease.

To enrich input to the Task Force, representatives of the tertiary students have been included in the Task Force since 1997. It is hoped that this representation will further strengthen the collaboration between the Task Force and the tertiary students.

During the year under report, a number of activities have been implemented. They include:

(a) Seminar for School Head

The seminar was jointly held with the Education Department in October 1997 at the City Hall with good responses from school administrators and subject heads; and

(b) AIDS Education Drama Festival 1997

The drama festival was successfully held between 27.9.1997 to 31.12.1997, with the theme of promoting AIDS awareness. The second drama festival will be extended to cover sex and AIDS education with the continual support from the drama experts.

Task Force on Drug & AIDS

The Task Force on Drug and AIDS (formerly known as Working Group) has been, during the report period, working closely with the Department of Health's AIDS Unit and in collaboration with other voluntary agencies such as SARDA, the Auxiliary Medical Service, and the Civil Aid Service in organising regular/ongoing AIDS prevention workshops and seminars for inpatients of drug rehabilitation centres, half-way house residents, aftercare patients, methadone users, social workers and allied workers working with drug users. Some examples of workshops and seminars held during the period are:

- (a) seminar on AIDS and Substance Abuse for Voluntary Agencies in December 1997;
- (b) two workshops for Shek Kwu Chau Rehabilitation Centre's inpatients in October,1997 and in January, 1998;
- (c) two workshops for inpatients of SARDA's Women Social Service Centre in Shatin in February and March, 1998; and
- (d) workshop for inpatients of SARDA's Women Treatment Centre in Sheung Shui in July, 1998.

On behavioural monitoring the Task Force has, since 1991, been conducting annual surveys on street drug users with the objective of monitoring their **AIDS** knowledge, awareness, attitude and behaviour over time. The 1996 survey (430 persons interviewed) showed that 20.5% respondents admitted injecting heroin regularly and sharing needles with others in the three month period prior to the survey. From the five surveys (1992-1996), it was noted that the age of the drug users had A majority of the respondents acquired AIDS knowledge from the media.

The Task Force regularly evaluated the HIV situation in drug users in HK. Under the auspices of the Department of Health, an Unlinked Anonymous Screening(UAS) for patients attending methadone clinics was started

on 1 April 1992. Up to May, 1998, 6 HIV positive cases were discovered out of 18,000 urine samples. In Correctional institutes, UAS on 9,714 inmates has been implemented, with 3 identified as HIV positive between 1992-1996. Though minimal in the overall percentage, the recent increase of HIV positive cases (increasing from 4 in 1997 to 6 in 1998) in methadone clinics is attracting concern of the Task Force.

On prevention activities, volunteers had been recruited in the collection of abandoned syringes and five such activities were held in 1997. With the collaboration of the Pui Hong Self Help Association/(PHSHA), a voluntary agency for ex-drug users, the collection exercises have been progressing well. The objectives of the project were threefold, namely:

- (a) to organise, as an environmental project, clean-up of abandoned syringes which posed as a health hazard;
- (b) to counsel drug users on the risks of using and abandoning injecting instruments, and needle-sharing; and
- (c) to disseminate HIV prevention messages.

Through the collaboration of the Department of Health's AIDS Unit and the Methadone Clinics, condoms have been made available for clients of the Methadone Clinics since May 1994. More than 5000 condoms are now distributed per month from these outlets.

Collaboration with Mainland Drug Abuse Prevention bodies also accounted for part of the work of the Task Force. In October 1997, the Convenor of the Task Force, Dr James CHIEN, was invited to a drug prevention seminar in Shenzhen jointly organised by the China Association of Drug Abuse Prevention and Treatment in Beijing and the Shenzhen Drug Addiction Treatment Centre. During the meeting, the Mainland organisers had requested that Hong Kong educational materials, posters and other publications of drug and AIDS be available in Guangdong province for education/publicity purpose.

Planning and Evaluation

In view of changing circumstances, the role of CEPAIDS and its Planning and evaluation Sub-committee were reviewed in a meeting held on 15 December 1997, and members concluded that CEPAIDS function between 1994-1997, though of good variety, had not adequately addressed strategy. It was recommended that CEPAIDS should gradually involve more on strategy development. It was also considered that issues which required to be settled by the formation of new Task Forces should be task-oriented and time-limited.

