Community Stakeholders Consultation Meeting for Development of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

Summary for the Session on Male Sex Workers

July 2011

Community Forum on AIDS, Hong Kong Advisory Council on AIDS and Hong Kong Coalition of AIDS Service Organizations

The Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO) jointly organized a Community Stakeholders Consultation Meeting comprising eight sessions on key populations and a session on resources for local AIDS response from 26 January to 1 February 2011. The Meeting, steered by a working group formed by CFA and HKCASO, sought to engage stakeholders in informed discussion to shape the formulation of the local strategies on HIV/AIDS. A generic framework of discussion and prioritization was adopted in all sessions. This summary contains information on the latest epidemiology and current response presented in the session on male sex workers (MSW), and suggestions generated by the participants. The views and information contained in this summary are as collected and gathered from the Meeting and do not necessarily represent those of CFA and HKCASO. Summaries of other sessions and a full report of the Meeting can be downloaded from the Virtual AIDS Office (www.aids.gov.hk).

Table of contents

Review of epidemiology

[draft for discussion only]

Population size estimation

- There is no scientific estimation of the population size of MSW in Hong Kong. A paper, published in 2009, sampled 351 Men having Sex with Men (MSM) in the city of Shenzhen in 2007 by using respondent-driven sampling (RDS), with the result showing the RDS adjusted proportion of money-boys (i.e. MSW) among MSM was 9%.[1]
- Based on the AIMSS study (an internet survey on MSM) 2010, 5.9% of the MSM recruited via internet reported ever been paid for sex in the past 6 months.
- A benchmark population based behavioral study in 2001[2], which sampled about 15,000 men aged 18-60 using computer assisted telephone interview, provided an estimation of the size of MSM population at risk for HIV infection. The study showed that 4.5% of the men sampled ever had sex with another man, including 2% having sex with another men in the last 6 months (active MSM). Among these active MSM, 22.3% of them had anal sex (i.e., 0.45% of the subjects) during those 6 months.
- Applying male population aged 18-60 as at end 2009 [C&SD], there were over 2.1 million of male in Hong Kong. Based on the Census data in 2006, 97% of these MSM were Chinese.
- Applying the above data, the population size of men who have ever reported to have had sex with men derived for the year of 2009 in Hong Kong would be over 96,000. Such figure would include over 42,000 of active MSM (had sex with another men in the last 6 months) and over 10,000 of MSM with recent anal sex behavior. Using 5.9%-9% of MSM being MSW as a rough estimation, there would be about 2,400 – 3,700 of MSW in Hong Kong.

HIV/AIDS reporting system

- No distinction could be made between MSM and MSW in terms of epidemiology based on data in HIV/AIDS reporting system. References can be made from the epidemiological review in MSM.

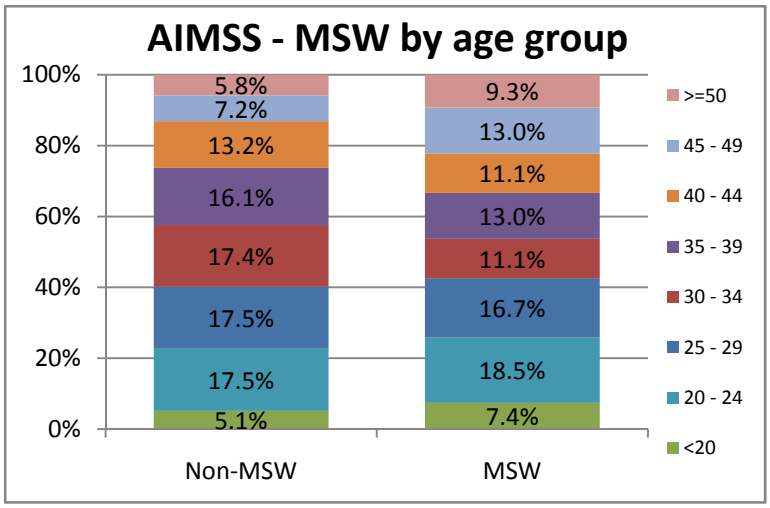
[1] Hongjie Liu et al. Money Boys, HIV Risks, and the Associations between Norms and Safer Sex: A Respondent-Driven Sampling Study in Shenzhen, China. AIDS Behav 2009 Aug;13(4):652-62.

