



Editorial Board

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Department of Health

HIV Testing Service

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IN THIS ISSUE WE HAVE

- ✧ A Summary of the 129th ACA Meeting.....pages 19-20
- ✧ Welcoming our new ACA Members and thanking our outgoing Memberspage 20
- ✧ ACA meeting with HKCASOpage 21
- ✧ HIV/AIDS Statisticspages 22-23
- ✧ 13th International AIDS Society Conference on HIV Science (IAS 2025), Kigali, Rwanda.....pages 24-25
- ✧ TO LIVE, TO DIE, TO LIVE AGAIN at HKLGFF 2025page 26

~ Calendar ~

71st CFA Meeting
29 August 2025

A Summary of the 129th ACA Meeting held on 20 June 2025

HIV Epidemiology in Hong Kong 2024

DH updated members on the HIV and AIDS situation in Hong Kong, with an emphasis on the emerging issue of late presenters. After the peak of 725 cases in 2015, the number of newly reported cases of HIV infection had declined for 9 consecutive years to 365 in 2024. The decline in the number of newly reported cases was largely attributable to reduction among MSM. However, the rate of decline in the number of new MSM cases had moderated in recent years, and, in fact, the decline had ceased in 2024 (213 cases in 2023 and 216 in 2024). Serial biobehavioural survey conducted by the DH had shown an unfavourable trend in condom use, HIV testing and practice of seeking medical advice following unexpected unsafe sex, highlighting the need to sustain the HIV prevention efforts among MSM.

Alarming, the proportion of late presenters and non-key population among newly reported cases had shown a rising trend. The proportion of non-key population, most of which were heterosexuals, also showed an increasing trend over the past 10 years, and this subgroup of cases tended to present late. The rising proportions of late presenters and non-key population suggested that it became increasingly important to address the general public in the control of the HIV epidemics.

One-tenth of the cases in 2024 were not reported to the HIV Surveillance Office of the DH, limiting the understanding of the full picture of the local epidemiology and potentially leading to gaps in our efforts in prevention and care. Efforts should be augmented to enhance the reporting from requesting units, both from the public and the private sector.

Evaluation of the Inaugural HIV Testing Month in Hong Kong

DH launched its first HIV Testing Month in December 2024 and submitted a report to the ACA to review the effectiveness of the campaign. The main strategy of the campaign was to make use of the synergy effect of both the Red Ribbon Centre (RRC) of DH and AIDS NGOs in the journey of delivery of differentiated HIV testing service: demand creation and pre-testing information, HIV testing services and

post-test service package. A dedicated webpage on HIV Testing Month, featuring a comprehensive testing calendar, had been developed as a resource hub highlighting a variety of HIV testing events as well as linkage to the social media and websites of the NGOs, making it easier to connect with support and resources. Various media outlets (such as bus advertisements, Facebook, Instagram, and Sunday Archives of TVB News Channel) were also utilised to enhance publicity. During the campaign, a total of 1 825 HIV tests were conducted, with 60% provided by NGOs and 40% by DH. Approximately 40% of these tests were first-time testers. According to a cross-sectional study conducted between 1 January and 14 April 2025 by the Chinese University of Hong Kong, about 43% of 464 respondents were aware of the campaign. Regarding the attitudes of respondents towards HIV testing, 88% supported promotion of HIV testing among general public and 42% were willing to promote HIV testing to people they knew. Based on the campaign's effectiveness, DH suggested the HIV Testing Month should be extended to an annual initiative, and would explore the possibility of implementing different testing models (mobile, self-test, and integrated multi-platform collaborations).

The re-engineered model for community engagement

DH updated members on the progress of implementing the re-engineered model for community engagement. After briefing ACA members on the rationale and initial ideas of the initiative in February 2025, DH held a briefing for community stakeholders on 7 March 2025. From April to June 2025, DH held individual discussion sessions with 14 AIDS NGOs to gain a deeper understanding of their works. A SWOT analysis revealed that NGOs had advantages in networking and service delivery, but also faced challenges such as unstable funding sources and insufficient coordination among different NGOs.

Based on a review of the latest developments in HIV response, a situation analysis and results of community consultation, DH proposed a multi-faceted model comprising of the commissioning, integrating, synergising and reacting components, each underpinned by capacity building. Further round of community consultation would be conducted to consolidate the model.

