



Clerk to Panel on Health Services
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

25th January 2018

Dear Members of the Panel on Health Services,

Hong Kong response to the HIV/AIDS epidemic – what can be done

The Hong Kong Coalition of AIDS Service Organisations (HKCASO) is a group of HIV NGOs working on the community response to HIV. In this letter we set out some of the opportunities to significantly improve the Hong Kong HIV response. Please also find enclosed some documents for your information.

Ten years ago Hong Kong had a relatively low HIV infection rate for a major world city. That is no longer true with new infections having risen +86% over 10 years. It is especially noticeable that while Hong Kong's infection rate has increased, there has been a drop in cutting HIV infection rates in other world cities such as San Francisco, New York, London and Sydney, Australia. (Please see enclosed charts with city trend data).

In New South Wales, Australia which has a similar population size (7.5 million people) to Hong Kong and a similar HIV epidemic profile the number of HIV infections is now much lower following a major drop in recent years. There are now on average 200 HIV infections per year in New South Wales. In Hong Kong there are on average 600-700 new infections each year.

The Hong Kong Government and community have done well to increase access to HIV testing and also to get many people with HIV onto HIV treatment. However, a modern city like Hong Kong with a modern healthcare system can achieve more. This is important so that Hong Kong's population remains healthy and also so that we can reduce the financial cost on the healthcare system. Currently there are 600-700 new HIV cases each year which will require medical treatment for the rest of their lives. This is unsustainable as it can mean a doubling of the HIV case load every 10 years (currently it is estimated there are 6,500 people living with HIV in Hong Kong with 600-700 new cases each year).

1. **Pre-exposure Prophylaxis.** The World Health Organisation has recommended that HIV medication should be provided to people at highest risk of HIV as a prevention measure. <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

There is now well-established evidence from large clinical trials that this Pre-Exposure Prophylaxis (PrEP) can be a vital tool in cutting HIV infections if used appropriately. Many countries now have large PrEP implementation trials underway enrolling thousands of high risk people into these trials. The Hong Kong Government needs to prioritise starting a large PrEP trial soon. The Hong Kong HIV/AIDS Strategy mentions the need for more research on PrEP but action needs to follow.

2. **HIV testing.** The rate of HIV testing for the populations at highest risk can be increased. The latest Department of Health estimate is that 20% of MSM with HIV are undiagnosed - do not know they are infected (see HIV cascade in enclosed slides). Gay and bisexual men should be testing at a minimum once a year as the ACA strategy recommends and heterosexuals at highest risk also need to test. The opportunity is to scale up HIV testing for the highest risk, roll out HIV self-testing, supported by bigger community education campaigns about the importance of HIV testing.
3. **Sustainable funding for NGOs working in HIV prevention and care.** For an infection like HIV that is so highly stigmatized, services by community organisations which can reach parts of the community government services cannot is especially important. Unfortunately there has been a history in recent years of the AIDS Trust Fund only providing 1-year funding grants to NGOs for HIV prevention and care. This has been very damaging as it has undermined the sustainability of the work, prevented long-term planning and staff retention problems. It is recommended that the AIDS Trust Fund consider moving to 2 or 3-year funding cycles to strengthen the NGO response. (Please see the enclosed summary of recent interviews with senior staff in HIV NGOs explaining the impact of short-term funding).
4. **Lost to follow up cases.** The Advisory Council on AIDS' HIV AIDS Strategy estimates that 80% of MSM with HIV are diagnosed but only 70% of them are on treatment. (See enclosed slide with a copy of the estimated treatment cascade). This treatment gap needs to be closed to control the epidemic. It is noticeable that despite the large increase in the number of new HIV infections the resources available for HIV treatment and care provided by government have not increased by a similar amount. This is problematic because people with HIV need a range of advice and support in order to improve their health and to reduce the risk of infecting other people. **A review is needed of the medical and support services needed for people with HIV to establish appropriate resourcing.**

5. **Stigma and discrimination against LGBT people.** Stigma and discrimination experienced by LGBT people is a major obstacle to improving their health and lowering the HIV infection rate. It discourages LGBT people from seeking information and help because they are fearful about disclosing their identity and of the treatment they may receive. It is time to follow the recommendations of the Equal Opportunities Commission and introduce anti-discrimination ordinance for sexual minorities to ensure progress on HIV prevention and care.

