

WOMEN'S COMMISSION

Women and HIV/AIDS

Introduction

1.1 Hong Kong Advisory Council on AIDS (ACA) is currently preparing for the next round of Recommended Strategies for Hong Kong in 2007-2011 and conducts a community assessment and evaluation exercise in the following community groups: Men having sex with men (MSM), sex workers and clients, women and children, injecting drug users (IDU), people living with HIV, youth and cross-border travellers. Each working group submits a draft report for discussion in the Community Forum on AIDS and ACA. Views collected by the relevant working groups are set out in paragraphs 7 - 9 in this paper for Members information.

1.2 The findings in the community assessment and evaluation exercise, estimation and projection of HIV/AIDS in Hong Kong, opinion questionnaire survey on AIDS programme and AIDS strategies 2002-2006, examination of work and deliberations of ACA and its committees, analysis on local, Mainland and international development will contribute towards the draft strategy document.

1.3 In February 2006, ACA approached Women's Commission to join a working group on HIV/AIDS in women and children. After discussion between the two Secretariats, Women's Commission invited ACA to provide an update on the progress made in preventing HIV/AIDS and on the draft report of the working group on the strategy in prevention of HIV/AIDS among women in the May meeting.

Background information

2.1 Human Immunodeficiency Virus (HIV) is broadly divided into HIV-1 and HIV-2 and HIV-1 is responsible for the global AIDS epidemic. HIV can be transmitted from person to person through sexual contact; the sharing of HIV contaminated needles and works; the transfusion of infected blood or its components, the transplantation of HIV-infected tissues or organs; the transmission to child from HIV-infected mother.

2.2 As at the end of December 2005, 40.3 million people are living with HIV/AIDS worldwide. In Asia, there were 8.3 million people living with the virus. The number of new HIV infections and deaths in 2005 worldwide was 4.9 million people and 3.1 million people respectively¹.

2.3 In China, it was estimated that 650 000 persons were living with HIV from the recent estimates as at end of 2005. Among these 650 000 HIV-infected persons, there were 75 000 people living with AIDS. In 2005, there was an estimated 70 000 new HIV infections and 25 000 AIDS deaths². The latest national estimates indicate that HIV/AIDS remains on the rise in China. New HIV cases are transmitted primarily through injecting drug use and sex. More people are developing clinical AIDS and AIDS-related deaths are on the rise.

2.4 Since the first HIV case was diagnosed in Hong Kong in 1984, the Department of Health received voluntary case reporting of HIV cases from physicians and laboratories. In Hong Kong, there were a record annual number of 313 reported HIV infections in 2005. During the same period, 64 AIDS cases were also reported. As at the end of 2005, the accumulated total number of HIV and AIDS cases stood at 2825 and 782 respectively³. Sexual transmission has always been the single most important route of HIV spread in Hong Kong. Almost all infected women are the result of heterosexual infections. The male-to-female ratio remained stable at around 3:1 in the last decade. As at end of 2005, only 4% of the accumulated HIV cases are from injecting drug users. Lately, there is an upsurge in the number of HIV infections among men having sex with men in Hong Kong. Overall, the HIV prevalence has remained low at less than 0.1% in the adult population.

Global HIV Situation in Women and Children

3.1 Globally there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV. Since 1985, the percentage of women among adults living with HIV has risen from 35 per cent to 48 per cent. Of particular concern are the dramatic increases in HIV infection among young women, who now make up over 60 per cent of 15- to 24-year-olds living with HIV. Globally, young women are 1.6 times more likely to be living with HIV than young men⁴.

3.2 In both Western Europe and North America, the percentage of women among adults living with HIV is rising. There is mounting evidence that prevention activities in several high-income countries are not keeping pace with the changes occurring in the spread of HIV. Such shortcomings are most evident where HIV is lodged among marginalized sections of populations, including minorities, immigrants and refugees. The rates of HIV infection among women and girls are a cause for deep concern, but when combined with the workload that women take on as well—in caring for AIDS patients, AIDS orphans and their own families—the situation becomes untenable, as it already is in Southern Africa. Similar conditions are developing quickly in the Caribbean, and possibly in Eastern Europe and parts of Asia due to rapidly rising rates in those regions.

