



Hong Kong Advisory Council on AIDS



**Annual Report
August 2010 – July 2011**

Preface

In the capacity as the Chairman of the Hong Kong Advisory Council on AIDS (ACA) in the seventh term of office for the period from August 1 2008 to July 31 2011, it is my pleasure to write the preface in this Annual Report ending July 2011.

The HIV epidemic is evolving, globally and locally. Specific action steps that strive to reduce HIV incidence, increase access to care and optimize health outcomes for people living with HIV, and reduce HIV-related health disparities also need constant adaptation.

Since its establishment in 1990, ACA has devoted to leading the fight against AIDS in Hong Kong. It has succeeded in advising the Government on AIDS policy and bringing together local communities to mount a coordinated response. The ACA and its sub-committee, the Community Forum on AIDS (CFA), have made numerous valuable recommendations, ranging from developing professional guidelines for health care professionals in managing HIV/AIDS, formulating themes of AIDS-related publicity and public education in the territory, to drawing up medium-term strategies for our AIDS efforts in respect of prevention, care and control.

Nevertheless, the rise in HIV infections among men who have sex with men (MSM) in Hong Kong and the neighbouring regions over the last few years alert us that vigilance is always important for communicable diseases.

ACA will continue to play the role of keeping under review local and international trends and developments relating to HIV infection and AIDS, and advising the government of the response.

I wish to take this opportunity to express my appreciation to members of ACA and CFA for their invaluable contributions throughout the years. Lastly, I would like to thank the ACA Secretariat for providing the excellent secretariat support; without which, we would not have been running so efficiently.

Professor CHEN Char-nie, JP
Chairman
Hong Kong Advisory Council on AIDS
July 2012

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1. HIV/AIDS Situation in Hong Kong

Introduction

HIV (Human Immunodeficiency Virus) is the cause of AIDS (Acquired Immune Deficiency Syndrome). Half of the HIV-infected people will progress to AIDS in 10 years' time without treatment. There are four main routes of HIV transmission: sexual, injecting drug use, blood-borne and from mother to child. In Hong Kong, the first HIV cases were reported in 1984. As it had happened in many other developed countries, the early part of the HIV epidemics witnessed a significant proportion of our HIV infections resulting from blood or blood products transfusion. The situation later changed to one that sexual routes, including heterosexual and homosexual contacts, predominate and become the commonest route of HIV transmission. It accounts for 75% of all reported HIV cases in Hong Kong as at 30 June 2011. Understanding the current HIV/AIDS situation is therefore crucial in monitoring and planning of our prevention and care effort for this infection.

HIV/AIDS surveillance comprises a framework of systematic and consistent monitoring of HIV/AIDS situation. It has the essential components of collection, collation and analysis of HIV/AIDS data. The last process of the surveillance includes the interpretation and dissemination of HIV/AIDS information. Timely information derived from this HIV/AIDS surveillance is of vital importance to the development of effective prevention and control programmes.

HIV/AIDS Surveillance

The Special Preventive Programme of the Department of Health maintains the HIV/AIDS surveillance system. It regularly obtains data concerning HIV/AIDS through three mechanisms: (1) voluntary reporting; (2) unlinked anonymous screening; and (3) seroprevalence monitoring of selected groups. In addition, information collected from the Sexually Transmitted Infections surveillance, HIV risk behavioural surveillance and other research studies on HIV virology and immunology are included to complement and supplement the system.

The surveillance definition of AIDS for adults and adolescents was drawn up by the Scientific Committee on AIDS in 1995. The most common AIDS defining illness was *Pneumocystis jirovecii* pneumonia (previously named *Pneumocystis carinii* pneumonia) followed by *Mycobacterium tuberculosis* infection.

Based on the associated HIV risks, target populations for seroprevalence surveillance are grouped under 3 categories: (1) Community with predisposing risk factors; (2) Community without known risk factors; and (3) Community with undefined risk.

Voluntary Reporting

The voluntary HIV/AIDS reporting system has been in place since 1984. This is a non-name based reporting programme. Laboratories and medical practitioners submit reports of newly diagnosed HIV infection and AIDS cases to the Department of Health, latter through the special form DH2293.

As at 30 June 2011, 5036 HIV infections were reported to this system. Among them, 1221 had progressed to AIDS. The numbers of reported HIV infections and AIDS cases were on a steady rise from the beginning of the epidemics to 1996. The reported HIV infections and AIDS cases had reached the top and become stable at about 400 and 80 cases per year respectively in the subsequent years. The leveling off of AIDS cases may partly be due to the introduction of Highly Antiretroviral Therapy (HAART) or commonly known as the cocktail therapy since the end of 1996.

HIV infection affects more males than females with the ratio in the region of 3.9:1 as at June 2011. However, it is notable that the number of reported infected females is on the rise over the past decade.

The majority (66.3%) of all our reported HIV infections in Hong Kong belong to ethnic Chinese.

Although the number of HIV infections related to injection drug use remains low at 304 cases (or 6.0%) so far, 102 of them (33.6%) were reported in the past 4 years. The total number of perinatal HIV transmission cases now stands at 26 as of June 2011.

Unlinked Anonymous Screening

The Unlinked Anonymous Screening programme in Hong Kong was started in November 1990. The seroprevalence rates of drug user attending inpatient drug treatment centres/institutions and inmates newly admitted into correctional institutes were 0% and 0.97% respectively in 2010.

Seroprevalence in Selected Populations

The positive HIV antibody detection rate was 0.002% from all the blood donations in 2010 carried out by the Hong Kong Red Cross Blood Transfusion Service. The positivity rate among Social Hygiene Clinic attendees was 0.152% in 2010, a small decrease from the previous year (0.172% in 2009).

The implementation of the universal HIV antibody testing programme began on 1 September 2001 in all antenatal clinics of the Hospital Authority and Maternal and Child Health Clinics of the Department of Health. In its first year running, a total of 41714 samples were tested with an average opt-out rate of 3.8% in the public service, 12 pregnant women were found positive for HIV, indicating a prevalence of 0.03%, which was slightly smaller than that projected from the pilot study of Kwong Wah Hospital.

The numbers of tests and the results in the subsequent few years are as follows:

	No	HIV+	%	Opt-Out (%)
2003	36366	6	0.02	3.1
2004	41070	6	0.01	2.1
2005	42750	5	0.01	1.9
2006	43297	9	0.02	2.0
2007	47472	11	0.02	2.6
2008	51737	2	0.00	1.8
2009	51227	7	0.01	1.7
2010	54360	10	0.02	1.4

Universal HIV Antibody (Urine) Testing Programme in Methadone Clinic

The MUT Programme in Hong Kong was piloted in 2003 and rolled out to all clinics in 2004. Out of 8812 samples collected from the Methadone Clinics in 2004, 18 were tested HIV positive, equivalent to 0.204%.

The numbers of tests and the results in the subsequent few years are as follows:

	No	HIV+	%
2003 (July –Sept)	1834	9	0.491
2004	8812	18	0.204
2005	8696	28	0.322
2006	7730	28	0.362
2007	7314	26	0.355
2008	7955	37	0.465
2009	7765	38	0.489
2010	7445	36	0.484

Figure 1: Annual Reported HIV/AIDS in Hong Kong
1984 - 2010 (N=4832/1185)

