

Preface

This is the sixth annual report of the Advisory Council on AIDS compiled by the Council's Secretariat. It is also the last report of the current term of ACA starting from 1 August 1996 to 31 July 1999. 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 local programmes.

1998 earmarks an important advancement for the Council as it had successfully conducted a full-scale review of the AIDS programmes and situation in Hong Kong, the first of its kind ever conducted here. And, based on situation revealed by the Internal Assessment, and advice of the External Consultancy Report, Hong Kong's AIDS Strategies for the years of 1999-2001 were established. In addition, through proposing and establishing the Community Planning Process, the Review had laid down a foundation for wider and more comprehensive co-operation with the communities and groups which had shown interest and care on, or knowledge of, HIV/AIDS. They included epidemiologists, behavioural scientist, members of mainstream/AIDS-specific non-government organisations (NGOs), representatives from vulnerable communities, as well as people living with HIV/AIDS. These people will form a technical committee to draw up specific activities in key areas and identifying capacity needs.

On the other hand, with the strengthening of ties between Hong Kong and its motherland, ACA has, through the Red Ribbon Centre (RRC), provided and exchanged AIDS information with the Mainland. The RRC was further invited to become the UNAIDS Collaborating Centre for Technical Support in December 1998. To document the progress of Hong Kong's AIDS programme, this report summarises all activities undertaken by the Council and its committees/Task Forces in the past one year or so. 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, NGOs and other parties involved in AIDS prevention, care and control in Hong Kong.

Secretariat
Advisory Council on AIDS
Hong Kong
July 1999

Table of Contents

Preface		1
Table of Contents		2
Chapter 1:	HIV/AIDS Situation in Hong Kong	3
Chapter 2:	Historical Development of AIDS Programme in Hong Kong	8
Chapter 3:	Advisory Council on AIDS	12
Chapter 4:	Committee on Education & Publicity on AIDS	17
Chapter 5:	Scientific Committee on AIDS	24
Chapter 6:	AIDS Services Development Committee	27
Appendix A:	Development of AIDS Strategies in Hong Kong	31
Appendix B:	ACA Review 1998	32
Appendix C:	Membership Lists	33
Appendix D:	Organizational Structure of Hong Kong' s AIDS Programme	52
Appendix E:	Gallery	53

1. HIV/AIDS Situation in Hong Kong

Introduction

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

HIV/AIDS Situation

HIV/AIDS epidemiology in Hong Kong is monitored by the Department of Health with data regularly collected through three mechanisms: (1) voluntary reporting, (2) unlinked anonymous screening, and (3) seroprevalence monitoring of selected groups.

Voluntary Reporting

The voluntary reporting system was started with the first case of HIV infection diagnosed in November 1984. As of the end of March 1999, a total of 1192 HIV infection had been reported to the Department of Health AIDS Unit. Among them, 390 had progressed to AIDS. The numbers of HIV infection reported in the years 1996, 1997 and 1998 were 134, 181 and 189. The reported annual new AIDS patients was 70, 64 and 63 for the year 1996 to 1998 respectively. The decrease in AIDS, and its mobility, could have been contributed by the advance in combination anti-HIV treatment - Highly Active Antiretroviral Therapy (HAART).

Concerning the demographic characteristics, males are still the predominantly affected ones, although female infections are also increasing considerably especially in recent years. In 1994, the

male to female ratio was 6:1, it has since narrowed to 3:1 in 1998. The ratio has further dropped to 2.3:1 in the first three months of 1999.

As expected, ethnic Chinese occupies the majority of reported HIV infections in Hong Kong, up to 69% of the cumulative figures. For the non-Chinese population, other Asian ethnicity is becoming more important in the recent years, and has reached a cumulative of 13% of all cases.

Sexual contact remains to be the most important mode of transmission, accounting for eighty-two percent of cumulative total. Since 1994, the proportion of heterosexual transmission has been ranging between 65% to 70% of all annual reported infections, whereas 12-25% reported themselves as homo- or bisexuals. There was, in mid-1997, one infection resulted from infusion of an HIV-contaminated blood unit. This is the only case detected since the Hong Kong Blood Transfusion Service adopted universal blood screening and donor deferral procedures in 1985. Seventeen HIV infections have been reported among injecting drug users. One new perinatal infection was reported in the first quarter of 1999, adding the total number of mother-to-baby transmission to seven. Four of these have progressed to AIDS.

Seroprevalence monitoring: Unlinked anonymous screening

Unlinked anonymous screening in Hong Kong has been started since November 1990. HIV seroprevalence in newborns was 0.02% in 96 but zero in 1997. The total number of neonatal samples tested in 1998 was 3,031 and the HIV seroprevalence was 0.03%. Seroprevalence in methadone users is also low, in the range of 0.02% to 0.04% from 1994 to 1996, and zero in 1997. However, the figure raised to 0.2% in 1998 which is

a concern. Prevalence in patients attending Tuberculosis treatment clinics and correctional institute inmates have demonstrated a rate at 0.2% in 1997. However, the figures raised to 0.48% and 0.25% respectively in 1998.

Seroprevalence monitoring: STD clinic clients and blood donors

The public STD clinic (Social Hygiene Clinic) clients are regularly being offered individual HIV counselling and voluntary HIV testing. The new case detection rate has been stable at about 0.07% over the past few years. Twenty-seven new infections were detected in 1998.

As for blood donors, seven HIV positives were detected among the 200,197 blood units screened by the Hong Kong Red Cross Blood Transfusion Services in 1998. This approximates to 3.5 per 100,000 blood units screened.

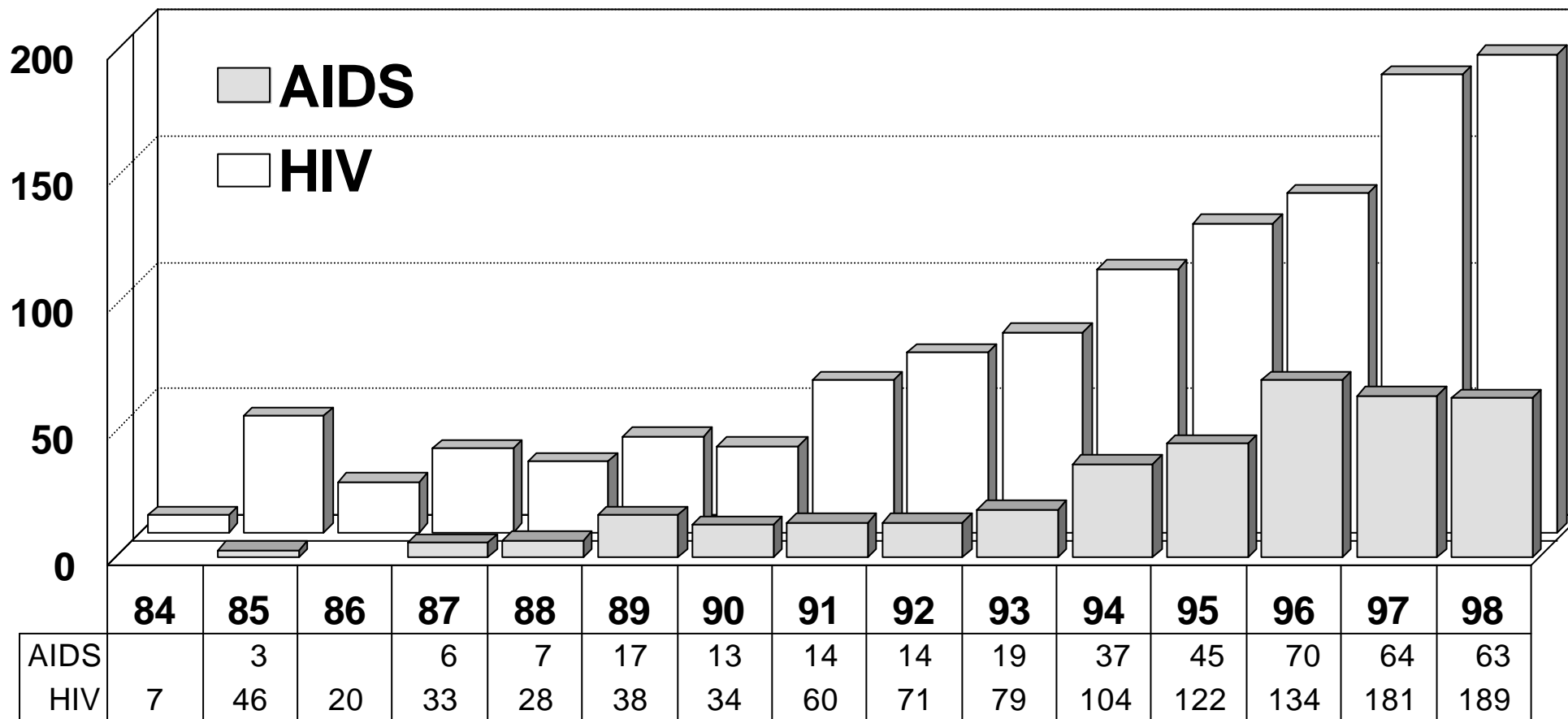
STD Surveillance

The Social Hygiene Clinic collects information on the pattern and trend of STD seen at public service. The number of new incidence of STDs recorded was 26768 in 1998, an almost 30% rise from that of 20724 in 1997. Non-gonococcal urethritis/non-specific genital infection was the commonest disease, followed by genital wart and gonorrhoea. The findings indicated the persistence of high risk sex behaviours in the society.

Annual Reported HIV/AIDS

1984 - 1998, Hong Kong (N=1146)