3.3 Children are susceptible to HIV not only from mother-to-child transmission, but also from unsafe blood transfusions and unsafe injections. Although HIV is spreading among the young, a larger number of children are left with the prospect of becoming orphans as AIDS progresses among adults. An estimated 1700 children under the age of 15 are infected by HIV around the globe every day⁵. Many of these are young children infected at birth by mothers who are unaware of their HIV status. The number continues to rise as women are infected by partners who adopt high risk behaviours such as injecting drugs, buying sex, and have multiple sex partners.

3.4 Women attending antenatal clinics generally do not have a high risk to HIV infection when compared with vulnerable communities who are regularly exposed the risks of unsafe sex and needle sharing practices. The HIV prevalence of women attending antenatal clinics and the HIV prevalence in vulnerable communities are used jointly as markers to grade the HIV

epidemic in a region.

3.5 Mother-to-child transmission is an important route of HIV transmission worldwide. Approximately, two-thirds of HIV transmissions from mothers to newborns occur during pregnancy, labour or delivery, with the remainder occurring as a consequence of breast feeding.

Local HIV Situation in Women and Children

4.1 At the beginning of the HIV epidemic in the 80s, it is primarily an infectious disease affecting males. There has been a growing trend on the number of HIV-infected women in Hong Kong. From 2001-2004, the proportion of HIV-infected women in a calendar year was recorded as 25.8%, 22.7%, 19.2% and 23.5% respectively⁶. Within the same reporting period, there were 36 cases of HIV-infected children (less than 13 years-old) and 10 AIDS children cases. Out of the 36 reported HIV cases in children, 17 of whom were reported to have contracted the virus from their HIV-infected mothers.

4.2. Up to 31 December 2005, among the total number of 2825 HIV cases reports, there were 552 HIV reports in women. The number of HIV positive cases from heterosexual transmission, injecting drug use, blood transfusion and perinatal transmission was 435 (78.8%), 7 (1.3%), 4 (0.7%) and 4 (0.7%) respectively⁷. The remaining 102 cases (18.5%) were from unknown mode of transmission.

4.3. In Hong Kong, the age structure and ethnicity for the reported HIV cases in women (up until 31 December 2005) is shown in the table below:

Age	Number (percent)
0-9	5 (0.9%)
10-19	12 (2.2%)
20-29	221 (39.5%)
30-39	188 (34.1%)
40-49	69 (12.5%)
50-59	24 (4.4%)
60-69	13 (2.4%)
70 plus	2 (0.4%)

Unknown	18 (3.5%)
Total	552 (100%)

The ethnicity of women in reported HIV cases is as follows:

Ethnicity	Number (percent)
Chinese	241 (43.7%)
Asian	232 (42%)
Others (e.g. white, black)	19 (3.4%)
Unknown- Non Chinese	60 (10.9%)
Total	552 (100%)

Universal HIV Antenatal Testing Programme in Hong Kong

5.1 In Hong Kong, there were between 3000-5000 samples tested annually for HIV from women attending maternity clinics from 1991 to 2000. It was found that the annual HIV prevalence was no higher than 0.03% during that period. Since the launch of the universal HIV antenatal testing in Sept 2001, there were 136 052 women eligible women for HIV testing in public hospitals through December 2004. Out of whom, 132 333 women received the HIV test, which represents an opt-out rate of 2.7%.

5.2. During this period, a total of 28 HIV positive pregnancies were identified; 3 cases were known before pregnancy, 24 cases were known before 23 weeks of gestation and 1 case was known after delivery⁸. Of these 28 HIV pregnancies, 10 women underwent termination of pregnancy, 3 women were lost to follow-up, 14 women were delivered by Caesarean Section and 1 woman presented late with her HIV status diagnosed only after her vaginal delivery. At the time of writing this report, there was one baby diagnosed so far with HIV infection; 9 babies were confirmed HIV negative; 4 babies had at least one Polymerase Chain Reaction test negative and one baby was lost to follow-up out of the 15 deliveries known to the system.

