Report of Community Assessment and Evaluation on HIV Prevention for Women and Children in Hong Kong 2006

Working Group on Women and Children
Community Forum on AIDS
Hong Kong Advisory Council on AIDS

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Under the auspice of the Community Forum on AIDS of the ACA, an exercise named Community Assessment and Evaluation was embarked in the first half of 2006 to draw community input for the formulation of Recommended Hong Kong AIDS Strategies 2007-2011. Working group on seven groups, viz. commercial sex workers and clients, men who have sex with men, injecting drug users, women and children, people living with HIV/AIDS, youth and cross-border travelers were formed to undertake the exercise. Each Working group was convened by a community expert in the field and with members drawn from key agencies, stakeholders and other persons involved. Technical and secretariat support was provided by Special Preventive Programme. A common framework of reviewing epidemiological data, evaluating current response, reviewing overseas guidelines and developing recommendations on prevention and care of local relevance was employed. A report was generated by each Working Group from the exercise.

Membership of Working Group on Community Assessment and Evaluation on HIV Prevention in Women and Children (January – June 2006)

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Foreword and Acknowledgement

The Community Forum on AIDS was convened to enhance communication between community stakeholders and ACA. It provided a platform where the views and expertise of the community can be directly shared and collected, to support policy formulation at the ACA level. The Community Forum's first key task was to mobilize stakeholders to take part in the Community Assessment and Evaluation exercise, an essential and integral component of the process of formulating the Recommended HIV/AIDS Strategies in 2007-2011.

It has been a stimulating and fruitful learning experience for us all to participate in reviewing Hong Kong's past and present AIDS situation and recommending strategies for the coming future. Although the various community groups have very different needs, it was quite clear that they shared common concerns. These were extensively discussed at all levels including the working group, the Community Forum, and ACA. Of particular concern were the effectiveness of existing funding mechanism for community-based projects, issues on the monitoring and evaluation of AIDS prevention programmes, and the prioritization and impact of such programmes on the local AIDS situation.

The recent visit of US expert Dr Tim Brown as an external consultant to review the latest epidemiological situation in Hong Kong laid a convincing scientific basis on which to focus urgent priorities in HIV prevention. The HIV epidemic in Hong Kong has moved from a slow phase to an early phase of fast growth, mainly driven by an increasing number of HIV infections in men who have sex with men (MSM). The key findings from Dr Tim Brown's reports and the Community Assessment and Evaluation exercise will culminate in the evidence-based, action-oriented interventions recommended in the HIV/AIDS Strategies.

The Community Assessment and Evaluation exercise also provided an opportunity for stakeholders to forge stronger ties and partnerships. Moreover, it facilitated capacity building and identification of expertise in the field. The active involvement of non-government organizations and AIDS workers to share their experiences and best practices provided the impetus to launch a local AIDS meeting, the Hong Kong AIDS Dialogue on 16 September 2006. I hope and fully believe that this will be only the start of a concerted movement to engage all relevant parties in the fight against HIV/AIDS in Hong Kong.

I would like to thank Professor CN Chen for providing visionary leadership, guidance and continuous support as ACA Chairman. He has spared no effort to improve communication among Government, policymakers, funding agencies, AIDS service organizations, frontline workers and vulnerable communities. The Community Assessment and Evaluation exercise would not have been possible without the leadership of the Conveners of the 7 Working Groups and the whole-hearted participation of the members. I would also like to record a vote of thanks to the hard-working Secretaries of the Working Group and the staff of the Special Preventive Programme for providing technical support. Finally I would like to express my gratitude to all those agencies, volunteers, interviewers, interviewees and participants who have given their time to support this initiative for the betterment of HIV prevention and care in Hong Kong.

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September 2006

Report on Community Assessment and Evaluation of HIV prevention in women and children

Introduction

In preparation for the next round of recommended HIV/AIDS strategies for Year 2007 and beyond, the Hong Kong Advisory Council on AIDS (ACA) has agreed to form 7 working groups under its Community Forum on AIDS (CFA). It was agreed that 7 community working groups would be formed to conduct community assessment and evaluation as part of the exercise in preparation for drawing up the next round of HIV strategies. The community groups were as follows: Men having sex with men (MSM), sex workers and clients, women and children, injecting drug users (IDU), people living with HIV, youth and cross-border travellers. Each working group submits a draft report for discussion in CFA and ACA.

In the working group on HIV Prevention in Women and Children, ACA appointed Ms Chan Yu (ACA member) to act as the Convener. Technical support was provided by professional staff in DH Special Preventive Programme. A core group of 15 members (please refer to attached membership list) were invited to join this working group who were community stakeholders (including ACA members, policy makers, service providers, healthcare professionals and service users) in the issue of HIV prevention in women and children. The scope of discussion in the working group was focused on HIV prevention in women and prevention of HIV infection in children by mother-to-child transmission. Issues on HIV infected children will be covered in the working group on "Persons living with HIV" and at risk youth were covered in the working group on "Youth". The issue of providing sex education to children and young women was covered in this working group. Concerns of HIV spread in vulnerable groups such as female commercial sex workers and injecting drug users were separately addressed in the other community working groups.

The working group undertakes the following tasks:-

(a) Conduct HIV situation analysis in the area of women and children;
(b) Review of overseas guidelines and recommendations on HIV prevention in the community group of women and children;
(c) Discuss framework and methodology to gather data
(d) Review and evaluate current service provision;
(e) Identify health needs and gaps in response;
(f) Develop recommendations on HIV prevention strategies for the next 5 years

Contents

Background

Early in the HIV epidemic, relatively few women were diagnosed with HIV infection. HIV now poses a growing and persistent health threat to women of all ages**.** Today, more than 20 years into the epidemic, women account for nearly half the 40 million people living with HIV worldwide. In sub-Saharan Africa, 57 per cent of adults with HIV are women, and young women aged 15 to 24 are more than three times as likely to be infected as young men. In Asia, it is estimated that 2 million women are living with HIV out of the regional total of 8.3 million HIV-infected persons[1]. Despite this alarming trend, women know less than men about how HIV is transmitted and how to prevent infection, and what little they do know is often rendered useless by the discrimination and violence they face.

