

Recommended HIV/AIDS Strategies for Hong Kong



2002 To 2006

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- Hong Kong AIDS Foundation
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- Hong Kong Coalition of AIDS Services Organisations
- Hong Kong Council of Social Service
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3. Preface

The **Recommended HIV/AIDS Strategies for Hong Kong - 2002 to 2006** is the blueprint of the Advisory Council on AIDS to guide, improve and better coordinate the HIV programmes in Hong Kong. In this connection, Hong Kong's HIV programmes refer to the collective effort of all agencies on HIV prevention, care and control.

In preparing the **Recommend Strategies**, the Advisory Council on AIDS (ACA) has taken reference from the previous strategies (1999-2001), recommendations of the ACA and its committees, relevant documents from overseas, the Mainland and the United Nations, and the deliberation of the Community Planning Committee in the past few years. The earlier draft of the document was distributed by the Council to stimulate discussion in its three committees, and at an open forum initiated by the Council. The Council has also taken note of written comments submitted by agencies and individuals before revision and subsequent confirmation.

The **Recommend Strategies** is aimed at anyone with a responsibility for or interest in HIV/AIDS in Hong Kong. The ACA considers it important for all health care professionals, service providers in HIV prevention and care, and people affected by HIV/AIDS to take part in the process and understand the recommendations contained in the document.

I wish to add a vote of thanks to the ACA Secretariat and staff of the Special Preventive Programme of the Department of Health. They have gone through the logistics of turning the strategies into words, and converting draft papers into the document that we can read today. Last but not the least, may I thank all who had contributed to this document, as we hold the same belief that what we are doing today would help building a better to-morrow.



Dr. Homer TSO Wei-kwok, JP
Chairman (1999-2002)
Hong Kong Advisory Council on AIDS
May 2002

4. Overview of Strategy Development

History of AIDS Strategies Development

When Human Immunodeficiency Virus (HIV) first hit Hong Kong in 1984, prevention and control activities were coordinated by the then Medical and Health Department under the guidance of an Expert Committee on AIDS. Policy development was limited largely to the formulation of technical guidelines on infection control, counselling, HIV antibody testing, and the supervision of surveillance activities.

It was not until 1990 that a comprehensive approach was adopted in addressing AIDS by the newly appointed Advisory Council on AIDS.

In 1994, the Council published its first set of recommended policies on HIV/AIDS (See Box 1). Titled *Strategies for AIDS Prevention, Care and Control in Hong Kong*, the publication presented the consensual policy principles on all aspects on HIV/AIDS in Hong Kong. This has also become the guidance document that supported the development of policies in health, social welfare, workplace, prison and other settings.

Box 1:

Policy refers to *those laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behaviour*.¹ In Hong Kong the development of AIDS policies have taken the forms of the recommendations of the Advisory Council on AIDS (ACA), administrative guidance established by government departments, and community action.

In 1998, the Council commissioned a comprehensive programme and situation review, with a view to prepare the strategy for subsequent years. An internal assessment was conducted through the efforts of the Secretariat of the Council², and was examined by a team of four external consultants, who then produced a landmark document on how to expand Hong Kong's response to HIV/AIDS.³ The Council then went on to produce its second strategy document for 1999 to 2001.⁴

¹ Wallack L. Media advocacy: promoting health through mass communication. In: Glanz K, Lewis FM, Rim BK. (eds) *Health Behaviour and Health Education: Theory Research and Practice*. San Francisco: Jossey-Bass, 1990:370-86.

² Hong Kong Advisory Council on AIDS. *Internal Assessment Report - a review of the HIV/AIDS situation and the programmes on its prevention, care and control in Hong Kong*. Hong Kong: Advisory Council on AIDS, 1998.

³ External consultancy team. *Moving ahead together - expanding Hong Kong's response to AIDS*. Hong Kong: Advisory Council on AIDS, 1998.

⁴ Advisory Council on AIDS. *AIDS Strategies for Hong Kong 1999 - 2001*. Hong Kong: Advisory Council on AIDS, 1999.

Based on the guiding principles of the 1994 strategy document, which were non-discrimination, commitment of society at all levels, integration into existing programmes, sustained efforts tailored to changing requirement of individuals and society, and solidarity in societal perspective, together with the three key objectives of focusing on prevention, ensuring quality care and strengthening partnership, a tripartite approach was recommended in the strategies for 1999 to 2001:

- (i) Prevention - focus on vulnerability, involve the community, and promote acceptance of people living with HIV/AIDS.
- (ii) Care - support quality treatment, meet the needs of people living with HIV/AIDS, and promote HIV testing.
- (iii) Programme support - a common programme direction, community planning, emphasis on evaluation, and strengthening of surveillance.

Also, it was the first time that specific targets had been developed to monitor Hong Kong's progress in the implementation of the recommended strategies. The ten targets served as a yardstick to assess the extent that the recommended strategies have been translated into practice (Annex I).

Policy Recommendations for the Five Years to 2006

Understanding that there're different perspectives in addressing HIV in a society, the Advisory Council on AIDS sees AIDS strategy as a public health tool for ensuring the containment of HIV infection and the provision of care to those infected. While the ultimate goal of an effective AIDS strategy is the same across countries, the specificities vary because of the differences in epidemiology, and the cultural, social and economic factors that underlie the national responses.

The development of AIDS strategies 2002-2006 is founded on a process that takes reference from not only the current HIV situation and programmes, but also the progress made in the development of previous strategies in Hong Kong and overseas (Annex II). Instead of an ad hoc project, it is a continuous process for the Advisory Council on AIDS and has involved all the stakeholders of HIV prevention and care at various stages. This is supported by activities of the Council's three committees, advice of the Community Planning Committee, and the input of the Secretariat in researching policy development in other countries, together with the evaluation of the Council's activities for the last three years:

A continuous process - The 1998 review was the starting point for a new process of developing policy recommendations. The Council has since been monitoring the progress against the strategy recommendations for 1999 - 2001. The three committees were each charged with developing strategies in their respective areas of expertise:

- (i) Scientific Committee on AIDS - the Committee has focused on the formulation of technical guidelines and recommendations in public health and clinical practice.
- (ii) Committee on Promoting Acceptance of People living with HIV/AIDS - as the name implies, strategies were proposed on promoting acceptance.
- (iii) AIDS Prevention and Care Committee - the Committee has been following up on the efforts of the Committee on Education and Publicity on AIDS, its predecessor, in the development of strategies on AIDS prevention and care.

Community planning process - Under the auspices of the Community Planning Committee formed under the Hong Kong Coalition of AIDS Service Organisations, community planning is a newly introduced method to prioritise HIV/AIDS activities through the involvement of affected community. The Advisory Council on AIDS has been taking reference from the deliberation and recommendations of the Community Planning Committee.

Analysis of the Secretariat - The Council Secretariat is operated by the Department of Health's Special Preventive Programme. The Secretariat provides support to the development of policy recommendations through the following activities:

- (i) Progress on AIDS policy development in the Mainland, in other countries and in the United Nations has been noted. Relevant documents were obtained and made available to Council members to facilitate their efforts in strategy development in the Hong Kong context.
- (ii) Implementation of the Strategies for 1999 to 2001 has been kept under review.
- (iii) Analysis of progress on (i) and (ii) above has been reported in Council meetings between 1999 and 2001.

