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Legislative Council

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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the special meeting on 4 January 2018

Prevention and control of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

Purpose

This paper provides background information on the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) ("the 2017-2021 Strategies") and summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the prevention and control of Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS).

Background

2. HIV is a virus that infects cells of a person's immune system, destroying or impairing their function. Unprotected sexual intercourse is the major mode of HIV transmission. AIDS is a term which applies to the most advanced stages of HIV infection. HIV can be detected by an HIV antibody test. There is currently no cure for HIV. However, with good and continued adherence to antiretroviral therapy, the progression of HIV in the body can be slowed to a near halt and the chance of HIV transmission in sero-discordant couples could be reduced significantly. In Hong Kong, the first case of HIV infection was reported in 1984. As at September 2017, the cumulative total of reported HIV infection and AIDS cases were 8 952 and 1 829 respectively. Infections among men who have sex with men ("MSM") accounted for 60% of the reported cases in 2016. The estimated proportion of those with HIV infection is 5.86% among MSM, 18.6% among male-to-female transgenders, 1% among people who inject drugs, 0% among female sex workers, and 0.1% among the general population.

3. At present, the Special Preventive Programme under the Department of Health ("DH") is responsible for the prevention, surveillance and clinical

management of HIV/AIDS. The Scientific Committee on AIDS and Sexually Transmitted Infections under the Centre for Health Protection of DH is responsible for advising the Government on the scientific basis of the prevention, care and control of AIDS and sexually transmitted infections. Three designated clinics under DH and the Hospital Authority¹ provide treatment for HIV patients. Separately, the AIDS Trust Fund ("the Trust Fund"), administered on the advice of the Council for the Trust Fund², was established in 1993 with a capital commitment of \$350 million to provide assistance to HIV-infected haemophiliacs, and strengthen medical and support services and enhance public education on AIDS. An additional one-off injection of \$350 million was approved by the Finance Committee in 2013-2014 to support for funding applications³ under the Trust Fund. The Red Ribbon Centre is established by DH under the sponsorship of the Trust Fund as an HIV/AIDS education, resource and research centre.

4. The Advisory Council on AIDS ("the Advisory Council") was established in 1990 to review local and international trends and developments relating to HIV infection and AIDS; advise the Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and 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 major task of the Advisory Council is to issue the Strategies every five years since 1994. The Advisory Council published the 2017-2021 Strategies⁴ in May 2017. To achieve by the end of 2020 the 90-90-90 treatment targets⁵ and the target of 90% coverage of HIV combination prevention services⁶ for key populations, the following five main directions for HIV prevention and control are recommended:

¹ Two designated clinics have been set up at the Queen Elizabeth Hospital and the Princess Margaret Hospital to provide treatment services for HIV infected patients.

² Three sub-committees are set up under the Council to process the applications applying for funding. They are the Ex-gratia Payment Sub-Committee, the Medical and Support Services Sub-Committee and the Publicity and Public Education Sub-Committee.

³ To allocate resources more effectively, higher funding priorities will be accorded to: (a) projects targeting at high-risk groups; (b) projects that have monitoring and evaluation effects; (c) projects that encourage co-operation among social groups and strengthen co-operation among organizations; (d) projects with evidence-based prevention and control measures; and (e) projects that can have in-depth contact with high-risk groups and involve intervention to their high-risk acts.

⁴ The 2017-2021 Strategies can be accessed at the Advisory Council's website (<http://www.aca.gov.hk/english/strategies/pdf/strategies17-21.pdf>).

⁵ The targets are 90% of people living with HIV know their HIV status; 90% of people diagnosed with HIV receive antiretroviral therapy; and 90% of people who are on treatment achieve viral load suppression.

⁶ HIV Combination prevention services include interpersonal communications, online outreach, condom distribution, HIV testing and counseling and screening for sexually transmitted infections, and complementary support such as treatment for substance abuse to key population.

- (a) MSM should receive HIV antibody testing annually and use condoms consistently, irrespective of their self-perception of risk of infection;
- (b) all HIV-positive patients should receive HIV treatment as soon as they get diagnosed;
- (c) capacity building in HIV-related service settings to identify drug-using clients and improvement of HIV prevention and testing services in drug rehabilitation and treatment services should be strengthened;
- (d) sex and HIV education should be intensified through a life skills-based education approach, and it should be age-appropriate, focusing on the avoidance of risky sexual behaviour and HIV-related discrimination; and
- (e) antenatal testing of pregnant women who are at risk of HIV infection should be strengthened to prevent mother-to-child transmission.