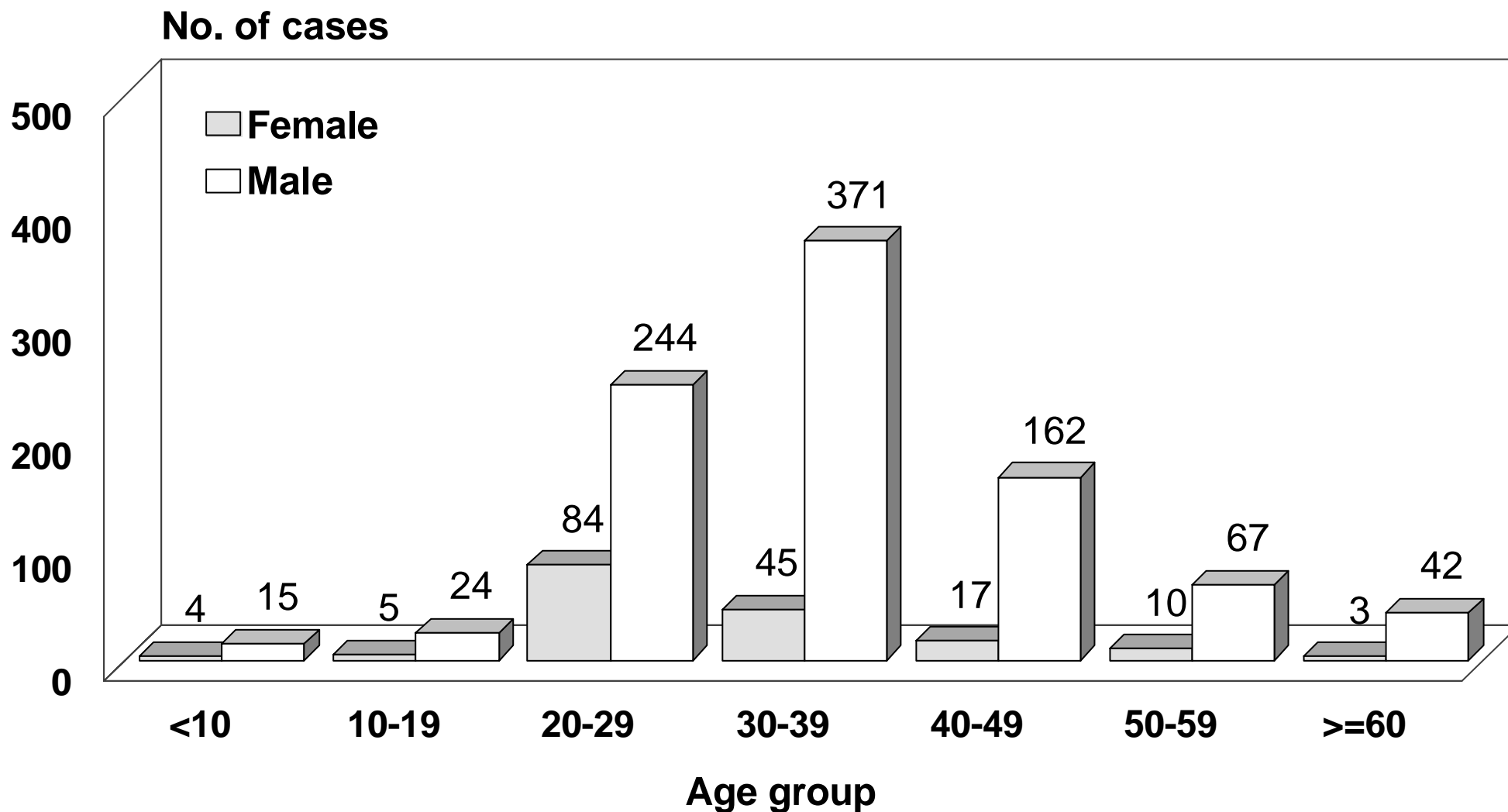
No. of cases



Year

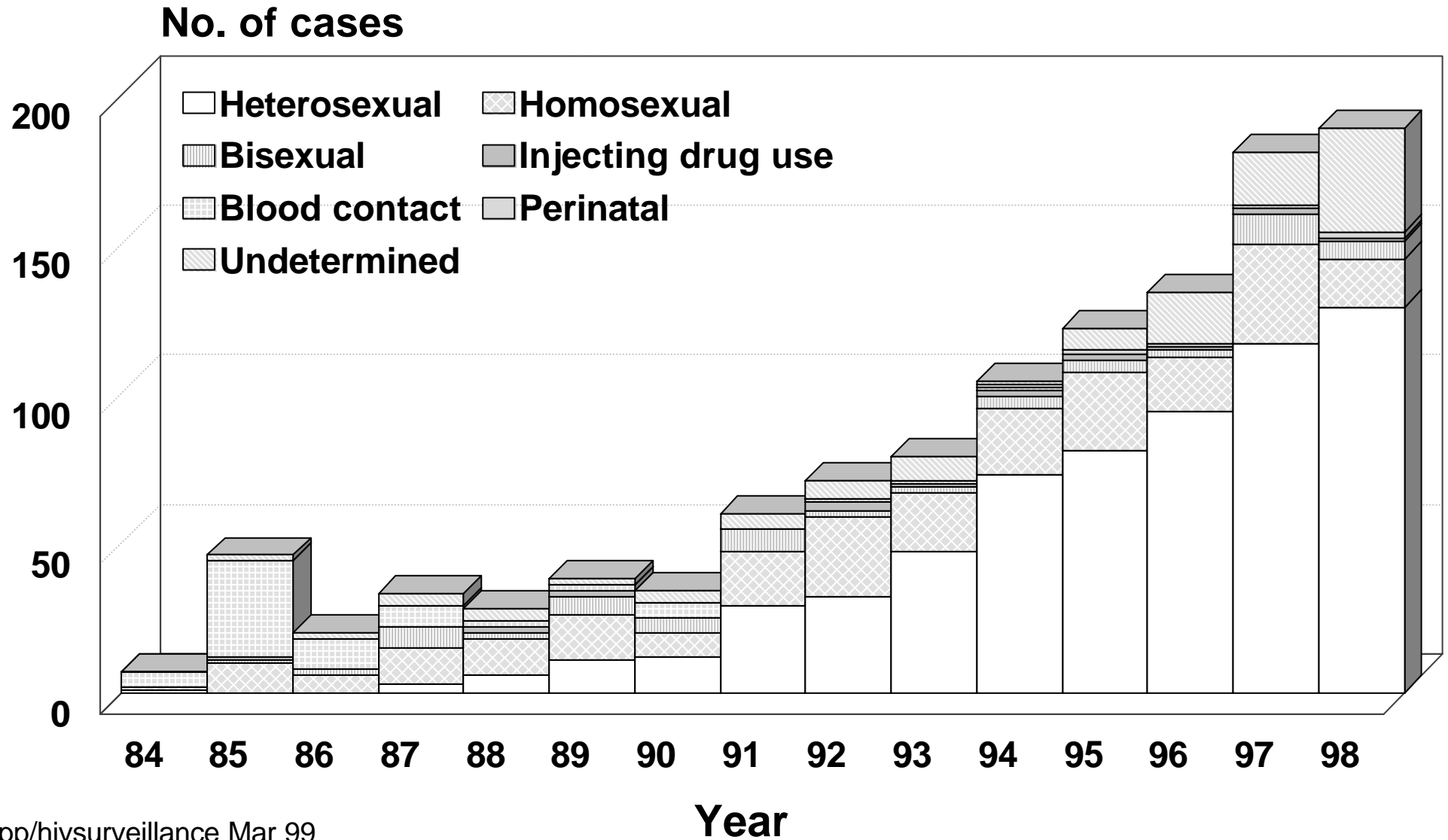
Age distribution of reported HIV infection

1984 - 1998, Hong Kong (N=1146)



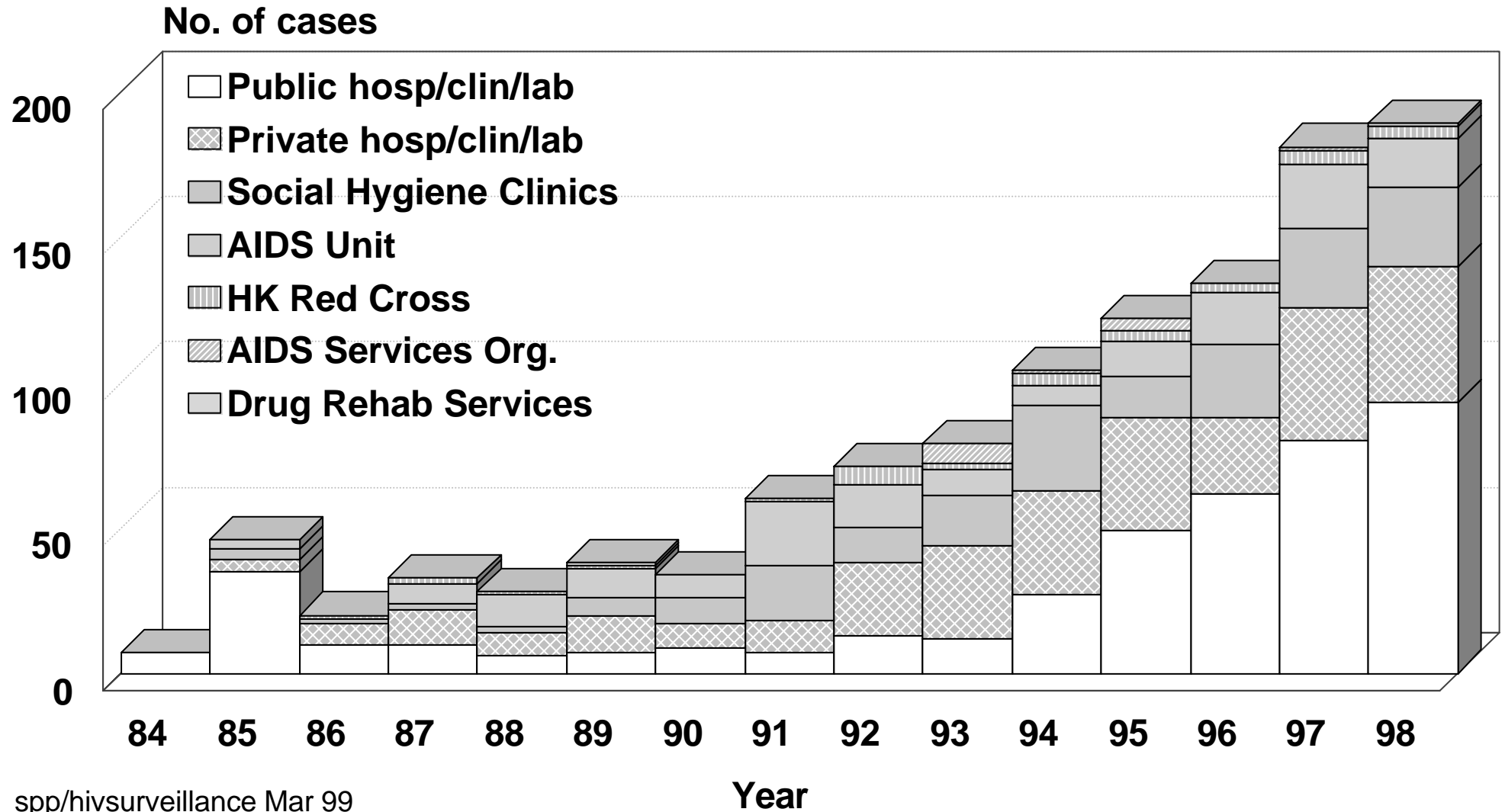
Route of transmission of HIV infection

1984 - 1998, Hong Kong (N=1146)



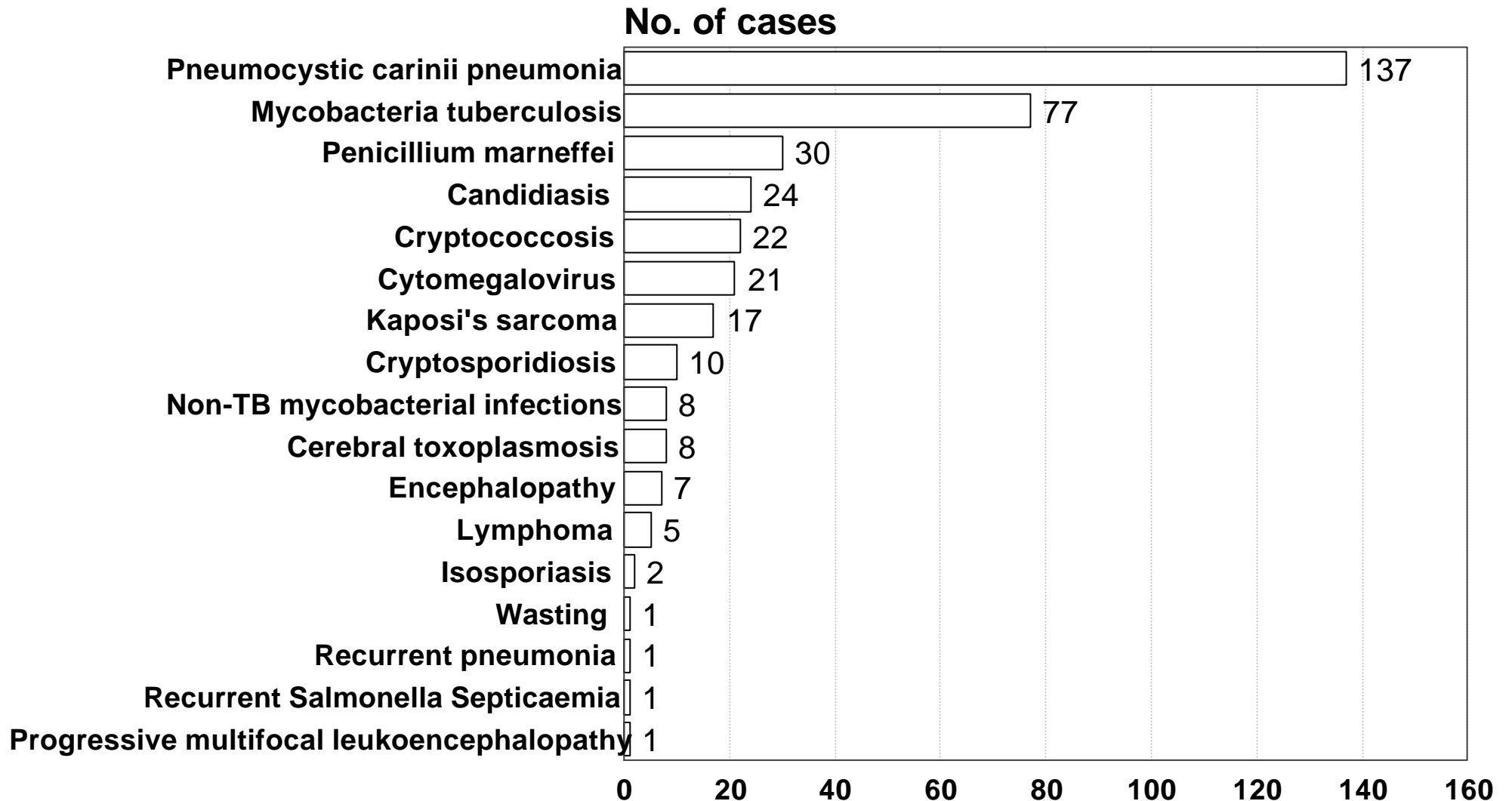
Source of referral of HIV infection

1984 - 1998, Hong Kong (N=1146)

