

**LegCo Adjournment Debate on
AIDS –ten years on**

**ACA Secretariat
September 2004**

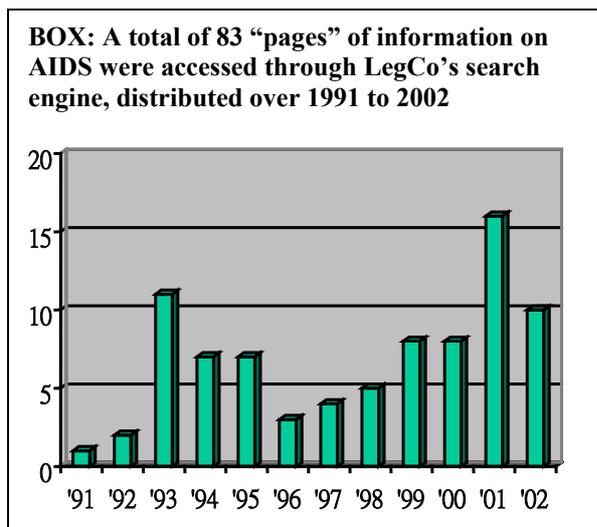
LegCo Adjournment Debate on AIDS – ten years on

Background

1. On 10 February 1993, the Legislative Council (LegCo) held an adjournment debate on “AIDS in Hong Kong”. This was the first and only occasion that the Council designated a specific timeslot to focus on AIDS. In the ensuing years, the subject has been raised on numerous other occasions in the Council – during enactment of legislation, questions to (and responses of) the administration, and in the course of the meetings of the Council and its panels.

2. It’s now ten years after the landmark debate, and Hong Kong has since witnessed major changes both in the HIV epidemiology and the landscape of the society’s response. A review of the deliberations of the LegCo touching upon AIDS seems timely and would enable us to understand the changing policy environment as well as the evolving perspectives of local politicians. It’s against such background that this study was conceived and conducted by the Secretariat of the Advisory Council on AIDS in 2003.

3. This paper begins with a recapitulation of the Adjournment Debate, followed by a review of LegCo’s deliberations till the end of 2002, on the following aspects of HIV/AIDS – AIDS policy development, the needs of HIV infected haemophilia patients, establishment of the AIDS Trust Fund, access to care, fighting



discrimination and finally prevention. This was a desk-top review involving the search for electronic documents accessed through LegCo’s Internet Homepage at www.legco.gov.hk, as of the end of 2002. Entries in 2003 and beyond have not been included. (Box)

The Adjournment Debate

4. The Adjournment Debate was introduced by Dr Conrad LAM. He described the following phenomena as the backdrop for the debate: (a) some schools refusing HIV patients to return to class, (b) funeral parlours refusing to provide service to those who had died from AIDS, (c) a health club expelling an HIV positive member, (d) some private hospitals refusing to provide service to HIV/AIDS patients and (e) a survey reporting that some 30% of the respondents would ask for transfer or resign should a co-worker be found HIV positive.

5. Dr LAM appealed to the Government to

- (a) make ex-gratia payment to HIV infected haemophilia patients;
- (b) allocate additional resources for the prevention, control and treatment of AIDS;
- (c) fight discrimination against AIDS patients and protect their rights and dignity;
- (d) discuss with the Chinese Government to drop the rule for requiring HIV tests from Hong Kong residents crossing the border to the Mainland;
- (e) formulate employment guidelines to protect HIV infected employees from dismissal and discrimination.

6. Eight other LegCo members made statements at the debate. They were: Mr HUI Yin-fat, Mrs Peggy LAM, Dr CH LEONG, Mr Jimmy McGREGOR, Mr CHEUNG Man-kwong, Mr Michael HO, Dr HUANG Chen-ya, Dr LAM Kui-chun. The focus of the debate was the discrimination faced by HIV/AIDS patients. Dr CH LEONG highlighted also that there should be “no requirement for doctors and dentists to be tested on a routine basis...”. Dr HUANG raised that the “expenses for the prevention and treatment of HIV/AIDS should be handled separately from general medical expenses”. Dr LAM Kui-chun questioned if Hong Kong should follow the policy of other countries since they had failed to arrest the spread.

