

**Community Stakeholders Consultation Meeting for
Development of Recommended HIV/AIDS Strategies
for Hong Kong 2012-2016**

**Summary for the Session on
Financing and Resources for HIV Services**

July 2011

Community Forum on AIDS, Hong Kong Advisory Council on AIDS and
Hong Kong Coalition of AIDS Service Organizations

The Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO) jointly organized a Community Stakeholders Consultation Meeting comprising eight sessions on key populations and a session on resources for local AIDS response from 26 January to 1 February 2011. The Meeting, steered by a working group formed by CFA and HKCASO, sought to engage stakeholders in informed discussion to shape the formulation of the local strategies on HIV/AIDS. A generic framework of discussion and prioritization was adopted in all sessions. This summary contains information on the latest epidemiology and current response presented in the session on financing and resources for HIV services, and suggestions generated by the participants. The views and information contained in this summary are as collected and gathered from the Meeting and do not necessarily represent those of CFA and HKCASO. Summaries of other sessions and a full report of the Meeting can be downloaded from the Virtual AIDS Office (www.aids.gov.hk).

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Summary updates of AIDS Trust Fund

Revision History

Old Version	Summary of Revision
January 2011 edition	Paragraph 5: "Resource allocation of the ATF in different action areas from 2007/09 to 2009/10 is shown in Table 2," has been revised to "Resource allocation of the ATF in different action areas from 2007/08 to 2009/10 is shown in Table 2."
	Table 2: "Resource allocation of ATF funding by prioritized areas, 2007/09 – 2009/10" has been revised to "Resource allocation of ATF funding by prioritized areas, 2007/08 – 2009/10."

The AIDS Trust Fund (ATF) was established by the Hong Kong Government in 1993, with a sum of HK\$350 million. Its aim is to provide assistance to HIV-infected haemophiliacs, and to generally strengthen medical, support services and public education on AIDS. The ATF provides financial funding in the areas of ex-gratia payment (EGP), medical and support services (MSS) and publicity and public education (PPE).

2. In view of the rising trend in the community of Men having Sex with Men (MSM), ATF set up a Special Project Fund (SPF) to scale up community response in MSM. Launched on December of 2006, SPF supported HIV prevention and research projects targeting MSM in two fiscal years. SPF granted approximately HK\$13.6 million and supported 42 projects in two years. Upon its expiry in August of 2008, SPF has been subsumed under the ATF proper application channel.

3. As of 31st of March, 2009, the accumulated income of ATF from establishment on 20th of April, 1993 was HK\$222.6 million. With total grants accumulated to HK\$390.1 million, the ATF balance stood at HK\$182.5 million.

4. A total of 1,118 applications were processed by ATF since its establishment in 1993, of which 73.3% (820 applications) were approved. A breakdown on funding from April of 1993 to March of 2010 is shown in Table 1.

Table 1. Number of applications and amount of fund approved by the Council of the AIDS Trust Fund, 20th April, 1993 to 31st March, 2010

Financial Year	93/94 to 03/04		04/05		05/06		06/07		07/08		08/09		09/10		Total	
	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)	No.	Amount (\$M)
PPE	380	72.428	5	2.065	9	19.295	9	21.258	6	8.377	7	25.102	8	10.422	424	158.948
MSS	107	131.070	3	3.297	7	13.107	5	10.219	2	2.468	2	7.857	9	6.013	135	174.030
Ex- gratia Payments	58	33.624	1	1.019	0	0	0	0	0	0	0	0	0	0	59	34.643
Additional Ex- gratia Payment	0	0	0	0	36	8.058	58	12.548	8	2.960	29	7.251	29	7.592	160	38.409
Special Project Fund	0	0	0	0	0	0	15	4.316	22	7.646	4	1.375	1	0.271	42	13.608
Total	545	237.122	9	6.381	52	40.460	87	48.341	38	21.450	42	41.536	47	24.298	820	419.638

