Factsheet

An overview of HIV/AIDS situation of Transgender (TG) in Hong Kong for Community Stakeholders' Consultation Meeting (CCM) 2021

Background

Transgender and gender diverse are terms used to describe a wide range of gender identities for people whose gender identity is different from the sex that they were assigned at birth. Gender identity exists on a spectrum, and people may not identify as completely male or completely female; some people may identify as non-binary.¹

According to UNAIDS report, in 2019 the risk of acquiring HIV was 13 times higher for transgender people than for other adults aged 15-49 years. Population surveys in six countries have generated estimates that between 0.4% and 1.3% of the population may be transgender. Studies also showed that transgender people who have experienced stigma in health care are three times more likely to avoid health care than transgender people who have not experienced stigma.

How many TG are there in Hong Kong?

- According to a sociological survey performed by HKU in 2011 asking about the sexual orientation of the general public², results showed that 3 out of 991 (0.3%) respondents regarded themselves as TG.
- In mid-2020, there were 2.83 million of male population aged 20 or above according to census³. Therefore, the population size of male-to-female TG derived from the above will be around 8,490, while some of them may not be sexually active.
- However, estimation of number of TG in Hong Kong is difficult as social stigma and the lack of acceptance made the TG people tend to be not open about their gender identity.⁴

TG and HIV infection

- The prevalence of HIV and HIV-related risk behaviors are high among transgender people, particularly transgender women, across the world. Studies showed that the HIV prevalence varied from 14.2% to 19.1% in TGW.
- Unsafe sexual practice such as unprotected anal intercourse and multiple sex partners were also associated with the higher risk of HIV infection among TGW.⁵

¹ UNAIDS. HIV and transgender and other gender-diverse people. Available at: <u>https://www.unaids.org/sites/default/files/media_asset/04-hiv-human-rights-factsheet-transgender-gender-diverse_en.pdf</u>

² Robert TY Chung et al. The Hong Kong LGBT Climate Study 2011-12. Available at: https://www.hkupop.hku.hk/english/report/LGBT2011 12/index.html

³ Hong Kong Census and Statistic Department. <u>http://www.censtatd.gov.hk/hkstat/sub/sp150.jsp?tableID=002&ID=0&productType=8</u>

⁴ Yiu Tung Suen & Randolph Chun Ho Chan (2020) Prevalence and risk and protective factors associated with HIV-related behavior among transgender people in Hong Kong, Journal of Gay & Lesbian Social Services, 32:2, 148-163, DOI: <u>10.1080/10538720.2019.1690609</u>

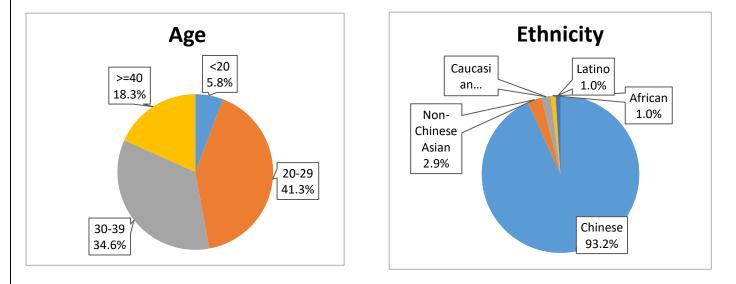
⁵ Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. Am J Public Health. 2001 Jun;91(6):915-21. doi: 10.2105/ajph.91.6.915. PMID: 11392934; PMCID: PMC1446468.

