

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

**Summary for the Session on
Clients of 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 clients of female sex workers, 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).

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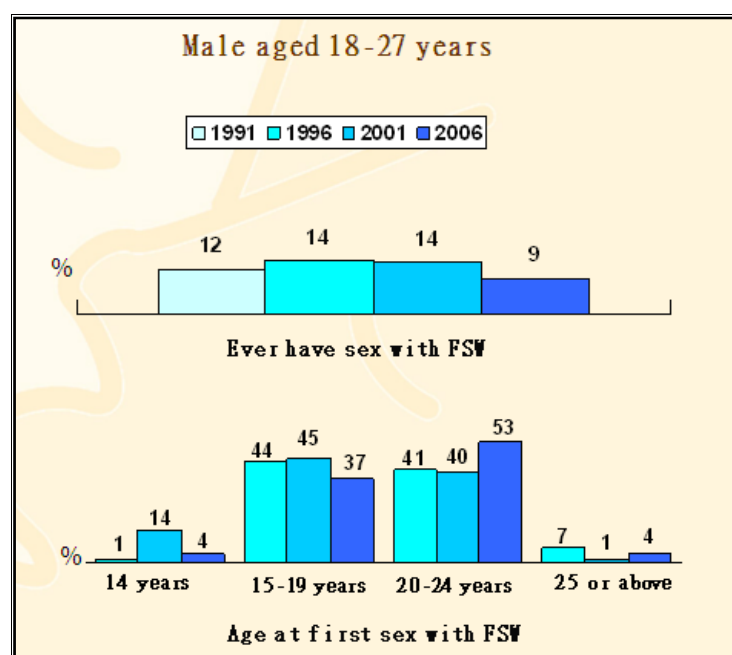
Review of epidemiology

(Note: this review focus on male clients of female sex workers only)

[draft for discussion only]

Population size estimation

- Over 4,400 youth were polled in the Youth Sexuality Survey (YSS) in 2006 by the Family Planning Association Hong Kong. The survey comprised of three parts: two parts under a school survey covering students of Form One to Form Two (F.1-F.2), and Form Three to Form Seven (F.3–F.7) respectively, and a third part was a random sampling of household survey on youth aged between 18 and 27.
- YSS (2006): 9% of male aged 18-27 reported to have ever had sex with FSW.
- YSS (2006): Among these males, over half of them had their first sexual encounter with FSW at the age of 20-24, and about 41% had their first sexual encounter with FSW below 20 years old.



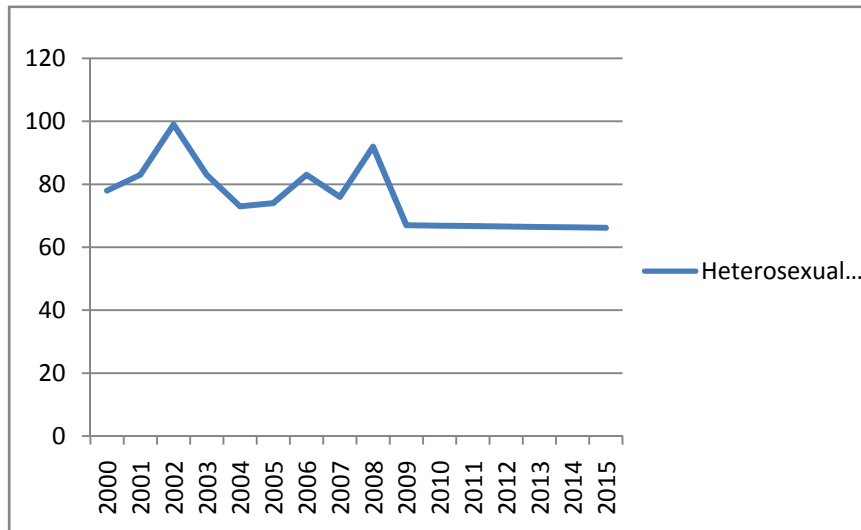
- Applying mid-year population of 2009 where there was 446,200 male aged 18-27 (based on Census 2009, Census & Statistics Department), the size of FSW clients who are 18-27 years old is estimated to be about 40,000.
- A benchmarking study in 1998, by using random telephone survey of 1,020 male respondents aged 18-60, gave an estimated 14% of males had engaged in commercial sex in the past 6 months¹.