6. **Sexuality education for young people.** Most young people in Hong Kong receive little or no education about sexuality and gender identity. We are seeing the start of increasing numbers of sexually transmitted infections among young women and men which will increase unless there is better work by many stakeholders. A review of sexuality education for young people would be a welcome step to see how schools, parents and young people can be better supported.

I can be contacted for more information by emailing andrew.chidgey@aidsconcern.org.hk or telephoning 2898 4411.

Yours sincerely,



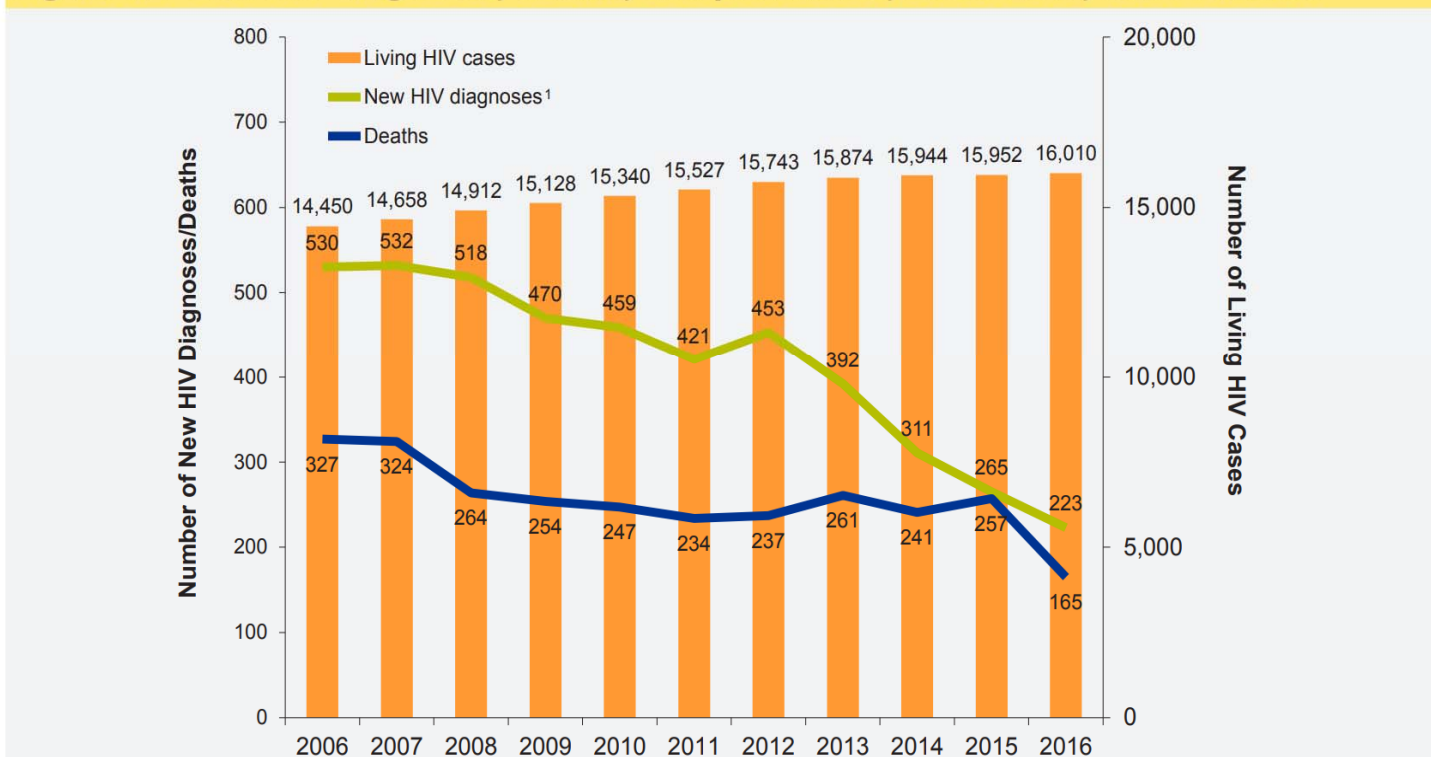
Andrew Chidgey

Chairperson, Hong Kong Coalition of AIDS Service Organisations



San Francisco

Figure 1.2 New HIV diagnoses, deaths, and prevalence, 2006-2016, San Francisco



* Data from HIV Epidemiology Annual Report 2016, San Francisco Department of Public Health



