

# AIDS Strategies for Hong Kong

1999 - 2001



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## From the Chairman's Desk:

An effective AIDS programme is founded on the collaborative efforts of all sectors of the community. In conceptualising the future strategy, the Advisory Council on AIDS undertook a biphasic review in 1998, comprising an internal assessment and an external consultancy. The initiative has enabled the Government, NGOs and other stakeholders to enter into open and honest discussion. The product is the publication of the following recommended strategies for the coming three years.

The new strategies are a continuation to "Strategies for AIDS prevention, care and control in Hong Kong" of 1994. There are, however, two unique features. First, objectives are focused and defined for the new time frame. Second, a set of 10 specific targets are established to illustrate the scope.

The last year has been an exciting experience for us all. When, in 2001, we look back to our planning days of this document, we would certainly remember not only the mutual learning but also treasure the friendships cultivated.

Finally, I like to thank all agencies and personnel for contributing to the establishment of our recommended strategies. The support of Secretariat staff based in AIDS Unit is acknowledged, without which this work would not have been possible.



Dr Conrad LAM Kui-shing, JP  
Chairman (1996-1999)

Hong Kong Advisory Council on AIDS

# Contents

1. Introduction .....	4
2. Rationales for the New Strategies .....	5
3. Framework of the Strategies.....	6
4. Guiding Principles .....	6-7
5. Objectives .....	7-8
6. Prevention Strategies .....	8-9
7. Care Strategies .....	9-11
8. Strategies on Programme Support .....	11-12
9. Targets for 1999 - 2001 .....	12- 14
10. Appendix	
Appendix I : Development of AIDS Strategies in Hong Kong - approach of the Advisory Council on AIDS .....	15
Appendix II : Advisory Council on AIDS - Terms of Reference .....	16
Appendix III : Glossary .....	17-19

# AIDS Strategies for Hong Kong 1999-2001

## 1. Introduction

Formulation of strategies occupies a central position in our fight against HIV/AIDS. Over the years, the Advisory Council on AIDS (ACA), appointed since 1990, has been developing AIDS strategies for Hong Kong. The early strategies have taken various forms - from medium term plans<sup>1</sup> to the deliberation of issues at Council meetings.

It was not until 1994 that a comprehensive strategy document was published by ACA. The publication has become a blueprint for policy formulation in the Government as well as community organisations. By 1997, it was felt necessary that the strategies be brought updated. To prepare for the new strategies, ACA conducted an assessment of the local AIDS programme and situation, culminating in the publication of an internal assessment report<sup>2</sup> in April 1998. This was followed by an external consultancy undertaken by four international experts invited to Hong Kong.<sup>3</sup> The external review report titled "Moving Ahead Together - expanding Hong Kong's response to AIDS" was submitted to ACA in July 1998.

The internal assessment and external review have together provided the backdrop for the development of new AIDS strategies in Hong Kong. ACA now puts forward the recommended strategies for the years 1999 to 2001. Supported by new objectives and guiding principles, a set of targets have also been proposed to carry forward the strategies.

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<sup>1</sup> ACA produced its medium term plan in 1990, which was then updated in 1992.

<sup>2</sup> Advisory Council on AIDS. Internal Assessment Report of a review on the HIV/AIDS situation and the programmes on its prevention, care and control in Hong Kong. (*for submission to Hong Kong Advisory Council on AIDS*). Review Steering Committee, April 1998.

<sup>3</sup> The four consultants are: Professor John Bartlett of Johns Hopkins University School of Medicine, Mr Nicholas Prescott of the World Bank, Dr Tim Brown of East-West Centre, Hawaii, and Dr Clement Chan-Kam of UNAIDS, Geneva.

## 2. Rationales for the New Strategies

Assessment made through the Review process provides the rationales for the new AIDS strategies for Hong Kong. The rationales have set the scene at three levels:

*Global situation* - The HIV epidemic has grown progressively. It is clear that HIV/AIDS will continue to be with mankind in the years to come. In view of the dynamic epidemiology, prevalence of behavioural risk factors, and the intensity of human mobility, effective long term strategies are clearly indicated. As the virus observes no country boundary, it is crucial that such strategies be developed with a global perspective.

