Report of the Community Stakeholders' Consultation for the Development of Recommended **HIV/AIDS** Strategies for Hong Kong 2017-2021

Community Forum on AIDS (CFA)
And
Hong Kong Coalition of AIDS Service Organizations(HKCASO)

March 2016

香港愛滋病顧問局
Hong Kong Advisory Council on AIDS

www.aca.gov.hk

The Community Stakeholders Consultation for the development of Recommended HIV/AIDS Strategies for Hong Kong 2017-2021 ran from 12 October 2015 to 4 December 2015. The whole consultation composed of eight stakeholders' consultation meetings and open submission of written opinions. With the advice, the technical and secretarial support provided by the Rapporteur team, the CFA Secretariat and the facilitator, this Consultation Report was compiled, which contained all the views and information collected and gathered during the consultation period.

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Acknowledgement

The Community Forum on AIDS and the Hong Kong Coalition of AIDS Service Organizations has taken a partnership approach to tap into the collective wisdom of various HIV stakeholders and communities through the eight-session Community Stakeholders' Consultation Meeting and opinions collected during the consultation period. Much has been done to plan how this should be conducted, how the community members and organizations could be engaged and mobilized, and how the consultation should be facilitated to make the discussion meaningful for the ACA's drafting the coming Recommended HIV/AIDS Strategies for Hong Kong (2017-2021). All these could not have been accomplished without the coordinated efforts of the Working Group, facilitator, meeting rapporteur, table hosts, note takers, the secretariat support of the Department of Health, and, most importantly, participation of community members.

On the whole, the consultation was successful in drawing the active discussion and feedback and generating insights from the community members. We believe everyone taking part in the process is proud of being involved and the resulting recommendations would contribute to combat HIV/AIDS epidemic in Hong Kong.

Acronyms and abbreviations

AC	AIDS Concern
ACA	Hong Kong Advisory Council on AIDS
AF	Hong Kong AIDS Foundation
AFRO	Action for REACH OUT
AIDS	Acquired Immunodeficiency Syndrome
ATF	AIDS Trust Fund
BGCA	The Boys' and Girls' Clubs Association Hong Kong
CCM	Community Stakeholders Consultation Meeting
CFA	Community Forum on AIDS
CHOICE	Community Health Organisation for Intervention, Care and Empowerment
DH	Department of Health
EM	Ethnic minorities
EOC	Equal Opportunity Commission
FSW	Female sex workers
FSWC	Clients of female sex worker
GO	Government Organizations
H2H	Heart to Heart
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HKCASO	Hong Kong Coalition of AIDS Service Organizations
IDU	Injecting drug users
LGBT	Lesbian, Gay, Bisexual and Transgender persons
MSM	Men who have sex with men
MSW	Male sex workers
OS	Open submission
NEP	Non-eligible Persons

NGO	Non-Governmental Organizations
PEP	Post-exposure Prophylaxis
PLHIV	People living with HIV
PrEP	Pre-exposure Prophylaxis
SAC	The Society for AIDS Care
SARDA	Society for the Aid and Rehabilitation of Drug Abusers
SHC	Social Hygiene Clinics
SJHIV	St. John's Cathedral HIV Education Centre
SPP	Special Preventive Programme
SRACP	The Society of Rehabilitation and Crime Prevention, Hong Kong
STI	Sexually Transmitted Infections
SW	Sex workers
SWC	Sex worker's clients
SWD	Social Welfare Department
TG	Transgender persons
TGW	Transgender women
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing service
WGCCM	Working Group of the Community Stakeholders' Consultation Meeting
WHO	World Health Organization
YMSM	Younger men who have sex with men

Executive Summary

Since 1994, the Advisory Council on AIDS (ACA) has produced five sets of recommended strategies for Hong Kong to advise the government on her responses to HIV/AIDS, including programmes and services, funding and policies. The latest set of strategies is for the year of 2012-2016. There is a need to formulate another set for the year of 2017-2021 in light of the current HIV/AIDS epidemic.

The ACA adopts a broad-based, participatory and integrated approach to formulate the recommended HIV/AIDS strategies for Hong Kong 2017-2021. Based on evidence from the global and local epidemics and views from the community, eight priority populations were identified to be the focus of community stakeholders' consultation:

1. Ethnic minorities;
2. Female sex workers;
3. People living with HIV;
4. Clients of female sex workers;
5. Male sex workers;
6. Male-to-female transgender;
7. Men who have sex with men;
8. Injecting drug users.

Capitalizing on the experience and its success in formulating the last set of strategies (2012-2016), a community stakeholders consultation meeting (CCM) was organized again to collect opinions from eight priority communities who are most affected by HIV/AIDS for the strategies 2017-

2021. Other than the consultation meeting, stakeholders as well as the public were also provided with an option to submit their written opinions via email and fax as open submission.

Eight CCM sessions with 183 attendees were conducted from 25 October to 13 November 2015, and 9 open submissions were received from 12 October to 4 December, 2015.

During the consultation meetings, the needs of the communities regarding HIV infection, and the recommendations for controlling the epidemics and HIV prevention were collected. Suggestions were of a wide variety, ranging from prevention, testing, treatment and care, creating an accepting environment, provision and collection of information and cooperation between parties. The needs of the communities and priorities of recommendations collected in each session were listed in Section 3.

The nine open submissions collected through fax or email were summarized in Section 4. They were submitted by various NGOs and community individuals, covering diverse topics.

The recommendations collected from both sources can be categorized grossly into nine areas, namely:

1. Intensify accessibility and availability of combined prevention tools;
2. Ensure physically, culturally and linguistically appropriate prevention education and promotion for priority populations;
3. Devise specific interventions for sub-groups of concern within priority populations;
4. Scale up VCT to motivate more testing;

5. Strengthen the responsiveness and comprehensiveness of HIV treatment and care and linkage to the system;
6. Tackle stigma and discrimination against HIV/AIDS and its association with priority populations;
7. Enhance and push forward public (sex) education;
8. Review, revise and formulate laws and policies protecting priority populations; and
9. Mobilize the government and the civil society to create wider changes.

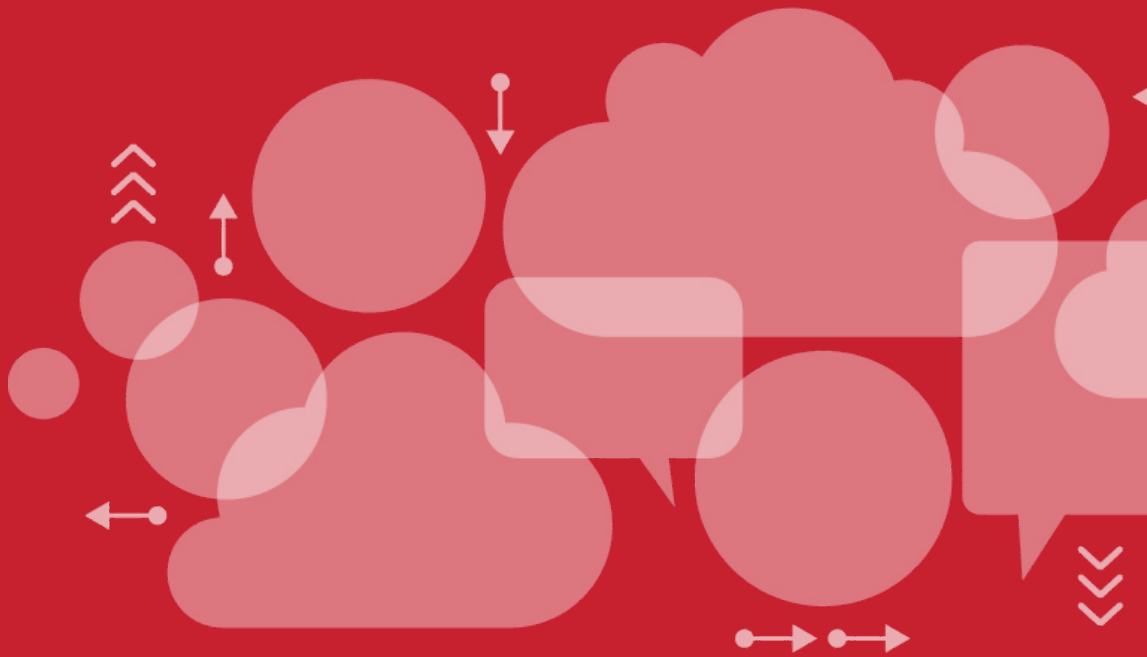
An overall of the nine areas of recommendations were shown in Section 5.

Feedback of participants were collected by evaluation forms. In general, they were satisfied with the arrangement of the consultation, including registration, information provision, and the involvement of the communities. Details was shown in Section 2.11.

The draft of this report has been circulated to those who participated in the CCM and/or submitted their written recommendations during the consultation period. The draft was revised with incorporation of their feedbacks and presented to the WGCCM. The final report will be submitted to the Hong Kong Advisory Council on AIDS for its discussion about the recommended strategies for 2017-2021.

SECTION 1

Background and Rationale of Community Consultation



Section 1

Background and Rationale of Community Consultation

1.1 Since 1994, the Advisory Council on AIDS (ACA) has produced five sets of recommended strategies for Hong Kong to advise the government on her responses to HIV/AIDS, including programmes and services, fundings and policies. The latest set of strategies is for the year of 2012-2016. There is a need to formulate another set for the year of 2017-2021 in light of the current HIV/AIDS pandemic.

1.2 As for the previous sets, the ACA continues to adopt a broad-based, participatory and integrated approach to draft the HIV/AIDS strategies. The following six factors will be considered when formulating the strategies:

a. Global and local HIV situation and future trend;
b. Current HIV responses in Hong Kong;
c. Scientific evidence;
d. Suggestions from WHO, UNAIDS and other health authorities;
e. Opinions from the relevant community stakeholders;
f. Opinions from the public consultation

1.3 Capitalizing on the experience and its success in formulating the last set of strategies (2012-2016), a **community stakeholders' consultation meeting (CCM)** was organized again to collect opinions from eight key communities who are most affected by HIV/AIDS for the strategies 2017-2021. Stakeholders are referred to members from the affected communities, and other individuals and

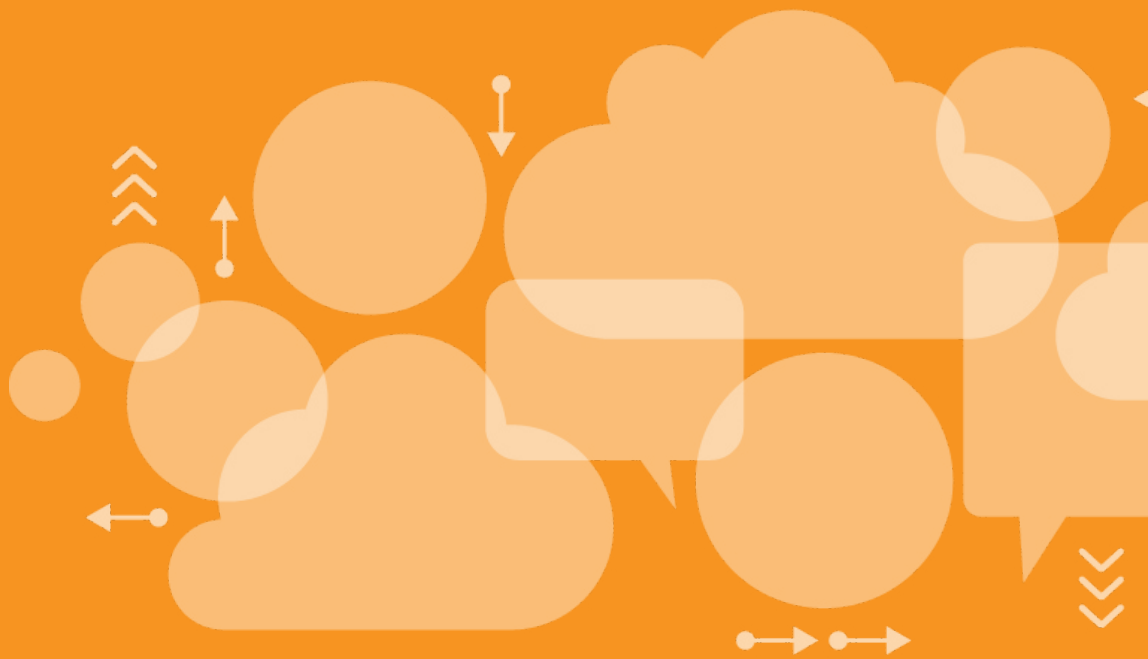
parties who can contribute to effective responses to HIV/AIDS, such as staff and volunteers from AIDS NGO, and other professionals and individuals concerning HIV/AIDS.

1.4 Other than the consultation meeting, stakeholders were also provided with an option to submit their written opinions via email and fax. Opinion collected through these channels will be referred as "Open Submission" (OS) in following parts of this report.

1.5 This report includes the opinions about the strategies both from the CCM and the open submission, which will be submitted to the ACA for its reference while formulating recommended HIV/AIDS strategies for 2017-2021.

SECTION 2

Outline of Community Stakeholders' Consultation Meeting



Section 2

Outline of Community Stakeholders' Consultation Meeting

2.1 Deliberation in CFA and ACA

The idea of Community Stakeholders' Consultation Meeting (CCM) and the establishment of Working Group of the Community Stakeholders' Consultation Meeting (WGCCM) was first deliberated in ACA on 10 July 2015. It was agreed that the CCM would be hosted by the ACA, and jointly organized by the Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO).

After the WGCCM meeting on 7 August 2015, the result of discussion was further deliberated in CFA on 23 September 2015 and ACA on 9 October 2015. In general, members agreed with the logistics arrangement, categorization of different sessions and the rundown. A minority of CFA members, however, showed reservation as they noted that ACA's recommended strategies 2012-2016 had not included some recommendations that were ranked high during the Consultation Meeting of 2011. They appreciated if ACA could increase the transparency for the process of drafting the HIV/AIDS Strategies.

2.2 Working group

A Working Group of the Community Stakeholders' Consultation Meeting (WGCCM) convened by Special Preventive Program (SPP), and composed of representative from the member agencies of HKCASO and independent individuals of related expertise was formed to oversee the CCM.

A meeting was held on 7 August, 2015 to decide on the goal, objectives, format and other related matters. The voting method for prioritization of recommendations in the consultation meeting was also agreed after deliberation and considering seven mechanisms with reference to those adopted in other countries in different occasions (see 2.8). A minutes was prepared by SPP and was agreed by all working group members. Matters arising after the meeting were mainly discussed via email.

2.3 Priority populations

In line with the local epidemics and global health organizations' recommendations (i.e. WHO and UNAIDS) and after a discussion with CFA, working group and community members, individual sessions of the CCM were organized to collect opinions of recommended strategies targeting eight priority populations :

- Ethnic minorities;
- Female sex workers;
- People living with HIV;
- Clients of female sex workers;
- Male sex workers;
- Male-to-female transgender;
- Men who have sex with men; and
- Injecting drug users.