HIV prevalence of TG in Hong Kong

HARiS 2014, NGO-based (N=59)	18.6%
PRiSM 2017, community-based (N=104)	5.11%

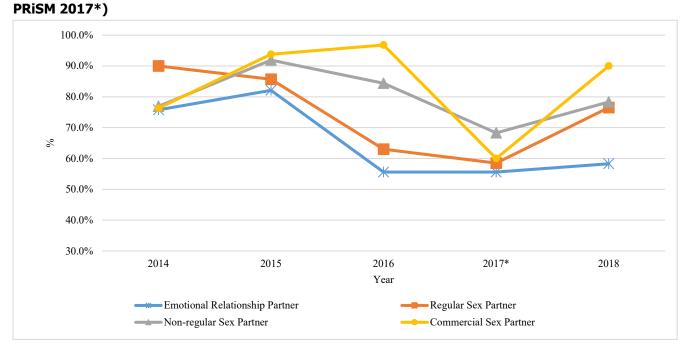
Since TG is a hard-to-reach population, the demographics of samples and the methodology used in the HARiS and PRiSM survey varied. Sample size for both surveys was small. The HIV prevalence rates and the following risk factor profile should be interpreted cautiously.

Sexual risk behavioral survey (PRiSM 2017 - TG)

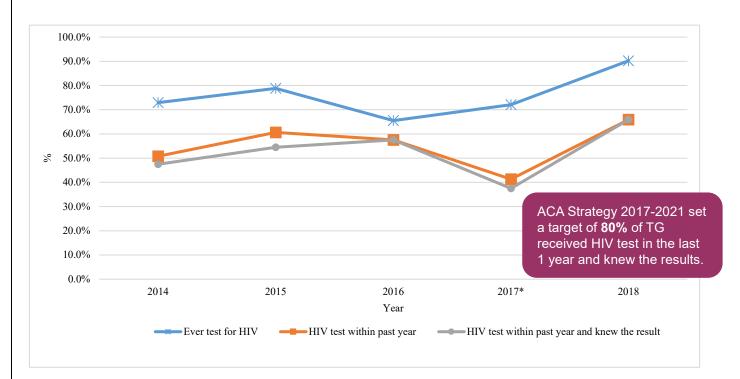


In the latest community-based survey (PRiSM 2017), 69.4% of respondents were sexually active in the past 6 months with either men or women (including TGW).

Condom use in the last vaginal/anal sex with different sex partners (HARiS 2014-2016, 2018, and

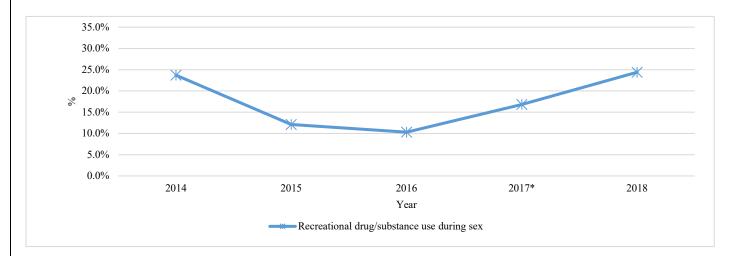


No specific target on condom use was set for TG. However, the rate of condom use with different type of sexual partner was unsatisfactory and at a similar level when compared with MSM.



HIV testing behavior (HARiS 2014-2016, 2018, and PRiSM 2017*)

Recreational drug/substance use during sex (chemsex) in the past 6 months (HARiS 2014-2016, 2018, and PRiSM 2017*)



Public perception on TG

In a study interviewed general working population about their perception on TG², almost 60% believed "TG individuals were subject to discrimination or prejudice in Hong Kong" (59%), while 45% thought "they suffered verbal insult or mockery". Over 40% said "they were ignored or disregarded" (42%) and "they faced social stigma or exclusion" (41%) respectively. Another 29% believed "they were treated like everybody else", whereas 17%, 13% and 9% thought "they were accepted", "they faced bullying and violence" and "they received

support and encouragement". In addition, 5% opted for "don't know / hard to say".

- When asked the TG respondents if they had experienced negative treatments at the workplace because of their gender identity, 41% said "no", as contrast to 28% who said "yes". Another 31% opted for "don't know / hard to say". For the respondents who experienced negative treatments, majority of them were "treated with less respect".
- Another survey in 2018 found that despite high educational attainment, 43.4% of the transgender people surveyed in Hong Kong had a monthly income of less than HK\$6000. In this same study, 67% of transgender people surveyed (87.1% of respondents aged 15–24 years) had contemplated suicide and 20.8% of the sample (35.5% of respondents aged 15–24 years) had attempted suicide. ⁶

Current Response in HIV Prevention

The ultimate aims of HIV/AIDS health promotion activities are to prevent HIV transmission and minimize the negative impacts of the disease on personal and societal levels.

