

# Interventions for Sex Workers: Experience of HIV prevention and care services for Sex Workers in Côte d'Ivoire

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# Context

- Geographical area : 322.462 Km<sup>2</sup>
- Population: ~ 20 million
- Rural Pop : 55%
- Men : 49 %
- Women : 51 %
- Pop 15-64 years: 51.6%



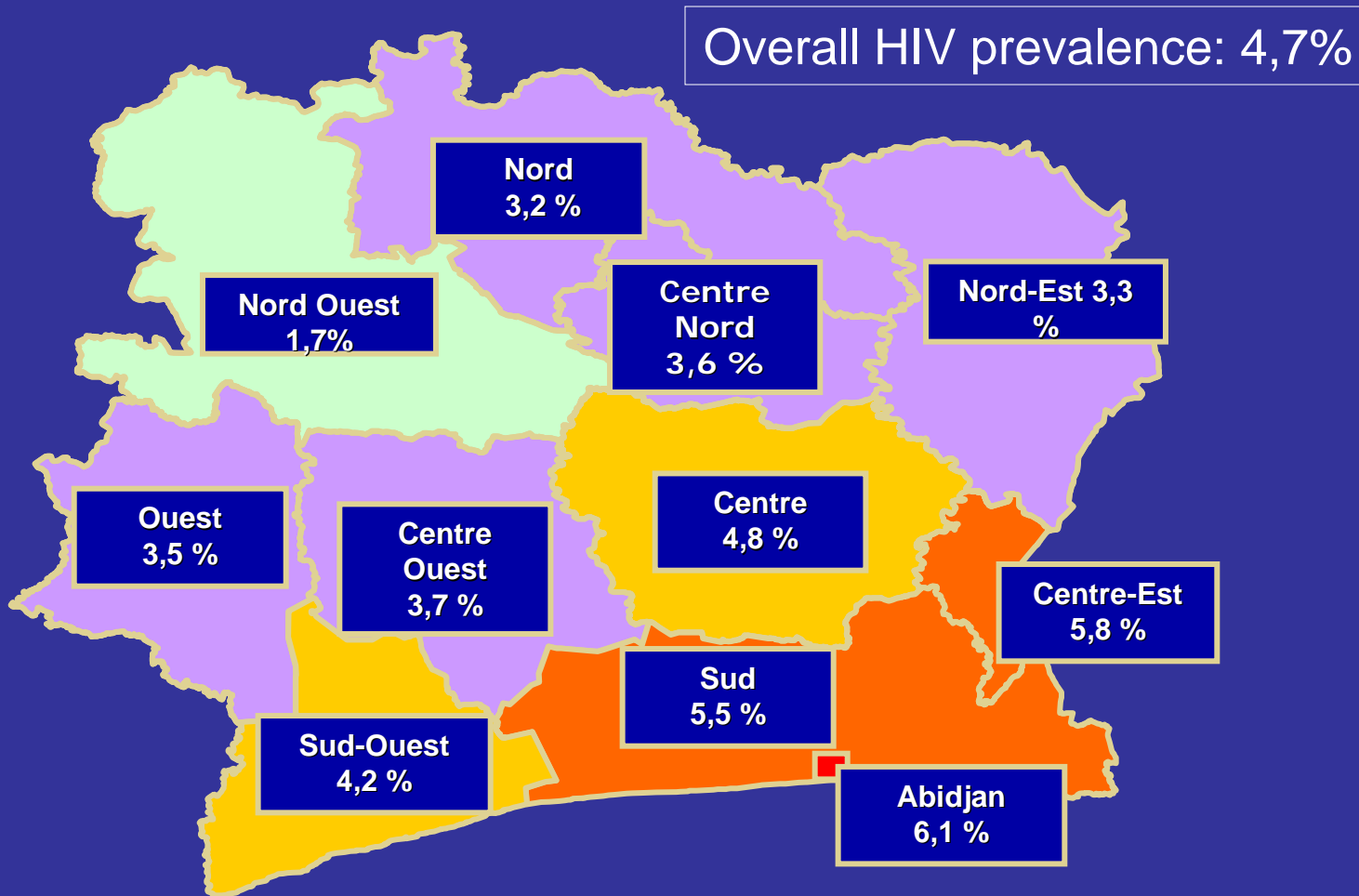
**Cote d'Ivoire (CI) is the country most affected by HIV in West Africa**

4.7% of prevalence, peaking at 14.9% among women ages 30-34

And reaching 7% among men ages 40-44.

