STI and HIV Prevention and Care among Sex Workers

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- Normative work
- Global advocacy
- Build and sustain partnerships
- Support regions and countries with implementation
Epidemiology of HIV

- 34 million people living with HIV
- HIV incidence peaked in late 1990s
  - Global HIV prevalence stable
  - Heterogeneity; concentrated epidemics.
WHO's work on key populations

- PWID (2003-2012)
  - Clinical and programmatic guidance
  - Guidance to set national targets and measure progress

- Prisons (2005-2011)
  - Normative guidance

- MSM (2011)
  - Normative guidance

- SW (2012)
  - Normative guidance
Sex Workers and HIV/STI

- The risk of becoming infected with HIV is higher than for other people
  - 2.5 X women 15-49 in low and middle income countries

- Multiple clients and difficulties to get them to use condoms

- Barriers to access services due to fear of stigma, discrimination and, violence

- Some national AIDS programmes support implementation of HIV prevention programmes for SW. Many do not or started late.
Global estimated HIV prevalence in female sex workers is 11.8%

<table>
<thead>
<tr>
<th>Region</th>
<th># of Countries</th>
<th>Sample Size of HIV Positive Sex Workers</th>
<th>Total Sample Size of Sex Workers</th>
<th>Pooled HIV Prevalence among Sex Workers (95% CI)</th>
<th>Background HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>14</td>
<td>3323</td>
<td>64224</td>
<td>5.2% (5.0-5.3)</td>
<td>0.18%</td>
</tr>
<tr>
<td>EE</td>
<td>4</td>
<td>331</td>
<td>3037</td>
<td>10.9% (9.8-12.0)</td>
<td>0.20%</td>
</tr>
<tr>
<td>LAC</td>
<td>11</td>
<td>627</td>
<td>10237</td>
<td>6.1% (5.7-6.6)</td>
<td>0.38%</td>
</tr>
<tr>
<td>MENA</td>
<td>5</td>
<td>17</td>
<td>959</td>
<td>1.7% (0.94-2.60)</td>
<td>0.43%</td>
</tr>
<tr>
<td>SSA</td>
<td>16</td>
<td>7899</td>
<td>21421</td>
<td>36.9% (36.2-37.5)</td>
<td>7.23%</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>12197</td>
<td>99878</td>
<td>11.8% (11.6-12.0)</td>
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</tbody>
</table>

- Highest prevalence found in 16 countries in sub-Saharan Africa - 36.9%
  - Kenya – 45%
  - Nigeria – 34%
  - South Africa – 60%
  - Mauritius – 33%

The road to SW guidelines

- WHO Toolkit for Sex Work and HIV
- UNAIDS Guidance Note on HIV and Sex Work
- Joint Action for Results
Why specific SW guidelines

- Interventions to reduce transmission of HIV among sex workers and their clients are recognized as an essential part of HIV programming.

- The justification (vulnerability leading to high rates of sexual partner change and unprotected sex) is well established.

- The Global HIV Prevention Working Group, PEPFAR, UNAIDS, UNFPA and other development partners are strongly advocating for interventions to be scaled-up.
Purpose
Recommend a comprehensive package of interventions for the prevention and treatment of HIV and other STI for sex workers

Target Audience
- Public health officials and managers (HIV & STI)
- Implementers e.g. NGOs and CBOs working with affected communities
- Health care providers
- Bi-lateral and multilateral donors
- The Global Fund for Fighting AIDS, TB and Malaria
# Guideline development process

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Prioritize Problems, establish panel, questions</td>
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<tr>
<td>Systematic Review</td>
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<tr>
<td>Evidence Profile</td>
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<tr>
<td>Relative importance of outcomes</td>
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<td>Overall quality of evidence</td>
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<tr>
<td>Risks - Benefits evaluation</td>
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<tr>
<td>Strength of recommendations</td>
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<tr>
<td>Implementation and evaluation of guidelines</td>
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</table>

GRADE
Guidance development process

- Establishment working group
  - Topic identification and literature review – April 2010
- Approval for development – July 2010
- Formulate research (PICO) questions – August 2010
- Evidence retrieval and GRADE – December 2010
- Community consultation – September 2011
- Consensus meeting to agree on recommendations – February 2012
- Oversight and approval by WHO Guideline Review Committee
- Launch 12.12.12
Recommendations are based on

- Evidence
- Risk and benefit evaluation
- Values and preferences
  - Sex work networks and organizations
- Operational aspects
  - Feasibility
  - Cost
Issues considered for reviews and values and preferences survey

- Community Empowerment
- Condom use
- STI: screening, PPT, care and treatment
- HIV testing and counseling and use of ARVs
- Harm reduction for sex workers who inject drugs
- Catch-up HBV immunization
Consensus meeting – February 2012

- Reviewing the evidence
- Learning about values and preferences
- Extensive discussion
- Proposing recommendations
- Reaching consensus
Good Practice Recommendations

Definition

Good practice recommendations are overarching principles derived not from scientific evidence but from common sense and established international agreements on ethics and human rights.
All countries should work toward decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers[1].

Governments should establish antidiscrimination and other rights-respecting laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS.

Antidiscrimination laws and regulations should guarantee sex workers’ right to social, health and financial services.
Good Practice Recommendations 3 and 4

Recommendation 3
Health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.

Recommendation 4
Violence against sex workers should be prevented and addressed through sex worker-led approaches.
1. We recommend a package of interventions to enhance community empowerment among sex workers.

2. We recommend correct and consistent condom use among sex workers and their clients.

3. We suggest offering periodic screening for asymptomatic STIs to female sex workers.

4. We suggest offering female sex workers, in settings with high prevalence and limited clinical services, periodic presumptive treatment (PPT) of STIs.
5. We recommend offering voluntary HIV testing and counseling to sex workers.

6. We recommend using the current WHO recommendations on the use of antiretroviral therapy for HIV-positive general populations for sex workers.

7. We recommend using the current WHO recommendations on harm reduction for sex workers who inject drugs.

8. We recommend including unvaccinated sex workers at higher risk for acquiring hepatitis B virus (HBV) infection as targets of catch-up HBV immunization strategies in settings where immunization has not reached full coverage.
Thank you!

And to all involved in the development of the guidelines, especially to sex workers.