During the year a survey on "HK-China Travellers' Sexual Behaviour Project" was conducted jointly by the CEPAIDS and the Community Research Programme on AIDS, Chinese University of Hong Kong in March, 1997. The result was announced in September later the same year. The survey covered 1,200 cross-border travellers. A total of 11% admitted sexual relationship with commercial sex workers (CSW), 10% with a non-wife, non-CSW sex partner, and 18.3% had sex relationship with either of the above. Moreover, more than 30% of those interviewed admitted that they did not take safety precautions when practising high risk behaviours. Based on the results evaluated, it was recommended that:

- (a) intervention programme targeting frequent cross border travellers was required to retain low HIV prevalence in Hong Kong;
- (b) a monitoring system for assessing the risk behaviour of cross border travellers should be available;
- (c) a task force might need to be set up to ensure consistent and effective intervention programmes to tackle with the issues concerning travellers; and
- (d) there is the need to empower women to protect themselves from the threat of HIV/AIDS.

The Hong Kong Community Charter on AIDS

The Hong Kong Community Charter on AIDS is a joint programme developed by the Department of Health and the Lions Clubs International, District 303 - Hong Kong and Macau. The objectives are to enhance AIDS awareness and to encourage adoption of a non-discriminatory policy in the workplace. The project has full support of CEPAIDS.

Companies and organizations in Hong Kong, including the Hong Kong Government, have been enthusiastic in supporting the Charter by joining as signatories. As at 31 July 1998, there are 79 signatories.

In order to consolidate the Charter programme, and to enhance community support, plans are being formulated to expand the Charter by approaching companies/organisations, as well as individuals for participation.

World AIDS Campaign 1997 & 1998

Since 1988, the first of December every year have been commemorated world-wide as the World AIDS Day. Starting 1997, the World AIDS Day has been expanded into a campaign reminding people that the work on AIDS should be continued all the year round.

Since 1995, the CEPAIDS had undertaken to collaborate World AIDS Day activities in Hong Kong. The major activities conducted were a) public awareness campaigns, b) targeted education programmes, c) seminars/conference, and d) media events. For the convenience of the public, a joint programme listing activities undertaken by individual organisations on and around the World AIDS Day was published.

The theme of World AIDS Campaign 97 was "Children Living in a World with AIDS". Highlights of the Campaign include a launching ceremony on December 1. A sculpture named "Ribbon" was unveiled at the Central Plaza to arouse public awareness towards AIDS prevention and care for those infected. An exhibition entitled "From World AIDS Day to World AIDS Campaign" was also staged

concurrently in the first floor foyer of Central Plaza from December1-7 to publicise the past World AIDS Days activities and work done by the government and community-based AIDS workers during the past. The visit of Dr David HO, world renowned medical researcher on HIV/AIDS, and his lunch meeting with members of CEPAIDS and other voluntary organisations working on HIV/AIDS at the Red Ribbon Centre had built up the solidarity of local government and non-government organisations.

As in the past year, arrangement was made with the Post Office for inserting a postal slogan "World AIDS Campaign" on all local mails in the two-week period covering the 1997 event. Similar agreement will also be sought with the Post Office for printing the logo from 30 November to 12 December 1998 on local mails.

A series of activities to commemorate the World AIDS Campaign 98 will be conducted by various organisations on and around 1 December, 1998. The theme chosen by UNAIDS for the World AIDS Campaign 1998 is "Force for Change- World AIDS Campaign with Young People ". The theme emphasised the need for focusing AIDS prevention on young people since it would help to avert millions of cases in the years ahead. According to the UNAIDS Report issued on April, 1998, five young people aged 10-24 were infected with HIV every minute. It also noted that young people are not just a target group for action. They could be a resource, a force for change, by their active participation in the AIDS prevention work. The Committee is now working on a series of activities to commemorate the coming World AIDS Day. It will be characterized by an expanded community participation, and the involvement of AIDS NGOs as well as mainstream NGOs.

Collaboration with the Red Ribbon Centre

The Red Ribbon Centre (RRC), which is an education, research and resource centre working closely with CEPAIDS through providing operational support to task forces, as well as workers of HIV/AIDS, was officially opened in May, 1997. With the operation of the RRC, collaboration work between CEPAIDS and the other government/non-government organisations has been enhanced, and a number of activities organised by CEPAIDS were held at the RRC. To enhance co-operation, Rev CHU Yiu-ming, Chairman of the RRC management committee, has joined under invitation as a member of CEPAIDS to strengthen relationship between the two organisations.

CEPAIDS Calendar

For the enhancement of communication and the avoidance of duplicated efforts, a CEPAIDS Calendar summarising highlighted events of Government & NGOs is produced by CEPAIDS through the ACA Secretariat. The Calendar gives a panoramic picture of activities which will be organised in the up coming 3 months. However, in order to maintain its simplicity and conciseness, regular activities are not included.

The CEPAIDS Calendar has been put on trial in May 1997 and is now regularised and published quarterly in January, April, July and October of the year.

