



Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

**HIV and STI
Testing and
Treatment
Policies**





Introduction

Globally, sex workers are disproportionately impacted by HIV, and face heightened risk of STI transmission. Sex workers are twelve times more likely than the general population to be living with HIV.

There has been significant investment in researching and responding to the HIV epidemic worldwide, however, very little is targeted at HIV prevention and treatment programmes for sex workers. The most effective programming for managing HIV and STI transmission amongst sex worker populations are sex worker-led, implementing human rights-based community empowerment frameworks

Service Delivery for Sex Workers

Programmes where sex workers take ownership have proven to be the most effective in reducing HIV transmission. Few HIV and STI testing and treatment programmes are sex worker-led, and many fail to include sex workers in the design, implementation, monitoring and evaluation of programmes.

Mandatory Testing and Treatment

Mandatory HIV testing is an abuse of human rights and puts sex workers at risk of increased violence and loss of income. Mandatory testing is often done in a way that fails to respect the confidentiality of sex workers. Those who test positive may have their status revealed to co-workers, clients and their community without their consent.

Sex workers who test positive or who refuse to participate in mandatory testing may be dismissed from their workplaces, and in places where selling sex is legal, they may be denied a license, resulting in further criminalisation.

Mandatory HIV testing of sex workers is ineffective in reducing new HIV infections among sex workers or the general population, and is not an evidence- or rights-based practice.

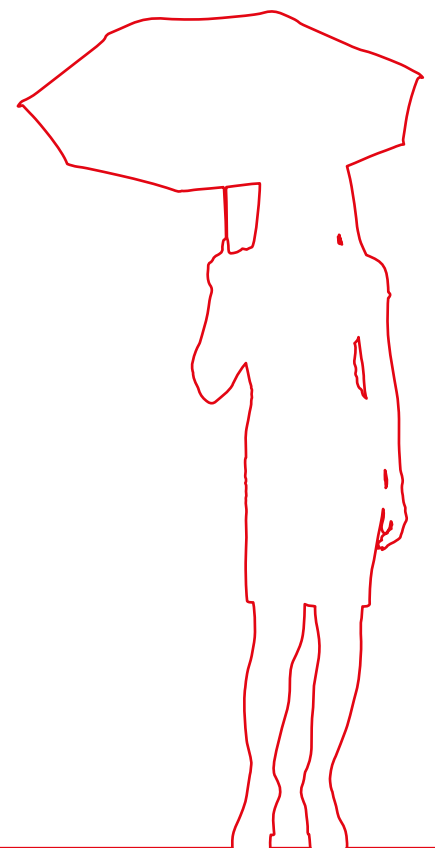
Consent and Coercive Testing and Treatment

Sex workers have the right to voluntary, confidential testing and treatment. Yet sex workers are often subject to coercive testing and treatment.

Sex workers may be tested or given treatment without their consent, denied access to other medical services if they refuse testing or treatment, be coerced into testing by health care workers or outreach workers, or be given incorrect or incomplete information to coerce them into agreeing to testing or treatment.

Often, sex workers are treated poorly by health care workers, are denied their basic right to informed consent, and are frequently unable to access complaints procedures.

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Periodic Presumptive Treatment and Syndromic Treatment

Periodic Presumptive Treatment (PPT) is periodic anti-biotic treatment for STIs without screening, often in the absence of any symptoms. This is based on the assumption that sex workers are likely to have STIs. Syndromic treatment is the administration of broad spectrum anti-biotic treatment based on symptoms for STIs but without screening to confirm a specific infection.

PPT and syndromic treatment may be offered in places where testing is not readily available, or as a cost-saving measure, as anti-biotics are less expensive than screening.

PPT and syndromic treatment are not appropriate as long-term practices, and have negative outcomes that include increasing stigma and stereotypes that all sex workers have STIs, leading to clients resisting condom use, and negative health impacts, such as strain on the digestive system and the development of treatment-resistant strains of STIs. A 2012 NSWP survey of sex workers found that the risks of such programming outweigh the benefits to sex workers.

