



**REPORT OF THE COMMUNITY STAKEHOLDERS'
CONSULTATION MEETING 2021
FOR THE DEVELOPMENT OF RECOMMENDED
HIV/AIDS STRATEGIES FOR HONG KONG**

**Community Forum on AIDS (CFA) &
Hong Kong Coalition of AIDS Service
Organizations (HKCASO)**

December 2021



TABLE OF CONTENTS

| | |
|--|-----|
| Introduction | 2 |
| Acronyms and abbreviations | 3 |
| Executive Summary | 5 |
| Section 1. Background and Rationale of Community Consultation | 8 |
| Section 2. Outline of the Community Stakeholders' Consultation Meeting | 11 |
| Section 3. Sessions Summary and Recommendations | 23 |
| 3.1 Female sex workers and male clients (FSA) | 25 |
| 3.2 People living with HIV (PLHIV) | 31 |
| 3.3 Men who have sex with men (MSM) | 38 |
| 3.4 Adolescent and youth (AY) | 47 |
| 3.5 People who inject drugs (PWID) | 54 |
| 3.6 Transgender people (TG) | 59 |
| 3.7 Ethnic minorities (EM) | 65 |
| Section 4. Summary of Open Submissions | 70 |
| Section 5. Overall Recommendations (including Community Stakeholders' Consultation Meeting and Open Submissions) | 81 |
| Section 6. Feedback for the draft report | 109 |
| Section 7. Conclusion | 114 |

INTRODUCTION

The Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO) have taken a partnership approach to tap into the collective wisdom of various HIV stakeholders and communities through the seven-session Community Stakeholders' Consultation Meeting and opinions collected during the consultation period. Much has been done to plan how this should be conducted, how the community members and organizations could be engaged and mobilized, and how the consultation should be facilitated to make the discussion meaningful for the ACA's drafting the coming Recommended HIV/AIDS Strategies for Hong Kong. All these could not have been accomplished without the coordinated efforts of the Working Group, facilitators, meeting rapporteur, table hosts, note takers, and most importantly, the participation of community stakeholders.

On the whole, the consultation session provided an occasion and opportunity for community stakeholders to have in-depth discussions and make suggestions on AIDS-related issues. We believe everyone taking part in the process is proud of being involved and the recommendations collected would contribute to combating the HIV/AIDS epidemic in Hong Kong.

ACRONYMS & ABBREVIATIONS

| Acronym/Abbreviation | Name of Organization |
|----------------------|---|
| ACA | Hong Kong Advisory Council on AIDS |
| AIDS | Acquired Immunodeficiency Syndrome |
| AY | Adolescent and youth |
| CCM | Community Stakeholders' Consultation Meeting |
| CFA | Community Forum on AIDS |
| DH | Department of Health |
| EM | Ethnic minorities |
| FSW | Female sex workers and male clients |
| HAART | Highly Active Antiretroviral Therapy |
| HIV | Human Immunodeficiency Virus |
| HKCASO | Hong Kong Coalition of AIDS Service Organizations |
| LGBT | Lesbian, Gay, Bisexual and Transgender persons |
| MSM | Men who have sex with men |
| NGO | Non-Governmental Organizations |
| PEP | Post-exposure prophylaxis |
| PLHIV | People living with HIV |
| PrEP | Pre-exposure prophylaxis |
| PWID | People who inject drugs |

| Acronym/Abbreviation | Name of Organization |
|-----------------------------|---|
| SHC | Social Hygiene Clinics |
| SPP | Special Preventive Programme |
| STI/STD | Sexually transmitted infections/diseases |
| SW | Sex workers |
| TG | Transgender people |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS |
| VCT | Voluntary Counselling and Testing service |
| WGCCM | Working Group of the Community Stakeholders' Consultation Meeting |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Since 1994, the Advisory Council on AIDS (ACA) has produced six sets of recommended strategies for Hong Kong to advise the government on her responses to HIV/AIDS, including programmes and services, funding and policies. The latest set of strategies is for the year of 2017-2021. There is a need to formulate another set for the year of 2022-2026/7 in light of the current HIV/AIDS epidemic.

The ACA adopts a broad-based, participatory and integrated approach to formulate the new strategies. Based on evidence from the global and local epidemics, the Working Group of the Community Stakeholders' Consultation Meeting agreed that the following seven priority populations should be the focus of community stakeholders' consultation:

- 1 Female sex workers and their male clients (FSW)
- 2 People living with HIV (PLHIV)
- 3 Men who have sex with men (MSM)
- 4 Adolescent and youth (AY)
- 5 People who inject drugs (PWID)
- 6 Transgender people (TG)
- 7 Ethnic minorities (EM)

Capitalizing on the experience and its success in formulating the last set of strategies (2017-2021), a community stakeholders' consultation meeting (CCM) was organized again to collect opinions from seven priority communities who are most affected by HIV/AIDS for the strategies. Other than the consultation meeting, stakeholders as well as the public were also provided with an option to submit their written opinions via email and fax as open submission.

Seven CCM sessions with 145 attendees were conducted from 13 July to 18 July 2021, and 3 open submissions were received from 17 June to 4 August 2021.

During the consultation meetings, the needs of the communities regarding HIV infection, and the recommendations for controlling the epidemics and HIV prevention were collected. Suggestions were of a wide variety, ranging from prevention, testing, treatment and care, creating an accepting environment, provision and collection of information and cooperation between parties. The needs of the communities and priorities of recommendations collected in each session were listed in **Section 3**.

The three open submissions collected through fax or email were summarized in **Section 4**. They were submitted by a statutory body and two NGOs, covering diverse topics.

The recommendations collected from both sources can be categorized grossly into eight areas, namely:

1. Intensify accessibility and availability of combined prevention tools;
2. Targeted HIV prevention interventions and education for priority populations;
3. Devise specific interventions for sub-groups of concern within the priority populations;
4. Scale up HIV testing services and enhance and support new testing modalities;
5. Strengthen the HIV treatment and care cascade;
6. Reduce and eliminate HIV-related stigma and discrimination;
7. Enhance and promote youth and public sexuality education;
8. Mobilize the cooperation of government and community to create wider changes.

An overall summary of the eight areas of recommendations was shown in **Section 5**.

The draft of this report has been circulated to those who participated in the CCM and/or submitted their written recommendations during the consultation period. The draft was revised with incorporation of their feedback and presented to the WGCCM. The final report will be submitted to the Hong Kong Advisory Council on AIDS for its consideration on formulating the recommended strategies.

The report will also be uploaded to the ACA website (www.aca.gov.hk) for public access.



Section 1

BACKGROUND AND RATIONALE OF COMMUNITY CONSULTATION



Section 1

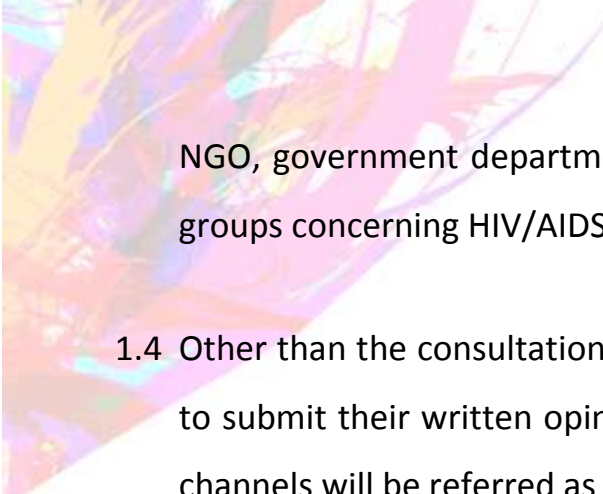
Background and Rationale of Community Consultation

1.1 Since 1994, the Advisory Council on AIDS (ACA) has produced six sets of recommended strategies for Hong Kong to advise the government on her responses to HIV/AIDS, including programmes and services, funding and policies. The latest set of Strategies is for the year of 2017-2021. There is a need to formulate another set for the year of 2022-2026/7 in light of the current HIV/AIDS epidemic.

1.2 As for the previous sets, the ACA continues to adopt a broad-based, participatory and integrated approach to draft the HIV/AIDS strategies. The following six factors will be considered when formulating the strategies:

- ① Global and local HIV situation and future trend;
- ② Current HIV responses in Hong Kong;
- ③ Scientific evidence;
- ④ Recommendations from WHO, UNAIDS and other health authorities;
- ⑤ Opinions from the relevant community stakeholders;
- ⑥ Opinions from the public consultation.

1.3 Capitalizing on the experience and its success in formulating the last set of Strategies (2017-2021), a **community stakeholders' consultation meeting (CCM)** was organized again to collect opinions from seven key communities who are most affected by HIV/AIDS for the new recommended strategies. Stakeholders are referred to members from the affected communities, and other individuals and parties who can contribute to effective responses to HIV/AIDS, such as staff and volunteers from AIDS



NGO, government departments/organizations and other professionals, individuals or groups concerning HIV/AIDS.

1.4 Other than the consultation meeting, stakeholders were also provided with an option to submit their written opinions via email and fax. Opinion collected through these channels will be referred as “Open Submission” (OS) in following parts of this report.

1.5 This report includes the opinions about the strategies both from the CCM and the open submissions, which will be submitted to the ACA for its reference while formulating recommended HIV/AIDS strategies for 2022-2026/7.



Section 2

OUTLINE OF COMMUNITY STAKEHOLDERS' CONSULTATION MEETING



Section 2

Outline of Community Stakeholders' Consultation Meeting

2.1 Working Group

The Working Group of the consultation meeting was established in March 2021, and its members include representatives of non-governmental organizations from the HKCASO and the Secretariat of the CFA. The Working Group held its first meeting on March 11, 2021 to discuss the details of the consultation meeting, including logistics, manpower requirements, resources and promotion. The Working Group agreed to follow the format of the previous CCM and prioritize recommendations by individual voting.

The model for formulating the Recommended Strategies for AIDS/HIV from 2022 to 2026/7 (including the CCM) was discussed at the ACA meeting on April 9 2021, and approved that the CCM to be co-organized by the CFA and HKCASO.

2.2 Priority populations

In line with the local epidemics and global health organizations' recommendations (i.e. WHO and UNAIDS) and after a discussion with CFA, the Working Group and community stakeholders, individual sessions of the CCM were organized to collect opinions of recommended strategies targeting seven priority populations:

1. Female sex workers and male clients (FSW)
2. People living with HIV (PLHIV)
3. Men who have sex with men (MSM)
4. Adolescent and youth (AY)

5. People who inject drugs (PWID)
6. Transgender people (TG)
7. Ethnic minorities (EM)

In order to reduce crowd gathering during the COVID-19 pandemic, attendees could choose to participate either at the main venue (Red Ribbon Centre) or join the discussion using video conferencing technology at the venue of HKCASO member organizations.

| Stakeholders | Date | Meeting Venue |
|-------------------------------------|--------------|--|
| Female sex workers and male clients | 13 July 2021 | Red Ribbon Centre, Action for REACH OUT |
| People living with HIV | 13 July 2021 | Red Ribbon Centre, Society for AIDS Care |
| Men who have sex with men | 14 July 2021 | Red Ribbon Centre, Hong Kong AIDS Foundation, Society of Rehabilitation and Crime Prevention (SARDA) |
| Adolescent and youth | 15 July 2021 | Red Ribbon Centre |
| People who inject drugs | 16 July 2021 | Red Ribbon Centre |
| Transgender people | 16 July 2021 | Red Ribbon Centre |
| Ethnic minorities | 18 July 2021 | Red Ribbon Centre, Christian Action |

2.3 Goal, Objectives and Agenda

The CCM's overall goal, objectives and agenda were set as follow:

Goal - To engage stakeholders and the general public for providing inputs for the development of Recommended HIV/AIDS Strategies in Hong Kong.

| Objectives | Agenda |
|---|---|
| 1. To report on and identify latest epidemiological trends and current responses in prevention, treatment, care and support | Report on latest epidemiological trend and current responses by SPP |

| | |
|--|--|
| 2. To encourage small group discussion among meeting attendees to share their experiences and ideas in the scope of HIV prevention, diagnosis, treatment and care | Break-out group discussion and report back |
| 3. To identify and connect common perspectives/themes among attendees and formulate recommendations for the development of HIV/AIDS Strategies for Hong Kong 2022-2026/7 | Synthesis of the group discussions into key recommended strategies by the rapporteur team, and feedback by attendees |
| 4. To prioritize the above strategic recommendations | Prioritization of recommendations by voting |

2.4 Meeting rundown and duration

The above agenda was translated into a 3.5 hour-meeting run for each session as below:

Table 1. Rundown of the CCM

| Time | Activities |
|-------------------------|--|
| 10 min | Welcome and introduction |
| 15 min | Reporting on latest HIV epidemiology and current responses |
| 10 min | Introduction of group discussion format & ground rules |
| 15 + 5 min | Round 1 of Discussion+ Report Back |
| 40 + 15 min | Round 2 of Discussion+ Report Back |
| 15 + 5 min | Round 3 of Discussion+ Report Back |
| 20 min | BREAK |
| 45 min | Prioritization of recommendations |
| 15 min | Conclusion of meeting |
| Total 3 hours and 30min | |

2.5 The working team during CCM

A Facilitator

A person with expertise in communities and HIV/AIDS work was recruited as the facilitator for each meeting to facilitate discussion and to maintain order. The facilitators were mostly recruited from HKCASO member organizations.

A Rapporteur Team

It consisted of personnel from an independent third-party market research company – MOV Data Collection Center Limited and doctors from the SPP. They were responsible to document all opinions reported by each group after the group discussion. The records were shown on a projector screen at the same time. The team would then synthesize all the opinions for voting and prioritization by the attendees (section 2.7).

Table hosts and Note-takers

30 table hosts and 30 note-takers were recruited to facilitate and record the break-out group discussion. They involved some 25 staff members from the HKCASO member organizations who had experiences in serving the communities and knew their needs. Nine SPP staff subbed in to be note-takers in the sessions short of manpower.

