

HONG KONG

Story

Response to HIV/AIDS Epidemic in

MSM

安全套- 我們的貼身保鏢
Condom - my Trusty Bodyguard



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Acronyms and abbreviations

ACA	Advisory Council on AIDS
ATF	AIDS Trust Fund
CFA	Community Forum on AIDS
DH	Department of Health
Government	Government of Hong Kong Special Administrative Region, China
HKCASO	Hong Kong Coalition of AIDS Services Organizations
ITC	Integrated Treatment Centre
MSM	Men who have sex with men
NGO	Non-governmental organization
PCE	Peer counselling and education
RRC	Red Ribbon Centre
SCAS	Scientific Committee on AIDS and STI
SPF	Special Project Fund
SPP	Special Preventive Programme
STI	Sexually Transmitted Infection
VCT	Voluntary counseling and testing

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Executive Summary

Health data collected via voluntary counselling and testing (VCT), voluntary reporting system and surveillance, showed an escalating HIV epidemic in MSM in Hong Kong since 2005. Our concerns were further confirmed by overseas, especially regional, development which also witnessed escalating HIV epidemics among men who have sex with men (MSM) in their populations. Faced with this imminent threat, the Government of Hong Kong Special Administrative Region, China (Government) took immediate steps to meet the challenging task of curbing the epidemic.

Initial response from the Government involved lobbying for policy support for enhanced action; external consultancy by overseas experts so as to arrive at better insight in the epidemiological situation; strengthening surveillance system on HIV prevalence and related behavioural risk factors; informing, and soliciting the support and participation of, community stakeholders; and intensifying HIV prevention, testing, care and treatment among MSM as well as prevention among MSM living with HIV. The external consultancy by Dr. Tim Brown, a renowned overseas expert on HIV/AIDS work, resulted in the report “Living on the Edge” in 2006, which clearly pointed out the urgent need for much strengthened and scaled up prevention efforts targeting MSM. The findings from the report were disseminated to two important government-appointed agencies which provided advisory roles in HIV prevention and control in Hong Kong, namely the Scientific Committee on AIDS and STI (SCAS), and Advisory Council on AIDS (ACA), as well as non-governmental organizations (NGOs) and affected communities.

Community assessment and evaluation of HIV in MSM was undertaken by the Community Forum on AIDS (CFA) of the ACA to get better insight into the local HIV epidemic in MSM. The ACA subsequently formulated and released the “Recommended HIV/AIDS Strategies for Hong Kong 2007-2011”, which listed targeted HIV prevention in MSM as the most pressing priority. Funding policy also played a key role in strengthening our response to the epidemic. The Council for the AIDS Trust Fund (ATF) adopted strategic funding policy to enhance and accelerate HIV prevention in MSM through the launching of Special Project Fund (SPF) for MSM in December 2006.

Concerted prevention efforts were further scaled up with the strengthening of capacity of the Special Preventive Programme (SPP), which is the AIDS Unit of Department of Health (DH), in working with the MSM community, as well as strengthened partnership and close collaboration among the Government and other stakeholders. On the other hand, overseas visits, and collaborations and exchange at both regional and international levels had provided important platforms and opportunities for capacity building, experience sharing, and partnership building between local workers and academia in HIV-related work, and overseas counterparts.

Hong Kong has gone a long way in responding to the HIV epidemic. Targeted HIV prevention in MSM and prevention with MSM living with HIV have been and will continue to be priority areas of HIV prevention and control in Hong Kong. Enhancing surveillance of HIV prevalence and risk behaviors so as to inform prevention efforts and closely monitor the HIV epidemic, and strengthening strategic collaboration between

the Government and various stakeholders so as to tackle the HIV epidemic from all fronts, will be two major challenges in Hong Kong's response to the HIV epidemic in MSM.

