Report of Community Assessment and Evaluation of HIV Prevention for Commercial Sex Workers and their Clients in Hong Kong 2006

Working Group on HIV Prevention for
Commercial Sex Workers and their Clients
Community Forum on AIDS
Hong Kong Advisory Council on AIDS

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For correspondence, please contact :
Secretariat for Hong Kong Advisory Council on AIDS
5/F Yaumatei Jockey Club Clinic
145 Battery Street, Yaumatei
Kowloon, Hong Kong
Tel (852) 2304 6100
Fax (852) 2337 0897
E-mail: aca@dh.gov.hk
Website: www.aids.gov.hk

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 HIV Prevention for Commercial Sex Workers and their Clients (January – June 2006)

Convener:

Ms Shara HO (CHOICE)

Members:

Mr Chi Wai CHAN (volunteer, CHOICE)
Ms Eileen CHANG (Jubilee Ministries)
Mr Marco CHAU (AIDS Concern)
Ms Georgiana CHEUNG (SHS)
Mr CHAN Wei Leung (Caritas)
Dr KM HO (SHS)
Prof Joseph LAU (CUHK)
Ms Billy LEE (AFRO)
Ms LEE Mei Ling (CSD)
Ms Vivian LEUNG (HKAF)
Ms WONG Kin Yung (SHS)
Ms WONG Wai Ling (SHS)
Prof William WONG (CUHK)
Ms YUEN How Sin (SRACP)

Secretary:

Dr Krystal LEE (SPP)

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 Prevention 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
Convener
Community Forum on AIDS
Hong Kong Advisory Council on AIDS
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Content

A. Situation Assessment

Population size and pattern of commercial sex workers and their clients in Hong Kong

1. Commercial sex is defined as the exchange of money, goods or service for sexual service. There are female, male and other forms (such as transgender) of sex workers. Clients of sex workers are people who receive sexual service in the exchange of money, goods or service. They could be men or female who receive sexual service from any form of sex workers. The population of female sex workers (FSW) in Hong Kong is by far much larger than other forms of sex workers, and the population of male clients of female sex workers is again much larger than other forms of clients.

Female sex workers

2. There has been a dearth of studies into population size, pattern and STI/HIV prevalence in FSW in Hong Kong. Scientific basis for the figures quoted was always lacking. A local newspaper in 1993 has quoted the population size of 200,000 without description of data source. [1] Published articles in year 2000 and 2002 suggested the FSW population size to range between 20,000 and 100,000.[2,3] A simple rudimentary geographical mapping exercise in physical locations and advertisement in the major internet sites estimated at any one time there was at least 10,000 FSW in Hong Kong in 2004 by one of the NGOs [personal communication].

3. A systematic study of pattern of commercial sex in Hong Kong was conducted in 1995.[4] Its findings were summarized in Box 1 below.

Summary of the 1995 qualitative study in mapping commercial sex in HK

A. Categories of sex workers

Direct sex workers

- Establishments (total 11000)
  - Villa/apartments/brothels, some serve 20-50 clients/day, mostly from Mainland and S.E. Asia
  - Unlicensed massage parlour, (estimated no. in 1995 was 100-150, largest one with 200 FSW)
  - One-woman brothel, mainly local and Thais (estimated no. of FSW 280)
  - Street walkers, mainly local and age >35
  - Escort company

[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

[4] Assessing HIV risk in a population. Final report of the AIDS Scenario and Surveillance Research Project. A joint project of the Department of Microbiology, The University of Hong Kong and Special Preventive Programme, Department of Health, Hong Kong. 2000.

- Call centre

Indirect sex workers
- Karaoke bar/night club, sex workers are younger, few clients, majority local Chinese or new immigrants (est no. of establishments 200-300)
- Licensed massage parlours, local Chinese or new immigrants (est no. of establishments 80 with varied no. of FSW to as many as 200)

B. Characteristics
- Location: majority in west Kowloon
- Origins of sex workers: Local or non-local (China, South East Asian countries)
- Part-time or full-time
- Small proportion inject drug

4. Although no further systematic description of the pattern was available in the last decade, a number of observations to changes in the pattern have been witnessed.

5. Firstly, distribution of places of origin of the FSWs is changing. Some FSWs in Hong Kong are local Hong Kong women and girls, some came from elsewhere, including China, South East Asian countries (these women often work in brothels, one-woman brothels, bars and dancing clubs). Remarkably, almost all published articles pointed out an increase of *women coming from Mainland China* to work as FSWs in Hong Kong, especially after the transfer of sovereignty in 1997 and economic downturn at around the same time. It has also been pointed out that most of the sex workers only stayed for a short period of time (say three months on a double entry permit, and 7 days for those on individuals visit scheme, launched in 2004) fearing of being denied re-entry to Hong Kong in case they overstay. A study of about 90 street sex workers in 2004 revealed that only 10% of the street sex workers were local Hong Kong people, with the majority of the rest from a few provinces in China.[5]

6. Despite changes in policy on Mainland residents visiting Hong Kong, the total figures of arrests of women related to prostitution (illegal immigrants or women on various forms of travel visas) remained similar at 10000 (majority mainlanders) from data from Police and Immigration Department in Hong Kong every year in 2004 and 2005 [personal communication]. This was in contrast to some of the figures published, for example, 3000 migrant sex workers arrested in 2000[6]. Although there is no quantitative data to support, the Group considered that those arrested only constitute a small fraction of the whole sex workers in Hong Kong, and the population of FSWs in Hong Kong is highly mobile.

