

# Planning of five-year HIV/AIDS Strategies in Hong Kong 2012 - 2016

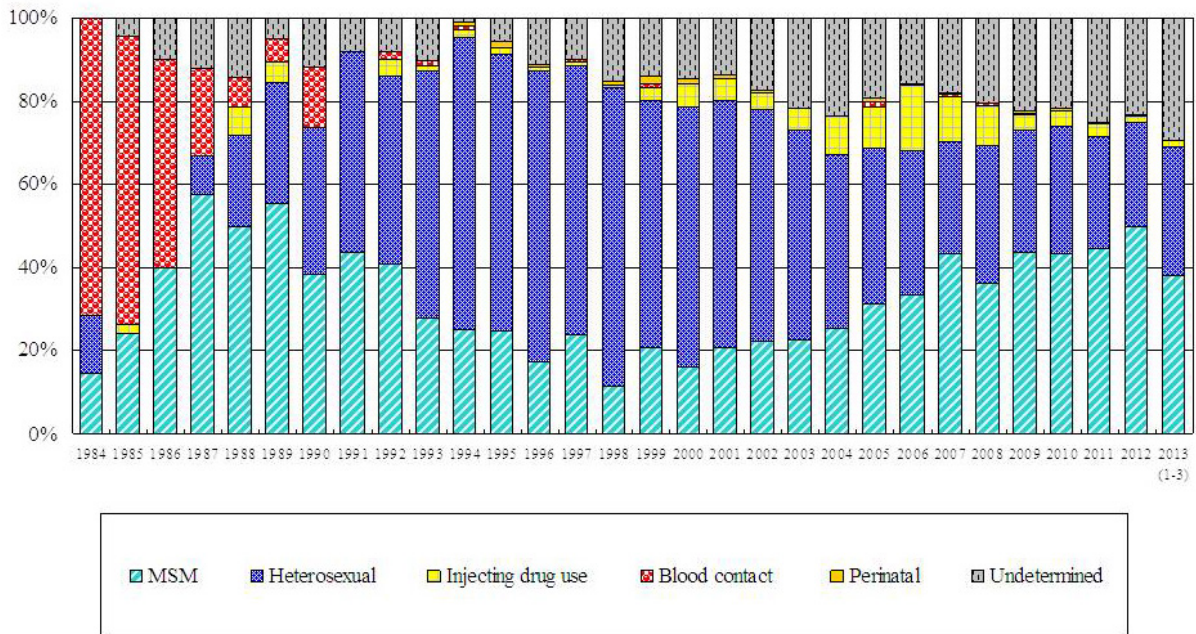
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## Background

The HIV epidemic in Hong Kong is predominated by sexual transmission especially among men who have sex with men. A considerable number of infected persons remain undiagnosed and present late, compromising the benefits of antiretroviral therapy. Concerted efforts from all sectors of Hong Kong society are required to address the challenges arising from the evolving drivers of the epidemic.

**Figure 1. Increasing proportion of HIV reports being men who have sex with men**



## Methods

The Results Cycle developed by the World Bank was used to guide the development of a strategy for the consideration by the Hong Kong Advisory Council on AIDS (ACA). Situation analysis was performed, opinions from stakeholders were gathered, and reference was made to overseas strategies. A 19-months, eight-staged process starting from July 2010 was employed. The Information used and the major stages involved are summarised in Table 1 and Table 2.

**Table 1: Information used for planning HIV/AIDS Strategies for Hong Kong**

Type of information	Source
<b>Analyze HIV epidemic and local response</b>	
<b>1. Disease epidemiology</b>	<ul style="list-style-type: none"> <li>● Hospital Authority Statistical Reports</li> <li>● Voluntary HIV/AIDS Reporting System</li> <li>● HIV seroprevalence surveys</li> <li>● Projection of local HIV epidemic using the Asian Epidemic Model</li> </ul>
<b>2. Risk behaviours of most-at-risk populations</b>	<ul style="list-style-type: none"> <li>● Household telephone, community venue-based and healthcare facility-based surveys of key populations supported by DH</li> </ul>
<b>3. Structural factors</b>	<ul style="list-style-type: none"> <li>● UNAIDS documents</li> <li>● Youth Sexuality Study</li> <li>● Database of HIV-related research publications in Hong Kong</li> <li>● Information and opinion from stakeholders</li> </ul>
<b>4. Current response of local HIV/AIDS programmes</b>	<ul style="list-style-type: none"> <li>● Third Set of Core Indicators for Monitoring Hong Kong's AIDS Programme</li> <li>● Information kept by DH, NGO and AIDS Trust Fund</li> <li>● Service statistics of public HIV clinics</li> </ul>
<b>Select critical programmes</b>	
<b>1. Latest evidence-based strategies on HIV/AIDS</b>	<ul style="list-style-type: none"> <li>● UNAIDS, World Health Organization, China, United States and Australia</li> <li>● XVIII International AIDS Conference</li> </ul>
<b>2. Opinion from experts</b>	<ul style="list-style-type: none"> <li>● ACA members and Dr Tim Brown</li> </ul>