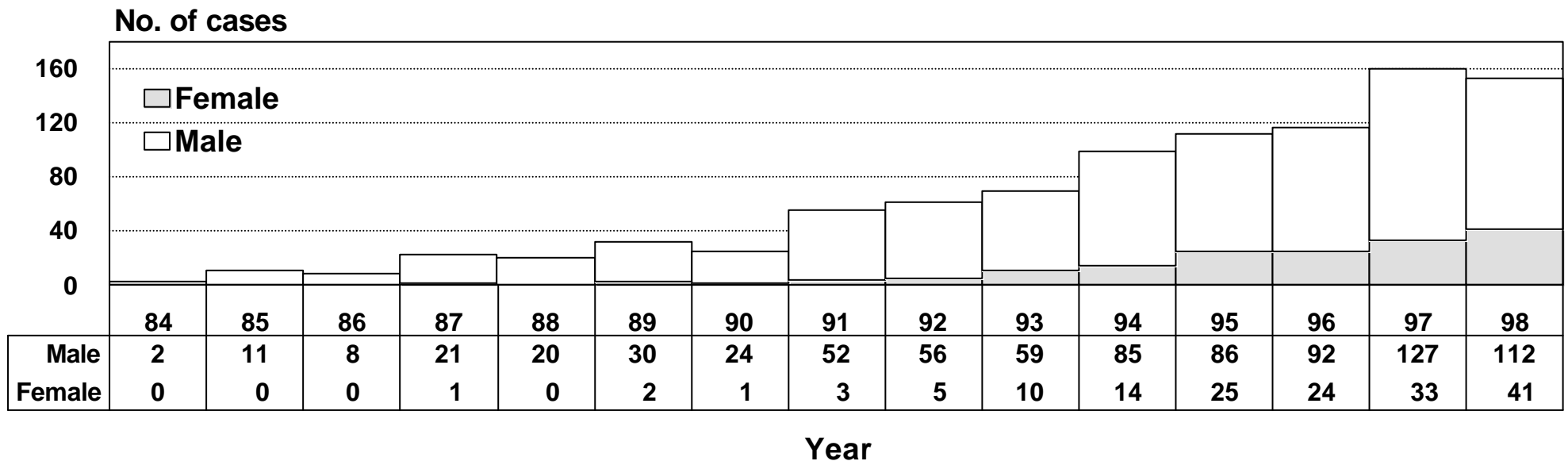
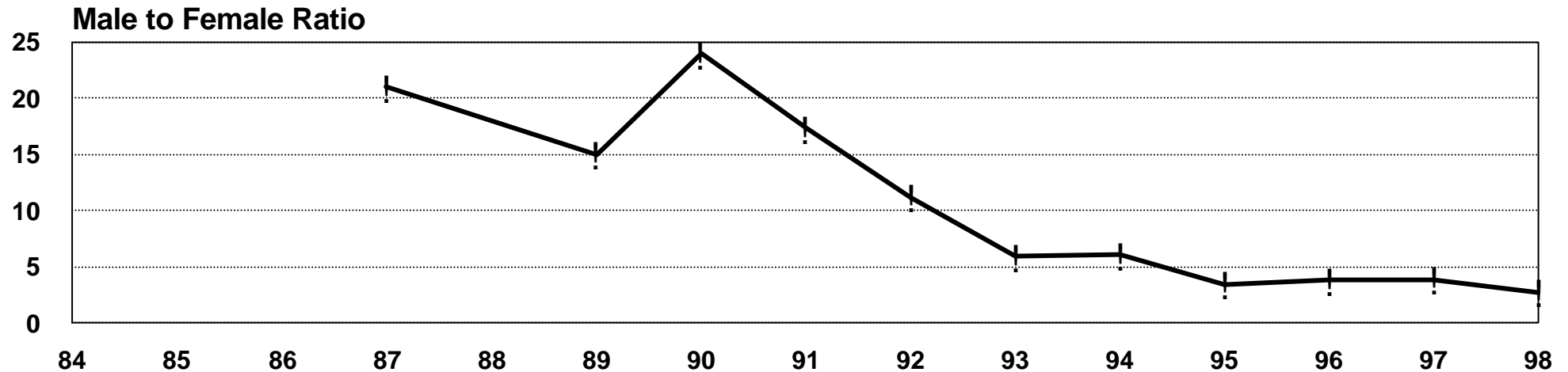


Primary AIDS-defining Conditions

Hong Kong 1985 - 1998 (N=372)



Reported HIV Infection through Sexual Transmission* by Sex (1984 - 1998) Hong Kong



2. Historical Development of Hong Kong's AIDS Programme

The development of the Hong Kong AIDS programme 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, ACA published its first official strategy document titled *Strategies for AIDS Prevention, Care & Control in Hong Kong*, which formed the blueprint for policy formulation in the Government as well as community organisations.

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.

By 1997, it was felt necessary that the strategies applied since 1994 be brought updated to cope with the changes of the society. Such changes included wider participation from the community, growing needs of the people living with HIV/AIDS, and longer life of patients as a result of the advancement of medical treatment. After discussion, it was considered that an overall review of Hong Kong's AIDS programme and situation, instead of piece-meal amendments, should be the right track to follow. Therefore, a fundamental review, including an

internal assessment and an external review, were conducted in 1998, with the results and recommendations submitted to ACA in July 1998. Based on findings of the Review, ACA formulated its second official strategy document titled *AIDS Strategies for Hong Kong 1999-2001* in the same year (Appendix A). To tie in with the strategies formulated, a total of ten targets, ranging from early targets, through-period targets, and end-of-period targets were set up for implementation through the years 1999-2001. They were

(a) Early targets

Target One: A community planning process will be initiated to strengthen the coordinated response of Hong Kong towards HIV prevention and care, with the active role assumed by the community in its planning. Its mechanism should be developed in consultation with community organisations and people living with HIV/AIDS.

Target Two: The Council for the AIDS Trust Fund will be advised to review its technical review process and evaluation mechanisms, taking into consideration the recommendations made in the external consultancy report.

Target Three: A plan will be proposed to strengthen the role of the Advisory Council on AIDS, and to streamline its operation to carry forward the strategies developed for 1999-2001, guided by the principles and objectives so established.

(b) Through-period targets

Target Four: The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation.

Target Five: The community planning process will be supported, and the mechanisms of its operation evaluated for consolidation and refinement to improve its future development.

Target Six: Prevention strategies on vulnerable populations will be developed. The main objectives are to stimulate interest in and bridging with the community, and to catalyse development of intervention efforts. Strategy

development is a dynamic process requiring community input, ongoing evaluation and refinement.

Target Seven: The HIV surveillance system shall be strengthened in the collection, analysis and dissemination of epidemiological information. The system shall be expanded to incorporate STD surveillance and behavioural monitoring.

Target Eight: Clinical HIV management shall become developed as a specialist care programme with an integration of medical, laboratory and support services. The system should be supported by the enhanced participation of medical practitioners of all disciplines towards improved diagnosis and shared care.

(c) End-of-period targets

Target Nine: The progress on the implementation of AIDS strategies over the three-year period (1999-2001) will be reviewed, which would provide input for planning the strategies for the next three to five years.

Target Ten: The epidemiological and related behavioural situation on HIV/AIDS should be assessed to form the scientific basis for steering the development of medium and long term strategies on HIV/AIDS prevention and care in Hong Kong.

Various support to Hong Kong's AIDS programme is shown in Appendix B.

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: Firstly, 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 increasing in the recent few years. Prior to 1997, this 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 was formed chiefly for providing AIDS services and prevention, while the later involved AIDS as part of its scope. Following the publication of the *AIDS Strategies for Hong Kong 1999-2001*, community involvement has taken a different meaning. In addition to addressing the AIDS (-specific) and non-AIDS (-specific) organisations above, it is also taken to include focuses on the vulnerable communities, and promoting community acceptance.

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 co-

ordinates activities of AIDS NGOs and other community organisations since 1994.

Those vulnerable groups as identified by the External Consultancy Report and requiring special attention include: travellers to and from Mainland China, men having sex with men, youth, injecting drug users, commercial sex workers and clients, and STD clinic attendees. Co-operation of the NGOs and the vulnerable groups are made possible through developing the common goal of Community Planning.

In December 1998, the Red Ribbon Centre, which has close tie with ACA in organising local AIDS activities, was invited to become a UNAIDS Collaborating Centre for Technical Support. This has strengthened the relationship between the Council and the UNAIDS through partnership and co-operation.

The roles to be served by the UNAIDS Collaborating Centre are : (a) Clearinghouse, (b) networking (c) technical development, and (d) collaboration. The relationship of Hong Kong's AIDS programme and that of Mainland Region could be strengthened through the Centre.

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 C.

With the objective 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 had since become the blueprint of Hong Kong's AIDS strategy as endorsed by the Advisory Council. The terms of reference of the current term 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 (Appendix C). 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 four times during the reporting period as follows :

1. (26 th meeting)	11 September 1998
2. (27 th meeting)	18 December 1998
3. (28 th meeting)	19 March 1999
4. (29 th meeting)	16 July 1999

Follow-up on Review of Hong Kong's AIDS Programmes

With the completion of the overall review on Hong Kong's AIDS situation and programmes in June 1998, an External Consultancy Report was submitted to ACA for discussion. To enable members to understand more about the recommendations, a Briefing Session was arranged earlier before the meeting for Dr Tim BROWN, one of the external consultants, to meet and explain to ACA members, as well as members of its committees and representatives of the NGOs, on contents of the Report. A special ACA working group meeting was also held on 30 July 1998 to discuss on the overall strategies required for meeting recommendations and changes made known by the Internal Assessment and the External Consultancy Report. During the meeting, a total of 10 target areas were agreed, which covered some of the important developments such as (a) the community planning process, (b) strengthening prevention and care programmes, and (c) focusing on evaluation and monitoring. Based on discussions above, the *AIDS Strategies for Hong Kong 1999-2001* was drafted and later adapted by ACA as strategies recommended for Hong Kong in the coming three years. To follow-up with these developments, certain main areas were highlighted and discussed in the ACA meetings. These include:

- (a) AIDS Strategies for Hong Kong 1999-2001;
- (b) establishing a Community Planning Process;
- (c) redefining the role of the Council;
- (d) re-structuring of committees under the Council; and
- (e) supporting programme directions by the AIDS Trust Fund.

(1) AIDS Strategies for Hong Kong 1999-2001

The draft *AIDS strategies for Hong Kong 1999-2001* was tabled for discussion at the 26th ACA meeting held on 11 September 1998 and was endorsed by members. It was well accepted because it reflected clearly recommendations put forward by the Consultancy Report. The ten target areas mentioned in the draft strategies, ranging from (a) early targets, (b) through-period targets, and (c) end-of-period targets were also considered workable and within a clear framework. With the endorsement of the ACA, these strategies became Hong Kong's blueprint on the work of AIDS for the future three years.