The broad-based approach of involving the stakeholders (government and non-governmental agencies, and the affected community) in the formulation of the policy recommendations allows all key organisations and people that are working in the field of HIV prevention and care to contribute and take ownership of the strategies.

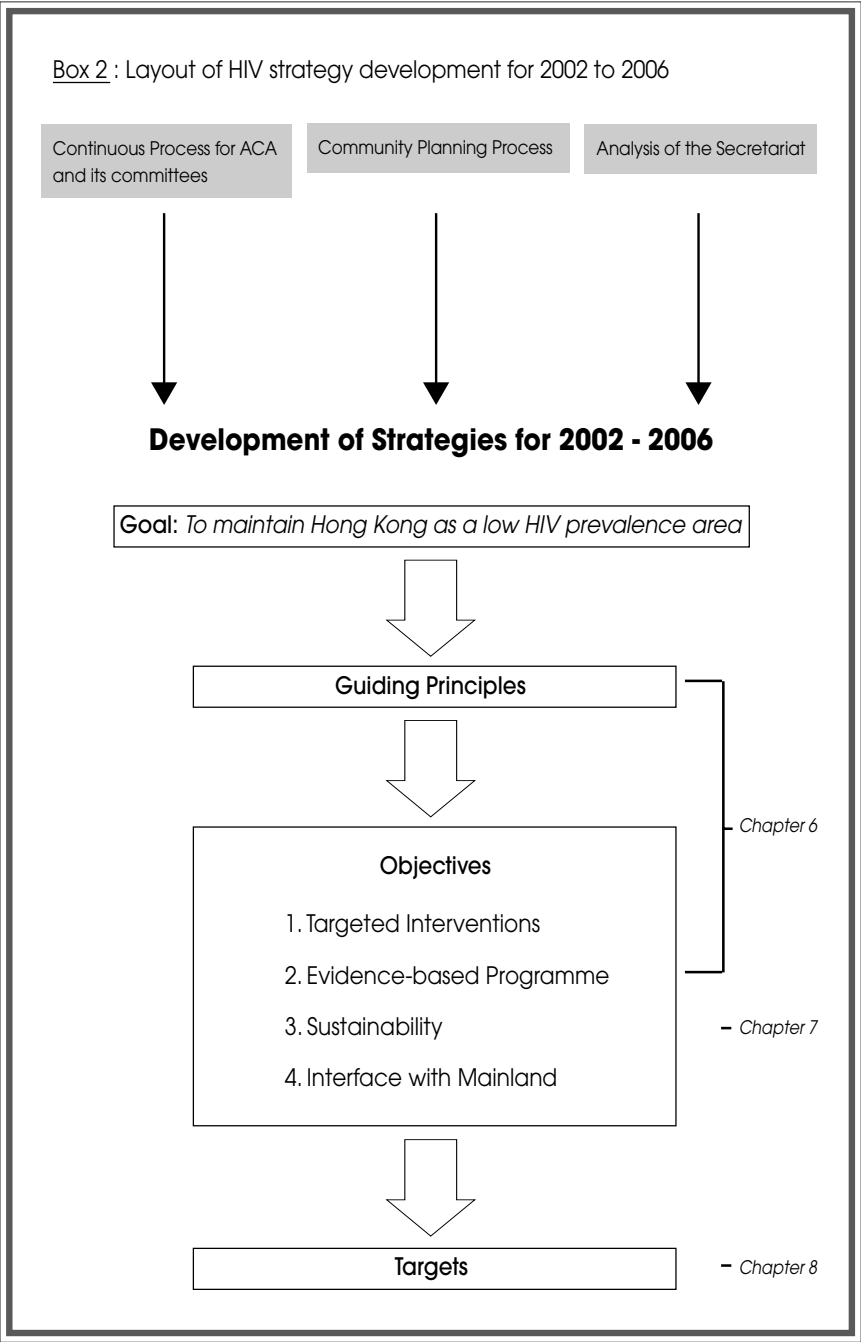
Authoring the Strategies for 2002 to 2006

The writing of the strategies for the 2002 to 2006 was considered when the Council's fourth term of office (1999 to 2002) entered the third year. At the 37th meeting of the Council on 24 August 2001, it was resolved to ask the Secretary to, "based on the directions given at UNGASS⁵, work out a set of new strategies...".

A draft document was prepared in the ensuing months, in consultation with the Council Chairman and committee chairmen. A revised paper was circulated to all Council members and was discussed at the 38th meeting on 14 December. The same document was released as a Discussion Paper to facilitate the collection of views from agencies and individuals involved or interested in Hong Kong's HIV programmes. This final document, confirmed at the Council's 39th meeting on 22 March 2002, has been revised, taking into account the views and suggestions from all interested parties over the past few months.

The layout of the process and framework of strategy development for 2002 to 2006 is illustrated in Box 2.

⁵ The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was held on 25 and 26 June 2001 in New York.



5. Review of HIV Situation and Programmes

Global and Regional Epidemiology

In the last two decades, HIV has led to an epidemic that affects all human populations around the world. An estimated 40 million people are now living with the virus, and some 16,000 new infections occur daily. HIV affects people in their prime years of life, often between the age of 15 and 49. Globally more men than women are infected with the virus. Africa has been the hardest hit continent ever since the beginning of the epidemic. There has been a slight fall in incidence lately, largely because of the small pool of people still uninfected.⁶

In South East Asia and the Pacific, injection drug use and heterosexual infections are the major routes of HIV spread. The World Health Organisation estimated that there are over 1 million people living with HIV in the Western Pacific Region⁷, a region that covers Hong Kong and Mainland China. In Asia, three countries - Thailand, Myanmar and Cambodia - have registered national HIV prevalence of over one percent.⁸ Such average figures must be interpreted in perspective, as HIV infection has already exploded in some communities in these and other countries. Needles-sharing in injection drug users is fuelling the spread in Manipur in north-eastern India, Yunnan in south-western China, Myitkyina in northern Myanmar, and more recently in Indonesia, Nepal and other provinces in Mainland China.

In Mainland China,⁹ injection drug use has continued to be the most important route of HIV spread. Apart from Yunnan, high HIV rates in injecting drug user population ranging from 10% to 80% have been documented in Xinjiang, Guangxi, Guangdong and Sichuan. There was also an increase in heterosexual transmission, with a rising HIV prevalence in STI patients in Yunnan (up to 8%), Guangxi (2%) and Guangdong (1.3%) in 2000. The corresponding prevalence in commercial sex workers was 4.6%, 10.7% and 3% respectively. Mother-to-child transmission has also been reported. HIV spread in paid blood donors has attracted considerable media attention, though the actual dimension of the problem is not clear.