¹ Lau JTF et al. Behavioural surveillance of sexually-related risk behaviours of the

- The size of FSW clients who are 18-60 years old can be derived to be over 300,000 in 2009, assuming the proportion who engaged in commercial sex from the 1998 study does not change, based on the application of the Census 2009 data.

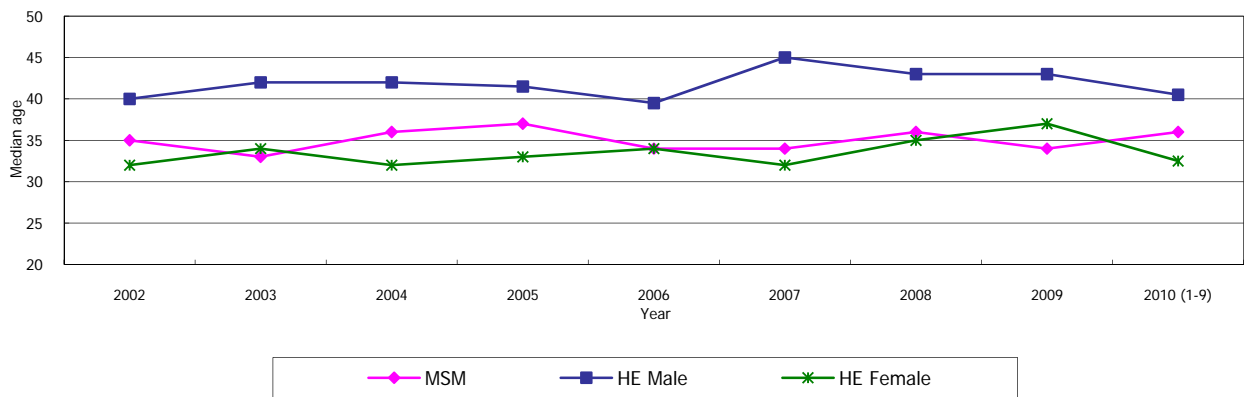
HIV/AIDS reporting system

Trend and projection



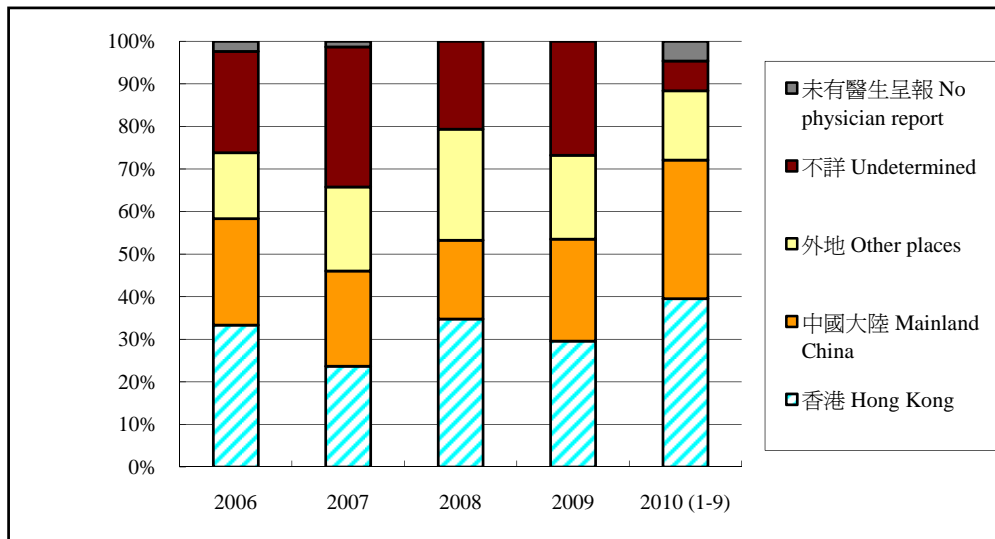
- Number of HIV cases attributable to being FSW clients is not available in the reporting system. A very crude approximation can be made by drawing the number of male heterosexual contact HIV cases (note that male heterosexual contact HIV case does not necessarily equal to male heterosexual contact with FSW, these could be male heterosexual contact with other regular or non-regular partners).
- A general downward trend is observed for overall male heterosexual contact HIV cases.
- Between 60-70 male heterosexual contact HIV cases annually are expected to be reported, and the trend will be expected to remain stable at this level for the coming 5 years, based on the past 5 years data in the year 2005-09.