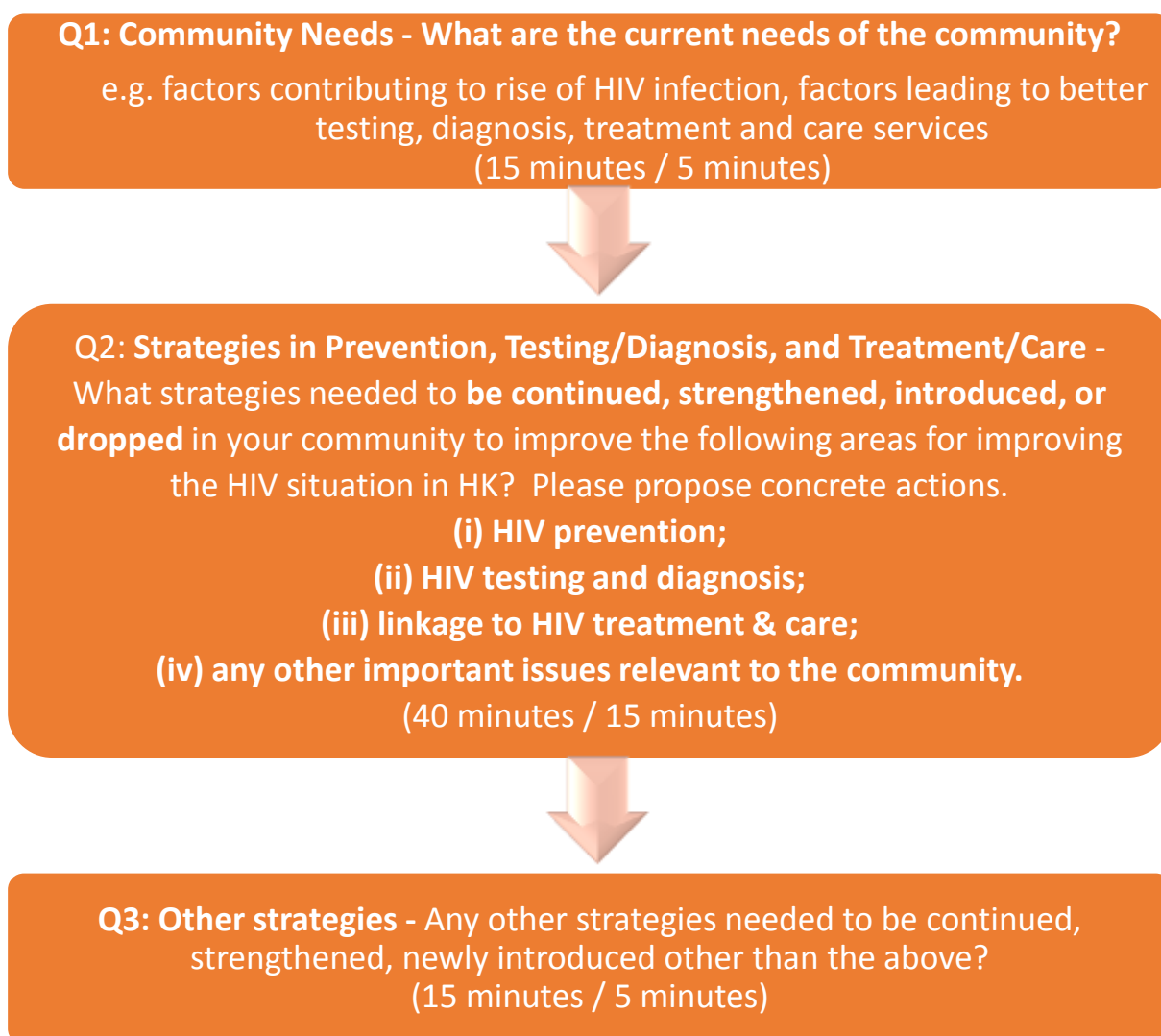
Two parallel sessions of pre-CCM briefing for workers were held one week before the beginning of CCM. Short briefings were also arranged before the start of each session by the facilitator to prepare the table-hosts and note-takers for their duties.

Break-out group discussion

To facilitate attendees' sharing of their opinions, three sets of questions were designed to facilitate discussion focusing on the HIV prevention, treatment and

care continuum (Figure 1). They were respectively discussed in break-out group. Each group was limited to seven attendees maximum. The three questions were discussed within three separate time slots. After each round of discussion, note-taker of each breakout group in turn presented their key opinions.

Figure 1: The flow of group discussion and the questions



2.6 Categorization and prioritization of recommendations

After the break-out discussion and report back, the rapporteur team and the facilitator worked together to categorize all the findings from the three rounds

of discussion into a list of recommendations while attendees taking a break. After the break, attendees re-convened to give feedback on the list and finalize it. A voting among attendees was then conducted to decide the priority of the recommendations.

This voting mechanism for prioritization was as follow: Attendees were given votes equal to 50% of total number of recommendations that had been synthesized from all the break-out group discussions. They then casted their votes according to their own perception of the order and importance of the recommendation, and could cast more than one vote for one specific recommendation as long as the total number of the votes did not exceed the limit given to each person. An electronic voting platform was used in this conference to allow attendees in different venues to vote simultaneously.



2.7 Participation of Community Stakeholders

2.7.1 Promotion and participant recruitment

Before the CCM, the ACA secretariat sent more than 100 invitations to different organizations, including 21 AIDS NGOs, 82 NGOs that provide services for the targeted populations, Equal Opportunities Commission, 2 AIDS specialty clinics under Hospital Authority, 5 service units under DH and 2 Advisory Committees.

A designated webpage was also created under the ACA website for online registration, and pre-conference reference materials were uploaded for easy reference. The consultation meeting was also promoted through the HIV clinics, the Red Ribbon Centre Facebook page, the online platforms of AIDS NGOs, and the websites of the sexual minority groups. The member organizations of HKCASO also promoted the consultation meetings to connected community stakeholders through common channels such as Facebook, email groups, and personal contacts. Those who were interested in participating in the consultation meeting could register online.

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong



The "Recommended HIV/AIDS Strategies for Hong Kong"

The "Recommended HIV/AIDS Strategies for Hong Kong" (the Strategy) is developed by the Hong Kong Advisory Council on AIDS (ACA) every five years. The process of its formulation adopted a wide-based approach of engaging different parties, including Community Stakeholders' Consultation Meeting and gathering the input of individuals, groups and organisations as well as the general public, during the subsequent public consultation. The Strategy cover surveillance, health promotion and HIV prevention, treatment and care, and is underpinned by policy-making and recommending programme funding priority.

"Community Stakeholders' Consultation Meeting for the development of Recommended HIV/AIDS Strategies for Hong Kong"

Seven sessions of "Community Stakeholders' Consultation Meeting for the development of Recommended HIV/AIDS Strategies for Hong Kong" (CCM) will be conducted in July this year, jointly by the Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organisations (HKCASO). To avoid social gathering at the time of ongoing COVID-19 pandemic, the CCM will be conducted simultaneously in Red Ribbon Centre and HKCASO members' centres depending on the number of attendance. With utilisation of video conferencing technology, the participants could freely discuss and voice out opinions on matters of concern to the community. The language used in CCM will be mainly Cantonese except for the session of ethnic minorities.



The date and targets of the seven sessions of CCM:



- July 13 (Tue) 10:30-14:00: Female sex workers and male clients
- July 13 (Tue) 18:30-22:00: People living with HIV
- July 14 (Wed) 18:30-22:00: Men who have sex with men
- July 15 (Thu) 15:00-18:30: Adolescents and youth
- July 16 (Fri) 14:00-17:30: People who inject drugs
- July 16 (Fri) 18:30-22:00: Transgender people
- July 18 (Sun) 14:00-17:30: Ethnic minorities

The online enrollment platform is launched. Welcome all community members, organizations and general public to support and actively participate in the consultation!

Registration deadline: 4 July (Sun)



Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

Female sex workers and male clients

Event date: 13 July 2021 (Tue)
Time: 10:30 – 14:00
Event venues: Red Ribbon Centre, Action for Reach Out, The Society of Rehabilitation and Crime Prevention
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

People living with HIV

Event date: 13 July 2021 (Tue)
Time: 18:30 – 22:00
Event venues: Red Ribbon Centre, Hong Kong AIDS Foundation, Society for AIDS Care, AIDS Concern
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

Men who have sex with men

Event date: 14 July 2021 (Wed)
Time: 18:30 – 22:00
Event venues: Red Ribbon Centre, Hong Kong AIDS Foundation, AIDS Concern, The Society of Rehabilitation and Crime Prevention
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

People who inject drugs

Event date: 16 July 2021 (Fri)
Time: 14:00 – 17:30
Event venues: Red Ribbon Centre
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

Transgender people

Event date: 16 July 2021 (Fri)
Time: 18:30 – 22:00
Event venues: Red Ribbon Centre
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

Adolescent and youth

Event date: 15 July 2021 (Thu)
Time: 15:00 – 18:30
Event venues: Red Ribbon Centre
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

Community Stakeholders' Consultation Meeting 2021 for the development of Recommended HIV/AIDS Strategies for Hong Kong

Ethnic minorities

Event date: 18 July 2021 (Sun)
Time: 14:00 – 17:30
Event venues: Red Ribbon Centre
Application deadline: 4 July 2021 (Sun)

Welcome all community members, organizations and general public to support and actively participate in the consultation!



Link for application



More language for consultation: Cantonese

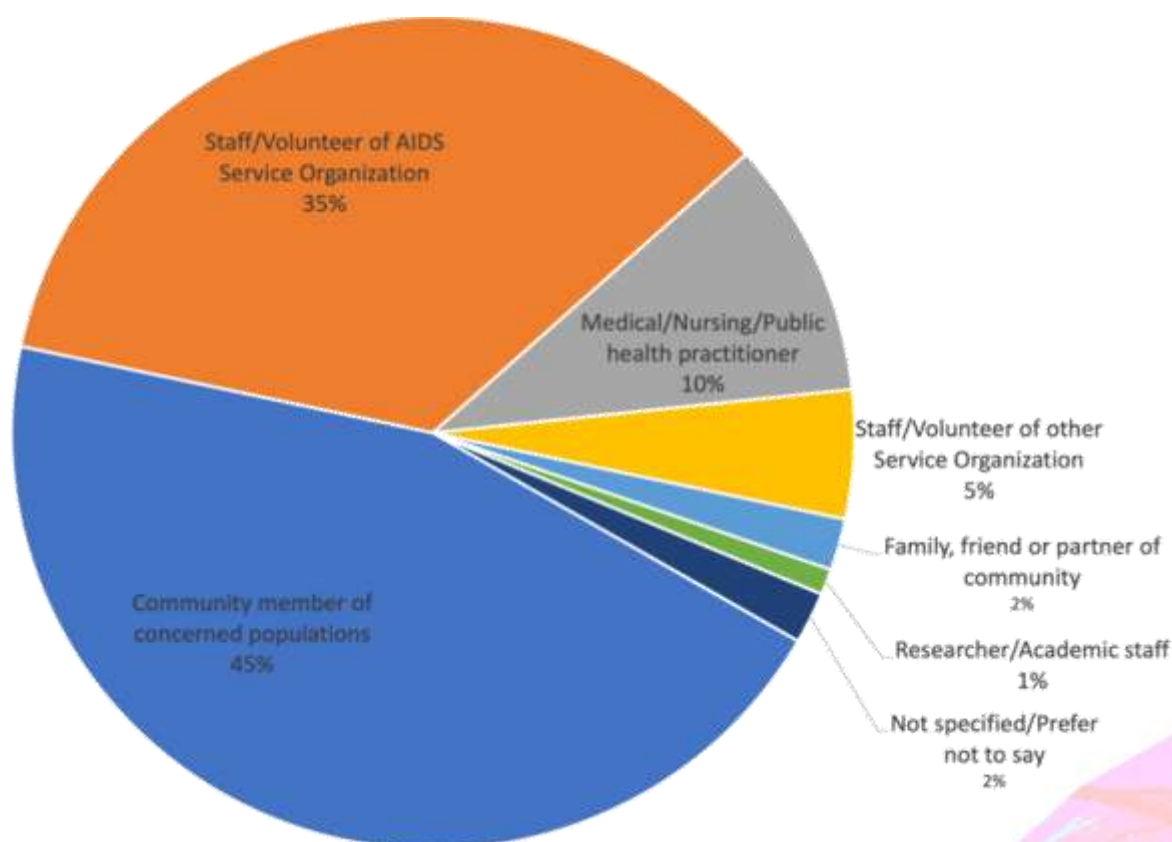
2.7.2 Number of people registered and attended

A total of 186 people registered. The actual numbers of attendees were 145 and their background were analysed below (Table 2, Figure 2).

Table 2. Attendance of each session

| Sessions | No. of attendees | % enrolled as “community members” |
|-------------------------------|------------------|-----------------------------------|
| 1 Female sex workers and male | 19 | 16% |
| 2 People living with HIV | 26 | 54% |
| 3 Men who have sex with men | 41 | 39% |
| 4 Adolescent and youth | 19 | 26% |
| 5 People who inject drugs | 12 | 83% |
| 6 Transgender people | 12 | 50% |
| 7 Ethnic minorities | 16 | 56% |
| TOTAL | 145 | 45% |

Figure 2. Background of the attendees



2.7.3 Observers

Members of ACA, staff of Special Preventive Programme (SPP) of DH, AIDS Trust Fund were not allowed to be participants or give opinions during the meeting. They were only accepted to be observers. Of the 7 sessions of CCM, a total of 8 ACA members (12 attendances) attended the CCM as observers.

2.8 Implementation of the CCM

2.8.1 Authenticity of break-out group discussion report

In order to ensure that, after each round of break-out discussion, table hosts could accurately report their respective group's key discussion points to the floor, table-hosts used the last three to five minutes before the closure of each round of break-out group discussion to summarize discussion points for feedback about if anything were being missed or mis-captured. The facilitator also opened the floor for all attendees' feedback after all table hosts had reported.

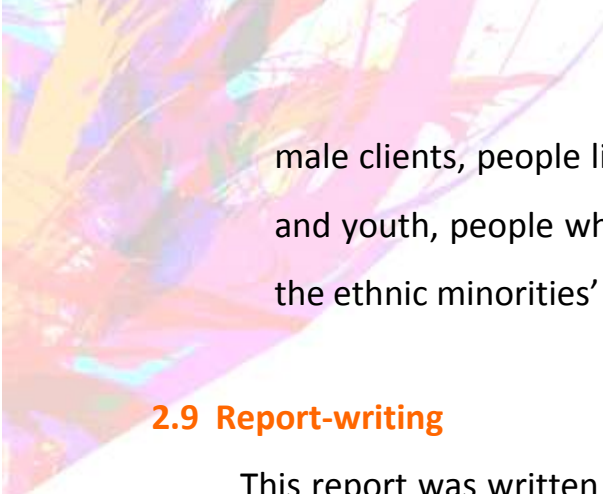
2.8.2 Different opinions in synthesis

After all the breakout group discussions had been synthesized into a list of recommendations by the rapporteurs, attendees could comment on the wordings and categories of recommendations. The facilitator would also allow further discussion among attendees, so that they could have more understanding of different perspectives and possibly reached a consensus.

2.8.3 Language

All sessions, except the one for ethnic minorities was conducted in Cantonese. The session for ethnic minorities was conducted in English.

Same type of languages was used for recording and voting of recommendations: Chinese for the first 6 sessions (female sex workers and



male clients, people living with HIV, men who have sex with men, adolescent and youth, people who inject drugs, and transgender people) and English for the ethnic minorities' session.

2.9 Report-writing

This report was written by the personnel of an independent third-party market research company – MOV Data Collection Center Limited. The SPP of the Department of Health mainly provided technical and clerical support.

To avoid any misinterpretation or missing any recommendations during report writing, the draft of this report was circulated to the CCM attendees, those who sent in opinions in the open submissions before WGCCM endorsed the finalized version.



Section 3

SESSION SUMMARY AND RECOMMENDATIONS



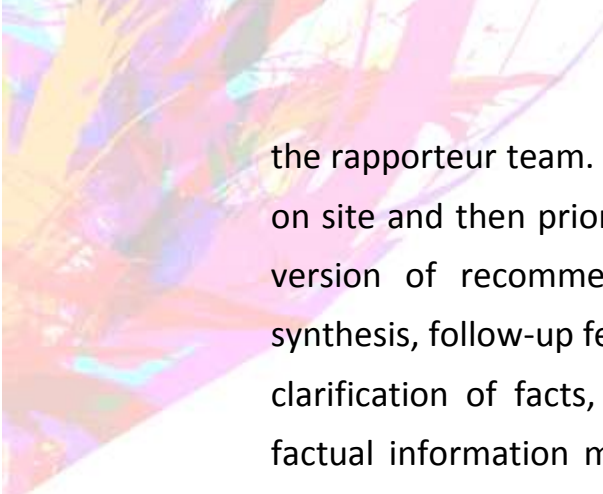
Section 3

Session Summary and Recommendations

This section depicts the recommendations collected in each of the 7 sessions of CCM for consideration for the coming Recommended Strategies 2022-2026/7.