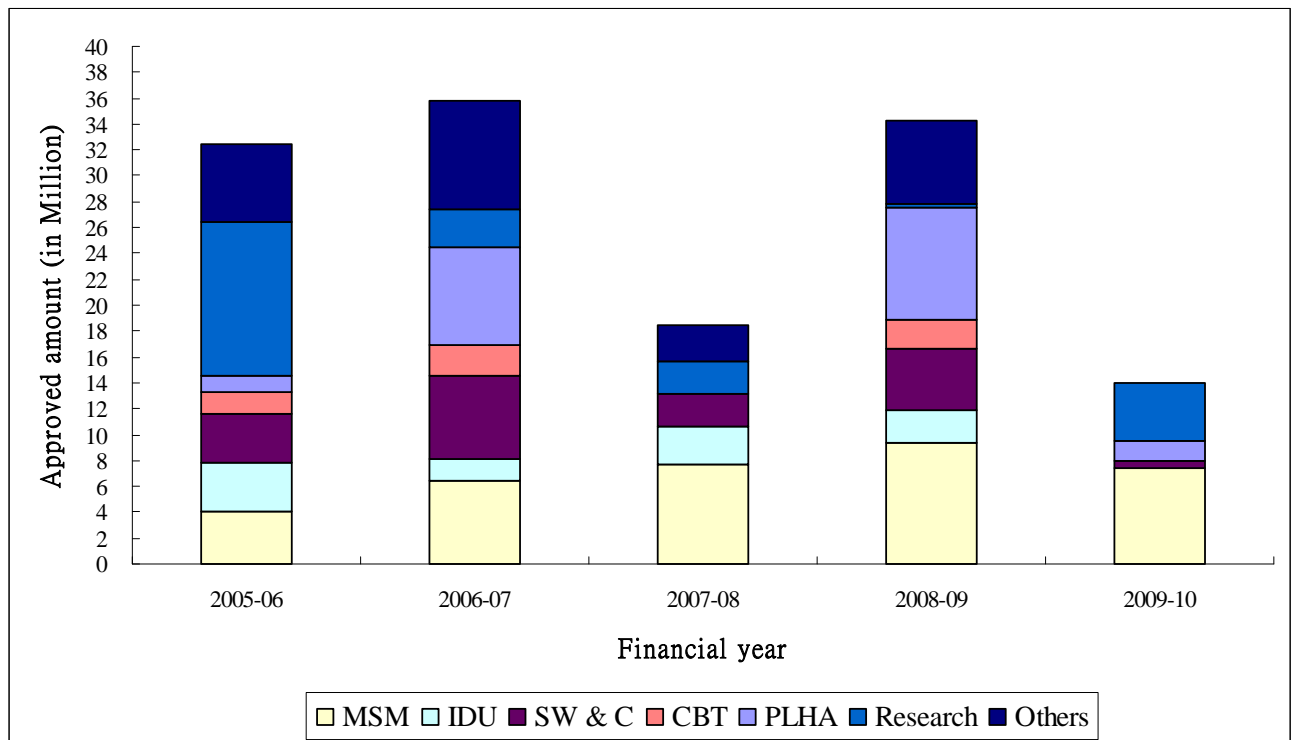
5. The Hong Kong Advisory Council on AIDS (ACA) highlighted five prioritized areas targeted for HIV prevention in the “Recommended HIV/AIDS Strategies for Hong Kong 2007 to 2011,” published in May 2007. These prioritized groups included Men having Sex with Men (MSM), Injecting Drug Users (IDU), Commercial Sex Workers (CSWs) and their clients, Cross-border Travellers (CBT); and People living with HIV/AIDS (PLHIV). Resource allocation of the ATF in different action areas from 2007/08 to 2009/10 is shown in Table 2.

Table 2. Resource allocation of ATF funding by prioritized areas, 2007/08 – 2009/10

	ATF Resource Allocation (Proportion)
MSM	35%
IDU	8%
CSWs and clients	15%
CBT	3%
PLHA	15%
Research	10%

6. Figure 1 shows graphic display of the approved amount of ATF funds to different prioritized groups from the financial year 2005/06 to 2009/10.