⁶ UNAIDS. AIDS epidemic update: December 2001 www.unaids.org

⁷ Information source: World Health Organisation Western Pacific Regional Office www.wpro.who.int

⁸ MAP Network: *The status and trends of HIV/AIDS/STI epidemics in Asia and the Pacific - provisional report*. October 2001

⁹ China UN Theme Group on HIV/AIDS. AIDS in China: *New millennium - titanic challenge. An updated assessment of the HIV/AIDS situation in China*. UNAIDS, 2001.

HIV/AIDS Situations in Hong Kong¹⁰

In Hong Kong, a cumulative total of 1755 HIV infections have been reported as of the end of 2001. On a yearly basis, about two hundred cases are notified under the voluntary reporting mechanism to the Department of Health. Through an analysis of the available epidemiological information, it was estimated that in 1999, the HIV prevalence in Hong Kong ranged between 2000 and 3000 (Revised projection of HIV infection and AIDS cases in Hong Kong by Professor James Chin, www.aids.gov.hk), a figure supported by results of seroprevalence studies.

Over the years, **sexual transmission** has remained the single most important route of HIV spread in Hong Kong. Not surprisingly, the HIV prevalence is highest in the age 25 to 34 group. From the reported figures, there has been a notable change from a predominantly homosexual to a heterosexual infection. Between 1985 and 1990, less than 30% of the reported sexually-acquired infections were heterosexuals. In 2000, this percentage has risen to 82%. These figures must be interpreted with care because of the different denominators involved. The importance of homosexually acquired infection should not be ignored. Assuming that one-tenth of men in Hong Kong are homosexuals, the HIV prevalence in homosexual men is at least three to five times that of heterosexual men. In parallel there has been a narrowing of the male-to-female ratio from 8:1 in 1992 to about 3:1 in 1998 and beyond.¹¹

On the other hand, less than 5% of the reported infections in 2000 were attributable to **injection drug use**. Cumulatively it is 2.5%. There are, however, indications that HIV rates in drug users are rising. Unlinked anonymous screening of methadone users revealed a yearly positive rate of less than 0.1% up to 1997, rising gradually in the last few years and reaching 0.27% in 2000. The number of reported cases has also risen from not more than 3 per year before 1998, to 6 in 1999, 9 in 2000 and 11 in 2001.

Transfusion of contaminated blood or blood product is a known risk factor for HIV spread. In Hong Kong, a total of 64 haemophilic patients and 3 transfusion recipients had contracted HIV before 1985 as a result of the use of contaminated blood or blood product before blood screening and safer alternatives became available. Over the years about a quarter of the haemophiliacs have been tested positive for HIV. While the risk of transfusion has become a subject of the historical past, we were again reminded of the remote chance of infection from blood

¹⁰ The main sources of reference are: (a) data from the HIV/AIDS surveillance system maintained by Special Preventive Programme, Department of Health, (b) STD/AIDS *Update* quarterly report published by Special Preventive Programme and Social Hygiene Service, (c) HIV Manual published by the Department of Health 2001 (www.aids.gov.hk)

¹¹ Choi T, Lee SS. Tracking HIV infection: Hong Kong. *AIDS Reader* 2000;10 (1) :29-34.

collected during the window period, when a patient actually got infected in 1997. There is no absolute safety despite the implementation of donor deferral, donor screening for HIV antibody and the introduction of Nucleic Acid Test (NAT) by the Hong Kong Red Cross Blood Transfusion Service. An infinitesimal residual risk of infection remains.

HIV could be passed from an infected mother to her newborn baby. In Hong Kong, the HIV prevalence of neonates derived from unlinked anonymous screening programme is about 0.03%. A study conducted at Kwong Wah Hospital in 1999 revealed a positive rate of 0.06%¹² (3 out of 5067). These figures translate into an estimation of 15 to 30 HIV positive pregnancies yearly in Hong Kong. Assuming that the rate of *mother-to-child infection* is 20%, about 3 to 6 HIV positive babies are born each year if intervention is not instituted. With the implementation of universal antenatal HIV testing and the provision of antiretroviral therapy from September 2001, perinatal HIV infection would become extremely uncommon.

Programmes on HIV/AIDS

Hong Kong has, over the years, established a network of organisations and a collection of activities devoted to HIV/AIDS prevention, care and control. The term *Programme* denotes this unique set of collaborative efforts. A full description of the Programme is beyond the scope of this document. Readers may refer to the Internal Assessment Report compiled during the 1998 review (see Chapter 1) for details. This section provides an outline of the Programme and the highlights between 1999 and 2001.

Hong Kong's HIV/AIDS Programme is executed by a variety of agencies. Within the government, the Department of Health's Special Preventive Programme is the designated unit working on AIDS. The Government-appointed Advisory Council on AIDS provides policy advice on all aspects of the infection. A number of AIDS NGOs¹³ specialise in community-based activities. The efforts of these organisations are complemented by other government services, public bodies, mainstream NGOs and the academia.

Advisory Council on AIDS underwent a series of restructuring to tie in with the recommendations of the external consultants in 1998. A Committee on Promoting Acceptance of People living with HIV/AIDS was formed. The Committee on Education and Publicity on AIDS was transformed into the AIDS Prevention and Care Committee,

¹² Tse HY, Lai FK, Wong J, Chan ASM, Tang LCH. Universal voluntary screening of HIV in pregnant women in Hong Kong: a prospective study. *HKMJ* 2001;7:246-50.

¹³ AIDS NGOs in Hong Kong include: Hong Kong AIDS Foundation, AIDS Concern, Society for AIDS Care, Teen AIDS, St John's Cathedral HIV Education Centre, Action for Reach Out, Hong Kong Council of Social Service - AIDS Project

focusing on strategy development in specific priority areas. The Scientific Committee on AIDS has continued to develop technical guidelines. The Committee provided support to the Advisory Council on AIDS in recommending the implementation of universal antenatal HIV testing in Hong Kong.

HIV/AIDS Surveillance is a regular programme of the Department of Health. A quarterly report (published in Hong Kong STD/AIDS Update) has been produced since 1995. HIV/AIDS surveillance is now composed of four inter-relating systems (i) voluntary reporting, (ii) seroprevalence studies, (iii) behavioural surveillance, and (iv) STI surveillance. An annual report of the four systems has been produced since late 2000. The joint efforts of the Department of Health and the University of Hong Kong between 1994 and 1998 concluded a pilot behavioural surveillance project, which produced its final report in 2000. Another project to explore the HIV situations in the Pearl River Delta Region ended in 2001. An investigation of the HIV subtypes was initiated in 2000, with the preliminary reports presented in the First China AIDS and STI Conference in Beijing in 2001.

The government's HIV prevention and education activities are implemented by both designated AIDS services and other departments/units. The Red Ribbon Centre is the resource centre that houses the Department of Health's HIV Prevention and Health Promotion Team. The Centre organises three major categories of activities-communication and information projects to awareness and acceptance, targeted prevention, and capacity building. It was designated an UNAIDS Collaborating Centre in late 1998, and has since been a focal point in region. The Department's Social hygiene Service and Methadone Clinics are outlets for STI treatment and harm reduction respectively. The Hong Kong Red Cross Blood Transfusion Service is on the forefront in safeguarding blood supply.