7. In concluding the debate, the Secretary for Health and Welfare took Members through the programmes that had been in place on HIV prevention and care, including the work of the Department of Health, Hong Kong Red Cross, public hospitals and the

Advisory Council on AIDS. She informed Members that a special study group had been formed to examine the “circumstance of the (HIV) infection (in haemophilia patients) and to recommend any special course of action...”. She stated, for the first time, that the objectives of Hong Kong Government’s key objectives were:

- (a) to prevent infection with HIV;
- (b) to reduce the personal and social impacts of HIV infection; and
- (c) to mobilise and unify public and the community efforts against AIDS.

A Comprehensive Policy on AIDS?

8. Over the years after the Adjournment Debate, some LegCo Members considered that the current system of policy development insufficient. Dr CH LEONG called for a “territory policy on AIDS” and “the establishment of an AIDS Council to set policy and effective implementation...which was regrettably rejected”. (Private Member’s Motion on Health Care Reform, LegCo Sitting 2 Nov 1994). His suggestion was similar to that of Dr Conrad LAM on the setting up of “an independent AIDS Committee which can monitor and develop policies on the problem.” (LegCo sitting 19 Oct 1994)

9. The work of the Advisory Council on AIDS (ACA) had been discussed when it came to the development of AIDS policies. Dr Conrad LAM remarked that the ACA had “no powers at all, ...cannot perform its duties speedily and effectively. ...the Council operates through a consultative committee under the Department of Health. As a result, the Council’s advice may sometimes not be reflected to the other relevant departments quickly and gain their due support” (LegCo Sitting 19 Oct 1994) The operation of ACA was described by the Secretary for Health and Welfare in response to a question of Dr Conrad LAM. (LegCo Sitting 14 Dec 1994). More recently ACA’s work in the years 1997 to 1999 were detailed in a paper submitted to the LegCo Panel on health Services. (Panel meeting 14 Feb 2000).

10. In response to these demands, the Secretary for Health and Welfare stressed that the ACA had “mapped out the future direction for AIDS programmes in Hong Kong” and referred to the document titled *Strategies for AIDS prevention, Care and*

Control in Hong Kong. (LegCo Sitting 14 Dec 1994) She repeatedly stated that the Government's policy entailed four basic components (LegCo Sitting 2 Nov 1994, Motion debate on Declaration of World Summit for Social Development, 17 May 1995):

- (a) prevention of HIV infection and transmission;
- (b) care of people with HIV or AIDS;
- (c) Surveillance and control; and
- (d) Partnership in HIV/AIDS prevention and care.

From Haemophilia to AIDS Trust Fund

11. LegCo had begun examining the problems faced by HIV infected haemophilia even before the Adjournment Debate. In late 1992, Mrs Peggy LAM inquired if these patients could be exempted from medicine fees, if they could be granted special compensation, and if they're eligible for disability allowance. (LegCo Sitting 16 Dec 1992) The Secretary for Health and Welfare answered that the same medical charge and eligibility for disability allowances applied to HIV-infected haemophilia patients as to other patients in need. On compensation, "the Government would only be legally liable to pay for compensation to an individual who had contracted HIV through the transfusion of contaminated blood products if the individual was able to establish that the Government had been negligent or breached a duty of care in respect of preparing the blood products for transfusion." Compensation was apparently not considered by the Administration when the same question was raised two months later by Dr CH LEONG (LegCo Sitting 3 Feb 1993) and during the Adjournment Debate (LegCo Sitting 10 Feb 1993)

12. The Government apparently took a new turn when the Financial Secretary, in introducing the budget for 1993/94, announced the establishment of the AIDS Trust Fund. He expressed that "it is hard to think of a worse tragedy than the haemophiliacs who have been infected with HIV through the transfusion of contaminated blood products in Hong Kong prior to 1985. They have a right to compassion, and they need our help. The Governor has already announced our intention to assist. I now propose that a special fund be set up with a sum of \$350 million. This will cover both the costs

of ex-gratia payments and the medical support services they require, and help finance a programme of AIDS related education and publicity to help prevent the spread of this terrible disease.” (Budget Speech, LegCo Sitting 3 Mar 1993) The fund was to “be administrated under trust by a special council to be appointed by the Governor,” as explained by the Secretary for Health and Welfare in response to a question of Mr David LI. (LegCo Sitting 10 Mar 1993)