Age



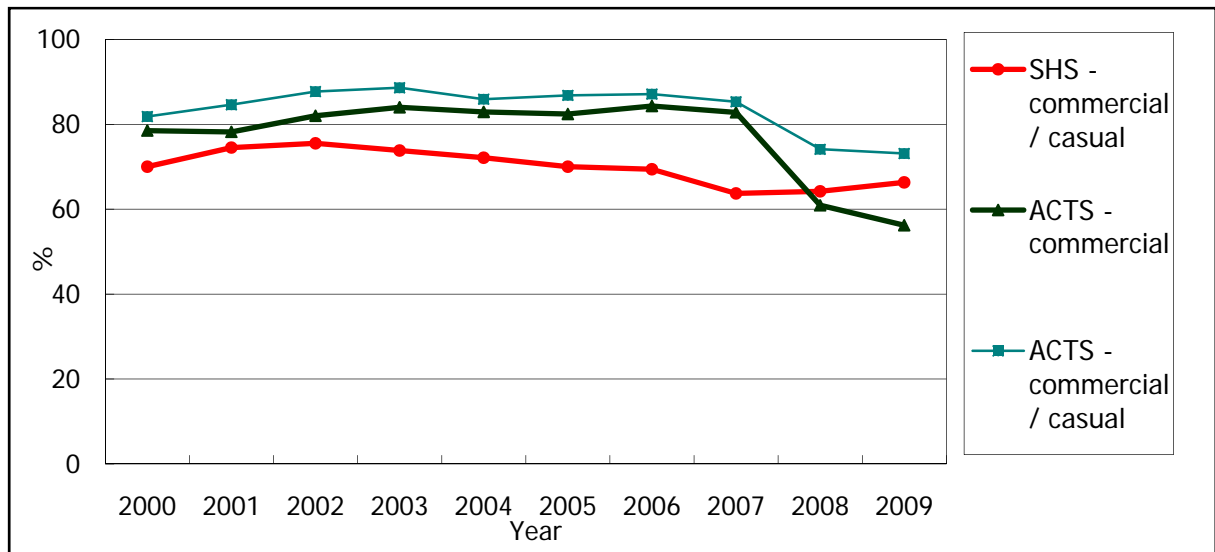
- The median age of heterosexual male HIV cases were 40-45 years old upon HIV diagnosis.

Suspected location



- 25%-40% of heterosexual male cases acquired HIV locally.
- 20%-32% of heterosexual male cases acquired in Mainland China.
- Less than 10% of heterosexual male cases acquired outside Hong Kong, but NOT from Mainland China.

Sentinel surveillance



- From various sentinel sites, roughly 60%-80% of all adult heterosexual males had sex with commercial sex partners in the past 6-12 months (note that the sentinel sites captured a biased sample i.e. AIDS Counseling Testing Services (ACTS) and Social Hygiene Services (SHS) would have attendees reported a higher level of sexual activity or engagement of high risk behaviour than the general population. They were also usually with symptoms of STI.)
- From the above data sources, 25%-42% of FSW Clients reported to be married.