(2) Establishing a Community Planning Process

A proposal was put up by the Hong Kong Coalition of AIDS Services Organisations (HKCASO) for implementing the Community Planning Process (CPP) in September 1998. The proposal, though in line with recommendations put up by the Consultancy Report, had provided only a framework for carrying out the CPP. It was therefore considered that the proposal should be fine-tuned to make it workable through (a) defining the priority areas; (b) formation of a Community Planning Committee (CPC) with a clear indication of the membership, chairmanship and principles for their selection; (c) providing an interface between the new CPC and ACA; (d) appointing members from the vulnerable communities; and (e) setting the time frame for implementation.

To enable the smooth running of the preparatory work, members of the HKCASO formed a working group, with individual ACA members in attendance to provide technical support and advice. After two formal meetings and a series of informal meetings, the working group was able to present its revised proposal to the ACA at its 27th meeting held on 18 December 1998: with the Terms of Reference for the CPP, and proposed membership of the CPC.

At the 28th meeting held in March 1999, members noted that the Working group had

progressed to the establishment of a secretariat in planning and executing the CPP work, including the setting up of the CPC. A funding proposal was also prepared for seeking funding support from the Council for the AIDS Trust Fund. Members also noted that the CPP had begun stepping up liaison work with the vulnerable groups.

(3) Re-defining the role of ACA

The main role of the Council had been discussed at the ACA meeting held in December 1998. Whilst most of the members considered that ACA should retain its advisory nature, there were also proposals that the ACA should (a) put more emphasis in re-structuring its committees, such as to combine the prevention and care work, and the establishment of a committee to promote acceptance; (b) to enhance partnership with the community; and (c) to strengthen support to the ethical issues by appointing ACA member(s) with philosophy, psychology and/or psychiatry background. Members were in general supportive to retaining the secretarial service provided by the Department of Health.

(4) Re-structuring of committees under the Council

One change proposed by the Consultancy Report for the ACA was to re-structure its committees so that they could function in line with the changing priorities in the Hong Kong environment. These changes include: (a) a Committee targetted on Prevention and Care would replace the existing Committee on Education and Publicity on AIDS, and the AIDS Services Development Committee; (b) the Scientific Committee on AIDS to be retained to continue with its existing emphasis on technical and clinical issues, surveillance, and epidemiology; and (c) a new Committee on Promoting Acceptance of People Affected by HIV/AIDS to be formed to influence people's attitude towards people with HIV/AIDS, and to create a supportive environment.

Members in principle supported the proposed changes. However, regarding the formation of the third committee on promoting acceptance to people affected by HIV/AIDS, there was opinion that

the scope could be widened to include ethical issues as well.

(5) Supporting programme directions by the AIDS Trust Fund.

The Consultancy Report suggested that the Council for the AIDS Trust Fund (ATF) should apply criteria for funding from the ATF, so that the most essential activities were carried out and evaluated, additional resources mobilised, and capacity building effected. The ATF had taken note of the proposals of the External Consultancy Report. They also agreed to support HIV/AIDS projects on a longer-term basis.

Collaboration between Hong Kong and the Mainland/Macau

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

- (a) *Project collaboration:* An example was the “Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region” jointly organised by the University of Hong Kong, Macau Association of General Practitioners, and the Macau Medical and Health Department between December 11-12, 1998. Dr S S Lee, Secretary of ACA, was invited to present during the plenary session. Other presenters including Prof James Chin of UC Berkley, and Dr Tim Brown of the East West Centre, Hawaii. The workshop was well-attended by professionals working on surveillance and Epidemiology from the Pearl River Delta Region, including Guangdong, Hong Kong and Macau. There was active sharing of information and experience to enhance understanding and promote future collaboration.
- (b) *Visits:* During the period, several visits had been arranged for Chinese delegates from Mainland to visit Hong Kong for experience sharing, and for exchanging views on the prevention & care of HIV/AIDS. An example was the group of ten

Mainland experts from the various ministries from Peking who visited Hong Kong between 19-21 August 1998. The group was on a study tour to take reference from Hong Kong’s programme on AIDS, with emphasis on harm reduction. With the growing relationship between Hong Kong and the Mainland after 1997, it is expected that such co-operation and collaboration will continue to increase.

- (c) *Lions Red Ribbon Fellowship Scheme:* The scheme, with a view to supporting Mainland professionals to further their professional development or research on HIV/AIDS control in Hong Kong, is established by Red Ribbon Centre with sponsorship from the Lions Clubs International Hong Kong and Macau District 303. The objectives are to facilitate experience sharing between the mainland and local AIDS workers, so as to enhance their technical exchange on HIV/AIDS control. It also serves to encourage collaboration and networking. The first scholar from the Mainland was Prof SHAN Guangnai who stayed in Hong Kong between March and April, 1999. During his stay, Prof SHAN delivered a talk on “Prostitution Problem and Situation in China” on 9 April 1999 at the Red Ribbon Centre.

Conferences

Following the World AIDS Conference held in Geneva, Switzerland between 27 June and 3 July 1998, an exhibition of the presentations made by Hong Kong delegates was staged at the Red Ribbon Centre in August for the benefit of those who did not have the opportunity to take part in the Conference.

Between November 13-19, a Conference on “Prevention of AIDS in Asia – an update” hosted by the Harvard AIDS Institute and HOPE Worldwide Health Corps was staged in Hong Kong. ACA was invited as the local partner of this international event. The Conference was a success with a total of 349 attendees taking part in the Conference, including 215 overseas delegates from 18 nations, 41 from the Mainland, and 57 from Hong Kong. Local

participants, including ACA members, were partially sponsored by the Council for the AIDS Trust Fund in attending the Conference. Dr Homer TSO and Dr S S LEE, both from the ACA, were invited as speakers during the faculty presentations.

Meanwhile, the ACA is planning to take part in the forthcoming Fifth International Congress on AIDS in Asia & the Pacific to be held in Kuala Lumpur later in October this year.

Hong Kong AIDS Conference

The first Hong Kong AIDS Conference was organised by the ACA in November 1996. Since then, there have not been further local conferences of the same scale and nature in Hong Kong. Following the Review on Hong Kong's AIDS Situation and Programmes, and in line with the call for partnership and local participation, ACA agreed that organisation work for the 2nd Hong Kong AIDS Conference to be released to locally interested parties, including NGOs and other institutions. Initially, it was hoped that the Conference could be organised within 1999. However, due to some circumstantial factors, this cannot be accomplished.

Overseas Visitors

During the reported period, there were numerous overseas visits to Hong Kong from HIV/AIDS experts and personnel from other parts of the world. The more familiar names were Dr Robert Newman, MD, MPH, who visited Hong Kong between September 23-24, 1998 as the Lions Visiting Scholar 1998, and delivered a seminar on "*Methadone Treatment and Harm Reduction in Narcotics Abuse: current situation and future perspectives*". Dr Newman was no stranger to Hong Kong as he had helped to design Hong Kong's addiction treatment programme in 1975, and was a pioneer in methadone maintenance. Dr Julian Gold, Director of Sydney's Albion Street Centre – the largest day centre offering treatment to HIV/AIDS

patients in Australia, was also in Hong Kong in November 4, 1998 for a series of presentations, including a seminar in the Red Ribbon Centre on "*Development of Community-based Care in HIV/AIDS*". Other visitors include Dr Tim Brown, fellow of the Program in Population of East West Centre, Hawaii, who visited Hong Kong in July and December 1998; Dr James CHIN of School of Public Health, University of California at Berkley, who re-visited Hong Kong in December 1998. There were also Mr Mead Over, PhD, Senior Economist of the World Bank, Washington DC; and Dr Emile FOX, Country Programme Adviser, UNAIDS China. They visited the Red Ribbon Centre on 16 November 1998. Dr Fox shortly revisited Hong Kong on 16 June 1999 to attend the inauguration ceremony of the Red Ribbon Centre as a UNAIDS Collaborating Centre for technical support, and conducted a seminar on "*Evolving HIV Situation in China – Need for Expanding the Response*".

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 non-government organisations, as well as people with HIV/AIDS (PWAs), 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 providing technical support/advice to the Community Planning Process Working Group meetings since October, 1998;
- (ii) attending the community planning progress workshop hosted by Dr Tim Brown on 14 December 1998;
- (iii) informal lunch gathering with members of the HKCASO on 20 April 1999, to gather

views in organising the local AIDS Conference;

- (iv) informal meeting with DH officials to exchange views on re-structuring of ACA on 28 May 1999;
- (v) informal gathering with members of the HKCASO on 8 June 1999 to collect views on counter-acting discriminative behaviour shown by the residents of Richland Gardens towards the opening of service of the Kowloon Bay Integrated Treatment Centre; and
- (vi) taking part in the inauguration ceremony of the Red Ribbon Centre as an UNAIDS collaborating Centre for Technical Support on 16 June 1999.

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.

In addition, in complementing the Red Ribbon Centre to become an UNAIDS Collaborating Centre for technical support, a new publication was issued in early March 1999, dedicating to global HIV/AIDS issues. Its title was called "The Node", which symbolised the wish of stimulating action through dissemination of useful information.

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, 67 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

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' in 1997 and a further 21,312 in 1998. 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. Instead, 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 'think-tank' 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 remaining 4 working groups were renamed as Task Forces to reflect their respective roles. In August 1998, a new Task Force on Travellers was set up in advising CEPAIDS on strategies related to cross-border travellers, which formed one type of mobile population and was under the six priority areas of the External Consultancy Report.

Development of Prevention Strategies

On the other hand, in line with recommendations made in the External Consultancy Report released in July 1998, and in view of changing requirements of the society, discussions of CEPAIDS have gradually been shifted to prevention strategy development. This tendency was witnessed by the CEPAIDS meeting held in August 1998, when two

drafted CEPAIDS papers on prevention strategies, namely the Recommended Strategy for HIV Prevention in MSM (men having sex with men), and Recommended Strategy for HIV Prevention in Mobile Population, were being tabled and discussed. The two strategies were later agreed by CEPAIDS and published as *HIV Prevention strategy series in Hong Kong* in September 1998. There were also discussions on other priority areas (a total of six priority areas were identified by the External Consultancy Report) in later CEPAIDS meetings. As of to-date, draft strategies on Youth and Injecting Drug Users (IDUs) were prepared for discussion by CEPAIDS in its July meeting. It is expected that strategy development in regard to the last two priority areas, i.e. Commercial Sex Workers (CSWs) and patients with Sexually Transmitted Diseases (STDs), would also be taken care of later.

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

Task Force on Youth

Task Force on School AIDS Education

Task Force on Media and Publicity

Task Force on Drug & AIDS

Task Force on Travellers

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 five Task Forces for the term August 1996-July 1999 are shown at Appendix C. CEPAIDS had met four times during the last one-year period as follows,

1. (30th meeting) 13 August 1998
2. (31st meeting) 19 November 1998
3. (32nd meeting) 16 March 1999
4. (33rd meeting) 8 July 1999

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

The media campaign of 1998 was one mainly designed to cope with the theme of the UNAIDS World AIDS Campaign 1998, which stressed on “Force for Change- World AIDS Campaign with Young People”. While understanding that the younger population may be more receptive to advice through their family members, the prevention publicity has also pinpointed to the household members of families including housewives and their husbands/children. In this respect, a TV API was produced featuring a popular film and TV Kung-fu artist, Mr YUEN Wah. Through Mr YUEN, the audience are advised that condoms should be used to prevent contracting HIV/AIDS through sexual contacts. The slogan of the API is “to be a responsible man”, which underlined the importance of the male in taking the lead to avoid disseminating HIV/AIDS to his other family members: either through practising safe sexual activities, or to use condoms. The launching of the API was highlighted by a press conference held on 30th November 1998, a day before the official launching day of the World AIDS Campaign. Accompanying the TV API are also two radio APIs, and a poster in A1 and A2 sizes.