13. It was announced thereafter that of the \$350 million, \$100 million would go to special compensation to “haemophiliacs who contracted the AIDS virus through blood transfusion in or before 1985”, \$200 million to medical treatment and support services, and the remaining \$50 million to publicity and education on AIDS. (Appropriation Bill, LegCo Sitting 24 Mar 1993). The formulae for calculating the amount of ex-gratia payment was announced by the Secretary for Health and Welfare in answering a question by Dr Conrad LAM. (LegCo Sitting 5 May 1993) The Secretary later thanks LegCo members for “their support to the establishment of a \$350 million AIDS Trust Fund” (Motion of Thanks. LegCo Sitting 27 Oct 1993).

14. On two occasions in the following years, the Secretary for Health and Welfare provided breakdown on the payment disbursed by the AIDS Trust Fund (ATF) in response to questions of Dr CH Leong (LegCo Sitting 20 Aug 1997) and Miss Cyd HO (LegCo Sitting 7 Feb 2001). By 2001, 57 persons had received ex-gratia payment totalling \$33 million. Between 20 to 30 organisations had submitted applications to ATF for funding support per, and between 70 to over 90% of these were successful. Between 1997 and 2000, the yearly grants approved was about HK\$18 million. The focus of these deliberations was the criteria and mechanism of approving payments.

Access to Care and Fighting Discrimination

15. Discrimination is possibly the thorniest issue for policy makers when it comes to HIV/AIDS. Professor Jonathan Mann highlighted the principle of non-discrimination when he presented at the LegCo Panel of Health Services in late 1993.¹

¹ Professor Jonathan Mann was the ex-Director of World Health Organisation’s Global Programme on AIDS. He was the Francois-Xavier Ragnoud Professor of Health and Human Rights of the Harvard School of Public Health and the Director of International AIDS Centre, Harvard AIDS Institute when he visited Hong Kong in the last week of November 1993. He delivered three addresses: to the LegCo

Dr CH Leong, in his statement at the motion debate on the *Declaration of World Summit for Social Development*, brought the LegCo into focus two areas of his particular concern: “firstly, providing a non-discriminatory atmosphere for the chronically ill, in particular for people with AIDS/HIV positive; and secondly, providing the highest attainable standard of health care.” (LegCo Sitting 17 May 1995. These were the same perspectives that had been most commonly brought to the LegCo chamber in its deliberations of issues relating to HIV/AIDS in Hong Kong.

Right to confidentiality

16. In view of the media attention on AIDS, the possible identification of suspected HIV/AIDS patients had become an area of concern as early as back in 1986. In response to a question raised by Mr TAI Chin-wah, the Secretary for Health and Welfare stated clearly that “in accordance with the principles of medical ethics, the Medical and Health Department will not disclose particulars relating to any patient without his consent”. (LegCo Sitting 21 May 1986) Patients were “accommodated in separate hospital rooms for additional privacy” and not for “precautionary measures” as AIDS was “not a particularly contagious disease so far as casual contact concerned...”

17. More recently, confidentiality of personal data has become generally protected by law under the Data Protection Act 1998. AIDS has, however, not been covered in the debate from results of the research.

Medical care and support services

18. With medical advances, antiretroviral treatment has become the standard of HIV care in developed countries since mid-nineties. In response to a question by Mr LAW Chi-kwong, the Secretary for Health and Welfare confirmed that “...Protease Inhibitors and viral load measurements ...have been introduced by the Department of Health and the Hospital Authority on a pilot basis”, and that “the use of Protease Inhibitors, drug combinations and viral load measurement for patients is decided by

Panel of Health Services, Lions Clubs International District 303 Hong Kong and Macao, and Hong Kong College of Community Medicine. He died in a flight crash on 2 September 1998. (meeting record of the LegCo Panel of Health services before the 1995/96 session is not available on the web)

the attending doctor based on clinical indications and established treatment protocols”.
(LegCo Sitting 6 Nov 1996)