5.3 For HIV-infected mothers, breast feeding is recommended against as formula milk is easily accessible in Hong Kong as a replacement. Breastfeeding by an HIV-infected mother carries a 16% excess risk of HIV

infection for the infant. HIV-infected children require high-energy, high protein, nutrition-dense diets. In 2001, ACA's Scientific Committee on AIDS recommended that all infants and children diagnosed of HIV infection should receive a baseline nutrition assessment within 3 months of diagnosis with follow-up once every 1-6 months depending on the child's status.

Current response in HIV Prevention in women and children in Hong Kong

6.1 From a public health perspective, the universal HIV antenatal testing programme was largely effective, as reflected from its broad coverage, identification of HIV pregnancies which would otherwise been missed if screening programme were not in place, high percentage of infected women and newborns receiving preventive intervention, and low perinatal transmission rate.

6.2. The Department of Health organized a series of activities targeting HIV prevention in women in the form of TV API, exhibition boards, health educational materials such as posters and souvenirs, safer sex workshops and seminars, and workshops for healthcare personnel on MTCT programmes etc. NGOs such as Hong Kong AIDS Foundation, St. John's Cathedral HIV Education Centre, Hong Kong Federation of Women Centres, Boys and Girls Club Association and Caritas Hong Kong organized HIV awareness programmes targeting women in different age groups. AIDS Concern and St. John's Cathedral HIV Education Centre organized HIV preventive programmes for female migrant workers. In addition, Christian Action and Asia Pacific Mission for Migrants are also involved with HIV health promotion activities to ethnic groups such as Phillippinos, Thais, Nepalese and Indonesians etc. F-Union carried out safer sex workshops targeting women having sex with women (WSW). The Family Planning Association of Hong Kong also provided comprehensive sexual health services to women of all ages and referrals were made to Social Hygiene Clinics for follow-up.

Community assessment and evaluation exercise

7.1 The working group decided to use a questionnaire to seek feedbacks and comments from service providers and service users of HIV prevention activities in Women and Children. The questionnaire was made available in Chinese and English and translated to additional South East Asian

languages (such as Indonesian and Nepalese) to facilitate the gathering of views from all national groups. The views of ethnic minorities were included in this exercise as members in the working group provided volunteers and translators. The questionnaires were distributed via members in the working group. The Community Needs Assessment Questionnaire identified the strengths, gaps, and barriers on the existing provision of services. There was also an opportunity for service providers and service users to evaluate the existing HIV prevention services in women.

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7.3 There was a consensus from both the service providers and service users that they were satisfied with existing universal antenatal HIV Testing programme. However, there were some respondents who supported the provision of HIV testing as part of routine medical services such as pre-marital counseling and routine health checks. The service providers and users were both dissatisfied with the existing mechanism of funding for HIV prevention activities in women and children. In addition, the service providers were also dissatisfied with the existing level of support in HIV research. The service users were also unfamiliar with key components in the existing HIV prevention programme including HIV testing and counseling service, HIV research and capacity building programmes at Red Ribbon Centre.

7.4 Both service users and service providers agreed that language, culture and stigmatization being significant barrier issues working against effective HIV prevention. The service users held mixed views on the existing HIV promotional and educational activities. The service providers were satisfied with the existing mass media and publicity programmes to enhance HIV awareness, but felt that more should be done on promotion of existing HIV services and sex education in school. A significant number of service users opined that there was poor access to HIV prevention for ethnic minority and migrants. The service providers also supported the idea of launching a new TV API promoting HIV awareness in women.

Recommendations from Working Group on Women and children

8.1 The Working group draws up the following recommendations on HIV Prevention in Women and Children based on the current HIV situation and programme, the progress made with previous strategy documents on this subject and findings in the community needs assessment and evaluation exercise.

