Community Stakeholders Consultation Meeting

for

Development of Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

Summary for the Session on Female 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 female sex workers (FSW), 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 HIV epidemiology 4

Population size estimation 4

HIV/AIDS reporting system 7

HIV prevalence and risk behaviours 8

Current response in HIV prevention 10

Discussion summary 14

Current needs of the sex workers community 14

Vision in 5 years time 16

Strategies which need to be continued or in place 18

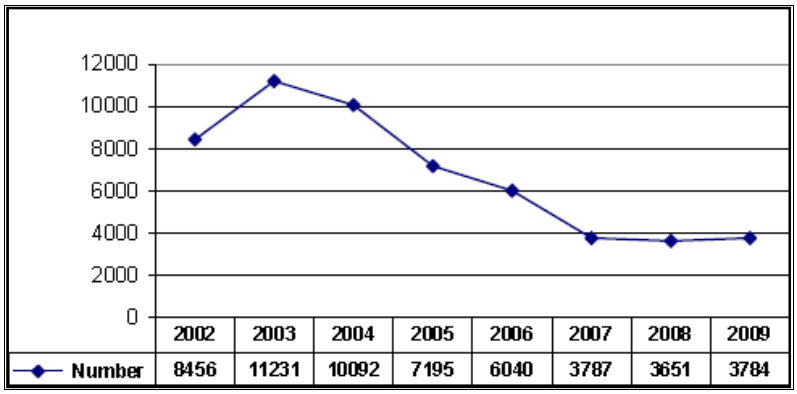
Prioritized recommendations 21

Review of epidemiology

[draft for discussion only]

Population size estimation

- A local paper in 1993[1] has quoted that there were approximately 200,000 FSW in Hong Kong, without description of the data source. Data from other published articles suggested the range between 20,000 and 100,000 of FSW in year 2000 and 2002[2,3] in Hong Kong.
- Commercial sex work was described as heterogeneous and highly mobile from these sources.
- A mapping of FSW was performed in August 2006 and July 2009 as the CRiSP studies. It was estimated about 10,500 and 7,100 of FSW respectively in 2006 and 2009, in Hong Kong. Because of the hidden nature of FSW, such that some are highly controlled by pimps, while others may have illegal status, these numbers were likely to be underestimated.
- Applying the mapping estimation of CRiSP studies (in 2006 and 2009), there are about 0.34%-0.48% of female population aged 15-49 in Hong Kong worked as FSW,.



	2002	2003	2004	2005	2006	2007	2008	2009
Number	8456	11231	10092	7195	6040	3787	3651	3784

- Data from Immigration Department of HKSARG showed the number arrested for sex work involvement decreased from over 8,000 in 2002 to over 3,000 in 2009, although the numbers are likely to be underestimations.

[1] Housewives in sex industry. South China Morning Post 3 May 1993.

[2] www.ziteng.org.hk/platform/pfc03_e.html

[3] www.ziteng.org.hk/platform/pfb01_c.html

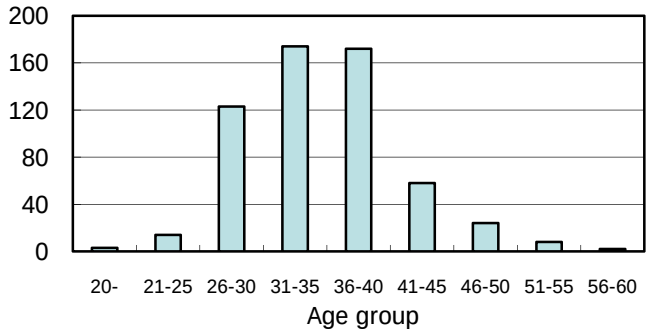
Mapping of sex work settings

	2009 Jun		2006 Sep^		2006 Sep (R)	
OWB	2540	35.6%	930	8.8%	930	10.7%
KNC	3875	54.3%	6200	58.8%	6200	71.3%
BAR	261	3.7%	560	5.3%	560	6.4%
SSW	115*	1.6%	2360^	22.4%	520*	6.0%
MAS/BRO	146*	2.0%	190*	1.8%	190	2.2%
Foot massage/hair salon	*55*	*0.8%*				
Sauna	*150*	*2.1%*	*300*	*2.8%*	300	3.4%
Total	**7142**		**10540**		8700	

