Community Stakeholders Consultation Meeting

for

Development of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

Summary for the Session on

People Living with HIV

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 people living with HIV (PLHIV), 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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Review of epidemiology

(*based on HIV/AIDS reporting system with which known death is excluded)

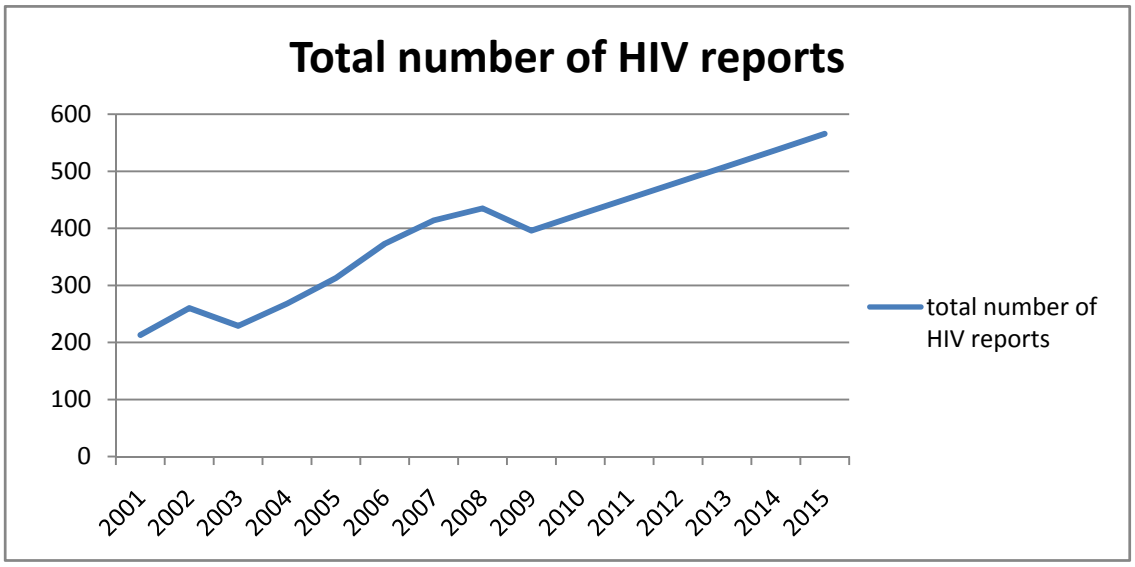
[draft for discussion only]

Population size

Estimation

- Since the first case of HIV report in 1984, a total of 4,730 cases have been reported as of the third quarter of year 2010.
- After excluding the known death from the reporting system, a total of 4,179 cases are believed to be living with HIV. However, there is no data to suggest the number of cases that are residing in Hong Kong. This figure is also very likely to be underestimated, as there are infected individuals who are yet to get tested for HIV, or they might already be tested for HIV, but not reported to our reporting system.

Projection



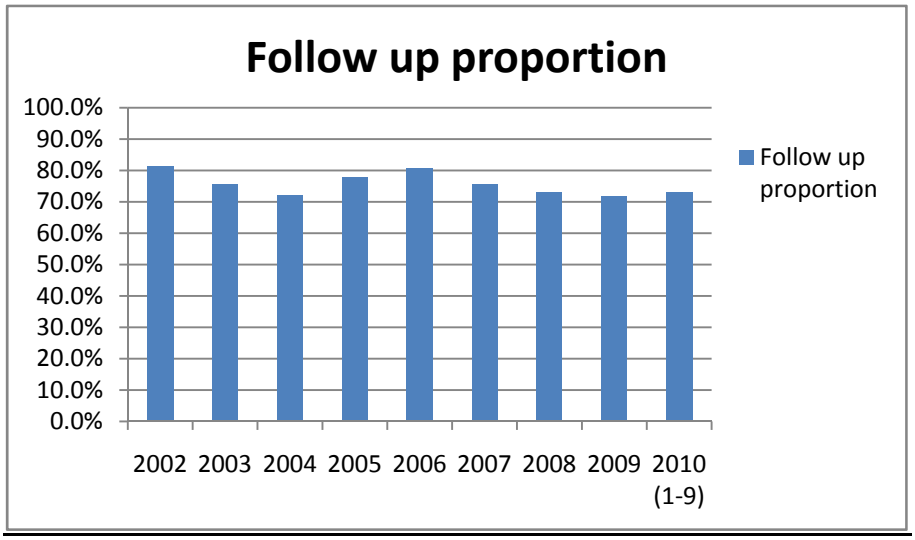
- Based on past reported data over various at risk populations, projection of the total number of HIV reports is made. An annual increment of 5.3%-7.2% is expected, which corresponds to 420-560 new cases reported annually until 2015. More than 2,000 new reports are expected in the coming years of 2011-2015.