5. Scientific Committee on AIDS

Introduction

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 has the following terms of reference : -

- (a) to supervise and evaluate the HIV/AIDS surveillance system in Hong Kong, and to interpret trends of the epidemic;
- (b) to develop and recommend technical and professional guidelines/protocols on HIV/AIDS prevention, management and control;
- (c) to recommend training for health care professionals on all aspects of HIV/AIDS prevention and management; and
- (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 met four times last year as follows:-

- 1. (12th meeting) 25 September 1997
- 2. (Joint SCA-ASDC meeting)

10 December 1997

- 3. (13th meeting) 5 March 1998
- 4. (14th meeting) 8 June 1998

Preventing blood-borne diseases during organ/tissue transplantation

Following the findings of questionnaire survey jointly conducted by the SCA and the Hong Kong Society of Transplantation in late 1996, an article on current practice of local public institutions on prevention of blood-borne diseases during transplantation was presented for discussion in the SCA. The article was further endorsed by the ACA after deliberation and it was suggested that the article should be summarised and disseminated for the information of health professionals. The article has been submitted to and accepted by the Hong Kong Medical Journal and will be published in due course. The dissemination of the survey findings will hopefully arouse the awareness and concern of workers, especially those working in the field.

Professional guidelines

A Consensus statement on principles of antiretroviral therapy for HIV infection in Hong Kong was published in March 1998 to replace the previous one established in 1997, following the recommendation of Dr David HO. Compared with the old one, the new guide was expanded, with more description on drug regimen, viral load testing and drug adherence.

With the advice of Dr John Bartlett who is an expert in the formulation of guidelines, the Committee has discussed on the future direction of guidelines formulation regarding areas like the objectives, target audience, format, content and presentation. The aim is to develop guidelines which could better meet the needs of the end-users in the future. The guidelines on management of paediatric and prevention of perinatal HIV transmission is currently under revision.

Care to people with HIV/AIDS

The visits by Dr David HO in December 1997 and Dr John G BARTLETT in May 1998 both carried impacts on the HIV/AIDS care in Hong Kong.

At a joint special meeting of SCA and AIDS Services Development Committee, which Dr HO was the honorary consultant, the current provision of patient services was reviewed, with the Department of Health and the Queen Elizabeth Hospital, two designated AIDS clinical services in Hong Kong, presenting their work. Dr HO also gave his views on the recent advances on antiretroviral treatment and recommended directions for ACA's consideration (more details about the visit of Dr David HO is in Chapter 6).

Dr John BARTLETT was one of the external consultant of 1998 review of Hong Kong AIDS Programme. As a renowned HIV clinician, he focused on the clinical care programme, and enlightened the standard of care, quality assurance, importance of laboratory support, and psychosocial aspects of HIV/AIDS. His valuable recommendations will aid the development of clinical HIV service in the future.

HIV/AIDS surveillance and scenario

Professor James CHIN, advisor of the Scientific Committee on AIDS, reviewed the local HIV/AIDS statistics in his consultancy visit to Hong Kong in December 1997. Based primarily on the reported AIDS cases, and the results of unlinked anonymous screening of different community groups, Professor CHIN re-estimated that the cumulative HIV incidence as at the end of 1998 was 1500-2000 whereas the prevalence was 1000-1500.

Unlinked Anonymous Screening

The unlinked anonymous screening programme continued to provide supplementary information on the current HIV prevalence of various target groups. One concern noted was the apparent increased positive rate detected in the drug users attending methadone clinic: from 0.023% (1992-1997) to 0.23% (Jan-May 1998). In response to this warning signal, the Committee undertook to gather more data from different sources of drug users and also alerted prevention workers for action.

STD/HIV questionnaire survey

The Committee examined results of a questionnaire survey conducted in 1997 for all medical practitioners on the epidemiology of HIV/STD in Hong Kong. It was inferred that some 80% of all STDs in Hong Kong were taken care of by the private doctors. Urethral/vaginal discharge was the commonest presenting symptom, followed by genital growth and ulcer. It was acknowledged that a syndromic case management can be useful for treating individual patient and combating the epidemic as a whole. At the advice of the committee, a summary of the report was published in the Hong Kong Practitioners, journal of Family Physicians in Hong Kong.