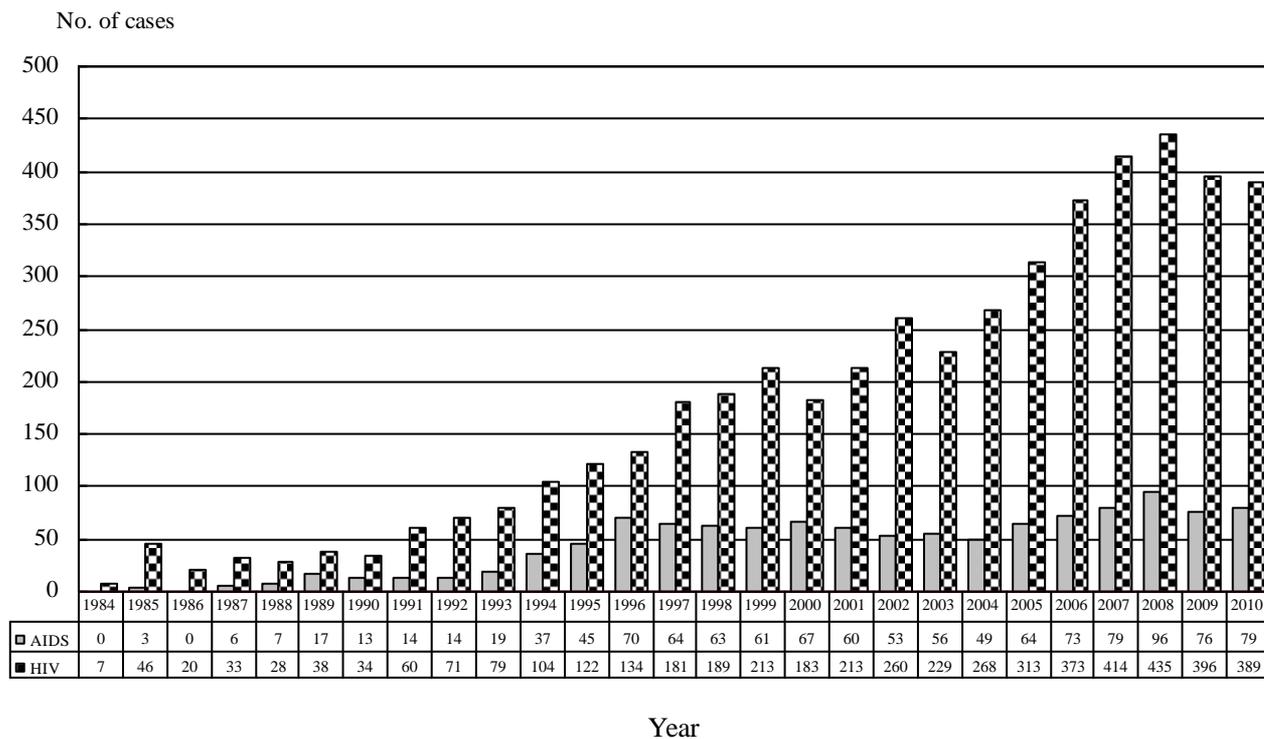


Figure 2: Ethnicity of reported HIV infection in Hong Kong
1984 - 2010 (N=4832)

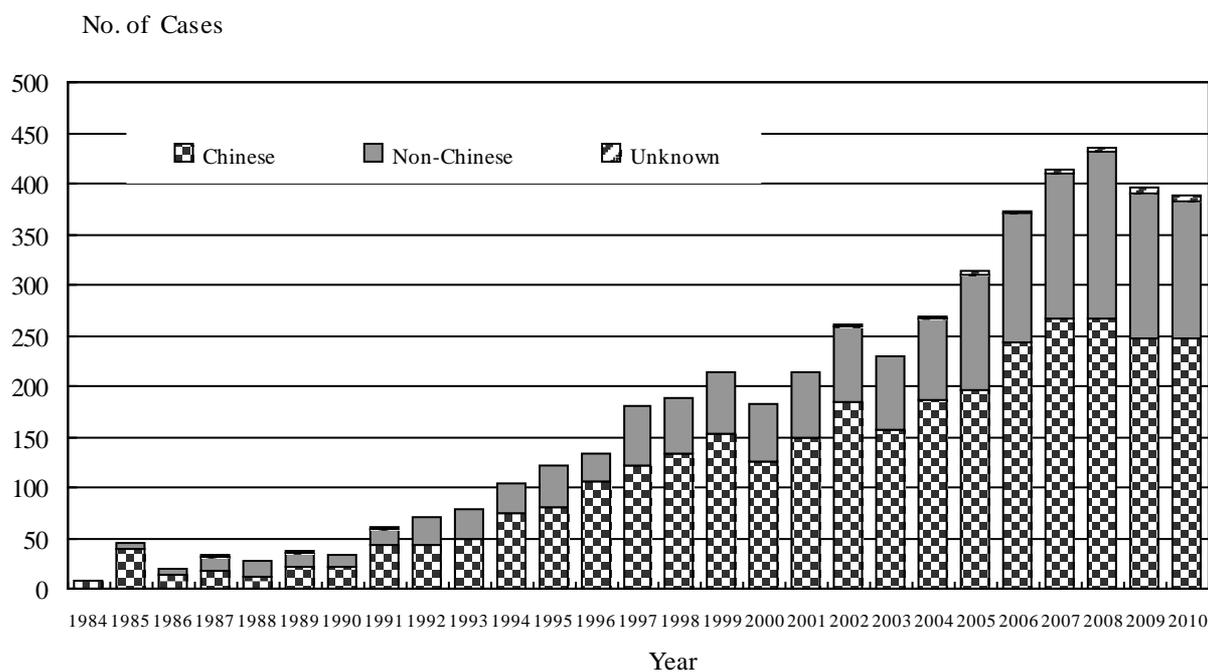


Figure 3: Routes of transmission of HIV infection in Hong Kong 1984 - 2010 (N=4832)

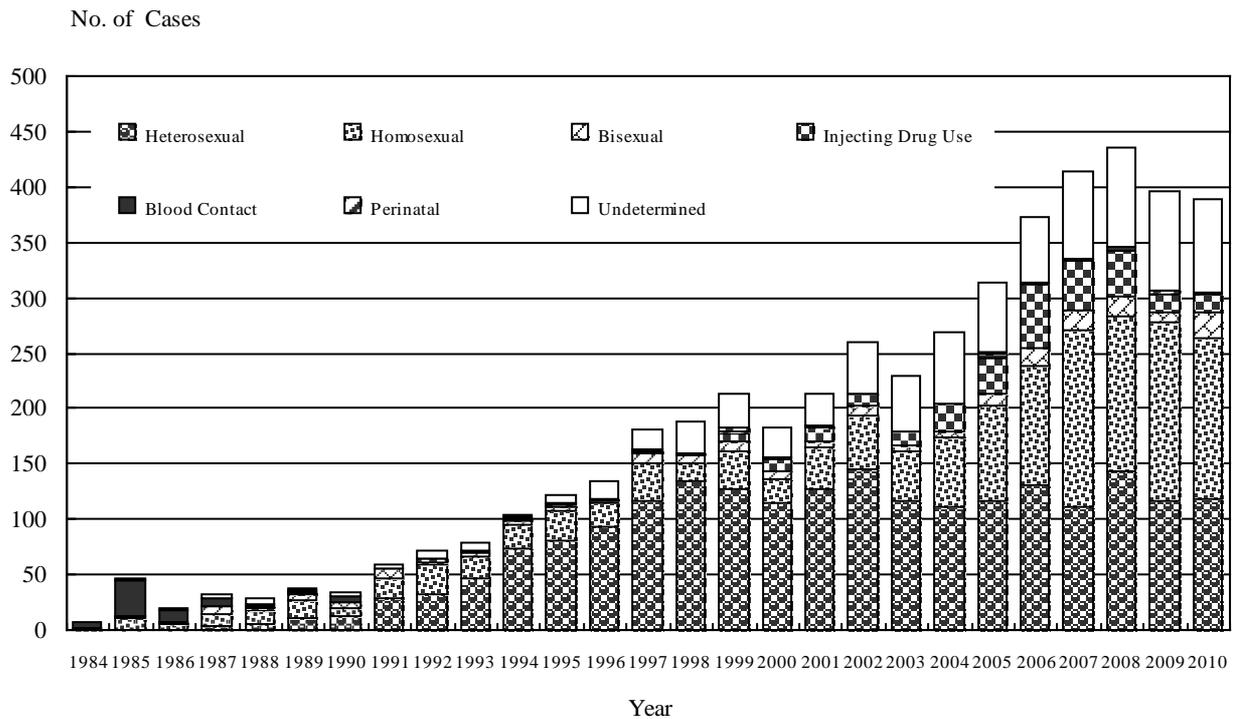


Figure 4: Sources of referral of HIV infection in Hong Kong 1984 - 2010 (N=4832)