Goal: To maintain low prevalence of HIV infection in women and children

Objectives:

1. To prevent the spread of HIV infection in women and children in Hong Kong
2. To reduce the number of mother-to-child transmission of HIV infections
3. To increase HIV awareness and empower women to adopt safer sex practices

Guiding Principles

1. Gender Equity – To provide equal opportunities in all aspects of life including employment, social status, legal rights and address their rights to economic independence, health and education
2. Gender Empowerment – To encourage women to increase knowledge and ability to promote HIV awareness and sex education, expand access to health services and increase women's ability to demand for safer sex in sexual relations.
3. Gender and Culture Sensitivity – To be sensitive to the diverse needs of women from different culture, life phases (school age students, teenagers, young women, middle-aged women and elderly) and sexual orientation. Training of health professionals and social workers to be gender sensitive when dealing with cases of sexual violence, STI or HIV. In addition, ethnic groups, migrant speakers and foreign nationals must be provided with appropriate translation of policy documents and health promotional materials in their own languages.
4. Political commitment– The involvement of political leaders, policy decision makers and women organizations will be crucial to the success of HIV prevention programmes.

5. Collaboration and Partnership - Multi-sectoral involvement including Government, NGOs, professional bodies, community organizations, women organizations and educational institutions to research, develop, implement and evaluate evidence-based HIV prevention programmes.
6. Evidence-based activities – Based the prevention programme on the best science available.
7. Funding support - Increase the funding support to AIDS service providers who successfully provide demonstrably effective HIV prevention programmes.
8. Accessibility and Coverage– HIV prevention programme in women and children will be most effective if it reaches a substantial number of women and children in Hong Kong. The Universal HIV Testing programme in pregnant women and HIV Testing and Counseling Hotline should be actively promoted to improve access and coverage.

Proposed Strategies

A. Increase HIV awareness and Sex Education

8.2 There was a general consensus on the importance of increasing HIV awareness and the early delivery of sex education in schools. This will empower young women to negotiate for safer sex. and take actions to protect themselves from STI and HIV. Although there is competing interest from other subjects in the school curriculum, it is recommended to approach Parent Teacher Associations, secondary schools and universities to place sex education as a higher priority. Other possible avenues for promoting sex education include waiting areas of healthcare facilities such as maternal and child healthcare centres, HA Clinics and Social Hygiene Clinics etc. It is also recommended to approach International Social Service, migrant workers' associations, Immigration Department to enhance HIV awareness and sex education among migrant workers and new immigrants. Although female-to-female transmission of HIV apparently is rare, female sexual contact should be considered a possible means of transmission among WSW.

B. Publicize safer sex messages in women and children

8.3 There were regular media and publicity campaigns targeting women to adopt safer sex. It is recommended that the Safer Sex publicity

campaigns should empower women in negotiating for safer sex. Mass media in the form TV and Radio API is the most effective means to reach the target audience. The promotion can be supplemented in newspapers, magazines, exhibitions in schools and public venues such as housing estates and shopping malls, women organizations and groups.

C. Improve condom accessibility

8.4 Women should be offered advice on reproductive health and HIV awareness at primary care level. Male latex condoms should be readily available in health facilities such as Maternal and Child Health Centre, medical clinics and The Family Planning Association of Hong Kong etc. In addition to existing provision of condoms in supermarkets, convenience stores and pharmacies, other public venues such as public toilets, shopping malls and bars should be explored. Apart from male latex condoms, the options of using female condoms and microbicides to reduce the risk of HIV transmission could be explored. The ideal female-controlled method would be easy to use, would prevent other STDs, and could be used without a partner's consent or knowledge.

