

Global HIV Burden among Female Sex Workers

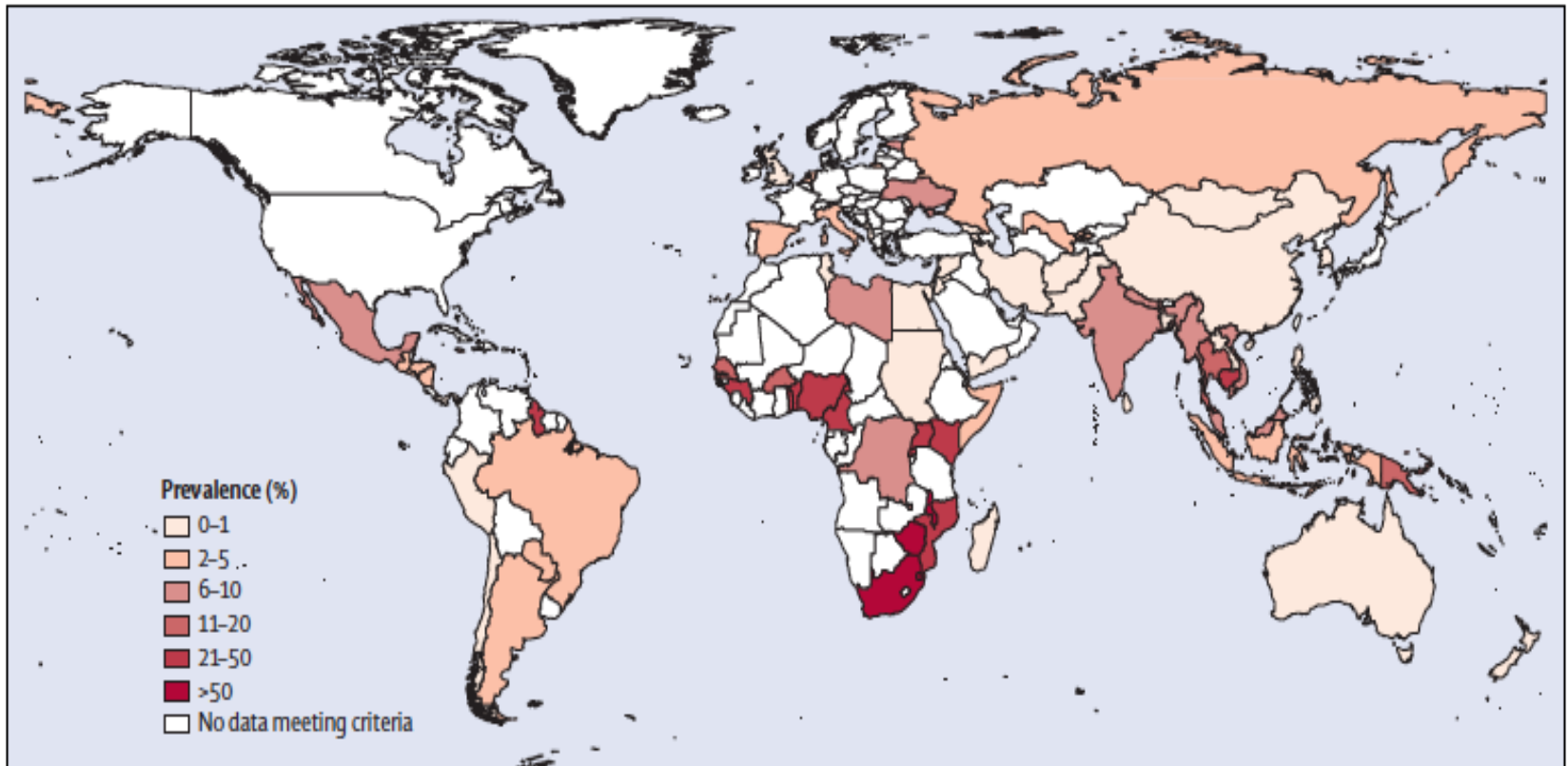


Figure: Global burden of HIV infection in adult female sex workers in 2013

References in appendix pp 1-12.