The following six emerging service needs are identified:

- (a) increasing infections among young MSM who have lower testing rates, condom use and linkage to care than older MSM;
- (b) loss of infected MSM at each stage of HIV care, i.e. diagnosis, linkage to care and receiving treatment;
- (c) increasing use of instant messaging mobile applications to find sex partners;
- (d) increasing recreational drug use among MSM and transgenders;
- (e) low HIV antibody testing rates among at-risk populations;⁷ and
- (f) late diagnosis and linkage to care among ethnic minorities.

5. To address the current HIV epidemic and service needs, the 2017-2021 Strategies set out priorities to intensify action for two primary target populations, namely MSM and people living with HIV, as well as other key populations (i.e. people who inject drugs, ethnic minorities, male-to-female transgenders, and female sex workers and their male clients).

⁷ Apart from MSM, low testing rates are also seen in other at-risk populations such as male-to-female transgender, female sex workers, and male clients of female sex workers.

Deliberations of the Panel

6. The Panel discussed issues relating to the prevention and control of HIV/AIDS at three meetings held between 2004 and 2013, and received views of deputations at a meeting in March 2007. The deliberations and concerns of members are summarized in the following paragraphs.

Implementation and effectiveness of HIV/AIDS prevention measures

7. Question was raised about how the Strategies recommended by the Advisory Council could be implemented effectively when there appeared to be a lack of co-ordination assumed by the Administration in this regard. Members were advised that the Administration had adopted a multi-pronged approach in the prevention and control of HIV/AIDS, including surveillance and monitoring, education and publicity, as well as treatment and care of AIDS patients and people living with HIV. DH would take lead in implementing the response measures formulated according to the Strategies issued by the Advisory Council. It would work in close partnership with the Council for the Trust Fund, the non-governmental organizations ("NGOs") and the private healthcare sector in this regard.

8. Some members were concerned about the effectiveness of the HIV prevention interventions carried out by those NGOs funded by the Trust Fund in reaching all at-risk communities. The Administration advised that MSM was the highest priority community for HIV prevention. Given that at-risk populations were more receptive to HIV/AIDS-related services provided by NGOs, the Trust Fund played a crucial role in providing financial support to NGOs for the delivery of targeted preventions and surveillance to these populations.

Education on safer sex

9. There was a concern that the emphasis placed by the Advisory Council and the Trust Fund on the high-risk populations might give rise to the public misconception that only members of these populations would have the risk of contracting HIV. Some members were of the view that apart from supporting NGOs to encourage at-risk populations to reduce their risky behaviour, the Trust Fund should also promote condom use as a norm for safer sex in all sexual relationships. As for the school setting, sex education should be strengthened to primary and secondary students in the Personal, Social and Humanities Education which was a Key Learning Area of the school curriculum. There was a call for the Administration to provide the up-to-date information on sexuality issues of the youth collected by the NGOs funded by the Trust Fund to the Curriculum Development Council's Committee on Personal, Social and Humanities Education for reference.

Allocation and evaluation mechanism of the Trust Fund

10. Members noted that publicity and public education, and medical and support services were two major categories of funding granted by the Trust Fund. They called on the Trust Fund to accord higher priority to programmes targeted at high-risk groups identified by the Advisory Council, in particular MSM. Effort should also be made to engage more relevant NGOs, such as local sexual workers concern groups, as active partners in HIV prevention work.

11. Concern was raised over the mechanism put in place by the Trust Fund to assess the effectiveness of its funded programmes. The Administration advised that applicants were required to set out in their applications the monitoring and evaluation plans for measuring the process, outcome and impact of their programmes. The approved funding would be made available by instalments, subject to the submission of satisfactory progress and final report. The Council for the Trust Fund might also adjust the amount of grants, and suspend or terminate funding support if changes and irregularities were detected.

Recent developments

12. Two written questions in relation to the treatment and care services for patients with AIDS, and prevention of AIDS were raised respectively at the Council meetings of 14 and 21 June 2017. The questions and the Administration's replies are in **Appendices I and II** respectively.