Global HIV Situation in Women

2. Globally there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV. Since 1985, the percentage of women among adults living with HIV has risen from 35 per cent to 48 per cent. Of particular concern are the dramatic increases in HIV infection among young women, who now make up over 60 per cent of 15- to 24-year-olds living with HIV. Globally, young women are 1.6 times more likely to be living with HIV than young men[2].

3. In both Western Europe and North America, the percentage of women among adults living with HIV is rising. There is mounting evidence that prevention activities in several high-income countries are not keeping pace with the changes occurring in the spread of HIV. Such shortcomings are most evident where HIV is lodged among marginalized sections of populations, including minorities, immigrants and refugees. The rates of HIV infection among women and girls are a cause for deep concern, but when combined with the workload that women take on as well—in caring for AIDS patients, AIDS orphans and their own families—the situation becomes untenable, as it already is in Southern Africa. Similar conditions are developing quickly in the Caribbean, and possibly in Eastern Europe and parts of Asia due to rapidly rising rates in those regions.

4. To confront the crisis, a joint report[3] was published by Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA) and United Nations Development Fund for Women (UNIFEM) named Women and HIV/AIDS: Confronting the crisis. This report is an urgent call to action to address the triple threat of

gender inequality, poverty and HIV. It outlines the critical efforts in tackling these forces simultaneously and minimizes the devastation caused by HIV/AIDS.

5. Women must not be victimized. They are, in many places, leading the way forward. Women and men are taking action to increase knowledge about the disease, expand access to sexual and reproductive health and educational services, increase women's ability to negotiate safer sexual relations, combat gender discrimination and violence and increase access to female-controlled prevention methods such as the female condom. As long as women and adolescent girls are unable to earn an income and exercise their rights to education, health and property, or are threatened with violence, progress on the AIDS front will pass them by.

6. Strategies for survival are pioneered every day on the ground by women living with HIV. The limitations lie elsewhere: in the painful shortage of resources—especially for women and women's issues—and in the shameful lack of political will to meet international commitments. For too many years, the voices and demands of women, particularly women living with HIV, have fallen on deaf ears. The world can no longer afford to ignore them. The report calls for securing sufficient resources funding HIV care and treatment programmes and putting an end to the stigma and discrimination.

7. In 2003, the United Nations Secretary-General Kofi Annan convened a Task Force on Women, Girls and HIV/AIDS in Southern Africa[3], which highlighted the following strategies that work:-

- Challenging the social norms and values that contribute to the lower social status of women and girls and condone violence against them, e.g. through the use of drama and community-based educational initiatives;
- Increasing the self-confidence and self-esteem of girls, e.g. through life-skills training and other school-based programmes in which they are full participants;
- Strengthening the legal and policy frameworks that support women's rights to economic independence (including the right to own and inherit land and property), e.g. by restructuring justice systems, enacting laws and training NGOs to popularize these laws;
- Ensuring access to health services and education, in particular life skills and sexuality education for both boys and girls, e.g. by training health workers and teachers to be gender sensitive and re-orienting health and education systems so that they are participatory and community-centered rather than bureaucratic and hierarchical; and
- Empowering women and girls economically, e.g. by providing them with access to credit and with business, entrepreneurship and marketing skills.

8. To expand the capacities of communities and of those working on HIV programmes to ensure the fulfillment of the rights of women and girls, the Task Force recommended the following:

- Expand the pool of gender experts who know how to conduct a thorough gender analysis and design a response to meet the different requirements of men, women, boys and girls;
- Address the fears and resistance that surround gender in order to prioritize initiatives that seek to challenge the status quo;
- Support and strengthen local women's movements and organizations, and partnerships between governments, women's organizations and community-based organizations;
- Increase public awareness and debate about the relationship between gender inequality and HIV/AIDS; and
- Address the causes of gender inequality, not only the consequences.

9. The UN General Assembly Special Session (UNGASS) on HIV/AIDS[4] in June 2001 made the gender dimensions of the epidemic explicit. Delegates from over 180 countries stressed that gender equality and the empowerment of women are fundamental elements in reducing women's and girls' vulnerability to HIV. They committed themselves to "intensify efforts to…challenge gender stereotypes and attitudes, and gender inequality in relation to HIV, encouraging the active involvement of men and boys." With this statement, the world recognized that all would benefit from a gender-based approach to fighting the disease, reducing the risk to both men and women.

10. Locally, the AIDS Prevention and Care Committee of ACA in the last term also recommended principles of strategy in HIV/AIDS prevention and care for Women in May 2002[5]. The recommended strategies are summarized in Annex A for reference.

Global HIV Situation in Children

11. Children are susceptible to HIV not only from mother-to-child transmission, but also from unsafe blood transfusions and unsafe injections. Although HIV is spreading among the young, a larger number of children are left with the prospect of becoming orphans as AIDS progresses among adults. The collection and reporting of data of children affected or orphaned by AIDS is lacking in most countries due to the difficulty of a reliable estimate of numbers of AIDS orphans in concentrated or low level epidemics.

12. An estimated 1700 children under the age of 15 are infected by HIV around the globe every day[6]. Many of these are young children infected at birth by mothers who are

unaware of their HIV status. The number continues to rise as women are infected by partners who adopt high risk behaviours such as injecting drugs, buying sex, and have multiple sex partners. UNICEF, USAID and UNAIDS estimate that over 2 million children have lost both their parents in East Asia and the Pacific, although it is not known what proportion is a result of AIDS. Recent assessments conducted by UNICEF indicate that the number of children orphaned due to AIDS is approximately 289 000 in Thailand; 265 000 in Vietnam; 52 000 in Cambodia and 40 000 in Mynamar. Official data from China show that about 76 000 children have lost both parents to AIDS, and current estimates project a dramatic escalation of AIDS orphans in China reaching between 150 000 and 260 000 by 2010. The rapid expanding epidemic presents the greatest challenge to policy makers of ensuring high-quality protection and care both for children infected and affected, particularly considering the stigma attached to the disease.

13. Women attending antenatal clinics generally do not have a high risk to HIV infection when compared with vulnerable communities who are regularly exposed the risks of unsafe sex and needle sharing practices. The HIV prevalence of women attending antenatal clinics and the HIV prevalence in vulnerable communities are used jointly as markers to grade the HIV epidemic in a region. For low level epidemics, HIV prevalence does not exceed 5% in any vulnerable groups or sub-groups. For concentrated HIV epidemics, HIV prevalence consistently exceeds 5% in vulnerable groups, but remains less than 1% in women attending antenatal clinics. For generalized HIV epidemics, HIV prevalence in women attending antenatal clinic consistently exceed 1%.

