

# Overview: Core Components of a Minimum Package of Services for HIV Prevention with Sex Workers

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Interventions with Most at Risk Populations  
in PEPFAR Countries  
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*The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention*



# Outline of the presentation

- Background
- Core components of minimum package of services for sex workers
- Structural interventions
- Conclusions

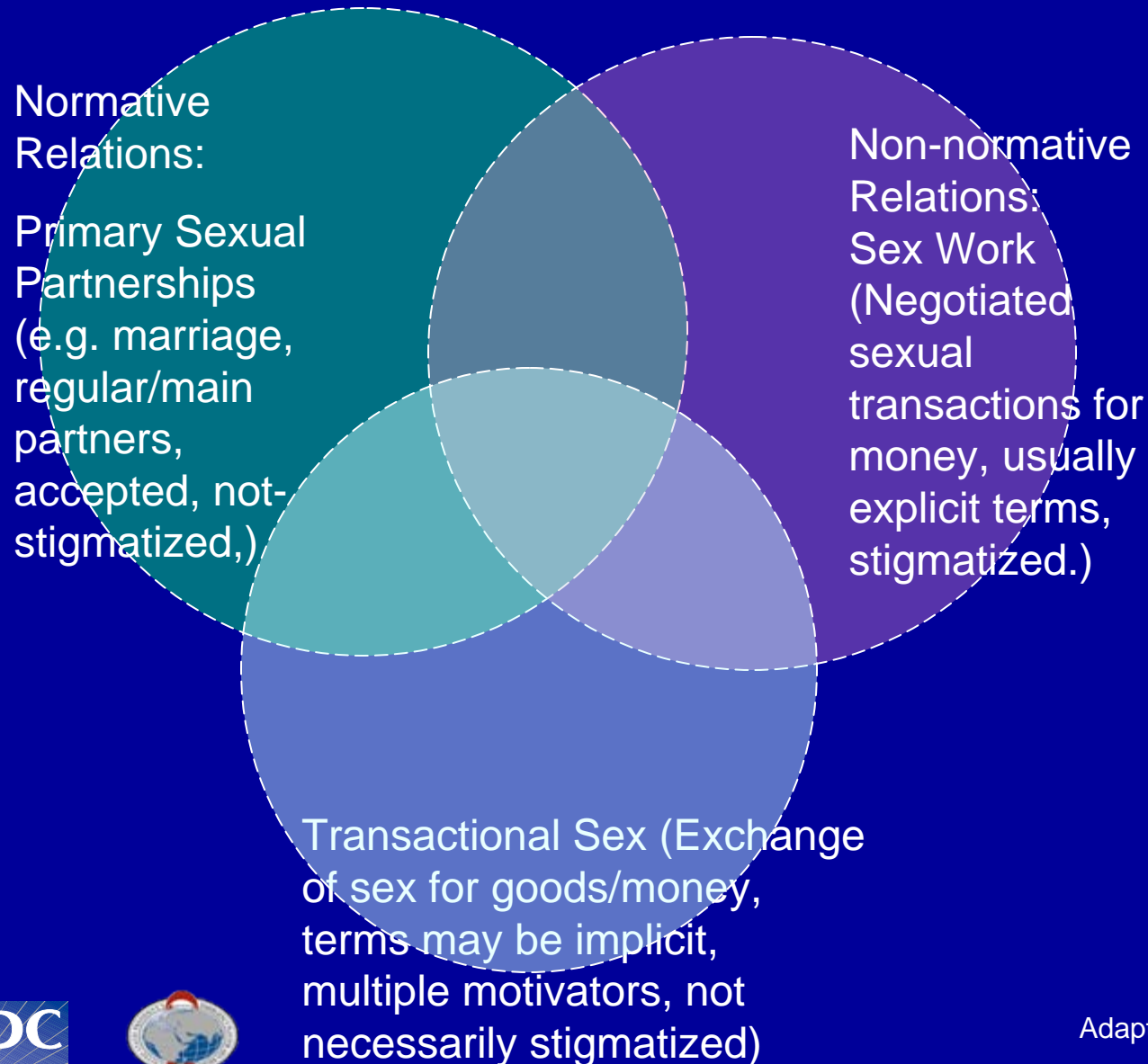


# What is Sex Work?

- Broad definition – exchange of sex for money or goods
- Patterns of sex work differ by:
  - Frequency/pattern of sexual interactions
  - Sector/Setting (e.g. brothel, street, other venue)
  - Price/clientele/sexual preference/types of services offered
  - Degree of autonomy sex workers have over their work (e.g. pimp/agent)
  - Regulatory environment (e.g. criminalized, licensed, formally geographically “localized”)
- Factors have an impact on strategies for reaching SWs.



# Conceptual Model: Domains of sexual interaction



Adapted from Kane 1993

# Who are Sex Workers?

- Most female
- Most young (teens and early 20s)
- Increasing number of male and transsexual SWs
- Most clients are men
- Highly mobile
  - Rural/urban
  - Internal/external migration
  - Populations of sex workers change frequently in response to changes in labor market and other factors
  - Challenging for delivery of interventions



# Proportion of Sex Work Clinic Attendees by Country of Origin Cote d'Ivoire 1992-1998 (Ghys et al 2002)

Country of Origin	1992 %	1998 %
Cote d'Ivoire	9	45