Welcoming our new ACA Members and thanking our outgoing Members

We warmly welcome the following newly appointed ACA Members for a term of two years, with effect from 1 August 2025 –

- | | |
|----------------------------|-------|
| ◆ Dr Theresa CUNANAN | 高德蘭博士 |
| ◆ Dr HUI Chi-ching, Vivian | 許子晴博士 |

We sincerely thanked the following outgoing ACA Members for their invaluable contributions and support to the work of ACA –

- | | |
|-------------------------|--------|
| ◆ Mrs Eva Charisa HSU | 徐區懿華女士 |
| ◆ Ms YAN Tsz-mei, Kammy | 殷子媚女士 |

ACA meeting with The Hong Kong Coalition of AIDS Services Organizations (HKCASO)

The Hong Kong Coalition of AIDS Service Organization (HKCASO) sent an email to the ACA Secretariat on 18 May 2025, expressing their concerns regarding the Government's strategic direction to integrate HIV services into the broader health system. The Chairperson of HKCASO, Dr Phoenix MO, requested a meeting with ACA members to convey their concerns and explore possible strategies to prioritise the needs of people living with HIV.

The meeting was subsequently arranged on 31 July 2025. Participants included ACA Chairman, Dr HO King-man, three ACA members (Mr Eugene CHAU, Dr Donald KWAN and Prof WOO King-hang, J.P.), CFA Convenor, Mr Edmond TONG, and representatives of ACA Secretariat. On behalf of HKCASO, the Chairperson and 12 HKCASO members shared their experiences and the uniqueness of member NGOs in HIV response, and made various proposals during the discussion. ACA Secretariat would reflect their concerns to ACA and take the comments and suggestions into consideration when refining the re-engineered model of community engagement.



HIV/AIDS Statistics

Summary table on the latest HIV/AIDS situation as of June 2025

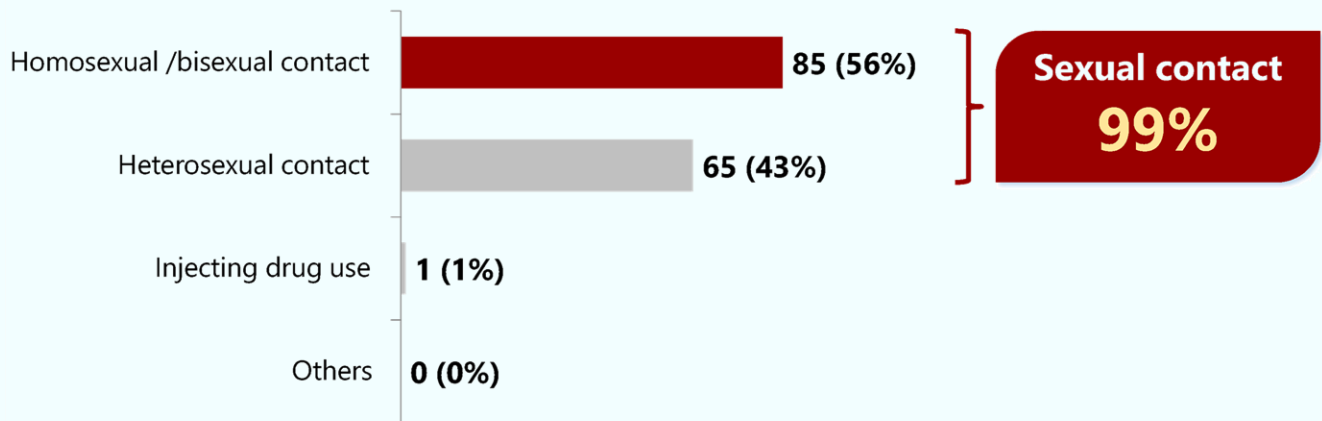
		First half of 2025		Cumulative (since 1984)	
		<u>HIV infection</u>	<u>AIDS</u>	<u>HIV infection</u>	<u>AIDS</u>
Gender	Man	140	33	10 304	2 152
	Woman	40	14	2 279	452
Age	Age range (years)	20-75	24-72	0-96	0-86
Ethnicity	Chinese	123	32	8 665	2 008
	Non-Chinese	36	15	3 326	596
	Unknown	21	0	592	0
Route of Transmission	Homosexual/bisexual contact	85	13	6 070	1 023
	Heterosexual contact	65	28	4 025	1 299
	Injecting drug use	1	0	384	70
	Transfusion of blood/blood products	0	0	87	26
	Mother-to-child transmission	0	0	40	12
	Undetermined	29	6	1 977	174
Total		180	47	12 583	2 604



