



December 11, 2017

**AIDS Concern Submission to Panel on Health Services – Meeting on Monday, 18 December 2017, at 4:30pm**

**RE: IV HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)**

---

Honorable Chair and Members,

We would like to make the following comments and recommendations:

**1A. Resources for AIDS Unit**

Resources and funding allocated for AIDS Unit, Special Preventive Program, responsible for delivering public health functions and clinical services on HIV/AIDS, have not been able to keep up with the changing trends of the disease since the unit's establishment in 1985, while the number of cumulative HIV infection cases has doubled from 4,048 cases in 2008 to 8,952 cases in 2017. Despite that we are seeing a rising HIV epidemic in the city, as reflected by the record-breaking high new infection rates in recent years. The Government has not increased the number of healthcare professionals of The Kowloon Bay Integrated Treatment Centre since 2014.

AIDS Concern calls for the Government to recognize the rising need of HIV/AIDS services in the public healthcare system, and allocate more resources to serve and support people living with HIV, and to ensure the epidemic numbers do not increase further

**1B. Resources for NGOs**

We are seeing an increase in the proportion of the new HIV infections reported

by the NGOs in Hong Kong. In 2012, only 9.7% of all new cases were reported by the NGOs, the number increased substantially to 16.3% in 2016. This change in number has clearly reflects the stronger role for NGOs' HIV services.

The Council for the AIDS Trust Funds had allocated a total of about 70 million Hong Kong dollars to fund 52 NGO projects through 2014/15 to 2016/17. We urge the Government to address the increase in the demand for NGO services in the city, and allocate more funds to support different HIV/AIDS organizations.

We are particularly concerned that the AIDS Trust Fund seems to have moved to a system of only funding 1 year projects rather than 3 year funding grants. This creates great instability and staff retention issues for NGOs. The ATF guidelines state that they will accept applications for 3 year projects but it seems like no 3-year projects are now being funded. This needs to be changed if we want to see more effective community program development.

## **2. Pre-exposure prophylaxis (PrEP) (事前預防性投藥)**

With the abundant research conducted worldwide supporting the effectiveness of PrEP in HIV prevention (as part of the combination HIV prevention), many advanced countries have already approved and included PrEP in their national healthcare systems. With the rising trend of HIV epidemic in Hong Kong, the adoption of PrEP is the need of the hour.

Both the Scientific Committee and Hong Kong Advisory Council on AIDS have suggested conducting implementation studies and clinical trial on PrEP in order to align with the international development of the medicine, and the bureau has agreed with their recommendations.

As the medicine can be easily obtained in some nearby countries, we are seeing an increasing use of PrEP in Hong Kong among communities at high HIV infection risk. AIDS Concern urges the Government to set up as soon as possible measures to prevent the misuse of PrEP, make PrEP available to the public, and allocate more resources to NGOs to educate communities on the use of PrEP.

### **3. Post-exposure prophylaxis (PEP) (事後預防性投藥)**

Currently, public hospitals in Hong Kong would prescribe PEP for medical professionals who might have been infected with HIV through occupational exposures (e.g. getting cut or struck with a needle). According to the guideline from the Centre for Health Protection, any use of PEP for non-occupational exposure (nPEP) would be '**exceptional** and should be considered only in the event of high-risk exposure to a source known to be HIV positive' within 72 hours of exposure. Public hospitals will prescribe PEP to the public only rarely when the medical staff think it is appropriate based on their own judgement. Over the years, Aids Concern has seen cases of individuals in urgent need of PEP suffered by the inconsistency practices across different hospitals and medical staff, and the unclear guidelines on prescribing PEP.

The current position of the Scientific Committee for the use of PEP for sexual or injection exposure was issued 11 years ago in 2006. Aids Concern urges the Government to review the position as soon as possible, expand the accessibility of PEP to beyond occupational exposure, and update the clinical guideline on the prescription of nPEP to clear public's confusion.

### **4. Self-Testing (Home Test)**

Although home testing kits are now obtainable through local pharmacy, NGOs and the internet, Governmental control to monitor the quality and accuracy of these kits is absent, unfortunately. More importantly, home testing kits that are available in Hong Kong's retail market are not those being recognized by the WHO. Aids Concern would like to express our concern on the possibility of false negative HIV test delivered by the unauthorized home testing kits in the market.

In addition, overseas studies have shown that high accessibility of home testing kit can significantly increase the region's HIV testing rate. We hereby urge the Government to take actions as soon as possible to ensure and monitor the quality of home testing kits available in Hong Kong, and make authorized home-testing kit more accessible.