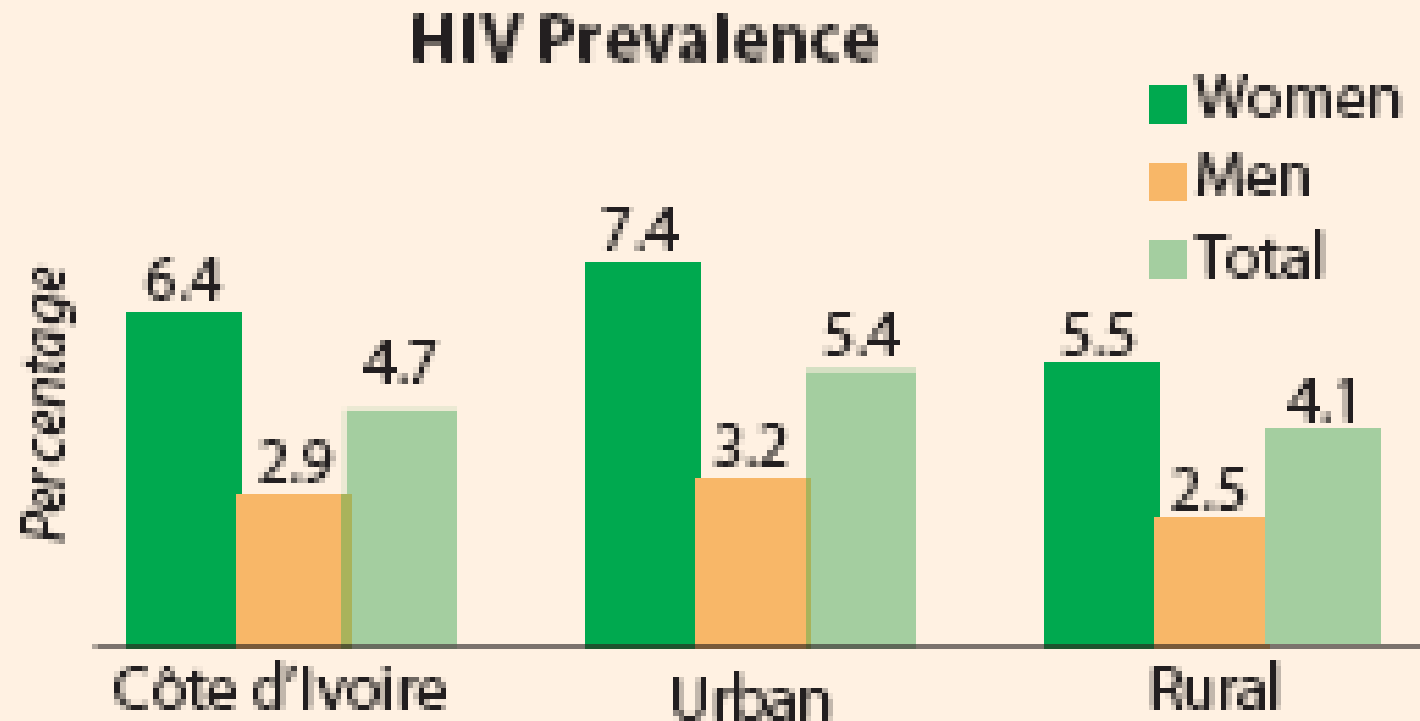
(statistics: AIS 2005; A DHS+ is planned in 2009)

# HIV/AIDS epidemic in Côte d'Ivoire: HIV prevalence per region



Source : AIS - Côte d'Ivoire 2005

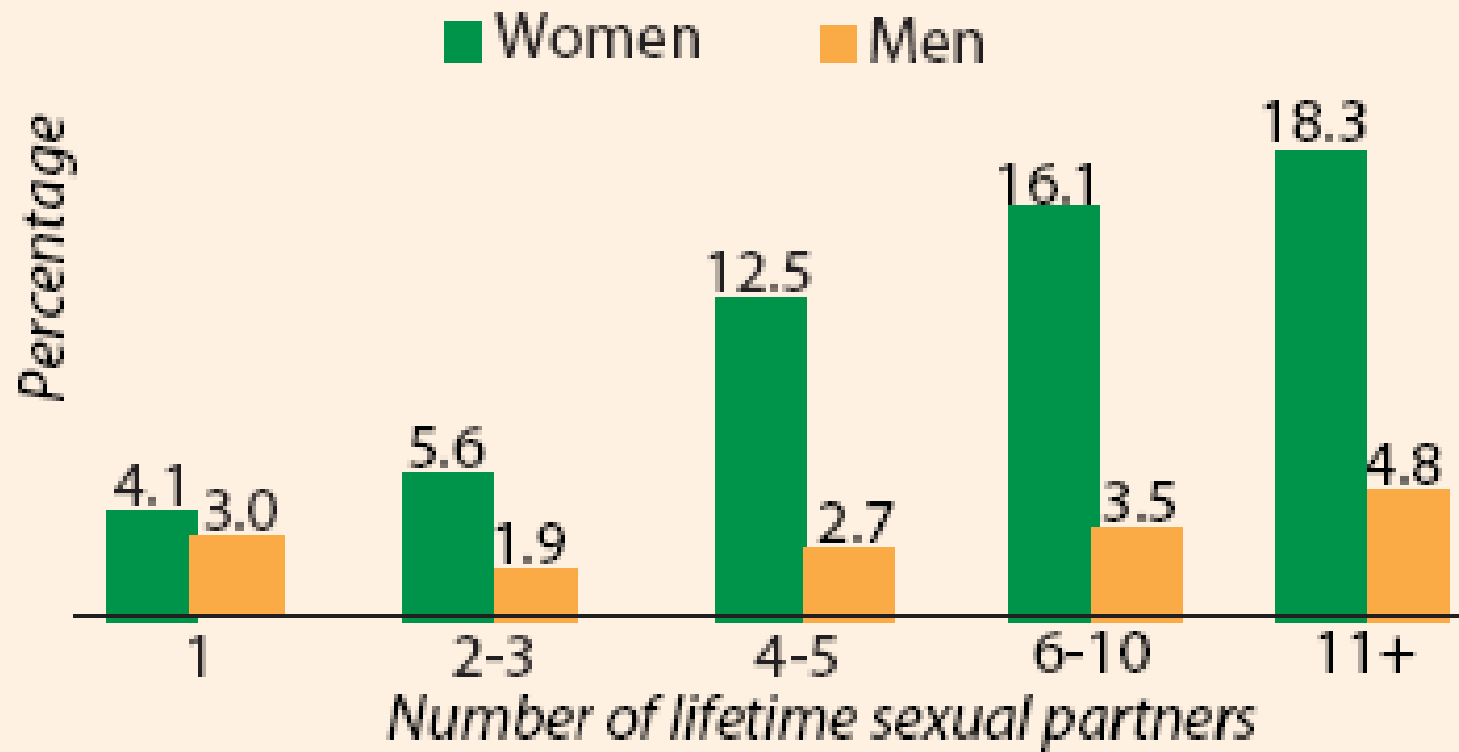
# HIV/AIDS Epidemic in Côte d'Ivoire: distribution by sex