HIV/AIDS Statistics

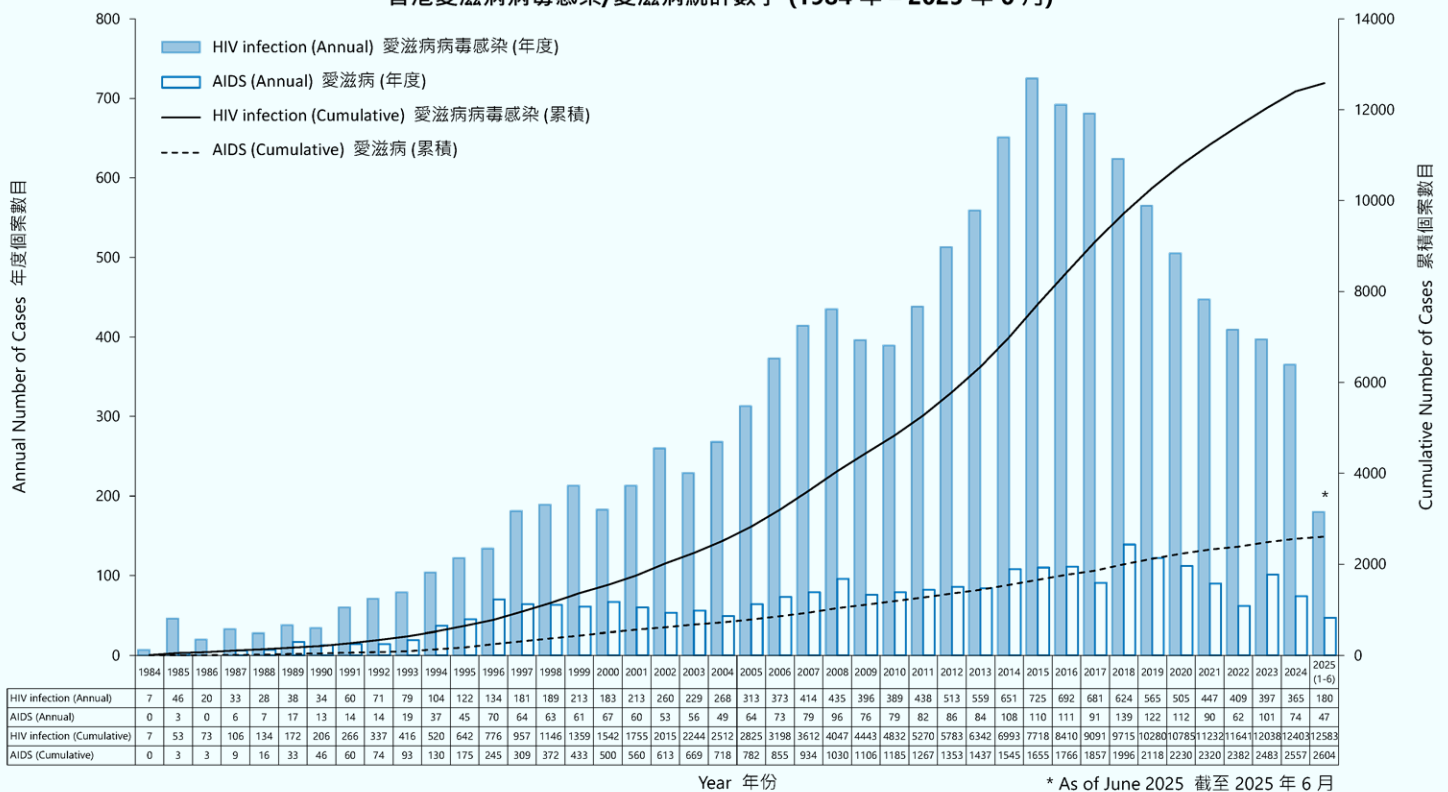
The vast majority of transmission occurred through sexual contact

2025 (Jan-Jun) | Route of transmission of newly reported cases of HIV infection



The routes of transmission of the remaining 29 cases are yet to be determined.
The percentage may not add up to 100% due to rounding.