HIV/AIDS reporting system

Progression to AIDS within 3 months

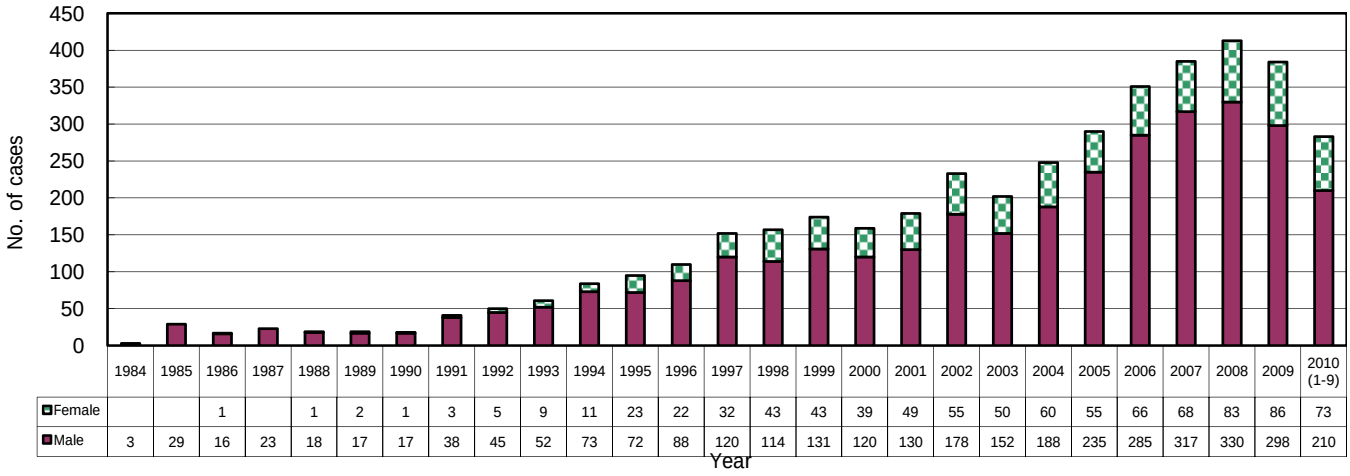
- The proportion of AIDS progression within 3 months of HIV reporting decreased from over 20% in the pre-HAART era to 13%-18% in the years of 2007-2010. This proportion, however, still suggests a considerable proportion of infected individuals were having delay in testing and/or treatment.

Proportion with follow up care at HIV clinics



- Over the years, roughly between 70% and 80% of the reported cases were being followed up at HIV clinics in Hong Kong.

Gender



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010 (1-9)
Female			1		1	2	1	3	5	9	11	23	22	32	43	43	39	49	55	50	60	55	66	68	83	86	73
Male	3	29	16	23	18	17	17	38	45	52	73	72	88	120	114	131	120	130	178	152	188	235	285	317	330	298	210

- Male gender has been dominating over female in the epidemic in Hong Kong, with over 80% of the reported cases being male until 2007.

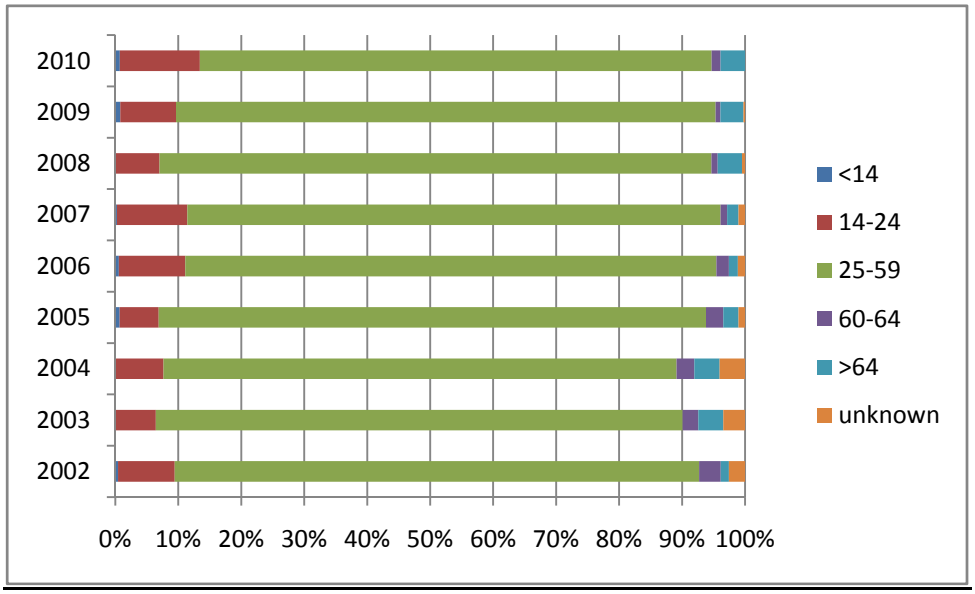
- The weighting by female cases has been gradually rising and they accounted for over 25% of all cases in the first three quarters in the year of 2010.