Introduction

The enhanced Hong Kong's response to HIV epidemic in men who have sex with men (MSM) all started with emerging evidence in 2005 that there was an escalating HIV epidemic among MSM in Hong Kong, which was responded by a coordinated approach to tackle the issue at various levels, ranging from the higher level of advocacy and policy formulation including overall prevention, treatment and control strategy and funding policy, and down and through to targeted prevention with participation of, and collaboration with, various stakeholders in the community.

This book has been prepared to present readers with an overall picture of the development and implementation of Hong Kong's enhanced response to the HIV epidemic in MSM, and inform the audience on how Hong Kong has arrived at where she is now through our concerted efforts. Through this recap of important and related happenings and events, it is hoped that readers will come to appreciate various milestones, stakeholders/partners and significant elements which have played key roles in our response to the HIV epidemic in MSM.

Escalating HIV Epidemic in MSM and Initial Responses

The HIV epidemic in Hong Kong can be roughly divided into three phases since the first reported case of HIV infection in 1984. The first phase was characterized by the majority of cases being patients with haemophilia who got infected through transfusion of blood and blood products, and cases of infection in men who have sex with men (MSM) acquired via sexual contact. Heterosexual transmissions became prominent in the second phase, starting in the early 90s. Number of reported HIV cases among MSM in Hong Kong remained relatively steady before year 2004. However, signs from various sources since 2005 had suggested the beginning of a fast-growing phase of the MSM epidemic.

- There was about a 4-fold increase in HIV reports among Chinese MSM, from 21 reports in 2000 to 76 in 2005.
- There was an increase in proportion of MSM tested positive (by voluntary counselling and testing service of one non-governmental organization (NGO)) from <1% in 2002 to 2.5% in 2005.
- In 2005, a cluster (7 cases) of HIV-1 subtype B infections was detected in Hong Kong from a molecular study. Two more clusters were identified in 2005 and 2006 involving more than 60 individuals in total, mostly local infections among MSM. Later investigations reaffirmed that the cluster strain has become prevalent and endemic in the local MSM community.
- All these signs pointed to the fact that Hong Kong was facing a worrying HIV epidemic in MSM.

Initial response to this escalating HIV epidemic in MSM from the Government of Hong Kong Special Administrative Region, China (Government) involved some important and quick initiatives as part of a coordinated approach to address the threat.

- Advocacy and lobbying for, and seeking policy support to, enhanced HIV prevention targeting MSM took place.
- External consultancy by Dr Tim Brown, Senior Fellow of East-West Center, Honolulu, Hawaii was sought to assess the epidemic among local MSM population.
- Local surveillance of HIV seroprevalence as well as behavioural risk factors for HIV among MSM was strengthened with the first PRiSM (HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong) study which was jointly undertaken by the Department of Health, AIDS Concern, an NGO providing AIDS-related service, and the Chinese University of Hong Kong in late 2006/early 2007. The study was community-based and comprised collecting a urine sample for HIV antibody test and a self-administered standardized questionnaire on sexual behaviours and basic demographics.
- The Government mobilized community participation in HIV prevention initiatives through strengthened communication and liaison with local MSM community, and engaged community stakeholders.
- HIV care and treatment services were intensified while preventive initiatives among people living with HIV were strengthened.

“Living on the Edge” and Dissemination of Its Findings

The consultancy exercise by inviting Dr. Tim Brown to help assess the HIV epidemic resulted in the report “Living on the Edge” (2006) which concluded that:

- A serious MSM epidemic was underway in Hong Kong and could end up growing in exponential rate and reach a prevalence of more than 30% in year 2020 among MSM if only limited intervention was available.
- Urgent action was needed to maintain Hong Kong’s low HIV prevalence by scaling up prevention efforts.
- The mobilization of the MSM community itself would be vital.
- Prevention programmes had to reach a more comprehensive coverage of different sub-populations.
- Funding should be prioritized for HIV prevention according to epidemiological situation such that resources could be promptly channeled to the most at-risk and often hard-to-reach populations.