London

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EveningStandard.

HIV cases fall by 40% for second year at top clinic

ROSS LYDALL | Wednesday 30 August 2017 11:26






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DAILY NEWS 9 January 2017

Massive drop in London HIV rates may be due to internet drugs



Thousands of Londoners are buying PrEP from foreign websites
Tom Craig/Getty

By Clare Wilson

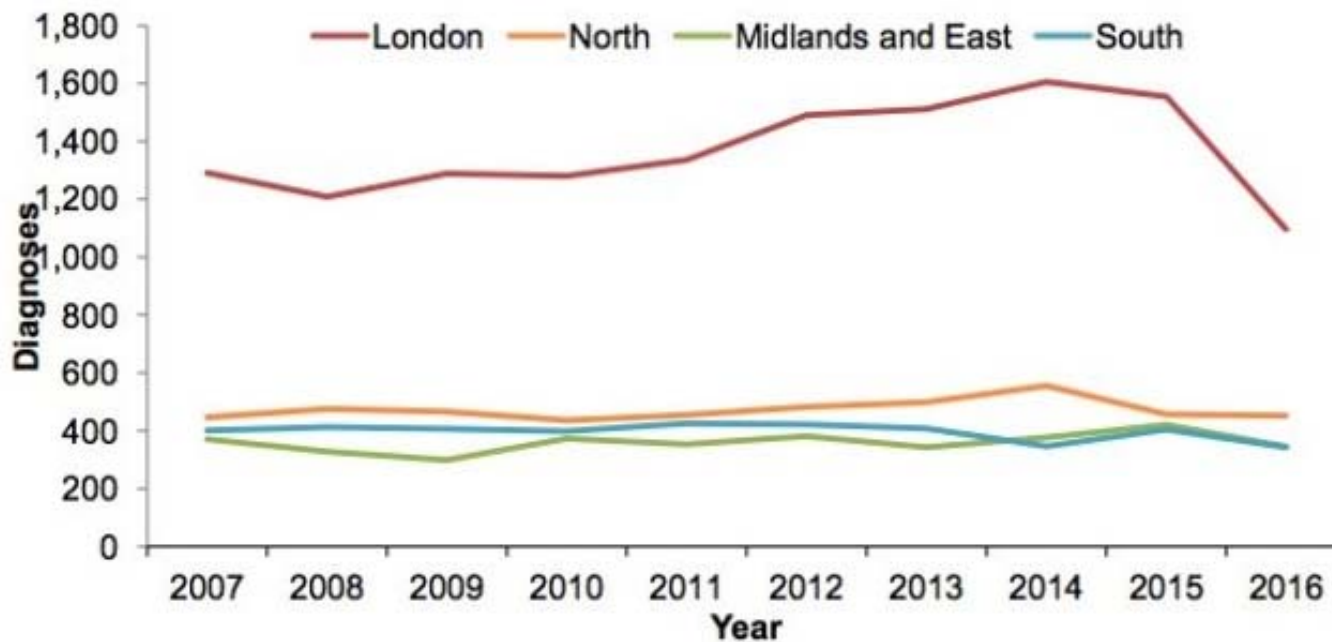
Gay men who defied medical advice seem to have changed the course of the HIV epidemic in the UK – for the better.