On the community level, the Coalition of AIDS Service Organisations has set up the first Community Planning Committee which led to a set of prioritised activities in 2001. AIDS NGOs have continued to consolidate their expertise in HIV prevention and care. AIDS Concern has become a pioneer in the development of HIV prevention activities in men having sex with men (MSM), travellers and commercial sex workers (CSW), the latter in conjunction with the Action for Reach Out, an NGO working with CSWs. Teen AIDS focused on HIV awareness and sex education in young people. The Society for AIDS Care started a series of training activities in support of the universal antenatal HIV testing programme. The St. John's Cathedral HIV Education Centre has been focusing on HIV awareness and prevention in women. The AIDS Project of

the Hong Kong Council of Social Service (HKCSS) provides a linkage between AIDS organisations and mainstream NGOs. The HKCSS successfully organised the Hong Kong AIDS Conference 2001 in August 2001. The Hong Kong AIDS Foundation has been focusing on collaboration with the Mainland in the past few years.

HIV testing, diagnosis and care constitute another broad category of programme on AIDS. The Department of Health's Virus Unit is the largest diagnostic laboratory on HIV, supporting the testing services organised by the Special Preventive Programme, Hospital Authority and the Hong Kong AIDS Foundation. The advent of highly active antiretroviral treatment (HAART) has caused significant changes to HIV treatment and care programmes around the world. It was estimated that the active caseload of HIV/AIDS patients in the public service was 900.¹⁴ A majority of these patients are under the care of the Integrated Treatment Centre of the Department of Health and the Special Medical Service of the Hospital Authority's Queen Elizabeth Hospital. The objection of Richland Gardens residents to the setting up of the Integrated Treatment Centre in Kowloon Bay ended in an out-of-court settlement in 2002,¹⁵ following the efforts of the Equal Opportunities Commission.

The government has been funding a majority of activities in Hong Kong's HIV/AIDS Programme. While government agencies and public bodies are funded through their regular established mechanism, the AIDS Trust Fund has continued to be a unique source of financial support for community-based HIV activities. About 20 organisations were supported each year to implement a broad range of projects.¹⁶ A total of over HK\$60M has been disbursed to support more than 300 projects in the eight years since the Council for The AIDS Trust Fund was established.¹⁴

¹⁴ Curbing the spread of AIDS - The Secretary for Health and Welfare's response to a question raised by the Hon David Chu at the sitting of the Legislative Council on 30 January 2002. www.legco.gov.hk

¹⁵ Richland Gardens case settled out of court - landmark case. Equal Opportunities Commission 25 January 2002. www.eoc.org.hk/CE/case/index.htm

¹⁶ The Secretary for Health and Welfare's written reply to a question raised by the Hon Cyd Ho at the sitting of the Legislative Council on 7 February 2001. www.info.gov.hk/hwb

6. Framework for Strategies 2002 - 2006

Basis of the Proposed Strategies

In the last Chapter, the HIV situation and programmes are reviewed, in context of the progress of strategy development in Hong Kong, in the region and also globally. They form the basis of the strategies proposed in this Chapter. The Strategies are founded on the existing strength of the Hong Kong’s HIV programmes. They are developed to address gaps identified in the local programmes, and to meet future needs.

Building on Success

What then are the *strengths* of the existing programmes? To begin with, the Advisory Council on AIDS notes that the HIV prevalence in Hong Kong is currently at a low level of not more than 0.1% in the general population. This conclusion is drawn after examining all available epidemiological data, with the caution that the potential for its spread is always present. Against the background of a relatively low HIV prevalence, Hong Kong’s programme on its prevention, care and control, has incorporated various components shown in Box 3. Within each component of the programme, *gaps and challenges* have also been identified for the formulation of the Strategies 2002 to 2006.

| Box 3: Current Programme in Hong Kong - its components and the corresponding gaps and challenges | | |
|--|--|--|
| | Components of the Existing Programme | On-going Challenges |
| (i) | An Advisory Council on AIDS that provides policy advice | A common policy direction on HIV/ AIDS prevention, care and control is not evidently in place. |
| (ii) | The AIDS Trust Fund that has been set up as mechanism exclusively for supporting community-based HIV/ AIDS prevention and care initiatives | There is a lack of mechanism to link the funding of community-based efforts with the individual programme’s effectiveness and the society’s needs. |

| | | |
|-------|--|---|
| (iii) | Treatment services provided largely through the public service, via the Department of Health and the Hospital Authority | Professional expertise in HIV prevention treatment and care is limited, and has been developed outside the mainstream public health, clinical and social service fields. |
| (iv) | HIV prevention activities integrated with other public health services, including STI (Sexually Transmitted Infections) and methadone programmes | The academia has provided very little input in their fields of expertise to the HIV prevention and care programmes in Hong Kong. |
| (v) | A community planning process that has just been piloted to provide for the prioritisation from the community's perspective | Community planning process needs to be on-going to translate the proposed priority activities into actions and to ensure their effectiveness through systematic evaluation. |
| (vi) | The operation of AIDS NGOs that deliver complementary HIV prevention and care activities | Community efforts on HIV prevention and care are often limited to the work of a few AIDS NGOs. |
| (vii) | The networking with international and mainland agencies through Red Ribbon Centre, Hong Kong AIDS Foundation and other organisations. | There is a lack of well-established continuing working relationship between the HIV programmes in Hong Kong and the Mainland. |

In meeting the future needs, there are 3 levels of uncertainties that need to be addressed. Firstly, the contribution of the existing programmes to the low HIV prevalence is not entirely clear. With an increasing number of HIV infections among the drug users, the effectiveness of the methadone programmes and other measures to protect Hong Kong from an explosive rise in HIV/AIDS remains to be established. Secondly, the HIV situations and responses in Mainland China are not clearly known, especially with regards to their impacts on Hong Kong. Finally, the United Nations has proposed some programme targets for national HIV authorities. The relevance of these suggestions to Hong Kong is not clear.

Overview of the Strategy Framework

The goal of the strategies for 2002 to 2006 is to maintain Hong Kong as a low HIV prevalence area, which is supported by a set of seven guiding principles and illustrated through four specific strategy objectives. In realising the objectives, a total of eleven targets are recommended. These targets can be used to monitor the progress in the implementation of the strategies, and are themselves the yardstick to measure the collective achievement of all agencies working on HIV/AIDS in Hong Kong.

Guiding Principles

The 1994 strategies proposed by the Advisory Council on AIDS contained a set of guiding principles. These were consolidated in the 1999 strategies, namely, non-discrimination, commitment of the society, integration into existing programmes, sustained efforts, and solidarity at local, regional and global level.

In preparing the new strategies, a new set of guiding principles are proposed. These are broad issues which underlie the strategy objectives, the latter being more specific and are meant to be used for a defined period of time. The new strategy principles are drawn from the feedback to the 1994 and 1999 strategies, and has incorporated the spirit of the Global Strategy Framework¹⁷ proposed by the United Nations, following the United Nations General Assembly Special Session on HIV/AIDS. The seven guiding principles are as follows:

- (i) The ***prevention-treatment-care continuum*** is the cornerstone of effective strategies in HIV prevention and care.
- (ii) The principle of targeted intervention, addressing ***vulnerability*** (see Box 4) and ***risk*** behaviours, should be embodied in the efforts on HIV prevention. This is particularly relevant in low prevalence setting in determining the effectiveness of the programmes so delivered.

