

**Report of Community Assessment and Evaluation of
HIV effort on Cross Border Travellers
in Hong Kong 2006**

**Working Group on Cross Border Travellers in Hong Kong
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 of HIV effort on Cross Border Travellers
(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.

Dr Susan Fan
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Introduction

1. Population mobility was described a factor that contributed to the geographical spread of HIV epidemic. On the other hand, moving away from the original country may result in facilitate the undertaking of risky behaviours, decrease the ability to access HIV prevention service and thus increased their vulnerability.

2. Committee on Education & Publicity on AIDS (CEPAIDS) and AIDS Prevention and Care Committee (APCC) prepared two strategies documents on HIV prevention in mobile population in 1998 and cross border travellers in 2001 respectively. The Working Group on Cross Border Travellers was formed under the Community Forum on AIDS, Advisory Council on AIDS as one of the seven groups to conduct a community assessment and evaluation of HIV efforts in cross border travellers and recommend strategies for consideration of ACA to be incorporated in the next HIV/AIDS strategy document for Year 2007-2011.

Working definition of cross border travellers

3. The term “cross border travellers” is broad and any person may become a traveller anytime in their life. The definitions of mobile population and cross-border travellers used in 1998 and 2001 papers were reviewed. The discussion of cross border travellers was limited to “outbound male travellers going to the mainland China”. In view of the increased population mobility in recent years, a boarder definition should be employed to allow a comprehensive discussion of the issue. The working definition of the cross border travellers for this working group is “The population frequently moves across the Hong Kong border and with increased risk of HIV transmission because of their mobility”.

4. The working group will focus the discussion in three areas: (a) related populations engaged in heterosexual behaviours outside Hong Kong, including cross border truck drivers; (b) MSM cross border activities; (c) migrant workers. Because of the epidemiological finding, the discussion will focus on cross border activities between Hong Kong and Pearl River Delta Region but still will touch on the regional and international issue. Some areas which were covered by other groups, e.g. migrant commercial sex workers by Working Group on Commercial Sex Workers, cross

border injecting drug use by Working Group on Injecting Drug Users, will not be the focus of this working group.

Situation analysis

Population of cross border travellers

5. Cross border activities was highly frequent in Hong Kong. The number of 191.3 million passenger traffic was recorded by Immigration Department in 2005, which increased 5% as compared with 2004.¹ Most of the passenger traffic (87.8%) at the border was contributed by local people. 75% of passenger traffics were burdened at land control points. Tourism industry was also very active. In 2005, 23.4 million visitors were recorded. The number was rising rapidly and showed a 40.9% increase as compared to the 2002's 16.6 million. Visitors from mainland contributed to approximately 55%.

6. With the establishment of Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) and economic integration of Pearl River Delta Region, it was believed that the cross border activities were more active. The number of vehicles to and from China rose 4% between 2004 and 2005. On average, there were about 0.22 million passengers going to mainland China at Lo Wu, Lok Ma Chau, Man Kam To, Sha Tau Kok and Hung Hom control points every day. About 0.24 million Hong Kong residents have worked in China in the previous year. 48.8% of Hong Kong population aged 16 or above has visited Guangdong or Macau in previous 12 months in 2004.²

Situation of commercial sex workers' clients

7. Commercial sex workers' clients visiting the sex workers in Mainland China were common. The population based study consistently showed that about half of the men who visited sex workers in last 6 months visited a sex worker in Mainland China.³ The proportion was similar from findings from other sources, including data from social hygiene clinics and ad hoc study of clients accessed in brothels in 2004.⁴

¹ Immigration Department, HKSARG Website http://www.immd.gov.hk/ehhtml/facts_2.htm accessed on 16 Jun 2006

² HKTB Tourism Research 2004

³ JTF Lau. Behaviorual surveillance for male clients of female sex workers working in villa (brothels). Report submitted to Hong Kong Council for the AIDS Trust Fund. 2004.

⁴ JTF Lau. Estimating prevalence of HIV and Chlamydia trachomatis among FSW and male clients of FSW. Report submitted to Hong Kong Council for the AIDS Trust Fund. 2004.

8. Surveys of cross border travellers coming back from Mainland also showed that about 10% visited a female sex workers in this visit, and one quarter did so in the last 6 months. This again pointed to the high volume of cross border commercial sexual activities. However a decreasing trend of cross border commercial sex was observed in population based study [63% in 1999 to 41% in 2004]³ and travellers coming from Mainland [35% in 1997 to 26% in 2004]⁵. It is unsure if the trend is apparent or real.

9. Data on condom use for clients in Hong Kong is available to observe the trend. Remarkably, all studies demonstrated a consistent and stable high level of condom use for commercial sex in Hong Kong. Surveys of clients of local sex workers showed 80% of them always used a condom for commercial sex in Hong Kong.^{6,7} On the other hand, the frequency of condom use among local men visiting female sex workers in China was consistently lower at around 65%.⁸

10. A survey on cross border truck drivers in 2006 revealed that 90% of cross border truck driver had sexual intercourse in mainland China. 69% of them had sex with commercial sex workers in mainland China in the past 6 months and 89% of them used a condom during last sexual intercourse with commercial sex workers. 65% of drivers have sex with women in mainland who were neither spouse nor commercial sex workers and the condom usage rate during last sexual intercourse is 87% in this group.⁹

11. Information from focus group and working group members' observation suggested that Shangsha (上沙), Xiasha (下沙), Shazui (沙咀) and Buji (布吉) in Shenzhen and Dongguan were popular place of Hong Kong people visiting commercial sex industry (Annex 4 and 5). Although Saturday and Sunday were peak days of the week, these areas were filled with many Hong Kong people in weekday too. The people visiting commercial sex in Shenzhen were of various age groups, from teenagers to old men. Some also were associated with substance abuse.