Figure 1. Resource allocation of ATF funding by prioritized areas, 2005/06 – 2009/10



Discussion Summary

1. Resources which need to be sustained, strengthened or mobilized

1.1. Financial resources

- 1.1.1. Resources to sustain VCT services.
- 1.1.2. Strengthen resources support for more services to PLHIV and their families by means of one stop service. Emotional support and mental health programmes are needed especially with the increasing HIV/AIDS cases. Mobilize community groups, such as religious groups, in the delivery.
- 1.1.3. Support infrastructure, e.g. rental and IT.
- 1.1.4. More resources for the implementation of youth education programmes.
- 1.1.5. Encourage volunteers support by providing, e.g. volunteer allowances.
- 1.1.6. More funding on prevention and care programmes. Besides, more funding is needed to support the administration.
- 1.1.7. Sustainable funding and its allocation from ATF such as salary or equipments should base on market price, in order to enhance staff recruitment and retention with experiences and expertise for implementation of projects.
- 1.1.8. More resources on the research of vaccine and treatment.
- 1.1.9. ATF to cover other expenses including NGO staff attending overseas conference (capacity building), IT, and office start up cost.
- 1.1.10. ATF should support programmes that are in good quality, and make them sustainable. Efforts are needed to retain talents in the field.

- 1.1.11. Extend funding cycle beyond 3 years to ensure programme sustainability.
- 1.1.12. Allocate resources to other populations such as ethnic minorities and women.
- 1.1.13. ATF to categorize recreational drug use as an individual category (separate from IDU). Besides, funding areas should include human rights issues and gender equality.
- 1.1.14. NGOs to share resources, such as leverage the cost of accountant by sharing the staff among organizations.

1.2. Non financial resources

- 1.2.1. Psychological support and support services to the significant others of at risks groups.
- 1.2.2. Set up a platform, including people from private sector and advocates, to share their ideas on how to work together or support the issue.
- 1.2.3. Mobilize other government departments such as Education Bureau, EOC, SWD and other departments to coordinate education efforts.
- 1.2.4. Provide professional trainings to (prevention programme) staff members for higher quality programmes. Such training can be done by organizations, e.g. EOC.
- 1.2.5. Make use of the internet for mass media promotion.
- 1.2.6. Programmes should contain human right elements. Besides, to include drug use as a topic in the programmes.

- 1.2.7. Mobilize academic sector to collaborate with NGOs.
- 1.2.8. Encourage diversified personnel with different professional background (e.g. marketing, research) into the AIDS field. Facilitate cross [professional] fields collaboration. Besides, effort is needed to build up capacity of community members.
- 1.2.9. Require information / a database that contains potential private funders/foundations.
- 1.2.10. Governments of Hong Kong and Mainland China should increase collaboration in addressing cross border issues. Strengthen cross border programmes and more resources are needed to support the development of programmes. Networking with health departments in Mainland China.
- 1.2.11. Reinforce services for cross border travelers to include non-HK residents, link up with Mainland government departments, e.g. Shenzhen CDC to facilitate the work and legitimize service for cross border workers, and agree on treatment protocol between Hong Kong and Mainland China to facilitate cross border care for PLHIV.
- 1.2.12. Provide technical support such as programme planning, social marketing, release of research/surveillance data, M&E system, and dissemination of M&E data to support/advice the work of frontline workers.
- 1.2.13. Different government departments, such as SWD, Beat Drug Fund etc, should work together on cross-cities collaborations since regional epidemics may affect the epidemic in Hong Kong.
- 1.2.14. Mainstreaming AIDS NGOs work into the mainstream welfare organizations.

1.2.15. Increase efforts to promote acceptance of PLHIV to mainstream organizations.

1.2.16. Mobilize resources from e.g. professional organizations (medical, social work), law societies, volunteers employee volunteer programmes, for their involvement in HIV/AIDS work. Mobilize resources from the community, e.g. more involvement of PLHIV.

1.2.17. Promote corporate responsibility so as to mobilize more resources to NGOs.

1.2.18. More training for social workers and teachers on HIV/AIDS. Increase training to NGO workers on public health, management, M&E, research and development.

1.2.19. Better coordination and communication to avoid overlap in services. Government and NGOs should continue to fill service gaps.