Each session summary contains the followings:

- **No. of attendees and their background:** For understanding the strategies recommended;
- **Language:** The language used for discussions and presentations would be the language used for written records in the CCM session. Hence, if any discrepancy of the recommendations between the Chinese and English versions is found in this report, the version of the stated language for record should be referred to for accuracy;
- **Number of voters:** The actual number of attendees who casted their votes in prioritizing the recommended strategies;
- **No. of votes given to each voter:** The number of votes that each attendee held to cast for their priority of the recommendations was 50% of the total number of the recommendations proposed;
- **Needs of community:** The areas where attendees found the community's needs in HIV/AIDS lie in. They are the opinions collected in response to the first discussion question;
- **Recommendations for the strategies and their priority:** These are the recommendations collected in response to the second and third discussion questions. Each of the recommendations, irrespective of the number of attendees who raised it, was recorded and categorized during the meeting by



the rapporteur team. The full list of categories was agreed by the attendees on site and then prioritized by their voting. This report shows the ultimate version of recommendations after all the break-out group discussions, synthesis, follow-up feedback and prioritization. The process did not require clarification of facts, and as such, the recommendations when related to factual information may not necessarily reflect the real-life situation. The number of votes received by each category of recommendations were stated;

- **Recommendations with *:** These recommendations received the same number of votes in the CCM. In all sessions of CCM, it was agreed by the attendees that these recommendations should be stated under the same order in the prioritization.

3.1 Female Sex Workers and their Male Clients (FSW)

| | |
|------------------------------|--|
| Date: | 13 July 2021 |
| Time: | 10:30am- 2:00pm |
| No. of attendees | 19 |
| Self-reported background: | 12 AIDS NGO staff/volunteers 3 Medical/nursing/public health practitioners 3 Community members 1 Family, friend or partner of community |
| Language for onsite | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 19 |
| No. of votes for each voter: | 7 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.1.1 Needs in HIV/AIDS of Female Sex Workers and Male Clients

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services)

i. Strengthen education and publicity in HIV prevention

- Content includes:
 - Routes of HIV transmission and prevention measures
 - Condom use and encourage safe sex (e.g. not to be lured into not using condom by money, not to be influenced by

- appearance/personal feelings, and not to ignore the importance of condoms in oral/anal sex)
- Encourage testing
 - In addition to face-to-face explanation, the online platforms commonly used by sex workers (e.g. Douyin/TikTok) should be used
- ii. **Increase awareness of HIV prevention and testing among "part-time girlfriend" (PTGF) and their clients**
 - iii. **Promote men's/women's health to reduce the stigmatization of tests**
 - iv. **Strengthen mutual exchanges among people in the industry to increase knowledge about HIV and encourage safe sex**
 - v. **Promote information about "Post-exposure prophylaxis" (PEP) drugs for the community to understand better**
 - vi. **Continuously provide condoms/lubricant; improve condom quality**
 - vii. **More research is needed to facilitate the formulation of strategies - need to clarify on the definition of "sex worker"**
 - viii. **Increase the acceptance of HIV patients in the community and by medical staff, and reduce discrimination**
 - ix. **Strengthen outreach services and provide on-site "HIV Antibody Test" (VCT) services**
 - x. **Provide self-test kits**
 - xi. **There is currently no formal channel to obtain "Pre-exposure prophylaxis" (PrEP)**
 - xii. **Reopen more Social Hygiene Clinics so that community members do not need to travel to other districts for medical consultation**

3.1.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

(i) HIV prevention;

- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 1 | <p>Education and publicity (HIV prevention, sex education) for young people</p> <ul style="list-style-type: none"> • Collaborate with educators • Sex education should be as detailed as possible and avoid superficiality | 16 |
| 2 | <p>Improve the services of Social Hygiene Clinics</p> <ul style="list-style-type: none"> • Reopen as soon as possible after the epidemic • Extend opening hours to evenings/weekends (especially Yaumatei Clinic) • Consider providing services to non-eligible persons for free or at cost, serving non-Chinese and non-local residents • Triage cases in the form of public-private partnership to assist FSW in seeking medical treatment and to provide incentives | 15 |
| 3a* | <p>Education and publicity for the public (including male clients)</p> <ul style="list-style-type: none"> • HIV education and testing should be universalized to avoid labeling • While using new media for publicity, do not ignore traditional mass media (e.g. TV) • Strengthen education on men's health (e.g. safer sex practice) to reduce stigma | 14 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • It should be considered that older men may be out of touch with social apps or digital technology platforms • Consider inviting FSW and clients to participate in the promotion and creative development, or provide resources for NGOs to improve effectiveness | |
| 3b* | <p>Outreach services (including internet outreach)</p> <ul style="list-style-type: none"> • Distribute condoms and brochures, etc. • Outreach for "Voluntary Counseling and Testing Service" (VCT) • DH to cooperate with NGOs in sending doctors to participate in outreach work, providing testing and other health services | 14 |
| 4 | <p>Strengthen HIV and STI testing</p> <ul style="list-style-type: none"> • Promote and subsidize NGOs in providing free testing (including non-local people) • Increase the availability of self-test kits • Consider self-sampling by users themselves, and send samples to laboratories or professional institutions for testing, and then sending a report of diagnosis to users for follow up • Provide resources for NGOs in providing free STI tests (plus gynecological examinations) and encourage regular HIV check-ups • Provide psychological counseling after diagnosis • Resume "AIDS Hotline" evening counseling service and re-open testing appointment booking service as soon as possible • Set up public testing stations to conduct extensive HIV testing and remove labelling | 13 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 5a* | <p>Use new media for education and publicity</p> <ul style="list-style-type: none"> • Use online platforms or APPs which are popular in the community for publicity (such as SMS, WeChat, Telegram, Douyin/TikTok, etc.) • Adopt soft-selling approaches rather than propagandas • The government to communicate and coordinate with online social media platforms in solving the problem of blocked NGO accounts and HIV-related educational content | 11 |
| 5b* | <p>Improve the quality of free condoms</p> <ul style="list-style-type: none"> • Reduce thickness • Availability in different sizes, thickness and types • Provide lubricant to avoid damage and enhance protection | 11 |
| 6 | <p>Law related</p> <ul style="list-style-type: none"> • Stop using condoms as evidence to support prosecution related to sex work in court | 10 |
| 7 | <p>Strengthen the education, publicity and availability of PEP</p> <ul style="list-style-type: none"> • Use mobile APPs, brochures and mass media advertising • Provide clear guidelines for doctors in Accident and Emergency Department to guide the use of PEP, making it easier for those in need • It should be emphasized that it cannot replace the use of condoms, and there is still a risk of contracting other STIs | 7 |
| 8a* | <p>Education and publicity for sex workers</p> <ul style="list-style-type: none"> • Condoms are effective in preventing HIV and STIs, not just for contraception • Conduct education, publicity and test promotion for "part-time girlfriend" (PTGF) | 5 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Pay attention to the situation of private hangouts (e.g. high-end dinners, yacht parties, etc.) | |
| 8b* | <p>Preventive measures and interventions for non-local sex workers and their male clients</p> <ul style="list-style-type: none"> • Translate leaflets to meet the different language needs of ethnic minorities • Exempt non-locals or non-eligible persons from the cost of medication • Increase cooperation and communication with the governments of Southeast Asian countries to provide information, referral and follow-up services to the group • Provide education, distribute condoms, tests, and follow up on medical conditions for refugees | 5 |
| 8c* | <p>Strengthen the exchange of information among FSW industry personnel</p> <ul style="list-style-type: none"> • NGOs to hold regular gatherings • Use online platforms and groups | 5 |
| 9 | <p>Strengthen the education, publicity and availability of “Pre-Exposure Prophylaxis” (PrEP)</p> | 4 |
| 10 | <p>Compulsory testing for sex workers</p> <ul style="list-style-type: none"> • Introduce a licensing system for sex workers | 3 |

3.2 People Living with HIV (PLHIV)

| | |
|------------------------------------|--|
| Date: | 13 July 2021 |
| Time: | 6:30pm- 10:00pm |
| No. of attendees: | 26 |
| Self-reported background: | 14 Community members 7 AIDS NGO staff/volunteers 2 Other NGO staff/volunteers 2 Medical/nursing/public health practitioners 1 family, friend or partner of community |
| Language for onsite communication: | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 23 |
| No. of votes for each voter: | 7 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.2.1 Needs in HIV prevention of People living with HIV

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

i. Strengthen HIV education and publicity to the general public

- Sex education and HIV education need to start at an early age (e.g. primary school)
- In response to young people's lack of awareness of HIV/AIDS, there is a need to promote preventative measures for HIV

- It should be communicated that “anyone can be infected” and not only men who have sex with men
 - Make good use of traditional media and new media APPs, etc.
- ii. **Increase partner support for PLHIV (e.g. PrEP)**
 - iii. **The application procedure for PEP is complicated or not available**
 - iv. **Increase the distribution of HIV self-test kits to the general public**
 - v. **The COVID epidemic has made it difficult to get medicines/follow-up, and PLHIV lack medicines. May consider sending medicines by mail (especially those PLHIV who are out of Hong Kong)**
 - vi. **Need to take care of the mental health of PLHIV**
 - NGOs lack clinical psychologists to take care of the mental health of PLHIV
 - vii. **Increase support in providing comorbidity-related assessments for PLHIV in clinics**
 - viii. **Clinics need to be improved to facilitate follow-up visits by PLHIV**
 - Extend service hours
 - Inconvenience caused by the need to go to different clinics for follow-up of other diseases (especially the elder PLHIV)
 - ix. **Lack of prompt medical support in emergency situations**
 - x. **Fertility programs and support should be provided for female PLHIV**
 - xi. **Lack of peer support in facing difficulties in daily life**
 - xii. **In response to the ageing population and discrimination, there is a need to strengthen the education of professional medical staff and front-line staff on HIV in residential care homes**
 - xiii. **Improve the rights of PLHIV to insurance protection**

3.2.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;

- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 1 | <p>Improve HIV clinic services</p> <ul style="list-style-type: none"> • Extend service hours to evenings and weekends • Flexibility in drug collection arrangements (e.g. flexible collection time, authorize relatives and friends or NGOs to pick up the medications during the epidemic, approve drugs to be mailed out of the country, and accept overseas medical examination reports) • The doctor's note to protect privacy by omitting some sensitive information • Introduce mental health services and psychological support • Provide online consultation services so that infected persons can seek assistance in emergencies and provide IT support or training to older PLHIV to facilitate its use • Follow-up study of infected persons who had defaulted treatment • Improve the English proficiency of medical and nursing staff • Provide information about NGO support (e.g. emotional support/peer support group) • The Social Hygiene Clinics to provide private space for one-on-one education and counseling services | 19 |
| 2a* | Strengthen HIV/AIDS education, publicity and sex education | 18 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| | <ul style="list-style-type: none"> • Strengthen continuous publicity to eliminate myths • Increase NGO resources for education in schools • Target different communities <ul style="list-style-type: none"> ○ General public ○ Students/teachers/parents ○ Medical staff (especially other specialists and non-HIV clinic staff, such as nursing home staff to reduce discrimination) ○ Ethnic minorities (more translations) • Content for promotion <ul style="list-style-type: none"> ○ Introduce and promote U=U (“undetectable = untransmittable”) in the medical services to enhance the motivation of the infected persons in taking medicine ○ HIV cannot be passed on to others through social contacts • Strengthen sex education in primary and secondary schools, and target parents and teachers at the same time to reduce resistance • Formats <ul style="list-style-type: none"> ○ Online or channels frequently contacted by young people ○ Simultaneous use of traditional media such as TV ○ Short videos ○ Avoid using intimidating or scare approaches which might induce fear | |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 2b* | <p>HIV medicines</p> <ul style="list-style-type: none"> • Pre-exposure prophylaxis (PrEP) <ul style="list-style-type: none"> ○ Provide funding or PrEP at a low price to partners of PLHIV ○ Funding for the public to obtain PrEP ○ Provide channels and services for people in need to obtain PrEP (e.g. tests before starting, explanation of how to take and side effects, follow-up services, etc.) ○ Set up a PrEP clinic • Post-exposure prophylaxis (PEP) <ul style="list-style-type: none"> ○ Improve the PEP acquisition procedure for the A&E department to make it clear to doctors that it can be used by people in need | 18 |
| 3 | <p>Chemfun related prevention, intervention and support</p> <ul style="list-style-type: none"> • Increase resources for medical and social welfare institutions to reach chemfun users • Doctors to provide training on chemfun and drugs for NGO personnel • NGOs to organize social events to attract and reach chemfun users • Peers to provide 24-hour support for chemfun users on APP platform • Harm reduction strategies should be used | 16 |
| 4 | <p>Support for elderly people living with HIV</p> <ul style="list-style-type: none"> • Increase resources for care services • Educate employees in residential care homes to reduce discrimination | 15 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 5 | <p>Strengthen cancer, comorbidity and STI screening and treatment</p> <ul style="list-style-type: none"> • Provide more regular checkups and early prevention (e.g. oncology, gynecology) • Provide STI self-test kits | 14 |
| 6a* | <p>Introduce new drugs to treat HIV</p> <ul style="list-style-type: none"> • Introduce new drugs • Clinical trials of new drugs open to PLHIV • Provide information on new drugs so that PLHIV can choose a treatment plan that suits them | 11 |
| 6b* | <p>Improve the rights for better insurance coverage for PLHIV</p> <ul style="list-style-type: none"> • Communicate with insurance companies to provide insurance plans for people living with HIV • The government to provide a guarantee or to set up an insurance fund | 11 |
| 7 | <p>Strengthen peer support for people living with HIV and their partners</p> | 10 |
| 8a* | <p>Holistic care</p> <ul style="list-style-type: none"> • Conduct comprehensive physical examinations and health services for PLHIV (such as dental, physiotherapy, psychological counseling, female fertility support, etc.) | 8 |
| 8b* | <p>Destigmatization (sexual minorities/PLHIV, etc.)</p> <ul style="list-style-type: none"> • Public education • Strengthen the training of medical staff not limited to HIV clinics to reduce discrimination against PLHIV | 8 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 9 | <p>Coordinate and communicate with social media platforms to promote sex education more effectively</p> <ul style="list-style-type: none"> • The government to coordinate communication with social platforms (such as Facebook, Instagram) to improve the situation of blocking of NGOs’ internet outreach posts and accounts related to sex education | 7 |
| 10 | <p>Strengthen HIV testing services</p> <ul style="list-style-type: none"> • Promote testing services through outreach (e.g. saunas, bars, vice establishments) • Self-test kits <ul style="list-style-type: none"> ○ Strengthen publicity ○ Increase free distribution availability and purchase outlets ○ Educate and publicize the use of self-test kits in the form of videos ○ More information about support services should be included ○ May include self-tests for other STIs ○ Send reports and results | 4 |
| 11 | <p>Increase locations for free condom distribution (such as school/shopping mall toilets, public toilets)</p> | 1 |

3.3 MEN WHO HAVE SEX WITH MEN (MSM)

| | |
|------------------------------------|--|
| Date: | 14 July 2021 |
| Time: | 6:30pm- 10:00pm |
| No. of attendees: | 41 |
| Self-reported background: | 17 Community members 14 AIDS NGO staff/volunteers 6 Medical/nursing/public health practitioners 1 Family, friend or partner of community 3 Not specified/Prefer not to say |
| Language for onsite communication: | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 36 |
| No. of votes for each voter: | 10 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.3.1 Needs in HIV/AIDS of Men Who Have Sex with Men

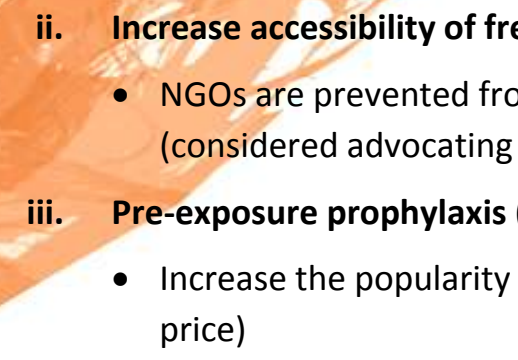

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

Prevention/education

- i. Strengthen the knowledge and awareness of HIV**
 - Strengthen sex education in schools
 - Information and education in high-risk locations