Four London sexual health clinics saw dramatic falls in new HIV infections among gay men of around 40 per cent last year, compared with 2015, new figures



London

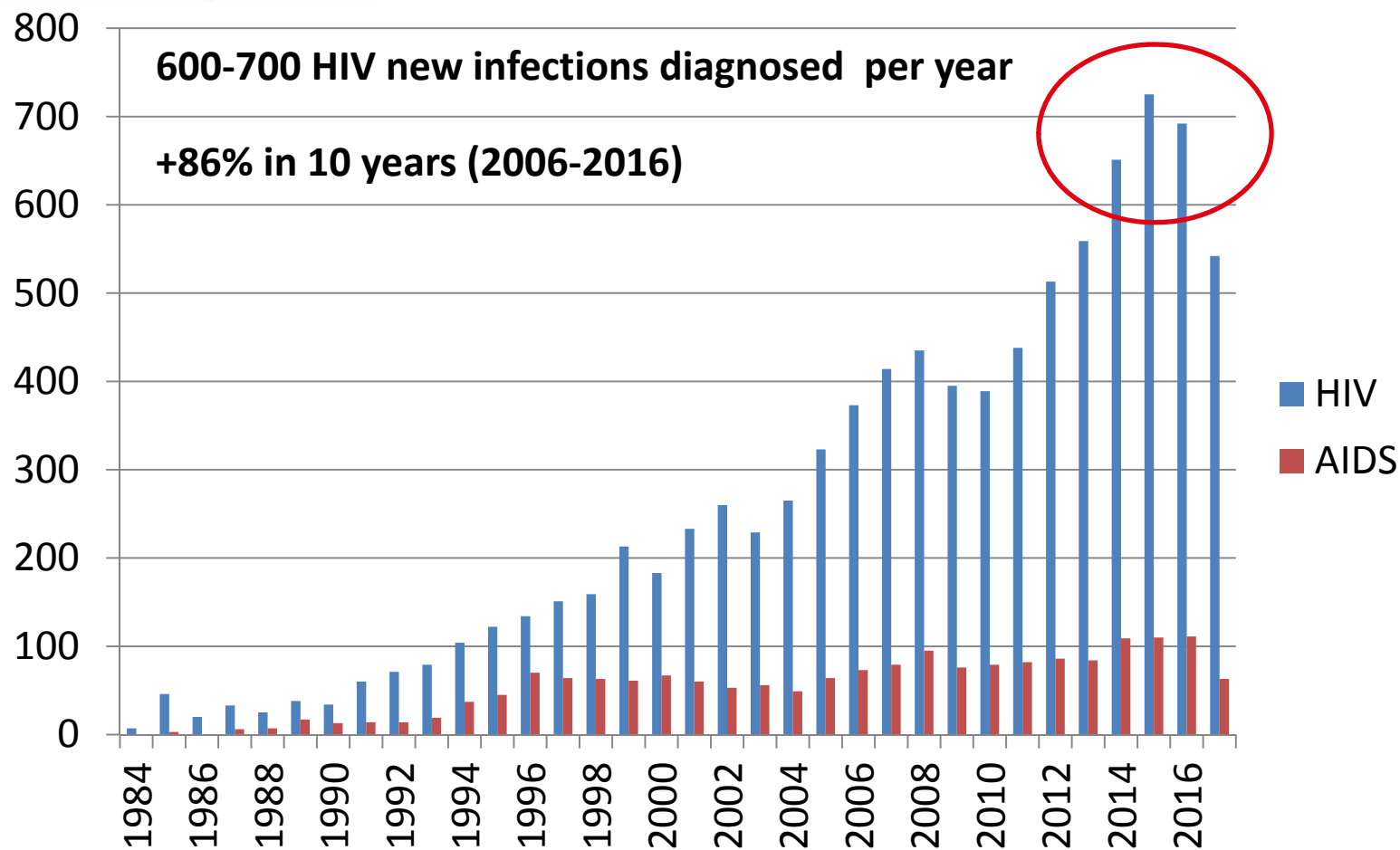
Figure 2. New HIV diagnoses in gay and bisexual men, by region of residence, 2016, England