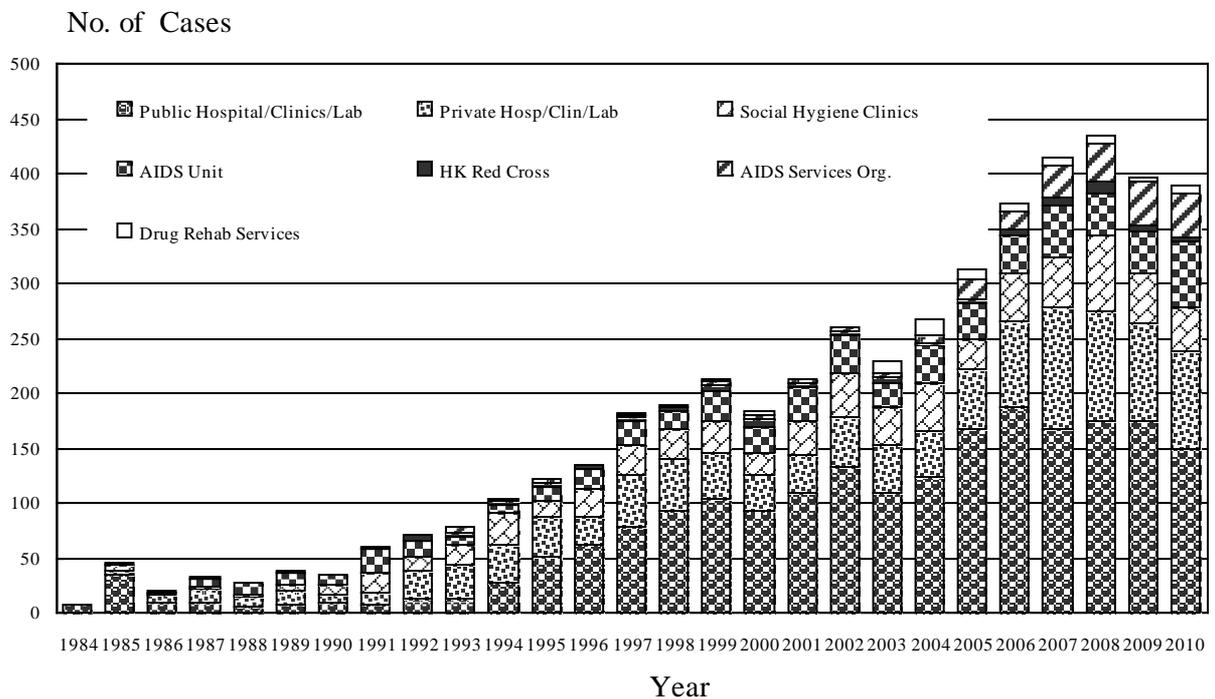


Figure 5: Primary AIDS-defining illnesses of reported AIDS in Hong Kong 1985 - 2010 (N=1185)

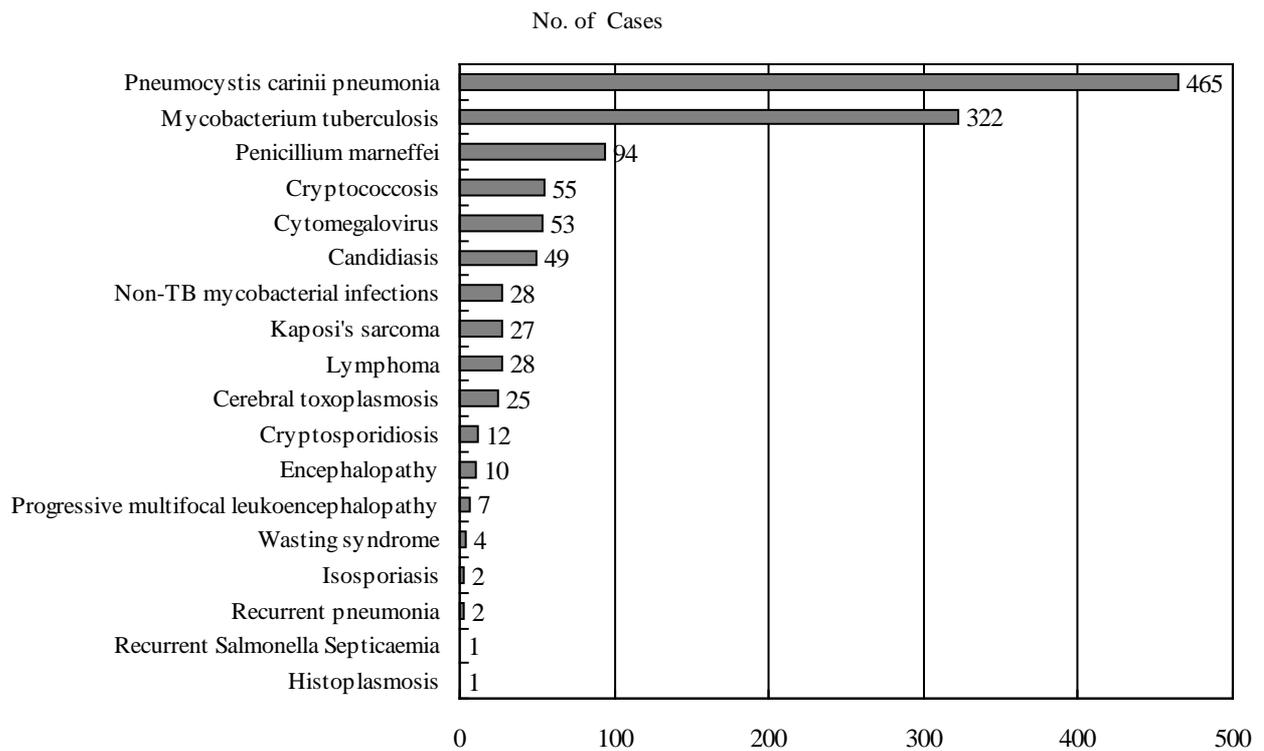
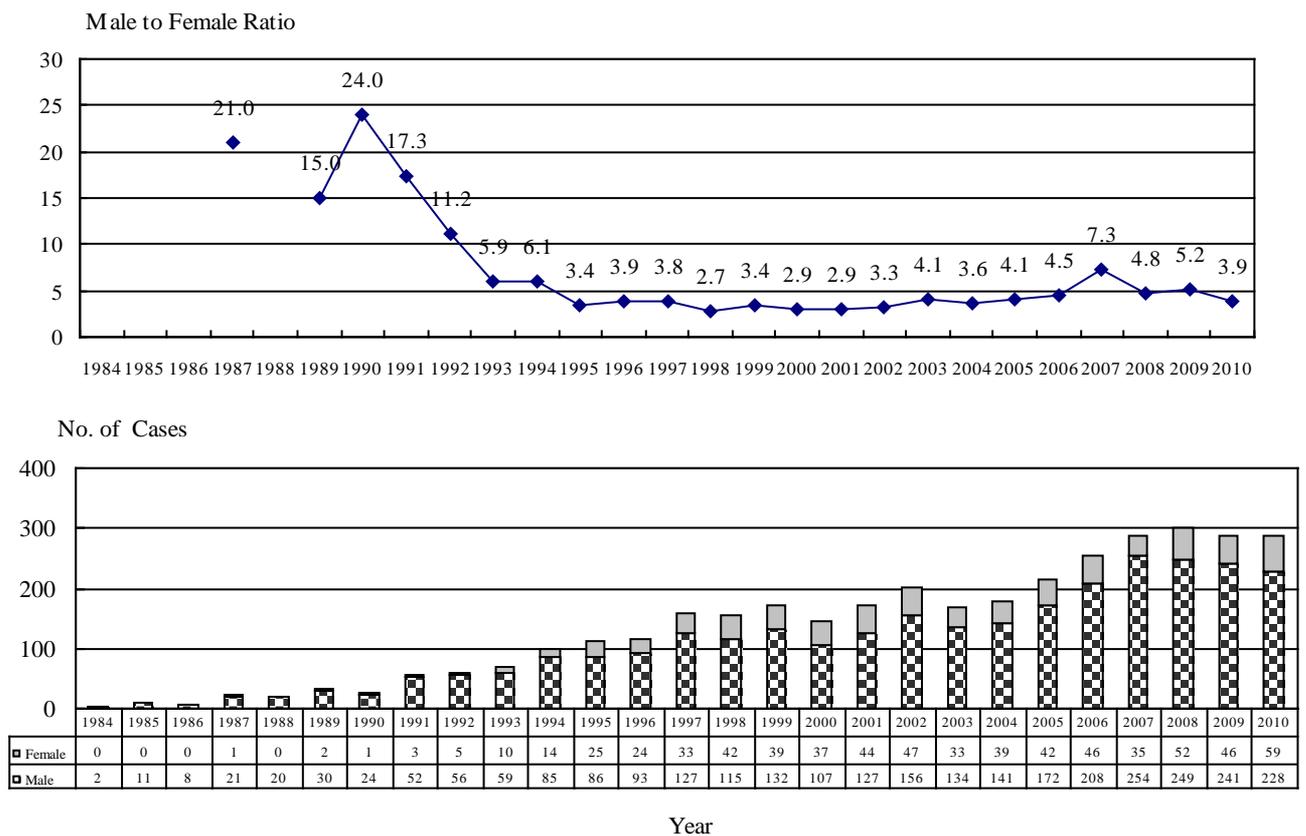


Figure 6: Reported HIV Infection through Sexual Transmission* by sex in Hong Kong 1984 - 2010 (N=3617)



* Sexual transmission refers to that relating Heterosexual, Homosexual and Bisexual contacts

2. Historical Development of Hong Kong's AIDS Programme

The development of Hong Kong's AIDS programme can be broadly divided into the following phases:

The Initial Response Phase (1984 -1986)

In November 1984, an *Expert Committee on AIDS* was set up within the then Medical and Health Department to discuss and review the medical aspects of AIDS and to work out a plan necessary for monitoring and managing the disease when required. Subsequently in 1985, a *Scientific Working Group on AIDS* (SWG) was formed to initiate and implement medical, surveillance and public health activities in Hong Kong. The key output during this period included: establishing an AIDS counselling clinic and a hotline, ensuring supply of safe heat-treated blood products, safeguarding blood supply through blood-screening by the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS), initiating an HIV/AIDS surveillance system, and providing the HIV antibody tests to people at risk of infection.