*Local situation* - Despite an apparently low HIV prevalence locally, the factors of (1) rising incidence of sexually transmitted diseases (STDs), (2) extensive cross-border travelling and (3) uncertainties in the behavioural patterns of vulnerable communities, underlie the potential for the future spread of HIV in Hong Kong and its neighboring Mainland. The development of future strategies must therefore not only address these new problems in terms of enhancing understanding but to develop means of resolution.

*Scientific advancement* - The advent of medical treatment has changed the approach to HIV care. We now know that medicines are available to improve the prognosis of patients, and could reduce transmission in situations like mother-to-child infection. The presentations of HIV/AIDS might change as progression to AIDS is postponed or minimised. Scientific knowledge in prevention has also accumulated, prompting the Council to revisit strategies for an effective and sustainable programme. New issues like access to treatment and quality

of care are surfacing. There is the need of integrating strategies for new areas into the overall programme in Hong Kong.

### 3. Framework of the Strategies

In the development of the Strategies, a set of guiding principles have been adopted, in support of programme efforts carrying the main themes of HIV prevention and the reduction of negative impacts of HIV/AIDS on individuals and society. Three specific objectives are recommended for 1999-2001, covering prevention, care and the societal support. Strategies are then framed against the objectives to specifically address prevention of HIV infection, care for people living with HIV/AIDS, and the supporting programme mechanism. To guide the implementation of the strategies, a series of ten targets are set for the coming three years. These targets shall be achieved within three time-frames - (a) early implementation, (b) throughout the three-year period, and (c) at the end of the three-year period.

**The main themes of HIV prevention and the reduction of negative impacts of HIV/AIDS on individuals and society.**

**Strategies framed against the objectives to specifically address prevention of HIV infection, care for people living with HIV/AIDS, and the supporting programme mechanism.**

**The guiding principles of Hong Kong's AIDS strategies:-**  
**-Non-discrimination**  
**-Commitment**  
**-Integration**  
**-Sustained efforts**  
**-Solidarity**

### 4. Guiding Principles

The Advisory Council on AIDS's *Strategies for AIDS Prevention, Care and Control in Hong Kong*<sup>4</sup> had, since 1994, set out the guiding principles of Hong Kong's AIDS strategies. These principles have been reviewed and consolidated, and are the backbone for the strategies in the next three years:

*Non-discrimination* in the development and implementation of strategies on HIV/AIDS prevention and care.

*Commitment* of society at all levels.

<sup>4</sup> Advisory Council on AIDS. Strategies for AIDS prevention, care and control in Hong Kong. ACA, 1994.



*Integration* into existing programmes in related fields for maximum impact and sustainability

*Sustained efforts* tailored to changing requirement of individuals and society.

*Solidarity* in societal perspective, at local, regional and global levels.

## 5. Objectives

For 1999 - 2001, three main objectives are identified to guide the development of HIV/AIDS strategies for Hong Kong. These are (a) focus on prevention, (b) ensuring quality care, and (c) strengthening partnership.

### *(a) Focus on prevention*

It is clear from recent studies that prevention does work. Effective prevention activities must be well-designed, carefully focused, must cover different dimensions and be presented as a package<sup>5</sup>. To maximise the programme's impacts, the conventional strategy centering on information and education shall be shifted to one with the perspective of HIV prevention. Prevention covers all aspects of means to minimise or halt the transmission of HIV and to prevent the occurrence of its negative impacts.