The findings from the report were disseminated and communicated to two important government-appointed agencies which provided advisory roles in HIV prevention and control in Hong Kong, as well as non-governmental organizations (NGOs) and affected communities.

- Scientific Committee on AIDS and STI (SCAS) was one of the Scientific Committees set up by the Centre for Health Protection of DH and was responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and

control of two closely related public health problems, AIDS and sexually transmitted infections (STI). It provided a platform for deliberation and professional exchange among experts, upon which strategies and actions for AIDS and STI prevention and control can be formulated.

- Advisory Council on AIDS (ACA) was formed in 1990 and comprises members drawn from all sectors of the community including community leaders, professionals and representatives of voluntary agencies and Government departments. The role of ACA is to advise the Government on policy of HIV prevention, care and control and advise on the co-ordination and monitoring of related prevention programmes and services.

Community Assessment and Evaluation on MSM and HIV

Being the major body which advises the Government on HIV prevention, care and control policy, apart from drawing major reference to the report “Living on the Edge”, Advisory Council on AIDS (ACA), through its Community Forum on AIDS (CFA), which was established by ACA in 2005, embarked on an exercise of community assessment and evaluation to better inform the ACA on the formulation of HIV strategies. A working group with a membership including representatives from AIDS NGOs, gay organizations and gay men was formed from March to September 2006 to collect inputs from stakeholders so as to better address the HIV epidemic in MSM.

In response to the changing local epidemic, ACA developed the Recommended HIV/AIDS Strategies for Hong Kong 2007-2011, which served as the blueprint for the collective AIDS efforts from 2007-2011.

- It was the fourth HIV/AIDS strategies being formulated by the ACA since its establishment.
- In the current Strategies, five priority areas for action were identified. One of the priority areas was the scaling up of targeted HIV prevention in risk populations with MSM being the most pressing priority.
- It was further recommended in the Strategies that Hong Kong adopted the core indicators framework of the Joint United Nations Programme on HIV/AIDS (UNAIDS), incorporation of monitoring and evaluation for individual project and eight specific targets. One major target was to increase condom use of MSM, sex workers and clients to $\geq 80\%$

Strategic Funding

The AIDS Trust Fund (ATF) was established in 1993 to provide assistance to HIV-infected haemophiliacs and generally to strengthen medical and support services and public education on AIDS in Hong Kong. The Council for ATF established a Special Project Fund (SPF) for financial years, 2007-2008 and 2008-2009 as an enhanced HIV preventive measure and supported community based prevention activities with objectives to reduce HIV risk behaviour and to increase condom use level in anal sex among MSM.

- Proposals for projects in 3 categories were invited
 - prevention projects with objectives which had been predefined by SPF;
 - projects with preferred project areas
 - public health research projects
- Non-governmental organizations (NGOs), academic institutes and service providers in the public sector were among the organizations which could apply.
- Altogether more than HKD 13 million had been awarded to 41 projects. Projects being supported had covered a wide range of areas and included:
 - researches projects: e.g. on prevalence of risky sexual behaviours and related factors such as socio-demographic background, socio-contextual factors and recreational drug abuse; mapping of MSM venues which provide opportunities for sexual activity;
 - HIV prevention and promotion projects targeting MSM subgroups such as youth and the newly come outs, sex workers and their clients, and sex party goers;
 - capacity building initiatives such as those aiming to raise the self esteem and

positive self-perception of MSM and empower them to adopt and negotiate safer sex practice

- Before the establishment of SPF, only two main NGOs had undertaken prevention projects targeting MSM.
- Involvement of NGOs with community-based projects targeting MSM has markedly increased, both in terms of number of projects and the diversity of the nature of projects, over the years.
- Strategic funding by SPF resulted in the number of participating NGOs increasing to eight, representing almost a four-fold increase.

Concerted Prevention Efforts

A major part of the concerted prevention efforts was the scaling up of the capacity of the Special Preventive Programme (SPP), which is the AIDS Unit of the Department of Health, in working with MSM.