*Data from Terrence Higgins Trust



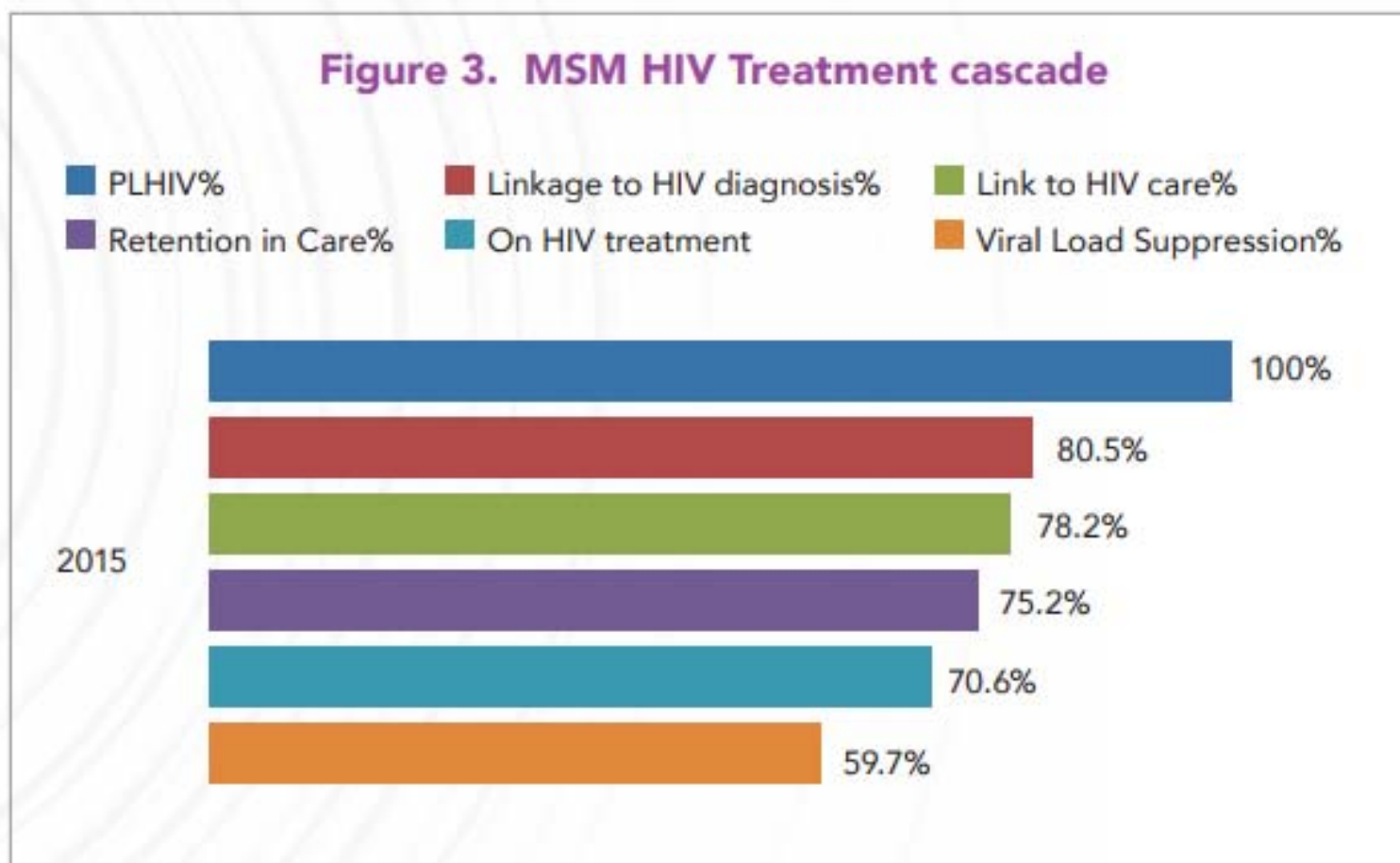
Hong Kong HIV cases



* Hong Kong Department of Health data



Hong Kong HIV cases



* Hong Kong HIV/AIDS Strategy, Hong Kong Advisory Council on AIDS



Raise the HIV testing rate

- Latest Haris survey data (collected 2016, published 2017): 76% of MSM had ever had an HIV test
- 59% had tested in the last 12 months (note biased survey as through NGOs and HIV services)