Objectives

- Foster supportive environment for the delivery of prevention and care services
- Provide broad based public awareness programme on HIV/AIDS for all community groups
- Mobilize and enhance the participation of the community
- Promote acceptance of people living with HIV/AIDS

Major indicators (2016-2021)

Area	Outcome Indicators	Target by end- 2020	Latest level as at end-2020
Prevention Coverage	% of Transgenders (TG) received free condoms in the past 1 year	<u>></u> 60%	85% ⁷ /46% ⁸
	% of TG have accessed at least one item of HIV combination prevention services in the last 1 year (such service may include free condoms, HIV testing, free new syringes, HIV prevention messages, or PrEP as appropriate)	<u>></u> 90%	86% ⁷ /86% ⁸
	% of TG received HIV test in the last year and know the result	<u>></u> 80%	41% ⁷

Fundings are available for application by NGOs providing HIV prevention services, drug rehabilitation services and sexual minority services. **(Annex I)**

⁶ Suen, Y. T., Chan, C. H., & Wong, M. Y. (2018). Mental health of transgender people in Hong Kong: A community-driven, large-scale quantitative study documenting demographics and correlates of quality of life and suicidality. Journal of Homosexuality, 65(8), 1093–1113. doi:10.1080/00918369.2017.1368772

⁷ DH. HIV/AIDS Response Indicator Survey (HARiS) 2018

⁸ DH. Community-based HIV Prevalence and Risk Behavioural Survey of Men who have sex with men (PRiSM) 2017

The following summary includes local HIV interventions in recent years including:

1. Free condom and lubricant distribution

• Free government-funded male condom and lubricant are distributed by DH and NGOs. The condom procurement by DH followed the WHO recommendation on male condom⁹. (Please refer to **Annex II** for number of condom distributed)

2. Hotline, counselling service and HIV testing services

(For hotlines, please refer to Annex II)

HIV testing service

- All clients in Methadone Clinics of DH required to receive HIV antibody test (urine) once a year.
- All tuberculosis patients in Chest Clinics of DH will be offered HIV test.
- Social Hygiene Clinics of DH provides one stop service for Sexually transmitted infections (STIs) (including HIV) testing and treatment.
- Other people can seek voluntary counselling and testing service, or HIV self test at DH clinics or NGO's centres. Options of HIV self-testing targeting TG was added in a DH study in 2021.¹⁰ Some NGOs also provide outreach testing services for TG sex workers. **(Annex II)**
- Guidelines (July 2009) and Checklist (September 2013, revised June 2014) were drawn up for quality assurance of the VCT services; annual internal audit has been conducted since 2013.

3. Dissemination of HIV prevention messages

- DH and AIDS NGOs ultilises websites and social media to promote HIV prevention.
- NGOs have been running projects through *Internet outreach* : mobile HIV testing/HIV self test and health education through chat rooms and social media to reach the more hidden population. Dating apps become more important as a channel of internet outreach service.
- TV advertisement has spearheaded publicity campaign in the past. Different strategies and means have been adopted at various stages of publicity to keep AIDS on the public agenda.
- DH and AIDS NGOs have been running projects through *Venue outreach*: VCT, health education and condom distribution at public places (e.g. border) or targeted venues (e.g. gay bars, saunas, one-person brothel and motels).
- DH and AIDS NGOs collaborate with local LGBT organisations to promote HIV prevention, including "Hong Kong Lesbian and Gay Film Festival", "Hong Kong Pride Parade" and "Pink Dot Hong Kong". (Annex II)

⁹ World Health Organization. Male Latex Condom: Specification, Prequalification and Guidelines for Procurement. Available at: <u>https://www.who.int/reproductivehealth/topics/family_planning/condoms-safety/en/</u>

¹⁰ DH. HIV self-testing webpage. Available at <u>https://dh-hivst.com.hk/token/CkXR3</u>

• In the World AIDS Day on Dec 1st every year, DH and AIDS NGOs hold different events to increase public awareness on HIV prevention and caring on PLHIV.