Ethnicity

Year	Chinese	Asian	Caucasian	African	Unknown		% Chinese
2002	161	47	8	2	15		69%
2003	137	32	8	5	20		68%
2004	167	43	7	5	26		67%
2005	176	59	14	6	35		61%
2006	225	77	15	9	25		64%
2007	239	70	27	5	44		62%
2008	246	87	24	8	48		60%
2009	235	70	21	10	48		61%
2010 (q1-3)	186	36	13	10	38		66%

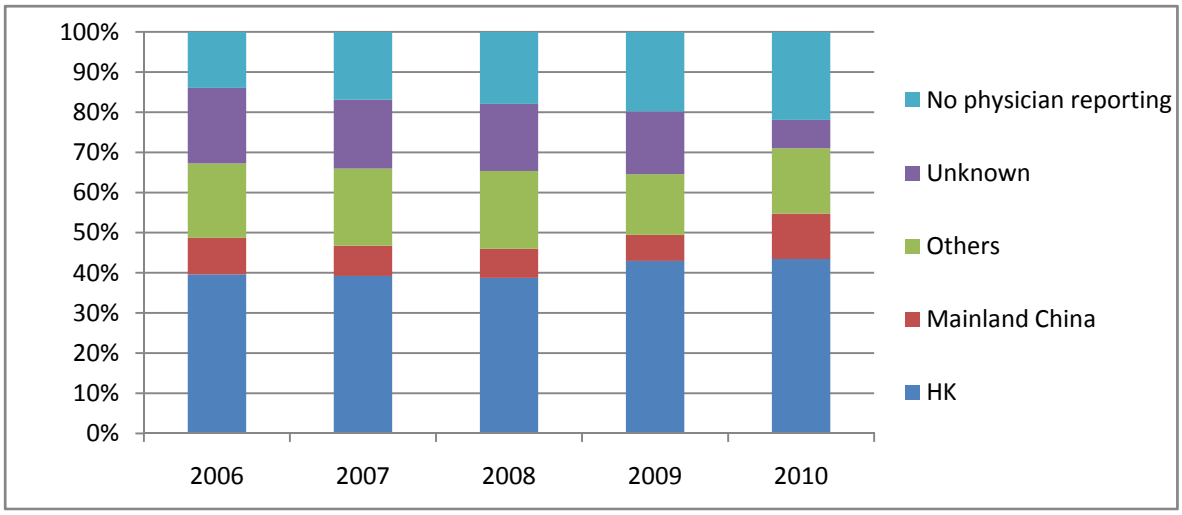
- 60%-66% of HIV reported cases were Chinese in the years of 2007-2010.

Age



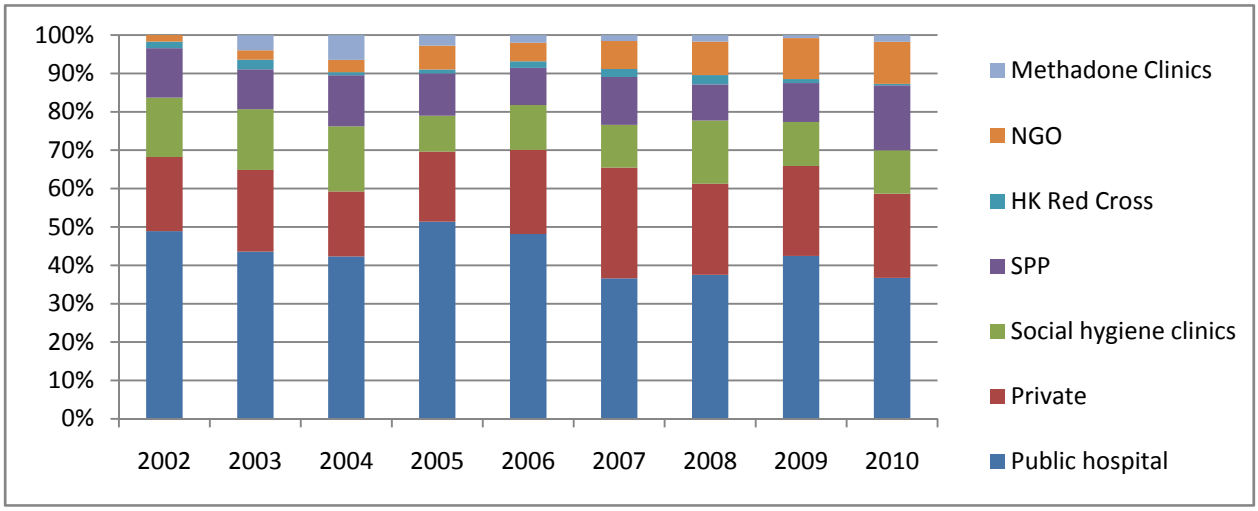
- Majority (about 80%) of the cases aged 25-59 upon their HIV diagnosis.
- Less than 10% aged below 24 years old, while less than 5% aged above 64 years old.