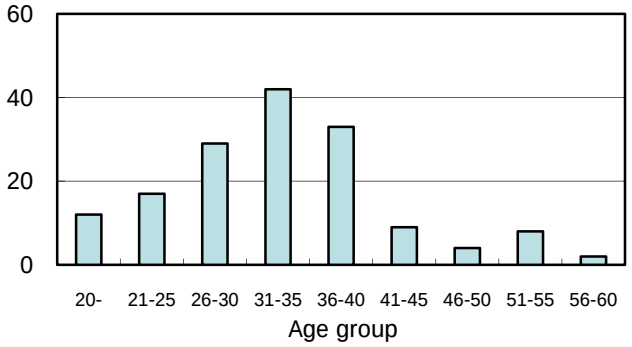
- CRiSP studies: The change in mapping is abrupt, as there was massive redevelopment of old districts where closure of major sex work establishment took place between 2006 and 2009, which could lead to a more than 40% reduction in nightclub, but a 3-fold increase in number of one woman brothels.

Age

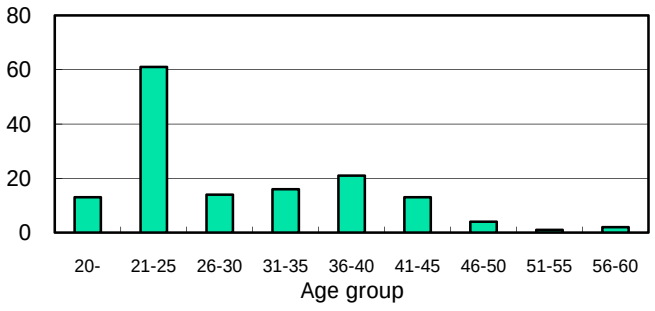
One woman brothel



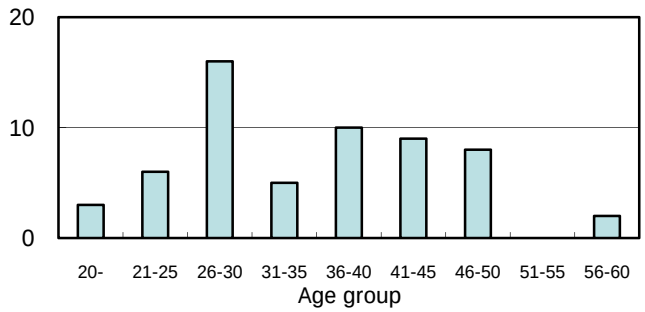
Karaoke nightclub



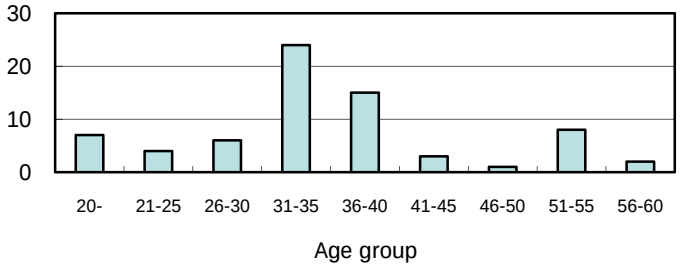
BAR

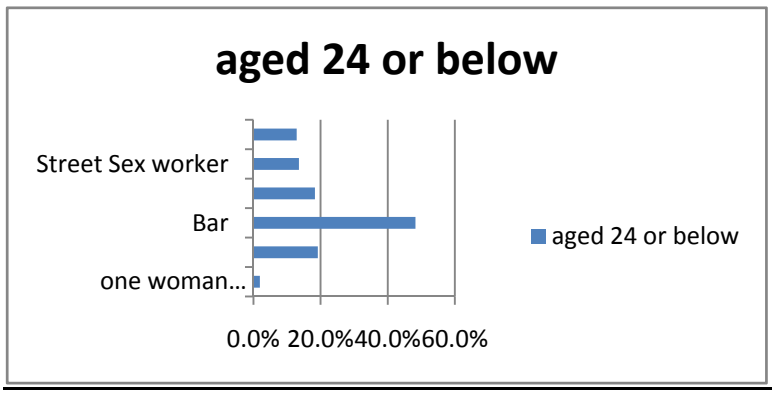


Street Sex worker



Massage





- CRiSP (2009): FSW from Bars were likely to be younger with median age 25, and close to 50% of them aged 24 or below. For Street sex workers, there appeared to have one younger (20s) and one older (40s or more) subgroups.