¹⁷ UNAIDS. *The global strategy framework on HIV/AIDS*. Geneva:UNAIDS, 2001.

- (iii) Promotion of **acceptance** is an integral component of public awareness and health promotion activities on HIV prevention and care. The principle goes beyond fighting discrimination and calls for acceptance of people living with HIV/AIDS in the community.
- (iv) The concept of **professional standard** should be incorporated in the HIV treatment and care services organised for people living with HIV/AIDS.
- (v) **Effectiveness** is the implied principle in the development of HIV prevention, care and control efforts, based on scientific evidence derived from vigorous research.
- (vi) HIV/AIDS crosses country boundaries. The observance of **solidarity** is emphasized in developing strategies in Hong Kong, in interfacing with the Mainland, the region and globally.
- (vii) **Gender** issue is a perspective that should be incorporated in the development of programmes on HIV prevention, treatment and care.

Box 4

Risk is the probability that a person may acquire HIV infection. Risk behaviours include those relating to unprotected sex and injection drug use. Vulnerability refers to the societal factors that influence such behaviours. By developing focused action to those communities who are prone to risk behaviours, maximum impact of HIV prevention can be obtained. Vulnerable communities include travellers to and from Mainland China, commercial sex workers and clients, men who have sex with men, youth, injection drug users, and STI clinic attendees.

Strategy Objectives

Aiming at maintaining a low HIV prevalence, an expanded and sustainable response, and foundings on the seven guiding principles, four objectives are defined for Hong Kong's HIV programmes for the coming five years:

- (i) To implement targeted interventions best suited in low HIV prevalence situation
- (ii) To support evidence-based programme development

- (iii) To integrate HIV prevention, education, treatment and care efforts in existing health and social service programmes
- (iv) To interface effectively with the Mainland to maximise the impacts of the collective responses

The specificities of the objectives are explained in the next Chapter.

Monitoring the Progress

The Advisory Council proposes that a mechanism be established to monitor the progress towards the goal and objectives proposed for the coming years. A set of eleven targets is developed. They serve the purposes of supporting the realisation of this monitoring role.

7. Strategy Objectives

Background

In reviewing Hong Kong's HIV programmes, it is evident that a framework is in place to support activities for the prevention, treatment, care and control of the infection in the local context. In the development of an effective strategy, the Advisory Council on AIDS proposes to build on the existing strength and to aim at an effective and sustained response to keep HIV at low level. Against the background of the seven guiding principles, four strategy objectives are defined, which are (i) implementing targeted interventions best suited in low HIV prevalence situation; (ii) supporting evidence-based programme development; (iii) integrating HIV prevention, education, treatment and care efforts in existing health and social service programmes; and (iv) interfacing effectively with the Mainland to maximise the impacts of the collective responses.

Targeted Interventions Best Suited in Low HIV Prevalence Situation

Hong Kong is classified as a low HIV prevalence area¹⁸ based on the observation that the community has a relatively low HIV seroprevalence rate - less than 1% in all the population groups being tested. To achieve an effective control of the HIV spread in our setting, it is recommended that we adopt a more focused approach through targeted intervention to areas in need.

Targeted intervention for a low HIV prevalence area would involve a unique framework of measures that is based on the local needs. Needs should be identified through assessing the local HIV situation and epidemiology and must be evidence-based. It is important to intervene at both the levels of individual transmission and group vulnerability for the spread of HIV. Prevention, treatment and care can only be offered if the HIV status or HIV risk behaviour is known and the environment is conducive for either undertaking the test and seeking help. Special attention is required not only to reduce discrimination but also to promote better acceptance by the general population of those who are HIV infected as well as people from the vulnerable communities. Legislation in this area can be further examined and be refined to cultivate a society with better acceptance of people with HIV/AIDS. It would then enhance the effectiveness of targeted intervention by lowering many unnecessary barriers to the prevention of HIV/AIDS.

Promoting HIV antibody testing is recognised as the crucial first step to an effective HIV prevention in Hong Kong. The Advisory council on AIDS is acutely aware of the phenomenon of people going for blood donation as a means of knowing his/

¹⁸ Department of Microbiology, The University of Hong Kong and Hong Kong Government Department of Health Special Preventive Programme. *Final Report of the AIDS Scenario and Surveillance Research Project: Assessing HIV Risk in a Population*. Hong Kong, Government Printer, 2000.

her HIV status, a problem identified by the Hong Kong Red Cross Blood Transfusion Service, which would need to be addressed with sensitivity and professionalism. In this connection, the followings are characteristics of measures that are pertinent to an effective: (i) interventions that target populations with higher behavioural risk for HIV, for example, injecting drug users and people with Sexually Transmitted Infections; (ii) preventive intervention for people living with HIV/AIDS - this measure is most effective if the size of the HIV population remains relatively small; (iii) wider access of HIV testing - access should include availability, ease of use, and coverage; and (iv) effective treatment and care for those requiring them.

Towards Evidence-based Programme Development

An effective means of discharging HIV/AIDS effort is to promote the use of evidence-based approach in the design, implementation, and evaluation of all HIV prevention and care programmes. Such strategy could lead to the development of quality programmes that are responsive to the changing needs of the society in a systematic manner. Evidence-based programme development can be achieved through the following means: (i) research, (ii) a scientific approach to allotment of programme funding, and (iii) an establishment of programme indicators.

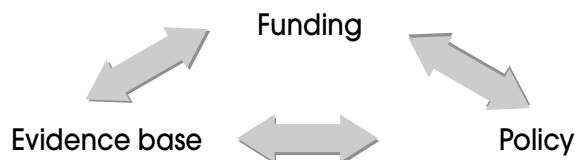
Research is defined as organised studies involving a methodical investigation into any given subject in order to discover fact, to establish or revise a theory, or to develop a plan of action based on the facts discovered. Research in the context of HIV/AIDS should include not only biomedical investigations but also the psychosocial dimensions, and the delivery of service to the community. Research is vital in providing an evidence base for clinical treatment, and the development of public policy and programmes.

In Hong Kong, the input of the academia in HIV/AIDS programme development has so far been limited. It is necessary, with active participation of the universities, businesses and other organisations, to develop an enabling environment for fundamental research. Our society has also demanded research activities to identify and address issues or problems associated with HIV/AIDS. This strategic research has gained increasing importance because of its practical application in the implementation and evaluation of interventions.

On the other hand, funding often plays a critical role in shaping the community's responses to HIV/AIDS. It is well recognised that policy influences resource distribution in a positive way. A scientific approach would ensure that effective HIV/AIDS activities are supported. This can be achieved through:

- (i) The provision of a technical review process in guiding the assessment of funding proposals through the use of criteria founded on scientific evidence;
- (ii) Rationalising programme funding by linking it with policy guidelines;
- (iii) A proactive approach in inviting the planning of projects which are based on the results of quality research; and
- (iv) The funding of strategic research.

