



nswp

Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

PrEP





Introduction

What is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a method of preventing HIV infection, where HIV negative people take Anti-Retroviral medications (ARVs) on a regular basis. A prophylaxis is simply a treatment given, or action taken, to prevent disease. In the case of PrEP, this means it is taken by people who do not have HIV to help prevent them becoming HIV positive. The medication currently used is Truvada®, which contains two ARVs; 200mg of emtricitabine (FTC) and 300mg of tenofovir (TDF). To be effective for the receptive partner in anal sex, Truvada® must be taken for at least 7 days before sex. For the insertive partner, or for vaginal sex, it must be taken for at least 20 days before sex.

Truvada® only protects against HIV infection, not against other sexually transmissible infections (STIs). As Truvada® is not 100% effective, it is recommended that condoms are used while taking PrEP.

Study results – what does research tell us?

In 2010, the iPrEx study found that PrEP was more likely to work if Truvada® was used regularly, showing that it reduced the risk of HIV infection by 44%, but some people taking part in the study did become HIV positive. No cases of HIV resistance to Truvada® occurred.

At the Australasian HIV & AIDS Conference in Brisbane, the results of a study showed that using Truvada® as PrEP should be considered, “cost effective... and could potentially be used along with other preventive interventions... in more than half of the population.” Nevertheless, in February 2016 it was announced that at least one person taking PrEP regularly had become HIV positive. Furthermore, at the International AIDS Conference in Durban in 2016, it was announced that 59 cases of Truvada®-resistant HIV had been identified.

Results of Consultations with Sex Worker Organisations

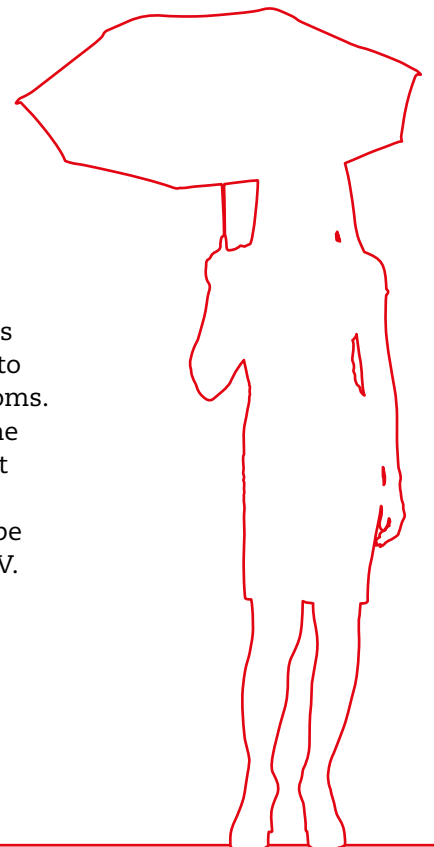
NSWP completed a consultation on PrEP among its members, with two countries from each of the 5 regions (Africa, Asia-Pacific, Europe, North America and Caribbean, and Latin America) chosen for in-depth focus groups and a global e-consultation.

While many members knew that PrEP should be used with condoms to be most effective, and that PrEP does not protect against other STIs, a large number were concerned about the accessibility of condoms. In addition, given that condoms may be used as evidence of sex work activities in a number of countries, participants were concerned whether Truvada® would also be seized as evidence. There was also a concern that Truvada® could be used to increase stigma against sex workers. A number of replies indicated that the side effects of taking PrEP were concerning.

Concerns were raised about the expense of Truvada®. This included concerns about whether governments or international bodies would fund the medication, and whether there would be enough Truvada® for everyone, everywhere.

Demands from clients for unsafe sex were of concern to nearly all respondents. It was also believed by some that clients and managers may put pressure on sex workers to “take a pill” rather than use condoms. This is concerning, given that if the pill is offered by a client it may not be genuine. Even if it is genuine, one tablet of Truvada® would not be enough to fully protect against HIV.

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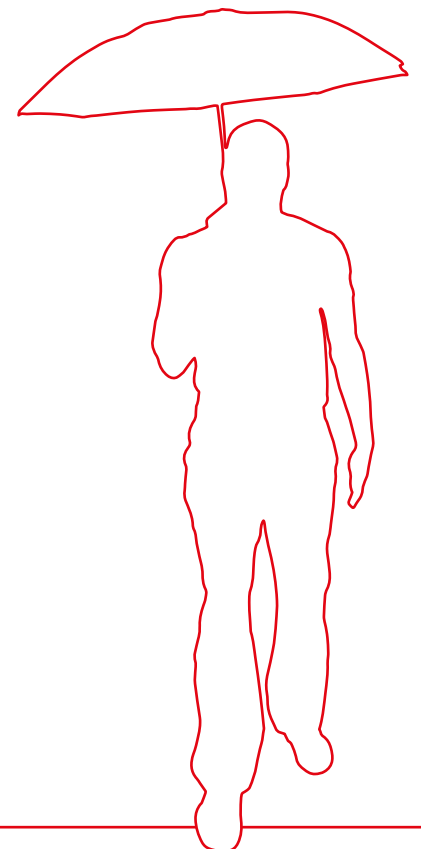
The criminalisation of sex work was seen as a significant barrier to the management of PrEP among sex workers in the majority of countries that took part in the consultations. A significant number of replies also indicated that sex work should be decriminalised. Given that it was reported at the AIDS2014 Conference in Melbourne that the decriminalisation of sex work could lead to a reduction in HIV by 33% to 46%, this cannot be ignored.

There was also a concern that PrEP may be introduced without meaningful consultation with local sex worker organisations and without addressing any concerns they may have about PrEP. All focus groups and organisations had concerns about this and a number indicated that PrEP may be imposed upon them against their wishes. Without proper education on how to use PrEP and the need to keep using condoms, this may result in more HIV resistance to Truvada® and more people becoming HIV positive.

Recommendations

- Policy makers must consult with local sex worker-led organisations regarding any planned trials of PrEP, or the planned introduction of PrEP, to ensure that local sex worker organisations are aware of issues surrounding it.
- Local sex worker-led organisations must be provided with the tools with which to educate and inform their community about PrEP, so that their communities can make fully informed decisions before consenting or refusing to take PrEP.
- Sex workers must fully understand and have control and input over all processes. This includes the dissemination of information about PrEP, the side effects, and treatment regime.
- If introduced, PrEP must be voluntary and programmes must be affordable.
- Community-led, participatory research is needed to better understand the structural barriers faced by sex workers in accessing health services within their country of residence.
- Mandatory testing of sex workers for HIV or other STIs must be stopped. As HIV testing is required before taking PrEP, this testing must be voluntary. Any plans to introduce PrEP to a sex worker population against their will would mean that a mandatory testing regime is implemented. Such testing regimes are contrary to the human rights of sex workers.
- Testing, treatment, and assessment of sex workers for PrEP must be confidential and prioritise the needs and well-being of sex workers.
- Sex work must be recognised as work.
- The possession of ARVs, PrEP medication, and condoms must not be used as evidence to convict sex workers.
- The decriminalisation of sex work (including sex workers, clients, third parties, families, partners and friends), in line with recommendations by Amnesty International, UNAIDS, UNDP, WHO and many others must take place, so that the rights of sex workers are upheld and protected.

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The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard by using Global and Regional Consultants as well as National Key Informants.

Community Guides aim to provide simple summaries of NSWSP's Briefing Papers, further detail and references can be found in the accompanying Briefing Paper.



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NSWP is part of Bridging the Gaps – health and rights for key populations.

Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

Go to: www.hivgaps.org for more information.