### *(b) Ensuring quality care*

HIV care includes both medical treatment and psychosocial support. It is evident that medical advances have improved the quality of life of people with HIV/AIDS. Such benefits should be maximised through ensuring the provision of quality care. Early diagnosis, access to care, and

**Three main objectives are identified:-**  
**a) focus on prevention,**  
**b) ensuring quality care, and**  
**c) strengthening partnership.**

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<sup>5</sup> UNAIDS/WHO Report on the global HIV/AIDS epidemic. UNAIDS/WHO June 1998.

maintenance of standard are therefore the substance of the new objective on HIV care. Like that of other chronic illnesses, HIV care must be tailored to meet both individual and societal needs.

### *(c) Strengthening partnership*

Strong partnership is essential to consolidate our programme and to deliver the strategies on prevention and care. People of Hong Kong have shared concerns about responding to the epidemic. Partnership must be strengthened at two levels - the extent and the sectors. On one hand, there should be partnership in the design, implementation and evaluation of programme areas. On the other hand, all relevant sectors should be involved including government, NGOs (AIDS and mainstream ones), vulnerable communities, and people living with HIV/AIDS

## **6. Prevention Strategies**

Prevention efforts should be expanded, and focused on risk reduction and vulnerability reduction<sup>6</sup>. Three specific prevention strategies are recommended : (a) focus on vulnerability, (b) involving the community, and (c) promoting acceptance.

### *(a) Focus on vulnerability*

Global experience confirms that the maximum impact of prevention can be derived from focussing action on vulnerable communities, including those practising high risk sex behaviours and drug-using behaviours. Such focused action must be undertaken with care, sensitivity to people, and with due regards for human rights. Prevention efforts

**Three specific prevention strategies are recommended : -**  
**a) focus on vulnerability,**  
**b) involving the community, and**  
**c) promoting acceptance.**

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<sup>6</sup> UNAIDS best practice collection. Expanding the global response to HIV/AIDS through focused action. UNAIDS 1998.

targeting six populations with various vulnerability factors are recommended<sup>7</sup>: travellers to and from Mainland China, commercial sex workers and clients, men who have sex with men, youth, injection drug users, STD clinic attendees. These efforts should be paralleled by longstanding programmes to maintain the general public's awareness.

### *(b) Involving the community*

In maximising the impacts of prevention, it is necessary to have a good coverage for vulnerable populations, and to develop effective intervention programmes. Community involvement is the key to strengthening the local prevention activities. By community involvement it means the joined efforts of community organisations (AIDS NGOs and mainstream NGOs) which can work with people living with HIV/AIDS and/or vulnerable communities. It also implies the participation of academics who explore effective intervention means and evaluate prevention programmes.

### *(c) Promoting acceptance*

HIV prevention activities cannot be effective on their own. A supportive environment is essential for vulnerability reduction and risk reduction - the key output of HIV prevention - to materialise. One integral component of an effective prevention strategy is therefore the promotion of acceptance of people living with HIV/AIDS, of vulnerable populations, and of the principle and practice of behaviour intervention.

## **7. Care Strategies**

One major advancement in the last years has been the availability of medical treatment for HIV infection. Admittedly, like other diseases,

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<sup>7</sup> Advisory Council on AIDS. Moving ahead together - expanding Hong Kong's response to AIDS. The external review team for the ACA Review of Hong Kong's AIDS Situation and Programme, 1998.

**Three strategies are developed:-**  
**a) Support to quality treatment**  
**b) Meeting the needs of people living with HIV/AIDS**  
**c) Promotion of HIV testing**

there are still a lot of questions on areas like long and short term benefits, toxicity, and the specific indications for their use. The Council feels strongly that Hong Kong should provide quality treatment and that it should meet the needs of our people living with HIV/AIDS. In this connection, three strategies are developed:

*(a) Support to quality treatment*

Medical treatment, comprising access to combination antiretroviral therapy and parallel laboratory investigations, is fast becoming standard of care for people living with HIV/AIDS. With the increasing number of people diagnosed with HIV infection, the Government should monitor the situation and support the provision of quality treatment to those requiring it. Resource-wise, the support touches not only on medication, but also laboratory facilities and clinical personnel. Private sector and the universities should also be encouraged to participate in the provision and/or development of care programmes.