[5] Wong WCW, Gray Sr A, Ling DG et al. Patterns of health care utilization and health behaviours among street sex workers in Hong Kong. Health Policy. 2005 May 24.

[6] Ho PYS. Some conditions influencing HIV/AIDS prevention and health promotion in Hong Kong. Research for sex work. 2001. 4.

7. Indeed, the same finding was also noted by the frontline workers who reckoned that, among the sex workers they encountered, 90% were from Mainland, and majority of the rest were new immigrants from China. Many of them worked as street sex workers, affiliated with brothels, massage parlours or one-woman brothels. Many of them have to serve a large number of clients to pay for the charges incurred from arrangement to come to Hong Kong. Members pointed out that approximately 20% of sex workers working in brothels came repeatedly while those worked as the street sex workers or working in one-woman brothels tend to come to Hong Kong repeatedly.

8. Available data suggest that about 40% of the inmates in female prisons admitted being as 'sex workers', after being charged with breach of condition of stay or soliciting for immoral purpose [Correctional Services Department & SRACP, personal communication]. It has to be noted, however, that the figure is by no means conclusive but provides a reference for formulating prevention efforts. Limitations include reporting bias from the female inmates, and representativeness of the samples because firstly, a significant proportion of arrests were detained in detention centres for repatriation without admitting to prisons, and secondly, the local sex workers were not often arrested into prison settings.

9. Secondly, it is observed that there is a separate group of sex workers who deserved attention. These are the sex workers working in karaoke night clubs or as part time sex workers who meet their potential clients through internet and venues like discos, bars etc. Many of these are of younger age (37% under 21 years of age[7] some of them under 18 years old) and tend to be locals. Not uncommonly, these sex workers will develop emotional attachment to the clients, thus rendering practice of safer sex more difficult.

10. Thirdly, the Group also noted that the commercial sex industry is *evolving very rapidly* over the past years. For example, the increased availability of internet in the 1990s, loosening of application for entry visas for Mainlanders to Hong Kong (such as the introduction of individual visit scheme in 2004), and the change in landscape in the Mongkok area (the biggest red light district in 80s and 90s) in last few years has made the already complex industry more diversified, underground and dispersed. The use of new technology such as internet and mobile phones are some of the important channels for the FSWs to know their clients, and vice versa.

Clients of female sex workers

[7] Xxx. Prevalence of induced abortion associated factors among Chinese female sex workers in Hong Kong. [unpublished]

11. The proportion of men visiting FSWs can be estimated using multiplier method of surveys of representative sample of men. Various studies have pointed out that about 12% men aged 18-60 reported visited female sex workers in the past 6 months[8]. To calculate the overall population size, the age specific rate was applied to the mid-2004 population structure. Adjustment was made to include the population between 61 and 70 year old with the age specific rate taken from the Men's Health survey.[9] The resulting population of men who have recently (6 months) visited a FSW is approximate to be 320,000.

12. One notable finding is the high proportion of these men visiting the sex workers in Mainland China. 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. Some 30-50% of the men surveyed reported having visited two ore more geographical locations for commercial sex in the previous 6 months[7]. 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[10]. Surveys of cross border travellers coming back from the Mainland showed that about 10% visited female sex workers in this particular journey, and one quarter did so in the last 6 months[11]. This again indicated the high volume of cross border commercial sexual activities.

HIV situation

13. According to the Department of Health (DH) voluntary HIV reporting system, heterosexual transmission accounts for the largest number and percentage of reported HIV infections in the last decade. It accounts for 52% of all reported HIV infections in 2005. Indeed, the number of reported infections increased gradually since the early 90s and reached a peak at around 2002, and then declined slowly afterwards. The male-to-female ratio has been stable at 2:1 in the last decade. Further analysis shows that around 80% of the heterosexually transmitted men are Chinese, with the median age increased significantly from lowest 31 years old in early 90s to 45 years old in 2005. An increasing number and proportions of reports made at the older age range, e.g., in 2005, 18% and 12% of the heterosexual men were above 60 and 65 respectively at the time of report of HIV infection. Though it has to be noted