2.4 Goal, objectives and agenda

The CCM's overall goal, objectives and agenda were set as follow:

Goal -To engage stakeholders and the general public for providing inputs for the development of Recommended HIV/AIDS Strategies in Hong Kong for the period 2017-2021.

Objectives	Agenda
1 To report on and identify latest epidemiological trends and current responses in prevention, treatment, care and support	Report on latest epidemiological trend and current responses by SPP
2 To encourage small group discussion among meeting attendees to share their experiences and ideas in the scope of HIV prevention, diagnosis, treatment and care.	Break-out group discussion and report back
3 To identify and connect common perspectives / themes among attendees and formulate recommendations for the development of HIV/AIDS Strategies for Hong Kong 2017-2021.	Synthesis of the group discussions into key recommended strategies by the rapporteur team, and feedback by attendees
4 To prioritize the above strategic recommendations.	Prioritizations of recommendations by voting

2.5 Meeting rundown and duration

The above agenda was translated into a 3.5 hour-meeting run for each session as below:

Table 1. Rundown of the CCM

Time	Activities
10 min	Welcome and introduction
15 min	Reporting on latest HIV epidemiology and current responses
10 min	Introduction of group discussion format & ground rules
15 + 5 min	Round 1 of Discussion+ Report Back
40 + 15 min	Round 2 of Discussion+ Report Back
15 + 5 min	Round 3 of Discussion+ Report Back
20 min	BREAK
45 min	Prioritizations of recommendations
15 min	Conclusion of meeting
Total 3 hours and 30min	

2.6 The working team during CCM

A facilitator – a person with expertise in communities and HIV/AIDS work was recruited to be the facilitator for all sessions to assure consistency in the delivery of the agenda designed.

A rapporteur team – it consisted of three doctors from the SPP. They were responsible to document all opinions reported by each group after group discussion. The records were shown on a projector screen at the same time. The team would then synthesize all the opinions for voting and prioritization by the attendees (see 2.7).

Table hosts and note-takers – 24 table hosts and 28 note-takers were recruited to facilitate and record the break-out group discussion. They involved some 50 staff members mainly recruited from the HKCASO

member agencies (AIDS NGOs). Nine SPP staff subbed in to be note-takers in the sessions short of manpower.

There was a pre-CCM briefing session for workers one week before the beginning of CCM. A briefing was also arranged before the start of each session by the facilitator to prepare the table-hosts and note-takers for their duties.

2.7 Break-out group discussion

To facilitate attendees' sharing of their opinions, three sets of questions were designed with reference mainly to the prevention, treatment and care continuum (Figure 1, next page). They were respectively discussed in break-out group. Each consisted of eight attendees maximum. The three questions were discussed within three separate time slots. After each round of discussion, each breakout group in turn presented their key opinions.

Figure 1: The flow of group discussion flow and the questions

Q1: Needs of the community in relation to HIV/AIDS:

What are the current needs of the community?
e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care

Q2: Strategies in Prevention, Testing/Diagnosis, and Treatment/Care

What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK? Please propose concrete actions.
(i) HIV prevention
(ii) HIV testing and diagnosis
(iii) linkage to HIV treatment & care

Q3: Other strategies

Any strategies needed to be continued, strengthened, newly introduced other than the above?

2.8 Categorization and prioritization of recommendations

After the break-out discussion and report back, the rapporteur team and the facilitator worked together to categorize all the discussion from the three questions into a list of recommendations while attendees taking a break. After the break, attendees re-convened to give feedback on the list and finalize it. A voting among attendees was then conducted to decide the priority of the recommendations.

This voting mechanism for prioritization was as follow: Attendees were given votes equal to 70% of total number of recommendations that had been

synthesized from all the break-out group discussions. They then casted their votes according to their own perception of the order and importance of the recommendation, and could cast more than one vote for one specific recommendation as long as the total number of the votes did not exceed the limit given to each person.

2.9 Participation of Community Stakeholders

2.9.1 Promotion and participant recruitment

Before the consultation, CFA secretariat sent more than 100 invitations to 86 institutions and public services. Posters, pamphlets, and information cards were also distributed. The breakdown of the invitations is as follows:

- 20 AIDS NGOs;
- 16 NGOs that provide services for the targeted populations
- 4 Advisory Groups;
- 10 Tertiary education institutions;
- 6 Professional bodies (Medical, dental, and nursing);
- 4 units under Hospital authority;
- 12 Governmental Departments; and
- 14 units under DH

A designated webpage was also created under the ACA website, with reference materials and discussion questions for CCM uploaded for easy reference. Those who are interested could register online, and via email or fax.

The HKCASO's member agencies promoted the CCM within their networks through regular channels, such as Facebook, e-blast, and personal approach.

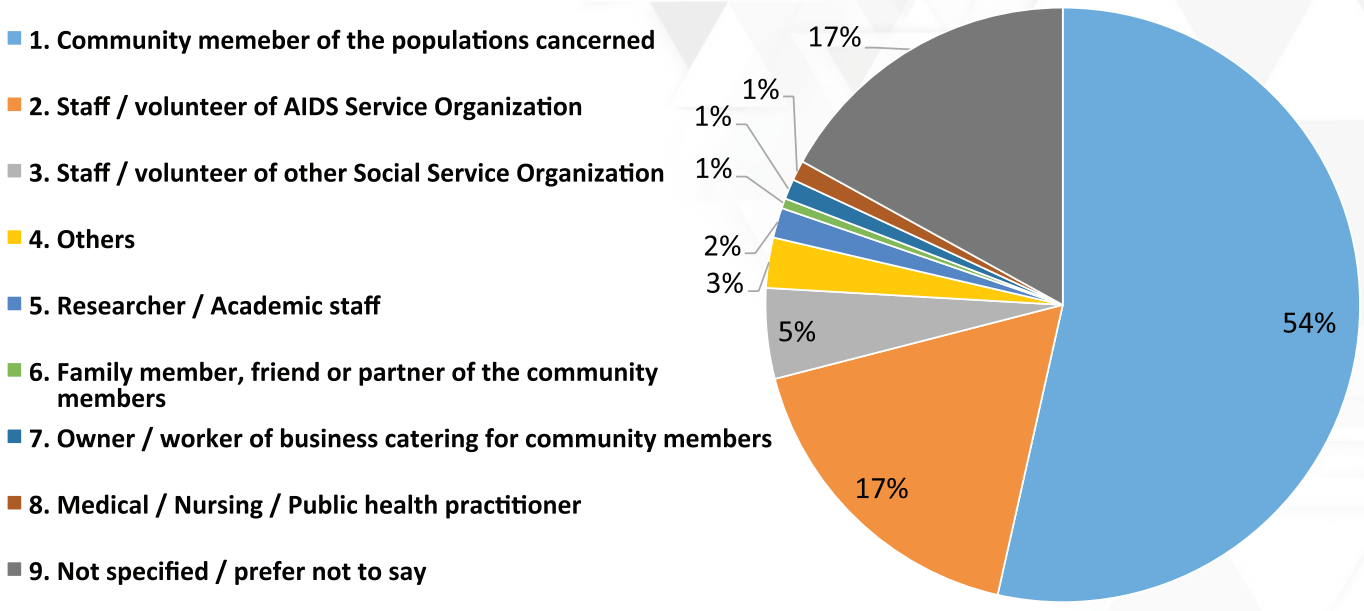
2.9.2 Number of people registered and attended

A total of 248 people registered. When there were still spots left after the registration deadline, late and on-site registrations were accepted. The actual numbers of attendees were 183 and their background were analyzed below (Table 2, Figure 2).

Table 2. Attendance of each session

Sessions		No. of participants	Percentage
1.	Ethnic minorities	12	7%
2.	Female sex workers	19	10%
3.	People living with HIV	33	18%
4.	Sex worker clients	16	9%
5.	Male sex workers	12	7%
6.	Transgender populations	3	2%
7.	Men who have sex with men	59	32%
8.	Injecting drug users	29	16%
Total		**183**	**100%**

Figure 2. Background of the participants



2.9.3 Observers

Members of ACA, DH, AIDS Trust Fund were not allowed to be participants or give opinions during the meeting. They were only accepted to be observers. Of the 8 session of CCM, a total of 8 ACA members or members from the Department of Health (e.g. Social Hygiene Clinics) attended the CCM as observers.

2.10 Implementation of the CCM

This section is to highlight some of the issues that had not been anticipated in the planning, but encountered during the delivery process of each CCM session. How these issues were handled are described in the following sessions.

2.10.1 The role of CCM's recommendations

A query about the extent to which CCM's recommendations would be adopted by the ACA was repeatedly received before and during the CCM. To respond, an extra slide was added in the later sessions to illustrate the six factors, as in 1.2. that the ACA would consider while formulating strategies.

2.10.2 Authenticity of break-out group discussion report

There had been a concern about whether, after each round of break-out discussion, table hosts' report of their respective group's key discussion points collected to the floor were accurate enough or would miss any points. To respond to this concern, two counter-check points were added:

1. table-hosts used the last three to five minutes before the closure of each round of break-out group discussion to summarize discussion points for attendees' feedback about if anything were being missed or mis-captured;

2. facilitator opened the floor for all attendees' feedback after all table hosts had reported.

2.10.3 Different opinions in synthesis

After all the breakout group discussions had been synthesized into a list of recommendations by the rapporteurs, attendees could comment on the synthesis.

When there was some disagreement among attendees about the synthesis, such as whether or not a strategy should be further broken into two separate ones, the facilitator would provide time for a discussion among attendees, so that they could have more understanding of different perspectives and possibly reached a consensus.

When no consensus was reached, a voting would be conducted. It will be mentioned in the individual session summary of Section 3 if such voting was conducted.

2.10.4 Prioritization

In all 8 sections, some recommendations gained the same number of votes after voting for priorities. To respond, attendees were requested to vote between two options:

i. listing the recommendations to be the same order in the report;OR
ii. re-voting again to differentiate the order.

As a result, option (i) gained the majority's support in all the sessions.

2.10.5 Language

All sessions, except the one for ethnic minorities, had been publicized to be conducted in Cantonese. There were situations in which attendees were not fluent in the designated language, such as that there were Mandarin- and English-speakers in Cantonese sessions. To respond, table-hosts or note-takers helped translate to individual attendees. In the session of male sex workers, two different language-specific break-out groups were set up (i.e. one for Cantonese speakers and another for Mandarin speakers).

Records of recommendations were shown in English for the first 4 sessions (ethnic minorities, female sex workers, people living with HIV and sex workers) due to technical constraints. Chinese were used in other sessions.

2.11 Evaluation

All attendees of each session were given an evaluation form, which was same as the one used in the last CCM.

Overall, the quantitative responses indicated positive feedback on the implementation (e.g. group discussion, report back and prioritization), logistics (e.g. registration and venue), perception of self-involvement and the usefulness of this meeting.

Except the audience size, all other items received 70% or above positive responses (i.e. "Good" or "Excellent," "Agree" or "Totally agree" with positive statements). Most items scored better than those in the last CCM. Common written comments were around

requesting better arrangement of the meeting time, suggesting more time for better synthesis of the recommendations, and concerning how the recommendations would be adopted by the ACA.

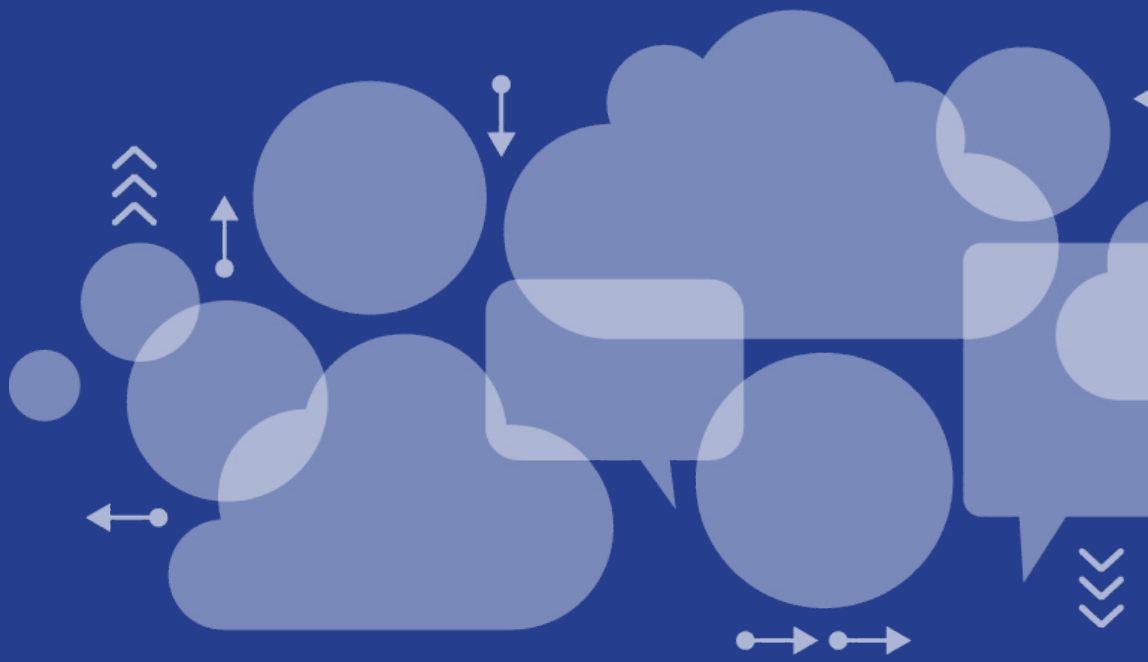
2.12 Report-writing

In response to the request from the communities, a report writer recruited from the communities was preferred than a staff member from DH to minimize any possible bias towards policy makers. Therefore, a report writer was subsequently recruited by HKCASO to draft this report. CFA Secretariat, the rapporteur team and the facilitator also gave advice and provided technical and secretarial support during the whole report writing period.

To avoid any misinterpretation or missing any recommendations during report writing, the first draft of this report was circulated to the CCM attendees, those who sent in opinions in the open submission and WGCCM for feedback. After that, the final report will be deliberated in ACA and sent to CFA.

SECTION 3

Sessions Summary and Recommendations



Section 3

Sessions Summary and Recommendations

This section depicts the recommendations collected in each of the eight sessions of CCM for the coming Recommended HIV/AIDS Strategies 2017-2021.

Each session summary contains the followings:

1. No. of attendees and their background: For understanding the strategies recommended;

2. Language: the language that was used for discussions and presentations, and the language used for written records in the CCM session. Therefore, if any discrepancy of the recommended strategies between the Chinese and English versions is found in this report, the version of the stated language for record is referred for accuracy;

3. Number of voters: the actual number of attendees who casted their votes in prioritizing the recommended strategies;

4. No. of votes given to each voter: the number of votes that each attendee held to cast for their priority of the recommendations was 70% of the total number of the recommendations proposed.

5 Needs of community: the areas where attendees found the community's needs in HIV/AIDS lie in. They are the opinions collected in response to the first discussion question.