*(b) Meeting the needs of people living with HIV/AIDS*

HIV care is an art based on applied science. HIV care should be individualised, and should address the needs of an infected one as a person. Locally relevant model of care should be developed which must be scientifically grounded, have a sufficiently high standard, and be appropriate to the local circumstance in terms of both clinical standard and social support. The elimination of discrimination should be one integral dimension of the care programme.

*(c) Promotion of HIV testing*

The advent of effective treatment means that HIV testing should be promoted for maximum benefits to be achieved. HIV testing here means only voluntary testing with counselling and support. Mandatory testing has no place in

an effective AIDS programme. The promotion of HIV testing should be undertaken at two levels: the arousal of public awareness of the implications of an HIV test and its result, and the strengthening of HIV testing services targeting people at risk of infection. The prevention of perinatal HIV infection constitutes one unique area whereby access to HIV testing should be enhanced to effectively prevent mother-to-child HIV transmission.

## 8. Strategies on Programme Support

Supportive programme mechanisms are the cornerstones of effective HIV prevention and care strategies. New strategies are proposed on the development of a common programme direction, community planning, emphasis on evaluation, and strengthening of surveillance.

### *(a) Common programme direction*

For maximum effectiveness, it is essential that a common programme direction has to be developed to facilitate the response of the community. The ACA (which advises on AIDS policy), the Council for the AIDS Trust Fund (which functions as the major sponsor of community-based AIDS programmes), and the public service (which operates AIDS activities) should share the common programme direction in HIV/AIDS prevention and care.

### *(b) Community planning*

The Council concurs that prevention and care activities should be sustainable, effective and responsive to the needs of the community. The next phase of Hong Kong's AIDS programme shall facilitate the planning of the community in the identification of priority areas and the recommendations of effective intervention to achieve the objectives laid down in

**New strategies are proposed on the development of a common programme direction, community planning, emphasis on evaluation, and strengthening of surveillance.**

this document. People living with HIV/AIDS, vulnerable communities, AIDS-NGOs, mainstream NGOs, and academics should be involved in the planning process.

*(c) Emphasis on evaluation*

Systematic evaluation of AIDS prevention and care activities helps identify strength while constantly remedying weakness, thus facilitating future development. Evaluation should become a built-in component of strategy development, packaging of community projects, provision of clinical and public health activities.

*(d) Strengthening of surveillance*

Surveillance provides the necessary input to the programme for effective intervention to be developed. Surveillance activities must be strengthened in the areas of HIV/AIDS, STD, and behavioural monitoring, in Hong Kong and in wider context of the region.

## 9. Targets for 1999 - 2001

A total of ten targets are set up by the Council to tie in with the strategies formulated for the years 1999 to 2001. These targets cover broad areas, and have been designed to reflect the responses of the entire community. The targets are divided under three time periods - (a) for early implementation, (b) for implementation throughout the three years, and (c) for implementation towards the end of the period. The early targets are designed for the initial phase of the three-year period. They set the scene for facilitating the subsequent responses in the community. The through-period targets cover broader areas requiring sustained efforts. The end-of-period targets are on the evaluation of the strategies and for preparing the next phase.

**The early targets are designed for the initial phase of the three-year period. They set the scene for facilitating the subsequent responses in the community. The through-period targets cover broader areas requiring sustained efforts. The end-of-period targets are on the evaluation of the strategies and for preparing the next phase.**

