

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1365/17-18

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seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Thursday, 4 January 2018, at 4:30 pm  
in Conference Room 3 of the Legislative Council Complex**

**Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)  
Dr Hon Pierre CHAN (Deputy Chairman)  
Hon WONG Ting-kwong, GBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, JP  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun

**Members absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon Starry LEE Wai-king, SBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Paul TSE Wai-chun, JP  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon CHU Hoi-dick  
Dr Hon Junius HO Kwan-yiu, JP  
Hon KWONG Chun-yu

- Public Officers :** Dr CHUI Tak-yi, JP  
**attending** Under Secretary for Food and Health
- Mr Ronald HO Tze-tao  
Acting Principal Assistant Secretary for Food  
and Health (Health) 1  
Food and Health Bureau
- Dr WONG Ka-hing, JP  
Controller, Centre for Health Protection  
Department of Health
- Dr Kenny CHAN Chi-wai  
Consultant (Special Preventive Programme)  
Department of Health
- Dr Liza TO May-kei  
Principal Medical and Health Officer  
(Programme Management)  
Department of Health
- Dr SHU Bo-yee  
Senior Medical and Health Officer (Special  
Preventive Programme) 3  
Department of Health
- Dr Winnie LAU Tin-wai  
Senior Medical and Health Officer (Programme  
Management) 1  
Department of Health
- Clerk in :** Ms Maisie LAM  
**attendance** Chief Council Secretary (2) 5
- Staff in :** Miss Kay CHU  
**attendance** Senior Council Secretary (2) 5
- Ms Priscilla LAU  
Council Secretary (2) 5
- Miss Maggie CHIU  
Legislative Assistant (2) 5
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**I. HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) [LC Paper Nos. CB(2)584/17-18(01) to (03)]**

Under Secretary for Food and Health ("USFH") and Controller, Centre for Health Protection, Department of Health ("Controller, CHP") briefed members on the Human Immunodeficiency Virus ("HIV")/Acquired Immunodeficiency Syndrome ("AIDS") situation and the local response in relation to the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" ("the 2017-2021 Strategies"), details of which were set out in the Administration's paper (LC Paper No. CB(2)584/17-18(01)).

2. Members noted the background brief entitled "Prevention and control of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)584/17-18(02)).

3. Members also noted a submission from AIDS Concern on the subject under discussion (LC Paper No. CB(2)584/17-18(03)).

Local HIV epidemic and response measures

*Annual HIV/AIDS statistics*

4. Dr CHIANG Lai-wan expressed concern about the surge in the annual number of newly reported HIV infections from seven cases in 1984 to almost 700 in 2016, albeit that the Administration had made continuous efforts to control the epidemic. Mr YIU Si-wing asked about the route of HIV transmission of the reported cases. Controller, CHP advised that a great majority of the newly reported cases acquired the infection through sexual contacts, and a small proportion of cases acquired the infection through needle sharing. The route of HIV transmission for certain reported cases could not be identified due to various reasons, such as death and departure of the patients concerned soon after diagnosis. Referring to the chart showing the annual HIV/AIDS statistics set out in Annex I to the Administration's paper, Mr SHIU Ka-chun and Dr Pierre CHAN remarked that the figures were not presented clear enough. Dr Pierre CHAN suggested that the annual and cumulative numbers of newly reported HIV/AIDS infections should be presented in two charts. Controller, CHP took note of the suggestion.

5. Noting that about 10% of active HIV patients in Hong Kong were currently not on anti-retroviral treatment, which was not only highly effective for medical treatment of patients but also capable of preventing further transmission from them, Mr YIU Si-wing asked if there was any

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statistics indicating that the newly reported HIV cases mainly acquired the infection from these active HIV patients. Controller, CHP advised that the Administration did not have the figure. He added that as recommended by the World Health Organization ("WHO"), all persons infected with HIV, regardless of clinical stage, should receive treatment following diagnosis. In general, good adherence to HIV treatment for about three to six months could effectively lower the level of HIV in the body.