14. Mother-to-child transmission is an important route of HIV transmission worldwide. Approximately, two-thirds of HIV transmissions from mothers to newborns occur during pregnancy, labour or delivery, with the remainder occurring as a consequence of breast feeding. The rate of mother to child HIV infection in developing countries, in the absence of measures to interrupt transmission, may be as high as 45%. UN agencies recommended 4 components to be added to facilitate effective prevention of mother-to-child HIV transmission. These include:-

(a) Preventing HIV infection in all people, particularly women;
(b) Preventing unintended pregnancies among HIV-infected women;
(c) Reduction of HIV transmission from HIV-infected women to their infants; and
(d) Provision of continuum of care and support for infected women, children

Local HIV Situation in Women and Children

15. Since the first HIV case was diagnosed in Hong Kong in 1984, the Department of Health received voluntary case reporting of HIV cases from physicians and laboratories. From 1984 to end of December 2005, there were a total of 2512 HIV infections and 718

AIDS cases, out of which there were 495 (19.7%) HIV infections and 98 (13.6%) AIDS cases among women respectively. At the beginning of the HIV epidemic in the 80s, it is primarily an infectious disease affecting males. There has been a growing trend on the number of HIV-infected women in Hong Kong. From 2001-2004, the proportion of HIV-infected women in a calendar year was recorded as 25.8%, 22.7%, 19.2% and 23.5% respectively[7]. Within the same reporting period, there were 36 cases of HIV-infected children (less than 13 years-old) and 10 AIDS children cases.

16. Up to 31 December 2005, among the total number of 2825 HIV cases reports, there were 552 HIV reports in women. The number of HIV positive cases from heterosexual transmission, injecting drug use, blood transfusion and perinatal transmission was 435 (78.8%), 7 (1.3%), 4 (0.7%) and 4 (0.7%) respectively[8]. The remaining 102 cases (18.5%) were from unknown mode of transmission.

17. In Hong Kong, the age structure and ethnicity for the reported HIV cases in women (up until 31 December 2005) is shown in the table below:

Age	Number (percent)
0-9	5 (0.9%)
10-19	12 (2.2%)
20-29	221 (39.5%)
30-39	188 (34.1%)
40-49	69 (12.5%)
50-59	24 (4.4%)
60-69	13 (2.4%)
70 plus	2 (0.4%)
Unknown	18 (3.5%)
Total	552 (100%)

The ethnicity of women in reported HIV cases is as follows:

Ethnicity	Number (percent)
Chinese	241 (43.7%)
Asian	232 (42%)
Others (e.g. white, black)	19 (3.4%)
Unknown- Non Chinese	60 (10.9%)
Total	552 (100%)

18. In Hong Kong, there were between 3000-5000 samples tested annually for HIV from women attending maternity clinics from 1991 to 2000. It was found that the annual HIV prevalence was no higher than 0.03% during that period. Since the launch of the universal HIV antenatal testing in Sept 2001, there were 136 052 women eligible women for HIV testing in public hospitals through December 2004. Out of whom, 132 333 women received the HIV test, which represents an opt-out rate of 2.7%.

19. During this period, a total of 28 HIV positive pregnancies were identified; 3 cases were known before pregnancy, 24 cases were known before 23 weeks of gestation and 1 case was known after delivery[8]. Of these 28 HIV pregnancies, 10 women underwent termination of pregnancy, 3 women were lost to follow-up, 14 women were delivered by Caesarean Section and 1 woman presented late with her HIV status diagnosed only after her vaginal delivery. At the time of writing this report, there was one baby diagnosed so far with HIV infection; 9 babies were confirmed HIV negative; 4 babies had at least one PCR test negative and one baby was lost to follow-up out of the 15 deliveries known to the system.

Vulnerability of Women to HIV infection

20. Women are increasingly vulnerable to HIV 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 infections during unprotected vaginal intercourse is 2-4 times higher than men. Besides gender inequality is fuelling the HIV epidemic, women often face the problems of economic disempowerment when faced with the pressure to provide an income for themselves or their families, which may lead to risky sexual practices, coerced sex and sexual violence. In some parts of the world, women lack a basic level of education and may be illiterate, which prevents them from acquiring knowledge on the transmission of HIV. Married women may be infected by unfaithful partners who practice unprotected sex when away from home.

21. Asia has the largest number of migrant workers. Population movement has been an important factor in the spread of infectious diseases. People on the move are often vulnerable to HIV infection. Factors influencing that vulnerability include gender, age, economic status, whether migration is forced or voluntary, living circumstances, the stage of the migration process, the attitudes of the host community, and the availability of services. In Hong Kong, there is a sizeable population of 200, 000 South-East Asian females (including Filipinos, Indonesians and Thais) who are working mainly as domestic helpers.

22. Women shared the same risk factors for contracting HIV and STI by way of

sexual intercourse. As the caseload of HIV in women is relatively small in Hong Kong, it is easier to gather information from women attending Social Hygiene Clinics. In 2004, Hong Kong Federation of Women Centres conducted a research study on needs and risks of 311 women attending STD clinics in Hong Kong, which shed light on the attitudes towards perceived control over condom use in women. The main findings included that heterosexual couples had poor communication over sexual matters with each other. The majority of male sex partners did not like to use condoms as nearly a third of the women's male sex partner regarded condom use to be a sign of mistrust. Males are dominant in the decision making process on condom use. About 60% of women heard of female condoms and 70% were willing to try using them.

23. According to USCDC, female-to-female transmission of HIV appears to be a rare occurrence. There is a small but still unspecified risk of HIV transmission associated with female-to-female sexual practices, as there are a number of case reports of HIV transmission between Women who have sex with women (WSW). Female sexual contact should be considered as a possible means of transmission HIV risk for WSW. Some WSW may shoot drugs, have sex with men, be victims of rape or abuse, or have sex with many partners. Sexual identity and sexual behaviour are not always similar. Women should know the exposure of mucous membrane to vaginal secretion and menstrual blood is potentially infectious; condoms should be used consistently and correctly each time for sexual contact with men or using sex toys and know their own and their partner HIV status.