### *(a) Early targets*

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

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

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

### *(b) Through-period targets*

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

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

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

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

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

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

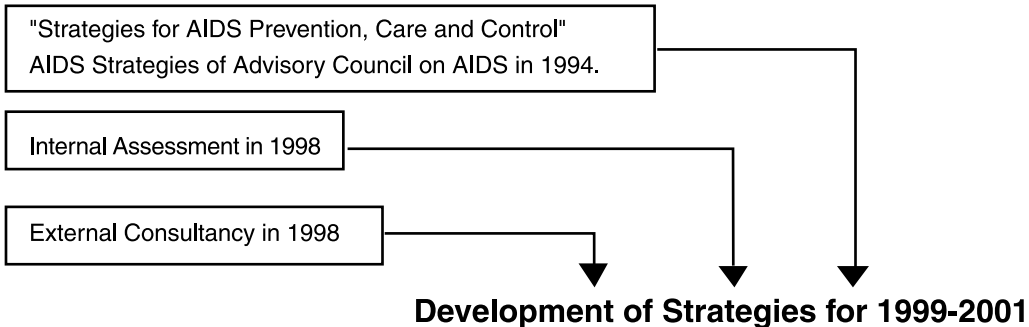
*(c) End-of-period targets*

Target Nine: The progress on the implementation of 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

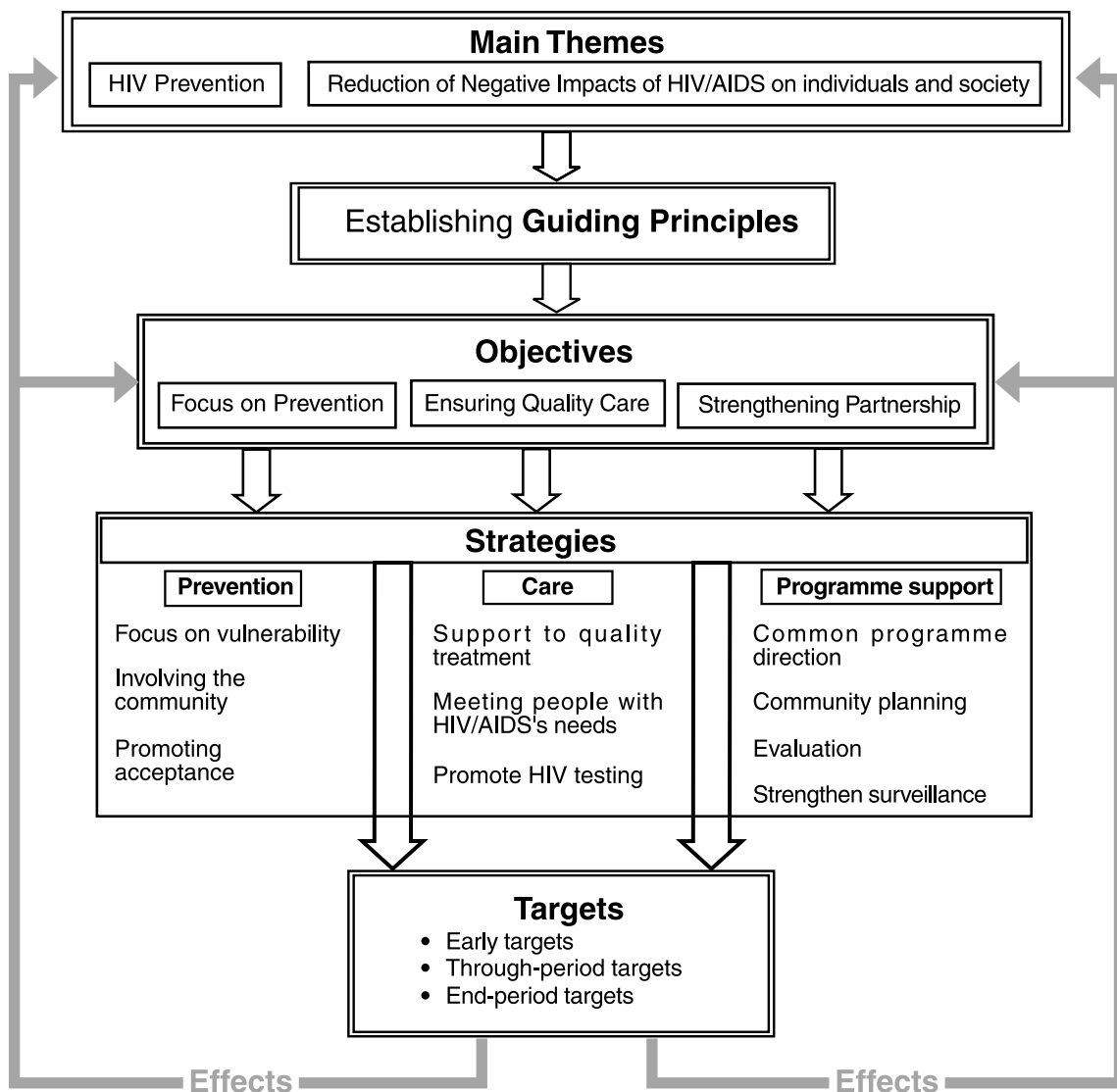
Target Ten: The epidemiological and related behavioural situation on HIV/AIDS should be assessed to form the scientific basis for steering the development of medium and long term strategies on HIV/AIDS prevention and care in Hong Kong.