6. Mr CHAN Chi-chuen remarked that, as reflected by some non-governmental organizations ("NGOs"), some of the Administration's efforts in relation to the prevention and control of HIV/AIDS was ineffective to control the HIV epidemic. For instance, merely distributing free condoms to key populations might not result in increasing use of condoms.

7. Controller, CHP advised that the Administration had taken into account recommendations of international health agencies in implementing various response measures in collaboration with the private healthcare sector and relevant NGOs to control the HIV epidemic. He admitted that while condom usage was proved to be effective in HIV prevention, results of DH's surveys showed that the local condom use rate, in particular that of men-who-have-sex-with-men ("MSM") who had regular sex partners, was not satisfactory.

*Men-who-have-sex-with-men community*

8. Mr CHAN Chi-chuen opined that the relatively high HIV prevalence in the MSM population, which stood at 5.86% according to DH's 2014 community-based HIV and AIDS Response Indicator Survey ("HARiS"), was largely attributable to the increasing use of recreational drugs before and during sex which led to unsafe sex. Dr CHIANG Lai-wan asked if there was any supporting statistics on the situation referred to by Mr CHAN Chi-chuen.

9. Controller, CHP advised that from globally, epidemics of HIV in MSM continue to account for the largest proportion of HIV infected cases. Locally, data collected from HIV infected patients receiving treatment at the three designated clinics under the Department of Health ("DH") and the Hospital Authority ("HA") revealed that about 40% of HIV infections involving MSM were related to unsafe sex after taking recreational drugs, in particular methamphetamine. Their use of recreational drugs had also led to poor treatment adherence. To address the problem, the Administration would step up efforts to promote anti-drug messages and drug rehabilitation services through collaboration with NGOs.

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10. Mr SHIU Ka-fai sought information about whether there was an increase in the proportion of male homosexual population to the general population in Hong Kong in the past three decades, leading to a proportional increase in HIV infections among the MSM community in the same period. Controller, CHP advised that according to a study conducted by a local university, the estimated proportion of MSM to male adult population was about 2%. To his understanding, the proportion had remained steady over the years. Mr SHIU Ka-fai remarked that if this was the case, there was a need for the Administration to step up HIV and sex education in the school setting.

11. Mr SHIU Ka-fai sought further clarification about the reason why while the findings of DH's community-based surveys indicated that HIV prevalence of the MSM community (i.e. 5.86% in the 2014 HARiS) was 58 times higher than that of the general population (i.e. 0.1% in HIV surveillance report 2015), the cases of HIV infection involving MSM and heterosexual contacts respectively accounted for 65% and 16% of the cases reported under the HIV Reporting System of DH.

12. Controller, CHP explained that under the HIV Reporting System, DH would receive case-based voluntary HIV/AIDS reports from doctors and laboratories. As regards the yearly community-based surveys, it was carried out by DH in collaboration with NGOs by collecting the urine specimens of the key populations for testing with a view to monitoring their risk behaviours and HIV prevalence.

*Male-to-female transgender community*

13. While expressing appreciation for the Administration's effort to control HIV epidemic, Dr KWOK Ka-ki was concerned about the high HIV prevalence in the male-to-female transgender population (i.e. 18.6%) as revealed in the 2014 HARiS. Mr SHIU Ka-fai raised a similar concern. Controller, CHP advised that while the sample size was small with only 43 urine specimens of male-to-female transgenders collected under the 2014 HARiS, the result was in line with the observation in other places outside Hong Kong that male-to-female transgenders had a higher HIV prevalence. Since this population was hard to reach, DH would continue to collaborate with NGOs to promote consistent use of condoms, regular HIV testing and early treatment after diagnosis through education to reduce the chance of HIV infection.

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*Female sex workers*

14. Noting that unsafe sexual intercourse was a major mode of HIV transmission, Dr KWOK Ka-ki cast doubt on the accuracy of the finding of the 2013 HARiS which revealed that HIV prevalence among female sex workers was 0%. Controller, CHP advised that the finding was consistent with the relevant statistics collected under the HIV Reporting System and at the Social Hygiene Clinics of DH.