1.2.20. Support development and implementation of VCT, e.g. logistic support, guidelines and quality control.

1.2.21. Venues available and accessible for NGO activities.

1.2.22. Involvement of community members in ACA.

1.2.23. Mobilize resources and support to smaller NGOs.

2. Resources allocation and key criteria

2.1. Resource allocation should base on the needs of the community and its impact, and should be human rights based. Allocation should not simply base on the size of the potential community sub-groups, so as to cover minority

marginalized group such as TG. Besides, inflation should be taken into consideration. Allocation should also take into account of and to keep pace with the increasing number of service users.

- 2.2. Support programmes that address in-depth psychosocial needs. They require regular and longer-term resources allocation.
- 2.3. Support programmes and services that are core to HIV prevention and care, e.g. resources for VCT service should be made more sustainable.
- 2.4. Reduce overlapping of services through coordinated efforts in resources allocation.
- 2.5. Promote cross-sectoral collaborations.
- 2.6. Base on the urgency of the issues.
- 2.7. More support and flexible funding allocation to newer/smaller organizations and marginalized groups. Sustainable funding support NGOs that are experienced in AIDS work with good track record. Comprehensive support for NGO is needed, e.g. cover their rental.
- 2.8. Community should have participation in setting ATF funding policy. Policy should be transparent.
- 2.9. Programmes should be multi-level interventions: universal level, targeted prevention, and encourage personal development. These funding should be flexible and referencing to the trend of the epidemic.
- 2.10. A Hong Kong action plan is needed which highlight details of annual targets and works, and how much is needed. On-going review, evaluation and continuous

needs assessment are needed. Comprehensive planning of resources allocation by population is in need.

2.11. Consistent evaluation across programmes such as VCT, which aims at standardization of programmes. Funding evaluation should base on needs and works done by NGOs, not just focused on 3-year outcomes, but be more flexible and to help sustain existing resources.

2.12. Reference to overseas guidelines for resources allocation, e.g. size of population and programme coverage.

2.13. Well rounded funding consideration/allocation to cover a wider range of HIV-related issues, e.g. sexual health, mental health that could also address HIV issues (in) directly.

2.14. Government should take the lead in securing adequate and sustainable funding so as to enable allocating more resources, rather than asking organizations to go outside and find more resources.

2.15. Subsidy to HAART should continue, and ATF to consider temporary funding to new drugs that are not on the Drug Formulary.

2.16. Waive charges of NEP.

2.17. Funding for professional staff required for projects should align with market rate.

2.18. Resources for (sex) education to all people.

2.19. ATF to have clear criteria for rejection.

- 2.20. Allocation of resources should also take into the consideration of HIV/AIDS situation in nearby cities.
- 2.21. ATF can follow the SWD funding mechanism to fully support programmes and services.
- 2.22. Keep Special Project Fund arrangement in place to address immediate needs of the communities.
- 2.23. Sub-populations in PLHIV community, such as giving higher priority to older people.
- 2.24. Approval and disbursement of funding should be quicker to secure continuity of programmes and services.

3. Strategies which need to be continued or in place

3.1. Financial resources

- 3.1.1. Keep ATF as the main sponsor. In times of emerging epidemic, ATF should be flexible in addressing the situation quickly, such as MSM SPF.
- 3.1.2. Resources to build NGOs' capacity in areas such as management and resources planning.
- 3.1.3. ATF to set a threshold for triggering cash injection.
- 3.1.4. ATF be flexible when financing/supporting smaller size NGOs. Encourage service users to become service providers to create supportive and enabling environment.

- 3.1.5. More resources for surveillance in larger scale.
- 3.1.6. Funding is needed to support M&E, fund raising and capacity building.
- 3.1.7. Resources allocation for alternative approaches, e.g. Chinese medicine in treating HIV/AIDS.
- 3.1.8. Government to encourage support from the private sector, and to promote corporate responsibility by providing match-grant mechanism.
- 3.1.9. Resources to support social-structural intervention and acceptance of self-identity (e.g. PLHIV and MSM).
- 3.1.10. More funding to support manpower for programmes and services, and also support talent retention in the field.
- 3.1.11. ATF to support other groups such as at risk youth, women and ethnic minorities.
- 3.1.12. Resources allocation should be evidence based, with strategic plan in the allocation.

3.2. Non financial resources

- 3.2.1. Encourage more collaborations and partnerships within the government so that to share resources and coordinate better among them, e.g. Police, Education Bureau.
- 3.2.2. Mobilize community resources and extend services to mainstream organizations, e.g. elderly centre can do their own HIV prevention/education.