If PPT and syndromic treatment are offered, sex workers must have access to all relevant information in order to make informed decisions, programming must only be offered if its uptake is voluntary and not imposed as part of a coercive or mandatory public health scheme.

Sex Worker Inclusion and Provider Training

Globally, there is a lack of meaningful involvement of sex workers in the development of HIV and STI testing and treatment programmes and in their implementation. Key populations are not prioritised by service providers, and are often not included in national strategies to address HIV. Services are provided by staff who tend to hold many prejudices towards sex workers. Sex workers experience stigma and discrimination from service providers.

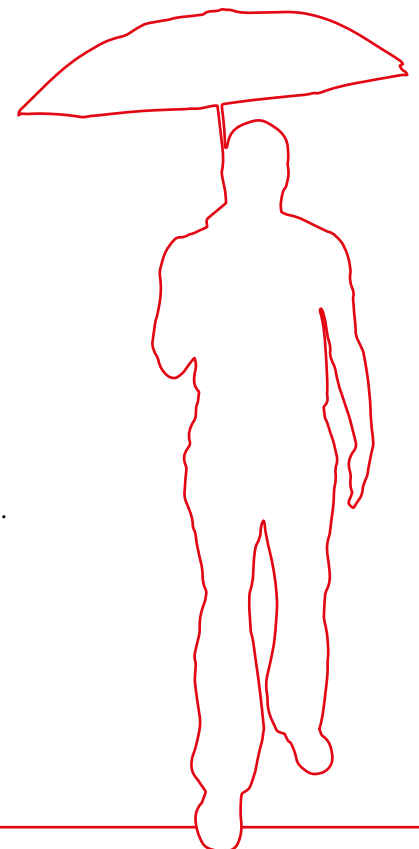
When sex workers are meaningfully included in service provision, the experience of sex workers is positive. WHO and UNAIDS international guidelines emphasise the fundamental importance of confidentiality at all levels of HIV and STI services for sex workers, however sex workers report their privacy is frequently violated by healthcare workers.

Criminalisation and stigma of sex work is the reason that many sex workers do not seek health care services, especially for HIV and STIs.

Access to Prevention, Commodities and Treatment

Globally, sex workers indicate that access to condoms and lubricants is a priority. Many sex workers report lack of access to condoms and lubricants in workplaces, or that they are expensive if available. Where sex work is criminalised, police will often seize condoms as evidence of sex work.

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In addition to condoms and lubricants, sex workers have considered other biomedical interventions to reduce HIV transmission, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and treatment as prevention (TasP).

PrEP and PEP are the use of antiretroviral therapy (ART) by individuals who do not have HIV, to prevent HIV infection. PrEP is taken daily, often for an extended period of time, prior to potential exposure. PEP is taken immediately (or as soon as possible) after an exposure for a limited amount of time. TasP recognises that the use of antiretroviral therapy (ART) can be effective in reducing the risk of transmission of HIV, by lowering the viral load of individuals living with HIV.

In 2014, NSWP conducted a global consultation on the use of PrEP and early treatment in which sex workers expressed concerns that targeting sex workers as a key population for PrEP might lead to an increase in mandatory testing (as testing is a precondition for receiving PrEP) and other human rights violations; that it might lead to an increase in clients pressurising them for unprotected sex; that there would be additional pressure on budgets allocated to condom programming; that the police would use possession of Truvada (PrEP medication) as evidence of sex work; and that stigma and discrimination against sex workers would increase. Sex workers also raised a key concern about the ethics of providing ARVs to HIV-negative individuals when there are still so many HIV-positive sex workers who are not able to access treatment and need life-saving medication. Sex workers were also concerned that PrEP does not prevent unwanted pregnancy or exposure to other STIs, and that there are already significant treatment coverage gaps for existing medications in many areas.

The use of PrEP and PEP must not undermine condom use or reduce access to treatment for sex workers living with HIV. Where PrEP and early treatment programmes are developed, sex workers must be meaningfully involved in all levels of policy and programmatic discussions, including in the design, implementation and monitoring of these programmes.

