

***HIV PREVENTION IN HONG KONG
STRATEGY SERIES***

**HIV/AIDS Prevention and Care for Women
- Principles of Strategy –**

May 2002

***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.

Copyright:

Copyright of this series belongs to APCC. Reproduction of the papers is welcome while any quotes and referencing should be made to APCC Hong Kong.

About APCC, please see back page. For more information and other publication series, please refer to Hong Kong Advisory Council on AIDS (ACA) annual report or send your inquiries to ACA Secretariat.

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>

Acknowledgement

The Task Force on Women is one of the seven task forces of the AIDS Prevention and Care Committee. Its terms of reference are as follows:

1. To develop a proposal to APCC on the formulation of HIV/AIDS prevention and care strategies for women;
2. To promote HIV/AIDS intervention activities related to the Task Force on Women;
3. To enhance project sharing in respect of activities organized for women, and to make proposal for improvements where appropriate;
4. To strengthen connection of APCC with the Community Planning Process/Community Planning Committee regarding proposed HIV/AIDS prevention and care activities / strategies affecting the female population; and
5. To facilitate HIV/AIDS situational / epidemiological analysis for the female population.

Membership

Miss Elijah Fung (Co-Convenor)

Miss Sylvia Tai (Co-Convenor)

Miss Lai Sau Ling

Miss Chan Yu

Miss Paulina C.Y.Kwok

Miss Adeline Lau

Miss Anita Chu

Miss Jenny Chan

Miss Ho Tak Yin (until August 2001)

Miss Shirley Yip yuen-neung

Miss Leung Yuet-sheung, Vivian

Miss Rachel Dai

Ms. Cheung Lai Ngau

Miss May Ko

Miss Ko Mei-lan, Rene

Mr. John Yip

Mr. Johnny Li Choi-hing

Dr. Chung Siu-fung

Dr. Amy Lai

Dr. Richard Tan

Dr. Clive C. N. Chan (until August 2001)

Dr. Francisco H.Y. Wong (since September 2001)

HIV/AIDS Prevention and Care for Women

A Strategy Paper

Background

1. On a global scale, the number of women living with HIV/AIDS is increasing. In 2000, it was estimated that 5.3 million new HIV infections occurred in which 2.2 million were women. After steady increase of the prevalence of disease among women during the 1990s, currently 47.4% of all persons over the age of 15 years living with HIV are women. Globally, AIDS is now the fourth leading cause of death. AIDS death in 2000 alone was 3 million, of which 1.3 million occurred in women. Worldwide, sexual transmission of HIV is the predominant mode of transmission.
2. At the beginning of the AIDS epidemic, there were no more than two female HIV cases in Hong Kong. The first female HIV infection was reported in 1986. Over the last few years, there has been a rapid increase in the number of women infected with HIV, and a concurrent narrowing of the male to female ratio of HIV infection. In view of this situation, a Task Force on Women under the umbrella of AIDS Prevention and Care Committee (APCC) was established in October 2000. The Task Force aims to work out a strategy of HIV/AIDS prevention and care for women in Hong Kong. In this paper, we examine the HIV/AIDS situation in women, explore the vulnerability of women to HIV infection, review the existing HIV/AIDS prevention activities for women and propose a HIV/AIDS prevention and care strategy for women in Hong Kong.

HIV Situation in Women

3. In Hong Kong, the cumulative total number of HIV and AIDS cases stood at 1,693 and 544 respectively as at the end of September 2001. Over 18% of the total HIV cases were females. From 1985 onwards, the absolute number of female HIV infection reported as at September 2001 was 307. Among them, 68 have progressed into AIDS.¹ The majority of the reported female HIV cases were in the sexually active age group. In the past five years, the median age ranged from 27.5 to 32. Quite a substantial proportion of them were Non-Chinese Asian constituting 48% of the cumulative total followed by ethnic Chinese (42%). However, it was in contrast to male patients who were mainly ethnic Chinese (74.7%) while Non-Chinese Asians only accounted for 7.9%. On a yearly basis, the proportion of Non-Chinese Asians fluctuated from 36% to 100% in the past ten years among female cases. Most

¹ Department of Health. Hong Kong STD/AIDS update a quarterly surveillance report (Vol.7 No.4 Quarter 3 2001)

of the female HIV cases acquired the infection through heterosexual contact (89.1%) and only a small proportion of the cases were through injecting drug use (0.8%). The overall male-to-female ratio was 4.8 to 1. Nevertheless, there was a trend of narrowing of the ratio in recent years. The ratio was 7.8 to 1 in 1992, 3.9 to 1 in 1995, and leveled off to 3.2 to 1 in 2000.