4. HIV prevention education and sexuality education for young people

• Please refer to the factsheet on "adolescent and youth".

5. Capacity building for NGO workers and healthcare workers

- Provide training workshop to frontline NGO workers and medical professionals to update participants' knowledge on HIV-related prevention, investigation, treatment and care.
- Online conferences were conducted for primary healthcare professionals to enhance understanding and special consideration when providing care for sexuality minorities including TG. (Annex II)

6. Medical service for HIV and Sexually transmitted illness treatment

HIV post-exposure prophylaxis

- PEP (Post-exposure prophylaxis) refers to taking anti-HIV medicine after any high-risk exposure to HIV virus in order to reduce the risk of HIV infection. PEP must be started within 72 hours after a possible exposure, the sooner the better. Generally speaking, anti-HIV medications for PEP are available at the Accident and Emergency Departments of public hospitals and at certain private clinics or hospitals.
- If PEP is started, continued follow up is important. The Therapeutic Prevention Clinic of DH provides follow up after initiation of PEP. The Hospital Authority also follows up its health care staff exposed in the health care setting.

HIV treatment

- Currently, there are three designated HIV clinical services in the public sector: the Integrated Treatment Centre (ITC) of the DH, the AIDS Clinical Service of Queen Elizabeth Hospital (QEH) and the Infectious Disease Special Medical (IDSM) Clinic of Princess Margaret Hospital (PMH). These centres serve the vast majority of HIV infected patients engaged in care.
- AIDS NGOs provided escort services to enhance retention in care for newly diagnosed PHLIV, with peer support for young and older aged PLHIV for their psychosocial well-being.

Other sexually transmitted illness

• The Social Hygiene Service of DH is responsible for the prevention and control of sexually transmitted infections (STI). In the control of STI, social hygiene clinics accept walk-in clients and provide medical treatment and counselling service, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carries out contact tracing, health education and outreach activities to control the spread of STI.

HIV pre-exposure prophylaxis

- "PrEP" stands for pre-exposure prophylaxis. It generally means the use of an antiretroviral medication to prevent the acquisition of HIV infection by uninfected persons.
- The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH issued an interim statement on HIV PrEP which states that,
 - before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and
 - further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.
- Institutions have been conducting studies on PrEP. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.
- As at today, there is no public PrEP programme and drug indicated for PrEP use was not in the HA/DH Drug Formulary. PrEP can be obtained from private doctors or overseas clinics such as from the Thai Red Cross Society.
- In the current *Recommended HIV/AIDS Strategies of the Hong Kong Advisory Council on AIDS* (2017-2021), local researches and pilot studies targeting young and high risk MSM and sero-discordant couples are encouraged.
- The School of Public Health of the Chinese University of Hong Kong is now conducting researches on PrEP with the latest one exploring implementation on real-world setting. <u>http://nonewhiv.hk/</u>
- An NGO run social enterprise project to provide sexual health services on HIV/STI, also include a regular follow up service for PrEP users. <u>https://aidsconcern.org.hk/zh/services/myplace/</u>

7. Drug rehabilitation service supporting chemsex users

Both Hospital Authority and community based-organisations provide services including timely counselling, substance abuse treatment and rehabilitation. Followings are services for psychotropic substance abusers:-

- The HA Substance Abuse Clinics run provide drug treatment, counselling and in some cases, psychotherapy.
- NGOs can apply funding from Beat Drug Fund of Narcotic Division, Security Bureau (**Annex I**), to implement drug prevention or rehabilitation activities to cater for the needs of persons from varying backgrounds.

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