Suspected location



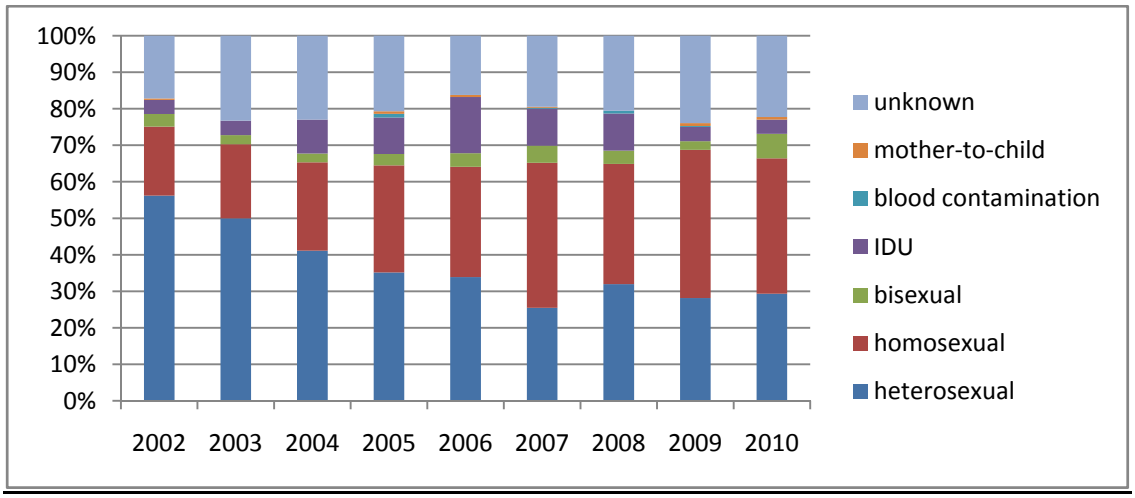
- About 40% of the PLHIV acquired the infection locally.
- Not more than 10% acquired from Mainland China.
- Less than 20% acquired from places outside of Hong Kong, but other than Mainland China.

Reporting source



- There was increased proportion of reported cases from NGO, which took up about 12% of HIV diagnosis in 2009-2010.

Suspected route of transmission



- There was an increasing trend of homosexual and bisexual as suspected route of transmission in recent years.
- Over 40% of PLHIV were accounted for homosexual and bisexual as the suspected route of transmission in 2009-2010 (q1-3).
- Heterosexual transmission was reduced in weighting, but still ranked the 2nd largest share as the suspected route of transmission following homosexual and bisexual transmission, and it accounted for about 30% of transmission route in 2009-2010 (q1-3).
- IDU as the suspected route of transmission remained low, with less than 5% in 2009-2010 (q1-3).

Risk behaviour

- Risk behaviour can be quantified by using proxy of sexually transmitted diseases (STD) presented in PLHIV under care at HIV clinic.
- Based on a report by SPP[1], there was about 0.0008-0.0025 new STD episodes per person-months among the active PLHIV (those who were followed up at least once in the past year) at at KBITC in the years of 2002-2006, which suggests some level of unprotected sex was still present among PLHIV under care.

[1] Tracking the characteristics and outcome of HIV/AIDS patients cared for at the Integrated Treatment Centre – A Report of 1999 to 2006. Special Preventive Programme, Centre for Health Protection, Department of Health, Hong Kong Aug 2007.

Box C11. *New sexually transmitted diseases (STD) in active patients

	2002	2003	2004	#2005	#2006
No. of patients with new STD	11	15	7	22	26
No. of STD episodes	14	16	7	23	28
Follow-up person-months	6122	7242	8249	9361	11117
New STD incidence density (episodes/person-months)	0.0023	0.0022	0.0008	0.0025	0.0025

*include primary and secondary syphilis, gonorrhoea, genital Chlamydia and trichomoniasis at or after second clinic visit

#screening for asymptomatic gonorrhoea and Chlamydia using urine samples done in 2005 and 2006

Current Response in HIV Prevention

Medical treatment and related care

1. There are three local HIV clinics providing anti-viral treatment for PLHIV. Clients with their HIV status confirmed can be referred to one of the three clinics, namely the Kowloon Bay Integrated Treatment Centre (KBITC) run by Department of Health (DH), and Special Medical Service in Queen Elizabeth Hospital (QEH) and Princess Margaret Hospital (PMH) run by Hospital Authority (HA). Eligible persons[2] (holder of HK Identity Card and children aged below 11 years who are HK residents) are charged at highly subsidized rate ($100 first attendance and $60 at subsequent attendance, plus drug cost at $10 per item). Those with financial difficulties can apply waiver through medical social worker.