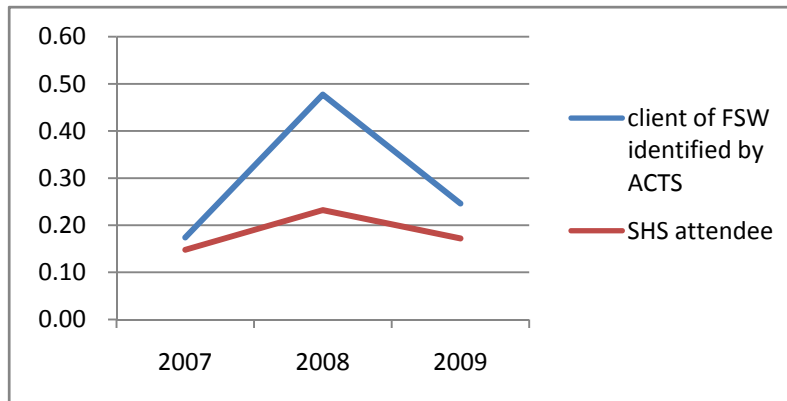
Age

- FSW clients who are below 25 years old: 13%-17% in ACTS (2007-2009); 23%-40% in SHS (2007-2009); 18%-28% in Correctional Services Department (CSD) (2007-2009); 0%-2% in Shek Kwu Chau Drug Rehabilitation Centre (SKC) (2007-2009).
- FSW clients who are 60 or above years of age: 2%-3% in ACTS (2007-2009); 28%-37% in SHC (2007-2009); 1% in CSD (2007-2009); 1%-9% in SKC (2007-2009).
- Clients at a younger age were more likely to be sampled at ACTS while clients at an older age were more likely to be sampled at SHS.

Ethnicity

- 88%-98% of FSW clients across all sentinel sites (ACTS, SHS, CSD, SKC) were Chinese.

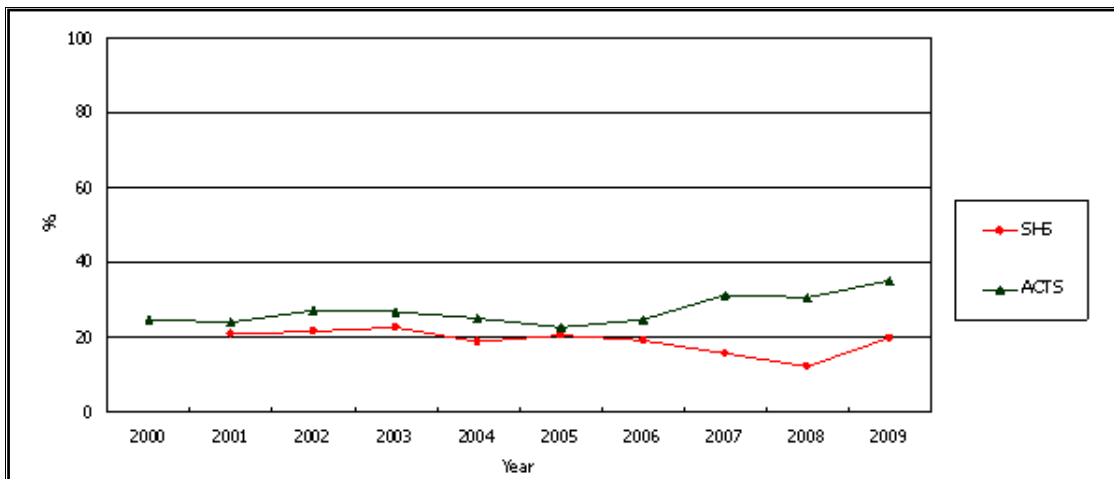
HIV prevalence



- Sentinel surveillance revealed HIV prevalence of 0.17%-0.48% in ACTS, which are slightly higher than than general SHS attendees prevalence, regardless of whether they were FSW clients. Linked data between HIV prevalence and FSW clients at SHS is not available. (note that 64%-66% of SHC male heterosexual attendees were FSW clients).