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. Firstly, the projects which are designed by young people appeal more readily to their peers. Secondly, in the process of implementation, the participants themselves are benefited by learning a great deal about AIDS and its impact on the community.

In 1998, 24 youth groups had filed in project proposals to the *Funding Scheme* and all proposals were approved. As in previous years, the Scheme was concluded by an exhibition-cum-award ceremony which was held on 28 February 1999 at the Red Ribbon Centre.

The *Funding Scheme* enters its ninth year in 1999. 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.

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 1998, four issues of volume 4 of *Networking Voice* were published. These include themes on “Media & AIDS” (1st issue) published in January, “Empowerment & AIDS” (2nd issue) published in May, “Mobility & AIDS” (3rd issue) published in September and “World AIDS Campaign” (special issue) published at the end of 1998. In January 1999, a Chinese title was accorded to the publication of ‘Networking Voice’, known as “*滋心話集*”, which implies that the publication is a collection and sharing of thoughts and words of writers and readers on their feelings on HIV/AIDS. As at May 1999, two issues of the

Networking Voice (Volume 5) were issued, they were respectively on the themes of “Community Planning” (1st issue in January 1999) and “Best AIDS Education Projects organized under the Youth Action on AIDS Funding Scheme” (2nd issue in May).

In order to ascertain the behaviour of current youth, a focus group discussion on Sex/AIDS education was organised by the Task Force in October 1998. Representatives of Youth Workers in Outreaching Social Work/Integrated Youth Teams were invited to express their views. The discussion was considered interesting and stimulating, which could help to set up AIDS related programmes for youth-at-risk. A second focus group discussion was held in April 1999 with participation of other youth members. The meeting was for the sharing and discussion of youth interest and hobbies in the hope of understanding more about the likes and dislikes of youth, as well as their hobbies. The discussion was fruitful. These types of focus group meetings are considered helpful in facilitating the Task Force in setting up activities/strategies appropriate for youth. It is also encouraging to see youth members responded actively, showing their zeal in joining the discussions and expressed their views freely.

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 has been completed pending the type-setting and printing work to be completed.

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.

During the year under report, the following activities have been planned/ implemented. They include:

(a) AIDS Education Drama Festival 1998

The AIDS Education Drama Festival has become an annual event and was successfully held towards the end of 1998. It was proposed that the second drama festival will be extended to cover sex and AIDS education with continual support from drama experts.

(b) Periodical and AIDS Quiz

A periodical of the task force was under planning but, in view of the short tenure of this task force before expiry (expiry date of this task force is on 31 July, 1999), the idea would be carried forward for future consideration. The same happened to the AIDS Quiz project.

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. A number of workshops and seminars were held during the period:

- (a) two workshops for Shek Kwu Chau Rehabilitation Centre's inpatients (male) in October 1998 and January 1999;
- (b) four workshops for young addicts in Au Tau Youth Centre respectively in October and December 1998, and two in January 1999;
- (c) two workshops for inpatients of SARDA's Women Social Service Centre in Shatin in August 1998, and January 1999 ;
- (d) two workshops for inpatients of SARDA's Women Treatment Centre in Sheung Shui in July and December 1998;
- (e) three workshops for recovering drug abusers under aftercare or staying in halfway houses in January (2) and February, 1999; and
- (f) a seminar for voluntary workers on AIDS and Substance Abuse for Voluntary Agencies in December 1998.

The Task Force has regularly evaluated the HIV situation in drug users in HK. Under the auspices of the Department of Health, an Unlinked Anonymous Screening(UAS) urine test for patients attending methadone clinics was started on 1 April 1992. In 1998, 6 HIV positive cases were discovered out of 2838 urine samples. In Correctional institutes, UAS urine tests 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 9 in

1998) in methadone clinics is attracting concern of the Task Force.

On prevention activities, volunteers had been recruited in the Outreaching Harm Reduction & Cleaning-up of abandoned syringes Project. During the past financial year, seven such activities were held, which shows an increase as compared with five in 1997-98. With the collaboration of the Pui Hong Self Help Association (PHSHA), a voluntary agency for ex-drug users, the syringes collection cum education exercises have been progressing well, with expanding commitments from the ex-drug users, and the number of drug-users being contacted/approached. 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 addition to participating in drug and AIDS activities in the Mainland, such as the prevention education on drugs and AIDS by the Guangdong Provincial Centre for Drug Abstinence, the Convenor of the Task Force, Dr James CHIEN, would also participate in the 5th National symposium on Drug Abuse to be held from 9-13 August 1999 at the Shaw College of the Chinese University of Hong Kong. The symposium is expected to be attended by 200 Chinese delegates, in addition to local participants.

In an attempt to strengthen prevention publicity on HIV/AIDS spread amongst drug users, two new

posters were designed under the request of the Task Force. These posters would be posted chiefly on notice boards of methadone clinics, as well as other public places, to remind (a) the public not to take drugs, (b) drug users not to become IDUs, and (c) not to share needles even though one has become an IDU. It also encouraged early detection of HIV/AIDS through blood tests. Some new souvenirs were also designed as gifts to drug users to remind them of similar messages.

Task Force on Travellers

Travellers have always been regarded as a part of mobile population because their stay in a place is of transient nature. The external Consultancy Report had recommended six priority areas of prevention to be focussed on: travellers to and from China were one amongst them. In the 30th meeting of CEPAIDS held on 13 August 1998, the subject of HIV Prevention in mobile population was tabled for members' discussion. It was agreed that cross-border travellers were one of the high risk population which need to be specially attended to, and therefore agreed to set up a time-limited and task-oriented task force to look at the ways of approaching this population with a view to formulating prevention strategies. The Task Force would initially be lasting for a year.

A total of seven meetings were held by the Task Force on Travellers and the following activities were planned/ implemented:

- (a) Checkpoint posters on safer sex – already implemented;
- (b) Video API at Lo Wu – under planning and subject to availability of funds;
- (c) Safety message to be provided to sex networking guides – under discussion with certain editors of “sex guides” in newspapers;
- (d) Advertisements in sex magazines – under planning and discussions with editors;
- (e) Advertisement signboards for HIV/AIDS prevention messages at the airport, MTRs,

trains – under planning and subject to availability of funds;

- (f) Distribution of education materials – already implemented in border areas;
- (g) Workshop on health promotion for women – held on 28th May 1999; and
- (h) Prevention work at Social Hygiene Clinic – under planning.

A survey on travellers who frequently visited Macau from Hong Kong was being conducted. The result might have bearing for the Task Force to draw up its proposals on strategies for the travellers.

Planning and Evaluation

- (a) In view of the AIDS Review conducted early in 1998, the planning and evaluation work of CEPAIDS had been temporarily suspended to give way to strategic developments, in accordance with recommendations put forward by the External Consultancy Report. Dr Joseph LAU, Convenor of Sub-committee, has been heading the Task Force on Travellers which was formed in August, 1998 to study the HIV prevention strategies for the cross-border travellers.

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 on December 8, 1994. The objectives are to enhance AIDS awareness and to encourage adoption of a non-discriminatory policy in the workplace. This community project has the full support of CEPAIDS.

Originally targetted on participation from companies and organizations in Hong Kong, the Hong Kong Community Charter had, up to December 1998, enlisted support from 79 signatories, representing some of Hong Kong's top companies/organisations, including the Hong Kong Government.

In December 1998, the Charter took on a new phase: it now focuses on appealing to the business and community sectors for “Leadership, Partnership and Community Support” in AIDS prevention and care. In this respect, an “Ambassador Scheme” was launched and individuals working in commercial organisations, factories and companies were also welcomed to join the scheme. The move had been proven successful as seven “Ambassadors” representing different disciplines were recruited during an inauguration ceremony of the new Charter held on 8 December 1998. These ambassadors would shortly start working in the community to send out the AIDS prevention message, as well as to promote the non-discriminatory policy at the workplace.

Ms Carlye TSUI, JP, Chairman of CEPAIDS, was appointed Chairman of the Executive Board of the Hong Kong Community Charter.

Recognition Scheme for Outstanding AIDS Workers

In order to arouse public awareness and to acknowledge the efforts of those who have contributed to HIV prevention and care, CEPAIDS joined hands with the Hong Kong Council of Social Service and the Red Ribbon Centre in organizing the Outstanding AIDS Workers Recognition Scheme in September, 1998. A total of 70 nominations were received, and 9 of them were awarded “Outstanding AIDS Workers” by a panel of adjudicators consisting of 7 members. The prize presentation ceremony was held at the New World Hotel on 1 December 1998, attended and officiated by Mrs Betty TUNG, wife of Chief Executive of the Hong Kong SAR Government.

World AIDS Campaign 1998 & 1999

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

Since 1995, CEPAIDS had undertaken to collaborate the World AIDS Day activities in Hong Kong. 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 98 was “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. Highlights of the Campaign include (a) a press meeting on November 30th to announce the launching of a new TV API with the theme of conveying safer sex message to the public including the young people; (b) a presentation ceremony on December 1st to pay

tribute to the Outstanding AIDS Workers through the *Outstanding AIDS Workers Recognition Scheme*; and (c) an inauguration ceremony for the Hong Kong Community Charter on AIDS to announce the "Ambassador Scheme" for individuals- responding to AIDS in the new millennium.

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 1998 event. Similar agreement will also be sought with the Post Office for printing the logo on envelopes for two weeks from November to December 1999 on local mails.

A series of activities to commemorate the World AIDS Campaign 99 will be conducted by various organisations on and around 1 December 1999. The theme chosen by UNAIDS for the World AIDS Campaign 1999 is "LISTEN, LEARN, LIVE! World AIDS Campaign with Children and Young People". This is the third year consecutively that Youth and Children continue to be the focus of World AIDS Campaign. The theme emphasised the need for concern over children and the young people, and to protect them as the vulnerable ones. Parents should protect their children from infection via mother-to-child transmission. For Children moving into adolescence, they should also be provided with the opportunity to acquire knowledge and skills to protect themselves from transmission- such as by unprotected sex, or by risks of taking drugs by injection. CEPAIDS, and its successor, will be working on a series of activities to commemorate the coming World AIDS Day, which has been characterised 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 appointed a UNAIDS Collaborating Centre for technical support in late December, 1998. After the operation of the RRC as a UNAIDS collaborating Centre, collaboration work between CEPAIDS and the other AIDS organisations, including government and non-government organisations, has been enhanced; and a number of activities organised by CEPAIDS could be held conveniently at the RRC. With activities held and publications issued periodically by the RRC in conjunction with the UNAIDS, CEPAIDS was able to benefit from the information and knowledge enclosed.

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. Its continuation would count on support from all GOs and NGOs including those whose services are, or are not, specifically designed for the people with HIV/AIDS.

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 twice during the year: -

1. (15th meeting) 8 February, 1999
2. (16th meeting) 12 July 1999

Reducing perinatal HIV infection – Antenatal HIV testing

Perinatal infection is one important route of HIV transmission. The risk of transmission from an HIV-infected mother to her child ranges from 15-40%, which differs from place to place. In Hong Kong, a total of 7 perinatal infections have been reported as at the end of March 1999. Given the increasing female infections, the potential risk of perinatal infection is a cause of concern. In this connection the SCA had a thorough discussion on the issue, and suggested that it would be crucial to strengthen the local programmes for preventing perinatal HIV infection. It further suggested that essential components for achieving the objective of preventing perinatal infection were:

- (a) all pregnant women should receive appropriate information on HIV and perinatal infection;
- (b) voluntary confidential antenatal HIV testing should be available without obstacle to all antenatal mothers;
- (c) prevention of perinatal transmission required enhancement of the antenatal testing mechanism; and
- (d) the provision of universal testing should be explored as one option for enhancing testing in Hong Kong.

A paper summarising views of the SCA members titled “Reducing perinatal infection – the role of antenatal HIV testing” was presented to ACA during its 25th meeting held in September 1998, and was endorsed by the ACA members.