Antenatal HIV testing and perinatal infection

In late 1997, release of the finding of usefulness of short course zidovudine in late pregnancy has offered new hope in the prevention of mother-to-infant HIV transmission. This has become an international hot topic, as is its related HIV testing in antenatal women. The SCA had discussed on the subject of antenatal HIV testing and come up with its stand. It was resolved that relevant information on HIV/AIDS should be delivered to all pregnant women, and HIV test should be accessible without obstacle to all antenatal mothers. Non-selective voluntary HIV testing is

AIDS Scenario & Surveillance Research (Project II)

Following the success of the AIDS Scenario & Surveillance Research (ASSR) project, the University of Hong Kong and the Department of Health undertook an ASSR project II to look at the HIV/AIDS situation at the Pearl River Delta Region, including Hong Kong, Macau, and Guangtung. Several meetings had been held to exchange information ideas, collect and analyse epidemiological and behavioural information for the different places. To consolidate the data and provide training, a Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region is under planning.

6. AIDS Services Development Committee

Introduction

In anticipation of an increasing number of HIV-infected people in the coming year, 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 has 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 membership of the ASDC is at Appendix A. The Committee has met three times last year as follows:-

1. (14th meeting) 8 September 1997 2. (Special meeting) 10 December 1997 3. (15th meeting) 27 March 1998

Dr David HO's visit to Hong Kong and his views on HIV/AIDS Services

Dr David HO, a world expert on HIV treatment (inventor of the "cocktail treatment" therapy), and TIME's Man of the Year 1996, visited Hong Kong in the second week of December, 1997. In addition to fulfilling his dual capacity as the Distinguished Visiting Scholar of

United College, Chinese University of Hong Kong, as well as the Lions Visiting Scholar 1997, Dr HO had also attended a series activities with members of ACA and its committees, as well as meeting NGO representatives and medical practitioners at separate occasions.

In attending the joint ASDC-SCA meeting held on December 10, Dr HO, as Honorary Consultant, expressed his views on treatment and care of the People with HIV/AIDS. Some of his suggestions included:

- (a) to maintain a good doctor-patient relationship so as to build trust between the two:
- (b) to issue effective guidelines to stress on key treatment principles, while flexible enough for individualised care to be delivered properly;
- (c) to conduct regular tests on viral load to guide treatment effectively;
- (d) to encourage negotiation with pharmaceutical companies for regular supply of new drugs; and
- (e) to stress the importance of upkeeping patient confidentiality, and that HIV positive individuals should be diagnosed and brought into the health care system for the good of themselves as well as the society.

In providing comments on the *Consensus Statement on Antiretroviral Therapy for HIV Infection in Hong Kong*, Dr HO supported early treatment , and considered that monotherapy should be phased out. He also stressed the importance of providing information to the patients, as well as reminding them to adhere to the therapy provided.

In the examination of other issues relating to HIV management, Dr HO expressed concern over: (a) the inadequate choice of antiretroviral drugs supplied in Hong Kong, and (b) inadequate laboratory resources in support of regular tests required.

On behalf of members attending the joint ASDC-SCA meeting, Dr Homer TSO, Chairman of the ASDC, expressed appreciation and thankfulness to Dr HO's suggestions and views expressed on major issues relating to local HIV care and treatment.

Community Based Care for People with HIV/AIDS in Hong Kong

With the rapidly evolving scientific development, HIV could no longer be considered as a fatal and uncontrollable disease. The community has to learn to live with the illness, including its impacts, for another considerable period of time. To cope with such changes, the care model for the infected and their needs have been considered by the ASDC with a view to document its present provision, its insufficiencies, as well as changes required.

The community based care concept for people living with HIV/AIDS could be viewed from at least two different perspectives: on the micro level, it addresses the needs of the people with HIV/AIDS and their families who have to take care of them. On the macro level, it encouraged the development of a caring and supportive environment with mutual help and respect from the community.

Existing community based services can be categorised as:

- (a) Home based services which include community nursing, home care nursing, home help services, transport services, as well as other volunteer care services such as escort, basic household assistance and free riding;
- (b) <u>Centre-based services</u> which include the organising of social support groups and clinical support groups. The former provides group activities such as social gatherings, outdoor activities, and interest classes; whilst the latter provides mutual support at clinics aiming at strengthening morale among people with HIV/AIDS and compliance with medical advice/instructions; and
- (c) *Institution-based* services which include respite care, rehabilitation,

terminal care, social care, and temporary hostel services.

Members recognised that there are difficulties in the development of certain community based care projects from the patients' perspective, and recommended that researches be conducted to ascertain the overall needs of the service receivers.

Evaluation of Services Provided for People with HIV/AIDS in Hong Kong

The ASDC submitted its first review report in July 1994. The report summarised 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 (see annual report 93/94) on future development.