Nigeria	2	56
Ghana	82	9
Liberia	0	15*, 2

\*peaked in 1995



# Health Risks and SW (1)

- At high risk for adverse sexual and reproductive health outcomes
  - Sexually Transmitted Infections
    - ½ to 1/3 of women in sex work have a curable STD at any one time
    - High probability of re-infection
    - Morbidity includes bladder/kidney infection, pelvic inflammatory disease, ectopic pregnancy, increased risk of cervical cancer
  - HIV/AIDS
    - STI increases susceptibility to HIV



# Health Risks and SW (2)

- Factors increasing HIV/STI risk
  - Frequency/rate of partner change
  - Current levels of STIs, especially GUD (syphilis, HSV-2, chancroid, LGV)
  - Availability and use of condoms
  - Lack of ability to negotiate condom use
  - Specific sexual practices (e.g. dry sex, anal sex)
  - Specific cleaning practices (e.g. douching/drying agents)



# Health Risks and SWs (3)

- Sex workers use alcohol/drugs
  - To engage with clients
  - To mitigate effects of sex work
  - Introduced by a sex partner
- Leads to concentration of risk factors
  - Risk Behaviors (e.g. needle sharing, unprotected anal/vaginal sex)
  - Risk Networks (sexual and drug-using)
- Other issues
  - Mental health issues
  - Gender-based violence (rape, physical abuse)



# Core Components of a Comprehensive HIV Prevention Program with SW



# HIV Prevention Programs for SW

- No “perfect” program exists
- Basic principles are:
  - Offer a minimum “package” of services
  - Link HIV/STI prevention and care
  - Incorporate input from sex workers and their community
  - Do no harm—implement in humane and non-judgmental manner