Enhanced Public Education Phase (1987 -1989)

Public education was systematically introduced in this phase, in line with the strategy of the World Health Organisation (WHO). A committee on Education & Publicity on AIDS (CEPAIDS) and a publicity working group were formed by the then Medical and Health Department to initiate, implement and co-ordinate publicity and educational programmes. These were put forth through the support of various government departments as well as community organisations. Media publicity was launched, with Announcements in the Public Interest (APIs) on television and radio, produced by the Information Services Department to arouse public awareness.

The AIDS Counselling and Health Education Service of the then Medical & Health Department was expanded to become an operational arm of the committee to organise activities targeting various community groups.

Consolidation Phase (1990 - 1993)

A central advisory body, the Hong Kong Advisory Council on AIDS (ACA), was established in March 1990 with membership appointed by the governor. The ACA was charged with recommending AIDS strategy and streamlining the operations of Hong Kong's AIDS prevention, care and control programmes. Community participation was encouraged and AIDS NGOs were formed during this period. The AIDS Concern and the AIDS Foundation were formed respectively in 1990 and 1991 both to provide community education as well as counselling and support service to people living with HIV/AIDS.

In early 1993, the AIDS Trust Fund was set up by the Government to provide ex-gratia payment to HIV-infected haemophiliacs and transfusion recipients, following the public outcry in response to the rejection of an HIV-infected haemophilia boy from school. The same fund also financed education and AIDS care projects in Hong Kong.

On the other hand, the HIV/AIDS surveillance system was strengthened through the conduction of epidemiological serosurveillance, e.g. unlinked anonymous screening (UAS). The original counselling service evolved to become the AIDS Unit of the Department of Health.

Wider Community Participation Phase (1994 -1997)

In 1994, the ACA published its first official strategy document titled *Strategies for AIDS Prevention, Care & Control in Hong Kong*, which formed the blueprint for policy formulation in the Government as well as community organisations.

There was wider community participation within this period and various new organisations were founded, including Action for REACH OUT, Society for AIDS Care, AIDS Memorial Quilt Project, HIV Information & Drop-In Centre of the St John's Cathedral, and the Teen AIDS. AIDS NGOs had contributed significantly under funding support from the AIDS Trust Fund. At the same time, more traditional organisations also incorporated AIDS in its conventional activities through new initiatives, for example, the Community Charter on AIDS by the Lions Club International District 303 Hong Kong and Macao.

During this period, education programmes on awareness and prevention were expanded with the participation of more NGOs and the re-organised CEPAIDS.

Expanded Response Phase (1998 - 2001)

A fundamental review, including an internal assessment and an external review, was conducted in 1998. The results and recommendations were submitted to the ACA in July 1998. Based on findings of the Review, the ACA formulated its medium term strategy through the publication of AIDS Strategies for Hong Kong 1999-2001 in the same year. To tie in with the strategies formulated, a total of ten targets, ranging from early targets, through-period targets, and end-of-period targets were set up for implementation in the years 1999-2001. The key foci of these strategies were:

(1) *Focus on Prevention*

Special emphasis was placed on the vulnerable groups with risk-taking behaviour. It involved the community's participation in prevention and care activities of HIV/AIDS and the promotion of acceptance to people living with HIV/AIDS.

(2) *Ensuring Quality Care*

Attentions were drawn to supporting quality treatment, meeting the needs of people with HIV/AIDS, and promoting HIV testing.

(3) *Strengthening Partnership*

The strategies featured the setting of a common programme direction, expanding responses through Community Planning, conducting evaluations to check the progress, and strengthening surveillance to monitor the HIV situation.

Building on Success Phase (2002 - 2006)

The HIV prevalence in Hong Kong was at a low level of not more than 0.1% in the general population. The conclusion was drawn after examining all available epidemiological data, with the caution that the potential for its spread was always present. Against the background of a relatively low HIV prevalence, Hong Kong's programme on its prevention, care and control, had incorporated various components. Within each component of the programme, gaps and challenges were identified for the formulation of the strategies 2002 to 2006.

Aiming at maintaining a low HIV prevalence, an expanded and sustainable response, and foundings on the seven guiding principles, four objectives were defined for Hong Kong's HIV programmes for 2002 to 2006:

- (1) To implement targeted interventions best suited in low HIV prevalence situation;
- (2) To support evidence-based programme development;
- (3) To integrate HIV prevention, education, treatment and care efforts in existing health and social service programmes; and
- (4) To interface effectively with the Mainland to maximise the impacts of the collective responses.

A mechanism was established to monitor the progress towards the goal and objectives proposed for the years from 2002 to 2006. A set of eleven targets was developed. A progress of the targets is in Appendix A.

Current AIDS Programme (Extracted from Chapter 3 of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011)

Programmes on HIV/AIDS

Over the years, Hong Kong has established a comprehensive range of programmes and activities by various sectors of the community to address HIV/AIDS. The term programme denotes this unique set of collaborative efforts. This section serves to provide an outline as well as the highlights of the latest development.

Hong Kong's HIV/AIDS Programme are executed by a variety of agencies. Within the Government, the Department of Health's SPP is the designated unit working on AIDS. With the formation of CHP under Department of Health in 2004, SPP was put under its Public Health Services Branch. The Government appointed *Advisory Council on AIDS* provides policy advice on all aspects of the infection. In 2004, the ACA released its report on the study of HIV-infected haemophiliacs "*The Forgotten tragedy, the Unforgettable trauma*", the recommendations of which were adopted by the Government. The new *Community Forum on AIDS* was set up by the Council in its sixth term of 2005-2008. A number of AIDS non-governmental organizations (NGO)s provide prevention and care services in community-based settings. Formed in February 1998, the *Hong Kong Coalition of AIDS Service Organizations* (HKCASO) aims to facilitate communication between its member agencies and to advocate on policy issues relating to HIV/AIDS in Hong Kong. The efforts of designated organizations/units are supplemented by other government services, public bodies, mainstream NGOs and the academia.

HIV/AIDS surveillance is a regular programme under the purview of the Department of Health. It is comprised of 4 inter-relating components: (1) voluntary reporting, (2) seroprevalence studies, (3) behavioural surveillance, and (4) sexually transmitted infection (STI) surveillance. Quarterly statistics and annual surveillance reports are published on a regular basis. Updated statistics are released and disseminated to stakeholders through the website (<http://www.aids.gov.hk>) and quarterly press meetings. The DH2293 report form on HIV/AIDS was revised in late 2005 to collect more useful information. Based on several years of gainful experience from the pilot molecular epidemiology project, HIV-1 subtyping has been recently incorporated as a surveillance tool in Hong Kong.

The Government's **HIV prevention and health promotion** activities are implemented by both designated AIDS services and other departments/units. *The Red Ribbon Centre* is the resource centre that houses the Department of Health's HIV Prevention and Health Promotion Team. The Centre organizes three major categories of activities – communication and information projects on awareness and acceptance, targeted prevention, and capacity building. Its designation as the Joint United Nations Programme on HIV/AIDS (UNAIDS) Collaborating Centre for Technical Support was granted in 1998 and recently extended to mid-2008. A new wing of the Centre was opened in June 2006 to enhance its role in capacity building and training. The Department's *Social Hygiene Service* and *Methadone Treatment Programme* are outlets for STI treatment and harm reduction respectively. Territory-wide social marketing campaigns on harm reduction and safer sex were carried out in 2002 and 2005 respectively. In 2004, a universal yearly urine HIV testing programme was rolled out in all methadone clinics, to improve care, surveillance and control of HIV among drug users. In mid-2006, in partnership with the community, a HIV awareness campaign targeting MSM was launched. The *Hong Kong Red Cross Blood Transfusion Service* is on the forefront in safeguarding blood supply in Hong Kong. Nucleic acid amplification test for HIV and HCV was introduced in July 2002 to further shorten the window period of missing acute infections in blood donors.