To follow up the spirit of the review, ASDC has, in addition to examining the community based care for PHAs, continued its evaluation work in regard to the various service programmes currently provided by voluntary agencies and government clinics/hospitals in Hong Kong. Some notable services provided and discussed at the ASDC are:

(a) <u>Provision of AIDS-related services by</u> social agencies under the HKCSS -

Under the request of the ASDC, the Kong Council of Service(HKCSS) has compiled a list of additional information on provision of AIDS-related services by social agencies under the HKCSS for reference of those people in need. The services were broadly categorised into Home Help Service, Drug Treatment Rehabilitation Service. Prevention Education, Residential Service, as well as Training for Social Welfare Personnel;

(b) <u>Provision of Home Care Nursing Service</u> by the Society for AIDS Care

In order to enable AIDS patients who wished to stay at home to live a quality

life, to maintain their liaison with the hospital and the society, and to provide relief/support to the patient's carers, the Society for the AIDS Care(SAC) had started to promote the Care Team concept since October 1997. The Service has proved to be well received by patients and within the first year of its implementation, more than forty patients have benefited from the service.

(c) <u>Service Provisions of Hong Kong AIDS</u> Foundation

To respond to the changing social context of Hong Kong, and the changing needs of PHAs, the Hong Kong AIDS Foundation has provided a series of services to the PHAs including: AIDS Helpline, HIV Antibody Test, face-toface counselling, Home/Hospital Visit, Support Groups, PWA Support Fund, Referral Service, Activity Centre, Resource Centre, and publications such as newsletter and PHA Guidebook. There are also plans to expand the outreach service.

(d) <u>Clinical and Support Services provided</u> by the Queen Elizabeth Hospital

Supported by a core team of two parttime senior physicians within the Department of Medicine and two fulltime nurse specialists, the clinical service has taken care of 144 patients (end 1997). Such care concentrated on disease monitoring, prophylaxis and treatment of complications, and anti-retroviral therapies.

(e) Clinical and Support Services provided by the Yaumatei HIV Clinic

The HIV clinic of Department of health was housed in the Yaumatei Jockey Club Clinic Building and has been taking of 210 HIV positive individuals (end 1997), principally in an out-patient setting. It was managed by a designated team of doctors, nurses, a medical social worker and other support staff. Standard practice included CD4 measurement, combination antiretroviral therapy, as well as prevention and management of complications. Combination therapy has been adopted in the provision of anti-retroviral drugs.

Liaison with Service Providers

In an effort to enhance co-ordination with service providers, a Clinical AIDS Service Co-ordination group was set up in 1994 comprising representations of private hospitals, Hospital Authority, Hong Kong Dental Association, Hong Kong Medical Association, Hong Kong College of Nursing and the Department of Health. Beginning from the third term of ACA, the group has become amalgamated with the main committee. ASDC has continued to maintain close contacts with the various institutions through correspondence. In addition, visits were made to GOs and NGOs to strengthen the liaison network, and to better understand their treatment/services provided to the PHAs.

Integrated Day Treatment Centres

The Committee noted the Department of Health's intention of setting up integrated day treatment centres for providing service for patients with HIV/AIDS, sexually transmitted diseases (STD), as well as skin diseases. The first integrated day treatment centre will be accommodated in the Kowloon Bay Primary Health Care Centre and is scheduled to be completed between November/December 1998 and will come into operation before April 1999. A second integrated day treatment centre is under planning in Fanling with target completion

date in the year 2001. In view of objection received from residents in the Kowloon Bay Project, the Fanling Project will be developed with care and full consultations to local organisations. The Committee would continue to monitor the progress from time to time.

Disability Discrimination Ordinance and the Equal Opportunities Commission (EOC)

Under the joint effort of the ASDC and the Equal Opportunities Commission (EOC), the "Disability Discrimination leaflet titled Ordinance (DDO) and HIV/AIDS" under the EOC DDO series was published in early 1998. To wider publicise this law, and its protection to people against discrimination, harassment and vilification on the ground of their own disabilities, including those people with HIV/AIDS and their associates, a simplified pamphlet, in the form of bullet points, was produced by the Red Ribbon Centre for easy reference by the public, and those concerned with the development of equal opportunities to people living with HIV/AIDS.