6 Recommendations for the strategies and their priority: These are the recommendations collected in response to the second and third discussion questions. Each of the recommendations, irrespective of the number of attendees raised it, was recorded and categorized during the meeting by the rapporteur team. The full list of categories were agreed by the attendees on site and then prioritized by their voting. This report shows the ultimate version of recommendations after all the break-out group discussions, synthesis, follow-up feedback and prioritization. The process did not require clarification of facts, and as such, the recommendations when related to factual information may not necessarily reflect the real life situation. The number of votes received by each category of recommendations were stated.

7 Recommendations with * : these recommendations got the same number of votes in the CCM. In all sessions of CCM, it was agreed by the attendees that these recommendations should be stated under the same order in the prioritization.

8 Recommendations with colour shading: these recommendations had got the first 70% of votes.

3.1 Session on Ethnic minorities (EM)

Date :	25 October, 2015
Time :	10:30am-2:00pm
No. of attendees:	12
Self-reported background :	5 Community members 2 AIDS NGO staff/volunteers 3 Other NGO staff/volunteers 1 Medical/Nursing/Public Health Practitioners 1 Not-specified
Language for onsite communication:	English
Language for onsite record	English
No. of voters :	11
No. votes for each voter :	9

Record of this session was originally written in English. In the event of any inconsistency between the English and Chinese versions, the English version shall prevail.

3.1.1 Needs in HIV/AIDS of ethnic minorities

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i Awareness and knowledge

- About safer sex
- Low knowledge about HIV among youth

ii Linguistically appropriate resources

- Need manpower / staff for translation, such as in pamphlets
- Need to be accurate, and not to rely on Google translate

iii. Condom distribution
    - Increase distribution of condoms
    - Need bigger-sized condoms
    - Easier access to condoms

iv. Syringe distribution
    - Increase distribution of syringes for IDU
    - Add needle exchange programme

v. Voluntary counselling and testing services
    - Remove barriers of HIV tests in methadone clinics such as perceived stigmatization
    - More convenient in location and time, e.g. available at NGO and public services.

vi. Service accessibility and coverage
    - Cultural barrier, especially around gender for male populations; services should be gender sensitive
    - Increase access to HIV and prevention services
    - More promotion in hot spot areas

vii. School education
    - Schools to include HIV education

viii. Job opportunities
    - More job opportunities for EM

ix. Stigma and discrimination
    - Work with Equal Opportunities Commission and Women's Commission and other agencies to reduce stigma and discrimination

3.1.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1a*	Increase peer involvement - e.g. ex-drug users, African asylum seekers, people living with HIV and EM members to deliver education; - EM staff to conduct VCT and to do promotion	11
1b*	Enhance accessibility of HIV treatment - HIV treatment and follow-up available at methadone clinics (one-stop service); - escort service to clinics; - educate about HIV treatment, PLHIV's care and their future; - information about HIV treatment and relevant policies of their countries of origin; - enhance psychological and counselling support for PLHIV; - treatment and care available for non-eligible persons; - mutual support group	11

Priority	Recommendations	No. of votes
2a*	Promotion of HIV prevention and care - through multiple channels: e.g. EM NGO, schools, VCT, radio, social media, multi-media, and advertisement; - in different languages; - sex education in EM schools; - use of actors, EM leaders and famous icons for promotion; - frequent promotion through mass media	10
2b*	Establish supportive environment (general public) - increase awareness and education about anti-stigma and anti-discrimination against HIV and PLHIV; - promote benefits of HIV testing	10
3	More accessible outreach services - flexible time, e.g. Sundays; - reach out to hot spots, e.g. schools, methadone clinics, video game centers, work places, construction sites, Chung King Mansion, and parks.	8
4a*	Strengthen collaboration with diverse agencies, stakeholders and institutions - Equal Opportunities Commission, youth centres, EM centres, employers, consulates, schools, and religious leaders - to provide services regarding legal issues - to promote HIV testing, prevention, and acceptance of PLHIV	7

Priority	Recommendations	No. of votes
4b*	Capacity building - NGOs hire and train more EM workers in counseling and basic skills to reduce language barriers and to deliver VCT; - train existing staff to provide services in English to promote HIV testing	7
4c*	Policy of Confidentiality - should be emphasized; - protect confidentiality of PLHIV while accessing treatment	7
5a*	Condom distribution - free condoms for young people; - add self-pickup condom dispensaries in methadone clinics; - more access, e.g. at EM shops, and restaurants run by EM	6
5b*	Ensure sustainable funding - ensure enough funding from AIDS Trust Fund; - sustainable funding for 3-year periods (not only for 1 year)	6
6a*	Increase accessibility of VCT services - flexible time : Sundays; - more venues : onsite at venues EM frequent; mobile VCT in remote sites and areas; - conducted in English and other EM languages; - incentives / subsidy for getting tested; - improve NGO VCT services, facility, quality, and comfort - strengthen promotion of HIV testing	5

Priority	Recommendations	No. of votes
6b*	Strengthen concern for sub-populations - youth, domestic helpers, EM MSM, EM asylum seekers, EM sex workers	5
7	Provide culturally and linguistically sensitive services: - pamphlets in different languages with good accuracy; - NGO and government to hire more EM staff; - all services to be culture-sensitive and gender-sensitive	3

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in grey.

3.2 Female sex workers (FSW)

Date	9 November, 2015
Time	10:30am-2:00pm
No. of attendees	19
Self-reported background	7 Community members 7 AIDS NGO staff/volunteers 1 Other NGO staff/volunteers 4 Preferred not to say / not specified
Language for onsite communication	Cantonese
Language for onsite record	English
No. of voters	18
No. votes for each voter	8

Record of this session was originally written in English. In the event of any inconsistency between the English and Chinese versions, the English version shall prevail.

3.2.1 Needs in HIV/AIDS of Female Sex Workers

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. Education for FSW
   - Distribute pamphlets on street (not just at workplace)
   - Internet and TV as better channels for education
   - Very mobile, therefore, need general education to young people who might be FSW
   - Peer education better as they know FSW's cultures and ways of communication

ii. Education for female sex workers' clients
   - Clients of FSW not clear about risk of infection of risky behaviours, especially oral sex

iii Risk factors

- Always ignore risks while encountering more than one sex partner
- Pressure from daily living may render risky behaviours
- Young FSW not able differentiate between true love and clients
- Young people in general receive information from the internet, not proper channels
- Continuous education needed

iv VCT

- Each district/ more districts where NGO provide free HIV tests
- Be available on public holidays
- Non-eligible FSW offered free and anonymous HIV tests
- Parental consent for HIV test not required from FSW younger than the age of 16

v Condom distribution

- Quality and quantity of condoms not good; free condoms of different sizes.

vi Social Hygiene Clinics

- In Social Hygiene Clinics, health workers' attitudes affect FSW's attendance

vii Legal issues

- Condom still taken as prosecution evidence, so FSW do not carry condoms with them.

3.2.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	Multi-dimensional education for FSWs - learn about own' rights (e.g. getting tested under the age of 18 will not be notified to parents, possession of condoms is not illegal); - educate new FSW, especially about risk in oral sex; - to understand differences between relationships for true love and with a client; - harmful effects of recreational drugs; - information about termination of pregnancy; - education in different languages	20
2	Voluntary counseling and testing service on HIV - increase location : more districts, mobile vehicles and door-to-door service; - flexible time : public holidays; - instant test results; - intensify resources and support for NGO to provide tests other than HIV, e.g. gynecological, STI and pregnancy tests	18

Priority	Recommendations	No. of votes
3	Legal issues (law enforcement and prosecution) - no prosecution based on possession of condoms; - police to enforce cases of FSWC's violence and removal of condoms, which is equal to rape; - de-criminalize sex work; - educate police	16
4a*	Widespread public education - acceptance of different sex-related issues, including FSW (de-stigmatize and respect), sexual orientation, sexual attitudes and behaviors, sex and body autonomy; - promote condom use; - educate the public that possession of condoms is not illegal	13
4b*	Improve services of Social Hygiene Clinics - improve staff's attitudes; - referral to gynecological specialty; - integrate gynecological and STI tests; - comprehensive check-ups for all women (not only FSW); - not to call patients' name in public, use numbers instead; - no parental consent required from patients aged < 16	13
5a*	Multi-media and diverse channels for FSW education - on street, the internet and TV (more visual and less text); - more HIV prevention posters and stickers displayed at FSW's workplace; - target youth in general; - strengthen peer education; - continuous education	12

Priority	Recommendations	No. of votes
5b*	Condom distribution - distribute free condoms of better quality and different sizes, and lubricants of different quantities; - expand coverage and time of distribution (at parks, public toilets and vending machines); - distribute oral sex condoms, educate people to use them	12
6a*	Comprehensive sex education in schools - to reach out the hidden young FSW; life-skills based; - topics around relationships between sexes, communication skills and condom use	10
6b*	Collaboration among different sectors and stakeholders - schools, community service centres, NGO, government, and agents of prostitution to expand coverage of people	10
7	Education for clients of female sex workers - condom use; especially about risk of oral sex; - target older FSWC via TV education	9
8	Services for Non-eligible persons (NEP) - provide HIV treatment information of home countries; - free and anonymous HIV tests and treatment for NEP	6
9	Use online and mobile apps for education & promotion - cover knowledge of HIV/AIDS; - design with reference to FSW's cultures, wording and perspectives; - interactive function to allow enquiries	4

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in pink.

3.3 People living with HIV (PLHIV)

Date	9 November, 2015
Time	6:30pm-10:00pm
No. of attendees	33
Self-reported background	15 Community members 5 AIDS NGO staff/volunteers 1 Other NGO staff/volunteers 1 Researcher/academic staff 9 Preferred not to say 2 Others
Language for onsite communication	Cantonese
Language for onsite record	English
No. of voters	27
No. votes for each voter	12

Record of this session was originally written in English. In the event of any inconsistency between the English and Chinese versions, the English version shall prevail.

3.3.1 Needs in HIV/AIDS of People Living with HIV

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

- Treatment and care
  - Currently only three treatment clinics and none on Hong Kong Island
  - Medical care has been decreased (PLHIV visit doctors less frequently)
  - Not to disclose PLHIV status for specialty care.
  - Escort services to clinic visits.
  - Social, psychological and mental health support

- Quality of life
- Support group
- Training
- Support from NGO is ok, but insufficient from the government

ii. Sub-populations of concern
- Support to newly diagnosed/younger PLHIV who need to face a lot of issues in their early stage of infection, including insurance and employment problems.
- Support to older PLHIV around community support, terminal care, death and residential care home
- Long wait time for referral to drug abuse services

iii. Information
- HIV medications' side effects and advice on how to decrease side effects
- Where to get mental health support
- Physical health
- Emergency, e.g. where to access to medications in case of loss of them while being out of Hong Kong
- Information needs to be accurate

iv. Resources
- More resources for NGO
- More manpower for mental health support

v. Condom distribution
- Strengthen condom distribution and increase coverage

vi. VCT
- Increase promotion of HIV test and its confidentiality.

vii. Sex education
    - Sex education, especially in schools, about HIV infection and sexual orientation
    - Need to explain clearly what safer sex is (vs choosing a "safe" partner)
    - Information needs to be integrative
    - NGO should be allowed to deliver sex education in schools

viii. Promotion
    - TV promotion of HIV/AIDS subjects other than condom use and discrimination

ix. Stigma and discrimination
    - Anti-discrimination against PLHIV among MSM and the general public; misunderstanding of HIV infection leads to phobia towards PLHIV.
    - Anti-stigma should be strengthened
    - How to disclose to parents; public education about their acceptance of PLHIV
    - Rights about confidentiality and disability ordinance.
    - PLHIV cannot buy insurance for protection

3.3.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	HIV treatment services - add HIV clinics on Hong Kong Island; - support to those PLHIV who have skipped visits; - offer flexible service hours; - dispense medications in public hospitals regular pharmacies; - subvene private clinics to follow up PLHIV; - supply PrEP or PEP to PLHIV's (sex) partners even without PLHIV's escort; - no request from clinics to bring family members or partners along to follow-up visits; secure sufficient manpower; - private clinics and NGOs to collaborate; - include HIV treatment services in methadone clinics; - introduce new treatment options (e.g.three-monthly injection) ; - provide one-stop care service (e.g. for dermatology and dental care); - promote treatment as "health supplement" ;	46
2	Enhance social support - escorts to clinic visit; - insurance coverage for PLHIV; - support to family and partners of PLHIV; - support groups among PLHIV; - one-stop service for PLHIV to prevent early aging	34

Priority	Recommendations	No. of votes
3	Psychological, emotional and mental health support - government to intensify resources for psychological and mental health services (e.g. funding, and manpower such as clinical psychologists and counsellors, psychiatrists); - provide mindfulness training; - healthcare workers to follow up patients' mental health needs in subsequent visits	28
4	Educate about rights - enhance education for PLHIV about anti-discrimination ordinance; - rights to travel, study, and migrant abroad; guidelines on health check-up for employment (whether testing for HIV is mandatory); provide PLHIV information on the rights of confidentiality while using medical systems/services and in new employment (when necessary to disclose HIV status)	26
5	Policy evaluation, transparency, participation, empowerment - evaluate previous ACA's recommended strategies; - increase transparency in forming strategies; - participation in CFA- include more PLHIV members of different backgrounds, involve PLHIV in strategy development	24
6a*	Sex education - enhance HIV/AIDS education in schools; - schools should welcome NGO to provide sex education; - more inconclusive sex education rather than abstinence-only education;	20

Priority	Recommendations	No. of votes
	- standardize content of sex education across all schools; - government and private organizations to collaborate; - cross-departmental collaboration within the government (i.e. Education Bureau and Department of Health) to discuss the content of sex education	
6b*	Anti-discrimination public education and promotion - cultivate acceptance to LGBT populations and PLHIV since early ages; - promotion from the government; use the internet, social media and mobile apps; - promote on TV during peak hours; be explicit and upfront in public education; - not only focused on specific populations in risk	20
6c*	Older PLHIV - strengthen support for long term side effects from medications; - support on terminal care and funeral services (including allowing public viewing in funeral parlour); - training for staff of residential care home for the elderly; - provide support for sports activities and physiotherapy	20
6d*	Medical and care personnel - increase manpower, including healthcare staff, social workers, physiotherapist and counsellors); - guidelines for healthcare personnel and PLHIV on how to handle disclosure of HIV status	20

Priority	Recommendations	No. of votes
7	Re-naming "AIDS"	17
8	Training - on-job training to NGO staff, and professional care personnel (including healthcare personnel, social workers, clinical psychologists, physiotherapists, and counsellors) in both public and private sectors; - contents should include sensitivity of PLHIV, how to provide PLHIV friendly services, improve attitudes of the healthcare workers towards PLHIV and vulnerable groups, counselling theory and skills	12
9	Newly diagnosed/ younger PLHIV - immediate on-site support after diagnosis; - support to employment; - strengthen referral system from private laboratories and clinics where PLHIV have gotten diagnosed.	11
10	Accurate information - about side effects of medications; - overseas (emergency) access for medications; - psychological support services; - overseas HIV information; translation of periodicals in English; - new medications; - whether private/civil employment requires health (HIV) check-up; - regulation on inaccurate coverage in media; - linkage to treatment; use of social media and mobile apps; - use of a one-stop information hub	10

Priority	Recommendations	No. of votes
11	Drug abuse - regulate chemsex - promote information about drug/alcohol abuse and its relationship with safer sex; - shorten waiting time for referral to related services	8
12a*	HIV testing - increase more testing service points and flexible service hours; - normalize HIV testing; - utilize government venues, increase NGO venues and manpower; - provide information and support on home test	7
12b*	Quality of life - to provide soft service to improve quality of life	7
13	Condom distribution - increase coverage in terms of venue	2

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in orange

3.4 Clients of Female Sex Workers (FSWC)

Date	10 November, 2015
Time	6:30pm-10:00pm
No. of attendees	16
Self-reported background	5 Community members 1 Owner/worker of business catering for community members 7 AIDS NGO staff/volunteers 3 Not specified
Language for onsite communication	Cantonese
Language for onsite record	English
No. of voters	15
No. votes for each voter	11

Record of this session was originally written in English. In the event of any inconsistency between the English and Chinese versions, the English version shall prevail.