[8] JTF Lau. Behavioural surveillance surveys of the male clients of female sex workers population in Hong Kong. Report submitted to Council for the AIDS Trust Fund. 2004.
[9] Men's Health Survey. Family Planning Association. 2001. www.famplan.org.hk
[10] JTF Lau. Behavioural surveillance for male clients of female sex workers working in villa (brothels). Report submitted to Hong Kong Council for the AIDS Trust Fund. 2004.
[11] JTF Lau. Behavioural surveillance surveys of the Hong Kong –mainland China cross-border sex networker population in Hong Kong from 2003 to 2005. Report submitted to the Council for the AIDS Trust Fund. 2004.

that the time of infection is unknown and that HIV infection reported at an older age may represent infection in the past or infection occurred at an older age. Data from the DH HIV clinic shows that about 40% of them suspected to have contracted in Hong Kong, and another 40% from China; about 60% through commercial sex and 20% through non regular, non-commercial sexual contacts.

14. In contrast, as much as 40% of the heterosexually reported female were of Asian non-Chinese ethnicity, with a median age rose from 29 years old in late 90s to 34 years old in 2005. Among the attendees at DH HIV clinic, 70% of the heterosexual women (40% Asians) reported suspected source of infection were regular sex partners/spouse and 65% occurred in Hong Kong. [Figures 1-3]

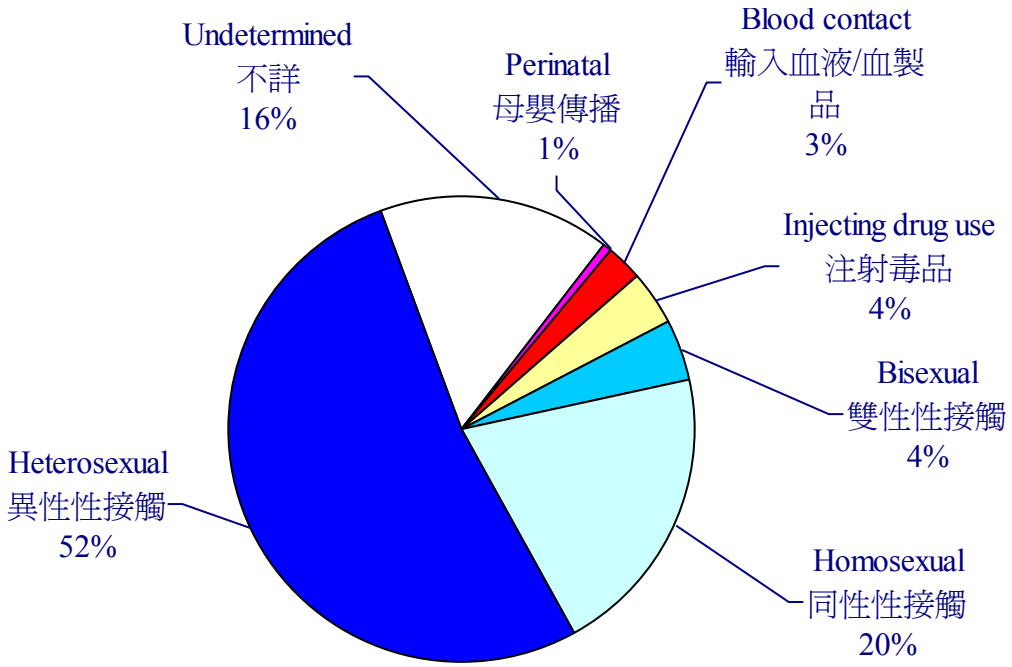

Figure 1. Risk distribution of HIV reports (1984-2005)

