



*Training Course in Sexual and Reproductive Health Research 2013*  
Module: Principles and Practice of Sexually Transmitted Infections  
Prevention and Care

# *STI and HIV Prevention and care among Sex Workers*

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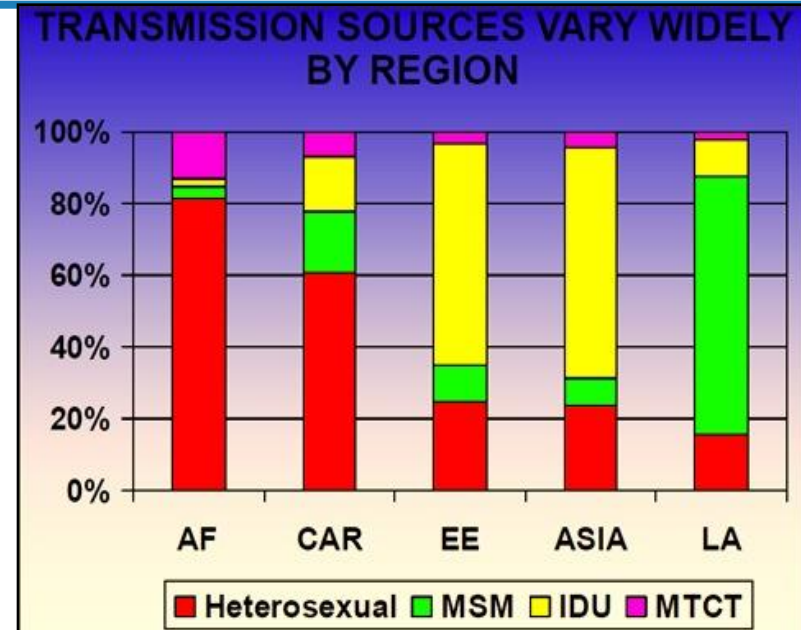
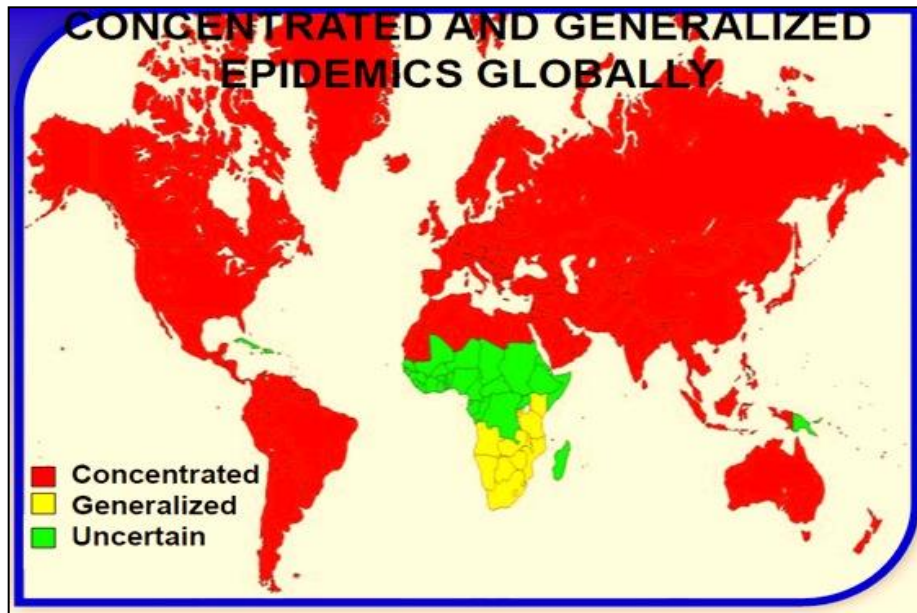
# WHO HIV Department

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

# Epidemiology of HIV

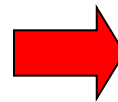
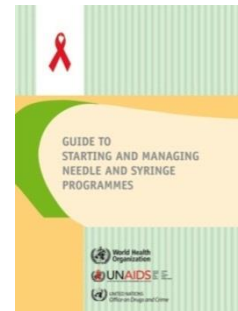
- 34 million people living with HIV
- HIV incidence peaked in late 1990s
  - Global HIV prevalence stable
  - Heterogeneity; concentrated epidemics.



David Wilson, World Bank

# 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



Guidance to set targets & measure progress

# 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%

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

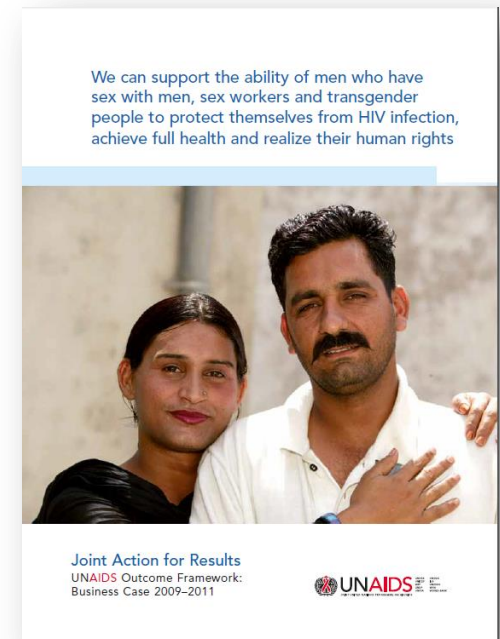
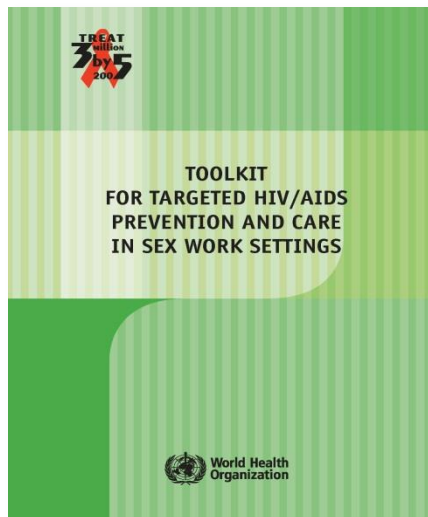
- Highest prevalence found in 16 countries in sub-Saharan Africa - 36.9%