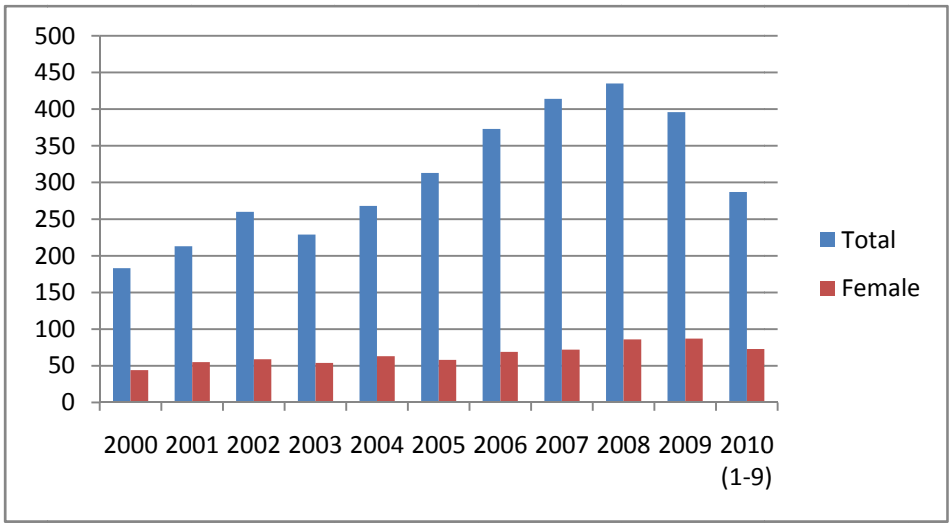
Ethnicity

	OWB	KNC	BAR	MBR	SSW	Total	Adjusted
Ethnicity							
Chinese	542	145	1	59	59	806	
	(93.8%)	(99.3%)	(0.7%)	(98.3%)	(100.0%)	(81.7%)	(93.6%)
Non Chinese	34	0	142	1	0	177	
	(5.9%)	(0.0%)	(99.3%)	(1.7%)	(0.0%)	(18.0%)	(5.9%)
Thai	26	0	54	0	0	80	
	(4.5%)	(0.0%)	(37.8%)	(0.0%)	(0.0%)	(8.1%)	(3.1%)
Filipinos	1	0	88	0	0	89	
	(0.2%)	(0.0%)	(61.5%)	(0.0%)	(0.0%)	(9.0%)	(2.4%)
Others	7	0	0	1	0	8	
	(1.2%)	(0.0%)	(0.0%)	(1.7%)	(0.0%)	(0.8%)	(0.5%)
Missing	2	1	0	0	0	3	
	(0.3%)	(0.7%)	(0.0%)	(0.0%)	(0.0%)	(0.3%)	(0.5%)
	N=578	*N=146*	*N=143*	*N=60*	*N=59*	*N=986*	

- CRiSP (2009): Over 93% of FSW were Chinese.

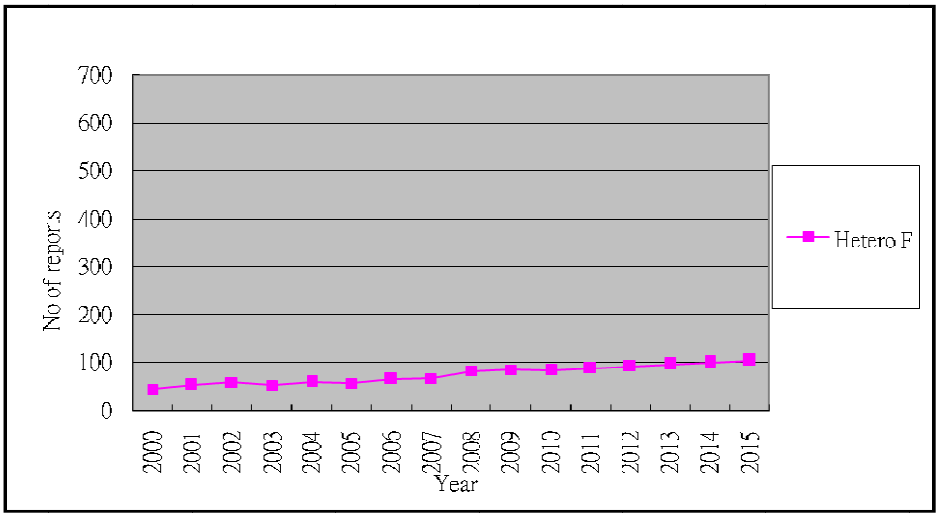
HIV/AIDS reporting system

Trend



- Our reporting system did not capture the identifcation of FSW. In general, number of female HIV reports rised gradually, from 55 cases in 2001 to 87 cases in 2009. The proportion of female cases appeared to stay between 17%-25% (note that female cases do not equal to FSW cases).
- If applying the mapping estimation of CRiSP studie, about 0.34%-0.48% of female population aged 15-49 in Hong Kong worked as FSW. Assuming the reported female HIV cases are representative of the general female population, fewer than one HIV positive FSW case is expected to be reported annually.