D. Promote HIV testing in women

8.5 Since 2001, the Universal Antenatal HIV testing programme has been successfully introduced to pregnant women in the public sector. From a public health perspective, the MTCT programme was largely effective, as reflected from broad coverage of testing programme (>97% acceptance rate in eligible women). However, there were cases where pregnant mothers presented late to labour wards without local antenatal care, in particular from the arrival of Non-Entitled Persons. HIV Rapid tests could be considered as a possible intervention in these settings. As HIV rapid tests are currently provided as pilot studies in AIDS Counseling and Testing Service and outreach settings by NGOs, the introduction of HIV rapid test in labour wards needs to be further discussed with obstetrics staff.

8.6 Apart from universal antenatal testing programme, it is also important to promote the existing HIV Testing services in Hong Kong. The Department of Health runs a free and anonymous AIDS Counseling and Testing

Service (2780 2211). HIV Test should be provided as part of routine basic medical services such as pre-marital counseling and health screening.

E. Improve accessibility and coverage of HIV prevention services

8.7 Ethnic women and Chinese women almost shared the same proportion of HIV infections, with each group contributing to about half of all HIV infections in women. Ethnic women are increasingly vulnerable to HIV infection because of language and culture barriers to accessing information and preventive services. It is recommended that HIV resources information and health promotion materials (i.e. HIV Testing calendars and information cards) should be translated into different languages to meet their needs. Collaboration and partnership between foreign embassies, businesses, migrant workers' associations, employers, NGOs and Government units such as Immigration Department and DH's Port Health Office will strengthen promotional efforts.

F. Mainstream provision of HIV prevention services in women

8.8 The existing HIV prevention services are mainly provided in the medical sector. It is important to form collaborative partnership with policy makers such as Women's Commission, businesses and community organizations to widen the service provision from the existing medical model to a holistic approach including human rights, economics, educational and psychosocial and sexual orientation needs. This will also facilitate women to address current issues of gender inequalities and changing perception of gender imbalance.

G. Sensitive to the needs of Women having sex with women

8.9 There is a small but still unspecified risk of HIV transmission associated with female-to-female sexual practices, as there are a number of case reports of HIV transmission between Women who have sex with women (WSW). Female sexual contact should be considered as a possible means of transmission HIV risk for WSW. There should be enhanced efforts and funding on promoting HIV awareness and improving access to health services

among WSW. Health professionals should be taught to be sensitive to the sexual orientations needs of WSW.

H. Enhance Training and Capacity Building

8.10 Apart from the general public, healthcare professionals, teachers and social workers should be trained on HIV awareness. Sex education should be included in the undergraduate curriculum. Healthcare professionals should learn to be gender and sexual orientation sensitive when providing services. They must be fully aware that sexual identity does not necessarily predict behaviour and those women who identify as lesbians may be at risk for HIV through unprotected sex with men. Multi-sectoral safer sex workshops should be organized to increase capacity building and promote mainstreaming.

I. Conduct HIV research and surveillance

8.11 It is recommended to research, develop, implement and evaluate evidence-based HIV prevention programmes and behavioural interventions in women and children. It is important to monitor the HIV situation in women and children by maintaining the existing seroprevalence studies and HIV birth registry surveillance mechanisms in antenatal women and newborn babies.

J. Improve Funding mechanisms

8.12 The service providers obtained their main source of financial support from AIDS Trust Fund. There was great concern on the existing funding mechanisms, with the maximum length of programme being funded as 3 years. It is recommended for AIDS Trust Fund to explore scope to further improve the funding mechanism in support of HIV prevention activities in women and consider ways to improve the sustainability of worthwhile projects.

Female Commercial Sex Workers and their male clients

9.1 Commercial sex is defined as the exchange of money, goods or service for sexual services. It was estimated that the number of female commercial sex workers (FSW) in Hong Kong at any one time could be between 20 000 to 100 000. However, this is a highly mobile population. Recently, there is an increasing number of FSW coming from Mainland China

on exit-entry permits or private individual visits. From surveys and studies, it was estimated that 12% men aged 18-60 reported visiting FSW in the past 6 months. The resulting population of men was estimated to be around 320 000. Population based studies also revealed that about half of the men who visited FSW in last 6 months did so in Mainland China.