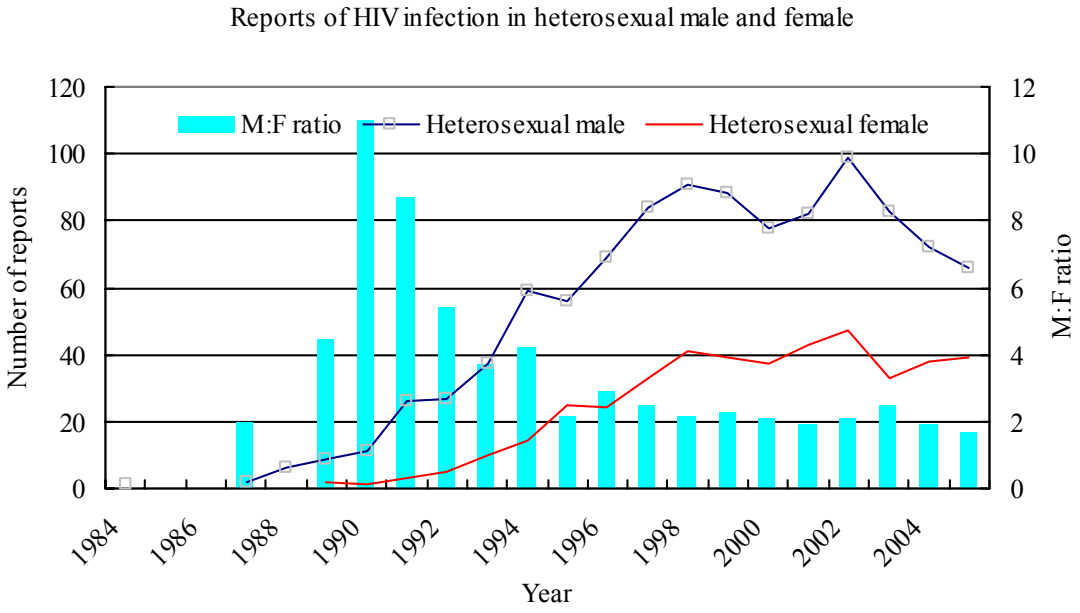

Figure 2. Heterosexually transmitted cases in male and female. Ratio stable at 2 over the years. Consistent drop in reports in heterosexual men in past few years

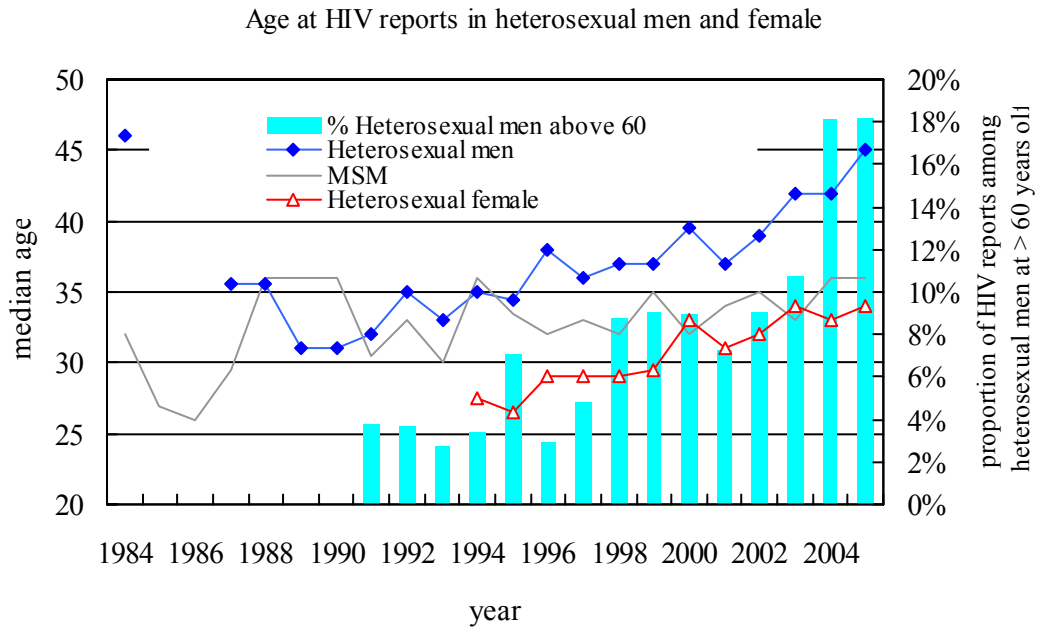

Figure 3. Median age at HIV reporting and proportion of heterosexual men with HIV report at above 60 year old. Rising median age for both heterosexual men and female, sharp contrast to infections in MSM. Rising trend is also observed in proportion of HIV report among heterosexual men made at an older age. In last two years, almost 20% of the heterosexual men with HIV infection were reported at an age above 60.

15. There has been no systematic HIV prevalence study of HIV among female

sex workers in Hong Kong. An in-house report of an NGO providing HIV testing to about 600 female sex workers (both local and from Mainland) in one particular area in Hong Kong in 2004. None of the test was positive. The interpretation of this result is difficult without knowing the pattern of sex workers in Hong Kong.

16. The seropositive rate from specimens sent from social hygiene clinics (SHS) have been used as the reference for HIV seroprevalence among sex workers clients in Hong Kong. The data from behavioural surveillance at the clinics in fact indicate that >95% of them were heterosexual men, and 70% visited female sex workers in last 3 months. Despite a small proportion of them may be homosexual men or female cases either are partners of the patients or commercial sex workers these, the seroprevalence rates obtained over the past two decades have been consistently low at 0.1%.

STI situation

17. Ulcerative sexually transmitted infections (STI) including syphilis and herpes are known to increase the risk for HIV transmission, while other STIs also share the same route of transmission of HIV. In Hong Kong, there have been very few studies to examine or track the trend of STI situation in sex workers and clients.

18. The government STI clinic, SHS, diagnosed more than 2300 episodes of STIs among female sex workers in the year 2004. Studies of sex workers coming from China and worked in brothels had 30% of self reported STI in last 6 months, while local sex workers had a self reported STI of 14% in last 6 weeks[12,13]. Only one biological study has been performed on prevalence of Chlamydia in sex workers and sex workers clients but the results were suggested to be invalid by the researchers[14].

