

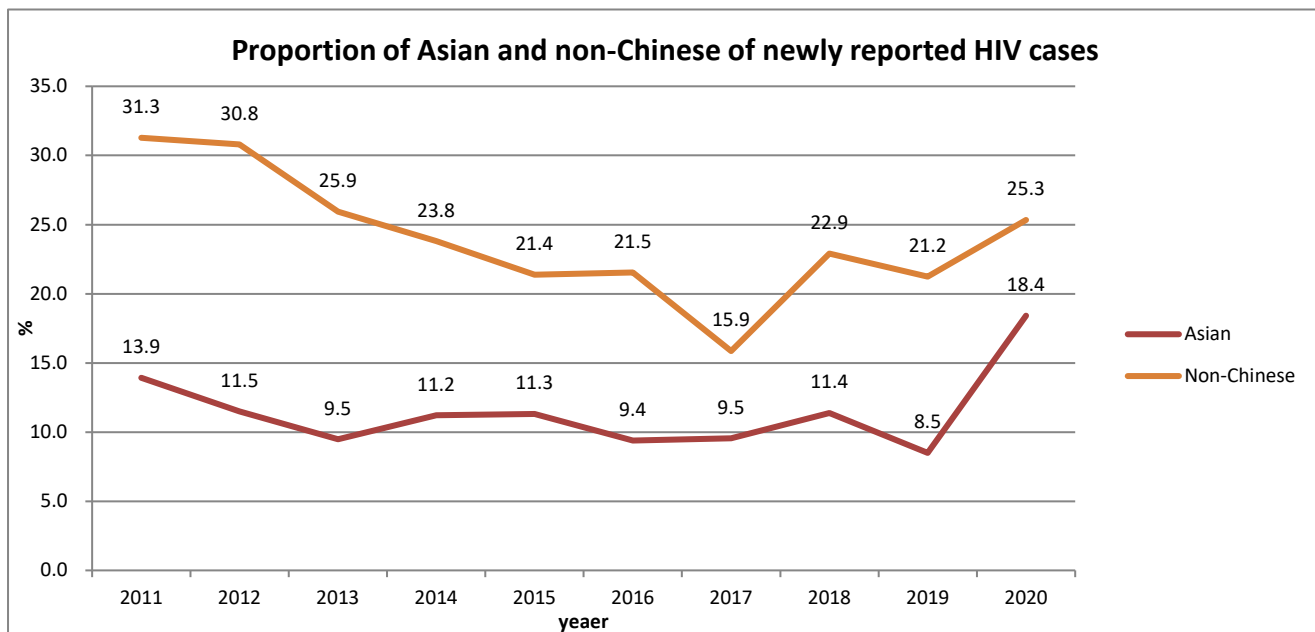
An overview of HIV/AIDS situation of Ethnic Minorities (EM) in Hong Kong for Community Stakeholders' Consultation Meeting (CCM) 2021

Background

Ethnic minorities (EM) are one of the key populations of HIV infection. In 2020, the 128 non-Chinese HIV cases newly reported to the Centre for Health Protection (CHP) of the Department of Health (DH) constituted 25.3% of reported HIV cases. Although the proportion of new HIV cases among EM has decreased from 31.3% in 2011 to 15.9% of 2017, it increased again to over 20% in recent 3 years. This ratio was disproportionately higher than the 8.0% of EM among the Hong Kong population. About half of the EM cases were of Asian (non-Chinese) ethnicities.