⁵ JTF Lau. Behavioural surveillance surveys of the Hong Kong –mainland China cross-border sex0netwoker population in Hong Kong from 2003 to 2005 (2003 survey data). Report submitted to Hong Kong Council for the AIDS Trust Fund. 2004.

⁶ Chan, D. K-S, Gray, A., Ip A et al (1999). Identifying the psychosocial correlates of condom use by female sex workers in Hong Kong. Working paper to AIDS trust Fund, 1999.

⁷ Ziteng. Survey and Recommendation on sex workers situation and needs in Hong Kong. February 2000.

⁸ JTF Lau. Behavioural surveillance for female sex workers working in villa (brothels). Report submitted to Hong Kong Council for the AIDS Trust Fund. 2004.

⁹ AIDS Concern. A safer journey: HIV/AIDS prevention targeting cross-border drivers. Report submitted to Hong Kong Council for the AIDS Trust Fund. 2006.

Situation of men who have sex with men (MSM)

12. Among the HIV infections reported with MSM as risk factor for infection, 15% of those reported in the past 5 years were non-Chinese. Among those HIV infected MSM attended the government HIV clinic, 80% reported to suspect the infection took place in Hong Kong. This is followed by 12% reported to acquire in Southeast Asian countries. [SPP, DH]

13. It was known from the focus group that cross border commercial sex activities was not limited to heterosexual population. Many MSM in Hong Kong visited Shenzhen for leisure. The types of gay venues were similar to Hong Kong's like bar and sauna. Some sauna and massage house involved commercial sex between men. Shangsha (上沙) and Xiasha (下沙) were also the common place for these venues. MSM of better economic status will travel to other places in the region, too. Popular places were Thailand and Japan.

Situation of migrant workers

14. The information on HIV situation in migrant workers was scanty. From the reporting system, 32% of reported cases were non-Chinese, mainly Asian. However, no data showed the proportion of reported cases were migrant workers. A survey on migrant workers, mainly domestic helpers from Philippines and Indonesia, revealed that 28.5% of migrant workers had sex in the past 12 months and 24.9% never used condom.¹⁰

15. A focus group on migrant worker was conducted by this working group (Annex 5). Migrant workers were generally not concerned about the HIV situation and majority of them possessed only basic knowledge about HIV. HIV prevention activities for migrant workers were difficult to carry out because most migrant worker groups did not have their venues and some of the gatekeepers of these groups, including faith-based one, were reluctant to talk about this issue.

16. It was noted that some migrant workers short-stayed at Macau or neighbouring cities between the contracts. Some of them may involve in commercial sex or casual sex activities during this period. Although it is known that some carrying a short term visa engaged in commercial sex, this area was very hard to reach and no data was available.

¹⁰ St. John's Cathedral HIV Education Centre. The Survey Report of Migrant Workers' AIDS Knowledge, Attitude and Practice in Hong Kong 2003. May 2004.

HIV prevalence of neighbouring cities

17. Pearl River Delta Region HIV Epidemiology Cyber Platform is a joint initiative of 12 cities in the Pearl River Delta Region, namely, Dongguan, Foshan, Guangzhou, Huizhou, Jiangmen, Qingyuan, Shenzhen, Zhaoqing, Zhongshan, Zhuhai, Macau and Hong Kong. The 12 cities shared their HIV prevalence in certain defined population through an electronic platform.

18. The HIV prevalence in blood donors was used as a surrogate of the prevalence in the general population. No obvious difference was observed within 12 cities. The HIV prevalence in blood donors were all below 0.05% in 2004. Data on the HIV prevalence in pregnant women and newborns was not available in 3 cities. The prevalence in pregnant women and newborns of the remaining 9 cities was relatively similar with the prevalence all below 0.05%. These suggest that the HIV epidemiology in the general population was relatively homogenous in our neighbouring cities and similar to our situation.

19. The HIV prevalence in STI clinic attendees was generally higher than the general population in the 10 cities with data available. In 2004, the situations were similar to that in Hong Kong with prevalence of about 0.2% among our neighbouring cities except Qingyuan. However, the data of Qingyuan was a one-off data. It is pending to validate. The HIV prevalence in sex workers was generally similar to that of STI clinic attendees in our neighbouring cities except Guangzhou. It recorded the prevalence of 1% in sex workers in Guangzhou in 2004, which was consistent with the data in previous years. Because there was no available surveillance data on the situation in sex workers in Hong Kong, this prevalence could not be compared. No obvious rising trend was observed in these two populations in the cities with data available.