[2] J T F Lau et al. HIV related behaviours and attitudes among Chinese men who have sex with men in Hong Kong: a population based study. Sex Trasm Infect 2004; 80: 459-465.

MSM recruited via internet who self-reported as MSW

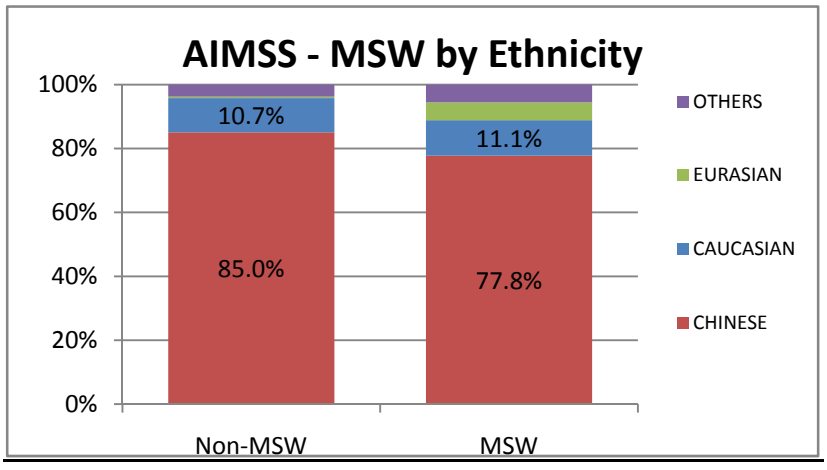
(Note that only 54 respondents self-reported as MSW in this study, thus the sample was small.)

Age



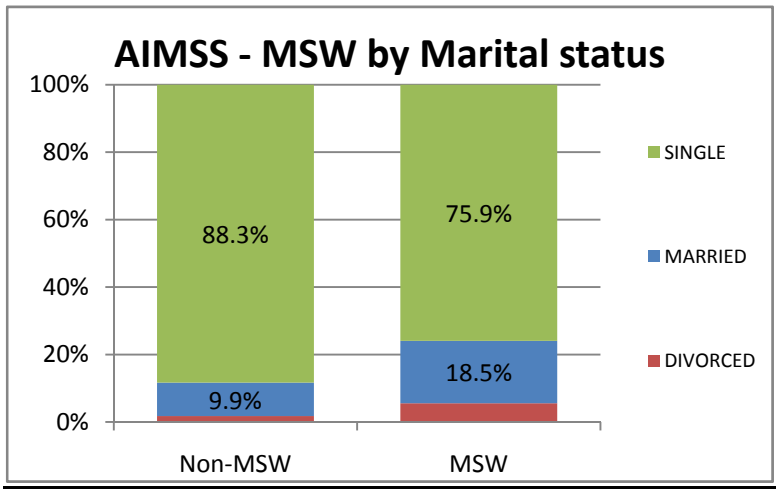
- AIMSS (2010): The age structure appeared to be similar between MSW and those who have not self-reported to be MSW (non-MSW), except for a higher proportion of MSW being older than 45 years old (22.3%) when compared with non-MSW (13%).

Ethnicity



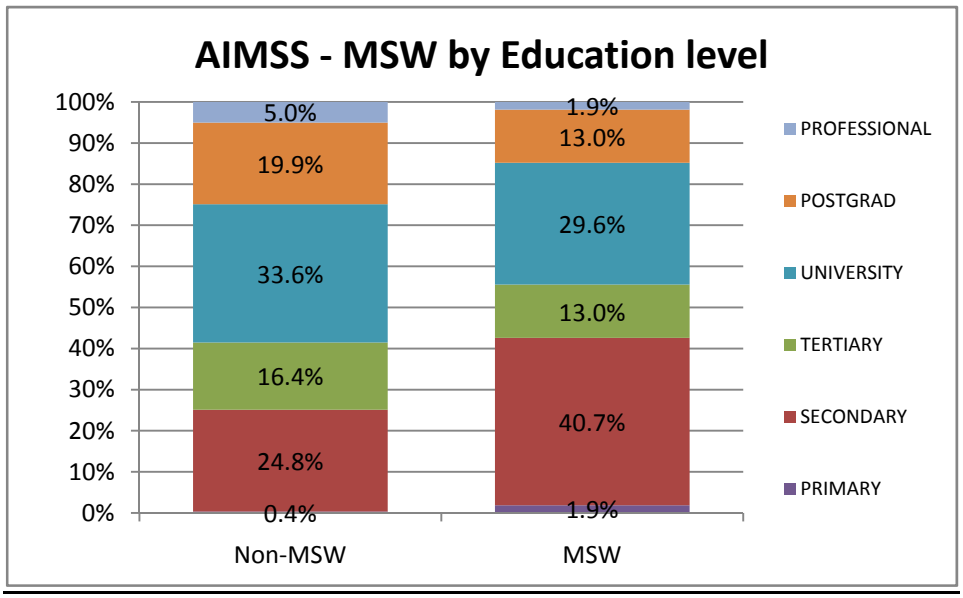
- AIMSS (2010): MSW appeared to be of slightly fewer proportion as Chinese (78% of MSW reported to be ethnic Chinese vs 85% of non-MSW reported to be ethnic Chinese) but higher proportion as Eurasian (6% of MSW reported to be ethnic Eurasian vs 0.5% of non-MSW reported to be ethnic Eurasian).