4. In addition, there is a growing concern about Mother-To-Child-Transmission (MTCT) in the SAR. As at 30 September 2001, the total cumulative number of perinatal transmission cases was 14. Most of these cases presented late in pregnancy resulting in a delayed diagnosis of HIV. Such a late presentation can be clearly seen in a retrospective survey (from late 1992 to late 1999) involving the medical clinic of the government's Special Preventive Programme and Queen Elizabeth Hospital. The retrospective survey showed that there were 41 pregnancies arising from HIV-infected women, with 26 babies born over the past 15 years. Fourteen of these (53.9%) were born of mothers whose HIV status was only known after delivery. Eight of the 14 babies (57.1%) were confirmed infected with HIV. In fact the majority of the mothers had their HIV status checked only because their babies displayed symptoms of HIV infection.² Similar findings have also been revealed in a recent survey involving screening of more than 5000 pregnant women conducted by Kwong Wah Hospital (1999).³ Although the number of MTCT cases remains small, there is a disturbing trend that more babies will be born with HIV infection in the near future.
5. After the reunification with Mainland China and with the impacts brought along by globalization, population mobility has been increasing in a faster pace for the last decade. Rapid population mobility can speed up the spread of HIV infection from one country to another. The fact that more than 48% of the reported female HIV cases were Non-Chinese Asians has also indicated that female HIV infection could be to a certain extent an imported problem. If the situation continues, it will certainly have an impact on the HIV epidemic in Hong Kong.
6. As concluded from the local epidemiological data, heterosexual transmission remains to be the dominant mode of transmission and is likely to be the case in the coming future. Therefore, it is most likely that more women will be infected and more babies will be born with HIV infection. Female HIV infection not only affects women themselves but also their families.

Vulnerability of Women to HIV infection

² Epidemiology and detection of HIV among pregnant women in HKSAR: results from surveys in two HIV clinics and unlinked anonymous screening of the government virus unit.

³ SCA Information Paper 1-04/99-02: Universal voluntary screening of HIV in a local antenatal clinic.

7. Women are increasingly becoming more vulnerable to HIV/AIDS infection as heterosexual transmission is now dominant in most parts of the world. Research shows that women's risk of HIV infection and sexually transmitted diseases during unprotected vaginal intercourse is 2 to 4 times higher than men.⁴ Besides, gender inequality is fuelling the HIV/AIDS epidemic. It deprives women of the ability to say no to risky practices, leads to coerced sex and sexual violence, keeps women uninformed about prevention, puts them last in line for care and life-saving treatment, and imposes an overwhelming burden for the care of the sick and dying.⁵ In this paper, the vulnerability of four categories of women is identified. They are a) Young Women; b) Middle-aged Women; c) Non-Chinese Asian Women and d) Female Sex Workers.
8. Young Women: There is a prominent trend that young people are becoming sexually active at an earlier age. According to the strategy paper developed for adolescent youth by APCC, around 7% of in-school youths in 1996 have experienced sexual intercourse as compared with 2.5% in 1981. For the out-of-school youths (aged 18-27), a higher rate of 31% in 1996 as compared with 23% in 1981 has been observed. Besides, multiple sex partners are much more common among the young people in Hong Kong as compared with the past. Unprotected vaginal sex is the common sexual practice among those youths that have sexual experience before.⁶ For more information, please refer to the concerned strategy paper.
9. In addition, the needs assessment study conducted by the Community Planning Process (CPP) also discovered that the young sexually active females show a lack of skill in negotiating safer sex with their partners. Besides, the study also indicated that for those who are under the age of 16 may be deterred from seeking help when dealing with Sexually Transmitted Diseases (STDs) and pregnancy from their parents, teachers or social workers by the fear that their male sexual partners may be arrested.⁷
10. A cross-sectional study (from May 2000 to August 2001) analyzing the predisposing risk factors among 61 HIV-infected female patients attending an AIDS clinic in Hong Kong indicated that the age of the first sexual encounter could be as early as 12 years old. 73% of the respondents started their sexual activity from the age of 16 to 24. Over 59% of them had more than one sex partners. The study also

⁴ UNAIDS (1997). Women and AIDS: UNAIDS Point of View: October 1997, UNAIDS.