20. The HIV prevalence in drug users in Hong Kong was 0.2% in 2004. All our neighbouring cities had a much higher HIV prevalence in drug users, ranging from 1.2% to 7.1%. Five cities recorded the prevalence above 5%, which were Jiangmen (7.1%), Dongguan (6.0%), Zhuhai (6.0%), Guangzhou (5.8%) and Qingyuan (5.7%). The prevalence was rising in all cities, except Huizhou, Qingyuan, Foshan, Guangzhou and Zhongshan, in recent 5 years. The most obvious one was Shenzhen that the prevalence raised from 0.4% in 2000 to 4.4% in 2004. No data was available before 2004 to compare for Huizhou and Qingyuan. A sharp rise for Foshan, Guangzhou and Zhongshan was already observed in the late nineties. It seemed that

the rising trend in drug users was expanding from the three cities, the centre in the region, to other cities. Hong Kong now becomes the sole city with HIV prevalence in drug users below 1% in the Pearl River Delta region.

Review of strategy paper in 2001

21. The working group reviewed the information and service gaps identified in 2001 paper and discussed present situation of these identified gaps. :-

- (a) *To facilitate the design of effective prevention programmes, more qualitative studies aiming at understanding the risk taking behaviours of travellers have to be carried out.*

In the past 5 years, no publication of qualitative study on cross border travellers in Hong Kong was known to the working group. A proposal of a qualitative study involving multi-centre was rejected by ATF.

- (b) *More information on prevention programmes held in the mainland and relevant surveillance and research data on sex workers, HIV infection and STD will certainly help.*

The Pearl River Delta Region cyber platform is a surveillance data exchange programme launched in 2005 between health officials of Guangdong, Macau and Hong Kong at the governmental level but only the access of data is restricted to health officials at this moment. The workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region ceased since 2002. Non-governmental sectors did not have a regularized channel to access data in Mainland China.

- (c) *Data on cross-border MSM behaviours, females engaged in high risk cross-border sex and cross-border drug use activities especially among young people and HIV drug abusers are useful for planning prevention work as well.*

Some studies gathered data of cross border activities of MSM and an ACAN report included some data on cross border drug use behaviour of youth. No data on females engaged in high risk cross border sex was available yet.

- (d) *With a low rate of HIV testing for those engaged in high risk cross-border sex, there is a need to include the promotion of HIV testing into existing and future prevention programmes.*

Service providers expanded their HIV testing services to cross border travellers. AIDS Concern and CUHK conducted a study on VCT and truck driver. The VCT service for truck drivers will be formalised as a regular programme. CHOICE also provided VCT service for truck drivers at Sha Tau

Kok. Some cross border travellers used ordinary VCT services provided by non-governmental organisations (NGO) and government in Hong Kong and reported sexual activities in mainland.

- (e) *Through an outreach approach, peer education programmes can be developed among the travellers including truck drivers.*

AIDS Concern conducted a peer education programme which recruited 17 peer educators to deliver condoms and safer sex message.

- (f) *To make prevention work more productive, future prevention programmes should be extended to travellers going to places other than the mainland.*

The expansion of prevention programme to travellers going to places other than mainland was conducted by Port Health, with the support of Red Ribbon Centre. Exhibition in airport and Travel Expo was held to promote HIV awareness among travellers. Port Health Travel Health Clinics also mentioned the risk of HIV infection in their travel health consultations. The expansion of NGO services was limited by manpower.

22. The working group also evaluated the implementation of recommended strategy in 2001. The group considered that only 5 out of the 9 recommendations were fulfilled in the past 5 years. The best implemented strategies were the sustainable approach in existing preventive and surveillance programmes and targeted prevention activities at ferry piers, container terminals, border checkpoints and STD clinics and train stations. The group felt that the financial support for joint projects with mainland counterparts were least implemented. All the respondents considered this area was largely unfulfilled in the past 5 years. The coordination between relevant parties was also weak.

Current response

23. The HIV prevention efforts for cross border travellers were mainly provided by four non-governmental organisations (NGO), AIDS Concern, Hong Kong AIDS Foundation, CHOICE, Project Play Safe of Caritas, and two governmental services, Port Health and Red Ribbon Centre. The focus of NGO was largely on the cross-border travellers going to Pearl River Delta Region. The prevention effort targeting international travellers was mostly provided by the governmental services.

24. Different NGO disseminated HIV information, education and communication materials and condoms at various control points. Lok Ma Chau was

the hot spot because of high traffic flow and its 24-hour operation setting. All NGO set up booths and distributed pamphlets and condoms at Lok Ma Chau yellow bus stop and restricted area every week. The HIV prevention activities were concentrated at Friday and Saturday when the control point was busiest. Some programmes targeted at youth at-risk. Other than HIV information dissemination, counselling on sex education and substance abuse and health check were provided for cross border youngsters. Short period cross-border campaign on safer sex and harm reduction was conducted by the government every year.

25. Other than Lok Ma Chau, the HIV prevention services also covered Sheung Shui rail station, Sha Tau Kok, various cross border bus terminals and ferry terminals at Macau and China by fewer service organisations and at a lesser frequency. Booths were set up and health promotion pamphlets and condoms were distributed.