19. On the provision of dental care to the community, Dr CH Leong raised in 1994 about “special need group such as the chronically ill and those with HIV” (LegCo Sitting 23 Mar 1994) The Health and Welfare Bureau, in a submission to the LegCo Panel on Health Services, cited HIV infection as an example of “special need patients” who’re eligible for dental services. (LegCo Panel on Health Services paper May 2001) On the other hand, medical social services were rendered to people living with HIV/AIDS, as included in the provision under staff establishment of the Social Welfare Department. (LegCo Panel on Welfare Services paper, Mar 2002)

20. To enhance service provision, the Government proposed a new model of an integrated day treatment centre to take care of patients with sexually transmitted infection, HIV/AIDS and skin diseases. (LegCo Public Works Subcommittee of Finance Committee meeting 16 Dec 1998) The Kowloon Bay Centre began operation in 1999. By 2002, “about 900 HIV/AIDS patients are receiving treatment in the public sector which provides multi-disciplinary medical and psychological care to these patients”. (Secretary for Health and Welfare in response to a question by Dr David CHU, LegCo Sitting, 30 Jan 2002)

Discriminations against People living with HIV/AIDS

21. Over the years there were numerous occasions of alleged discriminations relating to HIV/AIDS that had been brought to the attention of the LegCo. On top of what had been discussed at the Adjournment Debate, the other incidents were:

- (a) private hospitals refusing to provide service for AIDS patients – raised by Dr Conrad LAM (LegCo Sitting 13 Jan 1993)
- (b) funeral parlours refusing to provide service to patients who had died from AIDS – raised by Dr Conrad LAM (LegCo Sitting 13 Jan 1993) and Miss Emily LAU (LegCo Sitting 24 Mar 1999)
- (c) HIV infected students being refused to attend school – raised by Dr LAM Kui-chun (LegCo Sitting 3 Feb 1993) and supported by Dr Conrad LAM and Dr CH LEONG.

(d) Ambulance men putting on excessive protective clothing in transferring AIDS patients – raised by Mr SZETO Wah (LegCo Sitting 2 Jun 1999)

22. In response to these allegations, the Administration had initiated actions to either minimise the negative impacts or to prevent future occurrence. The Secretary for Health and Welfare stated that “guidelines on the proper handling of patients with HIV infection have been issued to all hospital management.” (LegCo Sitting 13 Jan 1993), and that the Department of Health would “provide advice on public health issues, such as HIV/AIDS...” (LegCo Sitting 9 Nov 1994) He clarified that ambulancemen were “not required to put on special protective clothing when transferring AIDS patients” and that training had been organised “for health care workers, including ambulancemen employed by the HA and the FSD.” (LegCo Sitting 2 Jun 1999)

23. The Secretary for Education and Manpower undertook to make “interim arrangement for the (HIV infected) student to continue his education in a small group. The aim is to place him in an ordinary school as soon as practicable”. (LegCo Sitting 3 Feb 1993) He also mentioned about the promotion of understanding of AIDS among schools and teachers through provision of guidelines² and teaching materials”.

24. On the handling of dead bodies, the Secretary for Home Affairs explained that the two municipal services departments had issued a set of guidelines jointly with the Department of Health and the Hospital Authority³, and that they had “no record of having received any complaint against funeral parlour operators or undertakers for refusing to handle bodies of persons infected by AIDS or to hold funeral services for their relatives”. (LegCo Sitting 24 Mar 1999)

25. The alleged discriminatory incident that had attracted the widest media coverage was the objection of some residents of the Richland Garden to the

² The guideline referred to was titled *Prevention of Blood-Borne Disease in Schools*, which was published jointly by the Medical and Health Department and Education Department in 1987. Since the Adjournment Debate, the document was revised as *Guidelines on Prevention of Blood-Borne Disease in Schools* in 1994 and subsequently updated in 2001. The Guidelines included management on top of preventive measures, the latter being founded on the principles of universal precaution. www.info.gov.hk/aids/english/publications/index.htm

³ Department of Health, Hospital Authority, Food and Environmental Hygiene Department. *Precautions for Handling and Disposal of Dead Bodies*. 2002 (revised) www.info.gov.hk/aids/english/publications/index.htm

establishment of the Kowloon Bay Health Centre.⁴ (incorporating the Integrated Treatment Centre for AIDS, STD and Skin Diseases) The protests had lasted from 1995 to 2001. Mr CHAN Kam-lam requested the administration to “consider relocating the Centre to a more suitable site nearby” (LegCo Sitting 18 Oct 1995), arguing that the site should have been reserved for “a school and a community centre”. The Secretary for Health and Welfare remarked that “there may be contravention of the (Disability Discrimination) Ordinance” if the request for relocation was made to avoid patients living with HIV/AIDS, as suggested by Dr CH LEONG. She concluded that “we will proceed as scheduled”.

