

HIV PREVENTION IN HONG KONG
STRATEGY SERIES

**HIV Prevention and Care in
Men who have Sex with Men (MSM)
- Principles of Strategy –**

September 2001

**AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS**

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

About this services:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up form for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

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Address:

5/F, Yaumatei Jockey Club Clinic
145 Battery Street, Yaumatei,
Kowloon, Hong Kong
Tel: (852) 2304 6100
Fax: (852) 2337 0897
Email: aca@health.gcn.gov.hk
Website: <http://www.info.gov.hk/aids>

Recommended Strategy for HIV prevention in MSM in Hong Kong

Background

The issue of HIV infection among MSM is a sensitive issue for both the government and the community. In Hong Kong public announcements about HIV infection rates rarely mention the issue of HIV infection among this group for fear that it will reinforce the misconception that “AIDS is a gay disease.” This misconception is not only incorrect; it can also lead to further stigmatisation of and discrimination against MSM. A concern has also been expressed that if the heterosexual part of the general public wrongly believes HIV/AIDS to be a homosexual disease then infection rates among this group could rise due to lack of awareness of the risks.

The news blackout on MSM HIV infections may have helped to reduce stigmatisation of the Tongzhi community and discourage heterosexual misconceptions about the disease not being their problem. However there is a potential cost of this approach if it encourages the Tongzhi community to believe that HIV really is no longer any concern of theirs. This could actually increase the vulnerability of MSM who already account for some 24% of all reported HIV cases and almost 30% of reported sexually HIV cases in Hong Kong¹.

The work of the MSM Taskforce represented a significant breakthrough in dealing with the complexities of the dilemma outlined above. For the first time in Hong Kong a group of MSM come together to determine the HIV prevention needs of their community. The key advantage to this approach is that the community itself is able to determine what best meets its AIDS education needs without unnecessarily stigmatising the Tongzhi community.

Sex between men occurs in most societies. For cultural reasons, it is often stigmatised by society. The public visibility of male-to-male sex, therefore, varies considerably from one country to another. Men who have sex with men (MSM) are discriminated against in many parts of the world. In western societies, there is worrying evidence that the advent of life-prolonging therapies may have led to complacency about the danger of HIV, and that complacency may be leading to rise in risky sexual behaviour. HIV prevention programmes addressing MSM are therefore vitally important. However, they are often seriously neglected-because of the relative invisibility of MSM, stigmatisation of male-to-male sex, or lack of information.

¹ These figures are derived from statistics released by the Department of Health in August 2001. Transmissions attributed to bisexual and homosexual men have been combined to create a total figure for MSM.

HIV/AIDS situation and MSM

On a global scale, an estimated 36.1 million people living with HIV/AIDS as of the end of 2000². An estimated 5 – 10 % of all HIV cases worldwide are due to sexual transmission between men, though this figure varies locally very considerably.

Locally a total of 1636 HIV infections have been reported as of the end of June 2001. 81% of these cumulative cases reported having acquired the infection via sexual contact and 24% of the cumulative total cases were attributed to either bisexual or homosexual men. A concern has been expressed that this figure underestimates the true extent of infection among MSM in Hong Kong since accurate attribution of transmission route is dependent on those getting tested identifying themselves as MSM. In a society where homosexual behaviour is stigmatised it can be expected that many MSM will be reluctant to disclose their sexual behaviour for fear of discrimination.

Due to the difficulty of accurately mapping the epidemic in this population surrogates or risk factors have proved more useful for public health planning and intervention. However, in Hong Kong there is no comprehensive data on the prevalence and incidence of other Sexually Transmitted Infections among MSM and little information on their sexual behaviour.

Task Force on MSM

Under the current term of the Hong Kong Advisory Council on AIDS (ACA), a Task force on MSM was set up under the AIDS Prevention and Care Committee (APCC). The task force is composed entirely of MSM many of whom lead or belong to gay groups, are professionals, workers in the AIDS prevention field, AIDS researchers, or owners of gay establishments. The Task force has been engaged in a planning process for drawing up a strategy for HIV prevention among MSM. This involved active participation from MSM with input from informal surveys, consultations with personal networks of MSM, first-hand experience of the task force members as well as existing pieces of academic research. Their recommendations are based on their knowledge of the MSM community pooled together with relevant academic and professional expertise.