19. Studies on STI situation in clients of CSW are also limited and could not truly reflect the prevalence or trend of STI. In the past two years, 10,000 to 12,000 episodes of STIs in men were diagnoses every year in SHS. Population based telephone survey and survey of clients in brothels showed a self reported STI prevalence of 4-6%. [8,9]

Behavioural risk of commercial sex

20. One of the most important factors that determine the behavioural risk of

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

[13] JTF Lau, Ho PYS, Wang X et al. A baseline study of HIV biological and behavioural surveillance for Chinese female sex workers in Hong Kong. [unpublished]

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

heterosexual sex would be frequency of condom use at commercial sex setting. Data on condom use for clients in Hong Kong is available to observe the trend. Remarkably, all studies demonstrate a consistently high level of condom use in commercial sex in Hong Kong. Telephone survey of clients of local FSWs showed 80% of them had always used a condom for commercial sex in Hong Kong[8]. Condom use among clients of social hygiene clinics were lower than those sampled in the 'general population'. This group of subjects was only a selected subset of the clients of female sex workers, who must have a higher level of at risk behaviour (consistent condom use less than 60%) leading to symptoms of STI and hence attendance at the clinics [SPP, DH].

21. The level from other studies of relatively small and accessible samples of FSW was extremely similar [7,9,12,15,16]. Although it is possible that this could overestimate the actual scenario because condom use may be lower in those who did not receive service by NGO and thus not sampled in the few small studies, notwithstanding that admitting inconsistent condom use would be socially undesirable. On the other hand, the frequency of condom use among local men visiting female sex workers in China was consistently lower at around 65% [10].

22. Data on number of clients per sex workers and frequency of clients visiting sex workers is by no means inadequate or useful to inform us on the actual situation. A series of population based study conducted in 1998- 2001 showed that about 20-30% of these clients had more than 3 female sex partners in the past 6 months [8]. Among the male patients attending SHS, about one third and one half admitted having one sex partners and two to five sex partners in the last 3 months respectively.[SPP, DH]

23. For female sex workers, data of highly selected sex workers attending the social hygiene clinics showed that about 70% had 1-2 clients every day. [SPP, DH] However, it has to be interpreted with high index of cautious as these few sex workers are highly selected and by no way can be representative of any subset or overall picture of sex work in Hong Kong. The Group is of the view that number of clients for individual FSW is highly diversified in Hong Kong, for example, it is not uncommon to observe that some FSW do serve more than 10 clients a day.

24. The following are suggested by the members to be the important factors affecting the condom use level during a commercial sex transaction:

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[15] Ziteng. Survey and Recommendation on sex workers situation and needs in Hong Kong. February 2000

[16] 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.

(1) Female sex workers related
- use of psychotropic substances and alcohol (about 10% of CSW attending SHS admitted use of illicit drug use [SPP, DH], 40% of CSW in karaoke/internet bars reported use of psychoactive drugs in last 6 months [7]),
- emotional instability,
- poor bargaining power (less physically attractive or older, more in need of money)
- emotional attachment/ relationship with clients,

(2) clients related
- clients of older age who found condom use decreases enjoyment and do not worry about getting HIV at an old age
- use of psychotropic substances and alcohol (about 3% male clients of SHS admitted use of illicit drug use [SPP, DH]), particularly in those visiting FSW across the border

(3) environment related
- condoms being not readily available or accessible to FSW or their clients in China,
- possession of condoms may be used as an evidence of prostitution by police

Summary

25. In summary, available data indicated that the Hong Kong HIV situation in commercial sex workers and their clients is of low prevalence according to WHO classification. Indeed, the picture described above is far from complete. The following are the key factors that may contribute to the sustained or increasing incidence of HIV infection or its risk among female sex workers and their clients:

Related to clients of FSW

(1) Large number and diversified pattern (wide age range, psychotropic substance abuse, difficult to be engaged) of men who visited FSW

(2) Significant proportion of infections believed to have acquired in Mainland China, with lower level of condom use among clients when visiting sex workers across the border

(3) The older age clients of FSW who generally have inconsistent use of condoms with sex workers and are at risk for infections or often present late when infected

Related to FSW

(4) Impact of very high mobility of FSW in Hong Kong

(5) Gaps in knowledge on population size, pattern and HIV risk of female sex workers in Hong Kong

Common issues for concern

(6) Rapidly evolving pattern of commercial sex in the territory, such as the use of telecommunication (very common use of internet) as means to find potential clients/FSW

(7) Dual risks of use of psychotropic substance and practice of unsafe sex

(8) Gaps in surveillance for HIV/STI situation in female sex workers and clients

B. Current response and estimated coverage

26. Both the government and non governmental organizations (NGOs) play important role in HIV prevention activities for the female sex workers and their clients. Currently, there are seven NGOs[17], involving about 10 full time workers who are actively involving in HIV prevention activities for FSW and their clients in Hong Kong. Summary of the current response are summarized in Box 1[18].