Appendix A Membership Lists

Advisory Council on AIDS

(Third-Term Rugust 1996-July1999)

Chairman:

Dr. LAM Kui-shing, Conrad, JP

Vice-Chairman:

Dr. Margaret CHAN, JP

Members:

Ms. Carlye TSUI, JP Mrs. Eliza LEUNG
Prof. M.H. NG (from June 97)

Dr. Patrick LI

Mrs. Diana Wong IP Wai-ying

Dr. Homer TSO, JP

Sister Maureen McGINLEY

Dr. Richard TAN

Dr. Lawrence LAI, JP

Mrs. CHAN WONG Shui, Pamela, BBS, JP Prof. C.N. CHEN, JP

Mr. Walter CHAN, JP Mrs. Doris HO

(resigned in December 97) (up to April 97)

Mr. S.M. TSUI Mr. Gregory LEUNG

(up to March 97) (from April 97)

Mr. K.C. NG Mr. Patrick MAULE

(from April 97 to October 97) Mr. Y.F. HUI, JP

Mr. C.K. TAM Prof. Y.L. LAU

(from October 97) Fr. A.J. DEIGNAN

Mrs. Leslie HUNG (resigned in March 97)

Secretary:

(up to June 97)

Dr. S.S. LEE

Council Secretariat R

Mrs. YAU Sin-ying Miss Windy LAU (up to February 97) Miss Teresa TO

Mr. John YIP (up to March 97)

(from April 97) Miss Elaine SIT
Dr. K.H. WONG (from March 97)

Dr. Teresa CHOI

(from July 97)

Committee on Education & Publicity on AIDS (CEPAIDS)

Chairman: ACA Member R	Ms. Carlye TSUI, JP
Memberş	R
ACA Membersj R	Mr. Patrick MAULE
	Mrs. Diana WONG Ip Wai-ying
Health & Welfare Bureau; R	Mrs. Maureen CHAN
	(up to December 97)
	Miss Eliza YAU
	(from December 97)
Department of Health; R	Dr. Constance CHAN
	(up to April 98)
	Dr. Thomas CHUNG
	(from May 98)
	Dr. S.S. LEE
Social Welfare Department; R	Mr. FUNG Man-lok
Education Department; R	Mr. HO Chung-nin
	(up to May 98)
	Mr. HUI Tat-keung
	(from May to June 98)
	Mr. FUNG Chuen-po
	(from July 98)
Hospital Authority R	Dr. Lawrence LAI, JP
Information Services Department i R	Mrs. June TONG
	(up to February 97)
	Ms. Eva TSANG
	(from February 97)

R

Dr. Joseph LAU

CUHK Centre for Clinical Trials and Epidemiological Research;

Representative of the HK	
Haemophilia Association; R	Mr. TSE Wang-lap
HK AIDS Foundation; R	(resigned in June 98) Ms. O.C. LIN
·	(up to February 97)
	Mr. William KAM
	(from February 97)
HK Council of Social Service; R	Mr. Tony S.F. PANG
HK Memorial Quilt Project; R	Ms. Janie ROWE
	(up to March 98)
HK Sex Education Association; R	Mr. LI Man-chiu
HK Information & Drop-In Centre; R	Ms. Elijah FUNG
Society for AIDS Carej R	Miss Xanthe WONG
	(up to May 98)
	Ms. Lesley SINCLAIR
	(from June 98)
Teen AIDS R	Mrs. Atty LAI
Action for Reach Out; R	Sister Ann GRAY
AIDS Concern R	Ms. Bella LUK
Co-opt Members; R	Mr. CHEUNG Che-kwok
	Dr. James CH' IEN
	Rev. CHU Yiu-ming

(resigned in March 97)

Fr. A.J. DEIGNAN

Secretaries R

Department of Health; R Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP

(from April 97)

Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97)

Planning & Evaluation Subcommittee

(of CEPAIDS)

Co-conveners R

CEPAIDS Chairman; R Ms. Carlye TSUI, JP

CEPAIDS Member; R Dr. Joseph LAU

Members R

CEPAIDS Member; R Mr. CHEUNG Che-kwok

Department of Health; R Dr. S.S. LEE

Dr. Thomas CHUNG
(up to June 97)
Dr. Teresa CHOI
(from July 97)

Secretary R

Department of Health; R Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP
(from April 97)

Task Force on Youth (of CEPAIDS)

Convener:

CEPAIDS Member; R Mr. Billy C.O. HO

Members:

CEPAIDS Member; R Miss YAU Yuk-lan

(from February 97)

Department of Health; R	Mr. YAU Sin-ying
Беринтен ој Пешиј — К	• •
	(up to February 97)
	Mr. John YIP
	(from April 97)
	Dr. Thomas CHUNG
	(up to June 97)
	Dr. Teresa CHOI
	(from July 97)
	Miss Clara CHAN
	(up to February 97)
	Miss Anita CHU
	(from October 96)
Social Welfare Department i R	Mr. CHAN Ping-wa
	(up to February 97)
	Miss MOK Yuen-ngar, Monica
	(from April 97)
HK Children & Youth Services; R	Mr. MA Yun-kwong
	(up to September 97)
HK Council of Social Service; R	Miss Yan CHAN
	(up to November 97)
	Miss Mary YIP
	(from January 98)
HKYWCA; R	Mr. YUEN Wai-sum
Salvation Armyj R	Miss Wendy WU
Teen AIDS R	Mrs. Atty LAI
Caritas - H.K.j R	Mr. KO Chun-wa
Chinese YMCA of HKj R	Mr. Roger CHAN