26. Outreach programmes targeting cross border truck drivers were conducted in form of condom demonstration workshops, peer education programme, condom distribution, video show and pamphlet dissemination at Kwai Chung Container Terminals, Man Kam To Vehicle Holding Area, Lok Ma Chau cafes. About 1,400 drivers were approached in a year and over 100,000 condoms were distributed. The peer education programme recruited 7 volunteers and held more than 300 activities in 2005. About 600 contacts were made a year by the peer programme.

27. Outreach VCT services mainly targeting cross border truck drivers were introduced in recent years. Rapid test kits were employed to conduct VCT sessions at the cafes of vehicle holding areas. Two service providers conducted VCT sessions for truck drivers at Man Kam To and Sha Tau Kok. Around 250 tests were done in 2005.

28. Health education materials were regularly made available at various cross border control points, including airport, and travel health centres. About 10,000 condoms were distributed by travel health centres. Exhibitions targeting cross border travellers was held once every year at airport, Lo Wu railway station and one of the ferry terminals. The HIV message was integrated into the travel health message for international travellers at exhibition at airport.

29. Three workshops on the HIV epidemiology and surveillance in Pearl River Delta were held in 1998, 2000 and 2002. An electronic platform was established and launched in July 2005 to foster surveillance data exchange between health officials of 12 cities in the Pearl River Delta Region. The platform included the annual number of

HIV and AIDS reported cases and the prevalence data of high risk populations, including drug users, commercial sex workers, STI attendees, and populations without defined risk, including pregnant woman or newborns and blood donors.

30. The HIV prevention effort in migrant workers was mainly delivered by a NGO, St. John's Cathedral HIV Education Centre. A reproductive health project has been initiated among the migrant workers from the Philippines, Sri Lanka, Indonesia, Nepal and Thailand. Activities include a baseline survey on the needs of migrant workers, regular health workshops, outreaching activities and production of education materials in ethnic languages. An outdoor AIDS Festival is organized annually together with different migrant associations. Some of these activities are jointly held with the consulate.

31. For regional collaboration, local organisation works closely with Empowering the Migrant Workers to HIV Prevention, Care and Support (CARAM Asia) which is a regional network concerning the needs of migrant workers in Asia-Pacific, for publication of a regional report on the health of migrant workers.

32. The working group evaluated the existing responses and identified some strength of the existing programmes:

- a) The targeted approach at border control point is a practical and cost-effective method to deliver HIV prevention message to such a large population.
- b) The good working relationship between service providers and government departments at control points, e.g. Immigration Department, also made this approach feasible and sustainable.
- c) Peer education approach for truck driver promotes community participation and found to be effective.
- d) In previous 5 years, it was observed that more organisations were concerned this issue and launched new programmes.

33. However, the group also identified some weakness and limitation of the existing responses.

- a) The information and data on current situation of cross border at-risk behaviour was limited. Few researchers involved in the study of cross border sexual behaviour.
- b) No matter in government or community, the connection between Hong Kong and Shenzhen or neighbouring areas was weak. The communication

was limited to exchange of epidemiological data within governments.

- c) Even with more organizations got involved in previous 5 years, the coverage of service was still largely insufficient. Only Lok Ma Chau on Friday night and Saturday is regularly covered among various border control points.
 - d) The risk pattern of international and regional travel was largely unknown. Only minimal efforts were provided for international travellers.
 - e) Media campaign is a cost effective means to reach such a large population and at high traffic flow setting. However, no campaign targeting cross border travellers has been held recently.
 - f) Intervention programmes at the site of consuming commercial sex, i.e. mainland and overseas, are becoming crucial but only one research project has even been supported by AIDS Trust Fund.
34. The service providers identified 4 obstacles of existing services:
- a) High traffic volume at various border control points: Because of the high traffic volume at various border control points, especially during the peak hours, it is difficult for cross border programme at these sites to attain good coverage of travellers. Moreover the population at these sites is highly diversified, it is nearly impossible to identify at risk population for further action.
 - b) Intensive intervention at border being infeasible: At border control point, the travellers are usually very busy and rush through immigration counters. They usually cannot wait even a second to read the health promotion materials. Intensive intervention and VCT programmes are not feasible at these settings.
 - c) Stigma of AIDS: Because of the stigma on AIDS, some driver unions were reluctant to get involved in HIV prevention programmes and afraid of being labelled. Avoidance attitude made the in depth intervention programme with those cross border truck driver be impossible.
 - d) Unbalanced funding support: Nearly all the funding for cross border travellers prevention programmes went to awareness programmes at the border control points. With the increasing population of Hong Kong people visiting commercial sex in mainland, especially Shenzhen, across-the-border programme should become an important area and require adequate financial support.

International development in strategy

35. The working group reviewed the international development of strategy. The situation in Hong Kong is unique. The most important issue is the commercial sexual activities of local citizen in the neighbouring regions. Most of the international recommendations on mobility population are on the migrant population from overseas. These are only applicable for migrant workers in Hong Kong.

36. UNAIDS considered immigration can precipitate many issue stem from cultural transitions and cross-cultural encounters. Suitable principles and strategies which address cultural transition and cross-cultural encounters have to be employed. These principles support cultural specific messages and modes of message transmission, employing members of migrant populations and sensitization of host country personnel.