Box 1. Summary of current response in HIV prevention activities for female sex workers and their clients

(1) Outreach to FSW and their clients
(2) Educational workshops at sex establishments, female prisons
(3) HIV Voluntary and counselling testing service targeting FSW and their clients
(4) Internet news/discussion group at 'commercial sex websites'
(5) Integrated drop in centre for FSW
(6) Public HIV and STI clinics
(7) Publicity campaign – targeted establishments

27. Both the government social hygiene clinics (for sex workers only) and a number of NGOs conduct outreach to promote safer sex targeting both sex workers and their clients. Outreach teams go to the places (streets, establishments, bus or train stations and truck drivers gathering places at the border) frequented by sex workers and their clients all around Hong Kong. At least 5 NGOs have outreach team to this population. It is roughly estimated that about 4000 person times have been made in each year with the sex workers, 30000 person times with clients of sex workers and a hundred or so pimps through outreach. More 200,000 condoms/ educational materials were distributed every year. Detailed education on safer sex, HIV and STI will be given during outreach. SHS Anti-VD Office, have paid about 700 health visits to FSW in the year 2004. It is difficult to estimate the number of individuals reached by the service, though one NGO serving a few thousand sex workers estimated that each sex workers had 4 contacts each year, while another NGO serving about 100 sex workers each year.

28. At least four NGOs are conducting educational workshops at sex establishments and prisons for female sex workers. It is estimated that about 400 sessions reaching about 1500 sex workers in have been conducted past 2 years in sex

[17] Action for REACH OUT, AIDS Concern, Caritas, CHOICE, Hong Kong AIDS Foundation, Society for the Rehabilitation and Crime Prevention & Ziteng.
[18] Statistics collated in this report is from the agencies who have participated in the working group. It is known that one NGO, Ziteng, has also been conducting services to female sex workers in Hong Kong, however its service/statistics are not included in this assessment.

establishments. One NGO has started conducting education workshops in prison in late 2005, reaching about 2400 female prisoners in 5 month period (est. 40% arrested or convicted with offence relating to prostitution, personal communication).

29. Two NGOs are currently providing HIV rapid tests targeting for female sex workers and their clients. The service is provided in areas frequented by sex workers and their clients. A total of 800 tests were performed for FSW (200) and clients of FSW (600) over the past 3 years (and no positive test so far). There is also one NGO running rapid test at the border for truck drivers (about 200 tests performed as part of a study in 2005, no positive test so far). Members considered that on-site HIV testing are important contact points for preventive education and increased accessibility of preventive services.

30. At least three NGOs are running internet news/discussion groups at popular websites for commercial sex.

31. One NGO is running an integrated drop – in centre for FSWs. There were about 2000 visits every year, with new visitors ranged from 50-200 each year. They also provides medical consultation by a doctor to 100 female sex workers in last 2 years, nonetheless no HIV testing or STI testing or treatment is provided. Legal advice is also available at the drop-in centre.

32. One NGO has implemented a publicity campaign targeting sex establishments and the clients. In last 2 years, 210 clients of FSW and 40 establishments have participated in the campaign.

33. SHS provide free medical consultation and treatment to local residents. About 12,000 -14,000 diagnoses were made each year in last few years (about 20% in female), and each year about 2000 female sex workers received service in social hygiene clinics, 40% of them were new attendees. Specialized HIV management is provided at the two public HIV clinics.

C. Barriers and gaps for effective HIV prevention related to commercial sex in Hong Kong

Box 2. Summary of barriers/gaps for effective HIV prevention related to commercial sex

BARRIERS

(1) Frequent police raids and the act of *possessing condoms as part of the evidence for arresting or prosecution* soliciting immoral purpose as barrier for HIV prevention for commercial sex workers

(2) Pitfalls of the *funding mechanism* by the major funding source, the Council for AIDS Trust Fund hamper the development of a comprehensive HIV prevention programme

(3) *Stigmatisation* of FSW and their clients

SERVICE GAPS

Related to FSW

(1) Service for treatment of sexually transmitted infections for FSW on travel visa

Related to clients of FSW

(2) HIV prevention activities targeting HIV men visiting FSW in China

(3) HIV prevention activities meeting the needs of the older clients of FSW

Related to changing pattern of commercial sex

(4) HIV prevention activities meeting the rapidly changing scenes of commercial sex such as the use of internet and other telecommunication means

(5) Prevention efforts tackling the use of psychotropic substance and practice of unsafe sex