Sources: AIS 2005

# Trend of HIV prevalence with the number of sexual partners

Prevalence by Number of Lifetime Sexual Partners



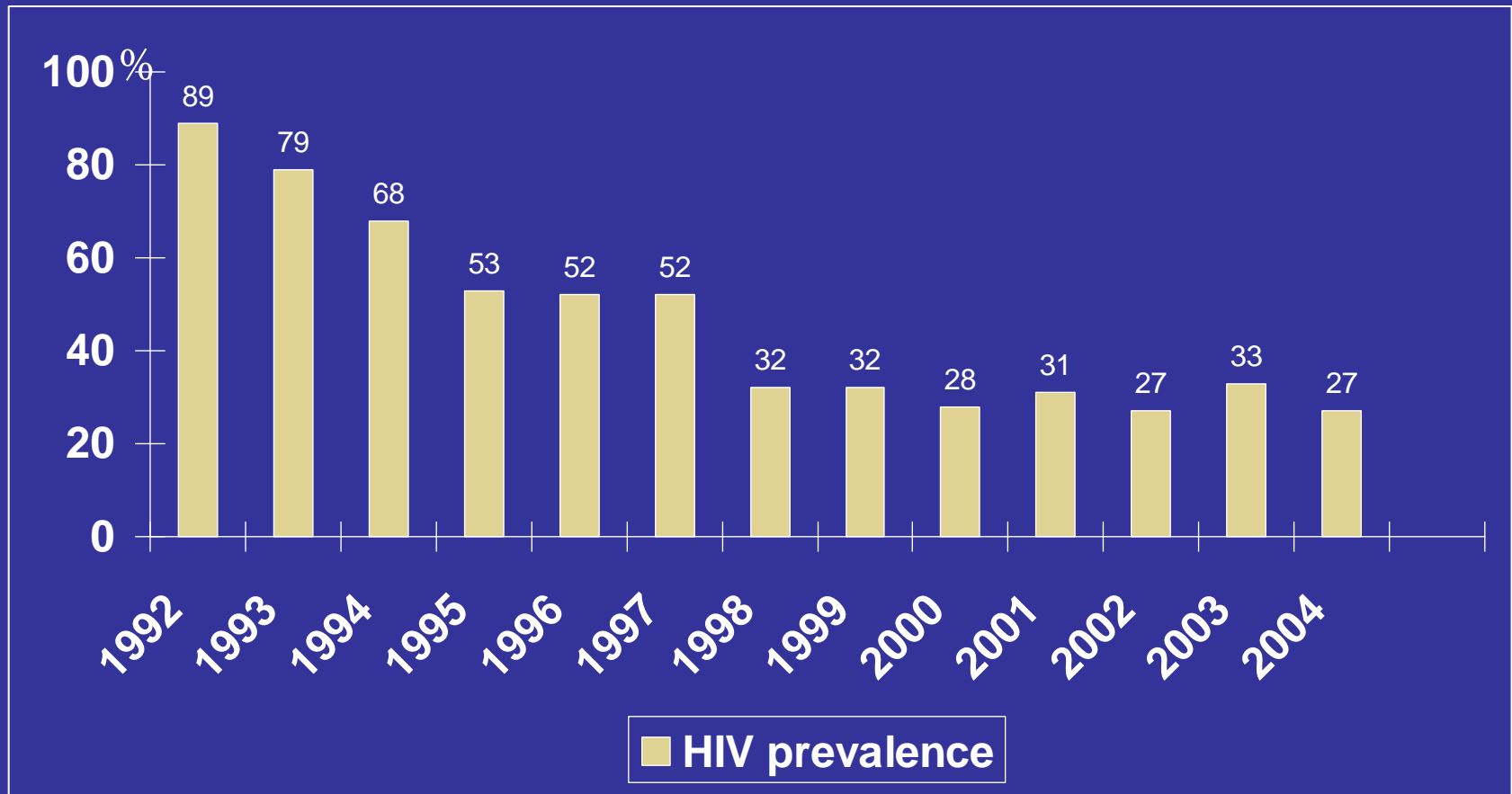
Sources: AIS 2005

# HIV infection among Sex Workers in Côte d'Ivoire

- Recent political, social and economic instability are contributing to poverty and high mobility of sex workers
- Sex Workers are four times more likely to be infected by HIV than the general population (23% among new attendees females SW in recent targeted study<sup>1</sup>)
- Sex Workers are a population bridge in transmission of HIV infection in the general population in CI

<sup>1</sup> Source: 2007 FHI study in 3 sites on HIV prevalence among SW and the use of condoms—*Bea Vuylsteke (IMT/FHI), Lazare Sika and Elise Kacou (ENSEA)*

# Trend of HIV Prevalence among female SW who accept an HIV test at their first visit at Clinic de Confiance (1992-2004)



Clinique de Confiance is a full-service health center in the commercial capital (Abidjan) which services on average 20 clients per day. It is a member of the PAPO-HV network of clinics targeting SW.