Application of HIV tests in Hong Kong

HIV tests play an important role in the prevention, care and control programme of

HIV/AIDS. Since the availability of HIV antibody test in 1985, there have been progressive developments in HIV testing methodology. Today, HIV tests can be applied in a variety of AIDS programmes, namely (a) diagnosis of infection in individual subject, (b) care of infected patient, (c) prevention of HIV transmission in specific settings, and (d) surveillance in the community.

In Hong Kong, the principle of HIV testing policy is voluntary, with consent and in the context of counselling. SCA is concerned with (a) the chance of late diagnosis of patients due to their accessibility to HIV testing, and (b) the need of enhancing the testing programme for increased testing requirements.

Revision of Professional Guidelines

One of the terms of reference of the SCA is *“to develop technical and professional guidelines on HIV/AIDS prevention, management and control”*. In this respect, over 10 guidelines have been established by SCA over the years. They covered areas of infection control, HIV surveillance, HIV testing and clinical management of the disease. Apart from providing education/information to readers, these guidelines serve to set and uphold the standard on various issues relating to the prevention and control of HIV/AIDS.

During ACA's review of AIDS situation and programme in Hong Kong, the subject of guidelines and its maintenance standard were raised. After meeting with Prof John Bartlett, one of the external consultants, SCA resolved that key principles should be laid down to guide the formulation of recommendations/guidelines in the future. A paper highlighting the proposals were discussed and endorsed by members of SCA for future implementation.

Action has also been undertaken by the SCA to collect views from members on updating the SCA issued guidelines, some of which were published years ago. Since there were quite a number of guidelines issued in the past, the updating work has to be done in phases, so that the more

pressing ones could be updated/revised at an earlier time.

HIV situation in narcotic drug abusers in Hong Kong

The apparent increase of positive rate detected amongst drug users attending methadone clinic within 1998 has drawn concern of the SCA. A paper on the above topic was tabled for discussion at the SCA meeting held in February 1999. As indicated by behavioural surveillance, which confirmed the presence of needle-sharing practices among drug users, the potential for greater spread of HIV within the drug-taking community has drawn a major concern. Members drew conclusion that HIV transmission through Injecting Drug Users (IDUs) were highly possible and therefore recommended actions to be taken for reducing such risks through

- (a) education to attendees of methadone clinics;
- (b) focus on advice against sharing needles to those “experienced” drug users such as those admitted to Shek Kau Chau Centre for treatment; and
- (c) strengthening collaboration with drug prevention/control bodies such as the Action Committee Against Narcotics (ACAN).

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 0.2% (1998). Since late 1998, UAS for drug users was extended to Shek Ku Chau Drug Treatment and Rehabilitation Centre. One round of exercise was also undertaken at Hei Ling Chau Prison. (zero positive out of 1036. In response to

this warning signal, the Committee alerted drug treatment & rehabilitation workers for action.

(DH). The case was referred to DH and the working group was re-convened in May 1999 to review the procedures and the guidelines on “Precautions for Handling and Disposal of Dead Bodies”.

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 Guangdong. 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 two-day Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was held in Macau between 11-12 December 1998. A proceedings of the Workshop is under preparation. A follow-up working group was also set up after the conduction of the Workshop for periodical review of the situation and to keep track of the changes of statistics within the Pearl River Delta Region.

Universal precautions applied to Dead Bodies

Due to a newspaper report that some funeral parlours refused to handle bodies of deceased AIDS patients, a complaint was received by the ACA raising concerns over possible discrimination towards bodies died of AIDS. The same problem was also referred to SCA with the proposal of applying universal precautions so that there might not be any discriminatory complaints on handling of the dead bodies. After discussion, SCA considered that there would be a need to review the existing precaution guidelines, which were first drawn up in 1994, and revised in 1997, by an inter-departmental working group consisting of the Hospital Authority, the Urban Services Department, the Regional Services Department, and the Department of Health

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.

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 C. Due to the conduction of the Review on Hong Kong's AIDS situation and programmes, the Committee has met once within the report period as follows:-

(16th meeting) 28 January 1999

Care to people with HIV/AIDS

Following the visits by Dr David HO in December 1997 and Dr John G BARTLETT in May

1998, care services for people with HIV/AIDS has taken new perspectives in Hong Kong. These new concepts in the caring of people with HIV/AIDS has been reflect through the External Consultancy Report including:

- (a) maintain the Government's commitment to providing good treatment and support for those living with HIV/AIDS;
- (b) expand the clinical and laboratory capacity needed to provide appropriate care for those living with HIV/AIDS;
- (c) initiate an ongoing dialogue between clinical care providers and people with HIV/AIDS, as well as NGOs on quality of, and improvement to, services;
- (d) implement a regular system of quality assurance in clinical care to ensure quality service;
- (e) undertake a comprehensive, inclusive review of current support service needs of the people with HIV/AIDS;
- (f) consider the assignment of a case manager for people living with HIV/AIDS to follow through the entire network of care resources;
- (g) expand programmes for encouraging testing and medical care; and
- (h) implement routine voluntary HIV screening for pregnant women as expeditiously as possible.

The need to promote a supportive environment for people suffering from HIV/AIDS, and the need to monitor the overall programme through evaluation are also important steps to ensure good quality care.

Parallel development of Prevention and Care Services

With the Review of Hong Kong's AIDS Situation and Programmes completed in mid- 1998, there has been proposals that the prevention and care work on HIV/AIDS should be put under the same roof so that a parallel development of both services could complement each other. This concept has been endorsed by the ACA through its endorsement to the External Consultancy Report which suggested that a new Committee on Prevention and Care should be set up to replace the existing CEPAIDS and the ASDC.

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) Centre-based services 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) Provision of AIDS-related services by social agencies under the HKCSS -
As a follow-up to request put forward by the ASDC, the Hong Kong Council of Social Service (HKCSS) has compiled a set of guidelines for use by staff of the home help service member agencies. These were on the practice of transmission of blood-borne disease, and co-operation between care

providers in delivering service to patients with HIV/AIDS. The guidelines had incorporated input by ASDC members especially regarding services to people with HIV/AIDS. Following the same principle, the HKCSS is formulating its second set of guidelines on elderly service for its member agencies, which will also include services provided to elderly people suffering from HIV/AIDS.

On the other hand, in order to collect feedback from member agencies on services provided to people with HIV/AIDS, a survey was conducted to 256 member agencies of the HKCSS. Of 67 responses received, the majority of respondents (76%) indicated that they had already adopted a more open and receptive attitude in receiving and providing services to people with HIV/AIDS. This represented a good acceptance sign since these agencies used to providing services to the majority of the community in the past. Their increasing acceptance to people with HIV/AIDS is, of course, encouraging.

(b) Provision of Home Care Nursing Service 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.

(c) Service Provisions of Hong Kong AIDS Foundation

To respond to the changing social context of Hong Kong, and the changing needs of PHAs, the Hong Kong AIDS Fund has provided a series of services to PHAs: AIDS Helpline, HIV Antibody Test, face-to-face 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) Clinical and Support Services provided by the Queen Elizabeth Hospital

Supported by a core team of two part-time senior physicians within the Department of Medicine and two full-time nurse specialists, the QEH has provided clinical care to PHAs including: disease monitoring, prophylaxis and treatment of complications, anti-retroviral therapies, and in-patient management.

(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. It was managed by a designated team of doctors, nurses, a medical social worker and other support staff. Standard practice included CD4 measurement, combination anti-retroviral therapy, as well as prevention and management of complications. Combination therapy has been adopted in the provision of anti-retroviral drugs. Care to the patients would be expanded after opening of the Integrated Treatment Centre of Kowloon Bay.

Welcome to new member

Welcome to the AIDS Advocacy Alliance (AAA) in becoming a member of the ASDC. The AAA was successfully registered as a NGO last year and was later invited by the ASDC Chairman to join the committee. Mr Brett WHITE, representing AAA, attended the 16th ASDC meeting held on 28 January 1999 and presented a paper on "The fight against a perpetuated myth", outlining the views of AAA regarding existing AIDS services. With the establishment of more vulnerable groups, the AIDS services would be benefited by more input from the users in future.

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 Treatment Centre

The Committee was in support of the Department of Health in setting up Integrated Treatment Centres for providing service for patients with HIV/AIDS, sexually transmitted diseases (STD), as well as skin diseases. The first Integrated Treatment Centre in the Kowloon Bay Primary Health Centre has been opened on 25 June 1999. Prior to its opening, there was a group of residents of the nearby Richland Gardens raising objection to services designated to the Centre, and banners, posters were posted outside. In order to facilitate the smooth opening of the Centre, ASDC suggested, amongst other things, to set up a liaison committee to include service providers, local residents, district board members, government representatives, as well as scholars/social workers to meet together and to

arrive at consensus so that the services could be provided to the public at large without unnecessary delay. A Community Liaison Group was later formed with Rev CHU Yiu-ming as the Chairman and, since its formation, several publicity displays were conducted at nearby housing estates for introducing services of the Centre. The Group pursued actively to involve different people for solving the problem.

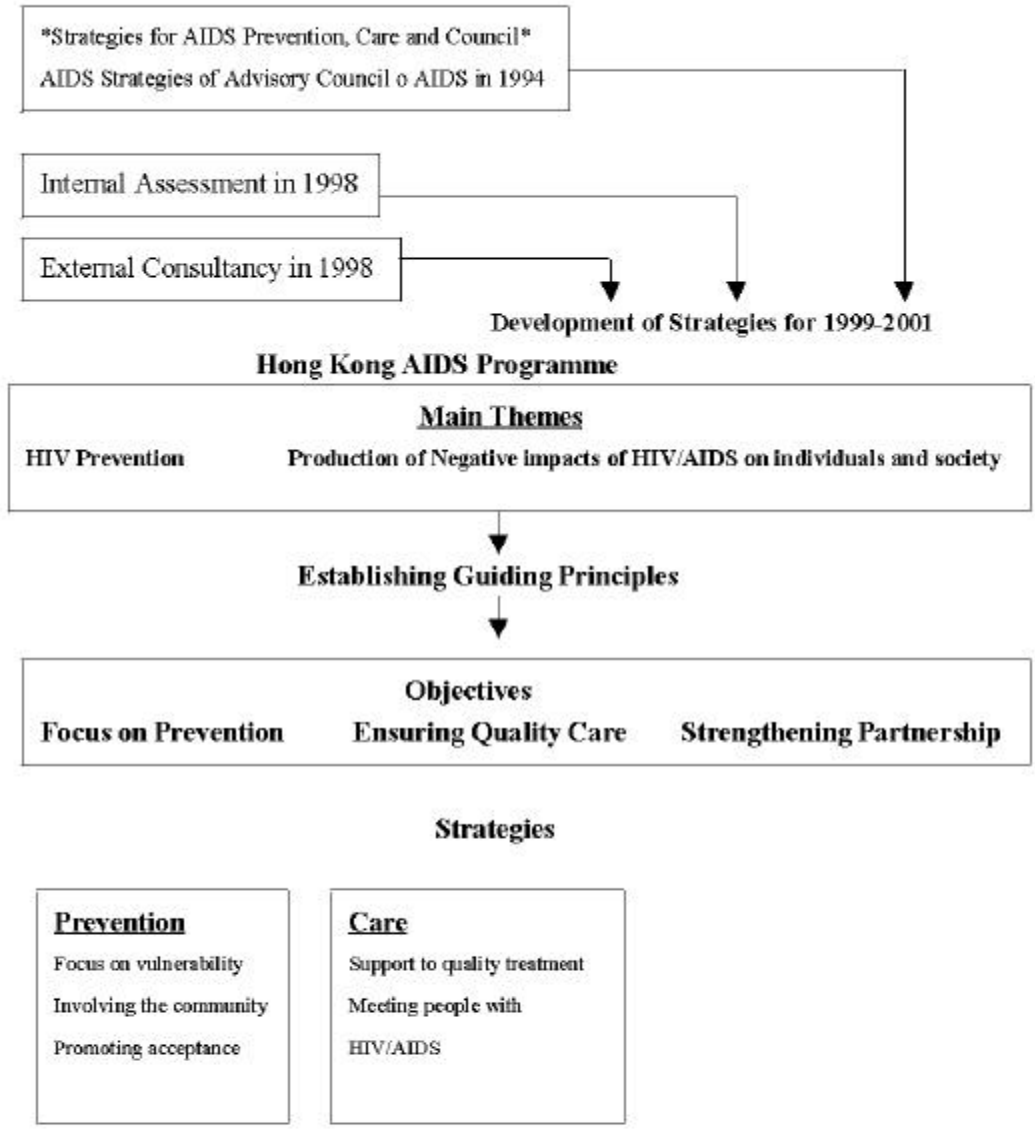
A second integrated day treatment centre is under planning in Fanling with target completion date in the year 2001. In view of objection received from residents in the Kowloon Bay Project, the Fanling Project will be developed with care and full consultations to local organisations.