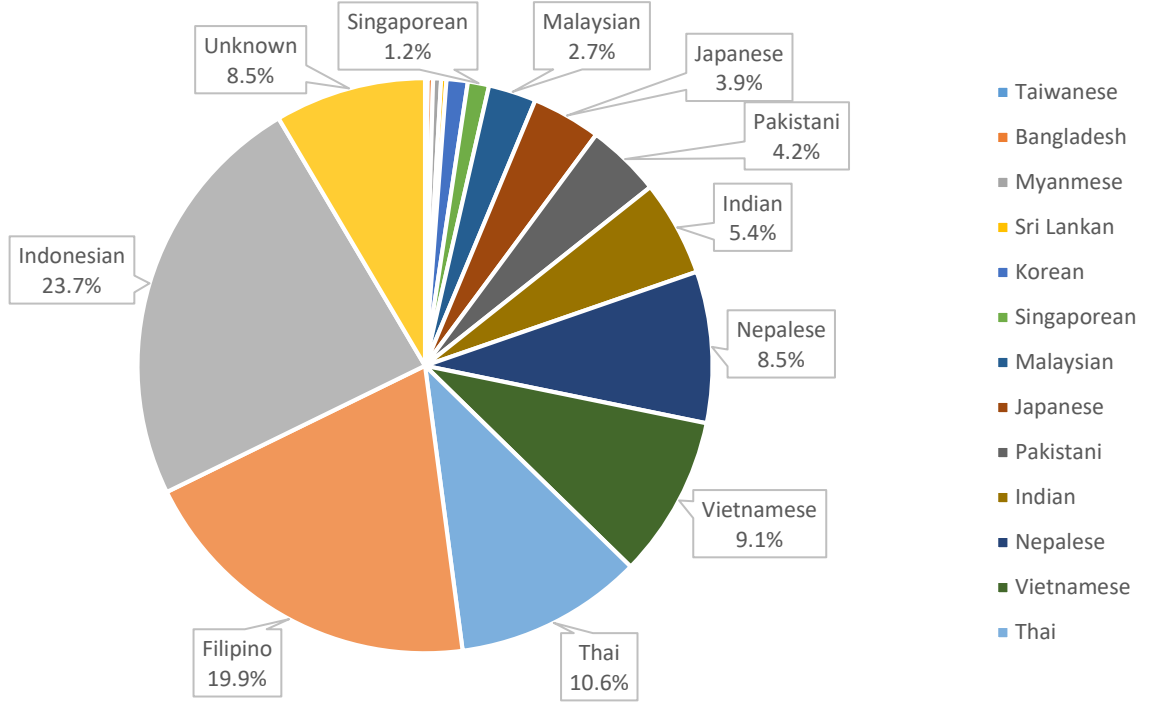
According to the *2016 Population By-census Thematic Report: Ethnic Minorities* published by the Census and Statistics Department, a total of 584,383 EM constituted 8.0% of the whole population in Hong Kong. Overall, there had been a significant increase of EM by 70.8% when compared with 2006. About 80% of all EM in Hong Kong were Asians (other than Chinese), of whom 153,299 (26.2%) were Indonesians and 184,081 (31.5%) Filipinos. They were the largest EM groups in Hong Kong. As high as 95% of them worked as domestic helpers.

Trend of new cases (EM)