# Issues / Findings

- More precise estimation of sex workers (SW) size is possible with capture-recapture approach<sup>2</sup>
- Decreasing in Sexually transmitted infections including HIV prevalence among SW, seems to be associated with increasing in condom use has the potential to slow down the HIV epidemic in the general population
- Targeted services are among the most cost-effective interventions to prevent HIV infection among SW
- There is a recognized need and priority to expand essential HIV prevention services for MARPs (currently described as highly vulnerable populations by GOCI and partners) in Cote d'Ivoire

<sup>2</sup> Capture-recapture estimation activities are being conducted with FHI technical support and PEPFAR funding through the PAPO-HV network of SW clinics.

# Aimed objectives

- Increase the quality and wide spread geographic coverage of services for Sex Workers in Cote d'Ivoire.
- Continue size estimation activities, situation analyses, biological and behavioral studies to improve evidence base and better understand changing mobility and risk patterns.
- Improve coordination activities at both National and Regional level
- Build on successes of facility based SW programs and better address occasional sex work and transactional sex among non self-identified SW<sup>3</sup>.

<sup>3</sup> Multiple studies by FHI and PSI in COP 2009, transactional sex risk factor study in 2008/2009, Ministry of Women, Families and Social Affairs situation analyses, DHS+ 2009

# History of services for SW (1)

- 1. Prevention Program for Prostitutes and their regular (stable) partner (PPP) in 1989**
  - supported by WHO/GAP
  - Strategy: Information Education and Communication program on STI/HIV/AIDS
- 2. Confidential clinic for sex workers and their regular (stable) partners in Abidjan in 1992**
  - supported by CDC (RETRO-CI) and ITM Belgium
  - provides clinical examinations free services to SW, STD case management, HIV counseling and testing
  - conducted research on STI/HIV epidemic among female sex workers and their (stable) partners
- 3. SIDA 2 Project (1996):**
  - supported by Canadian cooperation
  - STD case management for SW by syndromic approach

# History of services for SW (2)

## 4. PSAMAO (Prévention du Sida sur les Axes Migratoires de l'Afrique de l'Ouest: 1997

- Supported by USAID and implemented by PSI
- Target populations: truck drivers and sex workers
- Strategy: behavior change communications activities, and referral system to institutions providing CT and STI services

## 5. From 2001 to 2003: CDC opened its Global AIDS Program (GAP) office and supports the Government of Côte d'Ivoire

- Expansion of STIs/HIV prevention and care services for female SW and stable partners in other cities (Yopougon and San Pedro)

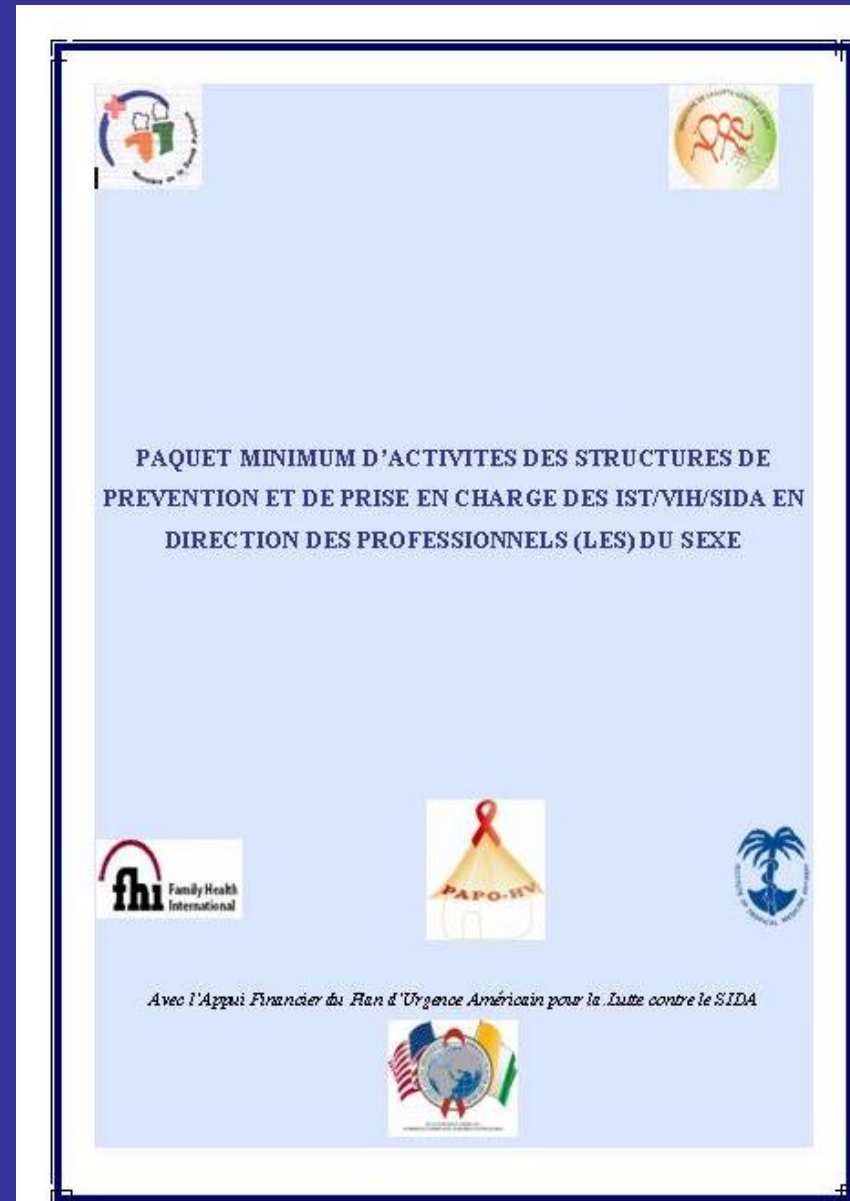
## 6. Since 2004, based on the Clinique de Confiance experience, PEPFAR prioritized a PAPO-HV project with technical assistance from FHI/ITM