37. The iterative programme development should consist of three important elements: close cooperation between cultural insighters and outsiders, need to shorten the development period without giving up the principles of adaptation to the special conditions of the immigrant culture, and need for continuous development according to the changing dynamics and the identification of issues during fieldwork.

38. The monitoring and evaluation of programmes should be a continuous parallel process but there were some obstacles to evaluate projects with migrant workers. It was difficult to find evaluation methods that accurately measure changes in behaviour in every culture. The evaluation thus tends to concentrate on process evaluation. External factors in migrant workers, such as employment and housing, changes rapidly. Because of the mobility in these populations, regular data collection may not be feasible.

Recommended strategy on HIV prevention in cross border travellers

39. The working group recommends that the principle of HIV prevention in cross border travellers is that the prevention programmes should be evidence-based and the resources should be allocated according to the data on the current situation. The existing effective programme should be sustained. Although the cross border travellers population is heterogeneous, but some recommendations on the cross border issue will still be applicable for most sub-populations.

Need Assessment and research

40. The existing data on cross border activities are mainly from several studies.

The pattern of the cross border travellers population is largely unknown. A need assessment should be conducted to understand the socio-demographic pattern of cross border travellers and their subpopulation and their needs in HIV prevention. It is advised to conduct in the every 3 year to update the situation of this rapid evolving population. The cross border activity is a large greenfield for researchers. The behavioural pattern and seroprevalence of cross border travellers are some areas. The reason for incoherent condom use is another important area for improvement interventions. Surveillance programme on the behavioural pattern of cross border travellers can be considered. More researchers should be encouraged to study on this area.

Communication and cooperation between mainland and Hong Kong

41. In handling cross border issue, the communication between mainland and Hong Kong is the utmost important issue. Without the understanding of the situation, including epidemiology, existing service, in both sides, the prevention efforts are very difficult to be effective. A coordination of prevention efforts may result in a synergy. To foster the communication between two sides at both government and community levels, some capacity building activities, regional HIV conferences and study tours will help to promote the understanding of both sides. With closer connection, some cooperative projects may be identified.

Directive funding allocation

42. The funding of AIDS programme, mainly from AIDS Trust Fund, should balance the funding allocation of cross border programmes according to the recommended strategies. The imbalance towards awareness programme at border is not suitable to the current situation. The existing imbalance funding allocation may comprise the outcome of prevention effort so AIDS Trust Fund should consider a directive approach for its funding to encourage applications for unmet areas.

Targeted approach in awareness programmes at border

43. Because of the large population and limited resources, the existing targeted approach should be continued. The coverage of programmes should be expanded. Other than Lok Ma Chau, other various points, including Lo Wu and Sheung Shui railway stations, ferry piers to neighbouring cities, cross border bus terminals, should be frequently covered. The existing integrated health promotion model with sex education and HIV prevention message should be continued. Because VCT service at border is not feasible, hotline and in-town VCT service promotion at border should be the strategy to promote early testing.

Media Campaign targeting cross border travellers

44. With the closer economic relationship between mainland and Hong Kong, many people visit Pearl River Delta Region during their weekend. The improved convenience of international travel also encourages more international travel. The population of cross border travellers is so large that existing programmes can never reach a desirable coverage. Media campaigns at different border control points with important HIV prevention message, including safer sex, harm reduction and testing promotion, will greatly improve the coverage of efforts. The message in these campaigns can be more specific and tailor-made for cross border travellers.

Outreach intervention at mainland hotspots

45. Large-scale awareness programmes should be augmented by personal intervention to address individual need. These programmes are not feasible at border setting because of the high population flow and impatience of travellers at control points. Outreach counselling service should be provided at the hotspots where Hong Kong people usually visit for commercial sex in mainland. A site can be set up for intervention and VCT service may be provided at the site where they are not in a rush.

Enhanced stakeholder involvement

46. Cross border is a big issue for HIV prevention and also involves lots of stakeholders, like truck drivers union, Travel Industry Council. The HIV prevention efforts should not be limited within the AIDS NGO and the government. Programmes should involve also these stakeholders and encourage their involvement in HIV prevention. Training on HIV prevention can be provided to tourist guide with the collaboration with Travel Industry Council.

Specific strategy for sub-populations

47. **Cross-border truck drivers:** Persistent and regular outreach intervention targeted cross-border drivers should be sustained. Outreach HIV antibody testing service provided to cross-border drivers is an effective mean to promote testing in this population. Peer participation is a new and effective approach and is highly recommended. Liaison with long history and well-established truck driver union to participate HIV prevention work should still be an important area.

48. **Migrant workers:** The aim of HIV prevention in migrant workers is to deliver basic HIV knowledge and to provide the HIV data in their mother countries and the region. The approach should be cultural sensitive and involve peer educators

and stakeholders, such as migrant workers associations and their consulates. Instead of integrating HIV prevention messages into the general welcome information, which may be discarded by the agency, health specific pamphlets, with multi language hotline numbers, can be produced. The employment agency should be encouraged to provide health information to new migrant workers. Local service providers should sustain the network with other efforts in the region.