⁵ UNIFEM-HIV/AIDS Press Room. Women's Human Rights-Gender and HIV/AIDS.

⁶ APCC (December 2000). HIV Prevention In Hong Kong—Strategy Series: HIV Prevention and Care in Youth.

⁷ CPP, August 2001. "Executive Summary on Youth"

indicated that women at a younger age had more sex partners than older women.⁸

11. It is also worrying that the majority of young women equate condom use with contraception rather than disease prevention. Their perceived risk of contracting HIV or other STDs appears to be low; and consequently they do not see the importance of using condoms as a means to protect themselves against disease. Young women are reluctant to refuse sexual demands from their male partners for fear of jeopardizing the future of their relationship.
12. Middle-aged women: Many middle-aged women dare not negotiate condom use with their sex partners since they are economically dependent on their partners. Social norms and traditional caring role have made it more difficult for women to negotiate safer sex with their partners. Condom has always been viewed as mistrust and reducing sexual pleasure and self-esteem in a stable relationship. A study conducted by St. John's Cathedral HIV Education Centre (formerly St. John's Cathedral HIV Information & Drop-In Centre) in 1998 revealed that the majority of female respondents had very low AIDS awareness. Despite their concern that their partners might have other sexual activities, they did not use condoms with their partners for fear of jeopardizing the relationship.⁹
13. Moreover, many women believe that they would not be infected with the virus as long as they remain in a monogamous relationship. A study conducted by the Hong Kong Federation of Women's Centres (HKFWC) in 1998 revealed that married women viewed having sex with husbands as safe. They believed that having monogamous relationship does not expose them to HIV infection. Condom use is perceived as contraceptive device. If couples do not need to take precautions against pregnancy, there is no need or excuse for a wife to request her husband to use condoms. They believed that insisting on safer sex other than contraception is a "vote of no confidence" in their husbands' fidelity.¹⁰ Another study conducted by the HKFWC in 1999 further pointed out that condom was used only when men visited sex workers or having extramarital sex with other women.¹¹ Such myths can be quite risky as several local studies indicated that in the preceding six months, one third of local men who had sex with female sex workers in the Mainland did not use condoms (Lau & Thomas, 2001; Lau & Wong, 2000).¹²

⁸ Chung RWY, Department of Medicine, Queen Elizabeth Hospital (2001). "Analysis of risk factors for female HIV infection in Hong Kong."

⁹ St. John's Cathedral HIV Information & Drop-In Centre (1999). "Survey on Women & AIDS"

¹⁰ 香港婦女中心協會 (1998):《已婚婦女與較安全性行為研究調查》,香港:香港婦女中心協會。

¹¹ 香港婦女中心協會、香港中文大學亞太研究所性別研究中心 (2000):【香港婦女對愛滋病及安全性行為之認識及態度研究報告】,香港:香港婦女中心協會、香港中文大學亞太研究所性別研究中心。

¹² APCC (2001). HIV Prevention in Hong Kong---strategy series: "HIV Prevention in Cross Border

14. Another concern is that many menopausal women perceive contraception as no longer essential in a sexual relationship. The aforementioned cross-sectional study also revealed that the rate of condom use amongst the respondents was not high whether prior to or after menopause. The study further indicated that 11 out of the 61 respondents infected with HIV were at their menopausal stage. It explained why the number of HIV infection amongst women over the age of 50 years was high.
15. Besides, the same study also indicated that over 23% of those infected women were newly arrived *immigrants* from the Mainland. It is quite worrying that condom use is not common amongst them. A study conducted by the Family Planning Association of Hong Kong (1997) amongst the immigrants from the Mainland showed that condom use amongst the respondents was very low (18.7% compared with those local women, 42.5%).¹³ It is predicted that HIV infection amongst these women may have a significant implication on the prevalence of HIV infection in Hong Kong.
16. Non-Chinese Asian Women: There is a worrying concern that more than 48% of the reported female HIV cases were Non-Chinese Asian Women. Besides, in the above cross-sectional study, it was also found that 37% of those interviewed were Non-Chinese Asian Women. However, there is insufficient information on their backgrounds. A study conducted in 1999 amongst 2000 female migrant workers might give us a glimpse of AIDS knowledge amongst Non-Chinese Asian Women. The study found that the overall general knowledge of the respondents regarding HIV/AIDS was inadequate. For instance, more than half of the women surveyed said that by donating blood one could be infected with HIV, while more than 40% of the respondents thought that kissing someone might spread HIV.
17. The study further indicated that even though the respondents have been living in Hong Kong for more than seven years; they are unaware of and have hardly any knowledge or information about HIV/AIDS, nor do they know where to get AIDS related support services. Regarding risky behavior, the study also indicated that more than 65% of the women interviewed did not always use condoms while having sexual encounters. Besides, 8.5% of the respondents who had experienced sexual abuse perceived themselves to be “at risk” of HIV infection in the study.¹⁴ Apart