- 
- ii. Increase accessibility of free condoms and lubricant**
 - NGOs are prevented from distributing condoms during promotion in schools (considered advocating the concept of sex)
 - iii. Pre-exposure prophylaxis (PrEP)/Post-exposure prophylaxis (PEP) related**
 - Increase the popularity and availability of PrEP (e.g. locations, affordable price)
 - Introduce PrEP into the drug formulary to make it easier for the public to obtain at a lower price
 - Provide an LGBT friendly clinic for PrEP access and check-ups
 - Increase resources to NGOs in conducting more education about PrEP, how to use and follow-up services
 - Emphasize that PrEP can only prevent HIV and may still risk contracting other STIs
 - Strengthen the publicity of the guidelines on the issuance of PEP in the Accident and Emergency Department
 - Consider prescribing PEPs by NGOs
 - iv. Increase resources to intervene on chemfun from the perspective of harm reduction**
 - Strengthen the improvement of mental health of the gay community to reduce chemfun problem
 - v. Information about men who have sex with men under 16**
 - Provide guidelines for NGOs, explain how to handle legal issues involved in testing, and help deal with the clients' concerns that their parents or the police may know that they have had sex with others
 - vi. Strengthen the training of medical staff beyond HIV clinics to understand the needs of the gay community**
 - vii. Remind PLHIV to use condoms**
 - viii. Research on vaccines for HIV and other STIs**
 - ix. Wider social acceptance and support for gay relationships**
- 

Testing

- x. Increase the promotion of self-test kits
- xi. Increase the convenience of testing at NGOs - opening hours, central locations
- xii. Increase NGO support and test incentives for self-test kits
- xiii. Provide same-day appointment service to increase the desire for testing
- xiv. Eliminate the misunderstanding that "practicing safe sex replaces testing"
- xv. Consider universal testing

Treatment

- xvi. **Improve services of Social Hygiene Clinics**
 - Should be LGBT-friendly and increase the respect of medical staff to the community
 - Provide one-stop service or make it easier for patients to enter the medical system (e.g. hepatitis C)

3.3.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;
- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 1a* | <p data-bbox="328 280 1249 320">Strengthen the education, publicity and availability of PrEP</p> <ul data-bbox="379 369 1307 929" style="list-style-type: none"> <li data-bbox="379 369 1241 409">• Strengthen education and information on taking PrEP <li data-bbox="379 439 1278 528">• Provide PrEP at an affordable price/Subsidize the use of PrEP with public funding <li data-bbox="379 562 1307 602">• Provide clear guidance to NGOs on the promotion of PrEP <li data-bbox="379 631 1294 721">• Provide regular checkups and follow-up services for PrEP users <li data-bbox="379 754 791 795">• Established a PrEP clinic <li data-bbox="379 824 767 864">• Funding PrEP research <li data-bbox="379 893 1023 934">• Provide PrEP drug certification services | 43 |
| 1b* | <p data-bbox="328 967 1230 1057">More comprehensive implementation of sex education at schools</p> <ul data-bbox="379 1095 1286 1850" style="list-style-type: none"> <li data-bbox="379 1095 1225 1229">• The Department of Health to cooperate with the Education Bureau in helping NGOs to provide school services <li data-bbox="379 1263 1286 1397">• Cooperate with the Education Bureau to update the guidelines on the content and duration of courses (refer to UNESCO’s latest sex education guidelines) <li data-bbox="379 1431 1275 1565">• The content of comprehensive sex education should include couple/sexual relationships, dealing with sexual desires, etc. <li data-bbox="379 1599 1230 1688">• Allocate resources to NGOs to produce newer/ more up-to-date sex education materials <li data-bbox="379 1722 1254 1856">• Sex education should be conducted for teachers and parents at the same time (e.g. through parent teacher association) | 43 |
| 2 | <p data-bbox="328 1881 644 1921">New media strategy</p> <ul data-bbox="379 1955 1299 1995" style="list-style-type: none"> <li data-bbox="379 1955 1299 1995">• Use social media promotion to attract young generations | 31 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Use popular artists/KOLs to advertise on online platforms | |
| 3 | <p>Increase resources to support the mental health of sexual minorities</p> <ul style="list-style-type: none"> • Increase education within the community to reduce discrimination (e.g. HIV, chemfun) • Set up a fund for LGBT to solve the internal problems of the MSM community, such as bullying, self-identification, etc. | 29 |
| 4 | <p>Establish a comprehensive gay-friendly service</p> <ul style="list-style-type: none"> • Consider setting up male sexual health clinics or sexual minorities friendly clinics (services may include testing and treatment of STIs and HIV) • Provide PrEP and follow-up services • Other medical services, such as hepatitis C prevention, HPV vaccine | 28 |
| 5 | <p>Improve services of Social Hygiene Clinics</p> <ul style="list-style-type: none"> • Should be LGBT friendly • Extend opening hours to evenings and weekends • The procedure should be reviewed to respect privacy - full name can be replaced by a number or code to avoid embarrassment • Strengthen the training of medical staff to increase sensitivity, friendliness and attitude towards the LGBT community • Allow NGO staff who accompany the client to enter the consultation room • Condoms are uniformly placed in the toilet for free | 27 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| | access | |
| 6 | <p>Strengthen publicity and promotion of HIV self-test</p> <ul style="list-style-type: none"> • Simplify the procedures for obtaining a self-test kit • Subscription service for self-test kits can be considered • Cancel the request to enter credit card information • Cooperate with large NGOs and popularize the test to the general public • Consider introducing the rapid test • Increase the use of oral fluid test, making it easier to operate • For those who purchase self-test kits on their own, brand information of self-test kits should be popularized • Consider subsidizing the mailing cost of the self-test kits • Consider testing ribonucleic acid (RNA) directly instead of antibodies/antigens • Strengthen the follow-up support for self-test kit users | 22 |
| 7 | <p>Improve the free distribution of condoms/lubricants</p> <ul style="list-style-type: none"> • Quality of condoms and lubricants is poor (prefer brands like Okamoto®) • Consider sending it by post • DH can take the initiative to contact the university student unions or dormitory superintendents to set up condom machines | 17 |
| 8a* | <p>Increase resources to intervene on chemfun</p> <ul style="list-style-type: none"> • Review anti-narcotics campaigns, switch to the harm reduction approach to intervene and educate the general public | 16 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Strengthen resources to provide information and support for chemfun users using harm reduction approach and to provide PrEP • Strengthen law enforcement to arrest drug dealers | |
| 8b* | <p>Strengthen STI testing services</p> <ul style="list-style-type: none"> • Support NGOs in carrying out STI screening • Support the provision of diversified tests (e.g. hepatitis C and other STIs) to increase the appeal of HIV testing • Consider using urine tests to detect STIs • Extend opening hours to evenings and weekends • Improve access to STI testing in the New Territories | 16 |
| 9 | <p>Strengthen public education</p> <ul style="list-style-type: none"> • Provide information to increase public awareness of HIV • Strengthen the awareness and attention towards PLHIV to achieve anti-stigmatization • Adopt more practical approaches to publicity • Share information and personal experiences of PLHIV to the general public • Train new employees in special establishments (spas, saunas, bars) | 14 |
| 10a* | <p>Increase the education, promotion and availability of PEP</p> <ul style="list-style-type: none"> • Consider obtaining PEP directly from HIV clinics • Consider increasing access to PEP through NGOs | 11 |
| 10b* | <p>Improve services of HIV clinics</p> <ul style="list-style-type: none"> • Extend opening hours to evenings/weekends • Increase clinic locations | 11 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Increase manpower • Pay more attention to personal privacy • Improve mental health and substance abuse assessment and provide integrated treatment • Consider allowing people with stable conditions to be referred to the general outpatient clinics for follow-up consultations • Community nurses to visit PLHIV | |
| 11a* | <p>Strengthen support for ethnic minorities MSM</p> <ul style="list-style-type: none"> • Strengthen education, publicity and contact with volunteers • Strengthen the training of staff/medical staff to increase the sensitivity to cultural differences • Review the hospital’s mandatory use of interpreters for EM MSM (the interpreter may disclose the information of the client) | 10 |
| 11b* | <p>Improve follow-up services after HIV diagnosis</p> <ul style="list-style-type: none"> • Speed up the process of seeing a doctor for new infections • Reduce the number of referrals • Strengthen long-term support for PLHIV • Provide more support for PLHIV (e.g. peer support) | 10 |
| 12a* | <p>Test popularization</p> <ul style="list-style-type: none"> • Increase outreach resources and simplify outreach VCT procedures • Strengthen the promotion of VCT partner testing service • Train NGO staff on counselling skills | 9 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Respect confidentiality of testers | |
| 12b* | Introduce legislation to prevent malicious spread of HIV | 9 |
| 13 | Relaxation of restrictions/conditions related to MSM blood donation | 8 |
| 14 | Improve research strategies for the MSM community <ul style="list-style-type: none"> • The HIV Prevalence and Risk behavioural Survey of Men who have sex with men (PRiSM) should be conducted annually | 5 |

3.4 Adolescent and Youth (AY)

| | |
|------------------------------------|---|
| Date: | 15 July 2021 |
| Time: | 3:00pm-6:30pm |
| No. of attendees: | 19 |
| Self-reported background: | 6 Community members 7 AIDS NGO staff/volunteers 3 Other NGO staff/volunteers 3 Medical/nursing/public health practitioners |
| Language for onsite communication: | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 19 |
| No. of votes for each voter: | 8 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.4.1 Needs in HIV/AIDS of Adolescent and Youth

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

i. Insufficient sex education for teenagers

- Strengthen sex education/gender education in schools
- Incorporate sex education into the formal syllabus, starting from junior secondary school or even primary school

Content

- Safe sex/ HIV prevention
- Care for others, strengthen self-protection awareness
- Sexual values, gender identity, gender education, respect and equality for both sexes
- Establish an inclusive cultural environment in schools, e.g. get along with the gay community

Format

- Replacing large classes with small groups, allowing students to have more in-depth discussion
- Provide a more open environment for young people to discuss and obtain information about sex (should consider sexual minority youths)

Sex education for school teachers

- Youth workers/social workers/educators/school personnel need to have sex education and more friendly attitudes
- Have the right expectations for the content and messages (not just “abstain from sex”)
- Comprehensive content of sex education for students
- Strengthen teachers’/students' awareness of testing
- Involve NGOs to produce standardized sex education textbooks to educate school teachers

Condoms

- Improve the quantity and quality of free condoms
- Set up vending machines to sell condoms
- Increase the number of free condoms distributed in universities (to every individual)
- Allocate resources to distribute by NGOs or universities

New media

- Use social media for easier access to the target group, and the publicity approach should be more suited to the needs of young people, e.g. “for dummies”

Community resources

- Sex clinics/services may be set up in the community or the university to allow young people with sexual problems or doubts to seek help

Medical

- Include HIV test in the comprehensive physical examination to reduce labeling
- The medical system should provide clearer guidelines, e.g. whether and how the family of a diagnosed minor would be notified, or would the minor be held accountable for legal issues, or on issues such as how to obtain PrEP

3.4.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;
- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 1 | <p>Sex education/HIV education for young people</p> <ul style="list-style-type: none">• Sex education as an independent subject, with a standardized framework of curriculum and teaching materials• Provide comprehensive sex education guidelines for youth workers (refer to Gender Equality Guidelines used in Taiwan)• Update course content (such as the use of condoms, U=U pathological concept "undetectable = untransmittable", sexual values, gender relations, gender roles, self-protection, | 27 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <p>body autonomy, etc.)</p> <ul style="list-style-type: none"> • May start in junior secondary school or primary school • Execute it in a new and interesting way • Provide resources for NGOs to produce sex education materials and publicity to replace traditional sex education in schools • Hold competitions to increase awareness of AIDS • Strengthen the school's attention and support to the mental health of young people (e.g. increase school counselors, clinical psychologists, educational psychologists) • Support NGOs with funding to provide individual/ small group sex education and consultation | |
| 2 | <p>Counselling and support services for young PLHIV</p> <ul style="list-style-type: none"> • Hotline for emotional support for PLHIV • Peer counseling/support group (the young MSM community should also be considered) • May refer to the 24-hour drug treatment follow-up hotline in Taiwan | 18 |
| 3 | <p>Sex education for parents and teachers</p> <ul style="list-style-type: none"> • Parents - may take advantage of occasions such as Student Health Service/health check-ups • Expectant parents - may use Maternal and Child Health Centres and other occasions | 14 |
| 4 | <p>HIV public education</p> <ul style="list-style-type: none"> • HIV education from the perspective of chronic diseases (not STIs) to reduce labelling • Invite family and friends of PLHIV to share stories | 12 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 5 | <p>HIV self-test kit</p> <ul style="list-style-type: none"> • Suitable for young people who value privacy and anonymity • Increase the coverage of publicity, education and available locations • Provide in hotel rooms for sex (and provide incentives to encourage testing) • Provide contact information of NGOs and professionals, as well as follow-up support services to help those diagnosed to cope better • NGOs to provide follow-up support services in the evenings | 11 |
| 6 | <p>Pre-exposure prophylaxis (PrEP)</p> <ul style="list-style-type: none"> • Strengthen education and popularize information • Improve accessibility and provide it to those in need at an affordable price • Introduce generic drugs to increase availability | 9 |
| 7a* | <p>Improve services of Social Hygiene Clinics</p> <ul style="list-style-type: none"> • Extend opening hours to evenings • Increase manpower/clinic locations • Pay more attention to personal privacy • Improve service attitude and avoid one-way preaching • Enhance empathy of medical staff • Teach young people to record their medication • Consider NGOs in providing medical services | 8 |
| 7b* | <p>Intervention and support for young chemfun users (especially the MSM community)</p> <ul style="list-style-type: none"> • Train frontline staff such as school social workers to | 8 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| | <p>understand chemfun and related strategies</p> <ul style="list-style-type: none"> • Use harm reduction strategies and provide appropriate support | |
| 7c* | <p>Improve services of HIV Clinics</p> <ul style="list-style-type: none"> • Extend opening hours to evenings • Add locations, e.g. in New Territories • Speed up the process of seeing a doctor and receiving medication after diagnosis • Provide emotional support • Set up a transition period for underage and adolescent PLHIV, and take care of their emotional needs before notifying their parents/social workers • Use research to analyze the real needs of young PLHIV | 8 |
| 8a* | <p>Post-Exposure Prophylaxis (PEP)</p> <ul style="list-style-type: none"> • Increase accessibility beyond the A&E department, such as distribution by NGO • Update the guidelines for frontline doctors | 7 |
| 8b* | <p>Legislation to protect the privacy of PLHIV from malicious disclosure or extortion</p> | 7 |
| 8c* | <p>Increase the distribution of condoms/lubricant</p> <ul style="list-style-type: none"> • Improve quality • Distributed at hotel rooms (which are popular for sex) • Refill the supply of condoms in self-service machines in schools • Consider providing resources to NGOs to undertake the task | 7 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 9a* | <p>Adopt new media to promote</p> <ul style="list-style-type: none"> • Promote with KOLs/YouTubers popular among young people and in a more lively way • The government to coordinate and cooperate with social media such as Instagram/Facebook to help NGOs promote sex education | 5 |
| 9b* | <p>Territory-wide testing/testing popularization</p> <ul style="list-style-type: none"> • Regularize and popularize HIV testing and include it in common physical examinations to reduce labeling | 5 |
| 10 | <p>Insurance rights for young PLHIV</p> <ul style="list-style-type: none"> • The government may consider setting up a fund to provide protection | 4 |