Marital status



- AIMSS (2010): A higher proportion of MSW appeared to be married (18% of MSW reported to be married vs 10% of non-MSW reported to be married).

Education level



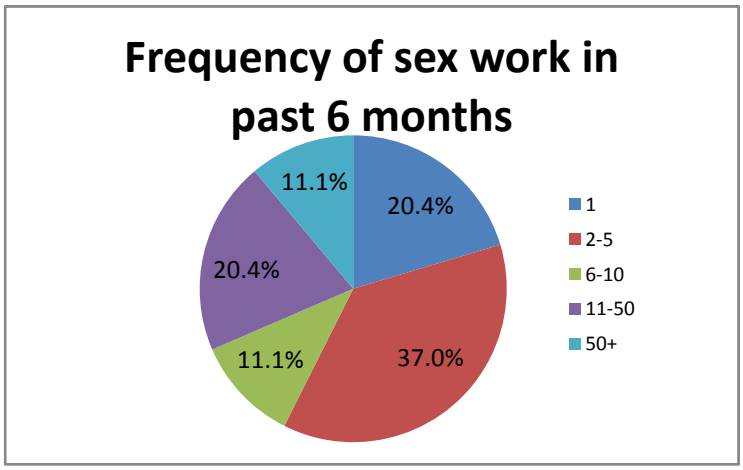
- AIMSS (2010): Despite considerably high level of education among MSM from this study, non-MSW appeared to have attained a relatively higher level of education, 75% with tertiary or above level of education. While 57% of MSW have attained level of education with tertiary or above.

Self-reported HIV prevalence

- AIMSS (2010): Overall, 4.9% of the MSM recruited in this internet study self reported to be HIV positive in 2010. Breaking down this percentage, 8.3% of the MSW reported to be HIV positive, as compared with 4.6% of non-MSW reported to be HIV positive in this internet study.

Risk behaviours

Frequency of sex work



- AIMSS (2010): Over 50% of MSW reported to have engaged in paid sex less than once a month.

Condom usage

- AIMSS (2010): When having sex with their commercial male sex partner in the past 6 months, 57% of MSW reported to have consistent (always) condom use, compared with 66% of non-MSW.
- AIMSS (2010): When having sex with their regular male sex partner in the past 6 months, consistent (always) condom use was reported in 26% of MSW, compared with 37% of non-MSW.

HIV testing history

- AIMSS (2010): 46% of MSW reported to have tested for HIV in the past year, compared with 38% of non-MSW.

Sexually transmitted infection (STI) consultation

- AIMSS (2010): 15% of MSW reported to have ever consulted for STI in the past 6 months, compared with 8% of non-MSW.

Current Response in HIV Prevention

1. In Hong Kong, the response to the HIV epidemic in MSM has been greatly enhanced since 2006. Advisory Council on AIDS (ACA), in the current "Recommended HIV/AIDS Strategies for Hong Kong 2007-2011", which was published in May 2007, listed targeted HIV prevention in MSM as the most pressing priority. Funding policy also plays a key role in strengthening the local response to the epidemic. The Council for the AIDS Trust Fund (ATF) adopted strategic funding policy to enhance and accelerate HIV prevention in MSM through the launching of Special Project Fund (SPF) for MSM in December 2006. Favourable policy support and strategic funding have together helped nurture a conducive environment for the up scaling of response to the HIV epidemic in MSM over the last few years.