- The recruitment of the first liaison officer with experiences in working with the MSM community had provided a much needed link between SPP and the MSM community.
- Capacity building training for the staff of SPP was provided to equip staff with much needed information and knowledge about the MSM community.
- The formation of a MSM working group, with representatives from non-government organizations (NGOs) and the MSM community had provided an important channel to solicit inputs from various stakeholders on planning HIV prevention activities targeting MSM and receive regular feedbacks from them.

The enhanced capacity had enabled SPP to initiate services and prevention activities which were more MSM specific and orientated.

- A Gay Men HIV Testing Hotline (21171069), with enquiries being answered by nurse counselors with basic knowledge about gay community, was established in 2006.
- A HIV/AIDS website targeting MSM (www.21171069.com) were set up in 2006.
- The first HIV prevention campaign in MSM was launched in 2006 and had been followed by two more campaigns since then.

Strengthened community involvement and partnership and close collaboration among the Government and other stakeholders such as NGOs was another key component of

the concerted prevention efforts.

- Community involvement was largely in the form of participation by community leaders and active organization of prevention activities by NGOs
- NGOs played an important role in HIV prevention activities for MSM, a traditionally marginalized community
- NGOs working on AIDS in Hong Kong could be divided into AIDS specific and non-AIDS specific ones. The former ones were formed chiefly for providing AIDS services and prevention, while the latter ones include AIDS as part of their scope of work.
- A coalition of the AIDS NGOs known as the Hong Kong Coalition of AIDS Services Organizations (HKCASO), which was formed in early 1998, provides an important platform for sharing of experiences, and coordination and collaboration among various NGOs working in HIV prevention.
- Coordination and collaboration among NGOs had resulted in community-based projects of diverse nature, covering various important aspects of HIV prevention work. These projects targeted various sub-groups of the MSM community, such as youth, MSM living with HIV, those who abused psychotropic drugs, attendees of private sex parties, and commercial sex workers and their clients. Prevention activities such as promoting HIV awareness and safer sex, peer counselling and education (PCE) and voluntary counselling and testing (VCT) services were delivered via various settings and media, e.g. venue-based social functions or activities, saunas, bars, gay events and parties, private sex parties, and internet channels such as gay chat rooms and discussion forums.

International and Regional Exchange/Collaboration

Overseas visits, and collaborations and exchange at both regional and international levels had provided important platforms and opportunities for capacity building, experience sharing, and partnership building between local workers and academia in HIV-related work, and overseas counterparts.

- The Red Ribbon Centre (RRC) of Special Preventive Programme has provided a platform over the years for the local, Mainland and overseas HIV workers to share experiences, foster partnership and promote collaboration in HIV prevention, and to facilitate and enhance community's response to HIV/AIDS.
- The establishment of the Training Programme for Volunteers/Workers under the Lions Red Ribbon Fellowship Scheme since 2007 – joint initiative between Shenzhen CDC and RRC had facilitated an united effort against the rising HIV epidemic among MSM in the region.
- Media campaigns targeting MSM run by RRC were conducted with support of Shenzhen CDC and Macau CDC.
- Other means of collaborating with counterparts in Mainland China included
- participation in conferences and meetings
- joint education/training activities
- reciprocal visits of government officials and non-governmental organizations

A regional consultation meeting named Technical Consultation on Health Sector Response to HIV/AIDS among Men Who Have Sex with Men had been organized for the Western Pacific Region and was held in Hong Kong from 18 to 20 February 2009.

- It was organized by WHO Regional Office for the Western Pacific, the United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS) and Department of Health, Hong Kong Special Administrative Region, China.
- It was attended by about 85 participants from 13 countries and included government and civil society representatives responsible for MSM work within country-level AIDS programmes, temporary advisers, overseas and local representatives and observers.
- A set of conclusion and recommendations agreed on by the participants at the Consultation were reported in the Meeting Report for the Consultation.