3.5 People Who Inject Drugs (PWID)

| | |
|------------------------------------|---|
| Date: | 16 July 2021 |
| Time: | 2:00pm-5:30pm |
| No. of attendees: | 12 |
| Self-reported background: | 10 Community members 1 AIDS NGO staff/volunteers 1 Other NGO staff/volunteers |
| Language for onsite communication: | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 11 |
| No. of votes for each voter: | 7 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.5.1 Needs in HIV/AIDS of People Who Inject Drugs

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

- i. Encourage PWID to visit methadone clinics regularly and reduce the use of syringes**
- ii. Increase publicity to attract non-methadone clinic users to participate in testing and counselling services**
- iii. Lack of access to new syringes implies that PWID will continue to share syringes**

- Consider distributing new syringes for free at methadone clinics, exchanging old syringes, or setting up self-service vending machines, etc.
 - Amend the laws or policies related to "possession of drug taking instrument" to reduce the risk of sharing syringes
- iv. Increase incentives for testing at NGOs, such as providing cash vouchers or transport subsidies, etc.**
 - v. The urine test at the methadone clinic can only detect HIV**
 - vi. Lack of escort services (e.g. HIV, hepatitis C, etc.)**
 - vii. Lack of financial support and life is stretched**

3.5.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;
- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 1 | Distribute/exchange new syringes <ul style="list-style-type: none"> • Set up vending machines • Exchange an old syringe for a new one | 18 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Provide needles of different gauge • In response to the public's incomprehension of the distribution of syringes, educate community members from the perspective of harm reduction, explaining the risk of sharing syringes, and reducing the opportunity to share syringes, etc. | |
| 2 | <p>Education using a harm reduction approach</p> <ul style="list-style-type: none"> • Educate the general public and students from the perspective of harm reduction • Educate non-injection drug users to avoid starting to use syringe injection • Encourage injection drug users to reduce or stop using syringe injection | 9 |
| 3 | <p>Outreach Service</p> <ul style="list-style-type: none"> • Peers to provide education and counseling, encourage testing and treatment • Near methadone clinics, or in the form of home visits, etc. | 6 |
| 4a* | <p>Strengthen community support for drug addicts</p> <ul style="list-style-type: none"> • Set up a community centre for community members to take rest and refresh • May also carry out education, counseling, syringe exchange and other activities • Support community members who are not using Methadone Clinic services | 5 |
| 4b* | <p>Strengthen preventive education and peer outreach prevention and intervention services for specific communities</p> <ul style="list-style-type: none"> • Ethnic minorities <ul style="list-style-type: none"> ○ Multilingual promotional materials | 5 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| | <ul style="list-style-type: none"> ○ Education and distribution of condoms ○ Target specific areas such as Yuen Long, Yau Ma Tei, Sham Shui Po, etc. ● Men who have sex with men | |
| 4c* | <p>Condom distribution</p> <ul style="list-style-type: none"> ● Improve condom quality ● Provide different styles to choose from | 5 |
| 5a* | <p>Increase education and publicity to reduce discrimination against HIV</p> <ul style="list-style-type: none"> ● Reduce labeling and discrimination ● Community to show more support | 4 |
| 5b* | <p>Increase the location of HIV clinics to make it more convenient for consultation</p> <ul style="list-style-type: none"> ● Consider providing transport subsidies | 4 |
| 5c* | <p>Encourage HIV testing</p> <ul style="list-style-type: none"> ● Increase resources to promote testing locations and treatment services to eliminate discrimination and misunderstanding ● Provide incentives <ul style="list-style-type: none"> ○ Provide transport subsidies, food vouchers and other rewards ○ Include tests for different diseases ● Include mobile testing ● Simplify the procedures | 4 |
| 5d* | <p>Increase the frequency of picking up used syringes to reduce the circulation of discarded syringes</p> | 4 |
| 5e* | <p>Strengthen the follow-up service after diagnosis</p> <ul style="list-style-type: none"> ● Provide treatment information | 4 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <ul style="list-style-type: none"> • Peer counseling • Emotional support for PLHIV and their family members/caregivers • Delivery of medicines • Accompanying service / special transportation service to attend hospitals or clinics for follow-up consultations • Professional medical/social workers to follow up the case • Residential care services for the elderly | |
| 6a* | <p>Improve testing methods</p> <ul style="list-style-type: none"> • Pay more attention to personal privacy • Urine test method - simplify the urine test process • Use more blood test method - may include tests for different diseases • Strengthen point-of-care testing | 3 |
| 6b* | <p>Amend the legislation/ policy</p> <ul style="list-style-type: none"> • Amend the laws related to "possession of instrument for drug taking" | 3 |
| 6c* | <p>Increase the distribution of materials</p> <ul style="list-style-type: none"> • Wound care supplies – adhesive bandage, saline, disinfectant, cotton, etc. | 3 |

3.6 Transgender People (TG)

| | |
|------------------------------------|---|
| Date: | 16 July 2021 |
| Time: | 6:30pm-10:00pm |
| No. of attendees: | 12 |
| Self-reported background: | 6 Community members 3 AIDS NGO staff/volunteers 2 Other NGO staff/volunteers 1 Researcher/Academic staff |
| Language for onsite communication: | Cantonese |
| Language for onsite record: | Chinese |
| No. of voters: | 12 |
| No. of votes for each voter: | 9 |

*Record of this session was originally written in Chinese. In the event of any inconsistency between the Chinese and English versions, the Chinese version shall prevail.

3.6.1 Needs in HIV/AIDS of Transgender People

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

i. Insufficient public awareness of transgender people

- Educate the young generation about transgender people
- Insufficient publicity about the transgender community. The government should produce commercials or TV programs about transgender people, or educate the general public through online media
- Transgender communities generally lack support from family and friends

- Transgender people also worry about being discriminated when seeking help or services from NGOs
- Clients often "materialize" transgender sex workers and not using condoms

ii. Medical professionals lack knowledge and understanding of transgender people or the LGBTI+ community

1. Transgender people may need to explain the situation when consulting a doctor, thus reducing the time for real discussion of medical issues, and medical staff may also become impatient
2. Discriminatory misunderstanding may cause transgender people to feel like being interrogated
3. Some ethnic minorities or asylum seekers may be mistaken for sex workers and feel offended by being asked questions

iii. Need to increase the self-confidence of transgender people, so as to "bargain" with their partners or other people on safer sex. They also need to have better financial status for HIV prevention on safe sex

iv. Need mental health support

v. Transgender sex workers dare not accept condoms distributed by NGOs, and they are afraid of sting operations. Condoms may also become evidence for prosecution.

3.6.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;
- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 1 | <p>Strengthen sex education/gender education to general public</p> <ul style="list-style-type: none"> • Raise the public's basic understanding of sexual minorities, transgender people, and community diversity can help establish a gender-friendly environment and self-affirmation of the community • Improve representativeness and visibility, or frequency of appearances (e.g. include people of different gender identities in promotional materials) • Use online social media such as Instagram/Facebook/YouTube • Promote in a fun way | 16 |
| 2 | <p>Legislation to protect the rights of transgender people</p> | 15 |
| 3 | <p>Enhance the awareness of frontline medical staff (including general practitioners and psychiatrists) on HIV and sexual minorities, and strengthen training</p> <ul style="list-style-type: none"> • Clinical guidelines on drug treatment and comorbidities • Increase sensitivity to transgender people • Need someone to supervise and consider feedback from service users • May add gender identity information into electronic health records to help frontline medical staff provide appropriate services | 14 |
| 4 | <p>Strengthen sex education / gender education in schools</p> <ul style="list-style-type: none"> • Sex education as an independent subject, with clear curriculum outlines and guidelines | 11 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| | <ul style="list-style-type: none"> • Tell about different concepts, such as basic knowledge of gender relations, consensual sex, etc. • Schools to increase their sensitivity and support to TG (such as clothing guidelines) | |
| 5 | <p>Improve services of Social Hygiene Clinics</p> <ul style="list-style-type: none"> • All clinics should be gender-friendly or set up gender-friendly hours • Cancel the practice of calling out names to protect privacy • Set up comprehensive services for transgender people (including HIV and other STI prevention, testing and STI treatment) | 8 |
| 6a* | <p>HIV medicines - PrEP and PEP</p> <ul style="list-style-type: none"> • Strengthen education and publicity • Free medication • Provide generic drugs | 6 |
| 6b* | <p>Increase resources for NGOs to conduct preventive education</p> <ul style="list-style-type: none"> • HIV prevention education for transgender communities (as well as sex workers and LGBT+) • Distribute condoms, lubricant and self-test kits, or consider mailing • Promote and provide free transgender-friendly "HIV Antibody Test" (VCT) service • Increase incentives for testing | 6 |
| 6c* | <p>Activities to strengthen community peer support</p> <ul style="list-style-type: none"> • Establish a "safe" social network that can attract community members to participate in different ways, | 6 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| | <p>such as gender-friendly workshops, parties, interest classes, competitions, idol/ celebrity activities, etc.</p> <ul style="list-style-type: none"> • Provide direct rewards (e.g. free testing) to encourage the community to participate in activities | |
| 7a* | <p>Other legal issues</p> <ul style="list-style-type: none"> • Enact the "Gender Recognition Act" • Condoms should not be used as evidence to prosecute sex workers | 5 |
| 7b* | <p>Transgender Marriage Equality Act</p> | 5 |
| 8 | <p>Strengthen support for ethnic minorities</p> <ul style="list-style-type: none"> • Increase support in different languages (e.g. provide application forms in different languages) • Provide support to asylum seekers | 4 |
| 9 | <p>Actions to strengthen the identity of the transgender community and associated media use</p> <ul style="list-style-type: none"> • Use online social media, such as Instagram/Facebook • Create an APP to cater for the needs of the TG community • Gender-friendly language should be used in official online information/publicity activities/questionnaires • Increase funding on TG-exclusive HIV or other health projects • Set up a fund to support gender reassignment/affirming procedures • Establish gender-friendly measures, such as gender-friendly toilets | 3 |
| 10a* | <p>Improve condom quality (too thick)</p> | 2 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 10b* | Conduct more anonymous survey research of the community <ul style="list-style-type: none"> • The overall situation of the transgender community • Monitor the situation of chemfun | 2 |
| 10c* | Distribute materials for AIDS prevention <ul style="list-style-type: none"> • HIV self-test kits • Condoms / Lubricant • Distribute by mail/post | 2 |
| 10d* | Intervene and support the chemfun community in a harm reduction approach | 2 |
| 11 | Increase the participation and representation of the transgender community in official organizations/agencies (e.g. Hong Kong Advisory Council on AIDS) | 1 |

3.7 Ethnic Minorities (EM)

| | |
|------------------------------------|--|
| Date: | 18 July 2021 |
| Time: | 2:00pm-5:30pm |
| No. of attendees: | 16 |
| Self-reported background: | 9 Community members 7 AIDS NGO staff/volunteers |
| Language for onsite communication: | English |
| Language for onsite record: | English |
| No. of voters: | 11 |
| No. of votes for each voter: | 7 |

*Record of this session was originally written in English. In the event of any inconsistency between the English and Chinese versions, the English version shall prevail.

3.7.1 Needs in HIV/AIDS of Ethnic Minorities

The followings are opinions collected for the first discussion question:

Q1. What are the current needs of the community?

e.g. factors contributing to rise of HIV infection, factors leading to better testing, diagnosis, treatment and care services

- i. Need to increase awareness and knowledge of risks of HIV infection and transmission**
- ii. Need to tackle the issue of language barrier – to recruit more EM workers and volunteers**
- iii. Need to communicate HIV/AIDS as a health issue rather than sexual issue in order to reduce stigmatization**
- iv. Need to extend the service hours of health centres and clinics to include weekends**
- v. Need to distribute more self-test kits**
- vi. Need to target male EM specifically (e.g. condoms, self-test kits, educational talks)**

- vii. **Need leaflets to be available in different languages, and also for different sub-communities (e.g. LGBTQ)**
- viii. **Need condoms with lubricants of better quality**
- ix. **Some risk factors:**
 - Using dating apps to engage in sex
 - Increase in sex trade
 - Not using condoms
 - Reluctant to receive condoms among females (due to shyness, fear of labelling)
 - Lack of sex education in general

3.7.2 Recommendations and their Priority

The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following four areas for improving the HIV situation in HK? Please propose concrete actions:

- (i) HIV prevention;
- (ii) HIV testing and diagnosis;
- (iii) linkage to HIV treatment & care;
- (iv) any other important issues relevant to the community

Q3. Any other strategies needed to be continued, strengthened, newly introduced other than the above?

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 1 | <p>Allocate more resources to NGO partners</p> <ul style="list-style-type: none"> ● Recruit more EM volunteers/ translators/ interpreters ● Leaflets available in different languages ● Free HIV testing | 13 |

| Priority | Recommendations | No. of votes |
|----------|---|--------------|
| 2 | <p>Promote HIV self-test kits</p> <ul style="list-style-type: none"> • More information and education • Organize workshops on how to use • More accessible • Leaflets with NGO contacts • Follow-up service if diagnosed | 11 |
| 3 | <p>More information/ education on HIV/AIDS</p> <ul style="list-style-type: none"> • Websites with contact information of NGOs and clinics, in different languages • Social media, especially Facebook (e.g. feature live discussions by Key Opinion Leaders (KOLs) / community leaders) • Using video, films, and animation formats • Using real personal narratives of PLHIV to share experience (peer support) • Leaflets in different languages • Local EM newspapers • Discussion forums • In styles which are more fun and easier to digest (e.g. arts) | 10 |
| 4a* | <p>Recruit more male EM workers/volunteers to support education and other support services (e.g. escort service for PLHIV)</p> | 7 |
| 4b* | <p>Strengthen education (including sex education) to children and youth</p> | 7 |
| 5a* | <p>Enhance mobile HIV testing</p> <ul style="list-style-type: none"> • Availability in different areas • Availability on weekends • Different delivery methods | 5 |

| Priority | Recommendations | No. of votes |
|----------|--|--------------|
| 5b* | Enhance service of Social Hygiene Clinics <ul style="list-style-type: none"> • Extend service to weekends/public holidays | 5 |
| 5c* | Utilize information hotlines and instant messaging APPs such as WhatsApp | 5 |
| 5d* | Provide outreach services to EM sex workers <ul style="list-style-type: none"> • In specific areas/ venues • On social APPs • Additional training to NGO volunteers and staff | 5 |
| 6a* | Collaborate with different stakeholders/partners to disseminate information on prevention <ul style="list-style-type: none"> • Engage Consulates, employment agencies, religious groups, community associations, etc. | 4 |
| 6b* | Strengthen outreach services <ul style="list-style-type: none"> • Testing and follow-up service if diagnosed • Distribute condoms with lubricants • Distribute leaflets • Recruit translators/interpreters of different languages • Volunteers can also share with own social networks | 4 |
| 7 | Mandatory testing for foreign domestic workers | 1 |



Section 4

SUMMARY OF OPEN SUBMISSION



Section 4

Summary of Open Submission

No. of open submission (OS):

This section is to synthesize the opinions collected from three open submissions between the period of 17 June and 4 August 2021.

Issues/Recommendations of Open submissions

1 – From Equal Opportunities Commission (Original submission was in English)

Recommendations related to “Health promotion and HIV prevention” and “Treatment and care”

- **Comprehensive sexuality education in primary and secondary schools**
 - The Government should consider reactivating and updating the “Guidelines on Sex Education in Schools”, enhancing the quality of sexuality education teaching materials as well as the capacity of teaching professionals in providing comprehensive sexuality education.
 - The Government should provide more resources for DH and NGOs to conduct sexuality education for students.
 - The sexuality education provided by DH and NGOs should not stop at HIV prevention, contraceptive methods, avoidance of unwanted pregnancy and the types of STIs. Broader aspects of relationships and discrimination should also be discussed.