Fighting discrimination by law and other means

26. Rather than the enactment of laws on AIDS, LegCo had chosen to incorporate HIV/AIDS in the anti-discrimination ordinance. Dr Conrad LAM appealed to the Council for passing the Disability Discrimination Bill, stating that the bill would “greatly help to remove the discrimination which the AIDS patients and carriers have been subject to”. (LegCo Sitting 27 Jul 1995) During second reading, it’s noted that both the Coalition of AIDS Organisations against Discrimination and the Advisory Council on AIDS had expressed concern on the requests for information on HIV which might lead to discrimination in employment. The Secretary for Health and Welfare proposed to amend the provision so that “the request for information of a medical nature would itself be unlawful unless it’s absolutely necessary to determine whether the job applicant can carry out the requirements of the job”. Another amendment proposed by Dr CH LEONG was the right for reinstatement, which was supported by the Council. (LegCo Sitting 28 Jul 1995)

27. The enactment of the ***Disability Discrimination Ordinance*** led to the formation of the Equal Opportunities Commission. The latter subsequently published the *Code of Practice on Education* to provide practical guidance to ensure that students with disability (including HIV infection) are not discriminated, through the development of appropriate policy and procedures in schools. The same ordinance

⁴ Two reports had been published to document the Kowloon Bay incident: *Report on case study of Kowloon Bay Health Centre* by the Equal Opportunities Commission in November 1999 www.eoc.org.hk/ME/investigation/index.htm, and *Resistance of the Neighbourhood Community to the AIDS Treatment Facilities - Case Study of Kowloon Bay Health Centre* by Red Ribbon Centre in 2002 www.info.gov.hk/aids/english/publications/index.htm

had also been used by the Equal Opportunities Commission in the process of resolving the problems arising from the Kowloon Bay Health Centre incident.

28. Apart from legislation, the Government also called for greater community involvement in fighting prejudice and discrimination. In response to the Community Charter on AIDS, the Secretary for Health and Welfare raised that the Government, “as the largest employer, would take the lead by being the first to sign the Charter”. (LegCo Sitting 2 Nov 1994) Internationally, AIDS had been included in the report submitted by Hong Kong under the Convention on the Elimination of Discrimination against Women (CEDAW) (LegCo Panel on Home Affairs meeting 2 Jun 2000) and the International Covenant on Economic, Social and Cultural Rights (Paper of Home Affairs Bureau Nov 2002)

HIV Prevention – Priorities of the Council

29. HIV is spread through sexual contact, contaminated blood and body fluids and from an infected mother to her newborn. Interestingly, LegCo has dealt with the subject of HIV prevention at all three levels. The emphasis appeared to be the enhancement of effectiveness of preventive measures.

Condom standards

30. Dr CH LEONG was concerned about the “poor quality” of condoms available in the market in Hong Kong, as revealed by the studies of the Consumer Council. The Secretary for Trade and Industry confirmed that “condoms fall within the definition of consumer goods under the Consumer Goods Safety Bill” that was introduced into the LegCo in late 1993. The Commissioner for Customs and Excise would enforce the legislation and would be empowered to refer samples to the Government Laboratory for testing, providing “an added safeguard for the public”, as further elaborated by the Secretary for Health and Welfare. (LegCo Sitting 9 Mar 1994)

31. The *Consumer Goods Safety Ordinance* was enacted on 20 October 1995. As of March 1997, the Customs and Excise Department had conducted 87 investigations

and seized 393623 condoms comprising 25 brands, following failure of samples to pass the prescribed tests according to international standards.⁵ The work of the department in this regard was reported in the year-end statement of the Commissioner of Customs and Excise.⁶