*Mother-to-child transmission*

15. In response to Dr CHIANG Lai-wan's enquiry about the number of HIV infections through perinatal transmission and the treatment available, Controller, CHP advised that on average, there was about zero to two newly reported HIV infections involving mother-to-child transmission each year. At present, antenatal testing was available for pregnant women and clinical management would be provided for those women who were diagnosed HIV positive in the antenatal period to control maternal HIV disease with a view to reducing mother-to-child transmission of HIV. Infants found to be infected with HIV would need to receive HIV treatment throughout their whole life.

*Elderly HIV infected patients*

16. Dr Fernando CHEUNG remarked that according to a survey conducted by the Hong Kong AIDS Foundation in October 2015, 66% of the private residential care homes for the elderly ("RCHEs") which responded to the survey would not offer places to those applicants with HIV/AIDS due to various reasons (e.g. lack of manpower, facilities and experience to provide appropriate care for these elders). Expressing concern that the 2017-2021 Strategies was silent on the long-term care needs of elders with HIV/AIDS, the number of whom had been increasing in view of an ageing population, he urged the Administration to look into the issue squarely.

17. USFH explained that the 2017-2021 Strategies was mainly public health oriented. He would relay Dr Fernando CHEUNG's concern to the relevant government bureaux or departments for consideration. Controller, CHP advised that for those HIV infected patients receiving clinical services at the three designated clinics under DH and HA who were in need of subsidized residential care services, medical social workers stationed at the clinics would refer them for appropriate services. The Chairman requested and the Administration agreed to provide after the meeting information on the number of HIV infected patients aged 60 or above and the number of applications from them for residential care services, with a breakdown by the number of successful and unsuccessful applications in the past five years.

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18. Mr CHAN Chi-chuen asked whether frontline social workers had been provided with training on HIV/AIDS in order to provide appropriate support for persons living with HIV. Controller, CHP advised that efforts had been and would continue be made by DH to collaborate with the Social Welfare Department to provide training on HIV/AIDS for, among others, RCHE staff and frontline social workers. He agreed to provide in writing details of the training (e.g. the objectives, duration, frequency and number of participants) provided in the past five years.

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### The AIDS Trust Fund

19. Dr KWOK Ka-ki expressed concern that some NGOs had reflected that those applications being granted funding support by the AIDS Trust Fund in recent rounds were mainly short-term projects for completion within one year but not programmes which would run for a duration of up to three years. He asked about the rationale for such an arrangement. Mr SHIU Ka-chun raised a similar concern. Dr Pierre CHAN was of the view that it would be more desirable if the funding granted by AIDS Trust Fund would be on a biennial or triennial basis to facilitate activity and budget planning of the NGOs concerned. Controller, CHP advised that there were currently two types of funding support under the AIDS Trust Fund (i.e. programme fund and project fund) for the provision of support services for those with HIV/AIDS and public education on AIDS. The project fund would provide greater flexibility of funding to cater for activities of smaller scale and shorter duration.

20. Mr CHAN Chi-chuen expressed grave concern that many NGOs had recently ceased to provide HIV antibody testing for heterosexuals due to the lack of funding support from AIDS Trust Fund for projects targeting at HIV prevention through heterosexual contacts. In his view, the lack of such services was not conducive to HIV prevention on the one hand, and on the other hand might affect the accuracy of relevant data collected from these NGOs as some heterosexuals might claim to be a homosexual in order to become eligible for HIV antibody testing. He asked whether the AIDS Trust Fund was facing any financial pressure.