- **Impact of stigma and discrimination on HIV prevention**
 - Stigma and discrimination of LGBT community still remain a key challenge to HIV prevention. It has a negative impact for LGBT individuals from seeking help, gaining access to HIV prevention messages, testing and treatment and care.
 - Public education is still paramount to reduce the stigmatization while promoting the HIV testing and prevention messages.

- **Sensitivity training to medical professionals**

- It is recommended that comprehensive guidelines and sensitive training, especially on issues related to harassment, equality and non-discrimination, should be provided to medical professionals who work in Social Hygiene Clinics.

- **LGBT friendly medical service and facilities**

- It is recommended that LGBT friendly medical service and facilities should be considered in Hong Kong, which provide a safe and non-judgmental environment for LGBT individuals to openly discuss sexual health and HIV issues with medical professionals.

- **Public education on HIV and the destigmatizing of LGBT**

- It is recommended that HIV education programmes should also include destigmatizing LGBT individuals and PLHIV, as well as to reduce the misconceptions and stereotypes of LGBT in general public.
- Developing a constructive dialogue between LGBT community and other stakeholders should be considered.

- **Strengthening HIV Prevention for Ethnic Minorities (EMs)**

- Strongly recommend further expanding the service scope to cover a larger and more diverse community of the EM population.
- A dedicated team with professional staff conversant in the EM languages in need and familiar with the culture of EM groups with higher risk of exposure should be formed to address the religious, employment and power imbalance issues in a more focused way.
- Strategically engage other NGOs to achieve better coordinated efforts in the prevention and detection of HIV in the EM community.
- Data collection and analysis on the HIV infection risk and help-seeking behaviour of EM groups other than Filipino and Indonesian domestic workers.

2 – From Hong Kong AIDS Foundation (Original submission was in Chinese, except the part of EM)

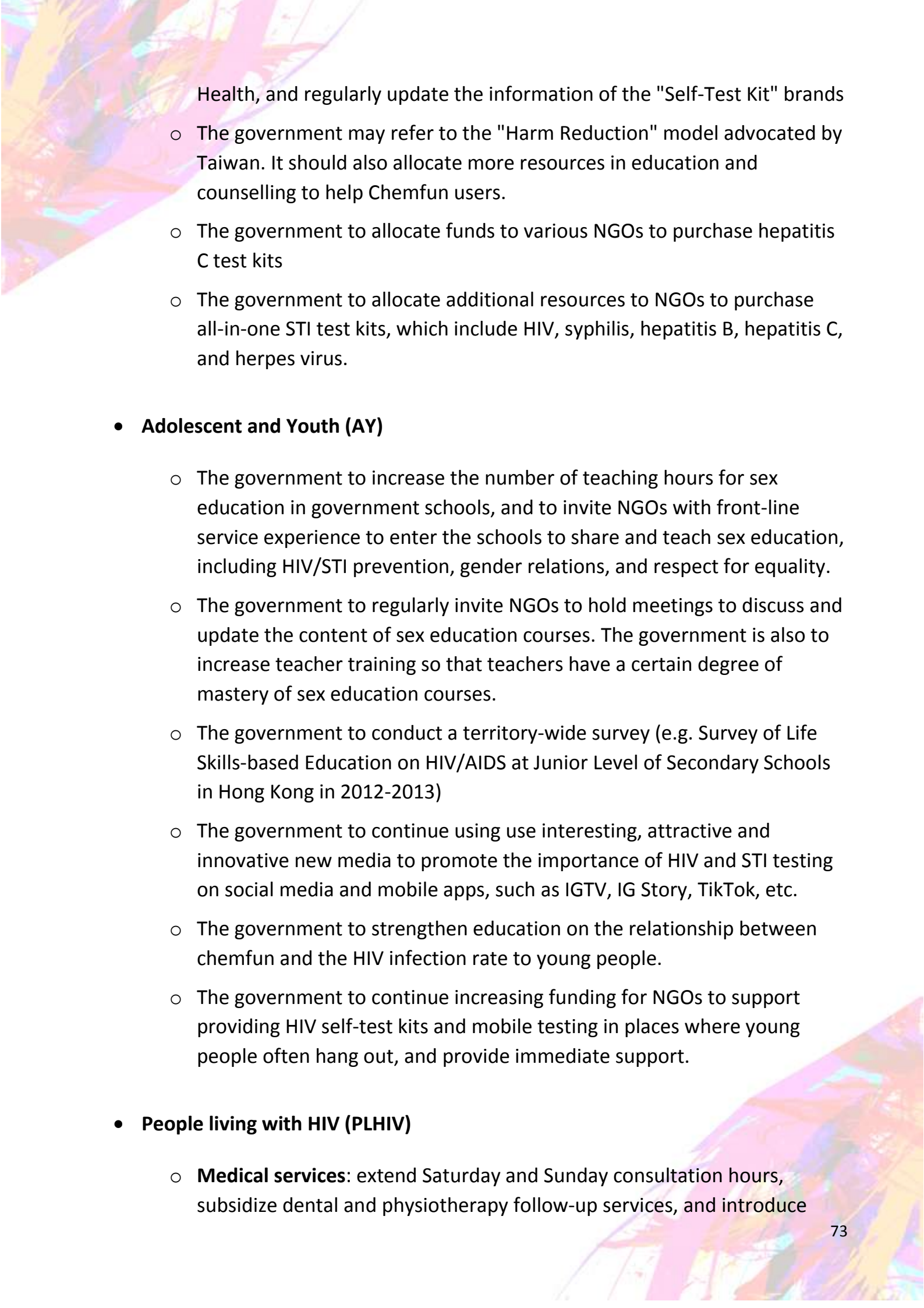
Suggestions for different communities

- **Female sex workers (FSW)**

- Consider broadening the definition of female sex workers to "part-time girlfriends" (PTGF) and those selling personal images (private or non-private) to others.
- Allocate additional resources to NGOs to find potential and hidden sex workers (e.g. via contacting online dating groups and online communication platforms) to promote HIV testing and prevention information within the groups.
- The government to consider providing free HIV and STI testing for non-local residents
- The government to continue increasing funding for NGOs to support provision of HIV self-test kits and mobile testing to the community and provide immediate support
- The government to allocate additional resources to NGOs to purchase all-in-one STI test kits, including HIV, syphilis, hepatitis B, hepatitis C, herpes virus, etc.
- The government to cooperate with bars, hotels and saunas to setup vending machines for condoms and HIV self-testing for the community

- **Men who have sex with men (MSM)**

- The government to strengthen anti-discrimination campaigns that respect sexual minorities, such as actively promoting road shows, exhibitions, public service announcements, etc.
- The government to include PrEP and PrEP-related physical examinations as soon as possible into the public healthcare system and the drug formulary
- The government to continue increasing funding for NGOs to support provision of HIV self-test kits to the community and provide immediate support
- Regularize the HIV "Self-Testing Research Study" by the Department of

- 
- Health, and regularly update the information of the "Self-Test Kit" brands
 - The government may refer to the "Harm Reduction" model advocated by Taiwan. It should also allocate more resources in education and counselling to help Chemfun users.
 - The government to allocate funds to various NGOs to purchase hepatitis C test kits
 - The government to allocate additional resources to NGOs to purchase all-in-one STI test kits, which include HIV, syphilis, hepatitis B, hepatitis C, and herpes virus.

- **Adolescent and Youth (AY)**

- The government to increase the number of teaching hours for sex education in government schools, and to invite NGOs with front-line service experience to enter the schools to share and teach sex education, including HIV/STI prevention, gender relations, and respect for equality.
- The government to regularly invite NGOs to hold meetings to discuss and update the content of sex education courses. The government is also to increase teacher training so that teachers have a certain degree of mastery of sex education courses.
- The government to conduct a territory-wide survey (e.g. Survey of Life Skills-based Education on HIV/AIDS at Junior Level of Secondary Schools in Hong Kong in 2012-2013)
- The government to continue using use interesting, attractive and innovative new media to promote the importance of HIV and STI testing on social media and mobile apps, such as IGTV, IG Story, TikTok, etc.
- The government to strengthen education on the relationship between chemfun and the HIV infection rate to young people.
- The government to continue increasing funding for NGOs to support providing HIV self-test kits and mobile testing in places where young people often hang out, and provide immediate support.

- **People living with HIV (PLHIV)**

- **Medical services:** extend Saturday and Sunday consultation hours, subsidize dental and physiotherapy follow-up services, and introduce

- online consultation services.
- **Emotional support:** Provide online video counseling services.
 - **Prevention and Education:** Conduct HIV and STI educational talks and workshops in government/private residential institutions, hospitals, and schools.
 - **PrEP:** Funding to provide drugs to partners of PLHIV who need PrEP.
 - **Drug Information:** Regularly update information on HIV treatment drugs and promote information on side effects of long-term medication (HANA).
 - **Non-emergency Ambulance Transfer Service:** Provide non-emergency ambulances for PLHIV and with limited mobility (NEATS).
 - **Clinic parking spaces:** convenient for PLHIV and with limited mobility.
 - **Cross-border medicine support:** HIV drugs are provided for emergency use in specific locations in the Mainland or other countries.
 - **New technology/drug information:** Announce the timetable for the launch of HIV injectable regimens and related details.
 - **Anti-discrimination promotion and professional training:** Strengthen the knowledge and provide relevant training to frontline medical staff (including non-HIV specialists), ophthalmologists and dental medical staff, social workers, staff of public and private nursing homes.
 - **Aging of PLHIV:** Provide incentives to increase the acceptance of PLHIV in private nursing homes, and increase the number of places and related services for the elderly and those in need.
 - **Strengthen public education:** allocate more resources and regularly implement different community activities to increase public awareness of HIV
 - **Medical assistance for ethnic minorities:** increase appropriate medical services, provide medical information in different languages, and develop mobile applications
 - **One-stop integrated services:** Make good use of community resources to provide newly infected patients with post-diagnosis treatment follow-up (accompanying services), social and psychological needs, counseling for emotional support, institutional service referrals, and adaptation to new identities.

- **Social/Legal policy:** Strengthen the penalties related to the Disability Discrimination Ordinance and improve the treatment of PLHIV.
 - **Handling of dead bodies:** If the infected person is already U (*note: undetectable*), it may not be necessary to signify the dead body with "yellow label"
- **Ethnic Minorities (EM)**
 - **Awareness/Promotion**
 - Use ethnic minority influencers (KOLs) for publicity and promotion plans.
 - Cooperate with different consulates to promote HIV information on their websites and offices.
 - Share the stories of ethnic minority PLHIV
 - Develop a mobile application that is friendly to ethnic minorities, which contains accurate and up-to-date sexual health information, including the STI healthcare network
 - **Availability of testing/consulting services**
 - Establish more service centers in the New Territories, and extend longer service hours on weekends (especially Social Hygiene Clinics).
 - Mobile testing services to be provided in places where ethnic minorities gather on weekends/public holidays.
 - Promote and distribute self-test kits with instructions and support network contact information in EM languages.
 - Hire more ethnic minority members as translators for NGO outreach services.
 - Provide more resources for NGOs to train ethnic minority volunteers to provide translation services.
 - **Referral/follow-up**
 - Social Hygiene Clinics and HIV Clinics to provide special service

hours on weekends for ethnic minorities

- Provide clear referral guidelines for foreign domestic worker employment agencies to follow up on HIV cases found during physical examinations.
- Support NGOs in providing HIV education and patient support services to foreign domestic worker employment agencies.
- In addition to promoting the free services of Social Hygiene Clinics, it is recommended to carry out promotional activities to point out the harmful effects of buying and taking STI drugs without consulting a doctor.
- Create a sexual health resource card/website to list all related services/organizations for foreign domestic workers and ethnic minorities.
- Provide more resources for NGOs to provide escort and transportation services to ethnic minority PLHIV.

3 – From AIDS Concern (Original submission was in English)

Following UNAIDS, to set an ambition for Hong Kong to virtually eliminate HIV by 2030, and increase the ambition from 90, 90, 90 to 95, 95, 95.

- **Driving up the HIV testing rate**

- Specify more clearly which groups of MSM should test more frequently (e.g. condomless sex, chemsex).
- Set a more aggressive ambition for the role of HIV self-testing.
- Support the development of different testing service models to increase capacity for HIV testing (e.g. fast lanes for frequent testers).
- Support the development of self-sampling for HIV/STI testing.

- **Introduction of PrEP into Hong Kong**

- Should commit to building access to PrEP as a key prevention intervention for people at highest risk of HIV
 - Discussions between government and the pharmaceutical

companies to come to an agreement on supply of PrEP.

- Social hygiene clinics to provide a medical check-up service for PrEP users.
- PrEP medication could be provided at a subsidized price, e.g. vouchers or subsidies could be provided to NGOs and private clinics.
- NGOs may be funded through the AIDS Trust Fund to provide education, medication check-up service, prescribing and dispensing for PrEP.

- **Sex education for young people**

- Department of Health to work with the Education Bureau on requirements for sexuality education in schools.
- Department of Health to help provide training for staff in education, medical and social services.

- **Equal treatment under the law**

- Should support legal steps to protect LGBT+ people from discrimination. The Department of Health may contribute to the Equal Opportunities Commission's work on a public consultation about the need for new anti-discrimination ordinance.

- **Sexualized drug use**

- Should recognize the role of chemfun in the HIV epidemic. It should support a range of interventions to stop, manage and treat drug use.
 - A combination of anti-drug and harm reduction education can be used.
 - Give information about drugs, the side effects, how to manage

drug use and the ways to get out of drug use.

- **Heterosexual HIV epidemic**

- Heterosexuals should remain a key target group for HIV prevention, with focus on key sub-groups.
 - Education about the risks of HIV and STIs for the highest risk heterosexual sub-groups (e.g. men with multiple partners, ethnic minority women) and also access to HIV testing

- **Innovations in HIV treatment**

- Recognize the development of injectable regimens and state the need for them to be considered for use in the public health system.
- Should consider the opportunity to move some of the routine treatment and care for people with HIV out of the specialist clinic settings into community-based clinics.

- **Funding the work needed to support the Strategy**

- NGOs remain an essential part of the HIV response in Hong Kong and continue to need funding support to continue this work. Consideration may be given to how to leverage resources across public health to support elimination of HIV.

Here is a summary of the open submissions:

- Implement comprehensive sexuality education in primary school and secondary schools;
- Public education on HIV to reduce related discrimination and to de-stigmatize sexual minorities (LGBT) and people with HIV/AIDS;
- LGBT friendly healthcare facilities and sensitivity training to medical professionals;
- Enhance HIV prevention programme targeting EM (including foreign domestic helpers);
- Encourage regular HIV testing among at-risk groups and support different testing services/ models, HIV self-testing in particular;
- Add other rapid tests in NGO settings to cover syphilis, hepatitis B and C and other STIs;
- Provide subsidy on PrEP medication and clinical support services;
- Recognize the role of chemsex in HIV epidemic and allocate resources to better manage and intervene;
- Utilize social media platforms and key opinion leaders to promote HIV prevention;
- Increase service hours and locations of HIV and STI treatment;
- Improve enforcement on Disability Discrimination Ordinance to support victims



Section 5

OVERALL RECOMMENDATIONS (INCLUDING COMMUNITY STAKEHOLDERS' CONSULTATION MEETING AND OPEN SUBMISSION)



Section 5

Overall Recommendations (Including Community Stakeholders' Consultation Meeting and Open Submission)

This section is to identify the various themes proposed across all the CCM sessions and Open Submission, which aims to give readers a quick and systematic reference on the recommendations collected throughout the whole consultation period. The themes were identified by the synthesis of the main report writer.

Apart from common themes, some exceptional but significant recommendations (i.e. may have been just discussed in one or two sessions) are included as well. By no means all the recommendations can be summarized in this section. More specific and distinctive recommendations will need to refer back to the summary of respective CCM sessions and open submissions in Sections 3 and 4.