Projection



- Based on past data in year 2000-2009, an average annual increment of 4%-4.7%

will be expected in 2010-2015, which will translate into 85-105 females HIV cases annually until 2015. Thus, fewer than 1 HIV positive FSW case annually will be expected in 2010-2015.

HIV prevalence and risk behaviours

		2006	2009
ACCESS to prevention	Ever heard of HIV prevention message	96%	99%
	Received free condoms in past year	55%	58%
	Contacted with outreach workers about STI & HIV/AIDS prevention in past year	45%	53%
	Ever tested for HIV	54%	64%
	Tested for HIV in past year	45%	49%
BEHAVIOURAL risk	Regular condom use in vaginal/anal sex with their clients in last week	92%	95%
	Condom use in last vaginal sex with client	93%	96%
	Ever injection of heroin	3%	0.8%
	Recent (6 mons) injection of heroin	-	0.04%
HIV	Adjusted HIV prevalence	0.19%	0.05%

Condom usage

- SHS (2009): 31% consistent condom use with regular non-commercial sex partner in past 3 months.
- SHS (2009): 27% condom use at last sex with regular non-commercial sex partner.
- CRiSP (2009): 21% consistent condom use with boyfriend/husband in past 6 months.
- SHS (2009): 94% condom use at last sex with casual or commercial partner.
- SHS (2009): 94% consistent condom use with casual or commercial partner in past 3 months.
- CRiSP (2009): 91% (adjusted to various sex work settings) consistent condom use with client in past week.
- CRiSP (2006): 86% (adjusted to various sex work settings) consistent condom use with client in past week.

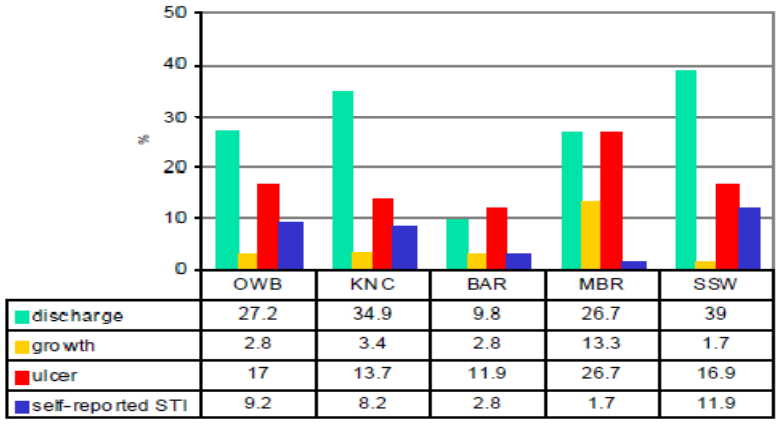
Sex work settings	One woman brothel	Karaoke nightclub	Bar	Street sex worker	Massage
2006	99%	80%	96%	95%	87%
2009	98%	87%	94%	88%	87%

- CRiSP studies: Condom use varied across different sex work settings.

HIV testing history

- CRiSP studies: Less than half (45%-49%) were tested for HIV in year 2006 and 2009.

Sexually Transmitted Infections (STI) in past 6 months



	OWB	KNC	BAR	MBR	SSW
discharge	27.2	34.9	9.8	26.7	39
growth	2.8	3.4	2.8	13.3	1.7
ulcer	17	13.7	11.9	26.7	16.9
self-reported STI	9.2	8.2	2.8	1.7	11.9

Box 20. Self reports of STI and genital symptoms in past 6 months.

- CRiSP (2009): Self reported STI in past 6 months were higher among FSW working as Street sex worker (SSW), in one woman brothel (OWB), and at Karaoke nightclub (KNC), comparing to FSW from Bars and massage parlours (MBR), who had lower level of self reported STI.

Current Response in HIV Prevention among Female Sex Workers and their Clients

1. In Hong Kong, the response to the HIV epidemic for Female sex workers (FSW) and their male clients is steadily developing in coverage and the diversification of intervention modes. Advisory Council on AIDS (ACA), in the current "Recommended HIV/AIDS Strategies For Hong Kong 2007-2011", which was published in May 2007, stated the continual importance in curbing the growth in sex workers and clients as key prevention effort for the heterosexual population by expanding prevention programmes targeting risk behaviors, as well as, ensuring good access to HIV prevention services. Cross border sexual behavior research and surveillance initiatives are also urged. The Council for the AIDS Trust Fund (ATF) continues to be the key funding source for HIV prevention for these populations.