<u>Local responses from 2007 onwards</u>

2. Concerted efforts from the Government, non-governmental organizations (NGO) and other stakeholders within the community have strengthened the current responses to the HIV epidemic in MSM, which are summarized as below:

Box 1. Summary of current responses to HIV prevention among MSM

1. Outreach or centre-based peer counseling and education projects for MSM
2. VCT service for MSM
3. Condom and lubricant distribution to MSM
4. Outreach internet intervention at gay websites and health promotion via internet
5. HIV prevention campaigns targeting MSM
6. Public AIDS Counselling and Testing Service (ACTS)
7. Public HIV clinics and STI clinics
8. HIV-related researches targeting MSM

3. Strengthened community involvement and partnership, and close collaboration among the Government and other stakeholders such as non-governmental organizations (NGOs) are key components in the response to the epidemic. The number of NGOs with projects targeting MSM has increased markedly to ten. ATF is the main funding body for most of the projects carried out by NGOs, with the rest being supported by other funding sources or through self-raised funds (such as charity events or donations). Coordination and collaboration among NGOs has resulted in community-based projects of diverse nature, covering various aspects of HIV prevention work. These projects target various sub-groups of the MSM community, such as youth, MSM living with HIV, those who abuse psychotropic drugs, attendees of private sex parties, and commercial male sex workers and their clients.

Prevention activities such as promoting HIV awareness and safer sex, peer counselling and education, and voluntary counselling and testing (VCT) services are delivered via various settings and media, such as venue-based social functions or activities, saunas, bars, gay events and dance parties, private sex parties, and the internet platform.

4. There have been more than 62 projects, with 48 of them being supported by ATF. Among the 48 ATF-funded projects, 15 are research projects while 33 of them involved prevention activities or support services in various settings. The 33 non-research projects involve activities in various settings, with some of them involving more than one delivery setting (19 involve fixed venues such as bars, saunas, discos, pubs and massage parlours; 18 involve centre-based activities such as VCT, hotline support and empowerment workshops; four involve non-fixed venues such as circuit dance parties and private sex parties; ten with internet-based outreach activities).

5. The role of NGOs in the provision of VCT has also become more significant. There has been seven NGOs which provided VCT in their projects. There are 16 VCT-related projects with 15 of them being funded by ATF. Among these 15, ten involve providing centre-based VCT while 11 involve providing outreach-based VCT such as testing at saunas and private sex parties. Overall, close to 2,700 HIV tests are performed each year through the delivery of VCT by NGOs. For projects funded by ATF, around 66,000 attendances through community outreach, 930 attendances through counseling, 600 attendances through groups or workshops, and 260 attendances through training for peer educators were recorded each year since 2007.

6. The distribution of condoms and lubricant, and other health promotion materials have always been a major and indispensible component of HIV prevention. There are six NGOs which distributed condoms and lubricant in their projects. Together, they have delivered at least 17 projects with condom and lubricant distribution, of which 16 are ATF-funded. More than 268,000 condom and lubricant packs are distributed to the MSM community via these projects each year since 2007. During the same period, an annual average of 5,800 units of health education/promotion materials are delivered and 2,000 calls received by hotlines via projects funded by ATF.

7. Internet, with its ever-increasing coverage and importance as a communication media, has become another major health promotion channel and platform for outreach prevention activities. Six NGOs have obtained funding from ATF to deliver ten internet projects altogether. Over 10,500 attendances were recorded each year via internet-based outreach sessions of these projects. A typical outreach session lasted about three hours and the

number of contacts which could be established in one session could range from four to 20. On average, 31,000 hit counts of websites provided by ATF-funded projects were recorded each year.

8. Male sex workers serving male clients, due to the nature of its work and its MSM status, are among one of the more at-risk and vulnerable sub-groups in the MSM community. Over the years, there have been five ATF-funded projects by one NGO targeting male sex workers. Prevention activities being covered include VCT; distribution of health promotion materials; distribution of condoms and lubricant; peer education workshops and hotline service.

9. There have been four HIV prevention campaigns targeting MSM run by the Red Ribbon Centre (RRC). The first three campaigns involved venue-based publicity and health promotion, and covered about 80 gay venues such as bars and saunas as well as gay magazines and websites. The fourth and current campaign was an internet-based viral campaign. Apart from the condom and lubricant packs being distributed during the major campaigns, condom and lubricant packs are made accessible to the gay community through distribution via NGOs, or at gay venues such as saunas and bars. In total, over 150,000 condom and lubricant packs have been distributed by RRC each year since 2007.