Goals

The task force focused the planning process on HIV prevention among MSM in four key areas:

² These figures were obtained from information published on the UNAIDS website.

- Researching the sexual behaviour patterns of MSM.
- Determining the extent of HIV infection among MSM.
- Evaluating the impact of efforts to prevent HIV infections among MSM.
- Preventing the further spread of HIV among MSM.

Guiding Principles

In making recommendations for strategy in these four areas, the Taskforce adopted and followed the following principles as far as possible:

- To actively involve a wide and diverse range of members of the MSM community through task force members and ongoing community consultation.
- To consult people with relevant expertise.
- To foster a spirit of community participation.
- To share conclusions with all MSM associations, businesses and publications.
- To be always mindful and respectful of the concerns and rights of the MSM community.

Process of the planning

The process consisted of four planning cycles, one for each of the four targeted areas. The aim was to identify three priorities for each area. Each planning phase included the following steps:

1. Formation of working group.
2. Preliminary investigation/consultation by the working group
3. Working group presented issue to Taskforce members and Taskforce members decided on the appropriate format for consultation.
4. Design of consultation tool and selection of consultation question.
5. Consultation period in which taskforce members consulted within their own networks. Consultation could range from personal conversations, and informal surveys of gay group members, data collection from ongoing outreach or research work.
6. Report back to Taskforce members on results of consultation and brainstorming of possible strategies.
7. Prioritisation of the results discussed during brainstorming.
8. Forward the recommendations to APCC.

Recommendations

The priorities of each of the four targeted areas are as follows:

1. Researching the sexual behaviour patterns of MSM.

- a. Research on the factors and situations which motivate MSM to practise (or not to practise) safer sex.
- b. Research on the diversity of MSM sexual behaviour, under controlled variables, especially: location, self-identity, social class, and relationship status.
- c. Research on the influence of subcultures of an MSM subgroup (and between MSM subgroups) on their sexual behaviour.

Note: The Taskforce was particularly concerned that any research into MSM behaviour should be sensitive to the needs and concerns of the MSM community. A particular concern of the community that requires special attention is to avoid further stigmatisation of MSM as a result of the research. Actively consulting and involving members of the community can best achieve this.

2. Determining the extent of HIV infection among MSM.

- a. Promotion of HIV testing within the MSM community. To make testing more socially acceptable as well as dissemination of messages on advantages of early HIV testing and availability of treatment to MSM.
- b. To develop community-based testing services run by MSM for MSM.
- c. Making the location and opening hours of testing services more convenient for MSM, e.g. mobile clinics, evening HIV testing sessions, testing delivered at MSM venues such as saunas, bars, toilets.

Note: Taskforce members felt that the key to better determining the prevalence of HIV among MSM was to increase the numbers of MSM getting tested for HIV. The above strategies are designed to address issues of motivation, convenience and discrimination with a view to reducing the barriers that discourage MSM from getting tested or from identifying themselves as MSM when they get tested.

3. Evaluating the impact of efforts to prevent HIV infections among MSM.

- a. Feedback from the MSM community on AIDS prevention work should be proactively sought. Projects worth exploring include the evaluation of counselling services offered by different agencies, as well as analysis on behavioural change as indicated by attitude change within the MSM community resulting from AIDS prevention work.
- b. All funding proposals should incorporate a built-in evaluation component covering four aspects, namely, agencies, means (type of intervention), target groups and effectiveness.
- c. Applications for recurring projects and pilot projects should both be considered by the ATF. Recurring projects such as the provision of condoms and lubricant at different venues, especially at MSM saunas, should be prioritised for evaluation.

Note: The taskforce also felt that the allocation of government funding for MSM

prevention work should also be evaluated (see “Broader Issues” below.)