Current response in HIV Prevention in women and children in Hong Kong

24. As mentioned earlier in Paragraphs 21 and 22, the universal HIV antenatal testing programme was started since September 2001. From a public health perspective, the MTCT programme was largely effective, as reflected from broad coverage of testing programme (>97% acceptance rate in eligible women), identification of HIV pregnancies which would otherwise been missed if no screening programme were in place, high percentage of infected women and newborns receiving preventive intervention, and low perinatal transmission rate. The programme was also efficient, as the incremental benefit was much greater than the incremental cost of implementing universal antenatal testing programme in Hong Kong. In view of low HIV prevalence among antenatal women in Hong Kong, high rates of HIV testing and uptake of antiretroviral prophylaxis are a must to the success of the programme.

25. Department of Health organized a series of activities targeting HIV prevention in women in the form of TV API, exhibition boards, health educational materials such as posters and souvenirs, safer sex workshops and seminars, and workshops for healthcare personnel on MTCT programmes etc. NGOs such as Hong Kong AIDS Foundation, St. John's Cathedral HIV Education Centre, Hong Kong Federation of Women Centres, Boys and Girls Club Association and Caritas Hong Kong organized HIV awareness programmes targeting women in different age groups. AIDS Concern and St. John's Cathedral HIV Education Centre organized HIV preventive programmes for female migrant workers. In addition, Christian Action and Asia Pacific Mission for Migrants are also involved with HIV health promotion activities to ethnic groups such as Phillippinos, Thais, Nepalese and Indonesians etc. F-Union carried out safer sex workshops targeting WSW. The Family Planning Association of Hong Kong also provided comprehensive sexual health services to women of all ages and referrals were made to Social Hygiene Clinics for follow-up.

Framework and methodology for conducting community assessment

26. Members of this working group provided additional information on existing services that are provided in the community. They described health priority health needs in HIV prevention in women and children, gaps in services, barriers to access and training needs. The working group decided to use a questionnaire to seek feedbacks and comments from service providers and service users of HIV prevention activities in Women and Children (please refer to the attached). The questionnaire was made available in Chinese and English and translated to additional South East Asian languages (such as Indonesian and Nepalese) to facilitate the gathering of views from all national groups. The views of ethnic minorities were included in this exercise as members in the working group provided volunteers and translators. The questionnaires were distributed via members in the working group. Completed questionnaires were returned within 3 weeks after distribution to the Secretariat for collation and analysis.

Results of Questionnaire Survey

27. A total of 855 completed questionnaires were received, out of which 8 were from service providers and 847 were from service users. The questionnaire was divided into Part A and Part B, where the service users only filled out Part B of the questionnaire and the service provider both parts. Part A of the questionnaire was set up to find out the number and types of HIV prevention programmes in women and children currently undertaken by service providers in the past 5 years. It was also important to find out the practical difficulties faced by providers when conducting HIV prevention programmes. Part B of the questionnaire was designed to find out strengths, gaps, barriers and recommendations on HIV programme in women and children from both service providers

and users. There was a section on providing a rating on the existing HIV prevention services, which could provide an indication on the overall quality of HIV prevention services in women and children.

Main difficulties associated with implementation of HIV prevention activities in women and children

28. From the perspective of service providers, the **main difficulties** in delivery of HIV prevention activities in women and children included the following:

Funding

28.1 It was difficult to obtain funding to host community events on HIV prevention in women and children. The main sponsoring body was AIDS Trust Fund (up to 3-year projects). AIDS Trust Fund assessed HIV prevention progrmame and projects from NGO based on the priority areas defined in the Community Planning Process in 2001. At the time of undertaking the planning, women and children was not an established community group in that exercise. In 2002, AIDS Prevention and Care Committee of ACA appointed a Task Force to study HIV Prevention Strategies for Women. In recent years, ATF granted HIV prevention projects nearly worth HK$2 Million to a couple of AIDS NGOs working in the area. Red Ribbon Centre could only sponsor ad-hoc projects (up to HK$7,000 per application) to be completed within one year. The service providers stated that they did not receive adequate funding for administrative, human resource, book-keeping and audit costs for applications granted from ATF. NGOs also expressed their concerns on the funding mechanism in terms of project approval and providing feedback for unsuccessful applicants. WSW groups received very little financial, social and medical support for conducting safer sex workshops.

Target Groups

28.2 Even within women and children, it was not a homogeneous target group. Children and young women may receive HIV information and sex education through schools. Migrant workers were hard to reach because of cultural and language barriers. Young women also found it a daunting experience of attending traditional Social Hygiene Clinics. WSW was hard to reach and required HIV information from WSW perspective. Health professionals and frontline staff may require additional training on risk communication, gender and sexual orientation sensitivity, and health promotion to cope with the diverse needs of women groups.

Risk Communication and Production of Health Promotion materials

28.3 Migrant workers required culture sensitive translation of HIV health educational materials. Migrant workers may not perceive themselves as being at risk to HIV and showed mixed responses to AIDS programme. Out-reaching migrant workers on their rest days and the scarce supply of venues, volunteers and peer educators also made effective promotion difficult. WSW groups also found it difficult to locate Chinese publications on safer sex to account for the perspectives of WSW.

Strengths, service gaps and barriers of existing HIV programme

28.4 From the service providers' perspectives, the **strengths, gaps and barriers** of the existing HIV prevention programme in women and children are grouped into thematic categories and listed below:

(a) Strengths

- Free and accessible universal antenatal HIV testing (5)
- Good use of mass media to promote HIV awareness e.g. TV, newspapers etc (5)
- Promotion of use of condoms in Safer Sex Campaign (3)
- Free consultation and condoms at STI clinics
- Good mix of service providers providing HIV prevention services at different sites

(b) Gaps

- Promotion of sex education in schools need to be enhanced (5)
- Poor publicity of existing HIV/AIDS services (3)
- Limited educational and publicity in community e.g. API targeting women (3)
- Ethnic minority women are less informed about HIV/AIDS i.e. language and culture barriers (2)
- Lack of funding and human resources (2)
- Female gender-based susceptibility to HIV/AIDS (e.g. intimate partner violence and condom negotiating skills) requiring intersectoral efforts was not addressed (2)
- Limited HIV research on women and children (2)
- Failure to address sexual orientation for WSW