Disability Discrimination Ordinance and the Equal Opportunities Commission (EOC)

Since the enactment of the Disability Discrimination Ordinance (DDO) on 13 August 1995, the EOC had received three cases of complaints in relation to people with HIV/AIDS. The DDO series was published in early 1998 to further publicise protection given to people against discrimination, harassment and vilification on the ground of their own disabilities, including those people with HIV/AIDS. A pamphlet on explaining and simplifying the above protection given by DDO, in the form of bullet points, was later produced by the Red Ribbon Centre in 1998 for easy reference by the public. Copies are available at the RRC as give-aways for those concerned with the development of equal opportunities to people living with HIV/AIDS.

Appendix A

Development of AIDS Strategies in Hong Kong- Approach of the Advisory Council on AIDS.

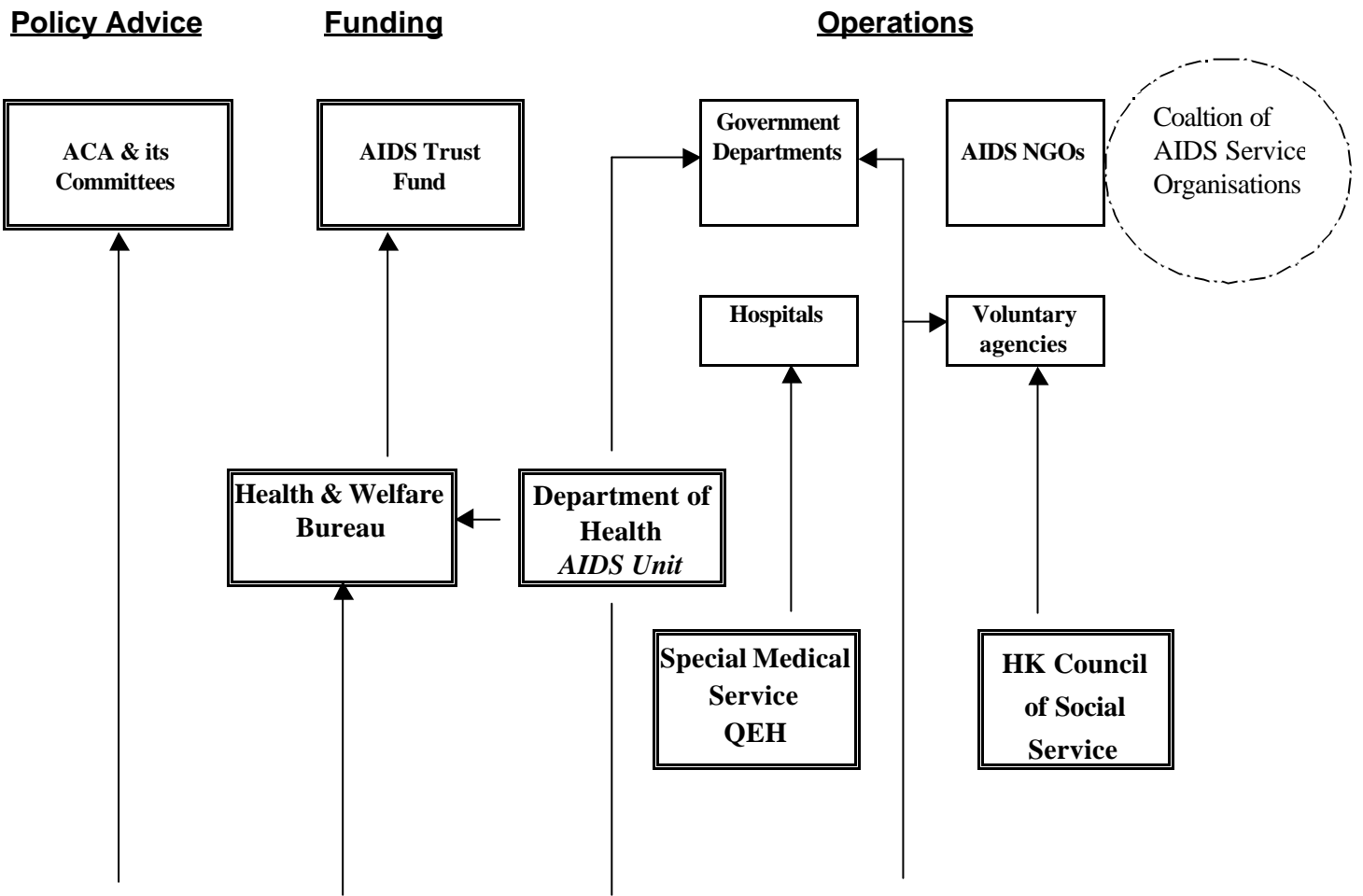


Effects

Effects

Appendix B : ACA Review 1998

Support to AIDS Programme in Hong Kong



Appendix C : Membership Lists

Advisory Council on AIDS (Third-Term : August 1996-July1999)

Chairman:

Dr. LAM Kui-shing, Conrad, JP

Vice-Chairman:

Dr. Margaret CHAN, JP

Members:

Ms. Carlye TSUI, JP

Prof. M.H. NG

Dr. Patrick LI

Dr. Homer TSO, JP

Dr. Lawrence LAI, JP

Mrs. CHAN WONG Shui, Pamela, BBS, JP

Mr. Walter CHAN, JP

(resigned in December 97)

Mr. S.M. TSUI

(up to March 97)

Mr. K.C. NG

(from April 97 to October 97)

Mr. C.K. TAM

(from October 97)

Mrs. Leslie HUNG

(up to June 97)

Mrs. Eliza LEUNG

(from June 97 to October 98)

Miss Ophelia CHAN

(from October 98)

Mrs. Diana Wong IP Wai-ying

Sister Maureen McGINLEY

Dr. Richard TAN

Prof. C.N. CHEN, JP

Mrs. Doris HO

(up to April 97)

Mr. Gregory LEUNG

(from April 97)

Mr. Patrick MAULE

Mr. Y.F. HUI, JP

Prof. Y.L. LAU

Fr. A.J. DEIGNAN

(resigned in March 97)

Secretary:
Dr. S.S. LEE

Council Secretariat :

Mrs. YAU Sin-ying
(up to February 97)

Mr. John YIP
(from April 97)

Dr. K.H. WONG

Dr. Teresa CHOI
(from July 97 to March 99)

Miss Windy LAU

Miss Teresa TO
(up to March 97)

Miss Elaine SIT
(from March 97)

Committee on Education & Publicity on AIDS (CEPAIDS)

Chairman:

ACA Member : Ms. Carlye TSUI, JP

Members :

ACA Members : Mr. Patrick MAULE
Mrs. Diana WONG Ip Wai-ying

Health & Welfare Bureau : Mrs. Maureen CHAN
(up to December 97)

Ms Eliza YAU
(from December 97)

Department of Health : Dr. Constance CHAN
(up to April 98)

Dr. Thomas CHUNG
(from May 98)

Dr. S.S. LEE

Social Welfare Department : Mr. FUNG Man-lok
(up to January 99)

Mrs. Alice LEUNG
(from February 99)

Education Department : Mr. HO Chung-nin
(up to May 98)

Mr. HUI Tat-keung
(from May to June 98)

Mr. FUNG Chuen-po
(from July 98 to December 98)

Mr. HO Chung-nin
(from January 99)

Hospital Authority : Dr. Lawrence LAI, JP

Information Services Department : Mrs. June TONG
(up to February 97)

	Ms. Eva TSANG (from February 97 to February 99)
	Mrs. Monica CHAN (from March 99)
<i>CUHK Centre for Clinical Trials and Epidemiological Research :</i>	
<i>Representative of the HK Haemophilia Association :</i>	Dr. Joseph LAU
	Mr. TSE Wang-lap (resigned in June 98)
<i>HK AIDS Foundation :</i>	Ms. O.C. LIN (up to February 97)
	Mr. William KAM (from February 97)
<i>HK Council of Social Service :</i>	Mr. Tony S.F. PANG
<i>HK Memorial Quilt Project :</i>	Ms. Janie ROWE (up to March 98)
<i>HK Sex Education Association :</i>	Mr. LI Man-chiu
<i>HK Information & Drop-In Centre :</i>	Ms. Elijah FUNG
<i>Society for AIDS Care :</i>	Miss Xanthe WONG (up to May 98)
	Ms. Lesley SINCLAIR (from June 98)
<i>Teen AIDS :</i>	Mrs. Atty LAI
<i>Action for Reach Out :</i>	Sister Ann GRAY
<i>AIDS Concern :</i>	Ms. Bella LUK (up to October 98)
	Mr. Graham SMITH (from October 98)
<i>Co-opt Members :</i>	Mr. CHEUNG Che-kwok
	Dr. James CH' IEN
	Rev. CHU Yiu-ming
	Fr. A.J. DEIGNAN

(resigned in March 97)

Mr. Billy C.O. HO

Ms. Emily MOK

Ms. YAU Yuk-lan

(from February 97)

Secretaries :

Department of Health :

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 to March 99)

Dr. CHAN Ching-nin

(from April 99)

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

Co-conveners :

CEPAIDS Chairman : Ms. Carlye TSUI, JP
CEPAIDS Member : Dr. Joseph LAU

Members :

CEPAIDS Member : Mr. CHEUNG Che-kwok
Department of Health : Dr. S.S. LEE
Dr. Thomas CHUNG
(up to June 97)
Dr. Teresa CHOI
(from July 97 to March 99)

Secretary :

Department of Health : Mr. YAU Sin-ying
(up to February 97)
Mr. John YIP
(from April 97)

**Task Force on Youth
(of CEPAIDS)**

Convener:

CEPAIDS Member : Mr. Billy C.O. HO

Members:

CEPAIDS Member : Miss YAU Yuk-lan
(from February 97)

Department of Health :

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 to March 99)

Dr. CHAN Ching-nin

(from April 99)

Dr. Kelvin LOW

(from October 98)

Miss Clara CHAN

(up to February 97)

Miss Anita CHU

(from March 97 to September 98)

Ms. CHENG So-kwan

(from October 98)

Social Welfare Department :

Mr. CHAN Ping-wa

(up to February 97)

Miss MOK Yuen-ngar, Monica

(from March 97)

Hong Kong AIDS Foundation :

Miss Yan CHAN

(from December 97)

HK Children & Youth Services :

Mr. MA Yun-kwong

(up to September 97)

HK Council of Social Service :

Miss Yan CHAN

(up to November 97)

Miss Mary YIP

(from December 98)

HKYWCA :

Mr. YUEN Wai-sum

Salvation Army : Miss Wendy WU

Teen AIDS : Mrs. Atty LAI

Caritas - H.K. : Mr. KO Chun-wa

Chinese YMCA of HK : Mr. Roger CHAN

Sung Lan Middle School : Mr. CHAN Chiu-kwong

Secretary :

Department of Health : Mr. S.Y. MAK

**Task Force on School AIDS Education
(of CEPAIDS)**

Convener :

CEPAIDS Member : Mrs. Atty LAI

Members :