3.4.1 Needs in HIV/AIDS of Female Sex Workers Clients

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. VCT
   - VCT sites designed as for "health check-ups"

ii. Risk perception
   - FSWC may not exactly know that they are at risk
   - Younger FSWC have low awareness about HIV testing, and have incorrect knowledge about HIV and STI
   - Low awareness about risks with non-regular sex partners

iii. Older FSWC
   - Has low risk perception
   - They visit sex industry in Mainland because of curiosity and cheaper costs

- Could be under influence of alcohol

iv. Cross border FSW
  - Cross border FSW come to Hong Kong, and they may spread HIV
  - Cross border FSW and their clients might have sex without condoms

v. Condom
  - Impotence leads to inability to use condom

vi. Collaboration
  - Collaboration between NGO and different agencies to discuss HIV issues

vii. Anti-stigma
  - Self-stigma prevents FSWC from concerning HIV
  - Peers also avoid talking about HIV
  - Promotion of related health services with HIV services in order to dilute the association of FSWC with HIV/AIDS

3.4.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1a*	Education and promotion - eliminate inaccurate information; - provide information about how to access to local HIV/STIs testing and treatment services, and those across the border; - posters, promotional materials and reminders at venues; - promotion via travel agencies; - culturally and linguistically sensitive; - mass media promotion; use of mobile apps, social media, advertisements on TV and radio in peak hours, use of celebrities and short films; - promote condom use in boyfriend-girlfriend relationships; - videos to introduce management after HIV self-tests; - raise risk awareness	27
1b*	Resources - increase resources for 24-hour hotline/ website with live chat for answering enquiries, peer education, psychological support, and cross-border interventions; - cross-border travellers to be included in priority populations of ACA's strategies; collaborate with mainland medical institutions to provide services	27
2	Sex education in school - secondary schools and tertiary institutions to implement life-skills based education; - education about safer sex; - VCT delivered in schools	18

Priority	Recommendations	No. of votes
3	VCT - packaged as men's health check-up; VCT mobile vehicles; - included in regular health check-ups; - delivered at the borders/ports of entry for visiting travellers; - no parental consent required	16
4a*	Anti-stigma - dilute the association between HIV/AIDS and FSWC (VCT packaged as for men's health check-ups); - promote positive attitudes	12
4b*	Social Hygiene Clinics - available at more locations, with evening hours (at least once a week at all the clinics) and on public holidays; - hold health talks; - provide men's health check-ups and treatment, including sexual dysfunction; - enhance privacy; - add psychotherapy and sex therapy (sex therapists)	12
5	Condom distribution - distribute condoms of different styles and sizes; - dispense at hotels; - develop/introduce condoms that will change colors in case of encountering STI pathogens; - messages displayed on condom packs	8

Priority	Recommendations	No. of votes
6a*	Expand target sub-populations - new and veteran FSWC; - cross-border drivers; taxi drivers; construction site workers; workers' unions; older FSWC; non-commercial sex partnerships; - populations in high risk but not currently as priority populations (e.g. women aged over 26 who are not FSW)	7
6b*	Partners of FSWC - provide support for FSWC's partners	7
6c*	Training - training on HIV and sexual orientation for various professionals (e.g. social workers and medical personnel), and AIDS NGO staff	7
7	Regulate sex industry - establish red light district; - mandatory HIV test for FSW	6
8	Cross-organizational collaboration - a platform for NGO to share online outreach experiences	4
9a*	HIV and STIs treatment - add clinics in New Territories; - provide services for non-eligible FSW; - service referral	3
9b*	PLHIV - HIV clinics to provide one-stop services for other STI; - provide psychological support; provide support for PLHIV's families	3
10	Law enforcement - legislation to criminalize the removal of condom without consent	1

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in yellow

3.5 Male Sex Workers (MSW)

Date	11 November, 2015
Time	2:00pm-5:30pm
No. of attendees	12
Self-reported background	9 Community members 1 Family member, friend, or partner of community members 2 AIDS NGO staff/volunteers
Language for onsite communication	Cantonese and Mandarin
Language for onsite record	Chinese
No. of voters	12
No. votes for each voter	8

Record of this session was originally written in Chinese. In the event of any inconsistency between the English and Chinese versions, the Chinese version shall prevail.

3.5.1 Needs in HIV/AIDS of Male Sex Workers

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. VCT
   - Long wait time for the confirmation test, which does not meet the community need
   - Business owners do not allow sex workers to get tested

ii. Linkage to treatment
   - Inadequate follow-ups
   - Not friendly and caring enough

iii. Condom distribution
    - Adequate in quantity, but inadequate supply of lubricants
    - Poor quality
    - Provision of massage oil
    - Promotion packs to include condoms and massage oil

iv. Promotion and education
    - Misunderstanding of the need for HIV test
    - Not knowledgeable and insufficient information provided

v. Anti-stigma
    - Lack of support, especially for advocacy work

vi. Legislation and legal support
    - Need to accelerate decriminalization of sex work
    - Condoms not to be evidence for prosecution
    - Legal support, e.g. help from lawyers
    - Support from organizations, especially on legal issues

3.5.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	Legislation - accelerate the de-criminalization of sex work; - ACA should actively propose it.	25
2	Law enforcement - not to prosecute sex workers based on their possession of condoms as evidence; - abolish related clauses in police enforcement guidelines; - train police officers and other frontline law enforcers about AIDS and sex work	23
3	Increase resources - increase NGO's resources, especially for advocacy work	12
4	More social space - support network for male sex workers; - provide them with an activity center for mutual support, meditation, reflection and counselling	9

Priority	Recommendations	No. of votes
5a*	Promotion and education for MSW ** - enhance knowledge about HIV/AIDS among MSW, tailor-made promotion for MSW; - especially for non-locals, - about misconceptions (e.g. about not getting tested when not in high risk) and the risk of oral sex; - multi-media promotion, e.g. mobile apps, online games	5
5b*	Anti-stigma - anti-discrimination against MSW and LGBT; - dilute the association between MSW and HIV	5
6a*	General and school sex education - about basic HIV knowledge and safer sex; - interactive education; - HIV/AIDS education during peak hours on TV; - content covers anti-discrimination	4
6b*	Legal assistance - provide legal and lawyers' assistance	4
7	Prevention/occupational tools - improve both supply quantity and quality of lubricants (dried out easily); - design small pouches for carrying condoms; - condoms for oral sex; - provide massage oil; - government and NGO to purchase condoms together in order to bargain with suppliers; - supply condoms in prisons	3

Priority	Recommendations	No. of votes
8a*	Treatment for STI and HIV - long wait time for confirmatory test results, does not meet the community need (express service required); - subsidize NEP's treatment for HIV and STI; - psychological support to PLHIV; - information about referrals to HIV treatment in the mainland China, and Southeast Asian countries; - insurance coverage for HIV and STI treatment	2
8b*	Information on medications - about PrEP and PEP, including channels to access them***; - HIV medications	2
9	HIV testing - promotes testing on the premises where MSW work; - confirmatory test results take too long, which cause inconvenience of non-local MSW who need express services; - rewards for consecutive testing	1

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in light blue

** There were different opinions about whether or not the possibility of filing civil lawsuits against those PLHIV who transmit others on purpose should be included in education targeting the MSW community. Some attendees asserted that the PLHIV should take up the responsibility, whereas others argued that this action would jeopardize HIV prevention efforts, such as stopping people from getting tested for HIV. Since no consensus was reached, a voting was conducted. The majority voted not to include this information in education and promotion (7:5).

*** There was a discussion about whether or not provision of PrEP, other than information about them, should be included in the recommendation. Due to inconsistent and insufficient information about the current situation of PEP's and PrEP's accessibility, the attendees agreed to just include provision of related information in the recommendations.

3.6 Male to female transgender (TGW)

Date	11 November, 2015
Time	6:30pm-10:00pm
No. of attendees	3
Self-reported background	1 Community member 1 AIDS NGO staff/volunteer 1 Not specified
Language for onsite communication	Cantonese
Language for onsite record	Chinese
No. of voters	3
No. votes for each voter	6

Record of this session was originally written in Chinese. In the event of any inconsistency between the English and Chinese versions, the Chinese version shall prevail.

3.6.1 Needs in HIV/AIDS of Male-to-female Transgender

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. VCT

- Need testing locations with high privacy
- Being discriminated, and feeling reluctant to come out for testing and treatment

ii. Education and promotion

- Relatively more TGW are ethnic minorities and no language appropriate services and information for them
- NGO hard to establish trust and relationships with the mobile transgender population

iii Sex partners of TGW

- Sex partners of TGW unaware of themselves being in risk

iv Need in research

- Need to conduct research to collect related data for funding

v NGO's difficulty in contacts with TGW

- TGW sex workers who are new immigrants are too worried to go out due to their concerns about being prosecuted (possession of condoms as prosecution evidence). Therefore, NGO are not able to distribute condoms to TGW sex workers.

3.6.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	Legislation - anti-discrimination based on sexual orientation and gender identity	5
2	Government cross-departmental transgender friendly environments and services - formulate/amend transgender friendly guidelines for frontline staff of different government departments: immigration, correctional services, health, and police; - eliminate possession of condoms as evidence of sex work	4
3a*	Increase overall funding and its sustainability - AIDS Trust Fund to increase its funding proportion: • for work targeting transgender women; • for production of information in different languages; for salary raise to hire and train staff who are fluent in different languages; • for renting service centers with more privacy and resources	2
3b*	Expansion of potential service clientele - TG women who are sexually active but not sex workers; - "trans-fans," who are attracted to TGW (studying their needs, such HIV transmission risk); - TG women who are in their early stage of identity formation and have not been sexually active; - conduct studies on their behaviors and risks	2

Priority	Recommendations	No. of votes
3c*	Non-local TG sex workers having a short stay in Hong Kong - intensify distribution of information about testing, follow-ups and treatment; - provide information and services in other languages; - encourage them getting treatment; - provide initial assessment and health check-up after HIV diagnosis; - provide care and support in living and housing	2
4a*	Promote public acceptance - mass media and education in schools to promote respect and acceptance towards transgender people	1
4b*	Increase risk awareness - increase risk awareness irrespective of the types of their partners (TGW or trans-fans), their sexual orientation, self- identity and relationships with partners	1
4c*	Comprehensive and multi-dimensional education - integrating AIDS education with other topics (e.g. laws and living); - address fear of AIDS to encourage testing; - provide workshops, and different types of skill training related to their daily living to enhance self-image (e.g. make-up class, communication workshop and voice training)	1
5	HIV testing - expand manpower and testing delivery mode (e.g. center-based and outreach)	0

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in light purple

3.7 Men who have sex with men (MSM)

Date	12 November, 2015
Time	6:30pm-10:00pm
No. of attendees	59
Self-reported background	36 Community members 1 Owner/worker of business catering for community members 8 AIDS NGO staff/volunteers 1 Medical/nursing/public health practitioner 2 Researchers/academic staff 8 Preferred not to say/not specified 3 Others
Language for onsite communication	Cantonese
Language for onsite record	Chinese
No. of voters	48
No. votes for each voter	13

Record of this session was originally written in Chinese. In the event of any inconsistency between the English and Chinese versions, the Chinese version shall prevail.

3.7.1 Needs in HIV/AIDS of Men who have Sex with Men

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. VCT

- Friendly environment for young MSM to come for testing.
- More VCT available in night time, and at different locations

ii. Health education for MSM

- Not enough knowledge about high risk factors of HIV infection

- Less concern about HIV prevention because HIV is treatable now
- Need more education about HIV transmission routes, HIV testing and its follow-up as well as drug treatment.
- Promote self-protection
- Promote condom use in chemsex (i.e. using drugs for sex)
- More education in sauna e.g. videos
- Warning messages in gay apps
- Not enough internet/outreach services
- 24 hour hotline counselling service

iii. Psychological needs
- Stress makes one use less condom

iv. Condom:
- Environment for young MSM to buy condoms.
- Not enough places to get free condoms and lubricants.
- Distribute condoms in secondary schools.
- Give condoms to chemsex party organizers

v. Risk identified:
- Drug abuse in MSM
- Higher number of sex partners
- HIV transmission more common among MSM in relationships

vi. Treatment:
- More HIV clinics/ locations to get medications
- Price of HAART should be lowered

vii. Sex education:
- Not enough sex education,
- Teachers' negative attitudes on sex education
- Not enough training for teachers
- No specific sex education about MSM
- Schools refuse NGO to deliver health promotion

viii. Knowledge gap about situations (research)
- Need to know the source of infection (i.e. type of sex partners, e.g. casual, sex buddies and steady)
- Need to know more about the situation of non-Chinese MSM
- Need to know the relationship between the age of the first sexual debut and HIV infection risk
- Need to know why people do not use condoms
- Research should be performed in the same methodology

ix. Resources:
- Not enough manpower to perform internet/outreach counselling
- Not enough service to respond to elderly MSM's need
- Unable to maintain relationships with MSM clients if they do not go to NGO's centres

x. Legal and social environment:
- Legislation on anti-discrimination against sexual orientation
- Decriminalization of sex work
- Safety net (law) for MSM who are at the age 16 or below
- Need an open platform to discuss sexual orientation

3.7.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	Legislation - legislation against discrimination on the ground of sexual orientation**; - equalize laws (related to sexual acts) between heterosexuals and homosexuals***; - de-criminalize sex industry (reasonable prosecution); - do not take possession of condoms as prosecution evidence; - legalize same sex marriage; - capitalize revenues from pink dollars to push forward the legislation; - government to provide legal advice and services to NGO	120
2a*	Strengthen VCT - increase locations :VCT on delivery; mobile testing service; establish a community center where testing and information are provided and MSM can gather (for leisure); - flexible service hours; 24-hour hotline; - young-MSM friendly; - multiple options;	45