Secretary R

Mr. CHAN Chiu-kwong

Department of Health; R Mr. S.Y. MAK

Co-opt Memberi R

Task Force on School AIDS Education (of CEPAIDS)

Convener	R
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CEPAIDS Memberi R

Mrs. Atty LAI

Members R

ACA/CEPAIDS Member; R Mrs. Diana WONG IP Wai-ying

Department of Health; R Dr. S.S. LEE

Dr. Thomas CHUNG (up to June 97)

Dr. Teresa CHOI

(from July 97 to November 97)

Dr. Tinny HO

(from November 97)
Ms. Victoria KWONG
(up to November 97)

Ms. Anita CHU

(from January 97)

Mr. John YIP

Education Department; R Mr. HO Chung-nin

(up to May 98)

Chinese University of Hong Kong; R Mrs. Pauline KAN

HK Institute of Education; R Ms. Carole TANG

HK Professional Teacher's Union R Mr. CHAN Hon-sum

HK Sex Education Association; R Mr. LI Man-chiu

HK Technical College; R Ms. Donna LO

Mr. Martin YEUNG

Teen AIDS R Mr. Terence CHANG

Tseung Kwan O Government Secondary School; Rirs. Gloria YU WAN Oi-man

Vacational Training Council; R Mrs. Rhoda WONG

Secretary R

Education Department; R Mr. HUI Tat-keung

(up to June 98)

Task Force on Drugs & AIDS (of CEPAIDS)

Convener:

CEPAIDS Member; R Dr. James CH' IEN

Members:

Community Drug

Advisory Committee R Mr. Joe PIANPIANO

Finnish Missionary Society; R Mr. Paul TSANG

(resigned in July 98)

Government Secretariat, Narcotics

Division R Mr. Kenneth NG

HK Council of Social Service; R Mr. Augus LAM

(up to January 98)

Miss Joanne WONG

(from January 98)

Medicsins Sans Frontier R Mr. Thierry TAXEAUX

(up to July 97)

Ms. Gilla NEMAYECHI

(up to July 97)

Mr. John BRINDLE

(from July 97 to December 97)

Dr. Paula CALLAHAN

(from July 97 to December 97)

Miss Milagros TAN

(from October 97 to December 97)

Pui Hon Self-Help Association; R Mr. LEUNG Ping-shing

S.A.R.D.A.; R Miss Cherry LEE

(up to October 97)

Miss Eva LEUNG

(from October 97)

Dr. C.Y. SAM

St. Stephen's Society Hang Fook Camp R Mr. Timothy KWAN

(up to July 98)

Mr. Patrick GRAHAM

(from July 98)

The Society for the Rehabilitation

of Offenders, H.K.; R Mr. FUNG Cheung-tim

Wu Oi Christian Centra R Mr. CHAN Shun-chi, Peter

Mr. LEE Fai-ping

Correctional Services Department; R Dr. TU Chie-tsing

(up to July 98)

Dr. K.H. TAN

(from July 98)

Department of Health; R Miss Florence YIU

(up to May 97)

Ms. CHENG So-kwan

(from June 97)

Dr. K.H. WONG

Miss Amelia LAU

(up to October 96)

Miss Jennifer AU

(from October 96 to April 98)

Miss Elsie CHU

(from April 98)

Mr. S.Y. MAK

(up to July 97)

Mr. John YIP

(from July 97)

Dr. S.S. LEE

Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97)

Dr. Y.W. MAK

Secretary R

Department of Health; R Miss Selina WONG

(up to December 97)

Miss Carol YEUNG

(from December 97)

Task Force on Media and Publicity (of CEPAIDS)

Convener:

CEPAIDS Member; R Mr. CHEUNG Che-kwok

Members:

Department of Health; R Dr. S.S. LEE

Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97)

Ms. Victoria KWONG

Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP

(from April 97)

Government Information Services; R Mrs. June TONG

(up to February 97)

Ms. Eva TSANG

(from February 97)

Ms. Diana KAM

(from July 97)

Mr. Edwin HUNG

(from July 97)

Miss Michelle LIU

(from March to July 97)

Ms. May CHEUNG

(up to March 97)

Secretary R

Government Information Services; R Miss Kitty LEUNG

(up to July 97)