Travelers”. March 2001.”

¹³ The Family Planning Association of Hong Kong (1997). “KAP Survey on New Arrival Women from Mainland China.”

¹⁴ Dr. M. Bandyopadhyay (City University of Hong Kong, October 1999). “A needs assessment and baseline survey on AIDS related information and education needs of women migrant workers in Hong Kong”.

from the study, a meeting initiated by our Task Force with representatives of migrant worker associations in February 2001 also echoed that there is inadequate AIDS knowledge amongst these women.

18. The above information only partially reflects the AIDS awareness amongst Non-Chinese Asian women. To have a more complete picture, it is recommended that more studies should be carried out in order to investigate risk factors of these ethnic groups and to design appropriate AIDS prevention and care for these women.
19. Female Sex Workers: Another concern is female sex workers. Presently, there is an estimation of 200,000 female sex workers in Hong Kong. According to a survey conducted by Chan et al. (1999), over 60% of sex workers interviewed in the study reported that it was unlikely for them to contract the AIDS virus. In addition, only 41% of them used condoms regularly. Besides, accordingly to Zi Teng (2000), about 30% of the respondents did not have regular checkups. Their lack of AIDS awareness can make them very vulnerable to HIV or other Sexually Transmitted Infection. For further details, please refer to documents prepared by the Community Planning Process.¹⁵

HIV Preventive Programme for women in Hong Kong

20. No specific AIDS programmes for women were organized until December 1990 when a seminar was conducted by the Committee on Education and Publicity on AIDS, in line with the theme of the World AIDS Day for that year. In 1992, an API targeting women was screened. Subsequently, AIDS Unit of the Department of Health had produced publicity leaflets and exhibition boards addressing the needs of women.
21. In 1993, Hong Kong AIDS Foundation and the Hong Kong Association of Business and Professional Women organized a seminar on Women & AIDS. From 1994 -1996, the Hong Kong AIDS Foundation launched “AIDS & the Family” Education Campaign to raise women’s awareness on AIDS and “AIDS – Every Family’s Concern” was the slogan designed for the campaign. They produced promotional leaflets and an API to disseminate the AIDS knowledge to both women and their families.
22. In 1995, Zonta Club also sponsored a radio programme addressing the concerns of women in HIV transmission.
23. In 1997, St. John’s Cathedral HIV Education Centre launched a Women and AIDS

¹⁵ CPP “Sex Workers and Clients” Work Team. “Sex Workers Team – Draft Report”.

Project to heighten women's awareness of possible implications of the AIDS epidemic for their own health and for their families. Together with community-based organizations, they held joint programmes for women in the community. In 1998, a survey on Women and AIDS was conducted. In addition, they had also tailored made a series of educational materials such as posters, newsletters and address books for women. During the Project period, they had also launched several large publicity campaigns by displaying posters inside MTR stations and bus shelters to disseminate AIDS knowledge to women.