- Strengthen evidence base, establish a network of NGO clinics and leverage peer outreach potential to expand the coverage of STIs/HIV prevention and care services for HVP in Cote d'Ivoire

# MAJOR TECHNICAL ACTIVITIES

# Minimal Package of Services

A minimum package of activities was approved in a national workshop held in Abidjan in 2006.



# Minimum package of services: prevention-care synergy



SW clinic

Behavior change messages  
Condom promotion  
Promotion of clinic services

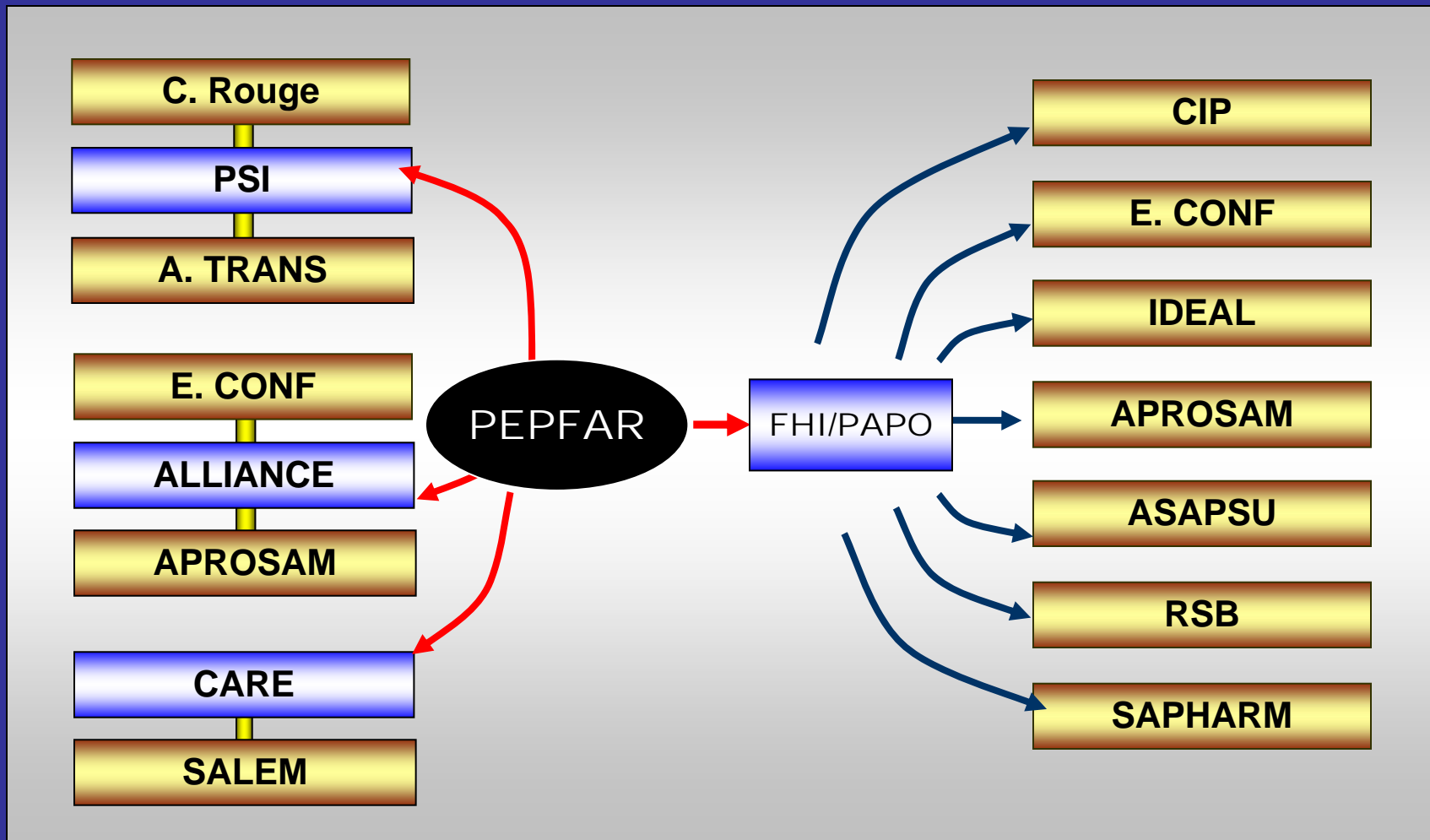
PHE, community workers

Field

STI screening and treatment  
HIV Counseling and testing  
Care and support for HIV +  
Access to ART  
Primary health care services  
Behavior change messages  
Condom promotion