- 3.2.3. On-going review on the 5-year strategy and its action plan.
- 3.2.4. Involve ACA in resource allocation. Incorporate community stakeholders' participation in ACA.
- 3.2.5. ATF to help NGOs in their resources planning.
- 3.2.6. ATF can be more proactive to invite applications based on the needs of the communities and service gaps.
- 3.2.7. Encourage community participation with a bottom-up approach when it comes to [funding] policy formulation. It should base human rights principles.
- 3.2.8. Increase the number of HIV clinics. PLHIV resource centre should be set up next to these clinics.
- 3.2.9. Set up a centralized technical support to organizations for various issues, e.g. enhancing proposal writing skills.
- 3.2.10. ATF to increase communications within government so as to enhance funding applications of NGOs to various funding bodies.
- 3.2.11. Support core and recurrent programmes/services and allocate more sustainable resources similar to subvention, based on some criteria, e.g. good track record. Encourage programmes that could go beyond 3 years and make them sustainable.
- 3.2.12. All government frontline activities such as to contract out HIV testing to NGOs.
- 3.2.13. More in-depth (age, sub-populations) surveillance data.

- 3.2.14. Mandatory sex education in schools.
- 3.2.15. Promotion through different mass media.
- 3.2.16. ATF to allow flexible use of fund e.g. shifting of unused fund to other items that need more funding.
- 3.2.17. Increase access to service by collaborating with Mainland China in prevention work, e.g. HIV test for Hong Kong people in China.
- 3.2.18. Cross countries AIDS strategy to address the needs of mobile populations.
- 3.2.19. ACA to address the issue of police using condom as evidence for prosecution (against sex workers) which hinder safer sex promotion and practice.
- 3.2.20. Provide funding to support infrastructures such as rental, electricity and water, administration, staff training and development.
- 3.2.21. Support programmes that could encourage supportive environment for PLHIV and their family.
- 3.2.22. A longer term planning to address the increasing number of PLHIV and their increasing/changing needs.

4. Prioritized recommendations

The following recommendations were compiled based on the above discussions, agreed and prioritized by participants:

High priorities

- 4.1. Maintain the funding (allocation) flexibility and align with the changes in the epidemic (e.g. SPF) and inflation. It should be evidence-based, transparent, responsive, human rights based, with reference to international standards, while considering programme coverage and size of population.
- 4.2. To maintain the sustainability of ATF.
- 4.3. Community participation in resources allocation and funding strategy.
- 4.4. A centralized technical support platform for enhancing proposal writing, IT, interpret research data, NGO management, talent retention (e.g. sponsor NGO workers to attend international AIDS conference), nurture community members for future AIDS work and development of resources.
- 4.5. Human resources allocation, e.g. salary should be compatible with similar fields, reasonable funding and service agreement.

Medium priorities

- 4.6. Increase cross government departments and/or sectors communication, coordination, collaboration on resources and funding for AIDS work, such as Education Bureau, SWD, law enforcement and other government grant/funding.

- 4.7. Multi-faceted intervention: universal and structural interventions, e.g. anti-stigma, public education, sex education, targeted preventions, supportive environment and personal growth.
- 4.8. Put aside a certain proportion of funding and resources for PLHIV & other marginalized groups.
- 4.9. Monitoring and evaluation of programmes: technical support, funding, for comparison/standardization.
- 4.10. Subvention for projects/programmes with good track record and core activities (e.g. testing), with explicit criteria to make them to become sustainable programmes/projects.

Lower priorities

- 4.11. Increase communication, coordination, collaboration on resources and programmes with partners in Mainland China and within the region. Increase resources for cross country programmes.
- 4.12. Involvement of private sector and other community resources (monetary, technical support, internet, community groups, academia and religious group).
- 4.13. Territory-wide planning in resources allocation with on-going review.
- 4.14. To evaluate the functions of ACA and ATF so that policy-making and funding allocation are aligned.
- 4.15. Coordinated effort to prevent overlap in resources and programmes.
- 4.16. Inclusion of diversified approach such as Chinese medicine.