Relevant papers

13. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

Press Releases *14 June 2017*

LCQ14: Comprehensive treatment and care services for patients with AIDS

Following is a question by the Dr Hon Helena Wong and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 14):

Question:

According to a study report published in the United States in 2015, the life-long medical treatment fees for a person living with Human Immunodeficiency Virus (HIV) was US\$338,000 (i.e. around HK\$2,629,640). In the past three years, the average expenditure incurred by the Hospital Authority (HA) on the use of prophylaxis on people after exposure to HIV, i.e. post-exposure prophylaxis (PEP), was around \$8,800 per case. In other words, as long as one among every 290 PEP recipients can be successfully prevented from HIV infections as a result of the use of PEP, this intervention measure is cost-effective. This situation can prove that the timely use of PEP is, apart from providing effective and life-long guard against HIV infections among high-risk groups, also conducive to the Government's efforts in reducing its exorbitant expenditure on anti-HIV drugs. However, the Scientific Committee on Acquired Immune Deficiency Syndrome and Sexually Transmitted Infections (the Scientific Committee) currently does not recommend the routine use of PEP for non-occupational exposure to HIV (e.g. exposure to HIV through sexual contact) for the prevention of Acquired Immune Deficiency Syndrome (AIDS). On the other hand, in its Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) released last month, the Hong Kong Advisory Council on AIDS (ACA) has pointed out that the number of new HIV infections has continued to escalate in recent years and that the next few years will be a critical point which may determine if the HIV epidemic in Hong Kong spins out of control. ACA has also recommended that the Scientific Committee should consider revising its recommendation on the non-occupational use of PEP. In this connection, will the Government inform this Council:

(1) of the following information in relation to the medical treatment and nursing care provided by the public sector to AIDS patients in each of the past

seven financial years: (i) the expenditure incurred by the Department of Health, (ii) the expenditure incurred by HA, (iii) the number of healthcare staff involved, and (iv) the number of patients involved (set out such information in the table below);

Financial year	(i)	(ii)	(iii)	(iv)
2010-2011				
2011-2012				
2012-2013				
2013-2014				
2014-2015				
2015-2016				
2016-2017				

(2) whether it will allocate additional resources in the coming few years to cope with the worsening HIV epidemic in Hong Kong; if so, of the details; if not, the reasons for that; and

(3) whether it will, in the light of the recommendations of ACA, request the Scientific Committee to revise its recommendation on the non-occupational use of PEP shortly; if so, of the details and timetable; if not, the reasons for that?

Reply:

President,

(1) The comprehensive treatment and care services provided by the Department of Health (DH) for patients with Acquired Immune Deficiency Syndrome (AIDS) include doctor's assessment, medication, psychological counselling, health education and social support, which are classified as expenditure items for different areas of work. Therefore, the DH is unable to work out the expenditure of medical treatment and nursing care incurred specifically for AIDS patients. In the past seven financial years, the number of AIDS patients who received medical treatment and nursing care provided by the DH in each year and the number of healthcare staff involved are set out in the table below:

Financial year	Number of healthcare staff	Number of patients
2010-2011	25	1,626
2011-2012	25	1,774
2012-2013	25	2,012

2013-2014	25	2,266
2014-2015	25	2,507
2015-2016	25	2,773
2016-2017	25	3,038

As healthcare professionals of the Hospital Authority (HA) providing medical treatment and nursing care for AIDS patients also provide clinical services for other patients, the HA is therefore unable to work out the expenditure incurred and number of healthcare staff involved specifically for providing medical treatment and nursing care to AIDS patients. The number of AIDS patients who received medical treatment and nursing care provided by the HA in each of the past seven financial years is set out in the table below:

Financial year	Number of patients
2010-2011	955
2011-2012	1,083
2012-2013	1,195
2013-2014	1,342
2014-2015	1,538
2015-2016	1,761
2016-2017	2,008

(2) and (3) The Government has been allocating resources for the prevention and control of Human Immunodeficiency Virus (HIV)/AIDS. Established in 1990, the Hong Kong Advisory Council on AIDS has been tasked for reviewing local and international trends and developments relating to HIV infection and AIDS; advising the Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and advising 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.

The Finance Committee (FC) of the Legislative Council approved in April 1993 a one-off provision of \$350 million for the establishment of the AIDS Trust Fund (the Fund) to provide assistance for HIV-infected haemophiliacs, improve medical and support services, and enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to provide continuous support for funding applications under the Fund.

The DH has also allocated resources to the

Student Health Service, Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention, public education and publicity programmes. The SPP is also committed to appealing to the public to care more about HIV/AIDS, supporting the development of evidence-based AIDS strategies, and training up clinical and public health experts in HIV and infectious diseases. Besides, the Government has been organising activities in partnership with non-governmental organisations to raise public awareness of AIDS and promote public acceptance of and care for patients with HIV/AIDS.