Message for the community:

All MSM test minimum of once per year
MSM who know they have higher risk sex should test more often
Men and women with unprotected sex should have HIV testing

Roll out self-testing to increase access

AIDS Concern has been piloting this and the community seems interested



Extract from review (yet to be published) about the impact of short-term funding for HIV services in Hong Kong, from interviews with senior staff in HIV NGOs,

December 2018

The Hong Kong AIDS Trust Fund provides grants to NGOs to provide HIV prevention and care services. In recent years the ATF has moved away from providing 3-year funding grants in preference for 1-year funding. This has impacted on the sustainability of HIV services. The comments below are extracts from interviews with NGO senior staff.

1. Strain on human resources

- i. Impact on human resources appeared to be the first priority of concern. Having been posed the open question about their views on the impact, most interviewees brought up this aspect. They described how one-year funding has made it harder to recruit or retain staff.
- ii. The salary standard set by ATF was asserted by the interviewees to be uncompetitive, especially for experienced staff. This comment was expressed both by the interviewees whose organizations mainly hire social workers and those which do not.
- iii. The one-year funding term further intensifies the strain on human resource management. Only a yearly contract by some NGOs and this induces job insecurity and uncertainty.
- iv. The interviewees laid out a timeline in which the recruitment process, including advertising and interviewing for new staff, may take up to three months, and at least three months are needed to train new staffers. It is too tight for a one-year funded project to fulfil recruit requirements and to run an effective program. Besides, this practice also does not allow room for organizations to budget in an increase of salaries for staff who deliver the programs over consecutive years.
- v. In time of contingencies, one-year funded programs can face even more pressure in their manpower. It was reported by an interviewee that they are not planning to hire a replacement after the existing staffer has left in the middle of the project period. It is impossible to hire new staff with an employment contract of only a few months long when the next round of funding has not been confirmed. Another incident reported was that, due to a short notice of the funding cut of a yearly renewed program, the organization had to restructure their programs, and reallocate the staff internally within a short period of time.

2. Administrative burden

- i. One-year funding means that organizations go through repeated funding cycles of proposals and report submissions within a short period of time.
- ii. The below is a typical timeline with tasks of a cycle for one-year funded programs illustrated by the interviewees. The cycle needs to be interpreted in

a recurrent and overlapping manner. This means that while organizations are preparing a new proposal submission for the next cycle, they also need to draft the report of the last cycle and implement the funded program of the current cycle.

Timeline	Tasks related to ATF one-year funded programs
End March	• Wrap up the previously approved program(A)
April	• Launch the newly approved program(B)
May	• Submit Program A report
Jun-Aug	• Submit a new program(C) proposal
Sep-Nov	• Respond to ATF's enquires about Program A report and Program C proposal • Internally review Program B mid-term progress to identify any adjustment required, including the budget
Dec	• Present Program C proposal to ATF
Feb	• Early Feb- Communicate with ATF about the initial funding decision about Program C for agency's internal yearly budgeting • End Feb- Receive the ATF's confirmation about Program C
March	Repeat the same cycle indicated above

4. Hindrance to program innovation, responsiveness and ambition

- i. One-year funded programs create uncertainty for organizations. In order to secure yearly renewal of the funding, they will sometimes develop their program design with grant applications which have a higher chance of approval instead of daring to be innovative, and responsive and ambitious about what they think a program should be striving to achieve.
 - "唔敢有野心" (Not daring to be ambitious)
 - "唔敢開大個頭" (Not daring to initiate something big)
 - "唔敢、唔會諗、亦唔得閒去諗" (Not to be bold, not to think, and actually have no time to think)
 - "無去 apply(嘅 program 內容) · 唔代表唔需要去做" (Those interventions that are not applied to ATF do not mean that they are not needed to deliver)
 - "唔係好有意思 · 實際創新不多" (Feeling not that meaningful since there is not much innovation)
 - "唔敢有太多花臣" (Not daring to be different from the convention)
 - "唔可以太 progressive" (Can't be too progressive)