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中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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8 May 2018

Ms Maisie LAM
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms Lam,

HIV and AIDS Response Measures Formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)

At the meeting of the Legislative Council Panel on Health Services held on 5 February 2018, Members requested the Administration to provide supplementary information on the following issues –

(a) provide information on the respective numbers of HIV infected patients that were captured by the HIV Reporting System under DH and those receiving treatment services at the three designed HIV clinics set up under DH and HA, with a breakdown by age groups and patients who were in need of residential care services;

(b) provide a response to the suggestion from some members and deputations to extend the service hours of the three designed HIV clinics set up under DH and HA to cover Saturdays and Sundays so as to provide greater flexibility for those HIV infected patients who had to work on weekdays in scheduling their consultations;

(c) provide the details of the mechanism put in place by the Education Bureau to monitor and evaluate the effectiveness of the implementation of sex education in the school setting, and the evaluation outcomes when available; and

(d) advise in the form of a table the number of approved grant applications for the AIDS Trust Fund in the past five years, with a breakdown by the target groups of and the amount of grant approved for each target group.

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Our response is set out in **Annex**.

Yours sincerely,

(Dr Anita CHENG)
for Secretary for Food and Health

cc. Director of Health
(Attn.: Controller (Centre for Health Protection))

Annex

LegCo Panel Meeting on 5 February 2018
Administration's Response to Members' Request

(a) Provide information on the respective numbers of HIV infected patients that were captured by the HIV Reporting System under DH and those receiving treatment services at the three designed HIV clinics set up under DH and HA, with a breakdown by age groups and patients who were in need of residential care services.

1. The number of HIV infected patients captured by the HIV Reporting System under the Department of Health ("DH") in the past five years is set out in the table below.

Year	**2013**	**2014**	**2015**	**2016**	**2017**
Newly reported cases	**559**	**651**	**725**	**692**	**681**
Age Group					
0-19	7	12	28	9	19
20-59	514	601	667	632	625
>=60	38	36	28	42	32
Age unknown	0	2	2	9	5
Cumulative cases	**6342**	**6993**	**7718**	**8410**	**9091**

2. From 2013 to 2017, the number of HIV infected patients, with breakdown by age groups, receiving clinical services at the three HIV clinics set up by DH and the Hospital Authority ("HA") is as follows –

Year	**Age group**	**DH**	**HA**		**Total**
		Integrated Treatment Centre ("ITC")	**Queen Elizabeth Hospital**	**Princess Margaret Hospital**	
2013	0-19	9	11	0	3559
	20-59	1992	947	215	
	>=60	218	136	31	
2014	0-19	7	7	0	3952
	20-59	2196	1019	300	
	>=60	238	151	34	
2015	0-19	10	10	4	4423
	20-59	2442	1078	403	
	>=60	268	165	43	
2016	0-19	4	10	3	4902
	20-59	2659	1150	541	
	>=60	300	178	57	
2017	0-19	9	16	1	5378
	20-59	2887	1231	624	
	>=60	343	201	66	

DH and HA do not maintain the number of HIV infected patients who were in need of residential care services.

3. According to the information from the Social Welfare Department ("SWD"), the number of HIV infected elderly patients who have applied for subsidised residential care services, with breakdown by age groups, from 2013 to 2017, is set out in the table below. SWD does not keep record on the number of HIV infected patients aged below 60 who are in need of residential care services.

Age Group	**Year**				
	2013	**2014**	**2015**	**2016**	**2017**
60-69	0	0	1	0	0
70-79	0	0	2	0	1
80-89	0	1	1	0	2
>=90	1	0	1	0	0

(b) Provide a response to the suggestion from some members and deputations to extend the service hours of the three designed HIV clinics set up under DH and HA to cover Saturdays and Sundays so as to provide greater flexibility for those HIV infected patients who had to work on weekdays in scheduling their consultations.

4. Currently, the use of antiretroviral therapy is an effective treatment for HIV infected patients. After the first year of treatment, in general, patients need to return to Integrated Treatment Centre ("ITC") for twice a year, or once every 20 weeks. Similar to other specialist clinics, operation of the ITC will require multi-disciplinary services, including the laboratory, radiology, shroff and accounting services, medical social worker and pharmacy, etc. Any proposal to extend the service hours of ITC to cover Saturdays and Sundays will require careful planning and resource commitment of the above services. Given the above constraints, extending services to cover Saturday or Sunday services will inevitably require re-deployment of resources from the weekday clinics and would therefore affect the overall services provided for patients. Nevertheless, subject to availability of extra resources, and service and operational needs, DH will consider reviewing the operation hours of the clinics.