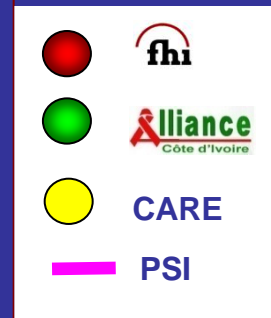
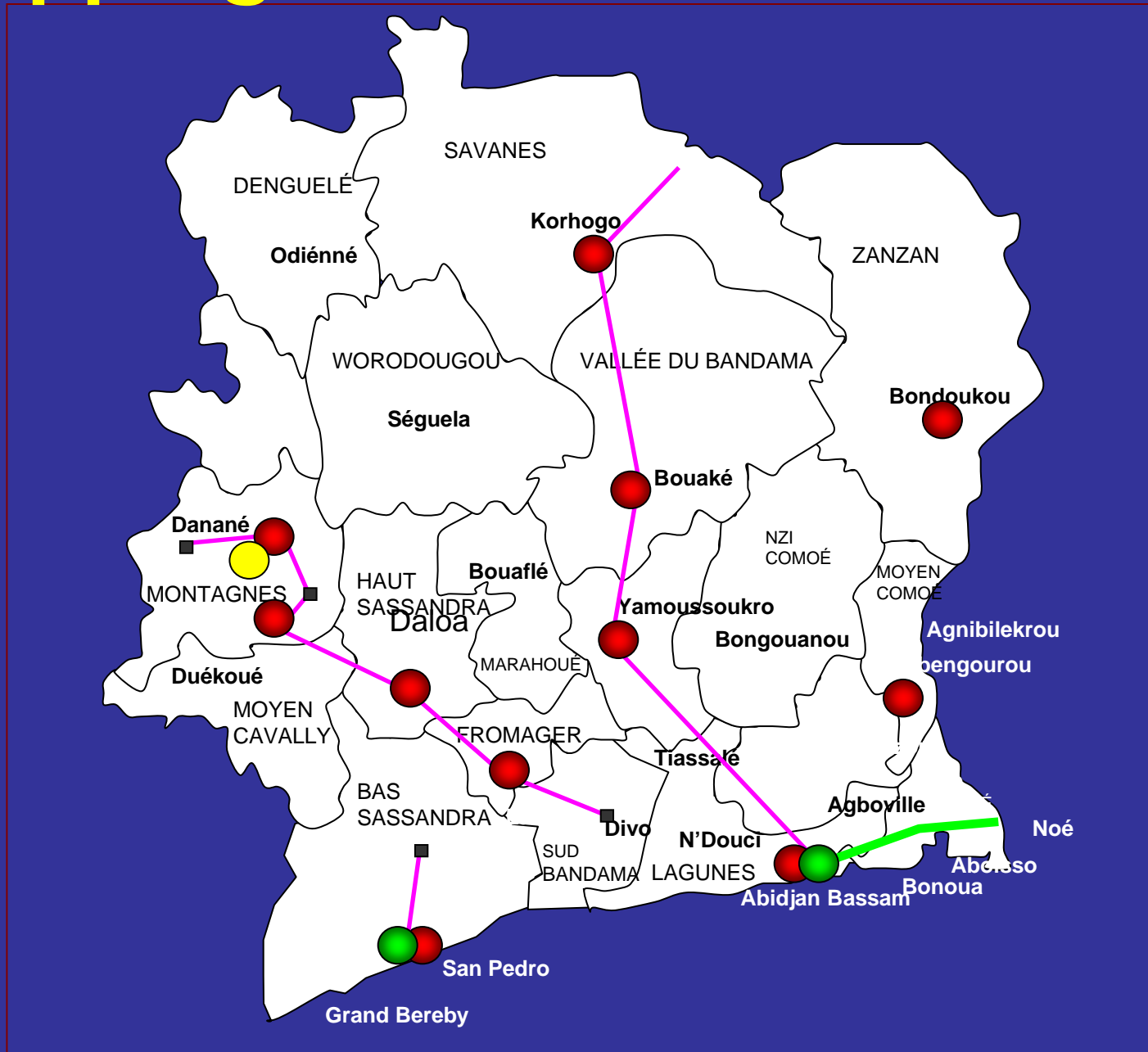
# PEPFAR implementing partners serving SW population



PEPFAR direct implementing partners include :

- FHI
- ALLIANCE
- PSI
- CARE

# Mapping of interventions for SW



# How are they accomplished?



# Responsibilities of Prime partners

- 1. Selection of NGO's and association in pre-determined districts: technical and managerial assessment**
- 2. Capacity building:**
  - Training of health care providers community workers (new sites)
  - Refreshment training
  - Technical assistance for supervision activities and monitoring, evaluation, quality assurance
  - Technical assistance in financial, organizational, and management
- 3. Provide technical assistance to host country:**
  - Contribute to national evidence base through operations research; help develop and diffuse national training materials, tools and policies; support decentralized planning; contribute to harmonizing outcome indicators for BCC programs
- 4. Coordinate activities in collaboration with technical ministries and key actors at local, district, regional, national levels.**

# Institutional responsibilities

- 1. Elaboration of strategic and operational plans**
- 2. Coordination of interventions and monitoring and evaluation system**
- 3. Dissemination of materials, tools and guidelines**
- 4. Advocacy and resources mobilization**

# Institutional responsibilities

5. Ensure a safe, non-judgmental environment that promotes confidence and confidentiality



CIP CAMES entrance invites clients to access services and participate in peer education activities in a welcoming, well-maintained facilities (Man location)