10. SPP provide centre-based VCT service and hotline counseling service free to all people through its AIDS Counselling and Testing Service (ACTS) centre. Among those attending the centre, about 25% of them claim homosexual/bisexual as the suspected route of transmission. In total, about 500 MSM received VCT service provided by SPP each year between year 2007 and 2009. The designated hotline for gay men registered an annual average of over 500 calls during the period from 2007 to 2010. Free HIV testing service is also provided at the Social Hygiene Service under the Department of Health for the eligible persons[3] (holder of HK Identity Card and children aged below 11 years who are HK residents).

11. Specialized HIV management for those infected is provided by three HIV clinics, namely the Kowloon Bay Integrated Treatment Centre (KBITC) of SPP and the two clinics located at Queen Elizabeth Hospital (QEH) and Princess Margaret Hospital (PMH) run by the Hospital

[3] Fees and Charges for Public Health Care Services provided by the Department of Health Hhttp://www.dh.gov.hk/english/useful/useful_fee/useful_fee_os.htmlH
and Fees and charges of medical services provided by Hospital Authority Hhttp://www.ha.org.hk/visitor/ha_visitor_index.asp?Parent_ID=10044&Content_ID=10045&Ver=HTML

Authority. About 60% of those infected are catered for by the service provided at KBITC. In 2006, the number of active MSM clients (attending KBITC during the year of 2006) was about 380 and there were a total of about 440 new MSM cases since then (as of the end of 2010). KBITC have also organized three safer sex campaigns targeting MSM clients living with HIV.

12. Research activities undertaken by the Government, academic institutions, and NGOs have provided important data and findings to help inform the local response to the epidemic. Over 22 MSM-related HIV research projects have been carried out by NGOs and academic institutions, with 15 of them being funded by ATF while SPP have carried out eight research projects. These include the two PRiSM (HIV Prevalence and Risk Behavioural Survey) studies, which were community-based and comprised collecting urine sample for HIV antibody testing and a questionnaire on safer sex practice and sexual risk behaviours.

Table 1. Summarized Responses from the Government

Health promotion and prevention
● 3 venue-based campaigns by RRC ■ 80 gay venues (e.g. bars, saunas) and gay magazines, websites ● 1 internet-based viral campaign by RRC ● 450,000 condom and lubricant packs distributed by RRC
VCT and hotline service by ACTS
● VCT for about 500 MSM clients per year ● 500 calls received via 2117 1069 per year
HIV treatment
● Kowloon Bay Integrated Treatment Centre of SPP (60% of patients) ■ 380 active MSM clients in 2006 (attending KBITC in 2006) ■ 440 new MSM cases since 2006 (as of end of 2010) ● Queen Elizabeth Hospital and Princess Margaret Hospital (40% of patients)
Research
● 8 MSM-related studies e.g. PRiSM studies

Table 2 Summarized Responses from the Non-governmental Sector

Number of NGOs with MSM projects: 10 NGOs

Projects:

- More than 62 projects (48 ATF-funded and 14 non ATF-funded)
- 48 ATF-funded projects
  - 33 with prevention activities and support services
    - 19 at fixed venues e.g. bars, saunas, pubs, massage parlours
    - 18 with centre-based activities e.g. VCT, hotline, workshops
    - 4 with non-fixed venues e.g. private sex parties, circuit dance parties
    - 10 with internet-based outreach activities
  - 15 research projects
- 14 non ATF-funded projects
  - 7 with prevention activities and support services
  - 7 research projects

Type of Intervention	**No. of NGOs**	**Coverage**	**Funding source**
Voluntary Counseling and Testing (VCT)	7	15 ATF projects ● 10 with centre-based VCT ● 11 with outreach VCT 1 non ATF-funded projects 2,700 HIV tests per year	15 ATF-funded 1 non ATF-funded
Distribution of Condom and Lubricant packs	6	16 ATF projects 1 non ATF-funded project 268,000 packs distributed per year	15 ATF-funded 1 non ATF-funded
Distribution of Health Promotion Material	6	16 ATF projects 1 non ATF-funded project 31,000 hit counts per year 5,800 units distributed per year 2,000 calls to hotlines per year	15 ATF-funded 1 non ATF-funded
Internet Outreach	6	10 projects 10,500 attendances per year	All ATF-funded
Community Outreach	6	19 projects 66,000 attendances by community outreach per year 930 attendances by counseling per year 600 attendances by groups or workshops per year 260 attendances by training of peer educators per year	All ATF-funded