HIV Prevention for MSM in general and HIV Positives

Targeted prevention for MSM had focused on both MSM in general as well as MSM living with HIV.

Three HIV prevention campaigns targeting MSM in general had been launched by Red Ribbon Centre (RRC) of the Special Preventive Programme (SPP).

- First campaign in 2006
 - “Do It Safely” Campaign
 - Promoting HIV awareness and safer sex, improving condom and lubricant accessibility and promoting HIV testing
 - Multiple approach - venue-based promotion (venues frequented by MSM like bars, discos and saunas); internet-based (e.g. web banners and prevention messages disseminated through various gay websites and discussion forums); other media and events such as advertisements in gay magazines and promotional activities held during the Hong Kong Lesbian and Gay Film Festival
- Second campaign in 2007/2008
 - “Zeroheroes” Campaign
 - 3 themes – “Zero Infection” , “Zero Drug Abuse” and “Zero Hopelessness”
 - Targeting sub-groups such as young and newly come out MSM and MSM abusing the use of psychotropic substances
 - The adoption of social marketing techniques to help plan and implement effective HIV prevention campaign
- Third campaign in 2009/2010

- “Syphilis Awareness” Campaign
- Aims:
 - ◆ increase HIV and syphilis awareness among MSM
 - ◆ promote safer sex
 - ◆ promote HIV and syphilis testing in MSM
- Increase coverage of publicity by targeting
 - ◆ MSM venues such as bars, saunas, etc.
 - ◆ Non-MSM venues which are known to be frequented by MSM such as cafes, bookstores, music stores, arts-related venues, boutiques

HIV prevention targeting HIV-positive MSM constitutes another important area in HIV prevention, treatment and control. Prevention efforts targeting MSM living with HIV would benefit them as well as their partners. These prevention activities had been delivered via the Integrated Treatment Centre (ITC) of SPP in which a majority of the HIV patients were treated.

- A public health team comprised of doctors and nurses, who together worked to carry out HIV prevention.
- The major aims were to minimize the spread of HIV infection from known positive persons, to protect partners from HIV infection and to support the development of strategy and programmes on the effective control of the epidemic in Hong Kong.
- The prevention activities undertaken by ITC were mostly centre-based services which were well accepted by the clients of these services.
- HIV prevention was incorporated into the medical care of MSM living with HIV.

- Key components included
 - Case investigation
 - Drug adherence counseling
 - Partner counseling and referral
 - Risk reduction counselling
 - STI screening, diagnosis and treatment

Prevention activities targeting MSM living with HIV were also delivered via projects being undertaken by non-governmental organizations which were funded by AIDS Trust Fund.

Prevention targeting positives is an important component of the overall HIV prevention, care and control. However, with the rapid growth of active caseload being treated at ITC, it will be a challenge to meet this ever increasing service need.

What Next?

The HIV epidemic in MSM is not over and much work needs to be done if we are to put brakes on this accelerating and escalating epidemic. The success of the health response to HIV epidemic hinges on a coordinated and multi-sectoral approach with the active participation of, and collaboration among various stakeholders who have worked together to tackle the challenging task of HIV prevention, care and control. Strategic collaboration between the Government, and community partners and non-government organizations in HIV prevention will have to be consolidated and further enhanced. Enhanced surveillance of HIV prevalence and related risk behaviours will help inform and monitor the success of our prevention efforts.

Chronology of MSM HIV Epidemic and Its Response in Hong Kong (since April 2005) - A collection by SPP