Blood safety

32. Blood donor screening and the use of safe heat-treated clotting factors were introduced in 1985. In 1997, the infection of a blood recipient who contracted HIV during the window period of the donor again alerted the community to re-examine existing mechanism for safeguarding blood supply.(LegCo Sitting 23 Jul 1997) The issue was discussed at the Panel on Health Services. It's noted that efforts were made by the Department of Health "to publicise the risk and channels of HIV infection and to provide free HIV testing and counselling to members of the public". (LegCo Panel on Health Services meeting 19 Aug 1997) Furthermore a "panel consisting of microbiologists, haematologists and experts on AIDS had been formed to regularly monitor the procedures and practices for the blood transfusion process". (LegCo Panel on Health Services meeting 9 Mar 1998)

33. Homosexuality was one subject that had been discussed on different premises during the last ten years. At the time of the adjournment Debate, homosexuality had already been "decriminalised" through the amendments to the Crimes Ordinance in 1991. The legislation was introduced after years' discussion following the Law Reform Commission's recommendations in 1983. (LegCo Sitting 10 Jul 1991) Currently, homosexuals are advised not to donate blood through the existing donor deferral system. This had become a hot topic at the LegCo Panel on Home Affairs in 2001, during its debate on the subject of discrimination on the ground of sexual orientation⁷. The Hong Kong Red Cross Blood Donation Service reiterated that the practice was in accordance with international guidelines to protect public safety. The

⁵ Advisory Council on AIDS. A review of the HIV/AIDS situation and the programmes on its prevention, care and control in Hong Kong. Hong Kong: Advisory Council on AIDS, 1998.

⁶ Year-end statement for 2001 by the Commissioner of Customs and Excise on 1 February 2002. "Seven persons and 13 companies were prosecuted for trading in unsafe consumer goods which included pillows, condoms, baby carriers....."
www.info.gov.hk/customs/eng/news/speech/01022002_yearend_e.html

⁷ The apparently high number of citations in 2001 and 2002 is a result of submissions by community groups on homosexuality.

Equal Opportunities Commission recommended that “donor screening be based on objectively described high-risk behaviours and not perceived high-risk group”. The responsibility of the Blood Transfusion Service to ensure safety of blood products was appreciated. (Report of the Subcommittee to study discrimination on the ground of sexual orientation. Jul 2001)

34. On other occasions, LegCo members had raised concerns about safety of practices which might involve blood contamination. Dr HUANG Chen-ya inquired if measures had been taken to ensure that equipment used in the tattoo trade was safe and hygienic. (LegCo Sitting 3 Nov 1993) The Secretary for Health and Welfare referred him to the Guidelines that had been distributed by the Department of Health to the trade since 1992⁸. More recently in early 2002, Miss CHOY So-yuk remarked on the potential dangers in piercing of body parts. The Secretary for Health and Welfare referred her to the same document, and undertook to step up publicity and provided information to the trade. Recommendations on licensing was not supported. (LegCo Sitting 22 May 2002) On the other hand, discarded needles by drug addicts was another source of potential infection, which was raised by Mr Michael HO. The Secretary for Security informed the Council that projects of cleaning up had been introduced by a Working Group under the then Committee on Education and Publicity on AIDS, to “remove abandoned syringes from black spots, and to distribute education leaflets to drug abusers in the vicinity”. (LegCo Sitting 15 Feb 1995)

Harm reduction in drug users

35. When it came to drug users, the focus was often the nuisance caused by abandoned syringes (see above section) or the “crime blackspots” near methadone clinics. Mrs Peggy LAM suggested “relocating such centres into neighbouring medical institutions so that they’re away from residential areas”. (LegCo Sitting 15 Feb 1995) The Secretary for Security considered that the methadone clinics were located in “areas which are convenient of access to facilitate attendance by patients”. The benefit of methadone treatment was not appreciated by many LegCo members, who “were very concerned about the objectives and effectiveness” (Panel on Health Services meeting 15 Apr 1996). The Research and Library Services Division of the

Legislative Council Secretariat, in a report⁹ submitted to the Panel on Health Services, that methadone treatment could not help addicts abstain from drugs...not help to improve employment situation and reduce crime rate”.