Miss Michelle LIU

(from July to December 97)

Miss Robin WONG

(from January 98)

Scientific Committee on AIDS (SCA)

Chairman:

ACA Member; R Professor M.H. NG

Vice-Chairman:

ACA Member R Professor Y.L. LAU

Members:

ACA Members; R Dr. Patrick LI

Dr. Homer TSO, JP

Chinese University of Hong Kongj R Professor C.N. CHEN, JP

Professor S.H. LEE, JP

HK Dental Association; R Dr. Nancy B.S. CHAN

HK Medical Association; **R** Dr. C.F. LAI

HK Red Cross Blood Transfusion Service; R Dr. LIN Che-kit

Queen Elizabeth Hospital; R Dr. Dominic TSANG

Queen Mary Hospital; R Miss Patricia CHING

Dr. Brian JONES

S.A.R.D.A.; R Dr. J.B. HOLLINRAKE

The Family Planning Association of H.K.; R Dr. Susan FAN

The Society for AIDS Carej R Dr. Emma Bowen SIMPKINS

(up to February 98)

Dr. David HENDERSON

(from February 98)

Correctional Services Department; R Dr. C.T. TU

(up to March 98)

Dr. TAN Kaw-hwee

(from May 98)

Department of Health; R Dr. K.M. KAM

Dr. S.S. LEE

Dr. W.L. LIM, JP

Dr. K.K. LO

Dr. TAM Cheuk-ming

Advisers:

UC Berkeley R Professor James CHIN

Hong Kong University; R Professor S.L. WONG

Secretaries:

Department of Health; R Dr. K.H. WONG

Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP

(from April 97)

AIDS Services Development Committee

(ASDC)

Chairman:

ACA Member R Dr. Homer TSO, JP

Members:

ACA Members; R Sister Maureen McGINLEY

Dr. Richard TAN

Health & Welfare Bureau; R Mrs. Maureen CHAN

(up to December 97)

Miss Eliza YAU

(from December 97)

Department of Health; R Dr. K.H. MAK

(up to March 97)

Dr. Y.C. LO

(from March 97 to December

97)

Dr. Constance CHAN

(from December 97 to April 98)

Dr. Thomas CHUNG (from May 98)

Dr. S.S. LEE

Social Welfare Department; R Miss Ann HON

(up to September 97)

Mrs. Diana TSANG

(from September 97)

Equal Opportunities Commission; R Mr. Frederick TONG

Hospital Authority; R Dr. Lawrence LAI, JP

HK AIDS Foundation; R Ms. O.C. LIN

(up to June 97)

Ms. Rene KO

(from June 97 to November 97)

Miss Yan CHAN

(from November 97)

HK Council of Social Service; R

AIDS Advocacy Alliance G Mr. Brett WHITE

(from June 98)

Mr. Tony S.F. PANG

Representative of HK

Haemophilia Association; R Mr. TSE Wang-lap

(resigned in June 98)

AIDS Concern R Mr. Graham SMITH

Caritas - H.K.; R Mr. KO Chun-wa

Co-opt Members; R The Hon. LIU Sing-lee

Mr. Andrew LO
Mr. MAK Hoi-wah
Dr. Patrick WONG
Mr. Vincent YEUNG

Secretaries:

Department of Health; R Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP

(from April 97)

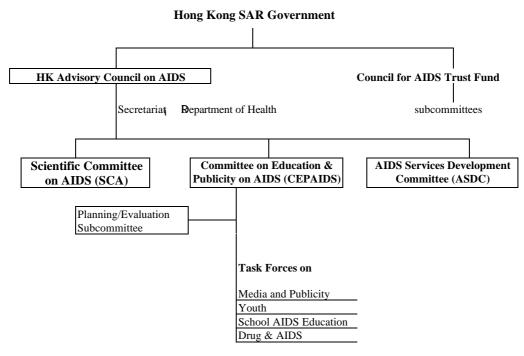
Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97)

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



Operational government departments and public organizations (major ones) R

Department of Health
Information Services Department
Education Department
[Hospital Authority]
Social Welfare Department
Correctional Services Department

Non-governmental organizations (on AIDS) R

Hong Kong AIDS Foundation
AIDS Concern
Society for AIDS Care
HIV Information & Drop-In Centre
TeenAIDS
AIDS Project, H.K. Council of Social Service
Action for REACH OUT
AIDS Advocacy Alliance

ACA Secretariat

Address

:Department of Health 1/F, Wang Tau Hom Jockey Club Clinic 200 Junction Road East

Lok Fu Kowloon

: (852) 2304 6100 : (852) 2337 0897 Tel Fax