# Services for SW

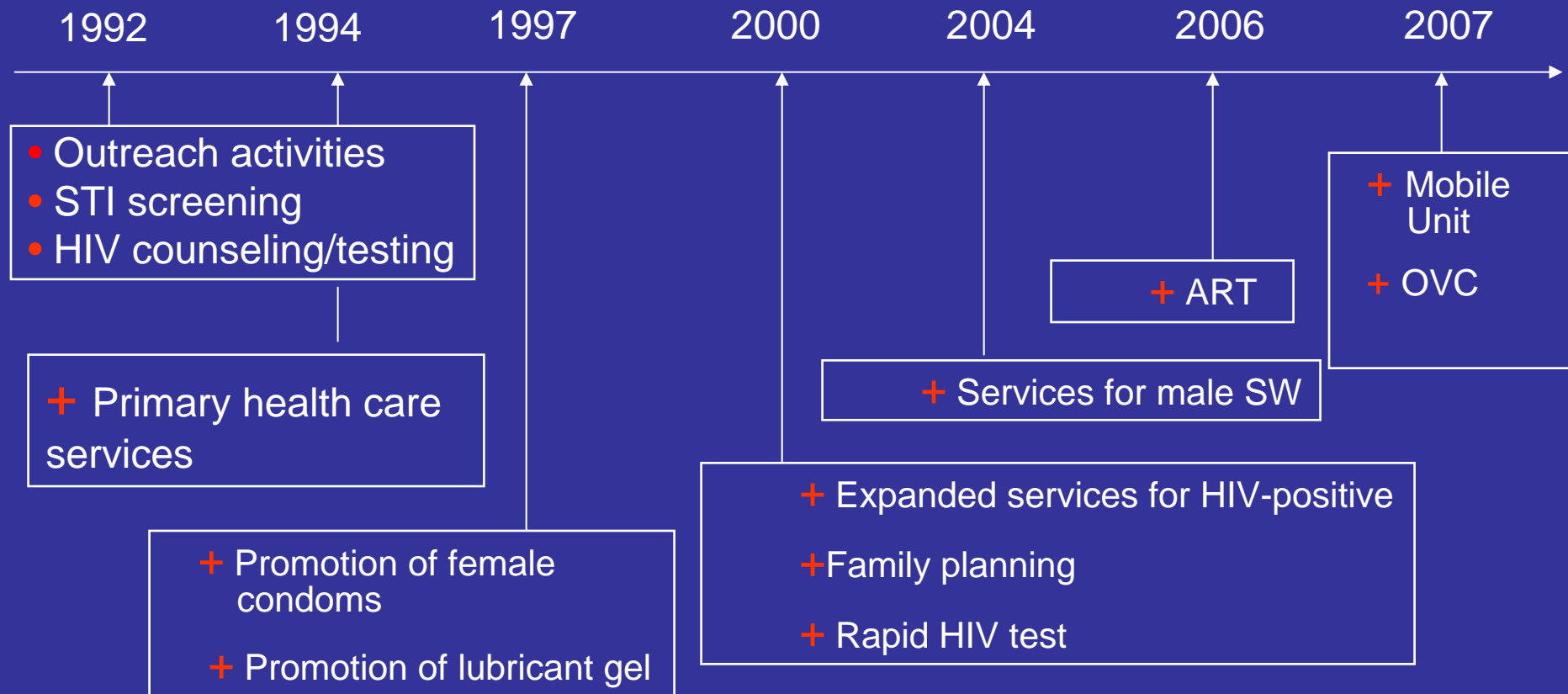
## 1. Prevention services: community based interventions

- BCC based on peer education through multiple communication opportunities and message reinforcement
- Peer educators complemented by animators/outreach workers targeting proprietors of SW sites (bars, restaurants, hotels, etc.) and clients.
- Focus on risk reduction with pilot alternative income generation models
- Referral system to health centers for SW (accompanied or follow up)
- Support for PLHIV: through support groups/ social workers

## 2. Prevention integrated in Care & treatment:

- VCT (promoting PICT), STI treatment, pilot cervical cancer screening
- Other care services delivered by an interdisciplinary staff (physicians, health workers and social workers...)