**Table 2. Major stages of formulating the HIV/AIDS Strategies for Hong Kong 2012 – 2016**

Time Frame	Methods	Remark
Jul 2010 – Jul 2011	Review local and international HIV/AIDS strategies by ACA	Summaries of latest international and national strategies, scientific meetings, estimation and projection of local epidemic, core indicators for monitoring local AIDS programmes and final review of previous strategies were deliberated in meetings.
Jan – Feb 2011	Community Stakeholders Consultation Meeting (CSCM)	Nine sessions on eight key populations and resource issues were held. Discussion was distilled into strategic recommendations for further clarification, discussion and prioritization by the participants, who also determined if and how the recommendations were prioritized (Figure 4).
May – Jun 2011	Comment by stakeholders on the CSCM report	Specific recommendations sent to 24 relevant Government bureaux / departments, public agencies and universities.
Jan – Mar 2011	Online opinion survey	Around 50 parties in the public sector, professional bodies, civil society, the universities, overseas experts and general public were invited through correspondence, official website and press release.
Aug 2011	Stakeholders consultation on the first draft	
Oct 2011 – Feb 2012	Six visits to 20 AIDS service organisations	
Nov – Dec 2011	Public consultation on the revised draft	
Jan 2012	Final deliberation by ACA	

## Results

Gaps informed by the local epidemic and current response were identified (Table 3). In alignment with UNAIDS, the visions of achieving zero new HIV infection, zero AIDS-related death and zero discrimination was adopted to guide the overall direction of its 5-year AIDS strategy. Goals and specific targets were defined to reduce new infections, ensure quality services and address the problem of discrimination.

**Table 3. Gaps identified**

<b>Disease epidemiology</b>	
	Increasing number and longevity of HIV-infected persons
	Many heterosexual men acquired HIV infection from outside Hong Kong especially Mainland China
	Increasing population movement between the Hong Kong and the Mainland
	Local HIV transmission predominates in MSM, and a higher HIV prevalence was seen among those who had sex outside Hong Kong.
	Late diagnosis still common especially in older men
	Less and incomplete reporting of HIV by private health sector
	HIV screening for key populations in private health sector variable
	Uncertain if there is HIV transmission via hidden local FSW
<b>Risk behaviours of most-at-risk populations</b>	
	Condom use between regular partners of MSM remain low
	Less consistent condom use in MSM who took part in online survey, take drugs and not using condom at first anal sex
	FSW use less condom with regular partners
	Syringe sharing common in street addict
<b>Structural factors</b>	
	Growing size of overall susceptible populations
	Strong external influence from intense population movement
	Stigma and enforcement practices not favour practice of safer sex and access to HIV-related services by key populations
<b>Current response of local HIV/AIDS programmes</b>	
	Certain subgroups of key populations remain hard-to-reach
	HIV testing in key populations especially male clients of FSW was low
	Considerable PLHIV are not under care
	Condom not available in substantial proportion of anal sex in MSM
	Lack of data to evaluate cost-effectiveness of individual prevention programme
	Lack of information on the impact of social factors on access to major services

Taking into account the best available evidence, local relevance and feasibility, recommendations were categorized into five priority areas. A strategic document was endorsed and published by ACA in March 2012.

**Figure 2. Priority areas for action and guiding principles of Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016**

<b>Priority areas for action</b>
1. scale up HIV prevention in priority communities
2. maintain holistic and quality HIV treatment, care and support
3. foster an environment which supports safer sex, harm reduction and anti-discrimination
4. drive strategically informed and accountable interventions
5. enhance partnership and capacity for an effective response within Hong Kong and the nearby region

### **Limitations**

The planning process utilized the best available information. Major limitations included the lack of accurate mortality statistics of HIV-infected persons as many of them remain undiagnosed; use of overseas data on the frequency of sex among MSM and the number of clients among sex workers in modeling the epidemic projection; lack of validated measures for estimating the occurrence of risk behaviours; and despite the thorough and lengthy process to reach and involve community stakeholders, especially the vulnerable populations, the opinions collected could only reflect those who actively participated.

### **Conclusions**

Systematic and comprehensive planning has been performed to map out a strategic document which is evidence-based and owned widely by stakeholders.