36. The Action Committee Against Narcotics (ACAN) undertook a review in 1995 to “further monitor the effectiveness of the programme” and returned with a more favourable conclusion.¹⁰ In response to a question by Dr David CHU on curbing the spread of AIDS, the Secretary for Health and Welfare explained that “the methadone clinics provide harm reduction services in the form of methadone treatment and risk reduction counselling” (LegCo Sitting 30 Jan 2002)

Reducing mother-to-child HIV transmission

37. Very early on in 1995, Dr HUANG Chen-ya brought up the question of the prevention of babies from being infected with hepatitis B and HIV, so as to ensure health. The Secretary for Health and Welfare explained that “should women who are HIV positive become pregnant, specific counselling would be given. The risk of transmission to the baby would be explained and the pregnant women would be given the choice as to whether to allow the pregnancy to continue. Appropriate drugs which are known to reduce the rate of vertical transmission....may be prescribed for pregnant women....and have given their consent” (LegCo Sitting 25 Jan 1995) Seven years later, the Secretary reported that “pregnant women using health care services in the public sector are offered universal antenatal HIV testing to prevent mother-to-child transmission of HIV”.¹¹ (LegCo Sitting 30 Jan 2002) Dr LO Wing-lok, in the same sitting, remarked on the importance of the private sector and asked why the Government had not simply offered “voluntary antenatal HIV testing to all pregnant women in the territory free of charge”.

⁸ Department of Health 美容, 針灸, 紋身, 理髮業, 防止血液傳染病指引, 1992. (Chinese only) www.info.gov.hk/aids/chinese/gallery/pampindex.htm

⁹ Research and Library Services Division of Legislative Council Secretariat. *Methadone treatment programme in Hong Kong and selected countries*. March 1996. www.legco.gov.hk

¹⁰ Narcotics Division. Report on review of methadone treatment programme. Hong Kong: Security Bureau, 2000. www.info.gov.hk/nd/treat/MTP_e.htm

¹¹ Universal antenatal HIV testing was one of the policy commitments under Health Services of the remit of the Secretary for Health, Welfare and Food in the Chief Executive’s Policy Address 2001. www.info.gov.hk/info/progressreport/content_e.htm

Looking to the Future

38. In most circumstances, LegCo's deliberation has been a reflection of its responses to contemporary issues in the society. Very occasionally, the debates brought into focus something about the future, notably the financing of treatment, and the Mainland factor.

39. Compared to other disease conditions, the actual number of HIV/AIDS patients receiving (clinical and support) services in Hong Kong is small. It's interesting, however, to note that HIV/AIDS has been quoted as an example of diseases requiring "new and expensive drugs" (LegCo Sitting 6 Mar 2002) and during discussions on "reasons for budget deficit" (LegCo Panel on Health Services meeting 8 Apr 2002). The implication of these discussions on the financing of HIV treatment is not known. HIV/AIDS was also an example of a "terminal disease" that had benefited from medical advancement, therefore necessitating care in the deliberation of such issues as euthanasia, early on in the epidemic. (LegCo Sitting 2 May 1991)

40. As a close neighbour of Mainland China, it's not surprising to see the concern of the LegCo during the Adjournment Debate about the practice of HIV testing across the border on frequent travellers. The sentiment had since changed. A decade ago, the practice reflected the concern of Mainland China in importing HIV from Hong Kong. More recently, the LegCo became concerned about the "estimated 1 million or so people in the Mainland...infected with HIV" (question raised by Dr David CHU, LegCo Sitting 30 Jan 2002) The demand for "specific policies, risk objectives, high risk behaviour monitoring systems and cross-border co-operation" is becoming a new priority in debating about AIDS in Hong Kong.

Conclusion

41. LegCo was an active platform for debating issues relating to HIV/AIDS in the ten years following the Adjournment Debate in 1993. The public looks upon LegCo as a leader in policy development, whose debate has reflected both the contemporary mindset as well as the society's priorities. The role of LegCo is therefore different

from that of ACA, the latter serving as a forum that advises on policy. The complementary role of ACA and LegCo can be inferred. How LegCo has shaped the Government's policy is another subject for research.

ACA Secretariat

September 2004