Priority	Recommendations	No. of votes
	- online booking; - assure confidentiality; - encourage testing; increase promotion; make HIV testing as a trend; - normalize HIV testing; package as a holistic check-up (for HIV, STIs, and other diseases); - incentives for testing and testing at-the-premise for sex workers; - introduce self-tests; and set up a center where MSM can have self-tests (counseling available); - introduce new testing technologies (e.g. RNA and p24 for shorter window period; pre-sex act tests between partners); - reminders to get tested; - certify quality testing services (Q mark)	
2b*	Sex education in schools - strengthen sex education in school and teach about homosexuality, - also teach about HIV medications and recreational drugs (two separate subjects); - non-abstinence based; - a combo format including topics about love, sexual health, safer sex knowledge, long-term relationships, and how to provide LGBT-friendly environments; - allow NGO to schools, with sharing by PLHIV and LGBT; - government lead the implementation of sex education in religious schools; - standardize sex education curriculum, which needs to be mandatorily conducted, starting from primary education; - collaboration between the government and NGO	45

Priority	Recommendations	No. of votes
3	Recreational drug use (especially chemsex) - NGO provide counselling services; - provide related information; - introduce MSM- and PLHIV- specific drug treatment and harm reduction services, and to be followed-up by social workers; - prohibit drug use and stop chemsex; - promote condom use during chemsex	41
4	PrEP and PEP - provide related information and services; - free supply; - shorten time to access PEP; - more discussions between government and NGO before launching PrEP provision; - strengthen research studies on this area	40
5	Enhance training - mandatory training to workers of educational field (e.g. teachers of primary and secondary schools, and social workers) on knowledge of HIV and homosexuality and the accepting attitudes; - health care workers' attitudes and acceptance	36
6	Public education and promotion on anti-discrimination - de-stigmatize related matters and individuals, such as gay men, AIDS, and PLHIV (and their significant others, families, and partners); - create an open platform for discussions about subjects related to different sexual orientations	35

Priority	Recommendations	No. of votes
7	Advisory Council on AIDS - evaluate the impact of recommended strategies; - need to evaluate those strategies 2012-2016 that have not been implemented; - revise evaluation indicators	34
8	Psychological/emotional support and mental health counseling - enhance self-identification; - how to manage stress; - add psychotherapists	32
9	Policy - ACA to take the lead to formulate anti-discrimination ordinance/laws; - cross-departmental collaboration within the government (involving Constitutional and Mainland Affairs Bureau); - Department of Health and NGO will not report to the police about those aged below 16 who have come for VCT	30
10	Funding - increase NGO's manpower, e.g. for internet outreach, and physical and psychological health activities; - sustained funding	29
11	Promotion and education providing diverse contents, using multiple channels, and targeting different audiences Contents: - HIV/AIDS knowledge (transmission routes, HIV testing and follow-ups, and treatment); - acceptance of people with different sexual orientations;	28

Priority	Recommendations	No. of votes
	- MSM not equal to HIV; anti-discrimination; - enhance awareness on risk of infection and self-protection: use condoms even if on treatment, or even sex partner is a boyfriend; - HIV not a terminal disease, HIV not equal to death, positive/normal living with it,the living of PLHIV, the relationship between AIDS and HIV medications; - Living with HIV can be positive, so get tested for HIV; - promote treatment as prevention; - take out implicit promotion; Channels: - show videos at saunas; - display warning messages on mobile apps; - scale up online outreach; - short-films; - use of celebrities and mascots; - promotion during peak hours on media; - ads featuring PLHIV and their families; - multi-media; peer education; - open forums; - civil education Audiences: - parents, - social workers, - HIV positive-to-positive couples; and - HIV positive-to-negative couples	
12	Research - conduct studies on : the source of infection (from what type of sex partners), reasons of not using condoms, drug abuse, and the relationship between HIV infection and the age of the first sexual debut;	22

Priority	Recommendations	No. of votes
	- apply valid research methods, and use both quantitative and qualitative methods; - scale up resources (for collaborative research between universities and NGO)	
13	Condom distribution - supply condoms to chemsex party organizers; distribute condoms in secondary schools and through vending machines (like those for soft drinks); - distribute lubricants at the same time; - provide friendly environments for younger MSM to purchase condoms; - distributed by community members; - distribute condoms of a variety of flavours, types and sizes.	20
14	Linkage to treatment and care services for PLHIV - medications dispensed at private clinics with subvention; - referrals from Social Hygiene clinics and NGO; - sperm-cleaning clinics; dietary consultation; - insurance to cover; - laws about estate after death	17
15	Collaboration among organizations - strengthen collaboration between NGO and government to provide services for PLHIV with multiple identities; - organize mutual support groups for PLHIV	15
16	Expansion of target sub-populations of concern - cross-border MSM, EM MSM, older MSM, aged <16, bisexual; - religious institutions that are friendly to LGBT;	14

Priority	Recommendations	No. of votes
	- use of public education to reach those hard-to-reach MSM, e.g. those who do not frequent gay venues; - use the internet to reach out to MSM who are ethnic minorities and provide them with more education and services	
17	Outreach services - existing venue-based outreach services are sufficient; - strengthen outreach services to MSM aged< 16; - provide dormitories to MSM who are newly-diagnosed with HIV	9

* These recommendations got the same number of votes in the CCM Recommendations had got the first 70% of votes were shaded in light blue

** There were different opinions about whether or not this legislation should be taken out as a stand-alone recommendation for voting. After an open discussion that could not reach a consensus, a voting was conducted to determine attendees' preferences. The result was to keep this clause under the "Legislation" (26 vs 22).

*** Participants' feedback for draft report on this item was received. Please see Section 6 for details.

3.8 Injecting drug users (IDU)

Date	13 November, 2015
Time	2:00pm-5:30pm
No. of attendees	29
Self-reported background	20 Community members 4 Other NGO staff/volunteers 5 Not specified
Language for onsite communication	Cantonese
Language for onsite record	Chinese
No. of voters	28
No. votes for each voter	11

Record of this session was originally written in Chinese. In the event of any inconsistency between the English and Chinese versions, the Chinese version shall prevail.

3.8.1 Needs in HIV/AIDS of Injecting Drug Users

(The followings are opinions collected for the first discussion question:

Q1: What are the current needs of the community?

e.g. Factors contributing to rise of HIV infection, Factors leading to better testing, diagnosis, treatment and care)

i. VCT
   - Promote testing to the mass

ii. Education and promotion:
   - How to inject safely and to dispose used syringes
   - Information about other diseases
   - Proper methods to clean syringes

iii. Methadone clinics
   - Lack of morning service hours
   - Too many patrons upon clinics opening on a day; extra queues are required
   - HIV testing, but not treatment, available at the clinics (Some prefer having HIV treatment at the clinics)

- Need to dispense new syringes
- Sometimes no doctor on duty
- Computer system needs to be improved

iv. Expansion of service sub-populations
- New immigrants, ethnic minorities, PLHIV

v. Syringes (with needles)
- Pharmacy service hours
- Vending machines for (one-time) disposable syringes
- Syringes dispensed at hospitals and clinics
- Syringes too expensive
- How to access to syringes during holidays
- Syringe exchange program
- Disposal cases for returning syringes
- One syringe per week dispensed at methadone clinics not enough; the best to have one per day
- Pharmacies not selling syringes to IDU or at a higher price ($5-6); therefore, re-using syringes
- Should stabilize the source of syringe

vi. Laws and enforcement
- Possession of used syringes would be prosecuted, so disposing syringes recklessly
- Possession of tools for taking drugs also be prosecuted
- Worry about being prosecuted, so re-using syringes

vii. Peer services
- Development of peer services

viii. Spiritual and psychological needs
- Enhance spiritual and psychological health

ix. Family does not know how to support IDU; requires more education
- Need to learn about AIDS and hepatitis
- Support to family who will then be able to support IDU

3.8.2 Recommendations and their priority

(The followings are opinions collected for the second and third discussion questions:

Q2. What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following 3 areas for improving the HIV situation in HK?

Please propose concrete actions: (i) HIV prevention; (ii) HIV testing and diagnosis; (iii) linkage to HIV treatment & care

Q3. Any strategies needed to be continued, strengthened, newly introduced other than the above?)

Priority	Recommendations	No. of votes
1	Stable supply of clean syringes (with needles) - flexible hours: pharmacies to open in evenings; dispensary in morning hours (before pharmacies open); - more locations: more pharmacies to sell syringes; introduce syringes vending machines; available at hospitals and clinics; convenience stores to sell syringes; - disposal management of used syringes; - syringe distribution/return/exchange (both the syringe and needle) program; - possession of designated disposal cases (or with a lock) not to be prosecuted; - smart syringes (needles retrieve automatically after use)	47
2	Scale up VCT - staff in methadone clinics to remind those IDU who have not left urine to return for testing; - provide additional tests on hepatitis and STI to HIV;	38

Priority	Recommendations	No. of votes
	- mobile testing vans to outreach to housing estates and provide tests for drug users, their partners and family members; - strengthen HIV testing service in correlational service and drug rehabilitation facilities; - Promote free HIV testing to all kinds of drug users	
3	Establish "Safe house" within methadone clinics - legal use of drugs within this "safe house", - government is to provide quality and reasonably-priced drugs (in order to reduce black market supply in short run, and to help eliminate all the drug supply in long run); - dosage to be supervised by medical personnel	36
4	Laws related to possession of syringes - should abolish; or - no prosecution within 200m of methadone clinics; or - no prosecution of possessing syringes while having no drugs	33
5	Upgrade services and facilities of methadone clinics - add morning operation hours; - additional queues during morning peak hours; - lengthen duty hours of doctors; - enhance computer system to shorten queue time; - dispense one syringe per day, including over holidays; - install syringe collection boxes; - increase frequency for testing; and continuously provide urine testing - supply Naloxone; - supply large quantities of gauzes and bandages;	27

Priority	Recommendations	No. of votes
6	Promotion and education to drug users Content: - HIV testing and other diseases/infections; - safer sex and condom use, promote to spouse and partners - proper methods cleaning syringes, - educate cleaners / janitors how to handle used syringes - wound management, - enhancement of motivation for drug rehabilitation (quitting the use); Approach: - develop peer education; - implemented continuously within the community; - educate about HIV/AIDS via promotion of awareness about Hepatitis C, and the relationship of HIV and drug use; - tell them they will not be prosecuted after HIV infection to motive HIV testing	25
7	Set up "Safe Zone" - an area in the community where possession of drugs and syringes and their use will not to be prosecuted	19
8	Amend public housing policy - when a member of a household uses drugs, the whole family should not be evicted	16
9a*	Expand service to sub-populations - reach the hidden populations; - new immigrants, - ethnic minorities (e.g. Vietnamese: reach out to their community, and use their language and peers) and train them for conducting peer education, - female sex workers, - those well-off who inject drugs	13

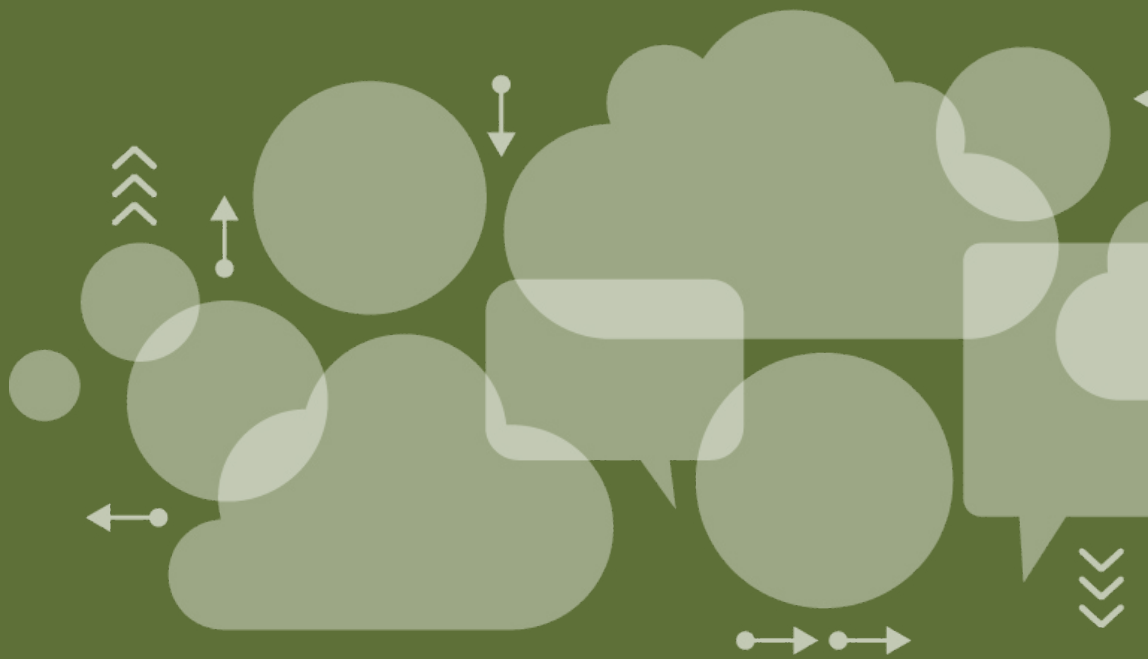
Priority	Recommendations	No. of votes
9b*	Educate IDU's family - educate the family to support IDU more - enhance their knowledge of HIV/AIDS and hepatitis	13
10	Strengthen support to PLHIV - psychological support; - escort service; - assist PLHIV's disclosure of their status to family; - provision knowledge about Hepatitis B and C	12
11	School education - strengthen HIV education	7
12a*	Add HIV clinics in methadone clinics - as an option for PLHIV (not mandatory use)	4
12b*	Law enforcement - educate law enforcers to treat IDU equally; - formulate guidelines	4
12c*	AIDS education for the elderly in general	4
13	Introduce new treatment methods - dilute methadone	2

* These recommendations got the same number of votes in the CCM

Recommendations had got the first 70% of votes were shaded in light green

SECTION 4

Summary of Open Submission



Section 4

Summary of Open Submission

4.1 No. of open submission (OS)

This section is to synthesize the opinions collected from nine open submissions between the period of 12 October and 4 December, 2015.

4.2 Overview of the submission

The following shows the affiliation of each submission and gives an overview of the key issues/recommendations discussed.