21. Controller, CHP advised that if an NGO wished to seek continued funding from AIDS Trust Fund for a project or programme after the end of the initial approved funding period, it had to justify the continued public health needs of the project or programme and demonstrate that the previously funded project or programme had good performance and track record. AIDS Trust Fund would make general reference to the recommendations of the 2017-2021 Strategies to prioritize applications. He assured members that the Social Hygiene Clinics of DH was and would continue to be the largest

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service provider of HIV antibody testing for all members of the public, regardless of their sexual orientation. At the request of the Chairman, Controller, CHP agreed to provide in writing information on the number of approved applications and the number of rejected applications, with the reasons for rejection, for programmes or projects relating to provision of HIV testing services for heterosexual men.

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22. Mr POON Siu-ping enquired about the financial position and the funding mechanism of AIDS Trust Fund, including the amount of grant approved for individual funded programmes or projects and the number of rejected applications. Controller, CHP advised that the remaining balance of AIDS Trust Fund as at end of March 2016 was about \$310.3 million. The Chairman requested the Administration to, in respect of the grant application for AIDS Trust Fund in the past five years, provide, in the form of a table, the aims and target groups of the programmes or projects, with a breakdown by the number of approved applications and the amount of grant approved as well as the number of rejected applications and the reasons for rejection.

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23. Dr KWOK Ka-ki held the view that AIDS Trust Fund should provide funding support not only to projects or programmes targeting at MSM, but also those targeting at the heterosexual community. Controller, CHP advised that given the limited public resources, it would be prudent for the AIDS Trust Fund to accord higher priorities to those applications for projects or programmes targeted at the high risk groups, including MSM whom had dominated the HIV epidemic. During the period between April 2014 and September 2017, AIDS Trust Fund had granted about \$30.6 million, \$5.4 million and \$3 million funding support for projects targeting MSM, male clients of female sex workers and female sex workers respectively.

24. Mr SHIU Ka-chun remarked that an NGO had once implemented a project funded by AIDS Trust Fund to, among others, distribute free new syringes to the South Asian drug users with an aim to avoid needle sharing among this population to prevent the transmission of HIV. However, the Council for the AIDS Trust Fund later did not provide funding support for the project for the reason that the carriage of syringes by the social workers concerned might contravene the Dangerous Drugs Ordinance (Cap. 134) for the possession of equipment fitted and intended for the injection of a dangerous drug.

*[At 5:49 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time at 6:00 pm to allow more time for discussion.]*

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25. Controller, CHP advised that the funding support provided by AIDS Trust Fund for the project referred to by Mr SHIU Ka-chun since 2014 was completed in June 2017. Funding support on syringe distribution (i.e. one of the component of the project) was stopped in January 2017 with regard to the advice given by the Department of Justice to avoiding the NGO concerned from contravening the Dangerous Drugs Ordinance. Mr SHIU Ka-chun asked about what alternative response measures would be put in place by the Administration to promote avoidance of needle sharing among drug users. In view of the time constraint, the Chairman requested the Administration to reply in writing after the meeting.

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26. Noting that one of the six emerging service needs as set out in the 2017-2021 Strategies was late diagnosis and linkage to care among ethnic minorities, Mr SHIU Ka-chun asked whether the Administration had conducted any study in relation to ethnic minorities with HIV/AIDS so as to facilitate the formulation of appropriate response strategies. Controller, CHP agreed to provide after the meeting information on the projects or programmes funded by AIDS Trust Fund to control the spread of HIV among the ethnic minority community in the past few years.

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Public healthcare services on prevention and control of HIV/AIDS

27. Noting that the cumulative total of reported HIV infections had increased from 4 832 in 2010 to 8 952 as at September of 2017, Dr KWOK Ka-ki asked whether the healthcare manpower of the three designated clinics under DH and HA for providing treatment services for HIV infected patients had been strengthened in the corresponding period. Mr SHIU Ka-chun noted with concern that according to the Administration's written reply to Dr Helena WONG's question raised at the LegCo meeting of 14 June 2017, the number of DH healthcare staff providing medical treatment and nursing care for HIV patients remained at 25 during the financial years of 2010-2011 to 2016-2017, whereas the number of patients on treatment increased from 1 626 to 3 038 in the corresponding period. Mr SHIU Ka-fai urged the Administration to strengthen the healthcare manpower of the designated clinics to meet the service need arising from a growing number of patients.