9.2 There were no systematic HIV prevalence studies in FSW in Hong Kong. Also the risks of contracting HIV in different types of sex establishments were unclear. Telephone surveys of clients of local FSW showed 80% of them always used condoms for commercial sex in Hong Kong. There are significant data and knowledge gaps on population size and HIV risk behaviour of FSW in Hong Kong.

9.3 Both the government and NGOs play important roles in HIV prevention activities for FSW and their clients. The current response in HIV prevention services for FSW and their clients include public HIV and STI clinics, outreach services, educational workshops, HIV voluntary counseling and testing service, internet discussion groups, integrated drop-in centres and publicity campaigns.

9.4 It was identified that frequent police raids on sex establishments and the use of condoms as evidence of arrest or prosecution of soliciting for an immoral purpose as significant barriers for HIV prevention work in FSW. Many of the FSW were reluctant to accept free condoms which were handed out by NGOs for HIV prevention in fear of being arrested by law enforcement officers. Stigmatization for being FSW or their clients also served as a barrier to access appropriate health services. Recent revision of fees for charging HK\$700 per visit for non-entitled persons also worsened their access and attendances for sexual health services.

9.5 The main recommendations that were drawn from the Working Group on FSW and their clients included:-

- (a) Foster an enabling and supportive environment for effective HIV prevention services e.g. enhance communication with law enforcement agencies to minimize the negative impact of condom use for HIV prevention and discuss on possible decriminalization / legalization of sex work

- (b) Explore actively options to improve provision of STI services
- (c) Explore coverage of HIV prevention on FSW and focus on those who are at highest risk of contracting HIV e.g. enhance regional effort on HIV prevention in FSW and their clients and implement the promotion of safer sex and HIV test
- (d) Keep HIV preventive activities up-to-date with the changing needs of at-risk population
- (e) Enhance sex education in schools in particular for at-risk youths and school drop-outs
- (f) Enhance biological and behavioural research and surveillance
- (g) Include a monitoring and evaluation mechanism for individual programmes.

HIV Challenges in Hong Kong

10.1 Ever since the first case of HIV was diagnosed in 1984, Hong Kong devoted a large amount of resources towards HIV prevention and control, providing care, support and treatment programmes as well as promoting acceptance for persons infected with HIV. Although Hong Kong has maintained as a low HIV prevalence area of <0.1% in the adult population over the years, we are seeing a rising trend in the number of HIV cases reported every year. There is a constant threat posed by changes in HIV situation in the neighbouring areas and the increasing volume of regional and international travel to and from Hong Kong to higher HIV prevalence areas.

10.2 Asia has the largest number of migrant workers. Population movement has been an important factor in the spread of infectious diseases. People on the move are often vulnerable to HIV infection. With an Asian HIV epidemic in Hong Kong where most of the new HIV infections will come from vulnerable communities such as men having sex with men, male clients of commercial sex workers and their heterosexual partners and commercial sex workers, and injecting drug users, it will be most cost-effective to direct our

resources to targeted prevention programmes for these vulnerable groups. At the same time, an accessible HIV testing programme and clinical HIV services with effective antiretroviral therapy and quality care will also serve as important public health intervention to reduce HIV transmission. With the advancement of antiretroviral treatment, HIV will be managed more like a chronic disease in specialist clinics. We are already witnessing the benefits of highly active antiretroviral therapy (HAART) with its associated decline in mortality and morbidity.

10.3 Women are increasingly vulnerable to HIV infection as heterosexual transmission is now dominant in most parts of the world. Besides gender inequality is fuelling the HIV epidemic, women often face the problems of economic disempowerment when faced with the pressure to provide an income for themselves or their families, which may lead to risky sexual practices, coerced sex and sexual violence. In some parts of the world, women lack a basic level of education and may be illiterate, which prevents them from acquiring knowledge on the transmission of HIV. Married women may be infected by unfaithful partners who practice unprotected sex when away from home.

Advice Sought

Members are invited to comment on the current situation of Women and HIV/AIDS in Hong Kong.

ACA Secretariat

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