# Development of AIDS Strategies in Hong Kong - APPENDIX I approach of the Advisory Council on AIDS:



## Hong Kong AIDS Programme



## **Advisory Council on AIDS - Terms of Reference**

The terms of reference of ACA are:

- (a) to keep under review local and international trends and development relating to HIV infection and AIDS;
- (b) to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong;  
and
- (c) to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong

# Glossary

## HIV/AIDS

This term refers broadly to all issues, activities, and people related to HIV infection and AIDS. HIV stands for human immunodeficiency virus. It infects human being and causes progressive deterioration of immune system. AIDS, stands for Acquired Immune Deficiency Syndrome, refers to the late stage of HIV infection with overt complications of immune deficiency, such as, opportunistic infection or malignancies. Since the syndromal diagnosis of AIDS had been established few years earlier than the identification of the causative organism HIV, there is a tendency for the general public to refer HIV as the "AIDS virus". From the perspective of public health planning and control, prevention of HIV spread is the overriding target yet the individual and societal impacts have to be dealt with from the human reactions to clinical manifestations including AIDS.

## Vulnerability

The concept of vulnerability is to identify the characteristics inherent to specific societal groups or communities that may increase the potential risk of HIV infection. To target at vulnerability reduction and modification facilitate the design and implementation of HIV prevention programmes from a broader perspective and at the root level.

## Community Planning

Community planning refers specifically to the active involvement of community groups in the planning process. Such involvement provides a broader basis of consideration in planning and prioritization. However, as most community groups may lack certain specific knowledge and skills, there is a need to include in the planning process steps to identify the expertise, to consult the involved communities and to develop mechanisms to examine and evaluate options.

"Community planning process" refers to the continuous evolution and maturation of the community in the planning mechanism. The development of mutual understanding and cooperation is crucial over time in the process.

### **Capacity Building**

Capacity building emphasizes an initial process of self-examination and evaluation to identify the strengths and weaknesses of the involved individuals, groups and organizations in the planning and implementation of various activities. The subsequent steps to enhance and strengthen the capacity of the involved ones shall be planned according to the needs of the community.

### **NGO (non-governmental organisation)**

NGO (non-governmental organisation) is a term used to describe an agency which functions independent of the Government. In the context of AIDS, there are the AIDS NGOs working specifically on HIV/AIDS, and mainstream NGOs whose agenda cover broader social/health issues or a field relating indirectly to HIV/AIDS.

### **AIDS Trust Fund**

AIDS Trust Fund was set up in 1993 by the Government with a 350 million grant to provide exgratia payment to HIV infected haemophiliacs, and to support AIDS education and care programmes in the community. The Fund is administered by the Government - appointed Council for the AIDS Trust Fund

### **AIDS programme**

AIDS programme is a collective term describing all prevention, care and support activities provided by the Government, NGOs and any agencies for the benefit of the entire community.

## **STD (Sexually Transmitted Disease)**

STD (Sexually Transmitted Disease) refers to a spectrum of diseases transmitted predominantly through sexual activities. Examples are gonorrhoea, syphilis, and non-gonococcal urethritis.