On the community level, the AIDS NGOs have continued to consolidate their expertise in HIV prevention and care. *AIDS Concern* is a pioneer in the development of prevention activities targeting MSM, travellers and sex workers. *The CHOICE, Action for Reach Out* and *Ziteng* worked on female sex workers and clients. *The Society for AIDS Care* provides centre-based and home care services to people living with HIV/AIDS. *The St John's Cathedral HIV Education Centre* works on prevention among youth, women, Asian migrant workers and church congregations. *TeenAIDS* focused on HIV awareness and young people. *The Hong Kong AIDS Foundation* targets a range of populations and is notable for its collaboration with Mainland. Over the past few years, there was an increasing number of main stream organizations commencing work in the field of HIV/AIDS. *The Society for the Aid and Rehabilitation of Drug Abusers* works on drug users in outreach and treatment settings, *The Society of Rehabilitation and Crime Prevention* targets sex workers and ex-offenders, *the Caritas – Hong Kong* and *the Boys' and Girls' Club Association of Hong Kong* focus on youth. *The Hong Kong Federation of Women's Centres* serves women.

HIV testing, diagnosis and care constitute another broad category of programme on AIDS. The Government's *Public Health Laboratory Centre* is the largest diagnostic laboratory on HIV in Hong Kong, supporting a variety of testing and patient monitoring services/programmes organized by the Department of Health, Hospital Authority, NGOs as well as private sectors (on confirmation testing). The advent of highly active antiretroviral therapy (HAART) has significantly changed HIV treatment and care around the world. At the end of year 2005, it was estimated that there were some 3200 PLHA in Hong Kong, with an estimated 1200 people on HAART. Longitudinal care of the vast majority of PLHA is

provided by the public sector – *Integrated Treatment Centre (ITC)* of the Department of Health and the Special Medical Service of the Hospital Authority's Queen Elizabeth Hospital. Princess Margaret Hospital is providing in-patient care on HIV/AIDS and collaborates with ITC through the Infectious Disease Programme on AIDS. Queen Mary Hospital is the largest centre for HIV-infected paediatric patients. The *Scientific Committee on AIDS and STI* under the CHP formulates technical guidance and recommendations on public health and clinical practice. It issued two local recommendations on antiretroviral therapy and HIV care delivery framework respectively in 2005.

Programme funding source comes mainly from the Government, both through regular established mechanisms and the ATF, to Government departments, public bodies and community organizations. The ATF introduced a technical review system and a 3-year programme funding mechanism in 2003. In 2005, the ATF established an additional ex-gratia payment scheme to provide financial assistance to HIV infected haemophiliac patients and their families.

In response to the rising MSM epidemic, the ATF in December 2006 launched a Special Project Fund for HIV prevention in MSM to support community projects for reducing risk behaviours and preventing HIV infections in MSM for the coming two financial years (2007 to 2009). The SPF funds prevention and research projects and, for the first time, predefined objectives and preferred project areas are listed for application. From 2002 to 2006, a total of 79 projects were funded by ATF, amounting to a total of HK\$107 million. These covered patient support and care, HIV prevention and research. Besides, the NGOs have been active in raising funds for their operation and services to support community-based projects over the years.

From 2007 to 2011, a total of 70 projects were funded by ATF, amounting to a total of HK\$84.54 million.

Relationship with the Mainland and the International Community

The relationship of ACA with the Mainland AIDS workers has become more intimate since 1997. There are various means of collaborating with Mainland China on the prevention and control of HIV/AIDS. These include:

- (1) participation in World Health Organisation (WHO) or other United Nation (UN) supported activities, including consultancies on the Mainland;
- (2) participation in conferences and meetings;
- (3) joint education/training activities; and
- (4) reciprocal visits of government officials and non-governmental organisations personnel.

Although direct participation of international agencies in Hong Kong's AIDS programme has yet to be seen, interaction with the international community are witnessed in the following areas:

- (1) epidemiological surveillance;
- (2) information sharing;

- (3) acquisition of technical advice; and
- (4) co-ordination with other countries.

Such networking is made through participation in meetings, visits, training, seminars and conferences.

The Red Ribbon Centre, which partners with the ACA in Hong Kong's AIDS programmes, has become a UNAIDS (Joint United Nations Programme on HIV/AIDS) Collaborating Centre for Technical Support. Since December 1998, the relationship between the ACA and the UNAIDS has thus been tied together and strengthened.

The UNAIDS Collaborating Centre has 4 roles to play: (1) clearinghouse; (2) networking; (3) technical development; and (4) collaboration.

3. Hong Kong Advisory Council on AIDS

Introduction

The Hong Kong Advisory Council on AIDS (ACA) was formed in 1990. With a tenure of office for three years, it has entered into the third year of its seventh term (1 August 2008 to 31 July 2011). The membership of the seventh term is shown in Appendix B.

With the primary objective of promoting community participation, the ACA comprises members drawn from all sectors of the community including community leaders and professionals. The terms of reference of the ACA in the current term are:

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

A two-tier system of interaction was continually adopted in the seventh term. The function of coordinating agencies working on HIV prevention and care and promoting acceptance of people living with HIV/AIDS were taken up by a committee named the Community Forum on AIDS (CFA).

A total of four ACA meetings were held during the reporting period as follows:

- | | | |
|----|--------------------------|-----------------|
| 1. | 72 nd meeting | 29 October 2010 |
| 2. | 73 rd meeting | 7 January 2011 |
| 3. | 74 th meeting | 8 April 2011 |
| 4. | 75 th meeting | 8 July 2011 |

The major issues and papers examined and reviewed by the ACA in the period covered by this report can be seen in Appendix C.

AIDS Policy

The ACA has managed to keep abreast of all the latest developments in the local public health infrastructive and the AIDS epidemic trend in Hong Kong. To cope with the changing circumstances, the ACA is constantly reviewing and adjusting its AIDS strategies. The ACA has published four policy documents so far. In July 1994, the ACA published its first policy document with the title "*Strategies for AIDS Prevention, Care and Control in Hong Kong*". It had since become the blueprint of Hong Kong's AIDS strategies. In 1998, a

comprehensive review on Hong Kong's AIDS situation and programmes was conducted. On the basis of the principles of the 1994 Strategies and the recommendations made through the Internal Assessment and in the External Consultancy Report, the *AIDS Strategies for Hong Kong 1999-2001* was adopted by ACA as its official recommendations from 1999 to 2001. A set of medium term strategies known as *Recommended HIV/AIDS Strategies for Hong Kong-2002 to 2006*, was subsequently published by ACA.

ACA at its 58th meeting endorsed the adoption of the new strategies entitled *Recommended HIV/AIDS Strategies for Hong Kong 2007-2011*. The document is intended to serve as a blueprint for guiding, improving and better coordinating the HIV programme in Hong Kong for the next few years. In this connection, Hong Kong's HIV programme refers to the collective efforts of all agencies on HIV prevention, care and control.

In preparing the strategies, ACA has taken reference from previous strategy documents, an estimation and projection of HIV/AIDS situation in Hong Kong, a community assessment and evaluation exercise and extensive consultations with Government bureaux and departments, AIDS NGOs, stakeholders and members of the public.

Under the framework for strategies for 2007-2011, there are four strategy objectives:

- (1) Maintaining low HIV prevalence;
- (2) Reducing HIV spread;
- (3) Achieving early HIV diagnosis, treatment and care; and
- (4) Optimising health of HIV/AIDS patients.

and there are eight guiding principles:

- (1) Adopting evidence-based approach;
- (2) Encouraging community partnership and support;
- (3) Building supportive and enabling environment;
- (4) Prioritizing funding;
- (5) Integrating monitoring and evaluation;
- (6) Cultivating expertise;
- (7) Addressing vulnerability and risk behaviours with intensive coverage; and
- (8) Enhancing communication and education.