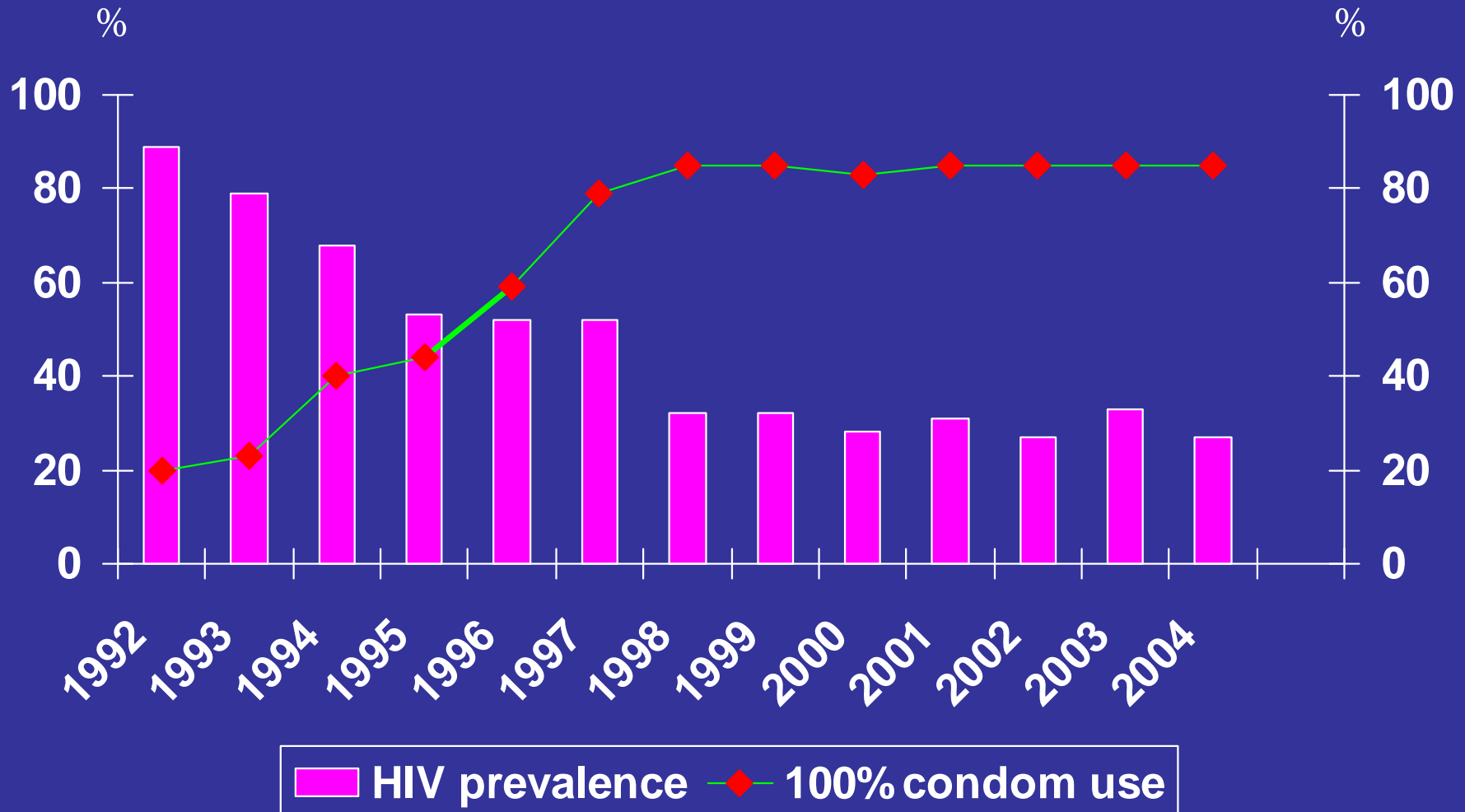
# Example of services implemented at the Clinique de Confiance (CdC)



# Key results achieved at CdC:

## HIV Prevalence and 100% condom use

### among SW who accept an HIV test at their first visit (1992-2004)



**CHALLENGES**

# Challenges

## 1. Mobility of SW

- System of identification card for care & TTT in PAPO-HV centers

## 2. Accessibility to services

- Geographical: (location, transport): location of new sites must be accessible
- How to reach unreached clients: Mobile Unit, more satellite sites
- Difficulties for SW living with HIV to access ART TTT: Delivery of ART services for SW

## 3. Human right issues

- Discrimination and violence from police and others: Involvement of military and police authorities

## 4. Other issues

- Empower SW within limits of PEPFAR / USG regulations regarding promotion of prostitution: connecting nascent or established networks of SW (Community based associations) to advocate for their own right to protection and health care.

# New or Emerging Challenges

1. **Poverty and age of many of SW:** use models validated in women's economic empowerment projects to establish alternative income activities
2. **Cost-effectiveness of mobile units:** How to sustain interventions for outreach SW
3. **Ethics:** Prostitution not legal in CI, so SW vulnerable to stigmatization, discrimination and violence. How far can we go to address this with little wrap-around in post conflict?
4. **Availability of drugs for care and TTT:** STIs kits
5. **Identifying key interventions to address gender based violence** specifically related to SW (integrate SW needs and vulnerabilities in other GBV initiatives)
6. **Difficulty in funding** comprehensive national service delivery with few other international donors and priorities for testing, care and treatment.

# RECOMMENDATIONS

# Advice and Recommendations

## Elements of success for SW prevention program :

- Invest in size estimate activities that strengthen resource allocation planning and may contribute to understanding changes in mobility and social protection
- Engage national technical working group to share information and propose coordinated responses to any change in trends
- Involve SW in all aspects of any program targeting them
- Plan practical steps to ensure accessibility and confidentiality of services

# Advice and Recommendations

Elements of success for SW prevention program :

- **Establish communication links within sex worker communities**
  - empower motivated sex workers known in their community to participate actively in advocacy, program leadership and peer education work
  - consider opportunities to establish a network for sex workers
  - strengthen networks set up
- **Direct funding to EP after capacity building, to execute activities (system of accountability through supervision and appropriate M&E)**
- **Prevention, care and TTT activities should be considered as an integrated continuum of services, with training, tools and M&E efforts coordinated**
- **Set up conditions to promote sustainability of activities**

# Perspectives/Priorities

- Expand coverage at national level based on SW size estimates, prevalence trend data, and other factors of situation analysis.
- Coordinate research and planning with national HVP TWG
- Improve sharing information/good practices at all levels
- Continue building institutional capacity to map and track hot spots, adjust outreach sites, adapt peer education and client approaches based on results achieved, and reach women (and men) engaged in occasional sex work.
- Document pilot project with mobile units
- With support of FHI, strengthen management capacity of Espace Confiance
- Strengthen the training capacity of Espace Confiance in order to become a national and regional training center



**Thank you for your attention!**