Finally, a total of 8 categories were identified:

1. Make the acquisition of various preventive tools more accessible
2. Provide targeted HIV prevention education & intervention programs for priority communities
3. Develop tailored intervention projects for individual subgroups in priority communities that need attention
4. Scale up testing services and enhance and support new testing modalities
5. Strengthen HIV treatment, care services & service connections
6. Reduce and eliminate stigma & discrimination against HIV/AIDS
7. Promote sex education for youth & general public
8. Collaboration between different sectors & parties to create changes

The list of themes and the related recommendations are shown, indicating the specific CCM sessions or OS which brought them up.

5.1 Intensify accessibility and availability of HIV combination preventive tools

| Themes | Recommendations | Advocating communities |
|---|--|------------------------------|
| Strengthen the distribution of condoms and lubricant | Distribute condoms and lubricant in school/shopping mall toilets and public toilets | PLHIV |
| | Distribute condoms and lubricant in the university student unions or dormitories | MSM, AY |
| | Distribute condoms and lubricant at school and hotel rooms | AY |
| | The government to cooperate with bars, hotels and saunas to set up vending machines for condoms and HIV self-testing | Open submission |
| | Send out condoms/lubricants by mail | MSM |
| | Improve the quality of free condoms (e.g. too thick) | Most communities (except EM) |
| | Distribute in schools to make it easier for young people to obtain condoms | PLHIV, AY, MSM |
| | Increase the supply of different types of condoms and lubricants, with different sizes and styles | FSW, MSM, PWID |

| Themes | Recommendations | Advocating communities |
|---|---|--|
| Review/implement supply services of PrEP | Disseminate more information about pre-exposure prevention drugs and how to use them correctly | FSW, MSM, AY, TG |
| | Establish opportunities to obtain PrEP for high-risk communities | Most communities (except PWID and EM), open submission |
| | The government should include PrEP (and physical check-ups) in the public healthcare system and add PrEP medication to drug formulary as soon as possible | MSM, open submission |
| | The government and pharmaceutical companies to discuss an agreement on the supply of PrEP | Open submission |
| | Provide PrEP at low/subsidized prices (e.g. provide vouchers or subsidies to NGOs and private clinics) | PLHIV, MSM, AY, TG, open submission |
| | Social Hygiene Clinics to provide regular physical check-up services for PrEP users | PLHIV, MSM, open submission |
| | Provide PrEP drug certification services | MSM |
| | Introduce generic drugs | AY |

| Themes | Recommendations | Advocating communities |
|---|--|------------------------|
| Review/implement supply services of PEP | Increase the education, promotion and availability of PEP | FSW, TG, MSM |
| | Provide clear guidelines for doctors at A&E department to authorize the use of PEP, making it easier for those in need | FSW, PLHIV, AY |
| | Consider access directly in HIV Clinics | MSM |
| | Distribute at NGOs | AY |
| Provide more convenient ways to pick up and dispose of syringes, and introduce new preventive measures | Provide community support and syringe exchange services at methadone clinics | PWID |
| | Set up vending machines to provide different styles of needles | PWID |
| | Increase the frequency of collection of used syringes to reduce the circulation of discarded syringes | PWID |

5.2 Targeted HIV prevention interventions and education for priority communities

| Themes | Recommendations | Advocating communities |
|---|--|------------------------|
| Adopt communication platforms and media commonly used by priority communities -mobile apps, the Internet, and social media | SMS, WeChat, Telegram, Instagram, Facebook | Most communities |
| | Douyin/ TikTok | FSW |
| | YouTube | AY |
| Coordinate online social media platforms | The government to communicate and coordinate with online social media platforms to solve the problem of blocked NGO accounts and educational content | FSW, AY |
| Design publicity appropriate to the community culture and preferences | “For dummies”; use KOLs/ popular YouTubers | AY |
| Strengthen peer participation in education and publicity | | Most communities |
| Education and publicity for ethnic minorities (EM) | The working team needs to include professionals who are familiar with languages and cultures of (high risk) EM groups | EM, open submission |
| | Hire more EM as interpreters and provide outreach services with NGOs | EM, open submission |
| | Use key influencers among EM and social media | Open submission |

| Themes | Recommendations | Advocating communities |
|---|--|--------------------------|
| | platforms for publicity and promotion | |
| | Provide medical information in different languages, develop ethnic minority-friendly mobile apps, and provide accurate and up-to-date sexual health information | FSW, EM, open submission |
| | Cooperate with different consulates to promote AIDS information on their websites and offices | EM, open submission |
| | Cooperate with various stakeholders/partners to disseminate preventive information, including domestic helper agencies, religious groups, community associations, etc. | EM |
| | Create a resource card/website on sexual health and list all related services/organizations to domestic workers and ethnic minorities | EM, open submission |
| | Provide more resources for NGOs to train EM volunteers to provide translation services | Open submission |
| Education and publicity for female sex workers (FSW) | Use condoms (not to be lured by money and not using condoms, not to be | FSW |

| Themes | Recommendations | Advocating communities |
|---------------------------------------|--|------------------------|
| | influenced by appearance/personal feelings, and not to ignore the importance of condoms in oral/anal sex) | |
| | Targeting "part-time girlfriends" (PTGF) and their clients | FSW |
| | Strengthen exchanges between personnel in the industry | FSW |
| Sex education for young people | Incorporate sex education into the formal syllabus of primary and secondary schools | AY |
| | Update sex education guidelines; NGOs to produce standardized sex education textbooks | AY |
| | In addition to safe sex or AIDS prevention, the content should also include sexual values, gender role/identity, sexual minorities, inclusion, gender relations, sexual autonomy, U=U ("Undetectable = untransmittable"), etc. | AY |
| | Strengthen sex education of parents and teachers, and the ability to teach sex education courses | AY |

| Themes | Recommendations | Advocating communities |
|---|---|------------------------|
| | Sex clinic services to be set up in the community or university to allow young people with sexual problems or doubts to seek help | MSM |
| Education and publicity for people who inject drugs (PWID) | Education using the harm reduction approach | PWID |
| | Educate non-injecting drug users to avoid starting to use syringe injection; encourage injecting drug users to reduce or stop sharing syringe | PWID |

5.3 Devise specific interventions for sub-group of concern within priority populations

| Themes | Recommendations | Advocating communities |
|---|--|---------------------------------|
| People who are not eligible to receive HIV treatment services in Hong Kong | The government to consider providing relevant tests for non-local residents | FSW, open submission |
| | Increase cooperation and communication with the governments of Southeast Asian countries; provide information, referral and follow-up services | FSW |
| (Sexual) partners of priority communities | Subsidies to provide PrEP drugs to partners of PLHIV who need to use | MSM, PLHIV, open submission |
| People who use recreational drugs for sex (chemfun) | Allocate additional resources in education and counselling to intervene and | TG, PLHIV, MSM, open submission |

| Themes | Recommendations | Advocating communities |
|---|---|------------------------|
| | support the chemfun community in a harm reduction approach | |
| | Train frontline staff such as school social workers to understand chemfun and related strategies | AY |
| | Doctors to provide training for NGO personnel on handling cases with chemfun and drug use | PLHIV |
| | Peers to provide 24-hour support for chemfun users on APP platforms | PLHIV |
| | The government to strengthen education on the relationship between chemfun and HIV infection rate for young people | Open submission |
| | Strengthen the mental health of the gay community to reduce chemfun problems | MSM |
| | Strengthen law enforcement to arrest drug dealers | PWID |
| Men under 16 and who have sex with men | Provide guidance to NGOs, explaining the specific handling of legal issues involved in testing, and dealing with the concerns that the parents or the police know that they have had sex with others. | MSM |

| Themes | Recommendations | Advocating communities |
|--|--|------------------------|
| | Provide clearer guidelines to frontline healthcare workers, e.g. notification to his/her family or responsibility for legal issues whenever a minor is diagnosed | |
| Ethnic minority men | Need to specifically target ethnic minority men for education and publicity (e.g. condoms, self-test kits, educational talks) | EM, open submission |
| Ethnic minority sex workers | Provide outreach services | Open submission |
| Ethnic minority men who have sex with men | Strengthen education and publicity and contact with volunteers | MSM |
| | Strengthen the training of medical staff/staff to be sensitive to cultural differences | MSM |
| | Review the hospital's mandatory use of interpreters for EM men who have sex with men (interpreters may disclose the information of the clients) | MSM |
| Asylum seekers | Provide education to refugees; distribute condoms and conduct tests, and follow up on medical conditions | FSW |
| People who may sell sex-related services | To broaden the definition of female sex workers for | Open submission |

| Themes | Recommendations | Advocating communities |
|---|---|------------------------|
| outside the scope of “female sex workers” or “part-time girl friends” | better targeting the potential sex workers, such as those who sell private or non-private personal images for sexual satisfaction of others and allocate resources for intervention | |

5.4 Scale up HIV testing services and enhance and support new testing modalities

| Themes | Recommendations | Advocating communities |
|---|---|-----------------------------|
| Provide more convenient testing services | Increase NGO locations and service hours | MSM |
| Outreach Services | DH to cooperate with NGOs in sending doctors to participate in outreach work, providing testing and other health services | FSW |
| | Outreach to promote testing services (e.g. at saunas, bars, vice establishments) | PLHIV |
| | The government to continue increasing funding for NGOs to support provision of mobile testing services to the community | PWID, open submission |
| | Provide mobile testing services on weekends/holidays in gathering places of ethnic minority | Open submission |
| HIV self-test kits | The government to continue increasing funding for NGOs to support provision of HIV | FSW, PLHIV, open submission |

| Themes | Recommendations | Advocating communities |
|---|--|------------------------|
| | self-test kits to the community | |
| | The government to cooperate with bars, hotels and saunas to setup vending machines for condoms and HIV self-testing | Open submission |
| | Provide in hotel rooms (and provide incentives to encourage testing) | AY |
| | Contact information of NGOs and support services to be provided in the self-test kits | AY, PLHIV |
| | Promote and distribute self-test kits with instructions and NGO support networks written in ethnic minority languages | EM, open submission |
| | The self-test kit to include self-tests for other STIs | PLHIV |
| | The self-test kit could be obtained by mail | TG |
| | Regularize the DH HIV "Self-Testing Research Study", and regularly update the brand information of the self-test kits | MSM, open submission |
| Combine HIV test with other tests, and/or routine health check-ups | Provide resources for NGOs to provide free STI testing. It is recommended to provide one-stop testing services, including other STIs, hepatitis C, and gynaecological examinations | FSW, MSM, PLHIV, PWID |

| Themes | Recommendations | Advocating communities |
|---|--|----------------------------------|
| | The government to allocate additional resources to NGOs to purchase all-in-one STI rapid test kits, including tests for HIV, syphilis, hepatitis B, hepatitis C and herpes virus, etc. | PLHIV, open submission |
| | The government to allocate funds to various NGOs to purchase hepatitis C test kits | Open submission |
| | Strengthen the screening and treatment of comorbidities and STIs | PLHIV |
| Upgrade (improve) the services of Social Hygiene Clinics | Convenience: service hours and locations Comprehensiveness: Provide more types of tests Privacy and confidentiality Friendliness: the attitude of the clinic staff | All communities, open submission |
| | Set up more service centres in the New Territories and more service hours on weekends | Open submission |
| Strengthen HIV testing among high-risk groups | Specify more clear recommendations which specific groups of MSM should be tested more frequently (e.g. condomless sex, chemfun, etc.) | Open submission |
| | Develop different testing service models (e.g. provide fast tracks for frequent test takers) | Open submission |

| Themes | Recommendations | Advocating communities |
|---|---|------------------------|
| | Carry out self-sampling HIV testing (allows users to collect sample by themselves, send it back to the laboratory or professional organization for testing, and then send a report of the diagnosis result to the user and follow up) | FSW, open submission |
| Develop tailored services for individual groups with special needs | Consider providing relevant tests for non-local residents | FSW, open submission |
| | Persons under the age of 16 do not need parental consent for HIV testing or other related services | MSM |
| More respect for personal privacy | | MSM, PWID |
| Strengthen emotional support after diagnosis and counselling | | FSW |
| Incentives to motivate testing | Provide cash coupons, food vouchers or transport subsidies and other rewards | PWID |

5.5 Strengthen the HIV treatment and care cascade

| Themes | Recommendations | Advocating communities |
|---|---|------------------------------|
| Provide updated drug information | Regularly update the information and promote drugs in HIV treatment | PLHIV, PWID, open submission |
| | New technology/drug information: Announce the timetable and related details of the launch of injectable regimens, and consider incorporating them into the public healthcare system | Open submission |
| Sensitivity training for frontline medical staff (especially Social Hygiene and other non-HIV specialties), social workers, public and private nursing homes | Provide frontline personnel with comprehensive sensitivity training and guidance, especially on issues related to LGBT sexual minorities, harassment, and discrimination | PLHIV, TG, open submission |
| | Electronic health records to include information on gender identity | TG |
| Provide comorbidity-related assessment and treatment for PLHIV | Provide one-stop service or make it easier for patients to enter the healthcare system (e.g. hepatitis C) | PLHIV, MSM, TG |
| Improve services of Social Hygiene Clinics | Extend evening and weekend consultation hours; increase manpower/clinic locations | FSW, MSM, AY |
| | Consider providing services to non-eligible persons for free or at cost | FSW |
| | Pay attention to | MSM, AY, TG |

| Themes | Recommendations | Advocating communities |
|--|--|------------------------|
| | confidentiality in HIV testing and treatment services | |
| Improve services of HIV Clinics | Extend evening and weekend consultation hours; increase manpower/clinic locations | PLHIV, MSM, AY, PWID |
| | Flexible arrangement for collection of medication | PLHIV |
| | Provide online consultation and counselling services | PLHIV |
| | Pay attention to confidentiality in HIV testing and treatment services | MSM, AY |
| | Introduce mental health services and psychological support | PLHIV, AY |
| | Provide parking spaces for PLHIV with limited mobility | Open submission |
| Strengthen referrals and contact HIV treatment services | Strengthen the transfer system and improve the referral network | PLHIV |
| | Cross-border medication support: Provide HIV drugs for emergency use by mail or at specific locations in the Mainland or other countries | PLHIV, open submission |
| Optimize HIV treatment/care services | Non-emergency Ambulance Transfer Service (NEATS) to be provided for PLHIV and with mobility impairments | Open submission |
| | Consider transferring some of the routine treatment and care of PLHIV from specialist clinics to community clinics | MSM, open submission |

| Themes | Recommendations | Advocating communities |
|--|--|------------------------|
| | Extend Saturday and Sunday consultation hours; subsidize dental and physiotherapy follow-up services; and introduce online consultation services | Open submission |
| | Aging of PLHIV: provide incentives to increase the acceptance of PLHIV by private residential care homes, and increase the number of places for the elderly and related services for those in need | PLHIV, open submission |
| | Provide clear guidelines for the referral of infected persons for foreign domestic worker agencies; NGOs to provide agencies with education and follow-up support services for PLHIV, etc. | Open submission |
| Counselling for emotional support | Provide more peer support for PLHIV /adolescent men who have sex with men | MSM, AY, PWID, PLHIV |
| | Emotional support hotline for PLHIV | AY |
| One-stop integrated service | Make good use of community resources to provide newly infected persons with post-diagnosis services including treatment follow-up (accompanying services), social and psychological needs, | PWID, open submission |

| Themes | Recommendations | Advocating communities |
|---|---|--------------------------|
| | emotional counselling support, institutional service referrals, adaptation to new identities, etc. | |
| | Holistic care - Comprehensive physical examination and health services for PLHIV (e.g. dentistry, physiotherapy, psychological counselling, female fertility, etc.) | PLHIV |
| | Establish gay/sexual minority friendly comprehensive services (including provision of PrEP, testing and treatment of STIs and HIV, and other medical services, such as hepatitis C prevention, HPV vaccine) | MSM, TG, open submission |
| Improve the insurance protection rights of PLHIV | Guaranteed by the government or set up an insurance fund, or included in the scope under Voluntary Health Insurance Scheme (VHIS) | PLHIV, open submission |
| Other specific community needs | Provide resources for NGOs to provide escort and transportation services for ethnic minority PLHIV | Open submission |
| | Consider providing transport subsidies | PWID |