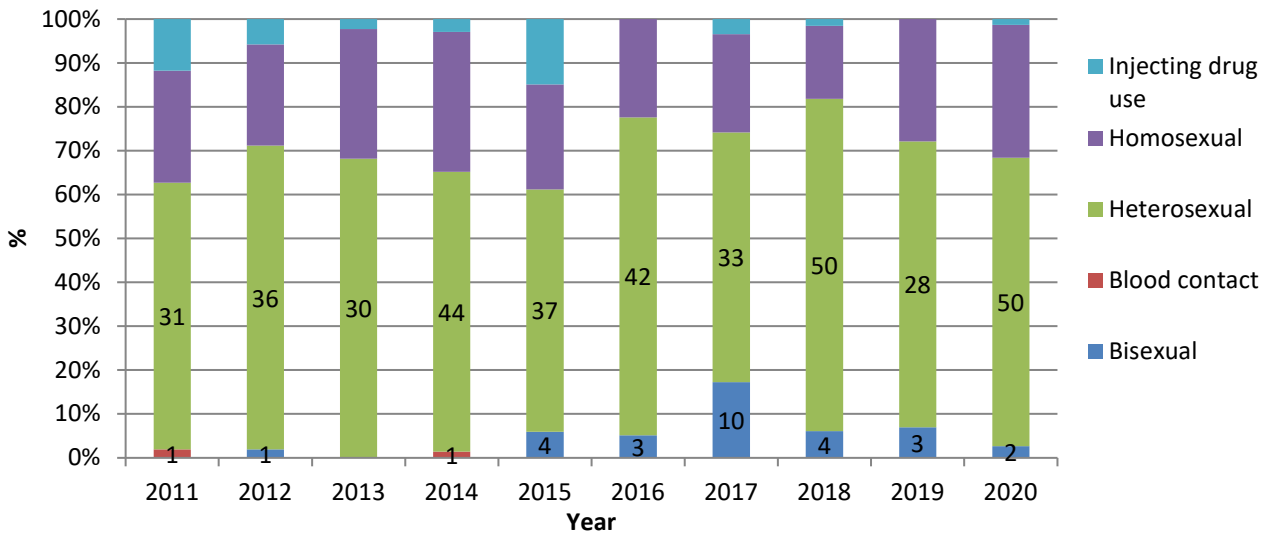


From 2011-2020, there were 1398 non-Chinese cases while 670 were Asians. Among the Asians, the male to female ratio was about 1:1. Majority of them (74.3%) aged 30-49 years old. Indonesian (23.7%), Filipino (19.9%) and Thai (10.6%) accounted for over 50% of Asian cases, followed by Vietnamese (9.1%) and Nepalese (8.5%).

Distribution of specific ethnicity



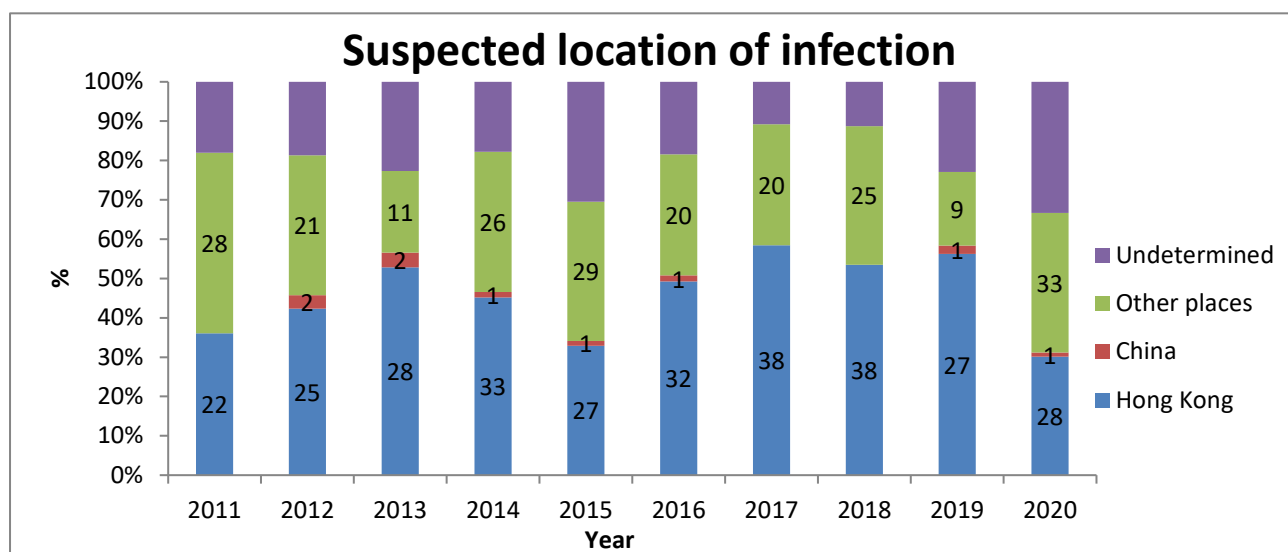
Route of transmission



- Heterosexual transmission (56.9%) remained as the commonest route for HIV infection in Asians in 2011-2020.
- Hong Kong (44.5%) was the commonest suspected location of infection followed by other places (33.1%) in 2011-2020. (Indonesia, Philippines, Thailand)

HIV prevalence in the 3 Asian Countries

	Philippines ¹	Thailand ²	Indonesia ³
HIV Prevalence	0.2%	1.0%	0.5%



Sexual risk behavioural survey

To better understand the sexual risk profile of local EM, a HIV behavioural survey and focus group discussion study was conducted by DH in 2019 in which 800 Filipinos and 800 Indonesians participated⁴. The vast majority of respondents was female (96.7%) and was currently employed domestic helpers (94.0% Filipino and 88.5% Indonesian). Half of them aged 30-39 and over 90% reported themselves heterosexual. Overall, 28.9% of Filipino and 25.4% of Indonesian were sexually active.

- Most respondents reported not having used condom with casual and commercial sex partner(s).
- A large proportion of Filipino (64.5%) and some Indonesian (18.5%) respondents claimed 'partner doesn't want to use' as a major barrier preventing them from using condom.