The interlinking relationship among policy, evidence-based support, and the direction of funding exists and can reinforce each other.



Finally, there is the trend of strategy development which contains specifically defined quantitative markers to monitor progress, as in the Declaration of Commitment on HIV/AIDS resolved at 2001 the United Nations General Assembly Special Session on HIV/AIDS, and the China Action Plan to Contain, Prevent and Control HIV/AIDS 2001-2005 (Annex II). These should be evaluated critically for the purpose of establishing programme indicators useful for Hong Kong.

An Integrative Approach to Attain Sustainable Response

The impacts of HIV/AIDS traverse community sectors, programmes and policy areas. An isolated HIV/AIDS programme is likely to be both ineffective and inefficient by subjecting the infections to less than optimal control. It is desirable to achieve integration at policy, programme and service levels.

At policy level, safer sex and harm reduction are the two most important strategies relating to HIV prevention and care. In the United Kingdom, for example, a sexual health strategy has been developed. Harm reduction in countries like Australia, New Zealand and Canada complements policies in HIV prevention. Similar

development in sexual health and harm reduction would echo efforts developed through Hong Kong's AIDS programmes. It is important that gender issues and discrimination must be emphasised to highlight their importance on achieving a sustainable response to HIV/AIDS in our community.

At programme or service level, clinical medicine and public health science are the main areas that need to incorporate HIV prevention, care and treatment. This could take the form of the development of *Clinical Infectious Disease* as a medical discipline to cover training and practice in HIV management, and the development of *Public Health Epidemiology* to support HIV surveillance activities. On another front, the involvement of mainstream NGOs offers a unique opportunity to extend HIV prevention and care activities to cover clienteles accessed by the conventional network of service organisations. With the integration of harm reduction and comprehensive sexual health framework into this network, a positive impact on the HIV prevention effort and promotion of acceptance can be made both to the general population and the hard-to-reach communities. Capacity building and policy support in these areas would ensure an effective response.

Interfacing with the Mainland

HIV/AIDS observes no country barrier. A coordinated effort with neighbouring authorities would certainly be important to strengthen the fight against the infection. The differences in terms of administration, policy and socio-economic conditions would mean, however, that the development of joint action might not always be possible. It is proposed in the initial stage to interface with the Mainland on the following levels: (i) epidemiological surveillance, (ii) capacity building, (iii) the development of a regional knowledgebase, and (iv) community participation.

The Pearl River Delta Region is home to over 35 million people sharing common social, economic and cultural background. The epidemiology of HIV, STI and related risk factors will be made readily available to people and agencies involved in the development of prevention and care programmes.

Expertise development is a subject of common interest to people working on HIV/AIDS in both Hong Kong and the Mainland. The building of capacity in clinical HIV care, public health medicine, infection control, and programme development would serve not only the purpose of cultivating expertise but also the development of a common vision in the long term.

The knowledgebase in HIV prevention, treatment, care and control is an important property for facilitating the development of an expanded programme. Good documentation of progress, promulgation of research results and the identification and dissemination of best practice are but some of the ways for consolidating the knowledgebase in the region.

Finally, encouraging more community involvement from both Hong Kong and the mainland in preventing spread of the AIDS virus would allow better communication and understanding of each other's prevention work. Means of community involvement should be innovative and not necessarily restricted to hosting meetings or conferences.

8. Working Towards the Common Goal

Background

In Hong Kong, AIDS activities are undertaken by a broad spectrum of agencies ranging from government agencies (e.g. Special Preventive Programme of the Department of Health), public bodies (e.g. Hospital Authority), AIDS NGOs, mainstream NGOs, tertiary institutes and collaborative ventures involving different agencies. The proposed strategies are meant to guide the development of a collective effort in achieving a common goal of maintaining Hong Kong as a low HIV prevalence area through effective programmes, characterised by a sustainable and expanded response in Hong Kong. They are not organisational aims of individual agency.

The Advisory Council, in establishing the strategies, considers it is vitally important to monitor the progress in achieving the goal, in observing the strategy principles, and in the translation of the objectives into specific actions. Finally the strategies will be evaluated to facilitate the development of new recommendations following 2006. A set of eleven targets is then proposed to support these functions.

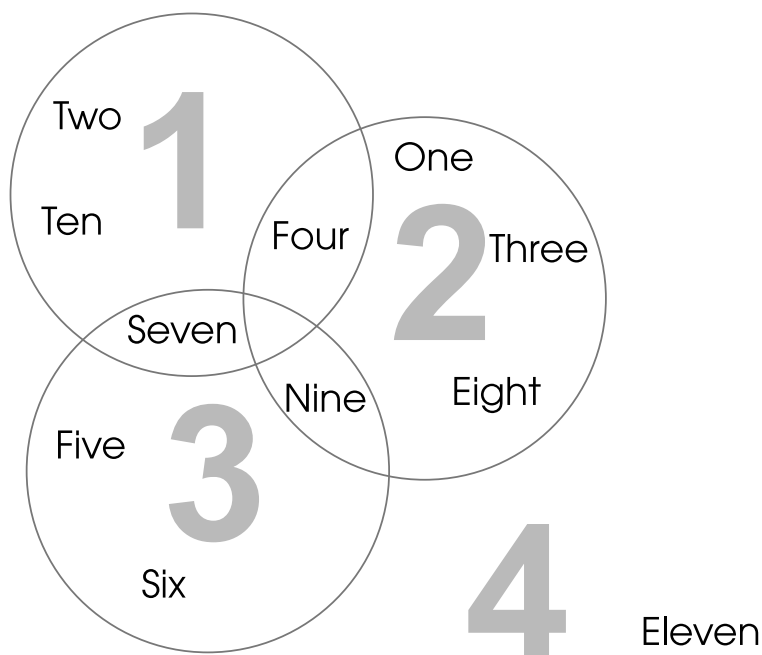
The Targets

Targets are proposed for the following purposes:

- (i) to exemplify the goal, principles and objectives of the strategies
- (ii) to monitor the collective progress of agencies and people in Hong Kong in the translation of the strategies into specific action, and
- (iii) to assess the achievement of the recommended strategies towards the goal.

Each target carries a different function which corresponds with one or more of the recommended objective(s). (Box 5)

Box 5 : Layout of the proposed targets and their relationship with the objectives



| Objectives | |
|------------|--|
| 1. | To implement targeted interventions best suited in low HIV prevalence situation. |
| 2. | To support evidence-based programme development. |
| 3. | To integrate HIV prevention, education, treatment and care efforts for achieving sustainable response. |
| 4. | To interface with the Mainland to maximize the impacts of the collective responses. |

Targets

| | |
|--------|---|
| One | A set of programme indicators will be established to monitor the effectiveness of Hong Kong's efforts in HIV prevention and care. |
| Two | A second cycle of the community planning process will be implemented and evaluated. |
| Three | A technical review mechanism will be in place to ensure funding of effective community-based HIV prevention activities. |
| Four | Harm reduction will be adopted as one effective strategy in addressing substance abuse. |
| Five | A framework on sex education integrating with HIV prevention will be developed. |
| Six | Participation of mainstream service organisations in HIV/AIDS activities will be increased. |
| Seven | Technical assistance will be established to support agencies in the development of HIV/AIDS prevention and care activities. |
| Eight | A research agenda will be proposed to stimulate a wider participation of the academia in supporting evidence-based programme development. |
| Nine | Clinical and public health HIV medicine will be integrated into the training and service portfolio of the health profession. |
| Ten | A wider access to HIV testing will be promoted. |
| Eleven | Forums to network people working on HIV/AIDS in Hong Kong, the Mainland China, and the Asia Pacific region will be established. |

Key Players in Delivering the Objectives

As explained in different context in this document, Hong Kong's HIV programme is a collective one developed by agencies in the Government service, non-governmental sector and the academia. The programme is likened to a virtual system with players partnering each other while observing certain common principles. The Advisory Council has been playing the role of providing policy advice and in coordinating the work of different agencies through its committees. It is noted, however, that the players are partners while no one is a subordinate of another.