(c) *Barriers*

- Language and cultural barriers (3)
- Stigmatization of HIV/AIDS
- Gender dimension is not mainstreamed and built into AIDS policies
- Women's economic dependence and vulnerability to violence

29. From the service users' perspectives, the **strengths, gaps and barriers** of the existing HIV prevention programme in women and children are grouped into thematic categories and listed below

(a) Strengths

- Heighten HIV awareness and reduce risk of HIV infection to women and children (60)
- Free and accessible universal antenatal HIV testing (32)
- Good use of mass media to promote HIV awareness e.g. TV, newspapers etc (35)
- Good Promotion of HIV/AIDS in school (8)
- Good Promotion of acceptance of PLWHA (8)

(b) Gaps

- Poor publicity of HIV/AIDS (85)
- HIV prevention service is not comprehensive (20)
- Lack of HIV awareness in general public (17)
- Lack of awareness in sex education for school children (17)
- Poor access to HIV prevention services e.g. ethnic minority and migrant, grass-root citizens (13)
- Lack of funding and human resources (10)
- HIV test is not universally available as part of medical services (8)
- Limited HIV research on women and children
- Lack of HIV promotion to WSW

(c) Barriers

- Language and cultural barriers (64)
- Family barrier (22)
- Lack of financial funding and human resources (24)
- Lack of public acceptance to PLWHA and stigmatization of HIV/AIDS (11)
- Lack of awareness of HIV/AIDS due to poor education (13)
- Failure to provide effective HIV/AIDS service (11)

Evaluation of existing HIV prevention services

30. The service providers and service users also requested to rate the existing provision of HIV/AIDS prevention programme in women and children. The results for the service users are as follows:

	TS	S	Sa	D	TD	NC	Un	Miss.	Total
Media and Publicity	29 (3.4%)	347 (41%)	329 (38.8%)	37 (4.4%)	7 (0.8%)	78 (9.2%)	0 (0%)	20 (2.4 %)	847
HIV Testing in antenatal women	132 (15.6%)	514 (60.7%)	97 (11.5%)	8 (0.9%)	3 (0.4%)	76 (9%)	1 (0.1%)	16 (1.9%)	847
HIV awareness	33 (3.9%)	272 (32.1%)	321 (37.9%)	67 (7.9%)	9 (1.1%)	130 (15.3%)	1 (0.1%)	14 (1.7%)	847
HIV education in school	49 (5.8%)	256 (30.2%)	261 (30.8%)	70 (8.3%)	6 (0.7%)	188 (22.2%)	3 (0.4%)	14 (1.7%)	847
HIV Testing and counseling service	21 (2.5%)	322 (38%)	207 (24.4%)	17 (2.0%)	3 (0.4%)	265 (31.3%)	2 (0.2%)	10 (1.2%)	847
Promote Acceptance	34 (4.0%)	336 (39.7%)	285 (33.6%)	49 (5.8%)	10 (1.2%)	121 (14.3%)	1 (0.1%)	11 (1.3%)	847
Promote gender equity	44 (5.2%*	368 (43.4%)	264 (31.2%)	47 (5.5%)	4 (0.5%)	109 (12.9%)	1 (0.1%)	10 (1.2%)	847
Financial support	20 (2.4%)	210 (24.8%)	321 (37.9%)	103 (12.2%)	14 (1.7%)	170 (20.1%)	1 (0.1%)	8 (0.9%)	847
HIV research	18 (2.1%)	212 (25%)	265 (31.2%)	45 (5.3%)	9 (1.1%)	287 (33.9%)	1 (0.1%)	10 (1.2%)	847
Effective Risk Communication	34 (4%)	328 (38.7%)	298 (35.2%)	84 (9.9%)	8 (0.9%)	85 (10%)	1 (0.1%)	9 (1.1%)	847
Capacity Building	17 (2.%)	228 (26.9%)	256 (30.2%)	43 (5.1%)	2 (0.2%)	293 (34.6%)	2 (0.2%)	6 (0.7%)	847

Provide adequate info in different languages	38 (4.5%)	280 (33.1%)	255 (30.1%)	61 (7.2%)	10 (1.2%)	184 (21.7%)	0	19 (2.2%)	847

Codes: TS- Totally Satisfied; S- Satisfied, Sat – Satisfactory; D –Dissatisfied; TD – Totally Dissatisfied; NC- No Comment; U - Unknown; Miss. – Missing answer

The results for the service providers are as follows:-

	TS	S	Sa	D	TD	NC	Total
Media and Publicity	1	4	2	1	0	0	8
HIV Testing in antenatal women	3	4	0	1	0	0	8
HIV awareness	0	3	2	3	0	0	8
HIV education in school	0	2	2	2	1	1	8
HIV Testing and counseling service	0	3	5	0	0	0	8
Promote Acceptance	0	2	5	0	0	1	8
Promote gender equity	0	0	4	3	0	1	8
Financial support	0	0	2	3	2	1	8
HIV research	0	0	2	3	3	0	8
Effective Risk Communication	0	2	5	0	1	0	8
Capacity Building	0	1	4	2	0	1	8
Provide adequate info in different languages	3	3	2	0	0	0	8

Codes: TS- Totally Satisfied; S- Satisfied, Sat – Satisfactory; D –Dissatisfied; TD – Totally Dissatisfied; NC- No Comment; U - Unknown; Miss. – Missing answer

30.2 There were 12 areas of HIV prevention services in women and children which were rated by the service users. From the preliminary analysis of 420 questionnaires returned by service users, there was a difference in the level of satisfaction experienced by

the service users. Universal antenatal HIV Testing programme stands out as the most satisfied category with over 75% of respondents acknowledged satisfaction. Most respondents found the existing HIV prevention services in women and children satisfactory, with less than 15% responded as dissatisfied in any category. The service users were generally satisfied with universal antenatal HIV testing service and the HIV testing and counseling service. However, they were dissatisfied with the financial support and funding for HIV prevention activities and conduct of HIV research in women and children. However, nearly one-third of the respondents may not be familiar with the HIV prevention services in specific areas and recorded no comment in the categories of HIV testing and counseling service, HIV research in the field of women and children, capacity building programmes at Red Ribbon Centre.