Local responses from 2007 onwards

2. Concerted efforts from the Government, non-governmental organizations (NGO) and other stakeholders within the community has helped strengthen the current responses to the HIV epidemic for FSW and their male clients, which are summarized as below:

Box 1. Summary of current activities for preventing HIV among FSW and their male clients

1. Outreach activities to commercial sex establishment / venues
2. Voluntary counseling and testing (VCT) service (both HIV and STI tests) for FSW and their clients
3. Condom and health promotion material distribution
4. Internet outreach intervention
5. Peer counseling and education projects
6. Hotline / Drop-in service / Counseling service
7. Public AIDS Counselling and Testing Service (ACTS)
8. Public HIV clinics and STI clinics
9. HIV-related researches targeting FSW and their clients, including territory-wide surveillance for FSW

3. Efforts targeting FSW continues to be key part of the overall HIV prevention efforts in Hong Kong. There are six NGOs and one community group with programmes or projects targeting FSW. At the same time, there are five NGOs with projects targeting sex worker clients, including those with cross border traveling behavior. ATF is the main funding body for most of the projects carried out by

NGOs. NGOs have coordinated and collaborated among themselves in maximizing coverage for FSW, given the high mobility of such population. Most NGOs provide intervention activities with diverse nature, including outreach, testing service for HIV and STI, peer education, condom and health promotion material distribution and internet based outreach activities.

4. There are two NGOs specifically serving FSW, including HIV and STI related service. These services include outreach activities, workshops, peer education projects, testing services, drop-in and hotline services. Together, these reach close to 8,000 FSW each year. In addition, there are five other NGOs and one community group conducting projects specific to FSW and their clients, most of which are supported by ATF. Among the ATF-funded projects, outreach activities are conducted in various entertainment establishments. These ATF projects have an annual attendance of over 31,000 FSW and clients from 2007 onwards.

5. The role of NGOs in the provision of counseling and testing service (both HIV and STI) has also become more significant. There are six NGOs which provide testing service to FSW and their clients. Of the six NGOs providing testing service, four of such services are funded by ATF. These include both centre-based testing, as well as testing service via outreach. At least one NGO also provide treatment service for FSW for STIs infection. Overall, ATF funds over 1,500 tests conducted by NGOs each year for both FSW and their clients.

6. The distribution of condoms and health promotion material has always been a major and indispensible component of HIV prevention. All NGOs involved in HIV prevention target FSW and their clients distribute condoms and health promotion materials in their projects. Over 109,000 units of condom have been distributed to FSW and their clients via these projects in 2009. Also, over 84,000 units of health education/promotion materials have been delivered each year via these projects since 2007.

7. Peer education or projects with peer component plays an important role in HIV prevention. The two FSW specific NGOs both have peer components in their services, while among the ATF supported programmes from other NGOs, majority of the projects have peer components. Overall, ATF supports close to 800 sessions of peer education workshops among the projects. In addition to peer education / peer components, ATF funds education workshops with around 200 attendances as well as group sessions (including educational groups and support groups) with over

500 attendances each year since 2007.

8. Online intervention has become another major health promotion channel and platform for outreach prevention activities within the sex industry. Community members of the sex industry are frequent users of such mode of communication. Three NGOs obtained funding from ATF with online intervention components. Over 1,200 attendances were recorded via internet-based outreach sessions through these projects in 2009. Intervention components include instant messages, online banner and email communications.

9. Young female sex workers serving male clients, has become a concerning phenomenon in Hong Kong. In addition to efforts targeting FSW in general, which inevitably cover Young FSW, two NGOs are conducting specific programmes for these young women (one of which is funded by ATF and the other one is funded by other funding source). Since 2007, one such programme is supported by the ATF specifically targeting young female sex workers at entertainment venues, providing interventions for their high risk behavior, including drug taking behavior. In 2007 and 2008, this programme reached up to 300 young female sex workers and distributed 45,000 units of health promotion and education material. There also exist other services provide by other AIDS or mainstream youth NGOs targeting young female sex workers for intervention. These services may not specifically aim at HIV prevention (but include HIV messages) in nature, and they are not funded by the ATF. At least one NGO report to have reached over 300 contacts of young female sex workers in 2009 via small group work and internet outreach.

10. The Red Ribbon Centre is the prevention and health promotion arm of Special Preventive Programme (SPP), the AIDS Unit under Department of Health. 240,000 of condoms and 5,000 unit of souvenir have also been distributed to FSW via different NGOs in each year.