The unique relationship between players is a characteristic feature of Hong Kong's HIV programmes. The following are the key players who would be working towards the new goal and policy objectives: Government policy bureaux, Government operations, AIDS Trust Fund, AIDS NGOs, mainstream NGOs, the academia and Advisory Council on AIDS. Their roles are considered as follows.

Government policy bureaux - the Health and Welfare Bureau (HWB) is the lead agency in the development of the Government's policy on HIV/AIDS. HWB will be advised to examine the recommended strategies and consider its adoption as the Government's policy on AIDS. In consolidating the integrative approach, other bureaux and advisory bodies would need to contribute in the development of the recommended sexual health strategy (Education and Manpower Bureau, Youth Commission, Women's Commission) and harm reduction strategy (Security Bureau, Action Committee Against Narcotics). Finally, the interfacing with the Mainland would not materialise in the absence of the policy support of the Government.

Government operations - The Department of Health, through its Special Preventive Programme, will be providing support in the building of capacity in HIV prevention and care. Together with the Hospital Authority (a public body directly funded by the Government), universities and the medical profession, means should be developed to integrate HIV medicine in the mainstream health field.

AIDS Trust Fund - The Council for the AIDS Trust Fund plays a crucial role in supporting community-based HIV activities. It is proposed that the Council for the AIDS Trust Fund will (a) contribute to the strategy of an evidence-based programme development, (b) support capacity building initiatives and (c) facilitate the integration of HIV services in mainstream health and service programmes.

AIDS NGOs - The AIDS NGOs are the key players in the building of technical capacity in enhancing the effectiveness of HIV prevention and care activities. They will also be partnering mainstream NGOs in expanding Hong Kong's response to HIV/AIDS.

Mainstream NGOs - The next five years will see the increasing involvement of mainstream NGOs in achieving the goal of a sustained, enhanced and effective HIV programme. In this connection, the Social Welfare Department and the Hong Kong Council of Social Service will be providing the much needed leadership to see that integration does happen.

The academia - In the past, the involvement of academicians in Hong Kong's HIV programme has been very limited. There is the need for research institutes to become more actively involved in the (a) conduction of quality research, and (b) establishment of research mechanisms to generate new knowledge in support of HIV work in Hong Kong and globally. Research institutes will also be advised to contribute towards the development of methodology for improving the planning and evaluation of intervention programmes. Finally, there should be the synthesis of research findings to support evidence-based policy development. The recommendation of a research agenda would help Hong Kong meeting these needs.

Advisory Council on AIDS - As the policy-advising body, the Advisory Council will play the following roles:

- (i) advise partnering agencies, including the Government, on the proposed strategies;
- (ii) monitor the targets to track the progress in the translation of the strategies into action;
- (iii) evaluate the strategies and the process of their implementation on a ongoing basis, culminating in the production of an annual report in the next five years.

Progress on the Recommended Strategies of the Advisory Council on AIDS for 1999 to 2001

Overview

The agenda on programme effectiveness has been set in the past three years. This can be exemplified by the focus on vulnerability by agencies working on HIV/AIDS, for example, AIDS Concern, Action for Reach Out. Evaluation was advocated, with training activities developed by Red Ribbon Centre in collaboration with experts from the Centers for Disease Control and Prevention in the United States.

One most significant progress in the involvement of the community was the founding of a community planning committee and the execution of the community planning process under the auspices of the Hong Kong Coalition of AIDS Services Organisations. Prioritisation was piloted at the end of the two-year period, resulting in the production of a prioritisation report. The Advisory Council had proposed that a three-year cycle be adopted in scheduling future community planning processes.

HIV treatment and care is now a regular programme in the public service, which is largely provided for through the Integrated Treatment Centre of the Department of Health, and the Special Medical Service of Queen Elizabeth Hospital. It is reassuring to see the antagonism of Richland Gardens residents dissipating after the opening of the Integrated Treatment Centre in 1999, through the hard work of a community liaison committee. The incident has contributed to the Advisory Council's advocacy on promoting acceptance of people living with HIV/AIDS. A standing committee (Committee on Promoting Acceptance of People living with HIV/AIDS) has since been established during the Council's fourth term of office. Concurrently, the Committee on Education and Publicity on AIDS was renamed AIDS Prevention and Care Committee to provide a forum for deliberating issues of patient welfare. The subject had also been included in the agenda of the newly established Community Planning Committee. The Hong Kong Community Charter on AIDS has been transformed into a project on promoting acceptance in young people.

On the promotion of HIV testing, universal antenatal HIV testing was recommended by the Advisory Council on AIDS, after a long period of research and analysis. This has since become a government strategy as described in the Chief Executive's 2001 Policy Address (under the Health and Welfare Bureau's policy objectives on health services), and the programme in the public service was implemented as from September 2001.

For the first time, specific targets had been developed to monitor Hong Kong's progress in the implementation of the recommended strategies. The ten targets served as a yardstick to assess the extent that the recommended strategies have been put into practice.

The Targets and Progresses

| | Target | Progress |
|---|--|--|
| 1 | 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. | The Advisory Council initiated the piloting of community planning in 1999. A Community Planning Committee was formed under the auspices of the Hong Kong Coalition of AIDS Service Organisations. The mechanism of operation of the Committee was worked out by the Committee, which was formed by people working on HIV/AIDS, vulnerable communities and affected individuals. |
| 2 | 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. | The idea of incorporating a technical review process was conveyed to the Council for the AIDS Trust Fund in 1999. The suggestion is still being considered. |
| 3 | 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. | The Council entered its fourth term of office in August 1999, with the appointment of new members and chairman by the Government. The Council has since been supported by three committees. The Scientific Committee on AIDS is charged with examining technical issues and proposing professional guidelines on HIV management and prevention. The Committee on Promoting Acceptance of People living with HIV/AIDS was formed according to the advice of the external consultants in the 1998 review. The AIDS Prevention and Care Committee followed the footsteps of the previous Committee on Education and Publicity on AIDS in the development of prevention strategies. The Committee also deliberated issues on HIV care. |