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

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PLoS ONE

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

Elisa Mountain¹
Marie-Claude B

¹ Department of Infectious Diseases,
Toronto, Toronto, Canada; Centre for
Bristol, United Kingdom,

Abstract

Purpose: We aimed to

Methods: We searched for studies on ART uptake, attrition, adherence and outcomes among HIV-infected FSWs globally. When using Cochran's

Results: 39 studies from 10 countries (Central America, South America, Africa, Asia, and middle-income countries) were included. ART uptake was 3%–11%, $I^2 = 0\%$. Adherence to $\geq 95\%$ of ART was 4 studies) of FSWs was 103 and 241 ce

Conclusions: Data on ART uptake, attrition, adherence and outcomes among FSWs. Available data were comparable to data on other populations. More routine p

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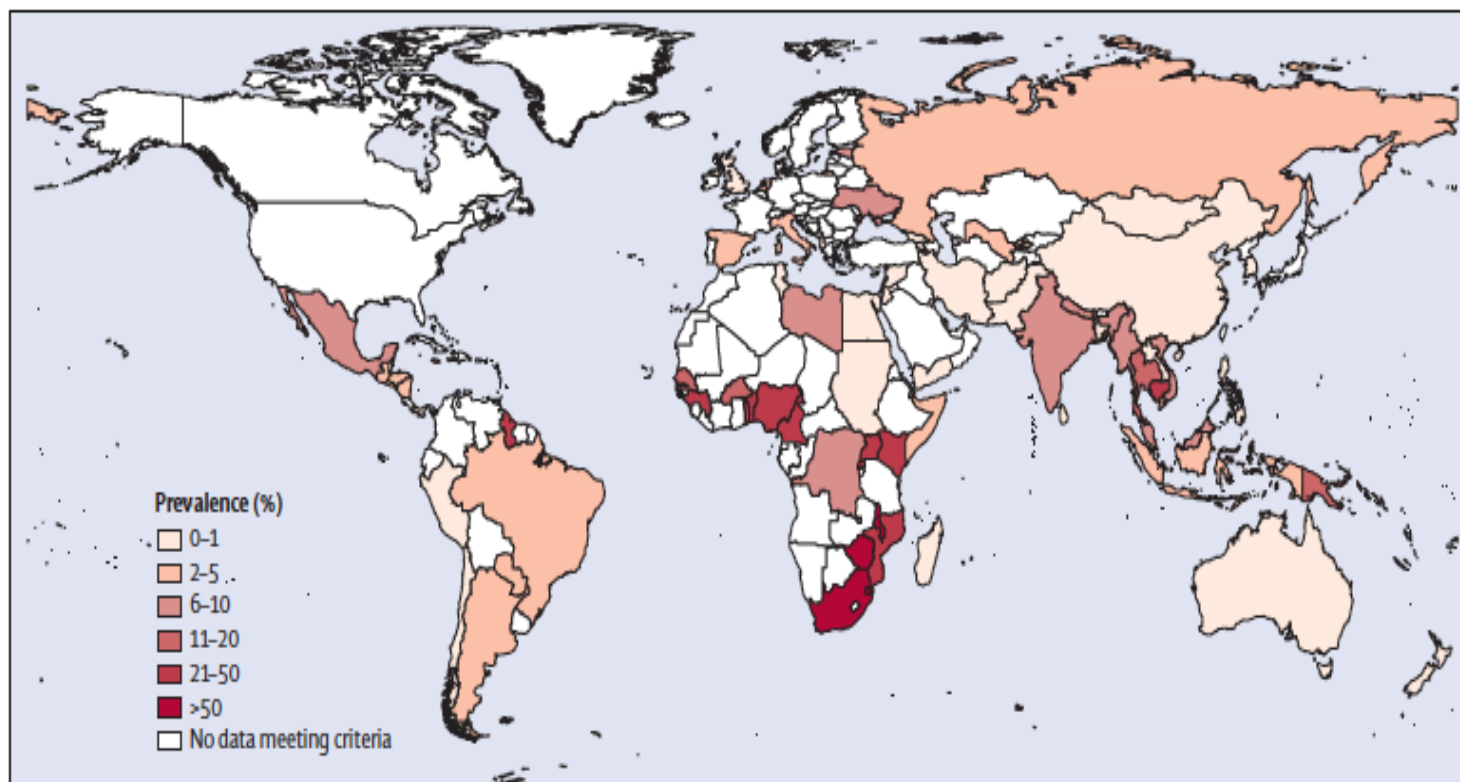