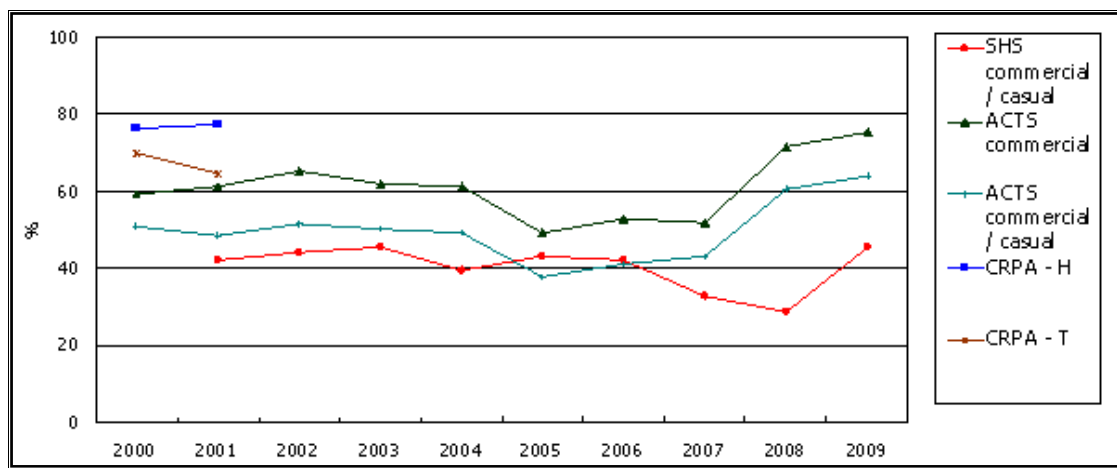
Risk behaviours

Condom usage with regular partners



- ACTS and SHS: 12%-35% consistent condom use with regular partners among adult heterosexual men.

Condom usage with commercial / casual partners



- ACTS (2007-2009): 52%-75% consistent condom use with commercial partner.
- SHS (2007-2009): 33%-46% consistent condom use with commercial/casual partner.

Drug Injecting behaviour

- ACTS (2007-2009): 0.5%-0.7% of FSW clients reported to have ever been Injecting Drug Users (IDU) and 0.2% reported to be current IDU.
- SHS (2007-2009): 0.02% of client of FSW reported to be current IDU.
- SKC (2007-2009): However, in drug rehabilitation centre, 69%-73% of FSW clients reported to be current IDU.

HIV testing

- ACTS (2008-2009): 26%-27% of FSW clients have had HIV test in the past one year.

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 strengthened 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 indispensable 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 persons² (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

² 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 for sex workers' clients (SWC)

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

1. Current needs of SWC community

1.1. Prevention

- 1.1.1. Change SWC's perception about condom use – not only with sex workers but also with their partners.
- 1.1.2. Reach out to cross border travelers and provide more services and promotion.
- 1.1.3. Government to help NGOs to promote their work e.g. NGOs' hotline service.
- 1.1.4. Increase programme coverage - provide more free VCT service, outreach to sex websites/border checkpoints, more condom distribution in convenient/easy accessible locations.
- 1.1.5. Identify hidden SWC and reach out to them for more HIV prevention.
- 1.1.6. Raise awareness on HIV infection and STI.

1.2. Treatment

- 1.2.1. SWC do not have much understanding about the services in SHC and therefore, more promotion is needed.
- 1.2.2. The waiting time for result of HIV test is too long in SHC which created psychological pressure and barriers to the client when considering the use of service.

1.3. Care and support

- 1.3.1. Set up self help groups for SWC.
- 1.3.2. Provide counseling service which would address various issues such as SWC livelihood problems, which may in turn reduce their risky behaviors.
- 1.3.3. Counselling during VCT service should also focus on SWC psycho-social/family stress issues.