4. Preventing the further spread of HIV among MSM.

- a. To ensure the continuous and ample provision of free condoms and lubricant in MSM venues including public sex venues (such as saunas and toilets) and social venues (such as bars, karaoke, discos and bookstore) where the visibility of condoms can also promote safe sex awareness.
- b. To encourage programmes (peer training, services, activities and campaigns using the MSM media) that promote communication and increase understanding within the MSM community about the broader social and psychological issues (relationships, love, self-esteem, community development) which determine the community’s vulnerability to HIV/AIDS.
- c. To encourage programmes which address discrimination against MSM by promoting awareness, understanding and acceptance of MSM/homosexuality/same sex love (non-identity and non-community based) and the MSM community.

Note: These priorities are based on a broader view of what determines a community’s vulnerability to HIV infection. The taskforce agreed that, while providing condoms and lubricant and teaching safer sex are important components of an effective HIV prevention programme, they are not in themselves sufficient. Addressing the other factors is important to ensure that the community’s resistance to HIV is built up and sustained into the future.

Broader issues for further exploration:

The following is a list of issues that surfaced at several stages in the planning process, which may be important in the design of HIV prevention activities and prioritization.

1. The needs of Tongzhi youth. Members felt that this area needed particular attention that should not be isolated within any one of the four planning areas. Society in general and Tongzhi culture in particular are changing very quickly. These changes can have a big impact on the situation of young Tongzhi in Hong Kong. The taskforce felt that this area required urgent attention.
2. The growing use of the internet by Tongzhi. Since the internet can be a research tool, a means of sexual networking and a possible intervention point it was felt that it cut across all four of our planning categories. There is also overlap between this issue and the issue of Tongzhi youth since the internet is especially popular among the younger generation.
3. The need to address the issue of social acceptance of Tongzhi. Members felt that to effectively respond to the AIDS problem among the Tongzhi community the broader

social issues of stigmatisation have to be addressed. It has long been recognised that in order to prevent HIV infection among a particular group the social determinants of vulnerability also have to be addressed. In line with this the taskforce also strongly recommends the implementation of programmes to promote acceptance of the Tongzhi community in more general social contexts such as schools, health care settings, within government and among social service agencies.

4. Another critical issue that surfaced was the gap between planning and implementation. It has all along been a concern of members as to whether the taskforce's recommendations will result in specific action. One key problem already raised with the APCC is the lack of any link between the three stages of planning, resource allocation and implementation. It was felt particularly important to evaluate whether the recommendations of this taskforce result in the AIDS Trust Fund allocating money accordingly and an increase in the number of programmes targeting MSM.

5. This also points to the issue of funding allocation by the ATF for MSM prevention work. Taskforce members felt that this also needs to be examined. In the context of the overall AIDS prevention programme, for example, we could examine whether funding is being allocated in proportion to the level of vulnerability of a particular community.

Prepared by Graham Smith, Convenor of MSM Taskforce, September 2001

About AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replaces two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

Membership

Chairman :

Mrs Diana WONG IP Wai-ying

Members :

Dr. Richard TAN

Professor Peter LEE Wing-ho

Mr. Daniel LAM Chun, JP

(resigned in July 2000)

Professor Sara HO Suk-ching

Mr. CHEUNG Che-kwok

Mr. HO Chi-on, Billy

Dr. Joseph LAU Tak-fai

Dr. Kerrie L. MacPherson

Ms. Bella LUK Po-chu

Mr. Chung-chi TO

Mr Tony PANG Shing-fook

Mr. LIN Oi-chu

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Mr. Frederick TONG Kin-sang

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Mr. Brett WHITE

Mr. CHAN Kwok-chiu

Dr. Patrick LI Chung-ki

Mr. Graham SMITH

Ms. Lourdes FONG

Sr. Ann GRAY

Mr. WAN Mau-Cheong

Ms. Elijah FUNG

Correctional Services Department :

Dr. TAN Kaw-hwee

Department of Health :

Dr. Thomas CHUNG Wai-hung

(up to January 2000)

Dr. KWONG Kwok-wai

(from February 2000)

Health & Welfare Bureau :

Miss Angela LUK Yee-wah

Information Services Department :

Mr. Simon LAU Wai-bing

Social Welfare Department :

Mrs. Alice LEUNG WONG Sau-mei

Secretaries:

Department of Health :

Dr. Clive CHAN Ching-nin

(up to May 2001)

Dr. Francisco WONG

(from June 2001)

Mr. John YIP Lau-sun