Date	Activities
Apr 2005	In report of HIV subtype of 2004, a cluster of HIV-1 subtype B involving 7 men was reported.
Oct 2005	Identification of HIV cluster of 20 HIV-1 subtype B infections
Oct 2005	Meeting with NGOs at Red Ribbon Centre to discuss HIV prevention plan in MSM
Nov 2005	First meeting with members of gay community on HIV situation and prevention in MSM was held at Red Ribbon Centre. Interested parties were invited to join the First HIV Prevention Working Group Meeting at Red Ribbon Centre on 7 December 2005
Dec 2005 - Mar 2006	Intensified Sexual Risk Reduction Programme at Government AIDS Clinic, tailor-made condom / lubricant gift packs and promotional materials were distributed
Feb/Mar 2006	Launching of designated MSM hotline for HIV testing
Feb 2006	Discussion of cluster at agenda item "Improving HIV surveillance in Hong Kong through HIV-1 subtyping to discern molecular epidemiology" at 2nd SCAS meeting
Apr 2006	Dr Tim Brown's consultancy visit in Hong Kong meeting with key stakeholders including ACA, ATF, SCAS, senior health officials, community groups and communicating preliminary findings on HIV infections in MSM to stakeholders via workshops and meetings
Jun/Jul 2006	Discussion on Rising importance of MSM in the HIV epidemic in Hong Kong based on Dr Tim Brown's draft consultancy report at the 3rd SCAS Meeting and the final report HIV/AIDS in Hong Kong 2006 - Living on the edge at the 55th ACA meeting Dr Tim Brown met with Secretary for Health, Welfare and Food, DH, Controller of Centre for Health Protection, ACA Chairman and SCAS Chairman on the findings in the consultancy report
Jul 2006	Launch of the first 3-Phase HIV Prevention Campaign in MSM ("Do It Safely")
Sep 2006	Intensified Syphilis Screening and enhanced defaulter tracing for HIV positive MSM at Government AIDS Clinic
Dec 2006 - Dec 2008	ATF launched Special Project Fund for MSM, 4 rounds of SPF approved 41 prevention and research projects totalling an amount of HK\$13 million

Dec 2006	Media Press Briefing on Detection of 2 HIV Clusters affected 34 men and 12 men respectively
Dec 2006 - Jan 2007	Conduct PRiSM2006 – the first community based surveillance project on HIV among MSM in Hong Kong, a 4.05% prevalence was found. Distribution of the cluster factsheet to all MSM in Government AIDS clinic, and informing cluster cases of their belonging to clusters (Feb 2007);
May 2007	ACA launched its "Recommended HIV/AIDS Strategies for Hong Kong 2007-2011", one priority area of actions is "Scaling up targeted HIV prevention in risk populations with MSM being the most pressing priority"
May 2007	Consultancy visit by Dr. Tim Brown, latest epidemiological and prevention actions for MSM were reviewed
Jun 2007 - Jan 2008	Thirty-eight cluster cases were interviewed. Use of internet to seek sex partners, participation in private group sex activities, abuse of psychotropic substances, concurrent STIs and high level of sexual risk behaviours were found to be the major driving forces of the spread. No spatial relationship was identified, together with the laboratory findings signified the particular strain had taken root in the local MSM community, findings were discussed at the SCAS, ACA, RRC MSM Working Group meetings and published in CD Watch (Nov 25 - Dec 8 2007 issue). Q&A were drafted in Nov 2007 for dissemination to MSM community and advertorial was placed on gay magazine/websites in Jan 2008.
July 2007	The second MSM HIV Prevention Campaign was launched ("Zeroheroes")
Aug 2007	Press meeting announcing the expansion of cluster one to 66 cases, and identification of a third subtype-B cluster as of June 2007
Feb 2008	Reported MSM infections in Hong Kong hit a record yearly high, with 168 new cases in 2007
May 2008	Revised ATF application guidelines of Medical & support services and Publicity & Public Education that MSM is among the high risk groups accorded higher funding priority and being the most pressing priority for targeted prevention
Dec 2008 - Jan 2009	PRiSM2008 - a community based surveillance project on HIV in MSM for the second time, the prevalence was found to be 4.31%
Feb 2009	WHO's Technical Consultation on Health Sector Response to HIV/AIDS among MSM held in Hong Kong
Mar 2009	145 new reported MSM HIV infection cases in 2008
June 2009	The third MSM HIV Prevention Campaign was launched ("Syphilis Awareness")

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