1.4. Enabling environment

- 1.4.1. More anti-stigma effort is needed. Sex is a taboo within the community and people rather not to talk about this, which stops people from getting tested. Setting up a red light district is needed to reduce stigma and psychological pressure (but there is contrary view that the establishment of red light districts will further stigmatise sex work and seeking sex service).
- 1.4.2. Schools should provide sex education. Teacher has a major role in this to enable young people who have risky behavior to gain more knowledge.
- 1.4.3. Use of mass media to provide sex education and include safer sex information.
- 1.4.4. Protect privacy and provide comfortable environment for clients when using testing service.
- 1.4.5. Eliminate discrimination against SWC and reduce stigma against AIDS.
- 1.4.6. AIDS workers should have good understanding on SWC culture and their languages.

2. Vision in 5 years time

- 2.1. More sex education at school and promotion through the use of multi-media such as radio. Promotion should be explicit, in-depth and with relevant content. Besides, make sex education universal.
- 2.2. Universal access to HIV testing: e.g. provide voluntary HIV and syphilis testing along with testing for illicit drugs at school/anti-drug promotion; increase testing locations.
- 2.3. Sale of condoms: packing should be flexible e.g. individual condom pack.
- 2.4. Reduce stigma by focusing on risky behaviour but not individual sub-populations.
- 2.5. Every client uses condom 100% (including oral sex) and has health check regularly.
- 2.6. Decriminalize sex work.

- 2.7.** Survey to monitor the latest situation of SWC behavior.
- 2.8.** Reduce stigma – being clients/ receiving condoms doesn't mean one has HIV.
- 2.9.** Provide services/programmes in Guangdong province for Hong Kong men who cross the border.
- 2.10.** Lower the age of consent on sexual behavior in order to help those who are young and sexually active to access to sexual health services.
- 2.11.** Include HIV and safer sex information in the tourism brochure.
- 2.12.** Provide one-to-one counseling service to clients.
- 2.13.** Expand the provision of VCT service by increasing more understanding about SWC situations and provide more information.
- 2.14.** Increase collaborations among different government departments, e.g. joint condom promotion in Macau and Shenzhen.
- 2.15.** More resources for programmes/services at cross border check-points and volunteer work.
- 2.16.** Zero HIV infection/reduced HIV infection rate.
- 2.17.** Increase in HIV testing rate.
- 2.18.** Universal HIV and syphilis testing in different settings/means.
- 2.19.** A supportive environment in which visit to sex worker is not a taboo.
- 2.20.** Increase the time for VCT (more than 30 minutes).
- 2.21.** Target young people through the internet and make use of multi-media for education. More education to schools to reach out to students who visit sex workers.
- 2.22.** Cross-government departments collaboration and work directly with NGO to provide more services.
- 2.23.** Increase training to volunteers.
- 2.24.** Increase understanding on HIV prevalence in the SWC community.
- 2.25.** SWC has increased knowledge on HIV/STI.

3. Strategies which need to be continued or in place

3.1. Prevention

- 3.1.1. Educate clients the knowhow of wearing condom.
- 3.1.2. Accessibility to condom should be made more easily in order to reduce embarrassment e.g. installation of condom vending machines, good quality condom, more distribution.
- 3.1.3. Increase accessibility to VCT testing services including: increase promotion; increase workers understanding to SWC culture; flexible opening hours and protect privacy. More counseling service should be provided to SWC to encourage HIV testing.
- 3.1.4. Health promotion and publicity should involve more volunteers.
- 3.1.5. Include STI prevention into HIV prevention work.
- 3.1.6. Increase outreach on the internet and cross border areas.

3.2. Treatment

- 3.2.1. Expand HIV testing in more geographical locations. Integrate HIV testing service in other healthcare settings such as private clinics, as routine test so that clients' partner can access to HIV testing service.
- 3.2.2. SHS /NGOs opening hours should be more flexible and convenient, e.g. after office hours, weekend.
- 3.2.3. Provide comprehensive body check so as to increase the intention to get tested for HIV, (but there is contrary view to this point).