The Scientific Committee on AIDS and Sexually Transmitted Infections (the Scientific Committee) under the Centre for Health Protection of the DH is responsible for advising the Government on the scientific basis of the prevention, care and control of AIDS and sexually transmitted infections. For non-occupational exposure to HIV, for example, through sexual contact or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that post-exposure prophylaxis (PEP) should not be prescribed as a matter of routine.

Currently, anyone who had unsafe sex (non-occupational exposure to HIV) may seek medical treatment at the Accident and Emergency Department upon exposure. The doctor will conduct assessment and examination on the person. Where necessary and appropriate, the doctor will prescribe PEP and refer the person to the integrated treatment centre of the DH for follow-up treatment. Records show an increase in the number of PEP prescriptions by the DH in the past few years. The number of cases increased from 21 in 2014 to 62 in 2016. In the same period, the number of cases treated by the HA also increased from 15 to 29.

In view of the rising demand for PEP prescriptions in recent years, the Scientific Committee has planned to review shortly its recommendation made in 2006. The Government will consider whether and how to revise the current practice in accordance with the updated recommendations of the Scientific Committee, and thereafter consider the amount of resources to be allocated.

Ends/Wednesday, June 14, 2017
Issued at HKT 12:05

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Press Releases *21 June 2017*

LCQ19: Prevention of AIDS

Following is a question by the Hon Chan Hak-kan and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 21):

Question:

It has been reported that the Centre for Health Protection of the Department of Health received a total of 202 new cases of Human Immunodeficiency Virus (HIV) infection in the first quarter of this year, hitting a record high for a single quarter since records were first kept in 1984. Some doctors have pointed out that the increase in the number of infections is related to public ignorance of the risks of unsafe sex. Moreover, there is a downward trend in the age of people who have been infected with HIV, with those of them who are younger being less inclined to receive treatment than those who are older, which is a worrying situation. In this connection, will the Government inform this Council:

(1) of the details of the publicity work undertaken by the authorities and relevant organisations on prevention of Acquired Immune Deficiency Syndrome (AIDS) in each of the past three years;

(2) whether it has studied the reasons why those people infected with HIV who are younger are less inclined to receive treatment than those who are older, and of the plans it has to encourage the former to receive treatment;

(3) given the downward trend in the age of people who have been infected with HIV, whether the authorities have reviewed the effectiveness of the publicity and education work currently conducted in schools; if so, of the details; and

(4) whether it has plans to allocate additional resources and adopt new approaches to promote the prevention of AIDS; if so, of the details; if not, whether it will formulate such plans?

Reply:

President,

(1) The publicity on the prevention of Acquired Immune Deficiency Syndrome (AIDS) is mainly carried out by the Red Ribbon Centre (RRC) under the Special Preventive Programme of the Department of Health (DH). For public education, the RRC holds the World AIDS Campaign in collaboration with different non-governmental organisations (NGOs) every year to promote public awareness and prevention of AIDS through education and publicity activities conducted in different locations and via various media channels. In recent years, the DH has organised talks on AIDS for high-risk groups, including men who have sex with men (MSM), injecting drug users and ethnic minorities, and distributed appropriate publicity materials to them taking into account their cultures and languages. Among others, the RRC carries out publicity and education on the prevention of AIDS among the MSM community every year through platforms such as the Hong Kong Lesbian and Gay Film Festival and the Hong Kong Pride Parade.

The number of MSM aged 29 or below who are infected by Human Immunodeficiency Virus (HIV) is on the rise in recent years. In view of their low awareness of safe sex and low HIV testing rate as well as the high prevalence of drug abuse among them, the RRC launched a new Announcement in the Public Interest and a series of three short films on the Internet in 2015 to disseminate in the gay community messages on safe sex, early HIV testing and avoidance of drugs. In response to the rapid changes in the HIV epidemic, the DH has carried out intensive publicity work. For example, the Be Negative Campaign was launched in 2014 to promote the awareness of male homosexuals to prevent the co-infection of hepatitis C and HIV through distribution of posters and publicity materials by NGOs on AIDS and at gay venues. A dedicated website was also set up for the purpose. With an increase in the number of hepatitis A cases among HIV-infected male homosexuals, the DH held a press briefing in February this year and appealed to MSM for early vaccination through NGOs on AIDS, the gay community and their social networking mobile applications (apps).