2. Opened in 1999 and operated from Mondays to Fridays, KBITC provides integrated medical service to PLHIV and their significant others. Apart from HIV treatment, clinical management of medical conditions related to HIV is also available. These include treatment for hepatitis, metabolic conditions such as hypertension and diabetes, screening and treatment of sexually transmitted infections (STIs), day ward for minor operation and procedures, dermatology clinic to patients with skin problems, and psychiatric specialist consultation. Moreover, on-going counseling is offered to meet the needs of individual and to provide physical and psychosocial interventions. Medical social service, partner counseling and referral service are also available. PLHIV requiring in-patient care can be referred to PMH for treatment.

3. The multidisciplinary team, with nurse specialists, medical social workers, clinical psychologists and dietitians, of Special Medical Service in QEH and PMH provides wide range of out-patient and in-patient HIV medical service.

4. Children affected by HIV are followed up in Pediatrics units in Queen Mary Hospital and QEH under HA.

Support service to PLHIV and their caregivers (as summarized in Table 1)

[2] Fees and Charges for Public Health Care Services provided by the Department of Health http://www.dh.gov.hk/english/useful/useful_fee/useful_fee_os.html and Fees and charges of medical services provided by Hospital Authority http://www.ha.org.hk/visitor/ha_visitor_index.asp?Parent_ID=10044&Content_ID=10045&Ver=HTML

5. Local non-government organizations (NGO) provide support services to PLHIV and their caregivers. There are at least four NGOS providing services to PLHIV, including support service to medical care, psychosocial support and empowerment activities.

6. NGOs offer programmes to fill up the medical service gap, including home and hospital visits, home care service, and escort to clinic follow-up. One NGO provides free transport service to clinic follow up, and free soup delivery service. A multi-disciplinary Day Centre and physiotherapy service is available to provide rehabilitation and reintegration.

7. Psychosocial support service in form of sharing/support groups, counseling service (face-to-face, telephone and internet) and social gatherings organized by the NGOs strengthen support among PLHIV and their caregivers. A resource corner by a local NGO is available to lend out tangible goods, such as wheelchair and electric appliance to PLHIV in need.

8. Talk on HIV treatment/care and mental health have been organized by NGOs for PLHIV and their caregivers. Training of peer volunteers and volunteer work including anti-discrimination workshops have also been arranged to empower PLHIV.

Table 1: Summary of HIV treatment, support and care among PLHIV

Type of Service	Annual estimated coverage	Funding source*
Support Service to medical care		
Home visit (including home care service) and hospital visit	3386 sessions	ATF, NGO general funding or other funding source
Home care service via phone contact	7552 sessions	35% from ATF and 65% from fund raising#
Escort to clinic follow up	3 sessions	NGO general funding or other funding source
Free transport service to clinic follow up	994 trips	NGO general funding or other funding source
Free soup delivery service	1110 flakes	NGO general funding or other funding source
Day centre	1936 sessions (12,000 people served)	35% from ATF and 65% from fund raising#
Physiotherapy service	1224 sessions	
Psychosocial support		
Counseling service, sharing/support group to PLHIV and their caregivers	337 sessions	ATF
Social gatherings	98 sessions	NGO general funding or other funding source
Blog (sharing experience of PLHIV)	7747 viewers	NGO general funding or other funding source
Resource corner	Data not available	NGO general funding or other funding source
Empowerment activities		
Talk on HIV treatment and mental health to PLHIV and caregivers	8 sessions	ATF, NGO general funding or other funding source
Training of peer volunteers	170 sessions	ATF, NGO general funding or other funding source
Anti-discrimination workshop or activities to public, schools and organizations	53 sessions (> 93711 attendance)	ATF, Department of Health, NGO general funding or other funding source
Production of resource directory to PLHIV	1000 copies	ATF
Others		
Survey of PLHIV on service need	170 targets	NGO general funding or other funding source

*ATF = AIDS Trust Fund; NGO general/other funding: from public or private (including Pharmacological companies) donation, fund raising, membership fee and fund other than ATF.
Based on information from single NGO which provide these unique service

Financial assistance

9. PLHIV and their families can apply for a special support fund by Social Welfare Department (SWD) for temporary financial assistance.

10. For PLHIV who acquired infection through blood or blood products, financial assistance can be acquired through grants of ex-gratia payment and a long-term financial scheme from AIDS Trust Fund.

11. The Comprehensive Social Security Assistance Scheme provides a safety net for those who have resided in HK for more than seven years and cannot support themselves financially.

12. PLHIV as assessed by doctors with significant disability can apply for the disability allowances.

13. One NGO provides a PLHIV support fund for emergency financial support to PLHIV while awaiting approval for the support fund by SWD.