30.3 Although there were only 8 respondents in the survey, the service providers were most satisfied with the HIV media publicity programmes run by the Government and the universal antenatal HIV testing programme. They also found the HIV testing and counseling service and the promotion of acceptance satisfactory. However, they were dissatisfied with conduct of HIV research and the financial support provided to HIV awareness programmes.

Recommendations from service users and service providers

31.1 The service providers put forward the following list of recommendations:

Recommendations

- Promotion of sex education in schools e.g. use of parent-teacher associations (5)
- Offer HIV testing as routine medical services e.g. pre-marital health check-ups and increase coverage of HIV testing programmes (3)
- Join hands with Women's Commission and other women groups to empower women and address the problems associated with gender inequity (3)
- Develop specific strategies and cultural sensitive HIV prevention programmes for ethnic minority in women and children e.g. domestic workers. (2)
- Increase funding allocation to women and children programmes
- Increase capacity building and training opportunities for AIDS workers (2)
- Stop violence against women
- Eliminate stigma and discrimination
- Open discussion and collaboration with neighbouring regions and countries
- Conduct HIV research in women and children

31.2 The service users put following the list of following list of recommendations:

Recommendations

- Promotion of sex education in schools (55)
- Promote HIV awareness and the use of condoms in mass media (50)
- Promotional activities in districts and outreach services (23)
- Free distribution of condoms in public venues e.g. bars, red-light districts and at borders (10)
- Provide translation for HIV policy documents and health promotion materials (6)
- Provide free HIV tests for migrant workers, vulnerable groups and partners (5)
- Develop specific strategies and cultural sensitive HIV prevention programmes for ethnic minority in women and children e.g. domestic workers. (5)
- Increase funding allocation to women and children programmes (3)
- Forms multi-sectoral working groups to tackle HIV/AIDS
- Increase capacity building and training opportunities for AIDS workers
- Eliminate stigma and discrimination
- Conduct HIV research in women and children
- Incorporate HIV awareness and sex education in school curriculum

Summary of Findings from Community Evaluation and Needs Assessment Questionnaire

The Community Needs Assessment Questionnaire identified the strengths, gaps, and barriers on the existing provision of services. There was also an opportunity for service providers and service users to evaluate the existing HIV prevention services in women.

There was a consensus from both the service providers and service users that they were satisfied with existing universal antenatal HIV Testing programme. However, there were some respondents who supported the provision of HIV testing as part of routine medical services such as pre-marital counseling and routine health checks. The service providers and users were both dissatisfied with the existing mechanism of funding for HIV prevention activities in women and children. In addition, the service providers were also dissatisfied with the existing level of support in HIV research. The service users were also unfamiliar with key components in the existing HIV prevention programme including HIV testing and counseling service, HIV research and capacity building programmes at Red Ribbon Centre.

Both service users and service providers agreed that language, culture and stigmatization being significant barrier issues working against effective HIV prevention.

The service users held mixed views on the existing HIV promotional and educational activities. The service providers were satisfied with the existing mass media and publicity programmes to enhance HIV awareness, but felt that more should be done on promotion of existing HIV services and sex education in school. A significant number of service users opined that there was poor access to HIV prevention for ethnic minority and migrants. The service providers also supported the idea of launching a new TV API promoting HIV awareness in women.

Recommendations from Working Group

The Working group draws up the following recommendations on HIV Prevention in Women and Children based on the current HIV situation and programme, the progress made with previous strategy documents on this subject and findings in the community needs assessment and evaluation exercise.

Goal: To maintain low prevalence of HIV infection in women and children

Objectives:

1. To prevent the spread of HIV infection in women and children in Hong Kong
2. To reduce the number of mother-to-child transmission of HIV infections
3. To increase HIV awareness and empower women to adopt safer sex practices

Guiding Principles

1. Gender Equity – To provide equal opportunities in all aspects of life including employment, social status, legal rights and address their rights to economic independence, health and education
2. Gender Empowerment – To encourage women to increase knowledge and ability to promote HIV awareness and sex education, expand access to health services and increase women's ability to demand for safer sex in sexual relations.
3. Gender and Culture Sensitivity – To be sensitive to the diverse needs of women from different culture, life phases (school age students, teenagers, young women, middle-aged women and elderly) and sexual orientation. Training of health professionals and social workers to be gender sensitive when dealing with cases of sexual violence, STI or HIV. In addition, ethnic groups, migrant speakers and foreign nationals must be provided with appropriate translation of policy documents and health promotional materials in their own languages.

4. Political commitment– The involvement of political leaders, policy decision makers and women organizations will be crucial to the success of HIV prevention programmes.
5. Collaboration and Partnership - Multi-sectoral involvement including Government, NGOs, professional bodies, community organizations, women organizations and educational institutions to research, develop, implement and evaluate evidence-based HIV prevention programmes.
6. Evidence-based activities – Based the prevention programme on the best science available.
7. Funding support - Increase the funding support to AIDS service providers who successfully provide demonstrably effective HIV prevention programmes.
8. Accessibility and Coverage– HIV prevention programme in women and children will be most effective if it reaches a substantial number of women and children in Hong Kong. The Universal HIV Testing programme in pregnant women and HIV Testing and Counseling Hotline should be actively promoted to improve access and coverage.

Proposed Strategies

A. Increase HIV awareness and Sex Education

There was a general consensus on the importance of increasing HIV awareness and the early delivery of sex education in schools. This will empower young women to negotiate for safer sex. and take actions to protect themselves from STI and HIV. Although there is competing interest from other subjects in the school curriculum, it is recommended to approach Parent Teacher Associations, secondary schools and universities to place sex education as a higher priority. Other possible avenues for promoting sex education include waiting areas of healthcare facilities such as maternal and child healthcare centres, HA Clinics and Social Hygiene Clinics etc. It is also recommended to approach International Social Service, migrant workers' associations, Immigration Department to enhance HIV awareness and sex education among migrant workers and new immigrants. Although female-to-female transmission of HIV apparently is rare, female sexual contact should be considered a possible means of transmission among WSW.

B. Publicize safer sex messages in women and children

There were regular media and publicity campaigns targeting women to adopt safer sex. It is recommended that the Safer Sex publicity campaigns should empower women in negotiating for safer sex. Mass media in the form TV and Radio API is the

most effective means to reach the target audience. The promotion can be supplemented in newspapers, magazines, exhibitions in schools and public venues such as housing estates and shopping malls, women organizations and groups.