49. **International travellers:** More information should be collected in this area, e.g. the risk patterns of different kinds of travel and destinations. The HIV prevention messages should be disseminated by government, NGO and related stakeholders, e.g. Travel Industry Council. Tourist guide can be trained to equip with knowledge and awareness of HIV prevention.

Concluding Remarks

50. The implementation of this strategy should be regularly monitored and evaluated. The communication of service providers should be enhanced. A platform can be set up for service providers and stakeholders to discuss cross border issues every six months. The focus of discussion will be on the latest information and research data, the progress of collaboration with mainland counterpart and support to our groups on cross border issue.

Tasks undertaken by the Working Group on Cross Border Travellers to prepare the Report on Community Assessment and Evaluation

- (a) Examine local epidemiological data in the area of cross border travellers
- (b) Review existing local HIV strategy for cross border travellers
- (c) Evaluate current local service provision, response and links with mainland China
- (d) Conduct a survey in service providers and gather data on the current local situation and existing services
- (e) Conduct two focus groups on cross border travellers between Hong Kong and Shenzhen, and migrant workers
- (f) Review overseas recommendation on HIV prevention in population mobility
- (g) Recommend strategy for cross border travellers for the next 5 years

**Questionnaire for assessment and evaluation of
HIV efforts in cross border travellers**

PART A: Existing services

甲部：現存服務

Organisation 機構：

Your name 聯絡人姓名：

Your post/rank 聯絡人職位：

Contact Telephone no 聯絡電話：

Email address 電郵：

Date of completing the questionnaire 填寫問卷日期：

A1 Have you/your agency run any activities/programmes/projects related to HIV prevention in cross border travellers in the past 5 years?

你或貴機構在過去五年有沒有為香港跨境旅客推行任何愛滋病預防工作或計劃？

Yes. 有

No. Thank you, Part A is finished. Please jump to Part B. 沒有。多謝參與，甲部已經完成。請繼續到乙部作答。

A2 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 and Evaluation (process indicators, outcome indicators, discussion/evaluation report)

(Please use additional sheets if required)

請提供該工作或計劃的報告摘要，內容應包括：舉行地點、目標人群、推行時間、介入方法、活動結果及評估（包括評估方法、成效指標及檢討結果）

（如有需要，請另加紙描述）

Continue Question A2 續 A2

A3 What difficulties have you encountered in conducting HIV prevention activities in cross border travellers in Hong Kong from the administrative, technical, or other perspectives?

在推行該工作或計劃時，有沒有遇到任何行政上、技術上或其他方面的困難。如有，請逐一描述。

PART B: Evaluation of current provision of services in Hong Kong

乙部：檢討現時在香港的服務

B1 What do you see as the 5 top strengths in the current provision of services in relation to HIV prevention in cross border travellers in Hong Kong?

你認為現時為香港跨境旅客的愛滋病預防服務，有那五樣強項？

1.

2.

3.

4.

5.

B2 What do you see as the 5 important gaps in current provision of services in relation to HIV prevention in cross border travellers in Hong Kong?

你認為現時為香港跨境旅客的愛滋病預防服務，有那五樣不足之處？

1.

2.

3.

4.

5.

PART C: HIV Strategies in Hong Kong**丙部：香港愛滋病策略**

C1 The following points were recommended in 2001 by AIDS Prevention and Care Committee for HIV prevention in cross border travellers. Do you consider these points are fulfilled or implemented in Hong Kong?

以下數點是愛滋病預防及護理小組於 2001 年就跨境旅客的愛滋病預防的建議。你認為這些建議在香港得以落實了嗎？

	Mostly fulfilled	Partly fulfilled	Partly not fulfilled	Mostly not fulfilled	Don't know
	差不多落實	大部份落實	大部份未落實	差不多未落實	不清楚
<p>a. In carrying out prevention work, the limited amount of manpower has made prioritization and the involvement of other main stream NGOs essential.</p> <p>鑑於人手短缺，於進行預防工作時，必須定出優先次序，而其他主流的非政府機構的參與亦十分重要。</p>					
Other comment 其他意見：					
<p>b. To increase the awareness of people on both places about the epidemic, regular and joint publicity including the announcement of data on HIV and STD by the Hong Kong and the mainland sides is useful.</p> <p>為提高兩地人民對該傳染病的警覺，中港兩地定期聯合公佈有關愛滋病病毒感染及性病的訊息是相當有用的。</p>					
Other comment 其他意見：					

	Mostly fulfilled 差不多落實	Partly fulfilled 大部份落實	Partly not fulfilled 大部份未落實	Mostly not fulfilled 差不多未落實	Don't know 不清楚
<p>c. Effort should be made to strengthen collaboration with the mainland counterparts in the implementation of cross-border prevention programmes.</p> <p>應盡力加強與內地有關部門就落實跨境預防計劃的合作。</p>					
Other comment 其他意見：					
<p>d. The AIDS Trust Fund should consider supporting joint projects with the mainland counterparts when Hong Kong people could be seen as the "beneficiaries".</p> <p>鑑於香港人也是「受益人」，愛滋病信託基金應考慮支持與內地有關部門聯手推行合作項目。</p>					
Other comment 其他意見：					
<p>e. The prevention programmes should aim at conveying messages relating to safe sex, vulnerability to HIV infection and impact of HIV infection on family members. Cost effectiveness and evaluation of outcomes of prevention programs should be emphasized. An evidence based approach should be adapted.</p> <p>預防計劃須旨在傳遞有關安全性行爲，愛滋病病毒感染機會以及愛滋病病毒感染對感染者家人所帶來的影響。重點須放在預防計劃的成本效益及結果評估，並利用大量資料以作佐證。</p>					
Other comment 其他意見：					