Employment

14. There are various employment services provided by the Labor Department to the general public that can be accessed by PLHIV. The Employment Services Division provides free employment and recruitment services to job seekers and employers. The Youth Employment Division implemented the Youth Work Experience and Training Scheme since 2002 for young people aged 15 to 24 years with education attainment below degree level.

15. The Employee Retraining Board (ERB) provides retaining to the unemployed with junior secondary education or below to strengthen their skills for employment. In collaboration with ERB, patient retraining and vocational settlement services are available in QEH and PMH to enable patients with chronic illness to rejoin the workforce.

Public education and addressing stigma/discrimination

16. Various workshops and activities (including telephone interviews by journalists, university students, as well as interviews in radio broadcast) on HIV knowledge and anti-stigma have been organized by NGOs and the government for public education to promote acceptance to PLHIV as summarized in Table 1.

17. A survey to PLHIV was carried out to look into stigma/discrimination in the pre-employment process.

18. PLHIV and their associates are protected under Disability Discrimination Ordinance (Cap 487), a law that has been enacted since 1996 to protect people with a disability against discrimination, harassment and vilification on the ground of their disability. The law enforces protection in the areas of employment, education, sport activities, access to, disposal and management of premises, and provision of goods, services and facilities.

19. The privacy interest of PLHIV concerning their HIV status is protected under Personal Data Privacy Ordinance (Cap 486). Personal data shall be collected for necessary and lawful purpose only, and consent must be given to collect data that can only be used for the purpose originally stated at the time of collection. HIV/AIDS-related information of employees should be kept strictly confidential and kept only on medical files. Access to such information should be strictly limited to medical personnel, and such information may only be disclosed if legally required or with the consent of the person concerned.

Discussion Summary

1. Current needs of the PLHIV community

1.1. Treatment and clinical care

1.1.1. Increase resources for more services including training for health care professionals and personnel such as doctors, nurses, psychologists and psychiatrists; provision of hotlines; increased number of clinics in locations, especially where there is no AIDS specific clinic such as Hong Kong Island and the New Territories.

1.1.2. Waiting time for medical follow up at HIV clinics is too long. Flexible clinical hours to suit PLHIV needs. Reduce the frequency of medical follow up for those PLHIV who are more healthy, but increase follow up for those who are in poor health conditions (provide outreach service at home if necessary).

1.1.3. Provide more information on HAART and their side effects so that PLHIV could make informed choice and decision on treatment.

1.1.4. Increase access to HIV testing and treatment services for migrant workers (e.g. Thai, Vietnamese. And NEP access to HAART is too expensive in Hong Kong.) Need more support (e.g. information) to enable migrant PLHIV to access to services when they return to their countries of origin.

1.1.5. A central platform to provide updated information (on the internet) for PLHIV such as psychosocial services provided by NGOs, knowledge on HAART etc. This can avoid confusion during service referrals.

1.1.6. Better connection between HA hospitals and ITC so as to improve continual patient care across different health institutions. (e.g. for PLHIV access to/refill HAART when hospitalized).

1.1.7. Knowledge/education on drug related conditions, e.g. lymphoma in addition to long term illnesses of HIV, side effects of HAART for PLHIV to make decision on treatment.

1.1.8. Enable PLHIV who are discharged from correctional services to continue their access to medical service.

1.1.9. Cross border collaboration to ensure access to medical treatment of PLHIV.

1.1.10. Maintain good quality health care services which should include comprehensive reproductive and sexual health support to infected males and females. Also, bearing in mind and observing the importance of cooperation between the private and public sectors

1.2. Community care and support

1.2.1. Psychological support to PLHIV and their partner (discordant couple), relatives and friends. Support from PLHIV peers is important.

1.2.2. One stop service to support the newly diagnosed and older PLHIV.

1.2.3. Services should directly address the needs of the community and they should be PLHIV centric.

1.2.4. Day centre for all PLHIV.

1.2.5. Address the needs of the newly diagnosed PLHIV, e.g. emotional support, support for their families.

1.2.6. Efforts to address the needs and concerns of PLHIV who use illicit drugs.

1.2.7. Support is needed for PLHIV who attend various clinics for medical follow up. Besides, PLHIV (e.g. those living in homes/institutions) may have problems to go to clinics for their medication, therefore support is needed to gain access to treatment.

1.2.8. Tailor made services / information addressing the needs of non Chinese PLHIV and the needs of older PLHIV (e.g. arrangements for those who are in elderly homes).

1.3. Enabling Environment

1.3.1. Health care workers (especially those who are not trained in the AIDS field) should have a positive attitude towards PLHIV and respect confidentiality of PLHIV patients. Vital to prevent discrimination in health care settings such as in hospitals.

1.3.2. School education and media campaign targeting the general public to reduce stigma and discrimination in the society.