C. Improve condom accessibility

Women should be offered advice on reproductive health and HIV awareness at primary care level. Male latex condoms should be readily available in health facilities such as Maternal and Child Health Centre, medical clinics and The Family Planning Association of Hong Kong etc. In addition to existing provision of condoms in supermarkets, convenience stores and pharmacies, other public venues such as public toilets, shopping malls and bars should be explored. Apart from male latex condoms, the options of using female condoms and microbicides to reduce the risk of HIV transmission could be explored. The ideal female-controlled method would be easy to use, would prevent other STDs, and could be used without a partner's consent or knowledge.

D. Promote HIV testing in women

Since 2001, the Universal Antenatal HIV testing programme has been successfully introduced to pregnant women in the public sector. From a public health perspective, the MTCT programme was largely effective, as reflected from broad coverage of testing programme (>97% acceptance rate in eligible women). However, there were cases where pregnant mothers presented late to labour wards without local antenatal care, in particular from the arrival of Non-Entitled Persons. HIV Rapid tests could be considered as a possible intervention in these settings. As HIV rapid tests are currently provided as pilot studies in AIDS Counseling and Testing Service and outreach settings by NGOs, the introduction of HIV rapid test in labour wards needs to be further discussed with obstetrics staff.

Apart from universal antenatal testing programme, it is also important to promote the existing HIV Testing services in Hong Kong. The Department of Health runs a free and anonymous AIDS Counseling and Testing Service (2780 2211). HIV Test should be provided as part of routine basic medical services such as pre-marital counseling and health screening.

E. Improve accessibility and coverage of HIV prevention services

Ethnic women and Chinese women almost shared the same proportion of HIV infections, with each group contributing to about half of all HIV infections in women. Ethnic women in Hong Kong are mainly female migrant workers from neighbouring South-East Asian Countries. They are increasing vulnerable to HIV infection because of

language and culture barriers to accessing information and preventive services. It is recommended that HIV resources information and health promotion materials (i.e. HIV Testing calendars and information cards) should be translated into different languages to meet their needs. Collaboration and partnership between foreign embassies, businesses, migrant workers' associations, employers, NGOs and Government units such as Immigration Department and DH's Port Health Office will strengthen promotional efforts.

F. Mainstream provision of HIV prevention services in women

The existing HIV prevention services are mainly provided in the medical sector. It is important to form collaborative partnership with policy makers such as Women's Commission, businesses and community organizations to widen the service provision from the existing medical model to a holistic approach including human rights, economics, educational and psychosocial and sexual orientation needs. This will also facilitate women to address current issues of gender inequalities and changing perception of gender imbalance.

G. Sensitive to the needs of Women having sex with women

There is a small but still unspecified risk of HIV transmission associated with female-to-female sexual practices, as there are a number of case reports of HIV transmission between Women who have sex with women (WSW). Female sexual contact should be considered as a possible means of transmission HIV risk for WSW. There should be enhanced efforts and funding on promoting HIV awareness and improving access to health services among WSW. Health professionals should be taught to be sensitive to the sexual orientations needs of WSW.

H. Enhance Training and Capacity Building

Apart from the general public, healthcare professionals, teachers and social workers should be trained on HIV awareness. Sex education should be included in the undergraduate curriculum. Healthcare professionals should learn to be gender and sexual orientation sensitive when providing services. They must be fully aware that sexual identity does not necessarily predict behaviour and that women who identify at lesbians may be at risk for HIV through unprotected sex with men. Multi-sectoral safer sex workshops should be organized to increase capacity building and promote mainstreaming.

I. Conduct HIV research and surveillance

It is recommended to research, develop, implement and evaluate evidence-based HIV prevention programmes and behavioural interventions in women and

children. It is important to monitor the HIV situation in women and children by maintaining the existing seroprevalence studies and HIV birth registry surveillance mechanisms in antenatal women and newborn babies.

J. Improve Funding mechanisms

The service providers obtained their main source of financial support from AIDS Trust Fund. There was great concern on the existing funding mechanisms, with the maximum length of programme being funded as 3 years. It is recommended for AIDS Trust Fund to review mechanisms for funding HIV prevention activities in women and consider the long term sustainability of worthwhile projects.

Box Summary - . Proposed framework of HIV prevention strategies for women and children in Hong Kong

Goal:	**Maintain low prevalence of HIV infection in women and children in Hong Kong**
Objectives:	**1. To prevent the spread of HIV infection in women and children** **2. To reduce the number of mother-to-child transmission of HIV infections** **3. To increase HIV awareness and empower women to adopt safer sex practices**
Guiding principles:	1. **Gender Equity** 2. **Gender Empowerment** 3. **Gender and Culture Sensitivity** 4. **Political Commitment** 5. **Collaboration and Partnership** 6. **Evidence based activities** 7. **Funding Support** 8. **Accessibility and Coverage**
Proposed Strategies:	**A. Increase HIV awareness and Sex Education** **B. Publicize safer sex messages in women and children** **C. Improve condom accessibility** **D. Promote HIV testing in women** **E. Improve accessibility and coverage of HIV prevention services** **F. Mainstream provision of HIV prevention services in women** **G. Sensitive to the needs of Women having sex with women** **H. Enhance Training and Capacity Building** **I. Conduct HIV research and surveillance** **J. Improve funding mechanism**

Annex A

In May 2002, the Task Force on Women of AIDS Prevention and Care Committee in Hong Kong Advisory Council on AIDS put forward the following recommended prevention and care strategies for the 4 vulnerable categories of women (young women, middle-aged women, non-Chinese Asian women and female sex workers):-

(a) Goals

The ultimate goals of HIV prevention and care for women are as follows:-

(i) To prevent and control spread of HIV infection in women;

(ii) To develop a non-discriminatory and caring attitude in the general public, especially women;

(iii) To provide care and support to those women who are infected / affected by HIV/AIDS; and

(iv) To promote and provide capacity building training for women to learn how to negotiate safe sex practice

(b) Principles

Special attention should be paid to the following principles:

(i) To be gender sensitive and involve women in the design of AIDS policies and education campaigns;

(ii) To educate women and men in sexual and reproductive health at all ages;