| | | |
|---|--|---|
| 4 | The community planning process will be in operation, through which effective intervention and capacity-building activities will be recommended for implementation. | The community planning process was in operation between 1999 and 2001. A report on prioritised activities was compiled and presented at a satellite meeting held a day before the Hong Kong AIDS Conference 2001. |
| 5 | The community planning process will be supported, and the mechanisms of its operation evaluated for consolidation and refinement to improve its future development. | The pilot community planning process was financially supported by the AIDS Trust Fund. The Hong Kong Coalition of AIDS Service Organisations proposed to continue the process, subject to the availability of funding support. |
| 6 | 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 constant refinement. | The AIDS Prevention and Care Committee is finishing with the development of strategies on HIV prevention, publicity and care for people living with HIV/AIDS. Some of these had been published as monographs. The exercise had stimulated interest in the community and people working on HIV/AIDS. The documents were translated and disseminated to interested people and agencies. |
| 7 | The HIV surveillance system will be strengthened in the collection, analysis and dissemination of epidemiological information. The system will be expanded to incorporate STI surveillance and behavioural surveillance. | Four programmes are in operation under the Special Preventive Programme (SPP)'s surveillance system - HIV/AIDS reporting, seroprevalence studies, STI surveillance at Social Hygiene Clinics and behavioural surveillance. A yearly report on each programme is published in the STD/AIDS Quarterly Update from 2001. |

| | | |
|----|---|--|
| 8 | Clinical HIV management will be 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 earlier diagnosis and better care | Two designated HIV services are in operation - the programme under Integrated Treatment Centre of the Department of Health, and the Special Medical Service of Queen Elizabeth Hospital, Hospital Authority. Specialist HIV service has also been developed for children at the Department of Paediatrics of Queen Mary Hospital. |
| 9 | The progress on the implementation of the 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. | Progress of implementation of the strategies was monitored by the Advisory Council on AIDS at its regular meetings. More specifically, the strategies were reviewed on 16 July 1999 (29th meeting) and 14 December 2001 (38th meeting). |
| 10 | 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. | The epidemiological and behavioural situation was assessed at the Second Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region on 9 and 10 June 2000. In the same year, the final report of the AIDS Scenario and Surveillance Research Project was released (a joint project of the Special Preventive Programme, Department of Health and Department of Microbiology of The University of Hong Kong) |

International and National Strategies

International Strategies - the United Nations' Responses

In response to the rising problem of HIV/AIDS around the world, the United Nations General Assembly resolved to hold a special session on HIV prevention and care on national, regional and global levels. Carrying the theme of "Global crisis, global action", the *United Nations General Assembly Special Session on HIV/AIDS (UNGASS)* was held between 25 and 27 June 2001 at the United Nations (UN) Headquarters in New York. The Special Session provided an opportunity for all nations to re-visit the HIV situations on a global level, and to examine the responses so far. There were three major outputs from the UNGASS.

Firstly, consensus was developed on a range of issues. Notably all nations had agreed on a joint declaration to demonstrate their commitment to address the HIV problem.¹⁹ On other fronts, the International Labour Organisation had issued its new code of practice on HIV and the workplace. There were also consensual statements issued on the subject of youth, tiered pricing, vaccine access; and also by respective UN agencies and faith-based organisations.

Secondly, a number of targets were specified in the declaration to realize the commitment. These spanned over the subjects of leadership, prevention, care, support and treatment, human rights, reduction of vulnerability, children, alleviation of social and economic impacts, research and development, specific problems in conflict or disaster-affected places, resources, and to the follow-up of the recommendations. One important pledge was to achieve major reductions in HIV infection rates among young people in the most affected countries by 2005, and globally by 2010.

Thirdly, an enhancement of financial support was considered one important means of effectively addressing the epidemic. A Global AIDS and Health Fund would be set up. Western countries had pledged to increase their contribution in terms of foreign aid to the developing countries directly or through the Fund.

¹⁹ United Nations General Assembly Special Session on HIV/AIDS. *Declaration of commitment on HIV/AIDS - "Global crisis, global action"*. Geneva: UNAIDS, 2001. <http://www.unaids.org/UNGASS>

Following the meeting, a new global strategy framework was published by the UNAIDS. The aims of the Global Strategy Framework²⁰ are: to support communities and countries to reduce risk and vulnerability to HIV infection; to save lives and alleviate human suffering; and to lessen the epidemic's overall impact on development. It is proposed to strengthen strategies of risk, vulnerability and impact reduction to constitute an expanded response to the epidemic. The document emphasized that the achievement of the overarching aim of global response requires leadership commitment to:

- (i) ensure an extraordinary response;
- (ii) develop policy, legislation and programmes which address individual vulnerability to HIV/AIDS and lessen its socio-economic impacts;
- (iii) reduce stigma;
- (iv) expand efforts to support community-focused action;
- (v) protect children and young people from the epidemic and its impact;
- (vi) meet the HIV/AIDS-related needs of girls and women;
- (vii) expand efforts directly addressing the needs of those most vulnerable to and at greatest risk of HIV infection;
- (viii) provide care and support to individuals, households and communities affected by HIV/AIDS;
- (ix) promote the full participation of people living with and affected by HIV/AIDS;
- (x) seek out actively and support the development of partnership required to address the epidemic;
- (xi) intensify efforts in socio-cultural, biomedical and operations research; and
- (xii) strengthen human resources and institutional capacities required to address the epidemic.

National Strategies

In June 2001, The Ministry of Health released the ***China Action Plan to Contain, Prevent and Control HIV/AIDS*** for implementation between 2001 and 2005 (the Action Plan). This came just before the Ministry made a public announcement on the HIV situation in the country, confirming that an estimated 600,000 people have become infected with the virus.

²⁰ UNAIDS. *The global strategy framework on HIV/AIDS*. Geneva : UNAIDS, 2001.

The Action Plan²¹ is founded on four guiding principles: (a) the Government's responsibility to provide for the control, coupled with community participation and multisectoral involvement; (b) focus on prevention; (c) prioritising health education and behavioural intervention; and (d) provision of guidance, legislation, strengthened supervision and comprehensive evaluation. The Action Plan set the specific goals of controlling the yearly increase of HIV and STI to less than 10% by the end of 2005.

Seven courses of action measures are proposed in the document, which are:

- (i) safeguard blood and blood products to stop HIV transmission through transfusion;
- (ii) strengthen health education, popularise STI/AIDS knowledge and increase awareness of voluntary blood donation;
- (iii) introduce intervention activities targeting high risk behaviours, so as to reduce the practice of risk behaviours in the population;
- (iv) improve health system to upgrade the quality of preventive and care services for HIV/AIDS patients;
- (v) establish a comprehensive STI/AIDS surveillance system, information system and evaluation systems;
- (vi) strengthen STI/AIDS knowledgebase and skill-training;
- (vii) prioritise basic science and applied research on AIDS prevention and control.

Three supporting measures are proposed in implementing the actions, which are (i) organisational leadership from the State Council, (ii) a revised and comprehensive legal and regulatory framework, and the formulation of related policies, and (iii) resource support mainly from the Government as well as establish financial support from multiple sources.

²¹ The Chinese version 中國遏制與防治艾滋病行動計劃（2001-2005 年） is the standard text which should be referred in case of queries.