(6) Promotion of STI prevention and care services

(7) Appropriate sex education in school and for early school drop outs

KNOWLEDGE GAPS

(1) Pattern and behavioural risks associated with commercial sex workers

(2) HIV/STI pattern and trend among FSW and their clients

34. Members noticed that frequent police raids discourage sex workers from possessing condoms. Communication with Immigration Department further clarifies that the act of possession of lubricant and condoms does provide part of the relevant evidence to the offence (of soliciting for an immoral purpose and/or breach of condition of stay). Indeed, many of the female sex workers were reluctant to accept free condoms given by the outreach workers in fear of being arrested by police. As

consistent and appropriate condom use is one of the most effective ways for HIV prevention, the Group suggests that the act of possession of lubricant and condoms as part of the relevant evidence to the offence is a critical barrier for effective HIV prevention among female sex workers. [Barrier 1]

35. Members noticed that there are a number of issues relating to the major funding agency for AIDS prevention activities in Hong Kong, the AIDS Trust Fund (ATF) that hamper the development of effective HIV prevention programme. (i) the principles for approving the applications have not been defined and presented clearly and has left some applicants confused about the level of support given by the major funding source e.g., funding for STI projects. (ii) The three-year programme fund rule impedes the sustainability and flexibility of prevention activities. It is very difficult, under the existing funding mechanism, to scale up the prevention activities or to implement initiatives to meet the ever changing environment particular to the commercial sex industry. (iii) There are also limited funding source apart from ATF, e.g., the government Health Promotion Fund explicitly rejects HIV-related health promotion activities. [Barrier 2]

36. Stigmatisation relating being sex workers or their clients is a barrier to enhancing HIV/STI prevention and care including access to appropriate service. The issue has to be addressed in enhancing HIV prevention work for these vulnerable groups. It is noted by the members that more countries are adopting decriminalization/ legalization of sex work with the possible benefit of improving access to health service. This particular issue should also be addressed locally. [Barrier 3]

37. Since the revision of charges and fees of SHS in April 2003, services for treatment of STI for individuals on travel visa has been largely inaccessible. The charges by both the public and private medical sectors would be unaffordable to the FSWs, a significant proportion of which are on travel visa. It is clear that some STI increase risks for HIV transmission. The current situation should be reviewed or new model of service delivery considered. [Service Gap 1]

38. The population of clients of FSW is diversified, huge and difficult to engage. The current response needs to be expanded to reach a wide coverage. Studies have shown that about half of those clients who have visited sex workers in the last 6 months did so in Mainland China and condom use is less frequent. HIV prevention activity is considered inadequate in those districts in China frequented by Hong Kong men. Collaboration with mainland organizations is inadequate and there has been minimal resource support from local source (ATF) on HIV prevention projects in China. [Service Gap 2]

39. There are an increasing proportion of older age group who are HIV infected and are reported to have acquired the infection heterosexually. Although the time of infection could not be determined, members are also of the view that older men are less likely to use condoms as they perceive condom use decrease the sexual pleasure and health risk of HIV is not severe. [Service Gap 3]

40. Moreover, the commercial sex industry is rapidly evolving. The preventive initiatives should be meeting the changing needs of the clients and sex workers. For example, HIV prevention in internet and those targeting the dual risks of psychotropic substance use and practice of unsafe sex is needed. [Service Gaps 4 & 5]

41. The promotion of STI prevention and care services to the clients, sex workers (especially the new immigrants/those on travel visas) and population at risks (e.g., at risk youths) has been inadequate. Members reckoned that some of the clients they have reached were not aware of the services provided by SHS, and services provided by the government could not meet the changing demand of the clients (e.g. rapid HIV test at government clinical services). [Service Gap 6]

42. Members noted that some adolescent boys may attempt visiting FSW at a very young age less than 15 and they had inadequate knowledge on HIV risks and condom use. There are also some of the FSW who are under the age of 18. The Group reckoned that appropriate sex education should be regularized in school and accessible for early drop outs, and the appropriate use of condoms should be included as a standard item of which. [Service Gap 7]

43. There has been incomplete knowledge on pattern, related behavioural risks and HIV/STI surveillance mechanism for monitoring associated with commercial sex workers, thus making assessment of overall HIV risk and effective planning of HIV prevention activities difficult. [Knowledge Gaps 1 &2]

D. Proposed recommendations to enhance HIV prevention related to commercial sex workers and clients

44. Internationally, three main goals are to be achieved for effective HIV prevention among sex workers. Theses are *(i) safer sex with increased condom use, (ii) reduced STI burden, and (iii) increased sex worker involvement and control over working and social condition.* There is a dearth of guidance on HIV prevention targeting clients of sex workers, however. Based on the above identified gaps and barriers, the following recommendations are put forward to deal with each of them. Some of them are directly related to the three goals listed below, while others are locally relevant issues that have indirect effects on the implementation of preventive activities, or clients of sex workers specifically.