(iii) To empower women in the areas of gender role and gender equality;

(iv) To improve women's assertive skills and to increase their accessibility to related services; and

(v) To emphasize a multi-disciplinary approach in AIDS prevention programmes

(c) Approach

Prevention and Education

(i) Programme Design

- Incorporation of AIDS messages into sex and general health programmes offered by both governmental and non-governmental organizations;
- Essential to involve men in the AIDS programme and enhance communication between both sexes;
- Culturally sensitive materials for non-Chinese Asian women and new immigrants;

- Multi-sectoral involvement including Immigration Department, employment agencies; church groups, consulates and migrant worker associations

(ii) Mass Media

- Mass media play crucial role in providing AIDS information to women
- Use of multi-channels of communication including printed media, electronic media, API, publicity campaigns, roadshows, exhibitions, poster campaigns and private corporations

(iii)Advocacy

- In view of gender inequity and discrepancy in social status, it is important to advocate for the rights of women especially in terms of negotiating for safer sex with their partners.

(iv) Condom

- It is necessary to demystify the perception of condom use amongst men and women. Promote the functions and benefits of using condoms (not just for contraception, but also to prevent STI and HIV infections)
- Highlight condom use as caring rather than distrust to improve safer sex negotiation in couple relationship. Important to ensure accessibility and availability of condom in community

HIV Testing

(i) Prevent antenatal HIV transmission

- Active promotion of HIV Testing to antenatal women;
- Free and accessible HIV Antibody Test coupled with counseling should be made available to all antenatal women

(ii) Incorporation of HIV Test into existing health services such as pre-marital check up to reduce stigmatization and promote acceptance

(iii) Emphasis on pre and post-test counseling and the principle of normalization

Care and Support

(i) Offer appropriate care and support for women who are infected/affected with HIV/AIDS;

Research

(i) Organize research projects to identify the concerns and needs of 4 vulnerable categories of women;
(ii) Research findings will be helpful in predicting trends for HIV infections in women and improve service gaps

Funding

(i) Continuity for long term funding to ensure sustainable delivery of service is recommended;
(ii) Recommends AIDS Trust Fund to work out mechanism for allocation of resources to HIV prevention in women

Annex B

1. What do you see as the **strengths and gaps** in the current provision of services in relation to HIV prevention in women and children (please list up to 5 priority areas in each)?

Strengths

Gaps

2. What are the **barriers** in the current provision of services in relation to HIV prevention in women and children (e.g. language, culture, family, staffing and service issues)?

3. Based on the existing service provisions in HIV prevention in women and children, how do you rate the following programmes and services (please place a tick in the appropriate box)?

(a) Media and publicity campaigns conducted by the Government (e.g. Safer Sex and Harm Reduction)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(b) Universal HIV Testing programme for antenatal women in the public sector

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(c) HIV awareness and education campaigns in community

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(d) HIV education programmes in school

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(e) HIV Testing and Counseling Service (2780 2211)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(f) Promotion of acceptance on persons living with HIV/AIDS

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(g) Promotion of gender equity in HIV preventive issues (e.g. equal access to HIV information and treatment)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(h) Financial support and resources for HIV prevention activities in women and children in the community

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(i) Conduct HIV research in the field of women and children

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory

(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(j) Effective risk communication to the public (e.g. quarterly press media briefings, use of electronic media and websites)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(k) Capacity building and training programmes on HIV/AIDS prevention provided by Government and DH Red Ribbon Centre

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

(l) Provide adequate information on HIV preventive services to service users in different languages (e.g. English, Chinese, Putonghua and Asian languages)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐No Comment

4. Please list up to 5 priority recommendations to be included in HIV prevention strategy in women and children.

Annex C

PART A

Your name:

Your post/rank:

The organization you are currently working at:

Date of completing PART A of the survey:

1. Have you/ your agency run any activities/ programmes /projects targeting HIV prevention in women and children in the past 5 years?

❑ Yes.
❑ No. Thank you, you have finished Part A.

2. If yes, please provide summary/report of the activities/programme(s)/project(s). The following areas should be included as much as possible:

Settings
Targets
Duration
Intervention
Outcome
Evaluation (process indicators, outcome indicators, discussion/evaluation report)

(Please use additional sheets if required)

3. What difficulties have you encountered in conducting HIV prevention activities in women and children in Hong Kong from the administrative, technical, or other perspectives?

PART B

Your name:

Your post/rank:

The organization you are currently working at:

Date of completing PART B of the survey:

1. What do you see as the **strengths and gaps** in the current provision of services in relation to HIV prevention in women and children (please list up to 5 priority areas in each)?

Strengths

Gaps

2. What are the **barriers** in the current provision of services in relation to HIV prevention in women and children (e.g. language, culture, family, staffing and service issues etc)?

3. Based on the existing service provisions in HIV prevention in women and children, how do you rate the following programmes and services (please place a tick in the appropriate box)?

(a) Media and publicity campaigns conducted by the Government (e.g. Safer Sex and Harm Reduction)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(b) Universal HIV Testing programme for antenatal women in the public sector

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(c) HIV awareness and education campaigns in community

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(d) HIV education programmes in school

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(e) HIV Testing and Counseling Service (2780 2211)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(f) Promotion of acceptance on persons living with HIV/AIDS

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(g) Promotion of gender equity in HIV preventive issues (e.g. equal access to HIV information and treatment)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(h) Financial support and resources for HIV prevention activities in women and children in the community

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(i) Conduct HIV research in the field of women and children

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(j) Effective risk communication to the public (e.g. quarterly press media briefings, use of electronic media and websites)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(k) Capacity building and training programmes on HIV/AIDS prevention provided by Government and DH Red Ribbon Centre

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

(l) Provide adequate information on HIV preventive services to service users in different languages (e.g. English, Chinese, Putonghua and Asian languages)

(i) ☐ Totally Satisfied (ii) ☐ Satisfied (iii) ☐ Satisfactory
(iv) ☐ Dissatisfied (v) ☐ Totally Dissatisfied (vi) ☐ No Comment

4. Please list up to 5 priority recommendations to be included in HIV prevention strategy in women and children.

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The Boys' and Girls Club Association of Hong Kong
The Family Planning Association of Hong Kong
Women Coalition of Hong Kong SAR

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HIV Prevention in Women and Children Working Group
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