Moreover, the Government has set up the AIDS Trust Fund (the Fund) to provide funding support for community organisations (including NGOs on AIDS) to implement AIDS prevention programmes targeting different high-risk groups with a view to reducing HIV transmission. For example, for MSM, the Fund has provided funding support for a number of NGOs on AIDS

to organise outreach activities, including carrying out publicity and education work at venues frequented by gay. Online outreach services (including those provided through online chat rooms and mobile apps) have also been launched in recent years to extend the coverage of prevention and education to younger MSM. Besides, some NGOs on AIDS have been funded in recent years to provide mobile HIV testing service by appointment, making it more convenient for younger MSM to receive testing at locations close to their residence. To encourage mutual support among younger MSM, the Fund has provided funding for some NGOs on AIDS to set up support groups to provide AIDS education and counselling services as well as referrals for treatment at drug treatment and rehabilitation agencies.

Regarding sex workers, the Fund has provided funding support for some NGOs on AIDS to carry out publicity and education work at one-woman brothels, workplaces of sex workers and other venues, and provide HIV testing service. In recent years, some NGOs on AIDS have been funded to provide AIDS prevention education via the Internet for females engaged in compensated dating to enhance their awareness of safe sex. The NGOs also carry out AIDS prevention education activities at places frequented by other high-risk groups.

(2) At present, there is no systematic study in Hong Kong on the reasons why people living with HIV (PLHIV) refuse to seek doctors' advice and receive medical treatment. Nevertheless, an in-house survey conducted by the DH finds that the most common reasons for patients not taking medication on time include: forgot to take medicine (48 per cent), overslept and missed the scheduled dosing time (23 per cent), too busy (18 per cent), and living habits changed (17 per cent). According to the survey of the DH, the dropout rate of patients who have started receiving treatment is less than 3 per cent every year.

The Government will, based on the recommendations in the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) issued by the Hong Kong Advisory Council on AIDS (ACA), provide counselling service for PLHIV (especially young and newly diagnosed persons) through multi-specialist and disciplinary teams under multi-modal integrated plans to cater for their physical, mental and social needs, with a view to supporting their compliance with the treatment plans through enhanced counselling, identifying the reasons affecting their compliance and

addressing the problems. In addition, it is necessary to strengthen public education and encourage community participation and acceptance, so as to increase the number of PLHIV seeking doctors' advice and receiving medical treatment.

(3) In 2014 and 2016, the RRC collaborated with the Family Planning Association of Hong Kong to provide life skills-based sex and HIV/AIDS education, including practical skills in using condoms, in secondary schools. Tests performed afterwards showed that students had gain more knowledge of sex and AIDS. Moreover, the RRC has organised film sharing sessions in universities every year since 2015, and held discussions on topics related to AIDS prevention with university students and teachers. Questionnaire surveys were conducted afterwards to evaluate the effectiveness of the sharing sessions.

Furthermore, the Student Health Service (SHS) of the DH provides sex educational information and conducts promotion campaigns for primary and secondary students. Promotion work include puberty talks in student health service centres, interactive activities of the sex education series conducted in schools under the Adolescent Health Programme, online sex education information, etc. The SHS will continue to promote sex education and regularly review and update the contents and methods used to meet the needs of the adolescents.

(4) In April 1993, the Finance Committee (FC) of the Legislative Council approved a provision of \$350 million for the establishment of the Fund to provide assistance for HIV-infected haemophiliacs, strengthen medical and support services, and enhance the awareness of HIV/AIDS prevention among the high-risk groups and the public. An additional injection of \$350 million was approved by the FC in 2013-14 to continue supporting applications under the Fund. To allocate resources more effectively, higher funding priorities will be accorded to projects meeting the following criteria:

1. projects targeting at high-risk groups;
2. projects that have monitoring and evaluation effects;
3. projects that encourage co-operation among social groups and strengthen co-operation among organisations;
4. projects with evidence-based prevention and control measures; and
5. projects that can have in-depth contact with high-risk groups and involve intervention to their high-

risk acts.

The ACA published the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) in May this year, which sets out the priority areas for action and further elaborates areas to be strengthened, areas for further examination and current response that should be maintained. The Government will, according to the recommended strategies, encourage the Fund's applicants to use innovative methods (including digital technology) and new delivery modes to enhance the success rate of their contact with high-risk groups and step up prevention against HIV/AIDS.

Ends/Wednesday, June 21, 2017

Issued at HKT 16:30

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**Prevention and control of Human Immunodeficiency Virus/
Acquired Immunodeficiency Syndrome**

Committee	Date of meeting	Paper
Panel on Health Services	8.11.2004 (Item V)	Agenda Minutes
	12.3.2007 (Item IV)	Agenda Minutes CB(2) 2437/06-07(01)
	28.10.2013 (Item IV)	Agenda Minutes CB(2)321/13-14(01)

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