Pooled global HIV odds of 13.5% (10.0-18.1)
Pooled HIV prevalence in Africa=36.9%; EE =10.9%
Lancet, Baral et al., 2012; Beyrer et al., 2014
Large Gaps in Science on ART & HIV Cascade among Female Sex Workers

Antiretroviral Therapy Uptake, Attrition, Adherence and Outcomes among HIV-Infected Female Sex Workers: A Systematic Review and Meta-Analysis

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Abstract

Purpose: We aim to assess the uptake, attrition, adherence, and outcomes of antiretroviral therapy (ART) in HIV-infected female sex workers (FSWs) globally. We also review the methodology and quality of existing studies.

Methods: We searched multiple databases for studies meeting inclusion criteria. We included trials, cohort studies, and cross-sectional studies published between January 1, 2000, and December 31, 2019. We excluded studies published before 2000, studies not in English or French, and studies not meeting specific quality criteria.

Results: 39 studies were included. The overall prevalence of ART uptake among HIV-infected FSWs was 96%. The adherence rate was 91%, and the median duration of ART was 12 months. The mean CD4+ T-cell count at baseline was 500 cells/μL, and the mean viral load was 50,000 copies/mL. The median duration of ART was 12 months.

Conclusions: ART uptake among HIV-infected FSWs is high, but adherence and viral suppression rates are lower. Further research is needed to identify factors that influence ART adherence and viral suppression rates.

Figure: Global burden of HIV infection in adult female sex workers in 2013

References in appendix pp 1-12.

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Structural Barriers:
Criminalization
Violence
Denial Of Rights
Stigma
Discrimination
Migration Status

Police Force HIV Tests for Sex Workers
Charles Mpaka

LILONGWE, Oct 10 (IPS) - It was, Malawian police say, a routine sweep for criminals at one of the country’s busiest border posts. They were looking for criminals.

But when police arrested 14 prostitutes as part of their search, and then allegedly forcefully tested them for HIV and charged them for what they called fees, rights activists cried foul.

Activists say the police have a zero-tolerance policy on crime but are selective in enforcement when it comes to sex workers.

The women, in their mid-twenties, said they had not been tested for HIV before and had not paid any fee.

The police claim the women were found to be HIV-positive.

But the women and a lawyer representing them say the women were not tested and that the fees were unpaid.

The lawyer said he would lodge a petition in court.

The women said they will continue to work in the sex trade, saying that they have no other option.

The police have not responded to a request for comment.

Source: IPS

Rights
Sisters Antiretroviral therapy Programme for Prevention of HIV – an Integrated Response (SAPPH-Ire)

Status
Ongoing

Phase
Demo Project

Principal Investigator(s)
Centre for Sexual Health and HIV/AIDS Research Zimbabwe; University College London; London School of Hygiene and Tropical Medicine; RTI; DFID; UNFPA

Objective
Seeks to enhance HIV treatment and prevention among 28,000 highway-based sex workers by increasing uptake and frequency of testing, demonstrate acceptability and feasibility of delivering PrEP, maximize retention in care,
Decriminalization of sex work could avert 33-46% of HIV infections over next decade

Scale-up of ART coverage to both FSWs and clients due to TasP could have largest impact in heavy burden settings, such as Kenya and Ukraine

– Large scale coverage to meet 90-90-90 likely only feasible alongside structural change and peer/ SW-led programming
Community Empowerment, Activism & Sex Work-Led Efforts

PREVENTION AND TREATMENT OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS FOR SEX WORKERS IN LOW- AND MIDDLE-INCOME COUNTRIES
Recommendations for a public health approach

December 2012
HIV and sex workers 7

An action agenda for HIV and sex workers

Chris Beyrer, Anna-Louise Crango, Linda-Gail Bekker, Jenny Butler, Kate Shannon, Deanna Kerrigan, Michele R Decker, Stefan D Baral, Tonya Poteat, Andrea L Wirtz, Brian W Weir, Françoise Barré-Sinoussi, Michel Kazatchkine, Michel Sidibé, Karl-Lorenz Dehne, Marie-Claude Bolly, Steffanie A Strathdee

The women, men, and transgender people who sell sex globally have disproportionate risks and burdens of HIV in countries of low, middle, and high income, and in concentrated and generalised epidemic contexts. The greatest HIV burdens continue to be in African female sex workers. Worldwide, sex workers still face reduced access to needed HIV prevention, treatment, and care services. Legal environments, policies, police practices, absence of funding for research and HIV programmes, human rights violations, and stigma and discrimination continue to challenge sex workers’ abilities to protect themselves, their families, and their sexual partners from HIV. These realities must change to realise the benefits of advances in HIV prevention and treatment and to achieve global control of the HIV pandemic. Effective combination prevention and treatment approaches are feasible, can be tailored for cultural competence, can be cost-saving, and can help to address the unmet needs of sex workers and their communities in ways that uphold their human rights. To address HIV in sex workers will need sustained community engagement and empowerment, continued research, political will, structural and policy reform, and innovative programmes. But such actions can and must be achieved for sex worker communities everywhere.

Introduction

Women, men, and transgender people who engage in sex work face disproportionate burdens of HIV, HIV risks, and a scarcity of access to essential services. This is true in countries of low, middle, and high income, in concentrated HIV epidemics, and in generalised ones. We must do better and we can. Improved efforts by and

Search strategy and selection criteria

We updated the 2012 estimates by Baral and colleagues to identify new publications since the last search and to do a global analysis that included high-income countries. We searched PubMed and Embase for studies published in