Issues/Recommendations of Open submissions

No. 1 - Co-submission from 7 NGO/groups * (Original submission was in Chinese)

- Express dissatisfaction that ACA did not explicitly include a few recommendations into the HIV/AIDS Strategies (2012-2016), including "legislation of anti-discrimination based on sexual orientation" ,"not to use condom as evidence of prosecution of sex work" and "decriminalization of sex worker. These had been given high priorities in the previous CCM in 2011.
- Put forward suggestions to ACA on how to deliver/improve this round of community consultation:
  1. Give explanation about the aforementioned recommendations having been ignored
  2. Be more transparent, including releasing all opinions collected in the CCM and open submission, and elucidating how the opinions are being adopted (or not)

3. Clarify the role of community consultation in the overall draft of the recommendations

No. 2 - from online media * (Original submission was in Chinese)

- Query about the design and implementation of the CCM:
  - The selection rationale of the eight priority populations
  - The participation of academic and medical sectors
  - The protection of attendees' identities (e.g. MSM's and PLHIV's)

No. 3 - from an individual (Original submission was in English)

- In light of proven efficacy of PrEP worldwide, recommend to examine how PrEP should be adopted among MSM in Hong Kong, including promotion, distribution (cost), and monitoring (uptake rate, and indexes collected/tests conducted in follow-up sessions after prescription).
- Propose a timeline for research to study the feasibility and practicality of PrEP prescription to MSM (i.e. research in 2017-2018 before a possible pilot in 2019 or 2020)

No. 4 - from an individual (Original submission was in Chinese)

- Propose a "family plan" that is about provision of housing units for those PLHIV who encounter issues living with their own family to form a second home with other PLHIV. There are two types of housing units under "give and take" principle:
  - Private properties (e.g. home ownership scheme flats and private residential units): for economically stronger PLHIV; the government and NGO pay the down payment, and own the property right. All the PLHIV living in the unit share the mortgage.

- Public housing: for lower-income PLHIV; the government provides public housing units, and PLHIV living there share the rent and maintenance fee.
- A social service organization acts as a third party to monitor the plan in order to prevent any corruption.

No. 5 – from NGO (Original submission was in Chinese)

- Focus on PLHIV's needs and related recommendations:
  - PLHIV's needs get more demanding and complex, such as more newly (younger) diagnosed, PLHIV who have drug abuse, and PLHIV who are aging
  - Need to strengthen and enhance existing treatment and support system for PLHIV and their partners/families/care-givers, such as
    - i more financial and human resources (e.g. more clinics, including for drug abuse, and research),
    - ii collaboration among HIV clinics and NGO
    - iii new and evidence-based interventions (e.g. art therapy, mindfulness, counseling to partners, families and care-givers, and PrEP for PLHIV's steady partners)
- Establish supportive environment to address PLHIV's needs, such as through
  - i public education (school sex education) about HIV knowledge and stigma,
  - ii targeted training for medical personnel/students and social workers,
  - iii legislation protecting rights of PLHIV and other priority populations

No. 6 - from NGO (Original submission was in Chinese)

- Propose recommendations related to different populations/ issues. The overarching recommendation is to provide training in HIV (knowledge, attitudes and skills), diverse sexual orientation and drug abuse as well as more mental health support. More specific recommendations are as follows:
  - **People who are incarcerated or have been released, and correctional service staff**: counseling services for PHLIV who are incarcerated.
  - **Non- Chinese (NEP)**: free HIV/STI testing and treatment for NEP
  - **FSW and their clients**: free gynecological testing and treatment (for FSW); decriminalization of sex work; targeting compensated sexual transaction.
  - **MSW**: non-local MSW's peer involvement; decriminalization of sex work.
  - **Female clients of MSW**: ATF to support research on this population, especially those who patronize in the Mainland.
  - **TG**: include diverse sexual orientation in the school sex education curriculum.
  - **MSM**: support for homosexual youngsters (both male and female), and elderly about terming with their homosexuality; SHC and HIV clinics to hire staff of diverse sexual orientation.
  - **IDU**: needle-exchange program and free testing and treatment for Hepatitis C.
  - **Funding**: ATF to give longer term of funding for NGO with 10 years of good track record; more funding from the government for ATF; funding for project management, and attendance to AIDS related conferences worldwide.

No. 7 – Group of 24 individuals (Original submission was in Chinese)

- Focus mainly on PLHIV and detail recommendations in the following areas (in ascending order of priority):
  - **Sustain public HIV/AIDS education and promotion** (in peak hours on TV); monitor AIDS related news in media (imminent clarification or even lawsuits for any coverage that is inaccurate or causes public panic)
  - **Scale up services for linkage to treatment and care** (GO/NGO to strengthen their collaboration with laboratories and other clinics for better referral; NGO to provide counseling, referral, and information to newly diagnosed cases; HIV clinics to evaluate their counseling approach, which is currently seen to pressure PLHIV's disclosure of HIV status to family)
  - **Strengthen the monitoring and evaluation of AIDS strategies' implementation** (ACA to evaluate why there has not been much progress of those repeatedly recommended strategies in previous consultations)
  - **Intensify participation of community members in ACA's decision-making** (provide more channels for PLHIV's participation and empowerment; CFA to increase the representation of PLHIV of different gender, sexual orientation, ethnic background and age; ACA to proactively reach out to PLHIV for inputs)
  - **Enhance training of frontline medical staff** (those outside HIV specialist division) about their non-judgmental attitudes towards PLHIV and privacy protection in order to prevent delayed linkage to treatment and care (Hospital Authority to increase its number of staff to be trained in HIV knowledge and counseling skills; formulate referral guidelines)

- **Strengthen sex education in school among youngster about safer sex and condom use awareness** (curriculum to include diverse sexual orientation, and sex-related values; increase transparency in evaluation of impacts)
- **Provide PLHIV who are aging with support concerning their physiological and psychological health** (monitor elderly home on its rejection of PLHIV; EOC to be collaborated on training of elderly home staff; ATF to increase resources for support to elderly PLHIV)
- **Strengthen education by EOC and Office of Privacy Commissioner for Personal Data** about PLHIV's rights and where to file complaints while encountering mistreatment and discrimination
- **Increase more organizations and community-based groups serving PLHIV**, and encourage more peers involvement (ATF to fund more projects for PLHIV; build up PLHIV's capacity to take part in related work)
- Hospital Authority and Department of Health to clearly **formulate their positions and guidelines on PEP/PrEP** for PLHIV's learning of the proper use and related risks (public promotion of PEP/PrEP not recommended; increase knowledge about PEP/PrEP, such as channels and criteria for prescription, and side-effects; provide them to stable partners of PLHIV)

No. 8 - from NGO (Original submission was in Chinese)

Focus mainly on PLHIV, MSM and FSWC

- **PLHIV**: improve clinical services (e.g. more service hours and manpower; better HIV medications with less side effect; integrated services to take care of other physiological and aging problems, treatment accessible to NEP); provide holistic care and support

(e.g. mental health, drug abuse, physiotherapy, employment counseling, medical auxiliary support, reproductive health and terminal care); involve more counseling professionals; develop network for mutual support

- **MSM**: follow through the implementation of recommended strategies; destigmatize MSM and their association with HIV; legalize anti-discrimination based on sexual orientation; target cross-border MSM and drug abuse; promote sex education about diverse sexual orientation in school for younger MSM; utilize public education to reach out to hidden MSM
- **FSWC**: increase manpower and resources for work with this population; strengthen sex education in school; utilize public education to reach out to hidden FSWC and their partners; enhance cross-border education and prevention; increase locations for VCT and condom distribution

No. 9 - from NGO (Original submission was in English)

- Propose the recommendations as follows:
  - **Young epidemic**: build a network of younger MSM (YMSM) leaders for responses; tailor-made sexuality and HIV education for YMSM; review community responses to meet YMSM's needs; adopt youth cultures in communications, e.g. language, social media and public opinion leaders.
  - **Epidemic among ethnic minorities**: increase action targeting EM, e.g. more support and training to organizations that work with EM
  - **Changing communication pattern**: recognize different communication patterns of different priority populations; adopt

a mixture of online and offline communication approaches to mutually reinforce education messages

- **Chemsex among MSM**: intensify work targeting chemsex; adopt primary prevention and risk reduction strategies accordingly for MSM of different extents of chemsex; consider PrEP for those who have involved in chemsex
- **PrEP**: prioritize sub-groups for prescription, e.g. YMSM with multiple sex partners, MSM with low condom use/chemsex, and HIV negative partners in a sero discordant relationship; support pilot projects prescribing PrEP to the prioritized subgroups
- **PEP**: develop a clear exposure risk assessment guideline for non-occupational exposure
- **HIV testing**: develop a clear agreed standard for testing frequency; increase knowledge of HIV testing locations; scale up mobile testing; expand service hours; further explore the potential of self-testing
- **Treatment for PLHIV**: explore provision of treatment in NGO or other clinic settings
- **Support for PLHIV**: strengthen emotional and psychological support related to issues, e.g. mental health, substance misuse and relationship problems, for PLHIV.
- **Research**: fund research about PLHIV, FSWC, young people at risk, and MSM
- **Community involvement**: strengthen community participation in ACA and other discussions about HIV prevention and care for building up a stronger community of peers and response

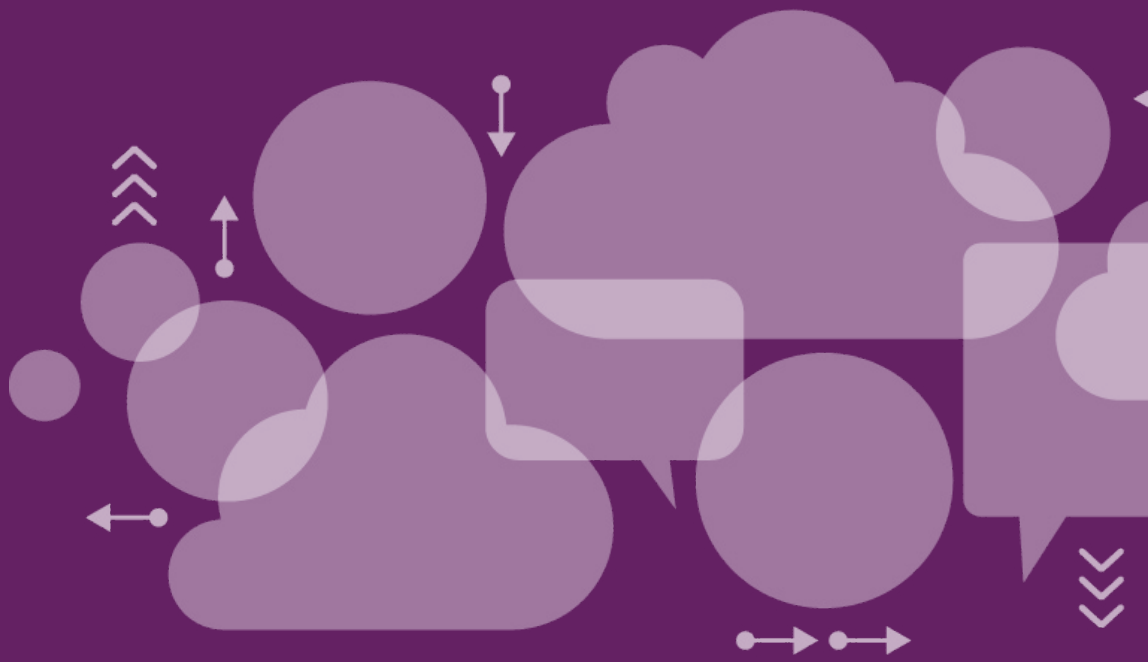
- **Wider health system**: strengthen HIV knowledge and responses of different specialties in the wider health and care system for better identification of HIV infected cases and hence linkage to treatment and care

* These submissions requested replies to their concern/recommendations, and the ACA chairperson and the Secretariat have replied respectively. The ACA also acknowledged and thanked all other senders.

SECTION 5

Overall Recommendations

(including Community Stakeholders' Consultation Meeting and Open Submission)



Section 5

Overall Recommendations (including Community Stakeholders' Consultation Meeting and Open Submission)

This section is to identify the various themes proposed across all the CCM sessions and Open Submission (OS), which aims to give readers a quick and systematic reference on the recommendations collected throughout the whole consultation period. The themes were identified by the synthesis of the main report writer.

Apart from common themes, some exceptional but significant recommendations (i.e. may have been just discussed in one or two sessions) are included as well. By no means all the recommendations can be summarized in this section. More specific and distinctive recommendations will need to refer back to the summary of respective CCM sessions and OS in Sections 3 and 4.

The acronyms shown in brackets indicate that those recommendations were brought up in specific CCM sessions or OS.

Table 3 on Page 110 showed the list of themes, the respective priorities of the related recommendations in each CCM session, and the number on open submission.

5.1 Intensify accessibility and availability of combined prevention tools

5.1.1 Improve condom and lubricant distribution

5.1.1.1 Higher accessibility of condoms and lubricants in different locations, such as:

- Prison (MSW),
- Hotels/motels (FSWC),
- Vending machines (FSW, MSM),
- Methadone clinics (EM),
- Grocery stores, supermarkets and restaurants (EM)
- Other areas frequented by target populations (PLHIV, OS)

5.1.1.2 Make condoms more accessible to younger populations (EM, MSM):

- Distribution in schools,
- Sold in a lower cost,
- A supportive culture for condom use among youngsters.

5.1.1.3 Diversify supply of condoms and lubricants:

- In different sizes/volumes, styles and flavors (FSW, FSWC, MSW, MSM).

5.1.2 Enhance accessibility of syringes and their disposal, and introduce new design of prevention initiatives (IDU, OS)

- Flexible location and time, especially support provided by methadone clinics over holidays and in early morning/evening hours,
- Supervised drug use sites ("safety house"),
- Smart syringes (needles retrieved automatically after use), and disposal cases with locks.

5.1.3 Review/launch the provision of PrEP and PEP

5.1.3.1 Disseminate more information about PrEP and PEP

- On their efficacy and channels for access (MSW, MSM, OS)

5.1.3.2 Make PEP and PrEP accessible, such as:

- Free supply of PrEP(MSM)
- No escort of PLHIV required when their sex partners request PEP at government clinics or hospitals (PLHIV)

5.1.3.3 Hospital Authority and Department of Health to formulate clear positions and guidelines on PrEP and PEP (for non-occupational) exposure (OS)

5.1.3.4 Conduct studies/demonstration projects examining the practicality and feasibility of PrEP prescription (MSM, OS)

5.1.3.5 Prioritize the sub-groups for PrEP prescription(OS)

- e.g. YMSM with multiple sex partners, MSM with low condom use/ chemsex, and HIV negative partners in a sero discordant relationship

(Remarks: In light of being a hot topic globally, PEP and PrEP were not discussed in most of the sessions, except in MSM, MSW and PLHIV. It was observed that attendees lacked sufficient and thorough knowledge about them, even in the three sessions mentioned. There is a need to be cautious in drawing any conclusive stance of priority populations towards PrEP and PEP from the CCM.)

5.2 Ensure physically, culturally and linguistically appropriate prevention education and promotion for priority populations

5.2.1 Reach to high-impact locations where priority populations frequent:

- Shops, video game centers, and construction sites (EM),
- Travel agencies (FSWC),
- Saunas (MSM),
- Streets where sex workers locate (FSW)
- Other areas that priority populations frequent (IDU)

5.2.2 Sustain education about basic HIV/AIDS related knowledge and attitudes:

With specific attention, but not limited, to these topics:

- HIV testing (TG, IDU),
- Oral sex (FSW, MSW),
- HIV treatment if infected (FSWC, MSW, MSM).