Type of sex partner	Percentage of condom use in last sex	
	Filipinos	Indonesians
Regular	49.3% (n= 203)	80.7% (n= 166)
Casual	38.1% (n= 21)	45.5% (n= 22)
Commercial	29.4% (n= 17)	13.0% (n= 23)

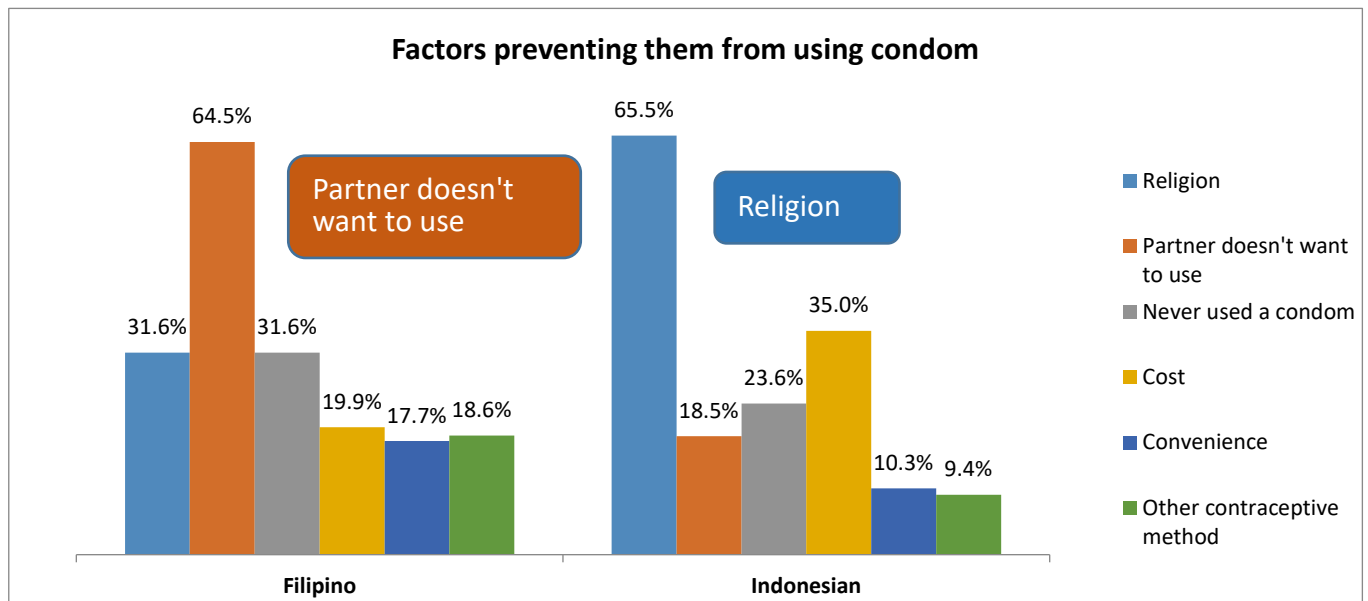
¹ Factsheet : UNAIDS country factsheet 2019, available at <https://www.unaids.org/en/regionscountries/countries/philippines>

² Factsheet : UNAIDS country factsheet 2019, available at <https://www.unaids.org/en/regionscountries/countries/thailand>