24. On the other hand, while specific programmes targeting women had not been commonly organized in the mainstream NGOs and health care units, the notion of AIDS began to be included in different local activities for women for the last few years. For example, in 1998, the Hong Kong Federation of Women's Centres initiated an AIDS project to increase AIDS awareness amongst the homemakers. Besides, they also conducted two studies on women's knowledge and attitude towards AIDS and Safer Sex in 1998 and 1999 respectively. To supplement their efforts, educational materials such as VCD and CD-Rom were also produced to address the needs of women.
25. In 2000, Caritas-Hong Kong started a hotline service for couples on extra-marital affairs. The purpose of the project is to increase their clients' awareness of the relationship between the risk of HIV or Sexually Transmitted Infection (STI) and Extra-Marital Affairs (EMA). Besides, they will also evaluate their clients' sexual behavioral pattern, attitude on sexual relationship and HIV or STI prevention.
26. Apart from the above, family planning and antenatal services included AIDS as one of the subjects in workshops and health talks. All Maternal and Child Health Centres of Department of Health and Antenatal Clinics of Hospital Authority started to provide universal testing of HIV Antibody for antenatal women since September 1, 2001.
27. As for Female Sex Workers, services are mainly offered by a few governmental and non-governmental organizations such as Action For Reach Out, Zi Teng, The School of Ministry to the Grassroots under the Jubilee Ministries Ltd and Social Hygiene Clinics.
28. As for Non-Chinese Asian Women, AIDS Concern delivered a six-month-preventive education programme for Asian Migrant Workers in 1996. They produced a series of culturally sensitive educational materials for these workers and AIDS awareness campaigns were launched.¹⁶ From 1997 onwards, St.

John's Cathedral HIV Education Centre also organizes education campaigns for these women. Besides, the Special Preventive Programme of the Department of Health has also produced a series of AIDS materials and operates a recorded message hotline service for these Non-Chinese women.

29. In conclusion, although some AIDS preventive campaigns have already been in place for Non-Chinese Asian Women, most of them are one-off activities due to a lack of resources and financial support. Since over 48% of the female reported HIV infection was amongst Non-Chinese Asian Women, there is a need to further raise their awareness of HIV or STI. The need for extending AIDS programmes to these women was clearly stated in the quarterly surveillance report of the Department of Health.¹⁶

Recommended HIV Prevention & Care Strategies for Women

30. Due to the unique characteristics of the four categories of women, prevention and education efforts should be tailored to cater for their special needs. As for the special needs of young adolescent women and sex workers, please refer to the recommended strategies developed by APCC¹⁷ and Community Planning Progress (CPP)¹⁸. In this paper, we are only suggesting AIDS strategies for women in general.

A. Goals

31. The ultimate goal of HIV prevention and care for women is as follows:

- 31.a. To prevent and control the spread of HIV infection in women;
- 31.b. To develop a non-discriminatory and caring attitude in the general public, especially women.
- 31.c. To provide care and support to those women who are infected / affected by HIV/AIDS.
- 31.d. To promote and provide capacity building training for women to learn how to negotiate safe sex practice.

B. Principles

¹⁶ Department of Health (2000). "Hong Kong STD/AIDS Update – a quarterly surveillance report". (Vol. 6 No. 4 October 2000).

¹⁷ APCC (2000): "HIV Prevention in Hong Kong: Strategy series: "HIV Prevention and Care in Youth".

¹⁸ CPP (August 2001). "Needs Assessment Report on SWC Work Team " and "Needs Assessment Report on Youth".

32. To develop AIDS preventive programmes for women, special attention should be paid to the following principles:

- 32a. To be gender sensitive and involve women in the design of AIDS policies and education campaigns;
- 32b. To educate women and men in sexual and reproductive health at all ages;
- 32c. To empower women in the areas of gender role and gender equality;
- 32d. To improve women's assertive skills and to increase their accessibility to related services;
- 32e. To emphasize a multidisciplinary approach in AIDS preventive programmes.

C. Approach

33. Prevention and education

33a. Programme Design

Incorporation of AIDS messages : It is essential to involve men in the AIDS programmes and enhance communication between both sexes.¹⁹ AIDS messages should be integrated and incorporated into sex and general health programmes offered by both governmental and non-governmental organizations. Mainstream NGOs offering health care services and other activities for local women and for newly arrived women should be encouraged to include AIDS information in their particular programmes. By doing so, it will help reduce stigmatization and raise acceptance amongst community members. As for Non-Chinese Asian women, AIDS preventive programmes and publicity materials should be better culturally prepared to meet their needs. It is further recommended that the Immigration Department, employment agencies, church groups, consulates and migrant worker associations can be approached and become involved in the design and dissemination of AIDS information to the Non-Chinese Asian women.

33b. Mass Media

Mass media play a crucial role in providing AIDS information to women. Therefore, it is recommended that the media should be networked with in order to release accurate messages on Sexually Transmitted Diseases and AIDS prevention to women. The following avenues are suggested:

- 33b.1. *Printed Media*: Printed Media such as women's magazines, comics, advertisements, newspaper, newsletters and church bulletins can be used to disseminate AIDS messages to women.