3.3. Care and support

- 3.3.1. Reduce stigma among clients in order to reduce their misconceptions on HIV transmission.
- 3.3.2. Reach out to invisible community through general public education.
- 3.3.3. Increase training to peer educators.

- 3.3.4. NGOs to strengthen the link to government, so as to stream-line referral system in a way to facilitate SWC access to services.
- 3.3.5. Provide support services to SWC and their partners.
- 3.3.6. Counseling service and information on positive living is needed for PLHIV, more support is needed to their families.

3.4. Enabling environment

- 3.4.1. Increase volunteer participation to synergize publicity effort
- 3.4.2. Everyone practises 100% condom use in Hong Kong.
- 3.4.3. AIDS education, including anti-stigma as well as the use of condom, should be part of the curriculum in school. Provide face-to-face counseling to students.
- 3.4.4. Safer sex promotion together with Hong Kong Tourism Board and the Immigration Department.
- 3.4.5. Provide programme/services to those “Walk of freedom” from Mainland China.
- 3.4.6. Promotion and publicity should be sustainable. Use interactive approaches.
- 3.4.7. Sex education should target different age groups such as youth and elderly.
- 3.4.8. Universal education so as to reach out to hidden SWC populations.

3.5. Strategic information

- 3.5.1. Survey/surveillance on SWC is rarely done. It should be done in every 2-3 years.

3.6. Strategy/policy

- 3.6.1. More cross border collaborations between Hong Kong and Mainland China. Regular HIV promotion to be done by government. Increase cross department collaboration, e.g. Immigration and Police in HIV prevention.
- 3.6.2. Funding is needed for more reasonable human resources allocation.

- 3.6.3. Inclusion of government departments from Mainland China in promotion activities.
- 3.6.4. Government to allocate more resources to NGOs and CBOs for their work, e.g. provide more VCT service.
- 3.6.5. Set up of red light district in order to make sure workers are healthy. However, alternative view is that it would further stigmatise sex work and seeking sex service.
- 3.6.6. Government to take the lead in publicity about HIV (and related).
- 3.6.7. Government to provide funding to support AIDS work within the region. Besides, the government can facilitate NGO works within the region.
- 3.6.8. Government to formulate anti-stigma strategy to eliminate discrimination against SWC and misconception on HIV.
- 3.6.9. Government to subsidize private practitioners to provide HIV testing and other health check-ups, which can motivate SWC testing behavior.

4. Prioritized recommendations

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

High priorities

- 4.1.** Increase resources from government to NGO programmes and services.
- 4.2.** Testing: increase promotion, increase testing points (including private and public clinics); increase free services; increase clinic opening hours; protect users' privacy and provide user friendly service.
- 4.3.** Strengthen sex education in schools (including safer sex and anti-stigma) and to include it in the curriculum; provide voluntary testing service at schools.
- 4.4.** Cross border collaborations among Macau, Shenzhen and Guangdong. Resources come from Hong Kong for programme implementation. Health service/promotion to "walk of freedom" Mainland China travelers and other cross border travelers.
- 4.5.** More anti-stigma education.

Medium priorities

- 4.6. Use of multi-media for promotion: internet, TV, radio; in-depth education; promote NGO services; use of peer education approach; increase awareness on STI & AIDS.
- 4.7. Promote 100% condom use, including sex with SWC partners and sex workers.
- 4.8. Cross-departments collaboration, e.g. Immigration Department, ACA and Hong Kong Tourism Board.
- 4.9. Law reform: decriminalization of sex work; lower age of consent of sexual behavior.

Lower priorities

- 4.10. Conduct surveillance and research in every 2-3 years.
- 4.11. Set up SWC support group.
- 4.12. Support services to SWC families and partners, including counseling and case work.
- 4.13. Improve access to (good quality) condom, e.g. condom vending machine, sale of single piece of condom (in addition to packs of 3-12 condoms).