	Mostly fulfilled 差不多落實	Partly fulfilled 大部份落實	Partly not fulfilled 大部份未落實	Mostly not fulfilled 差不多未落實	Don't know 不清楚
<p>f. Venues such as ferry piers, container terminals, border checkpoints, STD clinics and train stations should continue to be used for driving home the messages to travellers.</p> <p>繼續使用渡輪碼頭、貨櫃碼頭、邊境檢查站、性病診所及火車站等地點，向旅客灌輸預防愛滋病訊息。</p>					
Other comment 其他意見：					
<p>g. Public awareness of the issues should be sustained.</p> <p>保持公眾人士對有關問題的警覺性。</p>					
Other comment 其他意見：					
<p>h. Coordination among relevant parties involved in prevention work such as task forces, sub-committees and the Community Planning Committee should continue unabated.</p> <p>參與預防工作的有關各方（如專責小組、小組委員會及社群策劃委員會等）應繼續合作無間。</p>					
Other comment 其他意見：					

	Mostly fulfilled 差不多落實	Partly fulfilled 大部份落實	Partly not fulfilled 大部份未落實	Mostly not fulfilled 差不多未落實	Don't know 不清楚
i. Existing preventive and surveillance programs should be sustained. Future program should also take a sustainable approach. 應繼續進行現行的預防及監察計劃，未來推行的計劃亦應持之以恆。					
Other comment 其他意見：					

C2 Please list up to 5 priority recommendations to be included in HIV prevention strategy in cross border travellers.
請列出五個針對跨境旅客的愛滋病預防策略的首要建議。

1.
2.
3.
4.
5.

~ Thank you for your participation ~

~謝謝您的意見~

Evaluation of Recommended AIDS Strategy in 2001 on cross border travellers by service providers

Recommended Strategy in 2001	Mean score*
a. In carrying out prevention work, the limited amount of manpower has made prioritization and the involvement of other main stream NGOs essential.	2.83
b. To increase the awareness of people on both places about the epidemic, regular and joint publicity including the announcement of data on HIV and STD by the Hong Kong and the mainland sides is useful.	1.6
c. Effort should be made to strengthen collaboration with the mainland counterparts in the implementation of cross-border prevention programmes.	1.75
d. The AIDS Trust Fund should consider supporting joint projects with the mainland counterparts when Hong Kong people could be seen as the “beneficiaries”.	1
e. The prevention programmes should aim at conveying messages relating to safe sex, vulnerability to HIV infection and impact of HIV infection on family members. Cost effectiveness and evaluation of outcomes of prevention programs should be emphasized. An evidence based approach should be adapted.	2.75
f. Venues such as ferry piers, container terminals, border checkpoints, STD clinics and train stations should continue to be used for driving home the messages to travellers.	3.16
g. Public awareness of the issues should be sustained.	2
h. Coordination among relevant parties involved in prevention work such as task forces, sub-committees and the Community Planning Committee should continue unabated.	1.4
i. Existing preventive and surveillance programs should be sustained. Future program should also take a sustainable approach.	3.4

*Score: Highest (Mostly fulfilled) is 4 and lowest (Mostly not fulfilled) is 1

Notes of focus group on cross border travellers between Hong Kong and Shenzhen for the community assesment and evaluation on cross border travellers

Date: 11 March 2006

Time: 11:00 am

Venue: Conference Room, Red Ribbon Centre

Attendee: 阿華、Kenny、偉雄

Yan, Elijah, Shara, Tam Wai To, Margaret (Members of WGCBT), Darwin
(Secretary)

Background of user attending this focus group

- A Hong Kong citizen living in Shenzhen for several years. He frequently travels across the border for business and personal affairs.
- A member of 香港彩虹 who heard a lot about the MSM activities across the border from his friend and some personal experience.
- Someone who has some friends visit Shenzhen and Guangdong frequently. Some of his friends have good understanding of the commercial sex industry in Shenzhen.

Current situation – heterosexual sexual activities

- In Shenzhen, 上沙、下沙、沙咀 and 布吉 were popular place of Hong Kong people visiting commercial sex industry. Because of the vicinity, most people for commercial sex crossed the border at Lok Ma Chau (皇崗).
- 沙咀 was very popular which also attracted the attention of police. The pimps in 上沙 and 下沙 would be alerted for any police operation and inform the clients if necessary. Therefore, many people liked to visit 上沙 and 下沙.
- The people visiting commercial sex in Shenzhen were of various age groups, from teenagers to old men, and distributed equally. Although Saturday and Sunday were peak days of the week, lots of people also visited these areas in weekdays too. Most of them are for commercial sex only.
- The behavioural pattern of teenagers was a bit different. Lots of these teenagers were unemployed and not in school. They visited discos with soft drug sale. Teenagers might not be aware of safer sex because of the effect of drugs. Some commercial sex workers searched their clients in these discos.
- The HIV knowledge of commercial sex workers was not high with some myths, like “It is safe to have unprotected sex with old people or frequent clients.”