Box 3. Recommendations to enhance HIV prevention related to commercial sex workers and clients in Hong Kong

Recommendation 1: to foster an enabling and supportive environment for effective HIV preventive activities:

1.1 enhance communication with law enforcement agencies to minimize its negative impact on condom use for HIV prevention among commercial sex workers and their clients for *Barrier 1, goals 1 & 3*

1.2 to enhance communication with members involved in ATF for *Barrier 2*

1.3 to discuss on decriminalisation/legalisation of sex work and to orchestrate a coherent policy in condom use, access to treatment and reduction of stigma For *Barrier 3, goal 2*

Recommendation 2: to explore actively and adequately options to improve accessibility of STI service to commercial sex workers, including training of STI treatment for private doctors for *Service Gap 1, goal 2*

Recommendation 3: to expand coverage of HIV prevention programme and focus on the subpopulations of clients of sex workers at higher risk for HIV infections for *Service Gaps 2 & 3, targeting clients*

3.1 to enhance regional effort in HIV prevention in relation to commercial sex for *Service Gap 2, goal 1*

3.2 to implement regular promotion of safer sex and HIV test through mass media, *goal 1*

Recommendation 4: to keep HIV preventive activities up-to-date, meeting the changing needs of the population, such as the use of internet as a means for HIV prevention and

tackling the problem of psychotropic substance use and practice of unsafe sex for *Service Gaps 4 & 5, goals 1& 2*

Recommendation 5: to enhance and regularize appropriate sex education in schools and for early school drop outs for *Service Gap 7, goals 1 & 3*

Recommendation 6: to enhance biological and behavioral research and surveillance on commercial sex industry in non-medical settings (male and female sex workers, clients) for *Knowledge Gaps 1 & 2,*

Recommendation 7: to include a monitoring and evaluation mechanism for HIV preventive programmes

45. The Group is of the view that a supportive and enabling environment is instrumental to effective HIV prevention in the community. It is suggested that it is indispensable to network with various agencies to facilitate HIV prevention among commercial sex workers and their clients. These agencies would include the police with which communication is necessary to address the issue of the negative impact of using condoms as evidence for arrest or prosecution. Communication is also needed with members of the ATF, who should be regularly kept informed about the situation in the field so that the funding is allocated to where it is needed (such as across the border). It is suggested the communication should remained open between the workers in the field and the funding body through an established channel. [Recommendation 1]

46. It is crucial to adequately explore innovative options to improve accessibility of STI treatment for sex workers who are ineligible for free STI service by the government. Possibilities include collaborative projects between NGOs and government or revision of current regulations of fees and charges at Social Hygiene Clinics. The community network proposed to set up provides a platform for the concerned individuals or agencies to further work on this. [Recommendation 2]

47. Coverage of HIV prevention efforts for clients of sex workers need to be scaled up, modified to the changing situation and targeting to the subpopulations at higher risk for HIV infection. Suggestions on this aspect include:

i. To establish and explore new contact points such as

1.through occupation (such as gas station for truck drivers)

2.health education drop in centres in districts frequented by clients for sex workers

3.accessible VCT services at places frequented by the clients of the sex

workers

ii. To keep HIV prevention programmes up-to-date and designed to meet the changing pattern of commercial sex in general. For example, efforts of HIV prevention through internet should be explored since internet has become a very common means for clients to find sex workers. [Recommendation 4]

iii. To enhance regional effort in HIV prevention in relation to commercial sex, including consideration of funding HIV prevention projects outside Hong Kong targeting Hong Kong people with high HIV risk and collaboration with overseas/Mainland AIDS organizations. [Recommendation 3]

iv. To promote safer sex and HIV test through mass media to reach the majority of the population. [Recommendation 3]

48. It is recommended appropriate sex education in school and for early school drop outs is indispensable for effective HIV prevention, knowing that a proportion of youths start to explore high risk sexual activities (e.g., visiting FSW, as part time FSW) at a younger age (below 18). [Recommendation 5]

49. Identified knowledge gap in situation and HIV risk in sex industry involving both female and male sex workers and their clients should be filled for planning comprehensive and effect tive HIV prevention programme. [Recommendation 6]

Abbreviations

AFRO	Action for Reach Out
ATF	AIDS Trust Fund
CHOICE	Community Health Organization for Intervention, Care and Empowerment
CSD	Correctional Services Department, HKSAR Government
CSW	Commercial sex workers
CSWC	Commercial sex workers' clients
CUHK	Chinese University of Hong Kong
DH	Department of Health, HKSAR Government
FSW	Female sex workers
NGO	Non-governmental Organizations
SHS	Social Hygiene Service, Centre for Health Protection, HKSAR Government
SPP	Special Preventive Programme, Centre for Health Protection, HKSAR Government
SRACP	The Society of Rehabilitation and Crime Prevention
STI	Sexually transmitted infections