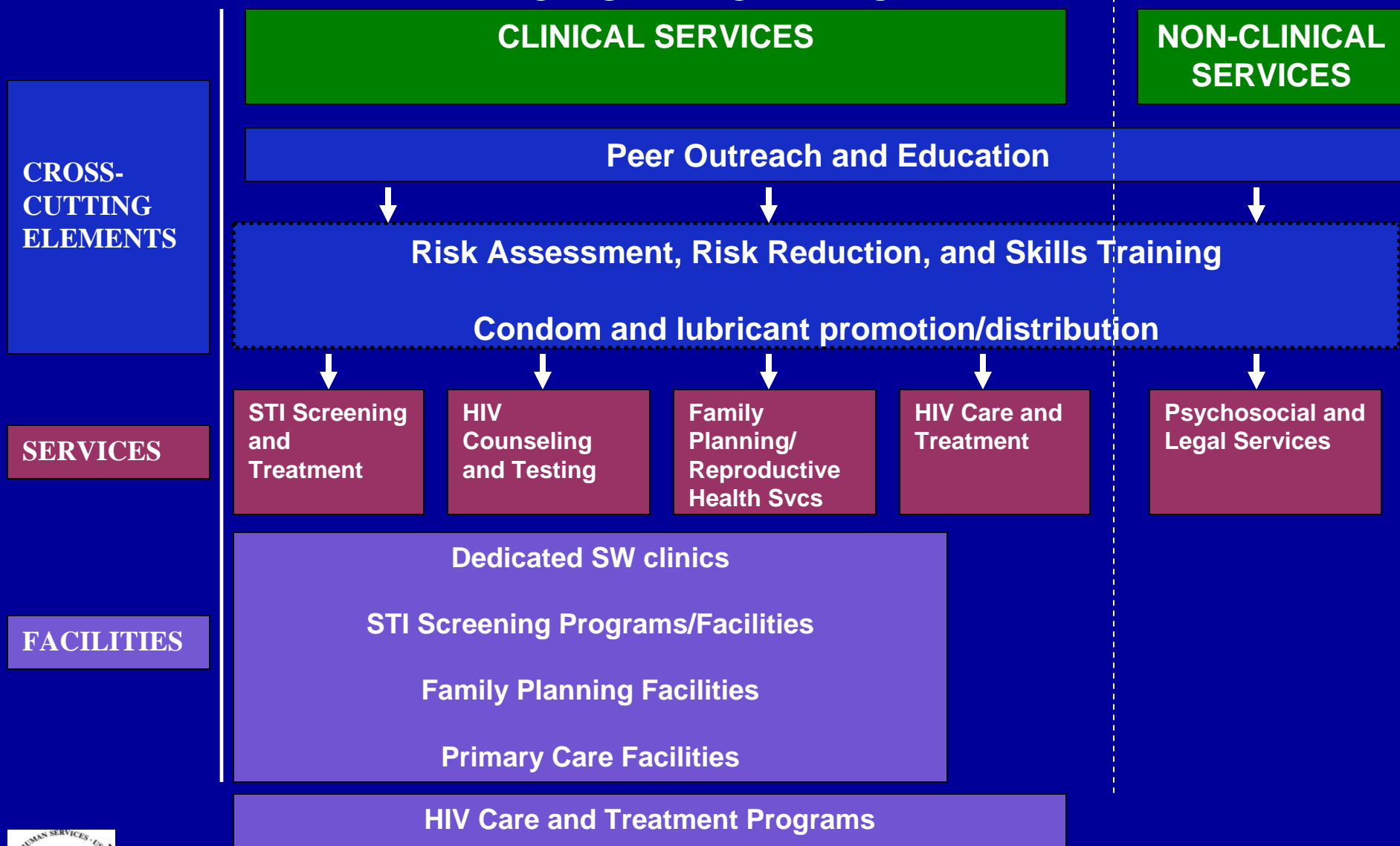


# Core Components of a Minimum Package of Services for SW

- Peer education and outreach
- Condoms and lubricants
- STI screening and treatment
- HIV counseling and testing
- HIV care and treatment
- Access to other health/social services as feasible (reproductive health, family planning, PMTCT, post-exposure prophylaxis (PEP), substance abuse tx, legal/psychosocial support)



# CONCEPTUAL MODEL FOR MINIMUM PACKAGE OF SERVICES FOR SEX WORKERS



# Peer Education and Outreach

- Peer education is effective in improving HIV/STI biological and behavioral outcomes (Medley 2008, Shamanesh 2008)
- Well-trained peer educators
  - Provide information on HIV/AIDS transmission
  - Provide risk reduction counseling and condoms/lubes
  - Train sex workers to recognize male and female STI symptoms
  - Train sex workers in condom negotiating skills
  - Refer SWs to VCT, STI, and other services
- Need to address quality in peer outreach, but keep outreach peer-based