HIV/AIDS Statistics in Hong Kong (1984 – June 2025)
香港愛滋病病毒感染/愛滋病統計數字 (1984 年 – 2025 年 6 月)

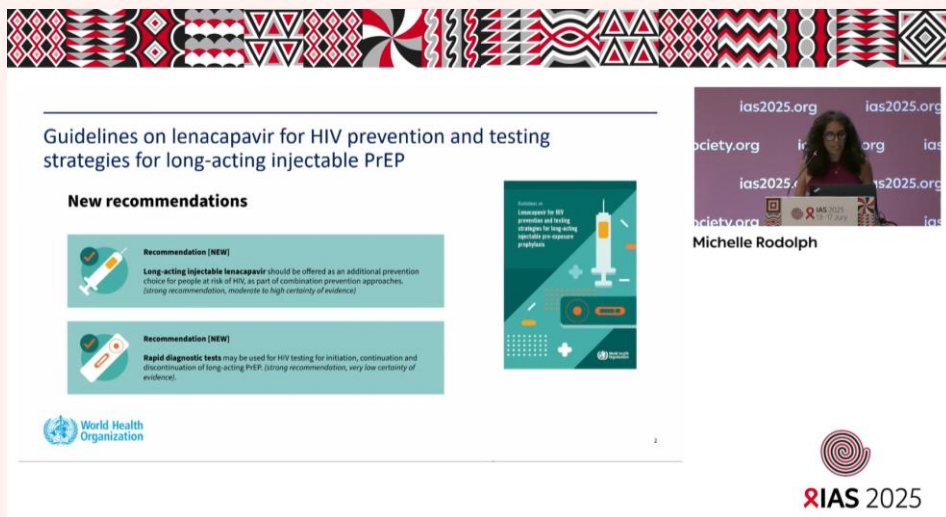


13th International AIDS Society Conference on HIV Science (IAS 2025), Kigali, Rwanda

The 13th IAS Conference on HIV Science (IAS 2025) was held successfully in Kigali, Rwanda from 13 to 17 July 2025. Around 4 000 participants, including representative from the Department of Health, Hong Kong, attended the conference either in person or virtually.

The IAS Conference on HIV Science has set the gold standard of HIV science and featured latest HIV research and innovations that move science into policy and practice. IAS 2025 featured over 142 oral abstract presentations and over 1 400 posters sharing discoveries, innovations and insights around the globe, and addressed the current political and financial issues affecting the HIV response amid major global donor funding cuts.

These are some of the highlighted sessions attended by representative from DH:



The composite image features a slide from the World Health Organization (WHO) titled "Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable PrEP". The slide lists two new recommendations: 1) Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV, as part of combination prevention approaches. (Strong recommendation, moderate to high certainty of evidence). 2) Rapid diagnostic tests may be used for HIV testing for initiation, continuation and discontinuation of long-acting PrEP. (Strong recommendation, very low certainty of evidence). To the right of the slide is a photograph of Michelle Rodolph, a representative from DH, speaking at a podium during the conference. The background of the photo shows the IAS 2025 logo and website.

Representatives from the WHO presented the latest guidelines and recommendations on the use of long-acting injectable PrEP, infant prophylaxis, clinical management of Mpox infection in HIV-infected individuals, etc.

A panel including people living with HIV, sex workers, and transgender women discussed the importance of addressing gender disparities in HIV and shared their lived experience and the work of their organisations in their communities.



What the country has done to date

IAS 2025

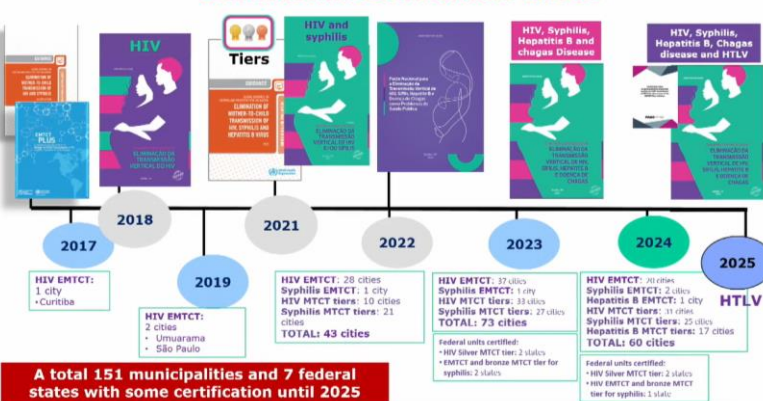
- Developed an elimination plan for HIV, syphilis, and Hepatitis B that has supported the roll out of services across all facilities integrated with maternal and child health services.
- Worked with the Office of the First Lady to popularize testing for HIV, syphilis, and Hepatitis B for all mothers attending antenatal care as well as their partners, together with leaders at all levels through the Free to Shine initiative launched in 2019 in Kigali.
- Increase the range of available commodities for HIV/syphilis test kits and Hepatitis B.
- Developed SOPs and job aides to support implementation.
- Together with our AIDS Development Partners, trained health workers across all regions and facilities, as well as ensured sufficient commodities.
- Nationwide HepB screening and vaccination for adolescents/adults in 2015, which covered all regions.
- Started Hepatitis B vaccination of babies at birth as an additional intervention within the PMTCT package in December 2022.
- Scaled up Point of Care testing for HIV HIV-exposed infants and Viral load monitoring for mothers, reaching over 350 facilities.
- Worked with VHTs, CHEWS, and mentor mothers to improve early antenatal attendance, home-based ANC and HIV testing, home-based EID testing, home visiting for mothers not suppressing and improvement in partner testing.