The eight targets of the strategies are set out below:

One	Increase condom use of MSM, sex workers and clients to $\geq 80\%$
Two	Incorporate rapid HIV testing for late presenting mothers to close gap of MTCT
Three	Develop one or more resource allocation plan to guide programme funding
Four	Review ATF funding mechanism to improve effective funding of community-based response
Five	Regularize community surveillance of risk populations at 1-2 year intervals
Six	Improve HIV testing coverage among risk populations
Seven	Sustain quality HIV care of international standards to people living with HIV/AIDS
Eight	Enhance collaboration with Mainland China through regular or ad-hoc programmes/projects

Building Community Relationship

The Chairperson and the members of the ACA, in addition to their regular contact with the community, initiated visits and meetings with government and non-governmental organizations, as well as people living with HIV/AIDS (PLA) to develop a closer link with the community with a view to sharing experience and exchanging views on matters of common concern and improving liaison and understanding with PLA and non-AIDS organizations.

As part of the HIV prevention activities to mark the 2010 World AIDS Day (WAD), the Department launched a series of publicity activities so as to raise HIV awareness, risk perception and promote safer sex practice in the general public. Publicity events include broadcasting of radio programmes; staging of a roving photo exhibition in various districts to review the work done in tackling AIDS over the past 25 years; launching of a photo and song composition competition; producing short films; advertising along the railway to promote safer sex and HIV tests; and cohosting of a multi-city conference on prevention of HIV infections among MSM in Hong Kong. These activities helped to set the scene, create a supportive environment, facilitate targeted activities and improve prevention of infection in other communities.

ACA Newsfile and Other Periodical Publications

The ACA Newsfile is a monthly publication of the ACA. It keeps ACA members posted of the epidemiological trend of HIV/AIDS and the development of the local programmes with features of HIV/AIDS related news and activities. First published in January 1994, 211 issues were published until July 2011.

Other publications distributed together with the ACA Newsfile include:

- (1) Hong Kong STD/AIDS Update - a quarterly surveillance report published by the Surveillance Office of Special Preventive Programme (SPP) and the Social Hygiene Service of the Department of Health that covers epidemiological information on STD and HIV/AIDS in Hong Kong;
- (2) Red Ribbon Bulletin - a half-yearly publication of the Integrated Treatment Centre of SPP for people living with HIV/AIDS;
- (3) a half-yearly Newsletter - AIDS Newsletter prepared by the Red Ribbon Centre for youth, students and the community groups interested in any aspect of HIV prevention and care;
- (4) The Node - a four-monthly publication of the UNAIDS Collaborating Centre for Technical Support which covers activities of the Centre, news and information of regional interest; and
- (5) Networking Voice, a half-yearly publication targeting youth workers, students and youth; issued by the Red Ribbon Centre

ACA Website

The Virtual AIDS Office of Hong Kong is the joint Internet HomePage of the ACA and the AIDS Unit. It covers Hong Kong's AIDS programme in four dimensions - prevention, clinical service, surveillance, and policy development. It allows updating of information on ACA as well as HIV/AIDS development in a more integrated approach. The set-up of the ACA in its seventh term including composition, membership and terms of reference has been updated. In addition, all major publications under the ACA have been stored electronically under the ACA Document Cabinet for easy reference. Readers can now visit the "Virtual AIDS Office" more conveniently by clicking (<http://www.info.gov.hk/aids>) or the ACA's own Homepage (<http://www.aca.gov.hk>).

4. Community Forum on AIDS

Introduction

The Community Forum on AIDS (CFA) was formed in the sixth term of the ACA in October, 2005. It has replaced two previous committees namely: the AIDS Prevention and Care Committee (APCC), which was established under the ACA in 1999 for enhancing the quality of HIV prevention and care activities in Hong Kong and the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA), which was formed in 1999 for coordinating and recommending strategies for promoting acceptance of people living with HIV/AIDS.

The main objectives of the CFA is to provide a platform whereby the views and expertise of organizations and individuals involved in HIV/AIDS advocacy, education and services can be directly shared and collected, to support strategy formulation at the ACA level.

The CFA has the following terms of reference:

- (1) enhance communication between the Council and frontline HIV/AIDS service delivery organizations and workers;
- (2) examine needs and identify gaps in the community;
- (3) recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (4) provide a platform for collaboration in combating HIV/AIDS epidemic;
- (5) enhance the quality of HIV/AIDS service through development of best practices and indicators; and
- (6) advocate and facilitate capacity building with other relevant parties.

Membership

The membership of the CFA is shown in Appendix D.

The CFA comprises members drawn from 5 different areas including agencies specialising in HIV prevention and care; mainstream NGOs whose profile of activities that could incorporate HIV/AIDS; representatives of vulnerable communities to HIV/AIDS; individuals with expertise in related fields, and ACA members.

The CFA met four times during the reporting period as follows:

- | | | |
|----|--------------------------|-------------------|
| 1. | 19 th meeting | 30 September 2010 |
| 2. | 20 th meeting | 16 December 2010 |
| 3. | 21 st meeting | 15 March 2011 |
| 4. | 22 nd meeting | 21 June 2011 |

The major issues and papers examined and reviewed by the CFA in the period covered by this report can be seen in Appendix E.

5. A Chronicle of the Third Year Events

Date	Event
18-23.7.2010	ACA Chairman attended the XVIII International AIDS Conference at Vienna, Austria
29.9.2010	ACA Chairman attended the XVIII International AIDS Conference – Report Back Seminar
30.9.2010	The 19 th CFA Meeting
29.10.2010	The 72 nd ACA Meeting
22.11.2010	ACA Chairman attended the Centenary Distinguished Lecture by Professor Francoise Barre-Sinoussi
1.12.2010	ACA Chairman attend the “25 Years of Response to AIDS – Together We Embrace Love” Kick-off Ceremony of Red Ribbon Centre
1.12.2010	ACA Chairman attend the 20th Anniversary Celebration & Yau Ma Tei Health Service Centre Opening Ceremony of AIDS Concern
2.12.2010	ACA Chairman attend the 53rd Annual General Meeting and Gratitude Dinner 2010 of the Society of Rehabilitation and Crime Prevention, Hong Kong
16.12.2010	The 20 th CFA Meeting
7.1.2011	The 73 rd ACA Meeting
26.1.2011	ACA Chairman attended the Community Stakeholders’ Consultation Meeting
15.3.2011	The 21 st CFA Meeting
8.4.2011	The 74 th ACA Meeting
21.6.2011	The 22 nd CFA Meeting
8.7.2011	The 75 th ACA Meeting

6. A Gallery

XVIII International AIDS Conference – Report Back Seminar
held on 29 September 2010

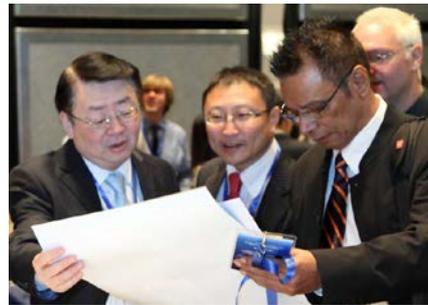
**XVIII International AIDS Conference -
*Report Back Seminar***

29 September 2010

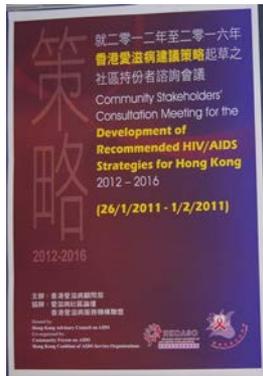
Hosted by: Hong Kong Advisory Council on AIDS (ACA)
Co-organized by: The Hong Kong Coalition of AIDS Service Organizations (HKCASO)
Red Ribbon Centre (RRC), Centre for Health Protection, Department of Health



Action Planning Meeting of MSM & TG Populations Multi-City HIV Initiative held on 7 to 9 December 2010



Community Stakeholders' Consultation Meeting for the Development of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016 from 26 January to 1 February 2011

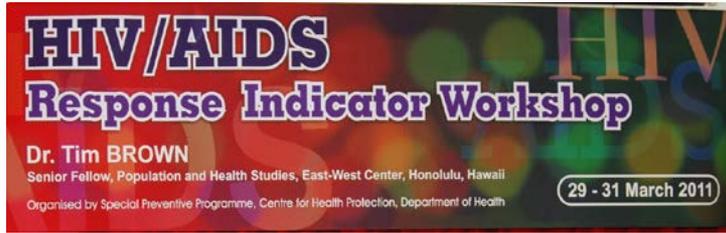


就二零一二年至二零一六年
香港愛滋病建議策略起草之
社區持份者諮詢會議
Community Stakeholders'
Consultation Meeting for the
Development of
Recommended HIV/AIDS
Strategies for Hong Kong
2012 - 2016
(26/1/2011 - 1/2/2011)