Figure: Global burden of HIV infection in adult female sex workers in 2013
References in appendix pp 1-12.

Structural Barriers:

Criminalization

Violence

Denial Of Rights

Stigma

Discrimination

Migration Status



RIGHTS

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



RESEARCH ARTICLE

Open Access

“You are wast barriers to HIV in Zimbabwe

Sibongile Mtewa^{1,2*}, Joanna Bu

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

Abstract

Background: Although disprop expand access to antiretroviral t targeted to female SWs, fewer t initiation; just 14% attended mc for non-attendance and the hig

Methods: Three focus group di ‘Sisters with a Voice’ programm explored SWs’ experiences and challenges specific to being a s themes that were specifically re around HIV treatment uptake ar

Results: SWs emphasised suppl reflecting broader social stigma and belittled within the health c commitments and costs of tran

Conclusion: Improving treatme health benefit. Programmes wo and environment of public serv from sex-worker friendly clinics for improved treatment and rig faced by SW.

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,

Background

Global epidemiology of HIV among female sex workers: influence of structural determinants

Kate Shannon, Steffanie A Strathdee, Shira M Goldenberg, Putu Duff, Peninah Mwangi, Maia Rusakova, Sushena Reza-Paul, Joseph Lau, Kathleen Deering, Michael R Pickles, Marie-Claude Boily

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"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."

- **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



Promotion of optimum care

How do we optimise access to care for SW?

Continuum of care and implementation science studies for SW; stigma reduction interventions in health-care settings; novel adherence studies

Stand alone vs integrated services; community-led vs community-engaged; community mobilisation interventions could be adapted to adherence support

Human rights: effect on successful prevention and treatment

Integration of violence, discrimination, and other human rights measures into SW studies; trauma-informed care

Violence and broader dimensions of trauma shown to compromise adherence and treatment responses

HIV and sex workers 7



An action agenda for HIV and sex workers

Chris Beyrer, Anna-Louise Crago, Linda-Gail Bekker, Jenny Butler, Kate Shannon, Deanna Kerrigan, Michele R Decker, Stefan D Baral, Tonia Poteat, Andrea L Wirtz, Brian W Weir, Françoise Barré-Sinoussi, Michel Kazatchkine, Michel Sidibé, Karl-Lorenz Dehne, Marie-Claude Boily, 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.^{1,2} We must do better and we can. Improved efforts by and

Search strategy and selection criteria

We updated the 2012 estimates by Baral and colleagues² 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

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For a *Lancet HIV and sex workers Series Infographic* see <http://www.thelancet.com/series/HIV-and-sex-workers/infographic>

Center for Public Health and Human Rights (Prof C Beyrer M, D Kerrigan PhD, M R Decker ScD, S D Baral MD, T Poteat PhD, A L Wirtz MHS, B W Weir PhD) and Department of Emergency Medicine (A L Wirtz), Johns Hopkins University, Baltimore, MD, USA; University of Toronto, Toronto, ON, Canada (A-L Crago MA); Desmond Tutu