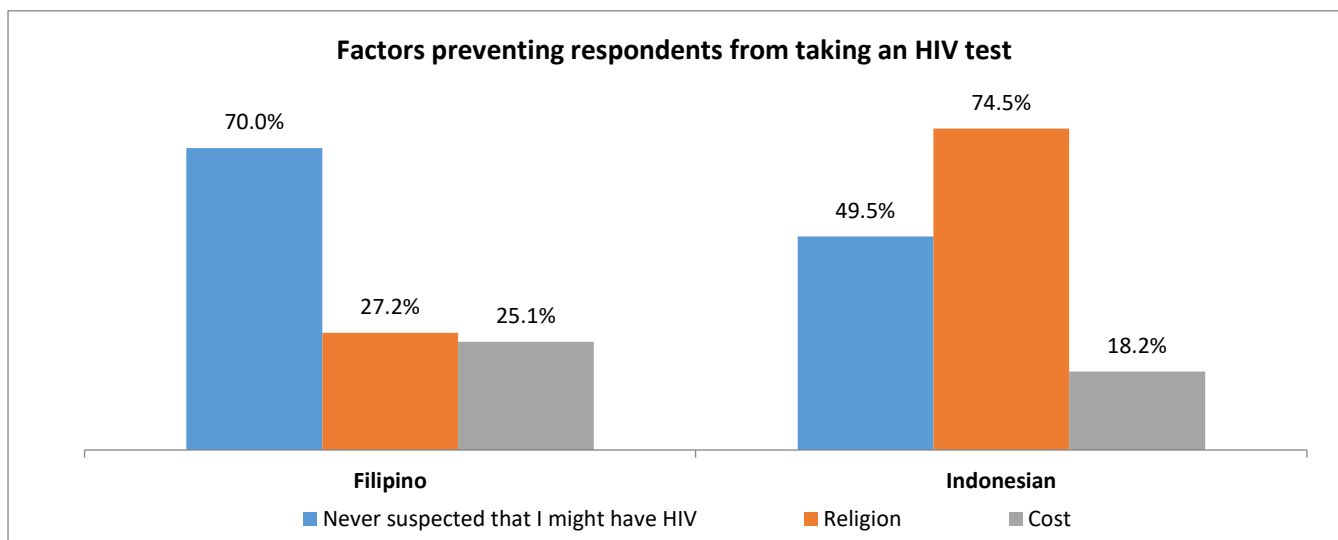
³ Januraga, P. P., Reekie, J., Mulyani, T., Lestari, B. W., Iskandar, S., Wisaksana, R., Kusmayanti, N. A., Subronto, Y. W., Widyantini, D. N., Wirawan, D. N., Wongso, L. V., Sudewo, A. G., Sukmaningrum, E., Nisa, T., Prabowo, B. R., Law, M., Cooper, D. A., & Kaldor, J. M. (2018). The cascade of HIV care among key populations in Indonesia: a prospective cohort study. *The Lancet HIV*, 5(10), e560–e568. [https://doi.org/10.1016/s2352-3018\(18\)30148-6](https://doi.org/10.1016/s2352-3018(18)30148-6)

⁴ Factsheet: HIV risk behavioural survey for ethnic minorities (Filipinos and Indonesians) in Hong Kong 2019, available at https://www.chp.gov.hk/files/pdf/em_rep2019_e.pdf

HIV testing behaviour



- Unsatisfactory low rate of HIV testing: 40.9% of Filipino and 27.5% of Indonesian respondents had ever tested for HIV.
- Sexually active respondents: 60.0% and 67.3% of Filipinos and Indonesians had never received an HIV test or had had one more than 12 months before.
- Insufficient knowledge of HIV and the perceived high cost to perform the test might explain the very low testing prevalence among the EM community.



Testing of HIV knowledge

Most Filipino respondents (76.4%) could correctly answer 8 (out of 15) or more questions but only about one-third of Indonesian respondents (32.8%) could correctly answer 8 or more questions.

HIV prevention

- 80.0% Filipino and 78.9% Indonesian stated that they had not received any message about HIV.
- 85.5% Filipino and 90.0% Indonesian reflected that they had not received any free condom in Hong Kong in the past one year.

Current Response in HIV Prevention

The ultimate aims of HIV/AIDS health promotion activities are to prevent HIV transmission and minimize the negative impacts of the disease on personal and societal levels.

Objectives

- Foster supportive environment for the delivery of prevention and care services
- Provide broad based public awareness programme on HIV/AIDS for all community groups
- Mobilize and enhance the participation of the community
- Promote acceptance of people living with HIV/AIDS

Fundings are available for application by NGOs providing HIV prevention services, drug rehabilitation services and sexual minority services. **(Annex I)**

The following summary includes local HIV interventions in recent years including:

1. Free condom and lubricant distribution

- Free government-funded male condom and lubricant are distributed by DH and NGOs. The condom procurement by DH followed the WHO recommendation on male condom⁵. (Please refer to **Annex II** for number of condom distributed)
- Large size or small size condom were provided to NGOs/venues for specific users such as Ethnic minority men.