¹⁹ Pans / Zed (1999). "AIDS and Men: Taking risks or taking responsibility?"

33b.2. *Electronic media* : Electronic media such as television and radio programmes as well as the Internet can be a good channel to pass the AIDS messages to women.

33b.3. *API* : An API focusing on the needs of women can be an effective way to deliver the AIDS message. Involvement of popular and prestigious personalities can have a positive and influential impact on the target population.

33b.4. *Publicity campaigns* : Publicity campaigns such as Roadshow, exhibitions and poster campaigns can serve as other avenues to disseminate the AIDS messages.

33b.5. *Private Corporations* : Private corporations that sell personal hygienic products and cosmetics can also be approached to help promote AIDS awareness amongst women.

33c. Advocacy

In general, women are placed in a less important social status as compared with their male counterparts. Social norms and gender role place women in a more vulnerable position especially in terms of negotiating for safer sex with their partners. It is even worse for those homemakers who are economically dependent on their spouses. It is suggested to advocate the rights and to redefine the gender role for women in our society.

33d. Condom

It is also necessary to demystify the perception of condom use amongst men and women. It is important to promote the functions and benefits of using condom (e.g. not just for contraception, but also to prevent STI and HIV infection). We should highlight condom use as a sign of caring rather than distrust to improve safer sex negotiation in couple relationship. It is also important to ensure the accessibility and availability of condom in the community.

34. Testing

34a. To prevent antenatal transmission of HIV, free and accessible HIV Antibody Test coupled with counseling should be made available to all antenatal women regardless of their backgrounds and nationalities. The benefits of the test and the importance of Mother-To-Child-Transmission should be highlighted so that more women are willing to take the Test.

34b. In order to reduce stigmatization and to promote the acceptance of the Test and for wider accessibility, HIV Antibody Test is better incorporated and extended into existing health services such as pre-marital check-up.

34c. The importance of pre-and post-test counselling should be emphasized in the testing procedure. It is further advised that in performing HIV Antibody Test, the principle of normalization and acceptance should be highlighted in the testing procedure, to avoid inadvertently giving offence to those who are undergoing the test.

35. Care and Support

It is necessary to offer appropriate care and support for women who are infected with / affected by HIV/AIDS. For more information, please make reference to strategy paper entitled “Care & Welfare of People Living with HIV/AIDS”.²⁰

36. Research

The needs of the four categories of women are diverse and unique. Presently, there is limited information on their characteristics and backgrounds. It is recommended that more research projects should be conducted amongst women in order to identify their risk factors and their particular concerns and needs. The research findings will be helpful in predicting the future trend of female HIV infection and improve service gaps.

37. Funding

Continuity of long term funding for sustainable service is essential. Given the existing funding mechanism, the Council for the AIDS Trust Fund (ATF) should be the major funding body for the expanding of the AIDS prevention and care services to women. In this respect, the Task Force on Women suggests that the ATF should work out a mechanism for networking with organizations working in this area so that they could know and plan better for the allocation of resources for the HIV prevention and care work for women.

Conclusion

38. In conclusion, at present, neither a cure nor a vaccine for AIDS exists. The most effective way to combat AIDS is through prevention and education. With the steady increase in female HIV infection, it is predicted that more women will be infected and more babies will be born with HIV infection. It is high time to reflect on the needs of women. In formulating AIDS policy, the voices of women should not be ignored and should be given a top priority in our AIDS prevention and care. AIDS interventions should be designed to raise women’s awareness and to protect their families and offspring. *As Winston Churchill said, “Not the beginning of the end, nor the end of the beginning, but the beginning of the beginning”.* This should be the proper attitude to take in HIV/AIDS prevention and care for women.

²⁰ APCC (July 2001). HIV Prevention in Hong Kong: Strategy series: “Care & Welfare of People Living with HIV/AIDS”.

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. Alice CHAN

Mr. Chung-chi TO

Mr. LIN Oi-chu

Dr. James CH' IEN Ming-nien

Mr. Frederick TONG Kin-sang

Mr. KO Chun-wa

Mr. Brett WHITE

Ms. Atty CHING

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

(up to July 2001)

Dr. CHAN Kheng-bee

(from August 2001)

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

(up to March 2002)

Dr. W Y WAN

(from April 2002)

Mr. John YIP Lau-sun