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

Department of Health : 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 to October 98)

Ms. Victoria KWONG
(up to November 97)

Ms. Anita CHU
(from January 97)

Mr. John YIP

<i>Education Department :</i>	Mr. HO Chung-nin (up to May 98)
<i>Chinese University of Hong Kong :</i>	Mrs. Pauline KAN
<i>HK Institute of Education :</i>	Ms. Carole TANG
<i>HK Professional Teacher's Union :</i>	Mr. CHAN Hon-sum
<i>HK Sex Education Association :</i>	Mr. LI Man-chiu
<i>HK Technical College :</i>	Ms. Donna LO Mr. Martin YEUNG
<i>Teen AIDS :</i>	Mr. Terence CHANG
<i>Tseung Kwan O Government Secondary School :</i>	Mrs. Gloria YU WAN Oi-man
<i>Vacational Training Council :</i>	Mrs. Rhoda WONG

Secretary :

<i>Education Department :</i>	Mr. HUI Tat-keung (up to June 98) Mr. CHAN Ka-ling (from July 98)
-------------------------------	--

**Task Force on Drugs & AIDS
(of CEPAIDS)**

Convener:

<i>CEPAIDS Member :</i>	Dr. James CH' IEN
-------------------------	-------------------

Members:

Community Drug

<i>Advisory Committee :</i>	Mr. Joe PIANPIANO
<i>Finnish Missionary Society :</i>	Mr. Paul TSANG (resigned in July 98)

Government Secretariat, Narcotics

Division :

Mr. Kenneth NG

HK Council of Social Service :

Mr. Augus LAM

(up to January 98)

Miss Joanne WONG

(from January 98)

Medicins Sans Frontier :

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 :

Mr. LEUNG Ping-shing

S.A.R.D.A. :

Miss Cherry LEE

(up to October 97)

Miss Eva LEUNG

(from October 97)

Dr. C.Y. SAM

Mrs. Amy WONG

(from April 99)

St. Stephen's Society Hang Fook Camp :

Mr. Timothy KWAN

(up to July 98)

Mr. Patrick GRAHAM

(from July 98)

The Society for the Rehabilitation

of Offenders, H.K. :

Mr. FUNG Cheung-tim

Mr. Dennis CHAN

(from April 99)

Wu Oi Christian Centre :

Mr. CHAN Shun-chi, Peter

Mr. LEE Fai-ping

Correctional Services Department :

Dr. TU Chie-ting

(up to July 98)

Dr. K.H. TAN

(from July 98)

Department of Health :

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

(up to March 99)

Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97 to March 99)

Dr. Y.W. MAK

Dr. Kelvin LOW

(from January 99)

Dr. CHAN Ching-nin

(from April 99)

Secretary :

Department of Health :

Miss Selina WONG

(up to December 97)

Miss Carol YEUNG

(from December 97)

**Task Force on Media and Publicity
(of CEPAIDS)**

Convener:

CEPAIDS Member :

Mr. CHEUNG Che-*kwok*

Members:

Department of Health :

Dr. S.S. LEE

(up to March 99)

Dr. Thomas CHUNG

(up to June 97)

Dr. Teresa CHOI

(from July 97 to March 99)

Dr. CHAN Ching-nin

(from April 99)

Ms. Victoria KWONG

Mr. YAU Sin-ying

(up to February 97)

Mr. John YIP

(from April 97)

Government Information Services :

Mrs. June TONG

(up to February 97)

Ms. Eva TSANG

(from February 97 to February 99)

Mrs. Monica CHAN

(from March 99)

Ms. Diana KAM

(from July 97)

Mr. Edwin HUNG

(from July 97 to January 99)

Miss Michelle LIU

(from March to July 97)

Ms. May CHEUNG

(up to March 97)

Secretary :

Government Information Services :

Miss Kitty LEUNG

(up to July 97)

Miss Michelle LIU

(from July to December 97)

Miss Robin WONG

(from January 98 to December 98)

Mr. Edwin HUNG

(from January 99)

Task Force on Travellers

(of CEPAIDS)

Convener:

CEPAIDS Member :

Dr. Joseph LAU

Members:

<i>Action for Reach Out :</i>	Sr. Ann GRAY
<i>AIDS Concern:</i>	Mr. Graham SMITH
	Ms. Bella LUK
<i>Caritas Family Service:</i>	Ms. Paulina KWOK
<i>CEPAIDS Member:</i>	Mr. Billy HO
<i>CUHK:</i>	Dr. SIAH Poh-chua
<i>HIV Information & Drop-In Centre:</i>	Ms. Elijah FUNG
<i>HK AIDS Foundation:</i>	Mr. William KAM
<i>HK Council of Social Service:</i>	Mr. Tony PANG
<i>HK Federation of Women's Centre:</i>	Ms. Linda WONG
<i>HKU:</i>	Dr. ASM Abdullah
<i>Social Hygiene Service, DH:</i>	Mr. Sumcy LEUNG

Secretary :

<i>Department of Health :</i>	Mr. John YIP
-------------------------------	--------------

Scientific Committee on AIDS (SCA)

Chairman:

ACA Member : Professor M.H. NG

Vice-Chairman:

ACA Member : Professor Y.L. LAU

Members:

ACA Members : Dr. Patrick LI
Dr. Homer TSO, JP
Professor C.N. CHEN, JP

Chinese University of Hong Kong : Professor S.H. LEE, JP

HK Dental Association : Dr. Nancy B.S. CHAN

HK Medical Association : Dr. C.F. LAI

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

Queen Elizabeth Hospital : Dr. Dominic TSANG

Queen Mary Hospital : Miss Patricia CHING
Dr. Brian JONES

S.A.R.D.A. : Dr. J.B. HOLLINRAKE
(resigned in March 99)

The Family Planning Association of H.K. : Dr. Susan FAN

The Society for AIDS Care : Dr. Emma Bowen SIMPKINS
(up to February 98)
Dr. David HENDERSON
(from February 98)

Correctional Services Department : Dr. C.T. TU
(up to March 98)
Dr. TAN Kaw-hwee
(from May 98)

Department of Health : Dr. K.M. KAM

Dr. S.S. LEE
Dr. W.L. LIM, JP
Dr. K.K. LO
Dr. TAM Cheuk-ming

Advisers:

UC Berkeley :

Professor James CHIN

Hong Kong University :

Professor S.L. WONG

Secretaries:

Department of Health :

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 : Dr. Homer TSO, JP

Members:

ACA Members : Sister Maureen McGINLEY
(up to February 99)

Mr. Chris LEE
(from February 99)

Dr. Richard TAN

Health & Welfare Bureau : Mrs. Maureen CHAN
(up to December 97)

Ms Eliza YAU
(from December 97)

Department of Health : 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 : Miss Ann HON
(up to September 97)

Mrs. Diana TSANG
(from September 97 to March 98)

Mr. FUNG Man-lok
(from April 98 to January 99)

	Mrs. Elaine YUE (from February 99)
<i>Equal Opportunities Commission :</i>	Mr. Frederick TONG
<i>Hospital Authority :</i>	Dr. Lawrence LAI, JP
<i>HK AIDS Foundation :</i>	Ms. O.C. LIN (up to June 97)
	Ms. Rene KO (from June 97 to November 97)
	Miss Yan CHAN (from November 97)
<i>HK Council of Social Service :</i>	Mr. Tony S.F. PANG
<i>AIDS Advocacy Alliance :</i>	Mr. Brett WHITE (from June 98)
<i>Representative of HK Haemophilia Association :</i>	Mr. TSE Wang-lap (resigned in June 98)
<i>AIDS Concern :</i>	Mr. Graham SMITH (up to December 98)
	Ms. Loretta WONG (from January 99)
<i>Caritas - H.K. :</i>	Mr. KO Chun-wa
<i>Co-opt Members :</i>	The Hon. LIU Sing-lee
	Mr. Andrew LO
	Mr. MAK Hoi-wah
	Dr. Patrick WONG
	Mr. Vincent YEUNG

Secretaries:

<i>Department of Health :</i>	Mr. YAU Sin-ying (up to February 97)
	Mr. John YIP

(from April 97)

Dr. Thomas CHUNG

(up to June 97)

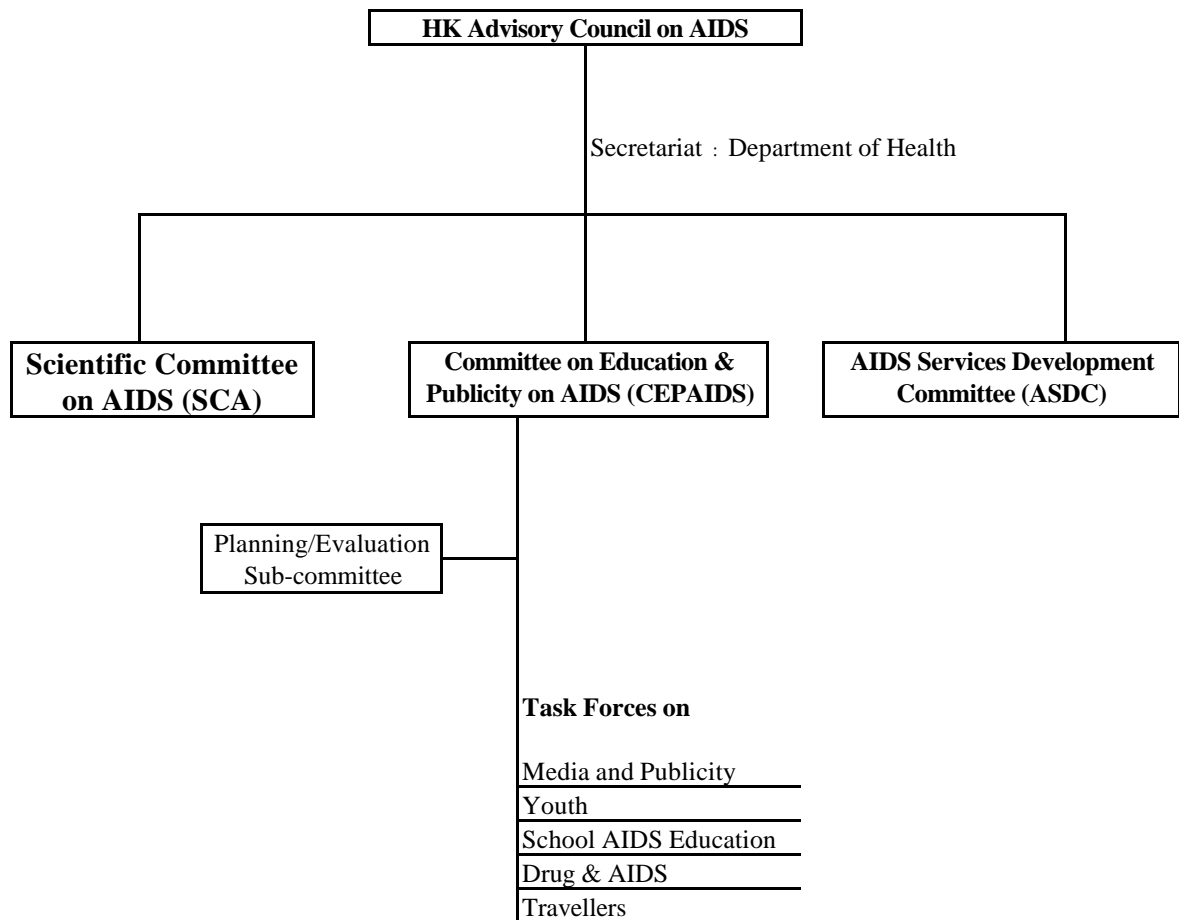
Dr. Teresa CHOI

(from July 97 to March 99)

Dr. CHAN Ching-nin

(from April 99)

Appendix D. Organizational Structure of Hong Kong's Advisory Council on AIDS



ACA Secretariat

Address :Department of Health
5/F, Yaumatei Jockey Club Clinic
145 Battery Street
Yaumatei
Kowloon

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