28. Controller, CHP advised that the Administration would keep in view the healthcare manpower needs of the three clinics by taking into account the local HIV situation and response. He undertook to provide in writing information on the number of healthcare staff of the three designated clinics under DH and HA from 2010 to 2017.

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*[At 6:13 pm, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes to end at 6:30 pm.]*

29. Mr CHAN Chi-chuen remarked that WHO recommended in 2015 that oral pre-exposure prophylaxis ("PrEP") should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches. Overseas clinical trials had shown that PrEP was effective in preventing HIV infection. Expressing concern over the growing number of reported HIV infections, especially among young MSM, he called on the Administration to provide the high-risk populations with heavily subsidized PrEP. Dr Pierre CHAN expressed concern that while post-exposure prophylaxis ("PEP") was available in Accident and Emergency Departments of all public hospitals for prevention of HIV after suspicious exposure and guidelines were in place for PEP after occupational (i.e. healthcare-related) exposure, the position of the Scientific Committee on AIDS and Sexually Transmitted Infections ("Scientific Committee") under CHP was not to recommend the routine use of PEP for non-occupational exposure (e.g. in sexual contact) due to, among other factors, limited scientific basis for such use. In his view, routine use of PEP should be encouraged for both occupational and non-occupational exposures.

30. Controller, CHP advised that for high-risk populations, a good adherence to the prescription of PrEP would be effective in preventing HIV infection. In mid-2017, the AIDS Trust Fund had approved a three-year PrEP study, which was the first of its kind in Hong Kong, to facilitate the consideration of the way forward as to whether and how PrEP should be introduced as a public health programme. Separately, in view of the recommendation put forth in the 2017-2021 Strategies that a set of up-to-date and territory-wide professional guidelines on the use of non-occupational PEP should be developed, the Scientific Committee would review its position and relevant guidelines in this regard in 2018.

31. In response to Mr SHIU Ka-fai's enquiry about the subsidized rate for each HIV/AIDS patient receiving treatment in the public sector, Controller, CHP advised that the drug charge per item for HIV/AIDS patients was at a highly subsidized rate of \$15, which was same as the drug charge per item for eligible person receiving treatment at public specialist outpatient clinics. It was estimated that the drug cost for treating each HIV/AIDS patient would be about \$110,000 per year. The Chairman remarked that the average daily cost of inpatient services was currently at the rate of around \$5,000.

32. Mr CHAN Chi-chuen sought information on the annual attrition rate of HIV infected patients on treatment since the first case of HIV infection was reported in 1984, with a breakdown by the number of homosexuals and

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heterosexuals involved. Controller, CHP advised that the average annual attrition rate of patients of the designated clinic under DH was about 3%, which was considered not high when compared to that of other places. To his understanding, there was no significant difference between the attrition rates of heterosexual patients and homosexual patients.

33. Dr Pierre CHAN was concerned that according to his experience, doctors of HA were unable to retrieve under the Electronic Health Record Sharing System the health records of those patients receiving treatment at DH's designated HIV clinic. Controller, CHP advised that the designated HIV clinic under DH currently had a clinical information system to manage its patients' records. Further enhancement of the system would be made in due course.

Conclusion

34. Dr KWOK Ka-ki suggested that a special meeting be held to receive views from interested parties on the subject. Dr Fernando CHEUNG, Mr CHAN Chi-chuen and Mr SHIU Ka-chun expressed support for Dr KWOK Ka-ki's suggestion. The Chairman suggested that members of the Panel on Welfare Services should be invited to join the discussion of the subject at the special meeting to be arranged. Separately, the Food and Health Bureau should help to coordinate the attendance of the relevant Bureaux, including the Labour and Welfare Bureau, for the meeting. Members agreed.

*(Post-meeting note: The special meeting for the above purpose has been scheduled for 5 February 2018 at 3:00 pm.)*

**II. Any other business**

35. There being no other business, the meeting ended at 6:18 pm.