PrEP, PEP and other biomedical interventions have a place in the global fight to end HIV. However, these will fail if implemented at the expense of supporting and empowering sex workers and other key populations to take ownership of their health needs, and if they are not implemented within a rights-based framework.

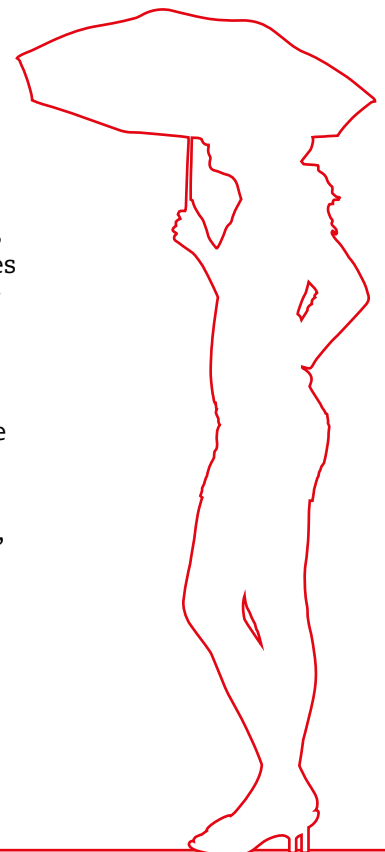
Funding

Funding is a crucial aspect of the development and implementation of rights-based and sex worker-led programmes. Services for sex workers are historically underfunded, with significant barriers to funding right-based programmes given anti-prostitution policies, criminalisation, stigma and discrimination.

According to UNAIDS, less than 1% of global HIV prevention spending in 2008 was allocated to programmes targeting sex workers.

Despite recommendations by WHO for free or affordable health services, the funding environment often places the burden on sex workers to pay for testing and treatment, even in the case of mandatory testing. While sex workers are an economically diverse population globally, there are significant links between poverty and sex work. However, where services are available to sex workers, they are often expected to pay for these services.

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Legal Considerations and Protections for Sex Workers

Scientific modelling has demonstrated that full decriminalisation of sex work, including sex workers, clients and third parties, could prevent 33–46% of all new HIV infections within the next decade. Full decriminalisation of sex work is recommended by UNAIDS, The Global Commission on HIV and the Law, Human Rights Watch and Amnesty International. Despite these recommendations, sex work continues to be targeted through legislation that directly or indirectly criminalises or legally oppresses sex workers, their clients and third parties. Both direct and indirect criminalisation have devastating effects on sex workers' access to HIV and STI testing and treatment.

Additionally, legislation intended to prevent the trafficking of persons for the purposes of sexual exploitation often conflates human trafficking and sex work, putting sex workers at greater risk for violence and HIV transmission.

Monitoring and Evaluation of Services

Globally, sex workers face high levels of stigma, discrimination and barriers when accessing services and justice. Sex workers who experience discrimination often have no access to a system for filing complaints or grievances and thus monitor and evaluate services openly. Few programmes have a system in place to ensure that services are acceptable and provided in a way that respects the human rights of sex workers. Meaningful involvement of sex workers is key to the successful implementation of HIV and STI testing and treatment programmes, including in the monitoring and evaluation of health services provided for sex workers.

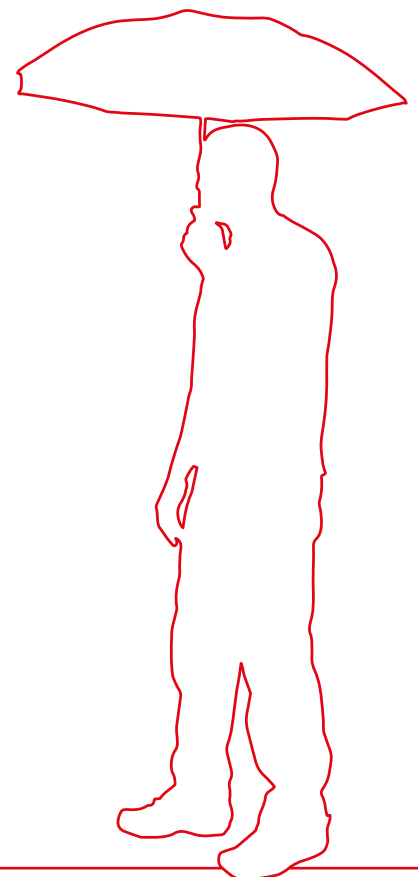
Research

Research on sex work, especially the vulnerabilities of sex workers to HIV and STIs, is dominated by a focus on the individual, with little attention to the impact that structural factors have on risk factors. More research is needed to provide a better understanding of both behavioural and structural barriers and their impact upon sex workers access to HIV and STI prevention and treatment services.