Discussion Summary

1. Current needs of the MSW community

1.1. Prevention

1.1.1. Increase VCT for MSW.

1.1.2. Reach out to MSW and educate them on safer sex, sexual health and HIV infection.

1.1.3. Address the diversified background of MSW (e.g. languages).

1.1.4. Educate and encourage both MSW and their clients on safer sex practices.

1.2. Treatment

1.2.1. Improve testing services: Change in NEP fee charging and protect clients' privacy in SHC.

1.2.2. Set up clinic for MSW for testing and other services.

1.3. Care and Support

1.3.1. More support to transgender MSW.

1.4. Enabling environment

1.4.1. MSW are able to find more clients and earn more money. Their working environment should be safe.

1.4.2. Avoid being arrested by, and seek equal and fair treatment from, Police.

1.4.3. Education to the general public on anti-stigma and elimination of discrimination.

1.5. Strategic information

1.5.1. More understanding and study on the MSW and HIV epidemiology.

1.5.2. More study through NGOs and internship programme to understand more about the MSW situations.

1.6. Strategy/policy

1.6.1. Law reform: police do not use condoms as evidence for prosecution.

1.6.2. Decriminalization of sex work.

1.6.3. Establish Red Light District so as to provide support and HIV prevention work.

1.6.4. One department to coordinate and formulate strategy.

2. Visions in 5 years time

2.1. Decriminalization of sex work.

2.2. Zero HIV infection/slow down in infection rate.

2.3. New services to target the needs of MSW. Services should follow their trend/changes.

2.4. Law reform.

2.5. Increase condom use rate.

2.6. MSW needs being met.

2.7. Decrease in HIV infection cases.

2.8. Free anonymous STI testing service for MSW who enter Hong Kong.

2.9. Provide support service to MSW PLHIV who enter Hong Kong.

2.10. MSW are not stigmatized.

2.11. Set up surveillance mechanism for MSW, e.g. include MSW into PRiSM or behavioral surveillance in CRiSP.

2.12. Universal and diversified sex education.

3. Strategies which need to be continued or in place

3.1. Treatment

3.1.1. Establish MSW specific clinic.

3.2. Care and support

3.2.1. More NGOs are established to provide diversified services to MSW.

3.3. Enabling environment

3.3.1. Universal access to sex education.

3.3.2. Strengthen anti-stigma efforts.

3.4. Strategic information

3.4.1. More platforms to explore surveillance process for MSW.

3.4.2. To collect more information and data by adjusting current surveillance mechanism.

3.5. Strategy/policy

3.5.1. Multi-sectoral efforts in decriminalizing sex work and HIV prevention.

3.5.2. Maintain the Working Group for HIV Prevention in MSM of Red Ribbon Centre and to consider establishing a MSW working group with more departments and service providers being involved.

3.5.3. Police not to use condom as evidence for prosecution.

3.5.4. A government-led response to MSW – anti-stigma, education, STI clinics.

3.5.5. NEP fee charging are waived/exempted in SHC.

3.5.6. Set up a platform to discuss the development of MSW and its strategy.

4. <u>Prioritized recommendations</u>

The following recommendations were compiled based on the above discussions, agreed and prioritized by participants:

High priorities

4.1. Law reform and enforcement: condoms are not used as evidence for prosecution; remove the law on solicits for any immoral purpose; decriminalization of sex work.

4.2. Universal and diversified sex education.

4.3. HIV infection and behavior surveillance, including (1) Regular surveillance such as PRiSM and CRiSP; (2) collect more MSW related information and data by adjusting current surveillance mechanism.

4.4. Anti-stigma effort that is led by the government.

Medium priorities (below priorities have the same scores as voted by the participants, and therefore their priorities are the same)

4.5. Waive fee charging policy on NEP in SHC.

4.6. Government lead efforts in providing targeted education for MSW and their clients.

4.7. Provide support to MSW who are PLHIV.

Lower priorities

4.8. Encourage more organizations to provide services for MSW. Government to consider setting up a MSW working group.

4.9. Provide services including VCT for MSW who enter Hong Kong. Efforts are needed to address different ethnic languages.

4.10. Set up designated STI clinic for MSW.