時序 Schedule

項目 Subject	日期 Date
香港愛滋病顧問局通過香港愛滋病建議策略 (二零一二至二零一六年) 起草視察 ACA endorsed a proposed scheme for drawing up the Recommended HIV/AIDS Strategies (2012 - 2016) For Hong Kong	2010年第三季 3 rd Quarter of 2010
愛滋病社區論壇及香港愛滋病服務機構聯盟 共同成立社區持份者諮詢會議工作組 Set up of the Joint CFA and HRCASO Working Group on Community Stakeholders Consultation Meeting	2010年第四季 4 th Quarter of 2010
香港愛滋病建議策略(二零一二至二零一六年) 起草之 社區持份者諮詢 Community Stakeholders Consultation for the Formulation of Recommended HIV/AIDS Strategies For Hong Kong	2011年1月至3月8日 Jan - 8 March 2011
社區持份者諮詢會議報告初稿供與會者評論 Comment on Draft Synthesis Report by Meeting Participants	2011年3月初 Early March 2011
香港愛滋病顧問局討論社區持份者諮詢結果 Discussion of results on Community Stakeholders Consultation by ACA	2011年3月底 Late March 2011

HIV/AIDS Response Indicator Workshop – Dr Tim BROWN
held on 29-31 March 2011



Last ACA meeting of the 7th term held on 8 July 2011



Last CFA Meeting in this term held on 21 July 2011



Appendix A : Progress of the Targets of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011

<p>Target One</p> <p>Increase condom use of MSM, sex workers and clients to $\geq 80\%$</p>	<ul style="list-style-type: none"> Community-based surveys among MSM, sex workers and their clients indicated that the level of consistent condom use remained stable; 75% of MSM always used condom for anal sex among non-regular sex partners (54%-60% for internet-recruited MSM); 95% of female sex workers used condom more than half encounters in preceding week during vaginal sex with customers; 67% and 71% of male sex workers used condom every time in vaginal sex and anal sex respectively with their clients; and 73%-81% of male clients of female sex workers always used condom.
<p>Target Two</p> <p>Incorporate rapid HIV testing for late presenting mothers to close gap of MTCT</p>	<ul style="list-style-type: none"> The universal antenatal HIV testing programme was implemented on 1 September 2001. In 2006, one of the main recommendations from the evaluation of the antenatal HIV screening programme (2001-2004) identified that rapid HIV testing should be considered for late presenting women whose HIV status was unknown at the time of attending labour wards. To fill this gap, SCAS recommended the introduction of rapid HIV testing in 2007. After a pilot scheme in 2007, rapid HIV testing has been offered to late presenting pregnant women in all public hospitals since 2008. As a result, the proportion of women who had HIV status known before delivery went up from 90.96% in 2006 to a record 99.96% in 2010.
<p>Target Three</p> <p>Develop one or more resource allocation plans to guide programme funding</p>	<ul style="list-style-type: none"> Based on the success of ATF's Special Project Fund and the resource allocation model of San Francisco, ATF was recommended to move towards an epidemiology based under-driven approach for resource allocation. As a result, a resource allocation plan had been suggested by SPP based on the reported statistics in 2007 and the resource allocation of ATF to various populations and areas between financial year 2005-06 and 2007-08. Funding of programmes supported by ATF has been in line with the resource allocation plan.

<p>Target Four</p> <p>Review ATF funding mechanism to improve effective funding of community-based response</p>	<ul style="list-style-type: none"> • At the 61st ACA meeting, ATF presented a paper on how to improve its funding mechanism for a more effective community-based response having taken into account of the changing HIV situation and ACA’s latest recommended strategies. High risk groups identified for high priorities included MSM, IDU, sex workers and their clients, cross-border travellers and persons living with HIV. Subsequently, ATF revised its funding guidelines to tie in with the priority areas as identified by ACA and specify important considerations of applications in May 2008 and again in 2009.
<p>Target Five</p> <p>Regularize community surveillance of risk populations at 1-2 year intervals</p>	<ul style="list-style-type: none"> • In 2006/07, a community-based HIV prevalence and risk behavioural survey for MSM frequenting gay saunas, bars and discos (PRiSM). The HIV prevalence was 4.1% from a sample of 859 MSM. In 2008/09, this survey was repeated with a sample of 831 MSM which showed a seroprevalence of 4.3%. • In 2006, a community-based risk behavioural and seroprevalence survey on female sex workers from different sex establishments including nightclubs, street, bars and “one woman brothels” (CRiSP). From 996 eligible samples, the HIV prevalence was 0.2%. The survey was repeated in 2009 with a sample of 986 female sex workers which showed an adjusted seroprevalence of less than 0.1%. • Seroprevalence and risk behaviours of community-based heroin drug users can be inferred from the universal HIV antibody urine testing programme in methadone clinics (since 2004) and annual Street Addict Survey (since 1991) respectively. • The above mentioned surveys, which were funded by DH and carried out in collaboration with NGOs and/or academic institutions, would be continued. • A series of behavioural risk surveys targeting male clients of female sex workers in Hong Kong have been conducted every one to two years and funded by ATF since 1999.

<p>Target Six</p> <p>Improve HIV testing coverage among risk populations</p>	<ul style="list-style-type: none"> • The proportion of MSM who had been tested for HIV in the past one year has increased from 24% in 2006/07 to 35% in 2007/08. The proportion of FSW who had been tested for HIV in the past one year has increased from 45% in 2006 to 49% in 2009. • The increase can be attributed partly to an escalation of funding from ATF for HIV testing services in the community settings. As a consequence, a greater proportion of new HIV diagnosis was now made by NGOs. The wide adoption of rapid HIV testing, including the government AIDS Counselling and Testing Service, which has better acceptability over conventional testing, also contributed towards a higher coverage. • With more organizations providing HIV testing and counselling in the community settings, CFA published quality assurance guidelines in 2009 to guard against the standard of service provision. • As for IDU, the coverage of annual universal HIV antibody urine testing programme in methadone clinics has reached 77% - 90%.
<p>Target Seven</p> <p>Sustain quality HIV care of international standards to people living with HIV/AIDS</p>	<ul style="list-style-type: none"> • Over the last few years, about 70% of reported HIV cases had received care at public HIV specialist services in the DH and HA. There was substantial increase in the drug expenditure due to rise in patient load and increasingly more of them receiving HAART as a standard lifelong treatment. As a result, extra funding has been allocated to both DH and HA to procure antiretroviral drugs. • The establishment of an HIV clinic in 2009 at Princess Margaret Hospital has strengthened the clinical capacity. • The local standard of HIV care is benchmarked by peer-reviewed guidelines and clinical effectiveness. All clinics have participated in the promulgation of relevant guidelines and importantly have achieved a high level of effectiveness in HIV disease management, such as low default rate, drug adherence, timely acquisition of new drugs, integrated management of co-infection, and programmes for preventing onward HIV transmission. • Scientific Committee on AIDS and STI continues to be a strong factor in the local standard of care. Since 2007, guidelines and recommendations have been published and updated for areas of prevention and care, including the prevention of perinatal HIV transmission, management of tuberculosis and hepatitis B co-infection, use of BCG vaccine in HIV infected patients and principles of antiretroviral therapies in HIV disease.