11. SPP provided 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, majority of them claimed heterosexual as the suspected route of transmission (67.7% in 2007; 72.9% in 2008; 74.4% in 2009). Highly subsidized specialist HIV management is provided by the three major public HIV clinics run by DH (Kowloon Bay Integrated Treatment Centre) and Hospital Authority

(Queen Elizabeth Hospital and Princess Margaret Hospital) for eligible persons[4] (holder of HK Identity Card and children aged below 11 years who are HK residents), who also enjoy free testing, medical consultation and treatment on sexually transmitted illnesses provided by Social Hygiene Service of DH. However, Non-eligible persons (NEP) can only access to those service at fee for service. Thus, testing service provided by different NGOs serve crucial complementary role in providing testing services for FSW, especially the NEP FSW.

12. Since 2007, two FSW HIV research projects have been carried out by NGOs and academic institutions funded by ATF. At least one research on FSW clients' cross border behavior has been conducted which is not supported by ATF. In addition, the CRiSP 2009 (Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Workers in Hong Kong 2009), which was community-based and comprised collecting an urine sample for HIV antibody testing and a questionnaire on safer sex practice and sexual risk behaviour were conducted as a concerted effort of the SPP, NGOs and academic institutions.

Table 1. Summarized Responses from the Non-governmental Sector

Types of Intervention	Coverage	Funding Source
VCT	1,500 Tests / year	Funded by ATF
Condom Distribution	10,900 / year	Funded by ATF
Health promotion material	84,000 / year	Funded by ATF
Peer Education workshops	800 session / year	Funded by ATF
Education workshop	200 attendances / year	Funded by ATF
Groups sessions	500 attendances / year	Funded by ATF
Internet outreach	1,200 contacts / year	Funded by ATF
Young female sex workers (outreach, group sessions, internet outreach)	150 contacts / year (in 2007 & 2008) 300 contacts / year (in 2009)	Funded by ATF Other funding source

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

Discussion Summary

(Note: The session originally scheduled to be on Female sex workers (FSW) but participants requested and agreed to include discussion on both female and male sex workers, dubbed as Sex workers.)

1. Current needs of the sex workers community

1.1. Prevention

1.1.1. Raise safer sex awareness, which is relatively low, especially among young female sex workers.

1.1.2. Enhance promotion/education among female sex workers (e.g. on risk of STIs and availability of services) and their clients (e.g. older clients on condom use). More promotion of knowledge of legal issues is needed.

1.1.3. Promotion of consistent condom use among sex workers even with their regular clients and partners.

1.1.4. More promotion on HIV/STI VCT is needed. Besides, the focus of promotion can be on regular checkup and testing.

1.1.5. Increase access to free condoms and greater variety of condoms available, so as to serve as incentives for more condom use among clients.

1.1.6. Increase coverage of service delivery, e.g. VCT in Mainland China to encourage testing. Also, cross border prevention efforts are needed.

1.1.7. Scale up outreach efforts to increase programme coverage (currently less than half of the populations is covered).

1.1.8. Tailor-made programmes and services to address the diversity of sex work, e.g. younger sex workers, compensated dating, karaoke hostesses. Those who are in these types of work may not perceive themselves as sex workers.

1.1.9. Sex workers who are in prison and illegal sex workers are difficult to reach. Their risks may be higher (anal sex without condoms among male sex workers) and therefore need interventions. Resources need to be increased to address their needs. VCT services should be provided to sex workers who are in prison. Collaborations are needed among different government departments in order to provide services to sex workers who have been arrested.

1.1.10. Education on Post Exposure Prophylaxis to reduce HIV infection.

1.2. Treatment

1.2.1. More user-friendly opening hours (such as 24 hours services or flexible opening hours) in SHC needed to cater for the diverse working hours of sex workers so as to improve access to services. Besides, shorten the waiting time to increase usage.

1.2.2. The current fee charging policy to NEP using SHC is a barrier in accessing to the services. NEPs (e.g. sex workers from Mainland China or other ethnic minorities) found it difficult to pay for full fare due to the high cost. For sex workers who are tested positive for HIV or other STIs, some of them do not go to SHC.

1.2.3. Another barrier sex workers' access to SHC service is that sex workers' privacy is not adequately respected when using the service, which can make sex workers feeling uncomfortable.

1.3. Care and Support

1.3.1. Access to support and care services to those who are tested HIV positive, especially in the areas of [HIV] knowledge and medical treatment.

1.3.2. Address the needs of non-Chinese female sex workers including language barriers and the provision of suitable medical services.

1.4. Enabling environment

1.4.1. Sex workers themselves need to be alert of health implications arising from entertaining requests for unsafe sex with better financial returns. Besides, skills on dealing with various "relationships" with clients (e.g. occasional clients, regular clients, boyfriends, partners etc.) to be provided (as sex workers' perception on the nature of "relationship" will affect their decision of whether to adopt safer sex practice).