13 – 17 July • Kigali, Rwanda ias2025.org



Representatives from Uganda and Brazil shared their experience on the elimination of mother-to-child transmission (EMTCT) of HIV, HBV, and syphilis. The DH has been planning to apply for validation of EMTCT of HIV, HBV, and syphilis (Triple Elimination Initiative) for Hong Kong from the WHO.

Subnational certification EMTCT



Panelists discussed the impact of donor funding cuts on HIV prevention and treatment, including disruption of pre-exposure prophylaxis (PrEP) supply and voluntary medical male circumcision (VMMC) programmes in developing countries. Countries that relied heavily on donor funding need to reallocate government budget to cover for HIV prevention and treatment. Many countries seek to integrate HIV services into social protection programmes and collaborate with the private sector to improve service delivery to the disadvantaged.

Madalisilo Silondwa, Clinton Health Access Initiative
Session title: No retreat, no surrender: Sustaining the HIV response in times of turmoil

Assessing the impact of USG funding cuts on Zambia's HIV Prevention programming: a retrospective review of PrEP and VMMC uptake (2024–2025)



Conclusion

Transitioning from donor to domestic HIV financing in Sub-Saharan Africa is complex.

- Some countries progressed well, using innovative strategies and strong leadership.
- Others still depend heavily on external funding.

To sustain HIV programs, countries must:

- Strengthen domestic resource mobilization.
- Develop comprehensive, tailored strategies to overcome challenges.



Supported by RRC

TO LIVE, TO DIE, TO LIVE AGAIN at HKLGFF 2025

Since 2006, the Red Ribbon Centre (RRC) has supported the screening of movies with themes related to HIV and Lesbian, Gay, Bisexual and Transgender (LGBT) at the Hong Kong Lesbian and Gay Film Festival (HKLGF) and arranged publicity activities on HIV prevention and care.

This year, RRC is proud to present the film “**TO LIVE, TO DIE, TO LIVE AGAIN**”, a compelling story that follows a love triangle among three young adults striving to preserve their unconventional family unit while navigating emotional and physical challenges deeply impacted by the HIV/AIDS crisis.

TO LIVE, TO DIE, TO LIVE AGAIN

14.9.2025 (SUN) | 14:05

Broadway Cinematheque

(with post-screening panel discussion)

20.9.2025 (SAT) | 15:30

Premiere Elements



《三生有幸》特別映後談

TO LIVE, TO DIE, TO LIVE AGAIN

—Special Post-Screening Panel Discussion

14/09/2025 sun

油麻地百老匯電影中心 **Broadway Cinematheque**

放映後 45 分鐘 | 45 mins After the Screening

粵語主講 Conducted in Cantonese · 憑票入場 Admission by Ticket Only

分享嘉賓 Guest Speakers

黃修平

WONG SAU PING, ADAM

《看我今天怎麼說》導演

Director of *The Way We Talk*



黃駿君

BONNIE WONG

感染及傳染病科醫生

Specialist in Infectious Disease



GABRIEL

HIV 感染者

Person Living with HIV

As a highlight, a post-screening panel discussion will take place on **Sunday, 14 September 2025**, immediately following the screening. The discussion aims to engage audiences in exploring how the lives of people living with HIV are evolving in this era of groundbreaking medical progress.

Join us for this thought-provoking experience and be part of the conversation on how medical breakthroughs continue to shape the lives of people living with HIV.