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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 5 February 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 ("the Scientific Committee") 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 Authority[1] ("HA") provide treatment for HIV patients. Separately, the AIDS Trust Fund ("the Trust Fund"), administered on the advice of the Council for the Trust Fund[2], 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 applications[3] 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 Strategies[4] in May 2017. To achieve by the end of 2020 the 90-90-90 treatment targets[5] and the target of 90% coverage of HIV combination

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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.

prevention services[6] for key populations, the following five main directions for HIV prevention and control are recommended:

(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;

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[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.

(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).

Deliberations of the Panel

6. The Panel discussed issues relating to the prevention and control of HIV/AIDS at four meetings held between 2004 and 2018, and received views of deputations at a meeting in March 2007. The deliberations and concerns of members are summarized in the following paragraphs.

HIV and AIDS response measures formulated in relation to the Strategies

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 formulated HIV/AIDS response measures on various fronts, including education and health promotion; disease prevention; HIV testing and self-testing; HIV treatment and support services; continuous monitoring of the HIV epidemic; and funding and resources. DH would take the lead in implementing these response measures and work in close partnership with HA, the Council for the Trust Fund, the non-governmental organizations ("NGOs") and the private healthcare sector in this regard.

8. Regarding the response measures relating to education and health promotion, 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

[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.

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.

9. Members noted that overseas clinical trials had shown that pre-exposure prophylaxis ("PrEP") was effective in preventing HIV infection. In view of the growing number of reported HIV infections, especially among young MSM, some members called on the Administration to provide high-risk populations with heavily subsidized PrEP. While the position of the Scientific Committee in 2006 was not to recommend the routine use of post-exposure prophylaxis ("PEP") for non-occupational exposure such as in sexual contact due to, among other factors, limited scientific basis for such use, there was a view that routine use of PEP should be encouraged for both occupational and non-occupational exposure. Currently, PEP was available in the Accident and Emergency Departments of all public hospitals for prevention of HIV infection after suspicious exposure.

10. The Administration advised that in view of the recommendation under 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 planned to review its position in this regard in 2018. It should be noted that for high-risk populations, the use of PrEP as an additional HIV prevention measure for individual protection might be more effective. Hence, the Trust Fund had approved in mid-2017 the first PrEP study in Hong Kong, which was conducted by a local university. The study would yield important information on, among others, the appropriate delivery model, ways to reach target recipients and the level of adherence achievable for consideration of whether PrEP should be introduced as a public health programme.

11. There was a concern about the difficulties currently faced by elderly HIV infected patients in obtaining residential care service. According to a survey conducted by the Hong Kong AIDS Foundation in October 2015, 66% of private residential care homes for the elderly ("RCHEs") respondents declined to offer residential care places to elderly applicants with HIV for various reasons.

12. The Administration advised that DH, in collaboration with the Social Welfare Department, would continue to provide training on HIV/AIDS to, among others, health care workers, staff of residential care homes and NGOs, including social workers. For those HIV infected patients receiving clinical services at the three designated clinics under DH and HA who were in need of residential care services, the staff concerned would help make necessary arrangement. The Food and Health Bureau would relay members' concern

about the long-term care needs of HIV infected patients to the relevant government bureaux or departments for consideration.

HIV prevalence of and HIV prevention measures for the at-risk populations

13. Some members noted with grave concern that while the proportion of male homosexual population in Hong Kong had remained steady at 2% to 3% in the past three decades, there was an increasing proportion of newly reported HIV infection cases involving MSM since 2004. They considered that apart from distributing free male condoms to target populations, the Administration should step up HIV and sex education in the school setting to prevent HIV infection. There was a view that the relatively high HIV prevalence in the MSM community was largely attributable to the increasing use of recreational drugs before and during sex which led to unsafe sex. The Administration advised that according to information collected from HIV infected patients of the designated clinics under DH and HA, about 40% of HIV infections involving MSM were related to unsafe sex after taking recreational drugs, in particular methamphetamine. It would step up efforts to promote anti-drug messages and drug rehabilitation services through collaboration with NGOs.

14. Some members expressed grave concern that according to the HIV and AIDS Response Indicator Survey ("HARiS") 2014, HIV prevalence in the male-to-female transgender community was as high as 18.6%. This might not reflect the whole picture as the sample size was small with only 43 urine specimens collected. It was recommended under the 2017-2021 Strategies that more local data on HIV-related behavior and risk factors among this target population should be collected to refine the HIV response measures in this regard. The Administration advised that in the meantime, DH would continue to collaborate with NGOs to promote HIV prevention through condom use, regular HIV antibody testing and timely HIV interventions after diagnosis.

15. Question was raised about the number of HIV infections through perinatal transmission and the treatment available. The Administration advised that antenatal testing was available for pregnant women. Clinical management would be provided to those women who were diagnosed HIV positive in the antenatal period to control maternal HIV disease with a view to reducing mother-to-children-transmission of HIV. On average, there was about zero to two newly reported HIV infections involving mother-to-child transmission each year. Infants found to be infected with HIV would need to receive HIV treatment throughout their whole life.

16. On members' concern about the accuracy of the finding of the HARiS 2013 which revealed that HIV prevalence among female sex workers was 0%,

the Administration advised that the finding was aligned with the relevant statistics collected under the voluntary HIV reporting system, and the extremely low number of female sex workers who were found HIV positive during their regular body examination at the Social Hygiene Clinics under DH.

17. Noting that the cumulative total of reported HIV infection cases had surged from 4 832 in 2010 to 8 952 as at September 2017, members were concerned about whether there was a corresponding increase in the healthcare manpower in the three designated clinics set up under DH and HA for providing treatment services for HIV infected patients during the same period. The Administration advised that it would keep in view the manpower requirement of the three clinics.

Allocation and evaluation mechanism of the Trust Fund

18. 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. Some members considered that effort should also be made to engage more relevant NGOs, such as local sexual workers concern groups, as active partners in HIV prevention work. Some other 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.

19. Some members expressed grave concern that successful applications for the Trust Fund were mainly short-term projects to be completed within one year but not three-year programmes. Concern was also raised over the mechanism put in place by the Trust Fund to assess the effectiveness of its funded projects. Some members were particularly concerned about the recent lack of funding support from the Trust Fund for projects targeted at HIV prevention through heterosexual contacts. Many NGOs concerned had subsequently ceased to provide HIV testing for heterosexual males. This was not conducive to HIV prevention.

20. The Administration advised that to ensure an effective use of funding, the Trust Fund had been providing financial support for HIV/AIDS prevention and support services, including HIV testing for heterosexual males, on a

programme or project basis. While the majority of successful applications for the Trust Fund in the past two years were one-year projects, a three-year programme funding mechanism was in place to enhance sustainability of quality activities with a duration up to three years. Applicants were required to set out in their applications the monitoring and evaluation plans for measuring the process, outcome and impact of their programmes for assessment under an established mechanism. The approved funding would be made available by instalments, subject to the submission of satisfactory progress and final reports. 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. Should an applicant wish to seek continued funding for a project or programme after its initial project 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.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
2 February 2018

Appendix

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)
	4.1.2018 (Item I)	Agenda

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