1.4.2. "On-the-job" training is needed, particularly training that decrease their vulnerabilities to HIV infection; enhance opportunities to engage in other employments; increase knowledge on legal issues. Programmes and services should target "newer" female sex workers and new immigrants, e.g.

provision of orientation programme, life skills, and regular venues to be in place for them to gain access to information.

1.4.3. Use of mass media for prevention programme to encourage more open and socially acceptable discussion on sex and safer sex. However, use of printed media instead of via TV alone is needed to increase access to sex workers.

1.4.4. Sex workers need a safe working environment to protect their personal safety, e.g. there were numerous robbery cases against women who worked in "one-woman brothel."

1.4.5. Not to classify people into "high risk group," since it will encourage stigma. Put focus on people's behaviours.

1.4.6. Sex education should be made universal. The focus should target high risk behavior and reduce stigma. Perceive female sex workers and male sex workers as one community, instead of separating into two groups.

1.5. Policy/Strategy

1.5.1. Re-organize the current policy on targeted HIV prevention to the general population or young female sex workers. Health promotion should be clear and to the point.

1.5.2. Regulation of sex work, e.g. licensing and comprehensive sexual health services.

1.5.3. Educate the police on right issues of sex workers.

1.5.4. Change the existing police practice of using confiscated condoms and lubricants as evidence in prosecution, which render distribution and consistent use of condom ineffective.

1.5.5. Strengthen and improve law enforcement against those clients who have (unprotected) sex without workers' consent.

2. <u>Visions in 5 years time</u>

2.1. Zero HIV infection in sex workers' community.

2.2. Increased programme coverage and expanded efforts.

2.3. Those who are living with HIV are supported, both financially and socially.

2.4. Sex workers' clients won't suggest "not to use condom."

2.5. Increased education of sex workers' clients so that they understand how to protect themselves and the sex workers. Besides, clients would know be aware of risks and know more about risk management.

2.6. Stakeholders such as sex workers' clients, pimps or mediums had improved HIV awareness.

2.7. Everyone knows how to use condom.

2.8. Risk education is provided to younger sex workers (both male and female), e.g. those involved in compensated dating.

2.9. Increased discussions on sex in the society.

2.10. Reduced stigma/[less] threatening [approach] in education.

2.11. Normalized HIV prevention and increased acceptance. Reduced stigma against sex workers (both female and male). When they are not stigmatized as high risk groups, they have good knowledge on safer sex and in advantageous position to help other sex workers by sharing their experiences.

2.12. Sex workers have increased condom use with their regular sex partners. Increase condom use in oral and anal sex.

2.13. Sex workers have improved knowledge on safer sex and availability of medical services.

2.14. More resources are available to serve the mobile populations.

2.15. More appropriate and in-depth prevention, e.g. when targeting female sex workers, prevention does not only focus on condom use, but more details on such as HIV knowledge, reproductive medicine which will increase their motivation and alertness. These preventions will be taught in all schools.

2.16. Reach out young females involved in compensated dating through internet and girls' homes.

2.17. Sex workers are empowered to refuse unsafe sex. They are regarded as partners in HIV prevention instead of service clients.

2.18. Enhanced research efforts to address insufficient data on male sex workers.

2.19. Sex education to the general public to facilitate general and open discussion on sex issues and safer sex. Sex education to sex work leaders/mamasan/pimps about unsafe sex and proper sexual health knowledge.

2.20. Targeted efforts among more mature female sex workers and clients since they are less motivated in condom use due to their health beliefs (i.e. older age and fearless of death; not infected [by HIV/STIs] without using condoms for years).

2.21. SHC provides service in more friendly and non-discriminatory ways, regardless of their status/background. Staff members improve their attitude to the users.

2.22. SHC provides standardized body check and sexual health service for all females, e.g. all sex workers are offered PAP smear.

2.23. Separated and designated health services for sex workers in order to reduce the waiting time of consultation and follow up.

2.24. Scrapped NEP fee charging policy when using SHC.

2.25. Condoms and lubricants are not used as evidence for prosecution.

2.26. Law enforcement, e.g. fewer people from other countries are allowed to work as sex workers in Hong Kong.

2.27. Decriminalization of sex work to reduce discrimination of the community and improve their access to services.

2.28. Criminalise sex workers' clients (but not the workers) who had sex with sex workers without using condom, without the worker's consent.

2.29. HIV/AIDS is put as a prioritized area in Government's health policy.

2.30. Invisible/hidden populations would surface due to more supportive (legal) environment.

3. Strategies which need to be continued or in place

3.1. Prevention

3.1.1. Continue to involve peer educators in prevention efforts. Strengthen training for peer educators. Allocate more resources to peer educators/projects so as to provide more information to the community.