1.3.3. Sex education for the elderly.

1.3.4. Government promotion on early HIV testing and related health promotion messages should not be stigmatizing.

1.3.5. Promote acceptance of PLHIV in the society. Empower PLHIV and promote their self-acceptance.

1.3.6. Training on respecting PLHIV privacy and disclosure is needed.

1.4. Strategic information

1.4.1. Set up platform for NGOs and Government for on-going communication and discussion.

1.4.2. Research on Post-Exposure Prophylaxis and set policy.

1.5. Strategy/Policy

1.5.1. Universal access to services including social, medical and peer support.

1.5.2. More community participation and consultation in government policy and service development.

1.5.3. Improve human rights including privacy and employment rights, e.g. exclusion of HIV testing in pre-employment body checks and rights to buy insurance not compromised by HIV positive status.

2. <u>Visions in 5 years time</u>

2.1. Reduced discrimination against and increased acceptance towards PLHIV among the general public. An increased effort in stigma reduction among the general public through mass media.

2.2. More clinical services are available that PLHIV could access to early HAART treatment and take shorter waiting time for services.

2.3. A support centre for PLHIV is set up. Support services are available for relatives/friends of PLHIV.

2.4. Translation service is available for non-Chinese PLHIV in general.

2.5. Normalize HIV testing. Normalize PLHIV and improved health conditions under current treatments.

2.6. Increased PLHIV participation, especially in the process of policy-making, and in other forums and meetings. An increased transparency in policy-making, government and statutory bodies, with real PLHIV participation in the process. There should be NGOs and PLHIV representative in ACA. Achieve zero discrimination against PLHIV.

2.7. Universal sex education. More humanized public education in primary/secondary schools.

2.8. Participation of general public is important.

2.9. Young people are educated more on anti-stigma and sex education.

2.10. Older PLHIV has the freedom to choose nursing homes (elderly homes would accept and admit PLHIV clients).

2.11. Religious groups are more open to accept PLHIV. Health care workers and staff from CSD have more training on HIV knowledge.

2.12. More funding from the ATF to programmes/services.

2.13. Personnel from the mass media are well trained on knowledge in HIV prevention and anti-stigma.

2.14. Information is available for PLHIV who is new immigrant or elderly.

2.15. An improvement in HAART and better medical care. PLHIV health conditions are improved and therefore, reduce the frequency in medical follow up.

2.16. Increased resources to support psycho-social needs of PLHIV, e.g. those with difficulties in their daily living would require outreaching home services.

2.17. More service points for PLHIV, including Hong Kong Island. Universal access to all medical services.

2.18. A platform to facilitate communications between medical practitioners who provide care and treatment support to PLHIV, e.g. side effect of drug, knowledge on drug interactions.

2.19. Provision of one stop service and holistic care to PLHIV (and their carers), including mental health, HAART, STI treatment, family planning, screening for other medical conditions, knowledge and decision on the use of HAART, skills in disclosure of HIV status.

2.20. PLHIV enjoys the right of autonomy, e.g. in treatment and service plan. Informed choice should be encouraged. Services are more humanized (e.g. PLHIV addressed by names instead of coded numbers) and PLHIV centric.

2.21. Adopt harm reduction approach in dealing with safer drug use.

2.22. More research is done on Post-exposure prophylaxis (PEP) and clear policy and guideline on its use.

2.23. A fundamental human rights based environment, in addition to anti-stigma and discrimination.

2.24. Inclusion of PLHIV by the society and due respect to their human rights. Effective law enforcement to protect human rights of PLHIV across government, NGOs and other employers (e.g. PLHIV is not required to release their medical history for employment).

2.25. Address the needs of different age groups (e.g. for younger and older PLHIV) and background, e.g. early screening services for local workers returning from overseas); access to screening/support/medical services.

3. Strategies which need to be continued or in place

3.1. Clinical care and treatment

3.1.1. Provide early HAART to PLHIV and strengthen their drug adherence. Information should be available on the benefits of early treatment. Charges of HAART should be kept at low cost and affordable to PLHIV. HAART should continue to be listed in the Drug Formulary. Moreover, HAART should be available in all hospitals.

3.1.2. Increase the number of doctors, AIDS clinics (in different locations), and other health-related services such as dental care and clinical psychologists. Expand the scope of medical services into a comprehensive one such as providing male and female health checks, family planning, screening for other medical conditions etc.

3.1.3. Increase education to PLHIV and the general public on Post-exposure prophylaxis (PEP).

3.1.4. Set up a platform for PLHIV to access the latest HIV-related information, such as treatment and NGOs services.

3.1.5. Empower PLHIV to make various decisions such as those related to treatment and suitable services.

3.1.6. More promotion on early testing is needed so as to encourage prompt access to care and treatment.

3.2. Community Care and support

3.2.1. NGOs need to increase counseling and support services to PLHIV and their partners/relatives. Additional resources are needed to strengthen those services.