5.6 Reduce & eliminate HIV-related stigma & discrimination

| Themes | Recommendations | Advocating communities |
|---|--|------------------------------|
| Public education still needs to focus on reducing stigma and disseminating information on HIV testing and prevention | | PLHIV, PWID, open submission |
| Eliminate misunderstanding and stigma of PLHIV | Strengthen the awareness and attention to PLHIV | MSM, PLHIV |
| | Share stories and true personal narratives of PLHIV | EM, open submission |
| | Position HIV as a health/chronic disease issue rather than a sexual issue | EM, AY |
| Reduce public misunderstanding and prejudice towards LGBT | The government to strengthen anti-discrimination activities and promote respect for sexual minority groups, such as road shows, exhibitions, public service advertisements, etc. | Open submission |
| | Initiate a constructive dialogue between the LGBT community and other stakeholders | Open submission |
| | The government to produce commercials or TV programs about transgender people, or educate the general public through online media | TG |
| Avoid stigmatization of tests | Promote testing in the name of men's and women's health | FSW |
| | Include HIV testing as an item in the comprehensive physical examination | AY |
| | The police and parents will not | MSM |

| Themes | Recommendations | Advocating communities |
|---|--|------------------------|
| | be notified when minors are tested | |
| Reduce discrimination from within the community | Increase education within the community to reduce discrimination (such as HIV, chemfun) | MSM |
| | Set up a fund for LGBT to solve the problems inherent in the MSM community, such as bullying, self-identification, etc. | MSM |
| Strengthen the training of medical staff beyond HIV Clinics to reduce discrimination against PLHIV and sexual minorities | | TG, FSW, PLHIV |
| Reduce discrimination against PLHIV in residential care homes for the elderly | Strengthen HIV education for hospital staff and frontline staff in residential care homes | PLHIV, open submission |
| Review/amend/formulate relevant laws and policies to protect the priority communities from discrimination or prosecution | Protect the LGBT+ community from discrimination | Open submission |
| | DH may work with the Equal Opportunities Commission to conduct public consultations on the need for new LGBT+ anti-discrimination laws | Open submission |
| | Strengthen the relevant penalties of the Disability Discrimination Ordinance to improve the treatment of PLHIV | Open submission |
| | Stop using condoms as evidence to prosecute sex workers | TG, FSW |
| | Law enforcement officers to stop using condoms and | PWID |

| Themes | Recommendations | Advocating communities |
|--|---|------------------------|
| | syringes as evidence for prosecution | |
| Review/amend/formulate relevant laws and policies to protect the safety, welfare and rights of priority communities | Enact the "Gender Recognition Act" | TG |
| | Legislation to protect the privacy of PLHIV from malicious disclosure or extortion | AY |
| | Introduce legislation to prevent malicious transmission of HIV | MSM |
| | Improve the rights for better insurance coverage for PLHIV, either with insurance companies providing special plans, or the government establishing insurance funds | PLHIV, AY |
| Handling of dead bodies | If the infected person is already "undetectable", it may not be necessary to signify the dead body with "yellow label" | Open submission |

5.7 Enhance and promote youth and public sex education

| Themes | Recommendations | Advocating communities |
|---|--|--------------------------|
| Implement comprehensive sex education in schools | Start from primary and secondary schools | PLHIV, AY, MSM |
| | In addition to students, should also target parents and teachers | PLHIV, MSM |
| | The government to increase training so that teachers have a certain degree of mastery of sex education courses | MSM, TG, open submission |

| Themes | Recommendations | Advocating communities |
|--------|---|-----------------------------|
| | Sex Education as an independent subject; update the "Guidelines on Sex Education in Schools" to provide standard guidelines for the content and duration of the curriculum. May refer to the latest UNESCO Sexuality Education Guidelines | MSM, TG |
| | Allocate resources to NGOs to produce newer/ more updated sex education materials | MSM |
| | Teach comprehensive sex education and its content should include HIV/STI knowledge, safer sex, genders, sexual relationships, gender equality, anti-sexual harassment, bodily autonomy, sexual consent, handling of sexual desire, etc. | MSM, TG, open submission |
| | The Department of Health and the Education Bureau to collaborate on studying the requirements for implementing sex education in schools | MSM, open submission |
| | Invite NGOs with front-line service experiences to enter the schools; Increase the number of | MSM, PLHIV, open submission |

| Themes | Recommendations | Advocating communities |
|--|---|------------------------|
| | teaching hours for sex education in government schools | |
| | The government to regularly invite NGOs to hold meetings to discuss and update the content of sex education courses | Open submission |
| | Conduct a survey on life-skills based education on HIV/AIDS implementation at schools | |
| Strengthen public (sex) education | Popularize HIV education and make testing universal | FSW |
| | Allocate additional resources to regularly implement different community activities to increase public awareness of HIV | Open submission |
| | The government to continue using interesting, attractive and innovative new media to promote the importance of HIV and STI testing on social media and mobile apps, such as IGTV, IG Story, Douyin/TikTok, etc. | Open submission |
| | Conduct HIV and STI educational talks and workshops in government/private residential institutions, hospitals, and schools | Open submission |

| Themes | Recommendations | Advocating communities |
|--------|---|---------------------------------|
| | Use new media for publicity and education - use popular and common online platforms or APPs for publicity in the community (e.g. Facebook, Instagram, WeChat, Telegram, Douyin/TikTok, etc.); use popular celebrities/KOLs to promote | FSW, PLHIV, MSM, TG |
| | The government to communicate with social media platforms to try resolve the problems of blocking of NGO accounts and HIV-related educational content | |
| | Not to ignore traditional mass media (such as TV), considering that older men may be out of touch with APPs or technology platforms | FSW, PLHIV |
| | Consider inviting female sex workers and clients to participate in creative development and promotion | FSW |
| | Raise the public's basic understanding of sexual minorities, transgender people, and community diversity; raise representation and visibility | MSM, TG, PLHIV, open submission |
| | Invite family and friends of | AY, PLHIV |

| Themes | Recommendations | Advocating communities |
|--|---|------------------------|
| | PLHIV to share stories | |
| | Content includes the U=U pathological concept ("undetectable = untransmittable"), and HIV is not contagious through daily contact | PLHIV |
| | Train new employees in special establishments (spas, saunas, bars) | MSM |
| | Intervene on chemfun users with harm reduction approach and popularize public education | TG, MSM |
| Strengthen the training of personnel in education, medical and social services on sex and HIV | DH to provide more training on sex, LGBT health and HIV for staff in schools, medical and social services | Open submission |

5.8 Mobilise the Collaboration between government and the community to create wider changes

| Themes | Recommendations | Advocating communities |
|--|---|-------------------------|
| Within the government structure | The Education Bureau to promote comprehensive sex education in schools | All communities |
| | Improve the services of medical units (such as Social Hygiene Clinics) to provide friendly services that consider the needs of priority communities | All communities |
| | The government to optimize the promotion and policies | FSW, MSM, PLHIV, AY, TG |

| Themes | Recommendations | Advocating communities |
|------------------|--|------------------------|
| | of PrEP and PEP | |
| | Invest more resources for community research | MSM, TG, FSW |
| | Department of Health to send doctors to participate in outreach work | FSW |
| | Set a goal for Hong Kong to end HIV by 2030, by raising the target from 90-90-90 to 95-95-95 | Open submission |
| Community | Religious groups, community organizations, consulates, and employment agencies to support and assist in publicity and promotion | EM |
| | Train teachers, social workers, medical staff and other experts on knowledge and attitudes about HIV, different sexual orientations, and attention to priority communities | All communities |
| | Cross-border collaboration -Cooperate with institutions and organizations in the Mainland and Southeast Asian countries to provide HIV drugs and related medical services | FSW |
| | The government or insurance companies to set up an insurance fund to provide protection for PLHIV | AY, PLHIV |

| Themes | Recommendations | Advocating communities |
|--------|---|---|
| | <p>NGOs are still an important part of Hong Kong's AIDS work; AIDS Trust Fund to allocate additional resources to NGOs to implement various services such as education, prevention, testing, care support, etc.</p> | <p>All communities, open submission</p> |



Section 6

FEEDBACK FOR THE DRAFT REPORT



Section 6

Feedback for the draft report

The draft version of this report was circulated to the CCM attendees, those who sent in opinions in the open submission and the WGCCM for comment in October 2021.

Feedback from four organizations was received. All feedback has been deliberated in the Working Group Meeting held on 2 December while some of the comments were incorporated in the content of the summary report.

6.1 DH Student Health Service (Original submission is bilingual)

- Regarding the community needs of AY under Section 3.4.1, the first need, under “Content”, “Care for others” should be expanded as “Care for others, **strengthen self-protection awareness**”.
- Under “Sex education for school teachers”, the last point “NGOs to produce standardized sex education textbooks to educate school teachers” should be amended to “**Involve** NGOs to produce standardized sex education textbooks to educate school teachers”.
- Under “Medical”, the second point, “The medical system should provide clearer guidelines, e.g. whether the family of a diagnosed minor would be notified, or would the minor be held accountable for legal issues, or on issues such as how to obtain PrEP” should be amended to “The medical system should provide clearer guidelines, e.g. whether **and how** the family of a diagnosed minor would be notified, or would the minor be held accountable for legal issues, or on issues such as how to obtain PrEP”.

6.2 2. AIDS Concern (Original submission in English)

- Regarding the community needs of MSM under Section 3.3.1,
 - point iii under prevention/education, PrEP/ PEP related, it was suggested to add “**Provide an LGBT friendly clinic for PrEP access and check-ups**”.

- On point ix Support for gay relationships, it was clarified, and the point was amended to read "**Wider social acceptance and support for gay relationships**".
- Regarding the recommendation for MSM under Section 3.3.2,
 - priority 1b More comprehensive implementation of sex education at schools, the last point was amended to incorporate the element of "**also include teachers and PTA**".
 - On priority 6 Strengthen publicity and promotion of HIV self-test, a point was added "**Strengthen the follow-up support for self-test kit users**".
 - On priority 7 Improve the free distribution of condoms/lubricants, the first point "The style is too old" was amended to read "**Quality of condoms and lubricants is poor (prefer brands like Okamoto®)**".
 - On priority 8a Increase resources to intervene on chemfun, a point was added "**Strengthen resources to provide information and support for chemfun users including harm reduction approach**".
 - On priority 8b Strengthen STI testing services, two points were added "**Extend opening hours to evenings and weekends**" and "**Improve access to STI testing in the New Territories**".
 - On priority 10a Increase the education, promotion and availability of PEP, a point was added "**Consider increasing access to PEP through NGOs**".
- Regarding the recommendation for AY under Section 3.4.2, the first priority, Sex education/HIV education for young people, a point was added "**Support NGOs with funding to provide individual/ small group sex education and consultation**".

6.3 Other comments which might be additions to the report back sessions or reported under different priority headings:

- Under Section 3.2 People living with HIV,
 - it was suggested to consider "Provide IT support or training to older PLHIV patients to facilitate them using online medical appointments/ consultation/ counselling".
 - On Priority 2a Strengthen HIV/AIDS education, publicity and sex education, it was proposed that "U=U" should be explained to PLHIV by doctors soon after diagnosis to provide compelling reason for them to continue with treatment.

- On priority 6b Improve the rights for better insurance coverage for PLHIV, the fact that PLHIVs are excluded from provisions of the current Voluntary Health Insurance Scheme (VHIS) should be changed
- Regarding the community needs of MSM under Section 3.3.1,
 - point xv under testing, Consider universal testing, the feedback stated that universal testing (whole population) might be unrealistic and unnecessary. Instead, large NGOs like Tung Wah and Caritas which are in contact with many young people could be engaged.
- Regarding the recommendations for MSM under Section 3.3.2,
 - On priority 6 Strengthen publicity and promotion of HIV self-test, the subscription service refers to users signing up for delivery of multiple self-test kits over time.
 - On priority 8b Strengthen STI testing services, it was suggested to consider adding couple testing.
 - On priority 11b Improve follow-up services after HIV diagnosis, suggested to consider introducing same day treatment for people newly diagnosed, as well as moving medical monitoring and follow-up for long-term PLHIV cases out of the specialist clinics into more community-based centers.
 - On priority 12b Introduce legislation to prevent malicious spread of HIV, the feedback was that there might be a perverse effect of discouraging HIV+ people from disclosing their status to partners.
 - On priority 14 Improve research strategies for the MSM community, in addition to making PRiSM an annual survey for behavior tracking and service development, questions about broader LGBT health like mental health could be added given the syndemics.
- Regarding the recommendation for EM under Section 3.7.2, the last priority Mandatory testing for foreign domestic workers, the feedback objected to the idea which was believed to be unnecessary.

6.4 GlaxoSmithKline Limited:

- Upon deliberation in the WG CCM meeting held on 2 December, it was considered and agreed that the comments in its submission was not directly

corresponding to the content of CCM discussion, hence the comments (on the use of long-acting injectable ART and PrEP implementation) would be forwarded to ACA Secretariat for further processing and filing.

6.5 Hong Kong AIDS Foundation (Original submission in English)

- The following comments from its open submission (Section 4) need to be considered to reiterate and include in “Section 5” (Overall recommendations):
 - To conduct a survey on life-skills based education on HIV/AIDS implementation at schools;
 - To provide the option of online video counselling services for PLHIV;
 - To provide clinic parking spaces for PLHIV with limited mobility;
 - To provide more resources for NGOs to train EM volunteers to provide translation services;
 - To provide special service hours on weekends exclusively for EM;
 - SHCs to carry promotional activities to point out the harmful effects of buying and taking STI drugs without consulting a doctor (particularly EM);
- The following points need to be further supplemented in Section 5:
 - To allocate resources to NGOs for identifying potential and hidden sex workers via online communication platforms;
 - To provide medical information in different languages for EM through mobile apps;
 - To broaden the definition of female sex workers for better targeting the at-risk groups, such as those sell private or non-private personal images for sexual satisfaction of others
 - To consider providing relevant (HIV/STI) tests for non-local residents;
 - To provide and regularly update medical information on HIV-associated non-AIDS conditions for PLHIV



Section 7

CONCLUSION



Section 7

Conclusion

The Community Forum on AIDS and the Hong Kong Coalition of AIDS Service Organizations are grateful for the participants, including those from the general public and the stakeholder groups such as AIDS non-governmental organizations, community members, social service organizations, medical professionals and academic for offering valuable views and recommendations by participating in the Community Stakeholders' Consultation Meeting or through open submission.

The issue of prevention and control of HIV epidemics is a complicated one, and attracts a wide range of responses from different sectors and communities. Suggestions often cover biomedical, social, legal, educational and even information technological aspects. Despite the diversity of opinions on the issue and the appropriate way forward, we believe that there is a genuine need for the whole society to act together to address the problems. We believe that the consolidated opinions in this report could assist ACA to keep track of community's needs and demands, help bring about positive changes across the society on this issue in coming years.

Upon completion of the consultation, a CFA meeting was held in September 2021 to deliberate the process of the consultation and the recommendations collected. The draft of the report was circulated to the CCM attendees and those who sent in opinions in the open submission in October-December 2021. After collection of their comments and endorsement by the WGCCC, the final version will be sent to ACA for its consideration to draft the next Recommended HIV/AIDS Strategies for Hong Kong.



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