3.1.2. Distribution of free and good quality condoms and lubricants.

3.1.3. Provide on-the-spot HIV testing service (service providers need to be well prepared and fully equipped for such).

3.1.4. Continue and expand outreach efforts, free VCT and other medical services.

3.1.5. Tailor made health information and medical services to all sex workers including drug use, STIs, social life, mental health, reasons for getting tested, related treatment services and where to get help.

3.1.6. Improve education on risks of diseases infection and make use of real life case stories for illustration of risks, but not to use fear approach to scare people.

3.1.7. Focus of prevention should be high risk behaviours but not high risk groups.

3.1.8. Promote use of condoms with partners of sex workers.

3.1.9. Provide HIV/AIDS education for prisoners and condoms in prisons.

3.1.10. Compulsory for sex workers' clients to use condoms.

3.1.11. Promotion through multi-media channels, especially collaborations with adult [sex] websites. Make use of the Internet to access to female sex workers. Education is also needed for venue owners and workers.

3.1.12. Increase financial support to NGOs from the ATF such as increasing mobile VCT service using car and strengthening counseling elements.

3.2. Treatment

3.2.1. Improvement of services provided by clinics (e.g. SHC, Family Planning Association Hong Kong) including better attitude of health care workers, comprehensive health checkup service instead of simply providing STI treatments in SHC. Besides, NEP fee charging policy should be the same as Eligible Persons due to the service needs of the community.

3.3. Care and support

3.3.1. More understanding on the reasons behind risk taking behaviours and follow-up with counseling service.

3.3.2. Collaborations with Mainland China to cover the needs of sex workers and cross border clients such as medical follow ups in Mainland China.

3.4. Enabling environment

3.4.1. Reduce stigma attached to HIV/AIDS and sex workers. Increase bargaining power of the community for safer sex.

3.4.2. More forums/platforms to enhance multi-disciplinary discussion.

3.4.3. Promotion and publicity messages should be more proper and appropriate.

3.4.4. Sex education should start at a younger age. Sex education should be comprehensive and make use of websites for such.

3.4.5. More education towards the general public and targeted population. Spread health promotion messages through mass media such as featured documentary and police reports. Sex workers' clients should remain as the targeted population.

3.5. Strategic information

3.5.1. More qualitative research studies are needed to gain in-depth understanding and help set evidence-based strategy.

3.6. Policy/Strategy

3.6.1. More communications and collaborations among different government bureaux / departments, e.g. emergency service, police, education bureau.

3.6.2. ACA has the role to advocate for reducing barriers, stigma & discriminations of the community in accessing relevant services in different settings.

3.6.3. Law and policy reform to protect the rights and social welfare of sex workers. Involving relevant Government departments and bureau, such as Police and Social Welfare Department.

3.6.4. Protection from law, i.e. condoms not being used as evidence of prosecution.

3.6.5. Decriminalization of sex work.

4. Prioritized recommendations

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

High priorities

4.1. Law enforcement: such as not using condom as evidence in prosecution; strengthen and improve law enforcement against those clients who have (unprotected) sex without workers' consents.

4.2. Targeted education for younger sex workers such as those involved in compensated dating; cross border sex workers and their clients; those who are in prisons; illegal sex workers; mature clients; sex workers who are new to the industry; non Chinese sex worker; new arrivals; industry personnel such as pimps, keepers.

4.3. HIV education should extend to the general public and in schools/universities. Sex education (including safer sex) should be tailor-made, explicit, proper, open-minded and positive. Make use of different and appropriate media channels such as Internet, TV and newspapers.

4.4. Cross government departments and regional collaboration on advocating HIV issues (e.g. Post Exposure Prophylaxis education). ACA has the role to advocate for reducing barriers, stigma & discriminations of sex workers in accessing relevant services in different settings.

Medium priorities

4.5. Law reform: decriminalize sex work and associated laws such as soliciting for immoral purpose.

4.6. ATF: scope of funding for VCT service should be beyond test kits, and to include other supporting tools & services.

4.7. Social Hygiene Clinic needs to be more user friendly; exempt NEP fee charging policy; ensure users' privacy; provide comprehensive sexual health service; set up clinic for sex worker.

Lower priorities

4.8. Continue to reduce HIV-related stigma and discrimination and strengthen these works.

4.9. Widen education scope to include mental health, life skills, “relationship education”, occupation skills and resources for sex workers.

4.10. Adopt peer education approach in HIV prevention.

4.11. Continued provision of free condoms and lubricants.