5.2.3 Contextualize HIV/AIDS education and promotion:

This approach is to integrate HIV education with the lives of priority populations holistically, and address the nuanced relationships with other issues of concern:

- True love vs commercial relationship (FSW, FSWC)
- Sexual orientation and sexual identity; legal rights; housing (TG)
- Social support; space for reflection and mutual learning (MSW)
- Life-stress (MSM)
- Psychological, emotional, mental and spiritual health promotion (MSM, MSW)
- Management of syringes (IDU)

5.2.4 Capitalize advanced communication technologies and media commonly utilized by priority populations

(EM, FSW, PLHIV, FSWC, MSW, MSM, OS)

- Mobile apps,
- Internet,
- Online games,
- Social media

5.2.5 Intensify peers' involvement in delivery of education and promotion (EM, FSW, PLHIV, FSWC, MSM, IDU, OS)

5.2.6 Set up HIV resource centre with high degree of privacy (TG, MSM)

5.2.7 Culturally and linguistically appropriate promotion while designing promotional materials (EM, FSW, FSWC, TG, IDU, OS)

5.3 Devise specific interventions for sub-groups of concern within priority populations

Some common sub-groups are identified across the priority populations:

5.3.1 Sex workers who are non-eligible persons for HIV treatment in Hong Kong (FSW, MSW, TG, IDU, OS)

5.3.2 Those at older age (FSW, PLHIV, FSWC, IDU, OS)

5.3.3 Cross-border travelers to Mainland China (FSWC, MSM, OS)

5.3.4 (Sex) partners of the priority populations:

- Trans-fans (TG),
- Spouses/steady partner (FSWC, PLHIV),
- HIV positive-to-positive or HIV positive-negative couples (MSM),
- Family members (IDU)

5.3.5 EM MSM (EM, MSM)

5.3.6 Drug users/ people who have chem fun sex (PLHIV, MSM, IDU, OS)

5.3.7 Those aged younger (EM, FSW, PLHIV, MSM, OS)

5.3.8 Domestic helpers and asylum seekers (EM)

5.3.9 New immigrants and EM (IDU, OS)

5.4 Scale up VCT to motivate more testing

5.4.1 Make VCT services more convenient, e.g. locations, service hours and appointment system

(all CCM sessions and OS):

- Delivery to door, mobile vehicles,
- On-site,
- At clinics where priority populations visit frequently,
- Ports of entry,
- Available on holidays
- Twenty four–hours hotline services and online booking

5.4.2 Diversify testing methods: home-tests, and RNA and p24

(FSWC, MSM, OS)

5.4.3 Integrate HIV test with other tests, and/or other routine health check-ups

(FSW, PLHIV, FSWC, MSM, IDU, OS)

- This approach will address priority populations' holistic needs in sexual and other related health issues, provide higher incentives for coming for HIV tests, and help de-stigmatize (normalize) HIV tests.
- Specific tests were proposed: other STI, hepatitis, sexual dysfunctions, and gynecological exams

5.4.4 Enhance (improve) Social Hygiene Clinics' service

(FSW, FSWC, MSM, IDU), related to:

- Its availability: more hours and locations,
- Its comprehensiveness: more types of tests

- Its privacy and confidentiality
- Its friendliness: personnel's attitudes

5.4.5 Tailor-made appropriate services for sub-groups with specific needs

- Free and express HIV testing (including confirmatory tests) and treatment for non-eligible persons who briefly stay in Hong Kong (FSW, MSW),
- Culturally and linguistically appropriate services for non-Cantonese speaking groups (EM),
- Reminders from methadone clinics for patrons who have skipped their HIV tests (IDU),
- No parental consent required from people aged below 16 for HIV testing and other related services (FSW, FSWC, MSM),
- Incentives for sex workers who come for HIV tests (MSW, EM), and peer delivery of VCT (EM),
- Helping young and elderly MSM about terming with their homosexuality (OS),
- Hire staff with different orientations in SHC and HIV clinics (OS).

5.5 Strengthen the responsiveness and comprehensiveness of HIV treatment and care and linkage to the system

The objective is to have those HIV infected among priority populations directly linked to HIV treatment and care after diagnosis, and be retained in the system:

5.5.1 Educate more about HIV treatment and care available, and positive living of PLHIV:

Information to be included about the following areas:

- Medical follow-ups, prognosis and support after infection (EM, PLHIV, IDU),
- Treatment and side effects (PLHIV),
- Support (medical and mental health) available in other countries(PLHIV),
- New treatment (news and updated surveys) in other countries and in medical journals(PLHIV, OS),
- Accessary services (e.g. sperm cleaning services, dietary services) (MSM),
- PLHIV's rights in various aspects (eg. employment) (PLHIV),
- A centralized information website with related topics(PLHIV),
- Deliver information to travelers or people who will not stay long (MSW).

5.5.2 Improve HIV treatment services

Such as:

5.5.2.1 Improve accessibility

- Flexible clinics hours (PLHIV),
- New HIV clinics on Hong Kong Island and in New Territories(PLHIV,

FSWC, OS)Treatment and/or medications available at methadone clinics, private doctors/pharmacies and NGO, to be subsidized by the government (EM, PLHIV, IDU, OS)

5.5.2.2 Emphasize the confidentiality issue for both HIV testing and treatment service**s** (EM, MSM, OS)

5.5.2.3 Invest more resources (human and financial) to ensure the quality of services (PLHIV, OS)

5.5.2.4 New medications with less side effect (OS)

5.5.3 Enhance referral/linkage to HIV treatment services

5.5.3.1 Deliver relevant information and stronger referral network

- Among HIV clinics, Social Hygiene Clinics, private doctors/laboratory and NGO (FSW, PLHIV, TG, MSM, OS),
- Escort service to clinics (EM, PLHIV, IDU, OS)

5.5.3.2 Establish support and treatment referral network within the region (Mainland China and Southeast Asia) for non-eligible persons and local PLHIV who encounter emergency while traveling abroad(PLHIV, MSW)

5.5.4 Address various aspects needs of PLHIV, such as mental / emotional, social, psychiatric and housing needs

5.5.4.1 Provide dormitory for newly diagnosed HIV patient

(MSM)

5.5.4.2 Provide physical, psychological, mental, spiritual and social health support

- Such as, mindfulness, HIV disclosure, support to partners/family, peers' mutual support, employment, self-identification, quality of life and stress management) (EM, PLHIV, FSWC, MSW, MSM, IDU, OS)
- Terminal care, and residential care, especially for older PLHIV (PLHIV, OS)Subsidize stable and long-term housing for PLHIV who encounter difficulties living with family (OS)
- Education about PLHIV's rights while encountering discrimination (OS)

5.5.5 Involve multi-disciplinary professionals in diverse therapy and provide a one-stop service

- Provided by dietitians, physiotherapists clinical psychologists, counsellors, sports medicine practitioners, social workers and other medical specialists for various health needs (EM, PLHIV, MSM, IDU, OS)
- Service available at one-stop, such as HIV clinics and methadone clinics (PLHIV, FSWC, IDU)
- Integrated medical service for aging problems, especially for those PLHIV who have been on long-term treatment (OS)
- Dental care, and dermatology (PLHIV)
- Reproductive health, e.g. sperm-cleaning (MSM, OS)

  Drug abuse (MSM, OS)

5.6 Tackle stigma and discrimination against HIV/AIDS and its association with priority populations (double-stigma) (all CCM sessions)

Also for their significant others, e.g. family and partners (MSM, PLHIV)

5.7 Enhance and push forward public (sex) education

5.7.1 Use mass media (especially ads on TV during peak hours) and sex education in school to enhance the general public's HIV/AIDS knowledge and acceptance towards priority populations (all CCM sessions and OS)

This approach serves two purposes:

- First, the general public need to be enhanced of their knowledge and acceptance
- Second, mass education can help messages circulated to those hard-to-reach members within priority populations: younger FSW (FSW), people at older age (FSW, FSWC, IDU), and hidden MSM (MSM).

5.7.2 Push forward implementation of universal and mandatory sex education in school with a progressive and comprehensive design in content (all CCM sessions and OS):

- Sex education has to be delivered starting from primary education and in religious schools;
- Contents in the curriculum include, but not limited to, HIV/AIDS, safer sex (not abstinence-based), HIV testing (available in school) and treatment, recreational drug use, sex/body autonomy, relationships, communication/life skills, and acceptance towards priority populations.

5.8 Review, revise and formulate laws and policies protecting priority populations

5.8.1 Accelerate formulation/amendment of related legislation that will protect priority populations from discrimination or prosecution:

- Anti-discrimination based on sexual orientation and sexual identity (PLHIV, MSM, TG, OS);
- Decriminalization of sex work (FSW, MSW, MSM)

5.8.2 Abolish taking possession of condoms and syringes as prosecution evidence by law enforcers (FSW, MSW, TG, MSM, IDU)

5.8.3 Review/revise related laws or policies to protect priority populations' safety, benefits and rights, related to:

5.8.3.1 Uninformed condom removal during sex (FSW, FSWC, MSW);

5.8.3.2 Supervised drug use in designated areas (IDU);

5.8.3.3 No report to police when under-aged come for HIV tests, no parental consent is needed (FSW, FSWC, MSM);

5.8.3.4 Insurance coverage for HIV and STI treatment (PLHIV, MSW, MSM);

5.8.3.5 Housing eviction policy (IDU);

5.8.3.6 HIV disclosure in hiring process/employment, treatment and travel (PLHIV)

5.8.3.7 Regulation of chemsex (PLHIV, MSM)

5.8.3.8 Red-light district and mandatory HIV testing for all FSW (FSWC)

5.8.3.9 Amendment of the punitive laws in order to equally treat homosexual and heterosexual relationships (MSM)

5.8.4 Provide legal support

- Government to provide legal advice to NGO (MSM)
- Provide assistance from lawyers (MSW)

5.9 Mobilize the government and the civil society to create wider changes

5.9.1 Within the government structure

5.9.1.1 Constitutional and Mainland Affairs Bureau, Department of Health, Equal Opportunities Commission, AIDS Advisory on AIDS to lead anti-discrimination legislation (EM, MSM)

5.9.1.2 Education Bureau to implement mandatory sex education in school (PLHIV)

5.9.1.3 Law enforcement units (e.g. immigration, correctional services, police) and medical units (e.g. Social Hygiene Clinics) to formulate guidelines for sensitive and friendlier services for priority populations (FSW, PLHIV, MSW, TG, IDU)

5.9.1.4 EOC and Office of Privacy Commissioner for Personal Data to lead education about PLHIV's rights and channels to file complaints while encountering mistreatment and discrimination (OS)

5.9.1.5 Hospital Authority to widely train their staff in AIDS/HIV knowledge and counseling skills as well as ordinances about disability and privacy (OS)

5.9.1.6 Advisory Council on AIDS to vigorously evaluate previous AIDS strategies, to increase its transparency in decision-making

about the final recommended strategies, to increase community participation/representation in its structure, and to invest more in community research and intervention research(PLHIV, MSM)

5.9.1.7 AIDS Trust Fund to allocate sufficient resources for populations and interventions in need, and provide sustained funding: e.g. more funding for TG (TG), advocacy work (MSW), tests other than on HIV (FSW), research studies (MSM), psychological support (FSWC); 3-year funding (EM); long-term funding for those projects with 10 years of good track record (OS)

5.9.2 In the civil society

5.9.2.1 Schools, community service centers, NGO, religious leaders, employers and consulates to support work for betterment of priority populations (EM, FSW, MSM)

5.9.2.2 Professionals, such as educators (teachers), social workers, counsellors, and medical/health care personnel to be trained in knowledge and attitudes about HIV/AIDS, different sexual orientation, and priority populations to order to strengthen their sensitivity and friendliness in service provision (EM, FSW, PLHIV, FSWC, TG, MSM, OS)

5.9.2.3 NGO to share experiences with each other, and together on interventions (PLHIV, FSWC);

5.9.2.4 NGO to work with universities for more research (TG, MSM)

5.9.3 Cross border collaboration

Cross border collaboration with Mainland institutions or organizations to provide HIV related services (FSWC)

5.10 Others

Rename "AIDS" (PLHIV)

Table 3. Recommendations for HIV/AIDS Strategies raised in CCM, their priorities within each section, and the recommendations received from open submission

Session (Total number of rankings of recommendations for each CCM session)		CCM sessions								Open Submission
		EM (7)	FSW (9)	PLHIV (12)	FSWC (10)	MSW (9)	TG (5)	MSM (17)	IDU (13)	No. of CCM sessions	Submission that covers the specific theme
5.1.	**Prevention tools**										
5.1.1	**Improve condom and lubricant distribution**										
5.1.1.1	*High accessibility in different locations*	5a	5b	12b	5	7		13		6	No.8
5.1.1.2	*Make condoms more accessible to younger population*	5a						13		2	
5.1.1.3	*Diversity supply of condoms and lubricants in diffent sizes /volumes flavors and style*		5b		5	7		13		4	
5.1.2	**Enhance accessibility of syringes and their disposal**								1	1	No.6
5.1.3	**Review / launch the provision of PrEP and PEP**										
5.1.3.1	*Disseminate more information about PrEP and PEP*					8b		4		2	No.7
5.1.3.2	*Make PEP and PrEP accessible, e.g free, no escort **			1				4		2	
5.1.3.3	*Government formulate clear positions and guidelines on PrEP and PEP for non-occupational use*										No.7,9
5.1.3.4	*Conduct studies / pilot projects to assess the feasibility and practicability of PrEP prescription*							4		1	No.3
5.1.3.5	*Prioritize the sub-groups for PrEP prescriptions*										No.5,9
5.2.	**Physically, culturally and linguistically appropriate prevention education and promotion for priority populations**										
5.2.1	*Reach to high-impact locations where priority populations frequent*	3	5a		1a			11	9a	5	
5.2.2	*Sustain education about basic HIV/AIDS related knowledge and attitudes*		5a		1a	5a	3c	11	6	6	
5.2.3	*Contextualize HIV/AIDS education and promotion that integrate with priority populations' lives holistically, and address the nuanced relationships with other issues of concern*		1		1a	5a	4b,c	11	6	6	
5.2.4	*Capitalize advanced communication technologies and media*	2a	9	6b	1a	5a		11		6	No.9
5.2.5	*Intensify peers' involvment in delivery of education and promotion*	1a	5a		1b	4		11	6	6	No.6,7
5.2.6	*Set up HIV resource centre with high degree of privacy*						3a	2a		2	
5.2.7	*Culturally and linguistically appropriate*	2a,7	1,9		1a		3c		9a	5	No.9
5.3.	**Interventions for sub-groups of concern within priority populations**										
5.3.1	*Sex workers, especially non-eligbible persons for HIV treatment in HK*		8			5a	3c		9a	4	No.6
5.3.2	*Older age*		7	6c	6a				12c	4	
5.3.3	*Cross-border travelers to the Mainland*				6a			16		2	No.8
5.3.4	*Significant others (usu. Spouse or partner)*			2	6b		3b	11	9b	5	
5.3.5	*EM MSM*	6b						16		2	
5.3.6	*Psychotropic drug users (people who have chem fun sex)*			11				3	9a	3	No.8,9
5.3.7	*Those aged younger*	6b	1	9				16		4	No.8,9
5.3.8	*Domestic helpers and asylum seekers*	6b								1	
5.3.9	*New immigrants and EM*								9a	1	No.9

Note. The number in superscript denotes the priority of the relevant recommendation in that CCM session.

