

**Views from Hong Kong AIDS Foundation on ACA's recommended HIV/AIDS Strategies for Hong Kong (2017-2021):**

**General:**

1. More longitudinal research on key populations would have good tracking on each population and generate useful information for future intervention.
2. More research should be supported by government on the areas of self-testing and PrEP and difficulties faced by MSM.
3. Scaling up partner notification service and further extend from centre-based to community based venues is recommended.

**Male who have sex with male(MSM):**

4. To tackle the rising of infection rate of YMSM, more concrete ideas and resources allocation should be delegated in researches for understanding the problems, identifying the service gap and inventing innovative intervention.
5. More research could be conducted on the difficulties faced by MSM. As MSM community is still facing many misunderstandings and difficulties, this could be the key to be explored for generating useful information for creating effective preventive intervention.
6. More funding and resources/support should be provided for the NGOs and service organization to better public education and/or tailor-made promotion or education campaigns for the young populations.
7. Further augmentation in integrated services for drug addicts is essential, especially the improvement in the linkage between different governmental, medical and NGO units.
8. Soft approach to tackle the drug abuse issue of MSM could be used with emphasis in demolishing the related mistaken ideologies.
9. Emphasis on cross-border MSM should not be neglected as the HIV infection rate of MSM community in nearby Mainland cities is high.
10. Strategies should cover the HIV prevention in Male Sex Workers.

**People living with HIV(PLHIV):**

1. PLHIV partners could be encouraged and sponsored to take frequent regular HIV testing and PrEP.
2. Counselling and clinical psychologist service should be enhanced to boost the rate of PLHIV achieving medical adherence within the HIV cascade. Enhancement areas should also cover the service venues (e.g. clinics, NGOs, testing venues), manpower (e.g. social workers and other professionals) etc.
3. Ageing population of PLHIV will be increased, government should give more financial support in establishing integrated services for elderly PLHIV to manage

health and co-morbidity conditions, including medical treatment, transportation, community service, physiotherapy and psychosocial services etc.

**Ethnic Minority(EM):**

1. Government should commit more resources in providing translation service, basic language training for workers and publications in various languages etc.
2. Government should target young populations of EM as they are always being neglected due to their social status, family background, religion and financial situation etc. They are deprived of accessing right knowledge of HIV/AIDS and other related knowledge. Government should consider give more funding to support NGOs/ service organization to better / strengthen works on education programmes, HIV testing and outreach services etc. There are a lot of homeless EM youngsters or street EM children/youngsters in HK, being vulnerable to sex related diseases and HIV/AIDS.

**Self-testing:**

1. There are still possible risks for people committing suicide after diagnosed positive when taking home-test; government should reserve more budget in developing the corresponding services to tackle and minimize the possible perils.

**Male Clients of Female Sex Workers:**

1. The population size of MCFSW revealed in research conducted years ago had underestimated the actual amount due to the hidden nature of the group. It is very important to promote the prevention education through general media in order to reach out the group.

**General Public:**

1. The strategies are too medical school-oriented and hence just the key populations are accentuated; in fact the needs of general public and youth should not be unheeded.
2. Promotion and education of using condom in every sexual intercourse, taking regular testing, and accepting and supporting the high risk populations should be enhanced in general public population.
3. Beside the above messages, some other knowledge should be taught through media channels as well, such as the danger of chemfun; using in vitro ejaculation could not prevent HIV infection etc.
4. All in all, Resources and Focuses should go back to better public education and promotion. Government should put back more financial resources to support service organizations and NGOs to implement effective, more interesting, more creative promotion campaign (i.e. media advertisement, youth talks and activities)

towards general public. More promotion about HIV/AIDS and related issues should target directly to young people (both heterosexual and homosexual) and as wide as general public – this is a matter of fact that the majority of the people are still seriously lacking common knowledge about HIV/AIDS i.e. infection route/ways, the real danger of the virus, the virus itself, the real situation of being infected and how to deal with PLHIV etc. They hold a lot of bias and unnecessary beliefs about patients and the disease itself. General public / common people have a lot of bias/ misunderstandings on HIV/AIDS, which should not be accepted in a society like HK when this epidemic has emerged since mid 1980s. The reason is because we always have a relatively poor public education on HIV and the promotion/education, as said above, has always been focusing on certain groups with certain special messages only. It goes too limited.

**Youth:**

1. HIV education talks and smart phone apps HIV education should be widely extended to secondary schools and tertiary institutions with adequate resources supporting.
2. Parents and schools are still holding very strong avoidance stance towards HIV education and relevant sexual orientation sex education, this has formed a big impediment to successful prevention. Involvement of some other government units is highly recommended to be mandatory to expedite HIV prevention.
3. Focus groups could be considered for collecting more information and gaining more understanding of youths and school teachers.

**IDU:**

1. Frequency of free HIV testing providing at methadone clinics should be increased for facilitating early diagnosis, for example once per half year.