3.2.2. Tailor made services to PLHIV with special needs, e.g. food on wheel, community based services and occupation therapy to older PLHIV.

3.2.3. Resources to NGOs need to be increased for holistic services.

3.2.4. Translate information from PLHIV websites (such as positivevoice.org) or make use of iPhone app to provide HIV information for MSM and supports from peers and counseling services.

3.3. Enabling environment

3.3.1. More training is needed for health care workers on protecting privacy of PLHIV. Besides, there should be education for personnel from the Hong Kong Correctional Services and prisoners on anti-discrimination.

3.3.2. Social Welfare Department should have a selection of institutions/homes that fits the needs of PLHIV. More education is needed in these settings to promote non-discriminatory and supportive environment.

3.3.3. More education to the general public and employers to reduce discrimination and protection of privacy by observing Disability Discrimination Ordinance and Personal Data (Privacy) Ordinance. Besides, educate PLHIV on these aspects to raise their awareness on their basic rights.

3.3.4. Allocate resources to support NGOs workers to attend overseas AIDS conferences to gain knowledge and skills, and for better networking. Should consider hosting international AIDS conference in Hong Kong.

3.3.5. Encourage medical practitioners to work in the AIDS field and educate them about positive living as well as on anti-discrimination.

3.3.6. Improvement of the capacity of HIV clinicians to cater for various medical needs of PLHIV so that PLHIV are not required to disclose their HIV status unnecessarily for referrals to different organizations.

3.3.7. Increase the promotion of positive messages about PLHIV by using various media channels. Promote acceptance of PLHIV among religious bodies.

3.3.8. AIDS and sex education in all schools levels. Government APIs should go beyond condom promotion, but also on anti-discrimination and promotion of human rights. Besides, there can be AIDS awareness month in Hong Kong to ensure a more sustainable message.

3.4. Cross sectors collaboration

3.4.1. There should be better collaborations among government departments in cross border issues.

3.4.2. Private laboratories can serve an important role in service referral to HIV positive cases. Promotion and communications with private laboratories are needed. Provide counselling upon the receipt of testing results. Government should provide resources to strengthen the capacity of these laboratories.

3.4.3. Improvement of linkage between AIDS clinics and NGOs for a one-stop service for PLHIV.

3.5. Strategic information

3.5.1. Upgrade all services in order to match the best international standard.

3.5.2. Conduct more research on the use of Post-Exposure Prophylaxis and improve its accessibility.

3.6. Strategy/policy

3.6.1. Active involvement and participation of PLHIV in formulating policies.

3.6.2. Develop PLHIV centric human rights Charter. A PLHIV centered strategy is needed to deal with stigma and discrimination. The strategy needs to be

coordinated and implemented with the involvement of different government departments.

3.6.3. Enforcement of laws such as Disability Discrimination Ordinance and Personal Data (Privacy) Ordinance in protecting PLHIV needs to be more proactive.

3.6.4. HIV care guidelines for healthcare personnel needs to be updated.

4. Prioritized recommendations

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

High priorities

4.1. Medical services: increase resources for support services and clinics; increase access points and access to HAART; affordable treatment including STI and Post-Exposure Prophylaxis (latest drugs in Drug Formulary); increase PLHIV participation in treatment decisions; increase numbers of health care personnel and training (such as counselling skills); provide holistic care including family planning, mental health, counselling, dental care; special attention to sub-populations including elderly, migrant workers (from Hong Kong to other countries), young people, ethnic minorities, women and discordant couples. Access to services is the right of PLHIV.

4.2. Coordinated efforts: referral and service linkage to improve access to services; increase newly diagnosed PLHIV access to NGOs services/information; strengthen the linkage among clinics/hospitals/private laboratories and NGOs; increase support services to care-givers/family members and partners/spouses.

4.3. Increase PLHIV representation & participation in strategy and policy development, and also in ACA. Increase the transparency of strategy and policy development. Policy should be PLHIV centric. NGOs should be represented in ACA. Besides, ACA members/policy makers are encouraged to reach out to the PLHIV community.

Medium Priorities

4.4. Anti-stigma & discrimination: increase education for medical service providers, correctional services personnel, any other service providers (homes,

employment) and corporate. Increase education at all school levels and make use of different media channels to educate the general public.

4.5. Facilitate a fundamental human rights based environment, in addition to anti-stigma and discrimination.

4.6. A comprehensive needs assessment to understand PLHIV stigma, socio-economic status, sexual behaviour so as to advice the development of future strategy. Conduct this on a regular basis, e.g. every 3 or 5 years. This should be a cross-academia collaboration.

Lower Priorities

4.7. Organize an international AIDS conference in HK.

4.8. Law enforcement: Enforce HIV related ordinances in a proactive manner, instead of passively waiting for complaints.