Session (Total number of rankings of recommendations for each CCM session)		CCM sessions									Open Submission
		EM (7)	FSW (9)	PLHIV (12)	FSWC (10)	MSW (9)	TG (5)	MSM (17)	IDU (13)	No. of CCM sessions	Submission that covers the specific theme
5.4.	**Voluntary Counseling and Testing Services**										
5.4.1	*More convenient time and place, including mobile*	6a	2	12a	1b,3	9	5	2a	2,5	8	No.8,9
5.4.2	*Diversify testing method (e.g. home test, RNA, p24) and its relevant support*				1a			2a		2	No.9
5.4.3	*Integrate with other tests, and incorporate HIV test with other routine health check-up help "normalize"(de-stigmatize) HIV test*		2	12a	3			2a	2	5	No.6
5.4.4	*Enhance (improve) Social Hygiene Clinics' service (time,place, attitudes, wide types of tests, privacy)*		4b		4b,9a			2a		3	
5.4.5	*Tailor made services for subgroup with specific needs*	6a			6a	9	3c	2a,8	2,13	6	No.6
5.5	**Treatment and Care**										
5.5.1	**Educate about HIV treatment and care serivces**										
	Widely disseminate information about positive living, including medical follow-ups, prognosis, supporting services and their rights after HIV infection	1b		4,10		8b		11	10	5	No.7
5.5.2	**Improve HIV treatment services**										
5.5.2.1	*Improve accessibility (e.g. time, place, and referral, escort and subvention in private treatment and NGO)*	1b		1	9a			14	10	5	No.5,9
5.5.2.2	*Emphsize the confidentiality issue about HIV testing and treatment (including no need to disclose HIVstatus to families)*	4c						2a		2	No.7
5.5.2.3	*Invest more resources (human and financial) to ensure the quality of servies*			6d						1	No.5
5.5.2.4	*New medication with less side effects*										No.8
5.5.3	**Improve referral system for people living with HIV (PLHIV)**										
5.5.3.1	*Delivery of information about and strengthen the linkage of treatment and care, and supporting service to PLHIV / STI*	1b	8	10			3c	14	10	6	No.5
5.5.3.2	*Establish support and treatment referral network within the region for NEP and PLHIV travel abroad*			9		8a				2	No.7,8
5.5.4	**Address various aspects of needs of PLHIV**										
5.5.4.1	*Provide hostel for the newly diagnosed cases*							17		1	
5.5.4.2	*Physical, mental, social, spiritual, terminal care, family support*	1b		2,3,9	9b	8a		8,14	10	6	No.4,5,7,8,9
5.5.5	**One-stop and multi-disciplinary health services**	1b		1,2	4b,9b			14	12a	5	No.8
5.6.	**Stigma and discrimination**										
	Tackle stigma and discrimination against HIV and its association with priority populations and their significant others (the labeling effect)	2ab	4a	6b	4a	5b	4a	6	6	8	
5.7.	**Public education and sex education in schools**										
5.7.1	Mass media especially TV in peak hours to enhance knowledge, acceptance and reach the hard-to-reach members within priority populations	2ab	5a	6b	1a	6a	4a	6,16	6	8	No.5,7,8
5.7.2	Universal and mandatory sex education in schools with a progressive and comprehensive design in context	2a	6a	6a	2	6a	4a	2b	11	8	No.6,7,8

Note. The number in superscript denotes the priority of the relevant recommendation in that CCM session.

Session (Total number of rankings of recommendations for each CCM session)		CCM sessions									Open Submission
		EM (7)	FSW (9)	PLHIV (12)	FSWC (10)	MSW (9)	TG (5)	MSM (17)	IDU (13)	No. of CCM sessions	Submission that covers the specific theme
5.8.	**Legal and policy environment**										
5.8.1	**Accelerate fomulation / amendment of related legislation that will protect priority populations from discrimination and presecution :sexual orientation; sexual identity and decriminalization of sex work**		3	4		1	1	1,9		5	No.5,6,8
5.8.2	**Abolish taking possession of condoms and syringes as evidence of presecution by law enforcers**		3			2	2	1	4	5	
5.8.3	**Review/ revise related laws or policies to protect priority populations**										
5.8.3.1	*uninformed condom removal during sex*		3		10	2				3	
5.8.3.2	*supervised drug use in designated areas*								3,7	1	
5.8.3.3	*no inform to police and no need parental consent when underaged come for HIV tests*		1		3			9		3	
5.8.3.4	*Insurance coverage for HIV and STI treatment*			2		8a		2a		3	
5.8.3.5	*housing eviction policy*								8	1	
5.8.3.6	*HIV disclosure in hiring process/employment, treatment and travel*			4						1	
5.8.3.7	*Regulation of Chem Fun*			11				3		2	
5.8.3.8	*Regulate sex work by setting red-light district and mandatory HIV testing for all FSW*				7					1	
5.8.4	**Provide legal support**					6b		1,14		2	
5.9.	**Mobilize the government and the civil society**										
5.9.1	**Within the governement structure**										
5.9.1.1	*Constitutional and Mainland Affairs Bureau, Department of Health, Equal Opportunities Comission, ACA to lead anti-discrimination legislation*	4a						9		2	
5.9.1.2	*Education Bureau to implement mandatory sex education in schools*			6a						1	
5.9.1.3	*Law enforcement units (eg. immigration, correctional services and police) and medical units to formulate guidelines for sensitive and friendlier services for priority populations*		3	6d		2	2		12b	5	
5.9.1.4	*EOC and Office of Privacy Commissioner for Personal Data to lead educatinon about PLHIV's rights and channels to file complaints*										No.7
5.9.1.5	*Hospital Authority to widely train their staff in AIDS/HIV knowledge and counseling skills and related laws*										No.7
5.9.1.6	*ACA evaluates previous AIDS strategies and increase its transparency in decision-making about final strategies, with involvement of stakeholders*			5				7		2	No.7,8,9
5.9.1.7	*ATF allocates sufficient and sustained resources regarding populations (TG), advocacy, tests other than HIV, research, psychological support*	5b	2		1b	3	3a	10,12		6	No.6
5.9.2	**In the civil society**										
5.9.2.1	*Schools, community service centres, NGOs, religious leaders, employers and consulates tu support work for betterment of priority populations*	4a	6b					15		3	
5.9.2.2	*Professionals, educators, socail workers, counsellors, and health care personnel to be trained in knowledge and attitudes about HIV/AIDS and priority populations, and hence to provide sensitive and friendly services*	4b	4b	8	6c		2	5		6	No.5,6,7,9

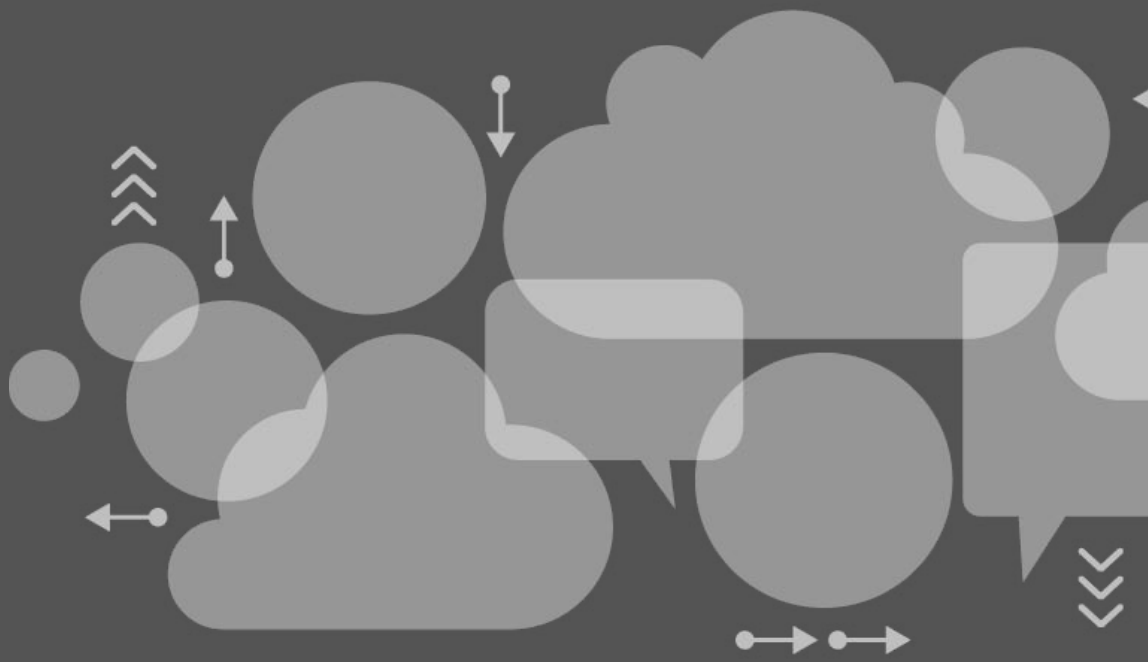
Note. The number in superscript denotes the priority of the relevant recommendation in that CCM session.

Session (Total number of rankings of recommendations for each CCM session)		CCM sessions									Open Submission
		EM (7)	FSW (9)	PLHIV (12)	FSWC (10)	MSW (9)	TG (5)	MSM (17)	IDU (13)	No. of CCM sessions	Submission that covers the specific theme
5.9.2.3	*NGO to share experiences with each other on interventions*			8	8					2	
5.9.2.4	*NGO to work with universities on more research*						3b	12		2	No.6
5.9.3	**Cross border collaboration with Mainland organisation to provide HIV services**				1b					1	
5.10	**Others**										
	Rename AIDS			7						1	

Note. The number in superscript denotes the priority of the relevant recommendation in that CCM session.

SECTION 6

Feedback for the draft report



Section 6

Feedback for the draft report

The draft version of this report was circulated to the CCM attendees, those who sent in opinions in the open submission and the WGCCM for comment in February 2016.

A total of two feedbacks were received.

The first feedback : Regarding the recommendation under Section 3.7.2, the first priority, the second point "equalize laws (related to sexual acts) between heterosexuals and homosexuals", the writer of the feedback opined that the law under Crimes Ordinance 118C, F, G, H, I, J, K were punitive laws and was unfair to men who practice homosexual acts. It also said that UNAIDS had issued various publications to call for cancellation of punitive laws targeting homosexual behaviours for the purpose of HIV prevention.

In addition, the writer also requested to show the original copies of all nine open submissions*.

It pointed out one typo that appear in the draft report.

The second feedback : It noted that some NGOs' name were missing on the page of "Acronyms and abbreviations". It further suggested to have another wrap-up meeting for WGCCM to debrief the consultation

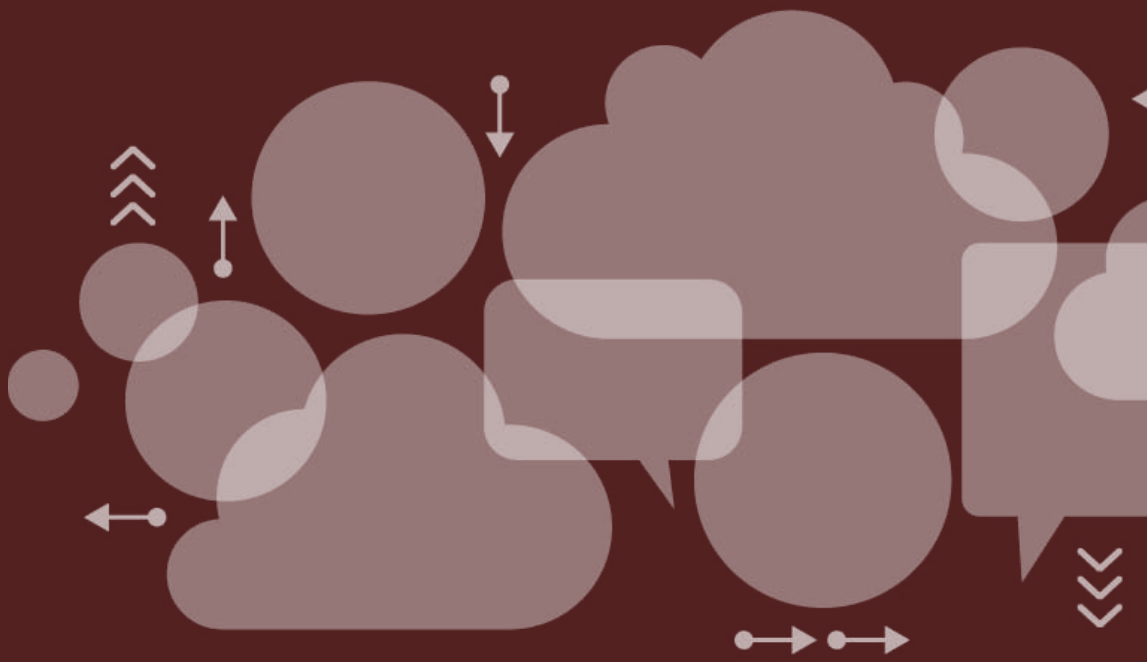
and to endorse the final report**.

* The WGCCM decided not to show the original copies as readers would be able to identify the writers of the open submissions.

** Names of all NGOs related to this consultation have been added. A wrap-up meeting was held on 17 March 2016 to endorse the report.

SECTION 7

Conclusion



Section 7

Conclusion

The Community Forum on AIDS and the Hong Kong Coalition of AIDS Service Organizations are grateful for the respondents, including those from the general public and the stakeholders groups such as AIDS non-governmental organizations, community members, social service organizations, medical professionals and academic for offering valuable views and recommendations by participating in the Community Stakeholders' Consultation Meeting 2015 or through open submission.

The issue of prevention and control of HIV epidemics is a complicated one, and attracts a wide range of response from different sectors and communities. Suggestions often cover biomedical, social, legal, educational and even information technological aspects. Despite the diversity of opinions on the issue and the appropriate way forward, we believe that there is a genuine need for the whole society to act together to address the problems. We believe that the multi-pronged approach recommended could help bring about changes across the society on this issue.

Upon completion of the consultation, a CFA meeting was held in December 2015 to deliberate the process of the consultation and the recommendations collected. The draft of the report was circulated to the CCM attendees and those who sent in opinions in the open submission in February 2016. After collection of their comments and acceptance by the WGCCC, the final version will be further deliberated in the Hong Kong

Advisory Council on AIDS in 2016 to help shape the next Recommended HIV/AIDS Strategies for Hong Kong (2017-2021).

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