- People crossed the border at Lo Wu were usually for massage but some might involve commercial sex. The mistress affairs were commoner in 黃貝嶺 of Lo Wu District.
- It was observed that some women looked for male sex workers in Shenzhen too.

Current situation – MSM sexual activities

- Also many MSM in Hong Kong visited Shenzhen for leisure. The types of gay venues were similar to Hong Kong's like bar and sauna. Some sauna and massage house involved commercial sex between men. 上沙 and 下沙 were again the commercial place for these venues. The 2nd partner phenomenon also occurred in MSM.
- In general, the commercial sex workers serving MSM practiced safer sex. The condoms were available in saunas and some even have the HIV pamphlets by Hong Kong AIDS organisations.
- Other than Shenzhen, MSM with better economic condition will travel to other places in the region. Popular places were Thailand and Japan.

Recommendation

- Awareness Campaign is lacking in border control points. Although several NGO were working in Lok Ma Chau and Sha Tau Kok. The coverage is still not enough. The clients attending focus group were aware of most of the NGO efforts. Safer Sex message should be put in billboard in Lok Ma Chau and Lo Wu. More condoms should be distributed in border control points.
- The quality of condom in mainland was doubtful. Most people will prefer the condom in Hong Kong but are reluctant to buy and bring it back to home. Condom distribution at border certainly plays a role.
- The condom pack should be redesigned as cross border travellers do not read words or pamphlet at the border. The message should be illustrated by pictures and the design of condom pack can simulate the proper use of condom with squeezing the air of the tip.
- Other than the distributing condoms, some useful giveaway items like ID card, octopus card holder with a condom should be welcomed by the cross-border travellers.
- VCT service for cross border travellers at border control points was not feasible as it will create stigmatization and most travellers were in rush at control points. Whereas the VCT efforts should be put at the popular commercial sex sites in Shenzhen.
- Cross border issues should be also alerted in social hygiene clinics and other STD clinics.

Notes of focus group on migrant workers for the community assesement and evaluation on cross border travellers

Date: 24 April 2006

Time: 18:00

Venue: Conference Room, Red Ribbon Centre

Attendee: Vicky Casia-Cabantac, Eni Lestari, Dolores T. Balladares

Yan Chan, Elijah Fung (Members of WGCBT), Darwin Mak (Secretary)

Background of user attending this focus group

- Vicky Casia-Cabantac is the Chairperson of Migrante Sectoral party, Hong Kong Charter.
- Eni Lestari is the Chairperson of Association of Indonesian Migrant Workers (ATKI-HK).
- Dolores T. Balladares is the Chairperson of United Filipinos in Hong Kong.

Current situation

- The population of migrant workers is large. It was estimated that 8000-10000 new Indonesian migrant workers arrived at Hong Kong every year.
- Migrant workers were not concerned about the HIV situation and majority of them possessed only basic knowledge about HIV. They were not interested in discussion about HIV. Most people believed that they will not acquire HIV. Indonesian considered HIV only affects peoples with immoral behaviours. They were also ignorant about the HIV situation in their mother countries.
- There were some existing services targeting migrant workers. Most of the efforts were conducted by three NGO: St. John's Cathedral HIV Education Centre, Chinese Rhenish Church and Christian Action. Two seminars on HIV were conducted at Indonesian Consulate with attendance of about 350. However, the coverage is the problem. Thai migrant worker groups were not interested in HIV issues. Some of the efforts could not reach the migrant workers. The guidebook and information pack issued by HAB was removed by the employment agent at arrival. The information such as hotlines did not reach the new migrant workers.
- It was observed the drug use problem in some Indonesian workers, especially lesbian. The factors behind might be related to employment issues, sexual abuse, love relationship and peer influence.
- Because of the immigration policy, some migrant workers will short-stay at Macau or

neighbouring cities between the contracts. Some of them may involve in commercial sex or casual sex activities during this period.

- It is noted that some sex workers from overseas carrying a short term visa. They are invisible and very hard to reach.
- HIV prevention activities for migrant workers were difficult to carry out because most migrant worker groups did not have their venues and some of the gatekeepers of these groups, including faith-based one, were reluctant to talk about this issue.

Recommendation

- HIV prevention programmes should be tailor-made for migrant workers' need. HIV can be introduced as one of the health issue and group with issues related to sexual health and reproductive health.
- HIV prevention messages can be packaged in talks on sexual health or reproductive health. Doctors speaking their languages as the speaker will result in a greater impact.
- HIV messages including hotlines promotion can be delivered in some of their events, e.g. cultural festival. If migrant worker groups or other organisations organise some orientation programmes for new migrant workers, the message can also be incorporated into it.
- The publicity of HIV service and message should employ the media in their languages, such as 2 major Filipino newspapers with 50,000 copies per month and radio programmes.