- Kenya – 45%
- Nigeria – 34%
- South Africa – 60%
- Mauritius – 33%

*Kerrigan D et al. The Global Epidemics of HIV among Sex Workers. Johns Hopkins University; Report World Bank, 2012.*

# 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



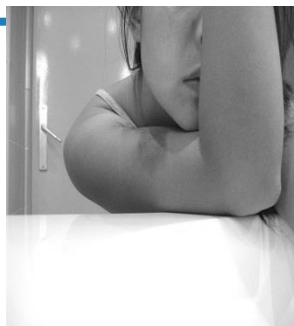
# Purpose and Target audience

## Purpose

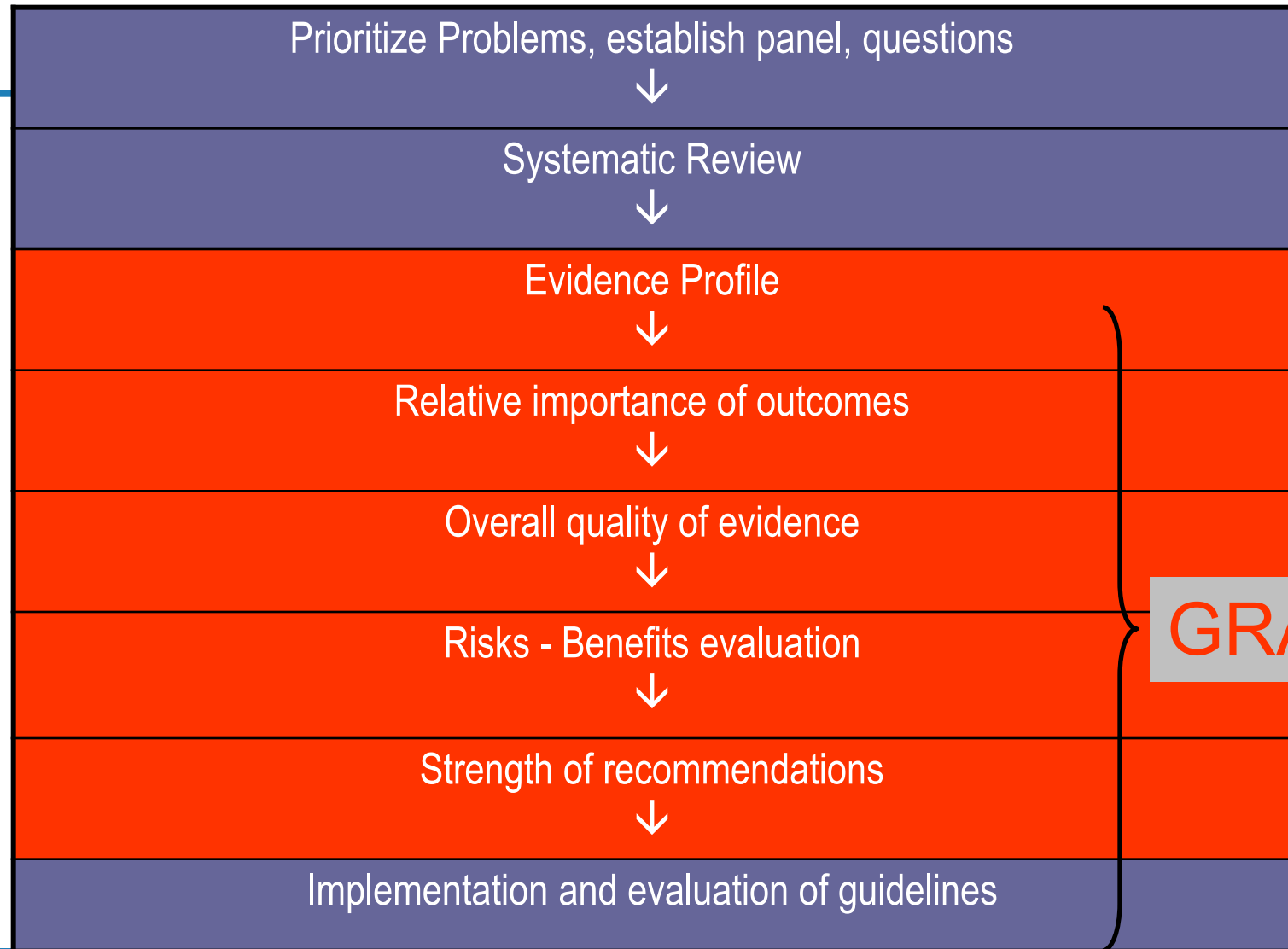
Recommend a comprehensive package of interventions for the prevention and treatment of HIV and other STI for sex workers

## 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



# 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

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## 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.

# Good Practice Recommendation 1

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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].

[1] See: the Report of the Global Commission on HIV and the Law: Rights, Risk & Health, July 2012; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/14/20, 2010; UNAIDS Guidance Note on HIV and Sex Work, 2012.

## Good Practice Recommendation 2

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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

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## **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.

# Technical recommendations - I

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.



# Technical recommendations - II

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.*