5. Regarding the two HIV clinics under HA, the service hours of these clinics are similar to that of other specialist out-patient clinics in HA and the operation of each clinic requires multi-disciplinary services including pharmacy, radiology, etc. HA would make appropriate arrangement on the service hours of the clinics having regard to service and operational needs.

(c) Provide the details of the mechanism put in place by the Education Bureau to monitor and evaluate the effectiveness of the implementation of sex education in the school setting, and the evaluation outcomes when available.

6. Under the spirit of school-based management, schools will make reference to the Education Bureau ("EDB")'s latest curriculum guides and documents while

taking into account their school mission and context as well as student needs to make appropriate school-based sex education curriculum planning professionally. As a sustained practice, EDB would meet and exchange views with stakeholders to understand the implementation of various elements of the school curriculum through different channels, such as school curriculum visits and External School Review ("ESR")[1]. The above approach also applies to values education including sex education. Under the "School Development and Accountability Framework", schools are encouraged to work out their own development plans based on the school objective and needs of students, and monitor the progress of work and conduct evaluation on the effectiveness regularly. The ESR Team of EDB will, through various approaches, such as document review, observation and discussion with stakeholders, to examine the progress of the above work and validate the schools' self-evaluation. EDB will also provide advice to schools to enhance schools' curriculum development as well as teaching effectiveness where necessary and appropriate. EDB will continue to provide feedback to schools through ESR and school curriculum visits to provide support to schools to refine values education including sex education.

(d) Advise in the form of a table the number of approved grant applications for the AIDS Trust Fund in the past five years, with a breakdown by the target groups of and the amount of grant approved for each target group.

7. Information on the number of approved applications, with a breakdown by target groups and the amount of grant approved by the AIDS Trust Fund for each target group in the past five years, is set out in **Appendix**.

[1] The aim of school curriculum visits is to allow EDB to communicate and share experiences with schools and make good use of the information collected for improving support to schools. ESR is an ongoing measure that complements school self-evaluation.

Appendix

Number of applications and amount of approved fund under AIDS Trust Fund

Target groups of applications		**Five higher funding priorities areas (Recommended HIV/AIDS Strategies for Hong Kong 2012 - 2016)**					**Others**		**Total**
		MSM	**MCFSW**	**IDU**	**SW**	**PLHIV**	**Multiple Target Groups***	**Others #**	
Oct 2012 – Mar 2013	Number of approved applications	12	0	0	3	0	0	0	15
	Amount approved	$11,369,450	$0	$0	$3,196,258	$0	$0	$0	$14,565,708
2013/14	Number of approved applications	5	0	2	1	0	1	4	13
	Amount approved	$7,054,597	$0	$5,598,000	$898,980	$0	$3,865,783	$5,577,658	$22,995,018
2014/15	Number of approved applications	7	1	2	0	3	2	7	22
	Amount approved	$9,497,532	$1,991,798	$2,805,418	$0	$2,172,913	$5,964,930	$3,839,816	$26,272,407
2015/16	Number of approved applications	10	2	0	4	2	0	3	21
	Amount approved	$13,637,320	$3,019,139	$0	$2,047,367	$1,860,806	$0	$1,207,475	$21,772,107
2016/17	Number of approved applications	4	1	1	1	3	1	5	16
	Amount approved	$7,423,853	$364,091	$948,297	$955,378	$2,896,010	$461,906	$4,432,426	$17,481,962
2017/18	Number of approved applications	9	1	2	1	3	1	4	21
	Amount approved	$16,784,445	$1,556,698	$3,133,829	$2,166,623	$4,602,227	$2,656,875	$6,295,115	$37,195,811
Oct 2012 – 2017/18	***Number of approved applications***	***47***	***5***	***7***	***10***	***11***	***5***	***23***	***108***
	Amount approved for applications	***$65,767,196***	***$6,931,726***	***$12,485,544***	***$9,264,605***	***$11,531,956***	***$12,949,494***	***$21,352,490***	***$140,283,012***
	Resource allocation (%)^	***47%***	***5%***	***9%***	***7%***	***8%***	***9%***	***15%***	***100%***

Note: MSM–Men who have sex with men, MCFSW-Male clients of female sex workers, IDU-Injecting drug users, SW–Sex workers, PLHIV-People living with HIV.
^ There may be a slight discrepancy between the sum of individual items and the total as shown in the table due to rounding of figures.
* Multiple Target Groups include MCFSW & SW (3), MSM, MCFSW & Youth (1) and MSM, MCFSW, SW & PLHIV (1).
# Others include cross-border traveler (2), prisoners (3), ethnic minorities (4), transgender (8), the deaf, blind & people with physical disabilities (3) and general public (students, young people, those at high risk of infection & those with risk behaviours including their spouses or partners) (3).