The above summarizes AIDS Concern's position on the desirable strategies to

combat HIV epidemic in the city.

Yours sincerely,

A handwritten signature in black ink, appearing to read "A. Chidgey". The signature is stylized with a large, sweeping flourish at the end.

Andrew Chidgey  
Chief Executive Officer, AIDS Concern

## Appendix

Extracts from ACA's Recommended HIV/AIDS Strategies for Hong Kong (2017-2021):

### 1. Pre-Exposure Prophylaxis

*Scientific developments and recommendations from health/HIV authorities of local relevance*

(P.19) 2C IV 26. The Scientific Committee on AIDS & STI thoroughly reviewed PrEP in the local context and issued an interim statement in December 2016. The Committee affirmed the role of PrEP as an additional HIV prevention measure for individual protection, and made recommendations on the clinical approach to its use. The Committee also strongly recommended conducting implementation studies in Hong Kong to yield important information on, among others, the appropriate delivery model, ways to reach target recipients and the level of adherence achievable.

*Priority Areas for Action*

(P.31) 4B I 57. In considering any possible future public health programme of PrEP, scientific evidence must be carefully examined and evaluated. Studies should encompass clinical effectiveness and cost effectiveness under different scenarios of drug adherence in different risk populations, long term clinical and behavioural implications, drug resistance, and ultimately the impact on the HIV epidemic. Apart from considering the outcomes of programmes conducted by other countries, local research and pilot studies targeting young and high risk MSM and sero-discordant couples should be given high priority. The aims will be to gauge the local acceptability and service demand, with a view to developing an appropriate service delivery model. Education and technical support to stakeholders and the community on PrEP should be strengthened in view of the rapid development in this area.

### 2. PEP

*Scientific developments and recommendations from health/HIV authorities of local relevance*

(P.21) 2C VII 31. In a positional statement back in 2006, the Hong Kong Scientific Committee on AIDS and sexually transmitted infections (STI) did not recommend the routine use of PEP for sexual exposure, also known as non-occupational PEP (nPEP)(49). In practice, however, guidelines have been in place for initiation of nPEP in public hospitals over the years. Meanwhile,

WHO has issued a series of articles and guidelines on the use of PEP(50,51). Recommendations on the regimen for people of different age groups, and adherence counseling were included. To ensure appropriate and standardized use of nPEP, this issue is worth further deliberation with a view to developing a set of up-to-date and territory-wide professional guidelines.

#### *Priority Areas for Action*

(P.33) 4C II 63. Revision of the local recommendations or update of clinical guidelines should be considered by Scientific Committee on AIDS and STI. The use of both occupational and non-occupational use of PEP should also be closely monitored to ensure the effectiveness of the drug regimen in the prevention of HIV and the efficient use of the service.

### **3. Self-testing (Home Test)**

#### *Scientific developments and recommendations from health/HIV authorities of local relevance*

(P.20) 2C V 27. A controlled trial among MSM showed that those offered self-testing had a higher frequency of HIV testing(41). As of December 2016, four self-test kits available worldwide on the market have been approved by a founding member of the Global Harmonization Task Force (GHTF)(42). A literature review conducted by WHO showed that the accuracy of selftesting could be high with sensitivity and specificity up to 98.9% and 100% respectively, but very much dependent on population and settings(43). Quality of test kits, clarity and accuracy of instructions, linkage to care, personal techniques of specimen collection, cost-effectiveness, false sense of security and testing under coercion remain common concerns for its use. WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies (44).

28. In Hong Kong, some NGOs are providing counselling and follow up service to self-test users. However, a local study in 2013 showed a low rate (6.1%) of HIV self-testing among MSM(45), reflecting that use of selftest is still uncommon in our community.

#### *Priority Areas for Action*

(P.31) 4B II 58. Overseas developments on HIV self-testing and their impact in the local setting have to be kept in view. Frontline AIDS health care workers and NGOs are encouraged to improve the mode of delivery for people who self-test, to provide support in particular for those who tested positive, 32 and

to ensure proper referral for confirmatory test and treatment. Hong Kong currently has no specific legislative regulation of HIV self-test kits. It is noted that the Government plans to introduce statutory control for medical devices including in-vitro diagnostic medical devices (which would also cover HIV self-test kits) to ensure that they are safe, of good quality, and can perform as intended before they are allowed to be placed on the local market. Advice should be made available to the general public for choosing appropriate test kits.