The diversity within the sex worker community is rarely represented within research and data collection. Male sex workers and transgender sex workers often get defined in data collection as 'men who have sex with men (MSM)' and their experiences and needs as sex workers forgotten. Migrant sex workers face similar issues as they are often defined as victims of human trafficking, and their experiences denied and their needs made invisible.

Sex work research should be developed and implemented with the meaningful involvement of sex workers and sex worker-led organisations to ensure community ownership and encourage the translation of these findings into appropriate, impactful service delivery.

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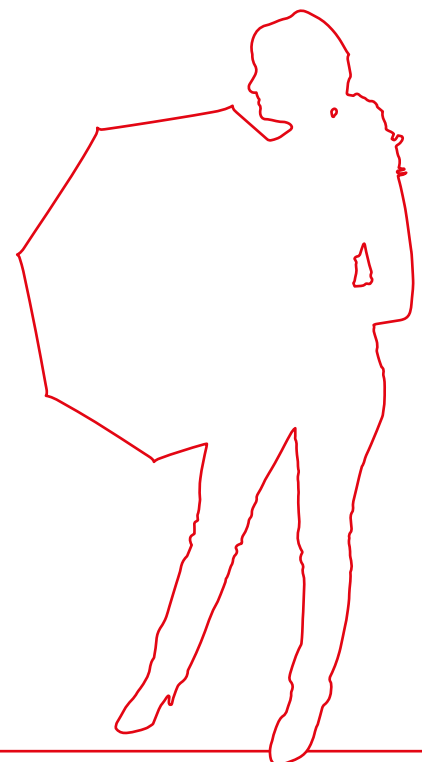


Recommendations

The following recommendations are made to policy makers and programmers:

- End mandatory and coercive HIV and STI testing and treatment of all people, including for those who have recently been charged or detained because of involvement in sex work.
- End the practice of using condoms and ARVs as evidence of sex work or HIV status, whilst advocating for the full decriminalisation of sex work, HIV non-disclosure, exposure and transmission.
- All testing and treatment programmes must be confidential and prioritise the needs and well-being of individual sex workers over meeting targets.
- Periodic presumptive treatment (PPT) should only be implemented as an emergency, short-term measure where STI screening is unavailable and while comprehensive sexual health services are being developed. Where implemented PPT must be voluntary, with full and informed consent.
- Syndromic treatment should only be implemented where STI screening is unavailable and while comprehensive sexual health services, including screening, are being developed.
- Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and early treatment as prevention (TasP) strategies must be voluntary, and both the benefits and harms, including concerns about effective and appropriate implementation, must be addressed.
- Sex workers living with HIV must have equitable access to effective and affordable antiretroviral therapy, including if they are detained or incarcerated.
- Sex worker-led organisations must be funded in order to ensure that sex workers are included in the planning and implementation of testing and treatment programmes.
- All programmes must have an accessible complaints and grievance process - both formal (confidential) and informal (anonymous).
- Transgender sex workers and male sex workers should not be conflated as 'men who have sex with men (MSM)' in data and research about sex workers.
- Sex workers who do not have access to documentation or identification, such as migrant or transgender sex workers, must be able to access testing and treatment.
- Community-led, participatory research is needed to better understand the structural barriers faced by sex workers in accessing health services.

Sex worker-led organisations must be funded in order to ensure that sex workers are included in the planning and implementation of testing and treatment programmes.



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.



Global Network of Sex Work Projects
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PROJECT SUPPORTED BY:



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.