2. Hotline, counselling service and HIV testing services

(For hotlines, please refer to **Annex II**) e.g. Two pre-recorded AIDS hotline for ethnic minority (2359 9112: Tagalog, Vietnamese and Thai and 2112 9980: Hindi, Bahasa, Nepali and Urdu)

HIV testing service

- All clients attending the Maternal and Child Health Centres of the Department of Health (DH) and the Antenatal clinics of Hospital Authority (HA) hospitals will be offered the HIV test as part of routine antenatal blood testing.
- All clients in Methadone clinic of DH required to receive HIV antibody test (urine) once a year.
- All tuberculosis patients in Chest clinic of DH will be offered HIV test.

⁵ Male Latex Condom: Specification, Prequalification and Guidelines for Procurement.
https://www.who.int/reproductivehealth/topics/family_planning/condoms-safety/en/

- Social Hygiene clinic of DH provides one stop service for Sexually transmitted illness (including HIV) testing and treatment.
- Other people can seek Voluntary counselling and testing service, or HIV self test at the following DH clinics or NGO's centre. Some NGOs also provide outreach testing services for MSM or sex workers. **(Annex II)**
- Guidelines (July 2009) and Checklist (September 2013, revised June 2014) were drawn up for quality assurance of the VCT services; annual internal audit has been conducted since 2013.
- To facilitate EM to access HIV testing, interpreter service is available in DH and some AIDS NGOs.

3. Dissemination of HIV prevention messages

- In response to the needs of ethnic minorities, education resources in languages including Bangla, French, Hindi, Bahasa, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. were produced by DH. Resources include video compact discs, information leaflets, promotional cards, etc.
- Department of Health and AIDS NGOs utilises websites and social media to promote HIV prevention. Health message about HIV and sexual transmitted infection (STI) prevention were disseminated via 6 popular local Indonesian/Filipino web pages during period of June to August 2020. Health knowledge of HIV/STI prevention were enhanced together with related services for health examination.
- NGOs have been running projects through Internet outreach: mobile HIV testing/HIV self test and health education through chat rooms and social media to reach the more hidden population. Dating apps become more important as a channel of internet outreach service, targeting local ethnic minority.
- TV advertisement has spearheaded publicity campaign in the past. Different strategies and means have been adopted at various stages of publicity to keep AIDS on the public agenda.
- DH and AIDS NGOs have been running projects through Venue outreach: VCT, health education and condom distribution at districts where ethnic minority live and to popular gathering places for foreign domestic helpers during holidays to introduce HIV related resources and services.
- DH joined health promotion activities organised by the non-government organisations targeted on ethnic minorities. Health messages on HIV prevention were promoted through interactive games and souvenir distribution.
- On Dec 1st every year, DH and NGOs hold different events to increase public awareness on HIV prevention and caring on PLHIV.

4. Capacity building for NGO workers and healthcare workers

- Provide training workshop to update participants' knowledge on HIV-related prevention, investigation, treatment and care. Enhance understanding and special consideration for selected populations, including ethnic minority, in order to facilitate daily services. **(Annex II)**

5. Medical service for HIV and Sexually transmitted illness treatment

HIV post-exposure prophylaxis

- PEP (Post-exposure prophylaxis) refers to taking anti-HIV medicine after any high-risk exposure to HIV virus in order to reduce the risk of HIV infection. PEP must be started within 72 hours after a possible exposure, the sooner the better. Generally speaking, anti-HIV medications for PEP are available at the Accident and Emergency Departments of public hospitals and at certain private clinics or hospitals.
- If PEP is started, continued follow up is important. The Therapeutic Prevention Clinic of the Department of Health provides follow up after initiation of PEP. The Hospital Authority also follows up its health care staff exposed in the health care setting.

HIV treatment

- Currently, there are three designated HIV clinical services in the public sector: the Integrated Treatment Centre (ITC) of the Department of Health, the AIDS Clinical Service of Queen Elizabeth Hospital (QEH) and the Infectious Disease Special Medical (IDSM) Clinic of Princess Margaret Hospital (PMH). These centres serve the vast majority of HIV infected patients engaged in care. Interpreter services are available in all public HIV clinics.

Other sexually transmitted illness

- The Social Hygiene Service of Department of Health is responsible for the prevention and control of sexually transmitted infections (STI). In the control of STI, social hygiene clinics accept walk-in clients and provide medical treatment and counselling service, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carries out contact tracing, health education and outreach activities to control the spread of STI.

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