<p>Target Eight</p> <p>Enhance collaboration with Mainland China through regular or ad-hoc programmes / projects</p>	<ul style="list-style-type: none"> • There has been enhanced collaboration with Mainland China on three major areas, namely (1) surveillance; (2) health promotion and publicity; and (3) capacity building. • Apart from regular meetings and the Pearl River Delta electronic platform which has been used for sharing HIV surveillance data among 12 participating cities in the region since 2005, a collaborative research project on HIV-1 molecular epidemiology between Shenzhen, Guangzhou, Macau and Hong Kong was completed in 2007. • Since 2007, Hong Kong, Shenzhen and Macau from both the government and NGOs have been supporting each other in the publicity activities around World AIDS Day, HIV prevention campaigns for MSM, and sharing of mutual experience in related programmes. • Apart from the ongoing Lions Red Ribbon Fellowship Scheme which has been organized since 1999, a new one-week attachment programme was started in 2007 under the sponsorship of Lions Club for frontline workers in Shenzhen and Guangzhou on HIV prevention among MSM. This provides an opportunity for colleagues from across the border to learn about the outreach and centre-based HIV prevention activities in Hong Kong. • There were numerous exchanges between the Mainland and Hong Kong through regional meetings, forums and consultancy projects. For example, Mainland colleagues were invited as participants and/or observers in two large-scale meetings held in Hong Kong, namely the technical consultation on the health sector response in HIV and MSM in 2009 and the Regional Action Planning Meeting of Multi-city HIV Initiative among MSM and Transgender Populations in 2010. • Regarding training of HIV physicians and clinical staff, DH regularly received clinicians and nurses for clinical attachment programmes from various parts of Mainland China, including Beijing, Gansu, Guangxi, Guangdong, Sichuan and Hunan.
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Appendix B : ACA Membership List

Hong Kong Advisory Council on AIDS (ACA) (Seventh-Term: August 2008 - July 2011)

Chairman:

Prof CHEN Char-nie, JP

Vice-Chairman:

Department of Health:

Dr LAM Ping-yan, JP

Members:

Prof CHAN Lai-wan, Cecilia, JP

Dr CHEN Zhi-wei

Dr CHU Chung-man, Ferrick

Ms CHU Kam-ying, Elsie

Mr Chung TO

Prof FOK Tai-fai, SBS, JP

Ms HUI Mei-sheung, Tennessy

Mr KO Chun-wa, MH

Dr LAI Sik-to, Thomas

Ms LAU Man-man, Lisa, MH, JP

Dr LEE Man-po

Mr PANG Shing-fook

Mr TONG Tai-wai, Raphael, MH

Mr WONG Doon-yee, Charles

Miss YAU Ho-chun, Nora, MH, JP

Dr YU Chung-toi, Samuel

Education Bureau:

Dr CHEUNG Kwok-wah

Food and Health Bureau:

Mrs MAK LOK Suet-ling, Susan

Hospital Authority:

Dr LIU Shao-haei

Social Welfare Department:

Mrs Cecilia YUEN

Secretary:

Department of Health:

Dr WONG Ka-hing

Council Secretariat:

Department of Health:

Mr NG Chun-kit, Kenneth

Ms LAM Shui-ki

Ms TANG Yuk-lan (up to May 2011)

Ms CHU Moon-sheung (from May 2011)

Appendix C : Topics / Issues Discussed at ACA Meetings

Date of Meeting	Topics / Issues Discussed at ACA Meetings
72 nd Meeting 29 October 2010 (Friday)	<ol style="list-style-type: none"> 1. Technical Consultation on Community Assessment and Evaluation for the ACA Recommended HIV/AIDS Strategies 2012 -2016 (ACA Paper No. 24/2008-2011) 2. Asia Internet MSM Sex Survey 2010 (ACA Paper No. 25/2008-2011) 3. Report on the 18th International AIDS Conference, Vienna, July 2010 (ACA Paper No. 26/2008-2011) 4. Report of the Community Forum on AIDS
73 rd Meeting 7 January 2011 (Friday)	<ol style="list-style-type: none"> 1. Recommended Principles of Antiretroviral Therapy in HIV Disease, SCAS (ACA Paper No. 27/2008-2011) 2. National Consultation on Scientific Strategy Response to HIV/AIDS in China 2011-2015 (ACA Paper No. 28/2008-2011) 3. Overseas Development in HIV/AIDS Strategies (ACA Paper No. 29/2008-2011) 4. Report of the Community Forum on AIDS
74 th Meeting 8 April 2011 (Friday)	<ol style="list-style-type: none"> 1. Report on the Community Stakeholders Consultation Meeting for the formulation of Hong Kong Recommended HIV/AIDS Strategies (2012-2016) (ACA Paper No. 30/2008-2011) 2. Opinion Survey on AIDS Programme in Hong Kong 2010 (ACA Paper No. 31/2008-2011) 3. Progress Review of the Eight Targets of the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 (ACA Paper No. 32/2008-2011) 4. Report of the Community Forum on AIDS
75 th Meeting 8 July 2011 (Friday)	<ol style="list-style-type: none"> 1. An update on the epidemiology, estimation and projection of HIV/AIDS in Hong Kong 2. Draft Recommended HIV/AIDS Strategies for Hong Kong 2012 to 2016 3. Developing an indicator set for monitoring and evaluation of local AIDS programme (ACA Paper No. 33/2008-2011) 4. Report of the Community Forum on AIDS

Appendix D : CFA Membership List

Community Forum on AIDS (CFA)

Convener:

Dr FAN Yun-sun, Susan

Members:

Mr CHAN Wai-leung, Charlie

Mr CHAU Ting-leung, Marco

Ms CHOI Siu-fong, Esther

Dr CHU Chung-man, Ferrick

Ms CHU Kam-ying, Elsie

Mr CHU Muk-wah, Daniel

Rev CHU Yiu-ming (up to September 2010)

Ms Elijah FUNG

Dr HO Chi-on, Billy

Ms HO Pik-yuk, Shara

Ms HUI Mei-sheung, Tennessy

Mr KAM Hing-fat, William (from December 2010 to March 2011)

Mr KAN Wang-hoi

Mr KO Chun-wa, MH

Ms LAU Siu-kwan, Maple (from March 2011)

Prof LAU Tak-fai, Joseph

Dr LEE Chi-kei, Krystal

Mr LEE King-fai

Ms LIU Pui-shan, Sisi (from November 2009)

Prof MAK Ping-see, Diana

Mr PUI Wing-tai, Beethoven

Ms SIU Hoi-ying, Winnie (from November 2009)

Mr TAM Wai-to

Mr TONG Tai-wai, Raphael, MH

Dr WAN Wai-yee

Mr WON Mau-cheong

Mr WONG Tak-hing, Brian (up to December 2010)

Miss WONG Wai-kwan, Loretta

Miss YAU Ho-chun, Nora, MH, JP

Ms YAU Yuk-lan

Ms YIM Kit-sum, Kendy

Mr YIU Wai-ming, Leo

Ms YU Po-chu, Pansy

Ms YUEN How-sin

Secretaries:

Department of Health:

Dr WONG Wai-ming, Francis

Mr NG Chun-kit, Kenneth

Appendix E : Topics / Issues Discussed at CFA Meetings

Date of Meeting	Topics / Issues Discussed at CFA Meetings
19 th Meeting 30 September 2010 (Thursday)	<ol style="list-style-type: none"> 1. Report Back Seminar of the 18th International AIDS Conference to be held on 29 September 2010 2. MSM Multi-City Action Meeting to be held from 7 – 9 December 2010 3. Planned World AIDS Day Campaign 2010 activities by DH and NGOs 4. “Quality Assurance Guidelines on Peer Education in Community Settings” (Chinese version) 5. Consultation Meetings on Development of the next Recommended HIV/AIDS Strategies for Hong Kong jointly by CFA and HKCASO in January 2011 (CFA Paper 15/2008-2011)
20 th Meeting 16 December 2010 (Thursday)	<ol style="list-style-type: none"> 1. Report back of the Regional Youth MSM & Transgender Consultation Meeting - Bangkok, Thailand, 1-3 September 2010 2. Report back of the 10th Taipei International Conference on HIV/AIDS - Taipei, Taiwan, 24 - 25 September 2010 3. Report back of the First Developed Asia Regional Consultation on HIV in MSM & TG - Singapore, 2-3 December 2010 4. Report back of the Action Planning Meeting of Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative 5. Update of preparation for the Community Stakeholders’ Consultation Meeting for the Development of Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016
21 st Meeting 15 March 2011 (Tuesday)	<ol style="list-style-type: none"> 1. Matters Arising <ol style="list-style-type: none"> i) Using Antiretrovirals for Post Exposure Prophylaxis against HIV in the Non-occupational Setting ii) Harm Reduction Approach in HIV Prevention in the Context of Use of Illicit Drugs 2. Asia Internet MSM Sex Survey (AIMSS) 2010 – Hong Kong Analysis 3. Report Back of the Community Stakeholders’ Consultation Meeting for the Development of Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016
22 nd Meeting 21 June 2011 (Tuesday)	<ol style="list-style-type: none"> 1. Social media and HIV prevention in MSM (presentation by CHAU Chun Yam of BGCA/ Charlie CHAN of Caritas after attending a conference on social media in London and visits to MSM-related NGOs in London) 2. Feedbacks on the Report for CSCM by ACA and other stakeholders 3. Update on the progress of PRiSM 2011 4. Any Other Business <ol style="list-style-type: none"> i) Update on the Development of Universal indicators ii) Opinion survey on CFA members

ACA Secretariat

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