# Condoms

- Provide and increase access to good-quality male and female condoms and lubricants
- Provide training on correct and consistent use of male and female condoms
- Increase skills in condom negotiation
- Advocate for 100% condom use policies
  - Encourage/require sex work establishments to ensure all clients use condoms
- Link to STI/HIV and other (e.g. FP) services



# STI Screening and Treatment

- Provide confidential and anonymous screening for symptomatic and asymptomatic STIs
- Include condom access and risk reduction information/counseling
- Accessible and acceptable services
  - No risk of being criminalized or penalized
  - Location of service close to home/workplace
  - Convenient hours and short wait times
  - Free or low cost services
  - Providers who have been trained/sensitized to work with SWs



WHO, 2002

# Operational issues to be considered

- Targeted STIs and choice of treatment regimen
  - Deciding which STDs to treat/which algorithm is appropriate—based on local STD dynamics
  - Ensuring adequate supply of drugs
- Intervals between screening visits (monthly, quarterly, yearly)
- If using periodic presumptive treatment (PPT), deciding how and when to remove
- Antibiotic resistance monitoring
- Treating clients/partners



# Effectiveness of STI Programs for Control of STI and HIV

- Strong evidence exists that STI control programs reduce STIs in SWs and their clients
- Mixed evidence exists for effectiveness of STI programs on reducing HIV incidence but some programs show reductions
- Potential reasons for mixed evidence
  - Role of incurable viral STIs
  - Reduced role of bacterial STIs in HIV transmission due to BC interventions, stage of epidemic
  - Evaluation of interventions challenging due to high sex worker mobility and attrition rates



# HIV Counseling and Testing

- HIV-positive persons who know their status will reduce their risk behaviors to protect their partners (Weinhardt, et al 1999)
- Accessible and acceptable services
  - Integrate with STI and family planning
  - Use PICT when appropriate (e.g. sex worker clinic)
  - Use innovative models of VCT to reach SWs (rapid testing, satellite, night clinics, mobile clinics)
- Barriers to CT for sex workers
  - Fear that testing will result in loss of income
  - Fear of stigma and discrimination



# HIV Care and Treatment

- Improving access to HIV care and treatment for SWs is feasible (Huet et al 2008)
- Link with STI, CT, FP and primary health care services
- Use innovative strategies to increase access (e.g. mobile/roadside clinics, hotel rooms)
- Create a supportive environment for HIV positive sex workers to increase adherence and reduce participation in sex work



# Structural Interventions for SW (1)

- Two structural interventions for SW have emerged
  - Community mobilization initiatives
    - Example: Sonagachi project, Calcutta, India
    - Empowerment (e.g. economic, etc), self-organizing for improved working conditions. Addressed legal, childcare, literacy.
    - HIV prevalence in SW remains <10%, 3 to 10 fold less than elsewhere among FSW in India; Sonagachi women have significantly better health seeking behavior and optimism scores; 3 to 5 fold reduction in some STIs.



# Structural Interventions for SW (2)

- Government policy initiatives
  - Address changes in policy/regulation that affect SWs.
  - Example: 100% condom use program, Thailand, Dominican Republic
  - Thailand: Condom use in CSW establishments increased from 14 to 94%, 5 major STIs decreased by 79% in men; Decrease in military men HIV incidence from 2.48/100 PY to 0.55/100 PY; same magnitude of effect not demonstrated in SWs.



# Structural Interventions (3)

- Can be effective in reducing HIV
- May be hard to replicate in another context
- Challenging to evaluate (to disentangle effects of various components)



# Conclusions

- Effective interventions exist to reduce risk behaviors and STI prevalence among SWs.
- Effective programs are usually a combination of peer outreach, risk reduction counseling, condom promotion, and provision of STI services.
- Interventions should link to other clinical/social services as feasible.
- Interventions should be targeted/adapted based on local sex work patterns, local STD prevalence, policy environment, etc.
- Interventions should incorporate SW input into how to make services user-friendly.
- Do no harm--caution should be exercised to avoid further stigmatizing, criminalizing sex workers.



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