MEETING REPORT

Expert consultation meeting: sexually transmitted infections among sex workers 21 - 22 October 2014, Stockholm, Sweden

Abbreviations

ECDC European Centre for Disease Prevention and Control
UNFPA United Nations Population Fund
UNAIDS Joint United Nations Programme on HIV/AIDS
NSWP Global Network of Sex Work Projects

Scope & purpose of the meeting

Sex workers are a key population at increased risk of sexually transmitted infections, HIV and hepatitis B due to multiple factors such as, unsafe working conditions, barriers to the negotiation of consistent condom use, unequal access to appropriate health services and an increased number of partners. These factors are accentuated by social and legal constraints, as sex workers globally are subjected to discriminatory laws, policies and practices, which marginalise and drive them underground, increase stigma and discrimination, fuel violence against them and increase their vulnerability (1). Criminalisation of sex work and repressive policies have been shown to result in negative consequences for their health and safety and impose barriers to their access to prevention, treatment, care and support services (1).

In December 2012, WHO published jointly with UNAIDS, UNFPA and NSWP recommendations for a public health approach for "Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries" (1). These guidelines, mainly focused on low and middle income countries, include technical recommendations for designing a basic package of health interventions and services for the prevention and treatment of HIV and other STIs among sex workers.

The main aims of the first ECDC expert consultation meeting on this topic were:

1. To agree upon the main areas where there is a clear need of public health action in the EU,
2. To discuss the best possible method for summarising the appropriate evidence based methods for policy makers to tackle these needs
3. To discuss and agree on the format of the output, the main audience and the main elements of a communication plan for such a product
4. To agree upon the next steps and future input given through this advisory group

This brief summarises a more detailed report of the main points from the meeting. The full report is available on request.

Meeting discussions

Following the welcoming of participants by Dr Piotr Kramarz, Deputy Chief Scientist at ECDC, Dr Andrew Amato, Head of the HIV, STI and viral Hepatitis (HSH) Disease Programme presented an overview of ECDC activities within the programme and emphasised the strategic focus of the Disease Programme to assist Member States, support the EU Commission and strive to target its resources to those activities which have the biggest impact on reducing new HIV, STI and hepatitis infections while also developing crosscutting approaches to dealing with vulnerable populations and settings.

The mandate of ECDC was discussed and it was understood that although the mandate does not extend to directly performing prevention and control interventions, ECDC plays an important role in assessing threats, risk assessment and providing scientific advice. The main audience for these ECDC outputs and work are policy makers and their technical advisors in EU/EEA Member States. Guidance documents have been written on a number of topics and can be found on the ECDC website. Aside from collecting some data through the process of monitoring the implementation of the Dublin Declaration, ECDC has so far not focused specifically on the prevention and control of communicable diseases among sex workers.

Aims and objectives of the meeting, composition of the expert group

For this meeting, expert participants were selected in a transparent and systematic way based on expertise from the following areas: content matter, methodology, public health, sociology, epidemiology, health services, health economics, and legal issues. All participants were vetted for possible conflict of interests, academic as well as financial.

Extensive previous global work such as the WHO Guidance on Prevention and Treatment of HIV and other STIs for Sex Workers and the UNAIDS Guidance Note on HIV and Sex Work exists and should therefore form the basis of any ECDC activities in the field. ECDC should focus more on the adaptation of the recommendations to the EU context. ECDC and the HSH programme aim to develop their priorities based on stakeholder needs. ECDC's work is evidence-based, needs driven and within its organizational mandate.

Participants were asked to provide input on the direction and priorities that ECDC should be working on in this area in the next few years and to focus on formulating questions about the gaps rather than to seek answers at this stage.

Previous policy work in this area

In December 2012, WHO published jointly with UNAIDS, UNFPA and NSWP recommendations for a public health approach entitled *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries*. These guidelines recommend a comprehensive package of interventions for the prevention and treatment of HIV and STIs for sex workers.

Before the WHO guidelines on sex work were published, there were two preceding documents upon which the current guidance is based:

- The WHO Toolkit for targeted HIV/AIDS prevention and care in sex work settings (2005)(2) was based on published research, conference presentations, unpublished reports and expert opinion. Recommendations published in this toolkit were not based on systematic review.
- The UNAIDS Guidance Note on HIV and Sex Work (2009)(3) is based on the following three pillars: assuring universal access to comprehensive HIV prevention, treatment, care and support; building supportive environments, strengthening partnerships and expanding choices; reducing vulnerability and addressing structural issues.

According to a 2012 World Bank report (4), the global estimated HIV prevalence among female sex workers is 12%. Sex workers experience increased vulnerability to HIV due to biological reasons (e.g. infection with other STIs), behaviour (e.g. numbers of partners, inconsistent condom usage) and structural determinants (e.g. criminalization, lack of protection of human rights). UNAIDS and WHO recognize that interventions to reduce transmission of HIV among sex workers and their clients are an essential part of HIV programming. For the purpose of these guidelines and according to UN mandates, sex workers are defined as female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. The guidelines also note that consensual sex between adults takes many forms and is interpreted in various ways between and within countries and communities.

The group noted that the annexes of the latest UNAIDS Guidance Note on HIV and Sex Work (5) clearly define "decriminalisation" and that work in this area should include all third parties and activities related to sex work. It was also proposed that the group begin from an assumption of agreement on decriminalisation (in the light of evidence and previous work of WHO).

These guidance documents provide two types of recommendations: good practice recommendations and evidence based recommendations. Good practice recommendations are based on common sense, ethics and human rights. Evidence based recommendations are based on scientific evidence, including a systematic review of literature and the lived experience of sex workers.

Good practice recommendations

1. Decriminalization of sex work.
2. Antidiscrimination and other rights-respecting laws.
3. Available, accessible and acceptable health services for sex workers.
4. Preventing and addressing violence against sex workers.

Evidence-based recommendations

1. Community empowerment.
2. Correct and consistent condom use.
3. Periodic screening for asymptomatic STIs.
4. Periodic presumptive treatment for asymptomatic STIs .
5. Voluntary HIV testing and counselling.
6. Antiretroviral therapy.
7. Harm reduction interventions.

The experts believed that the global standards described in these documents should be seen as minimum standards and any European standards developed should be based on these. Although the WHO guidelines were produced specifically for low- and middle-income countries, the recommendations can be applied to high-income countries. Indeed, the implementation tool for these guidelines (6) strongly states that "the principles that underlie this tool, and the operational approaches it presents, are no less relevant to high-income countries, and should be seen as a minimum global standard."

Working group discussions on the areas of need for action in the EU

Working group discussions were organized around the three subject areas

1. Healthcare services and programmatic approach towards sex workers' health
2. Legal Framework: Decriminalization and its effect on health
3. Data for action: epidemiology, research, mapping, population size estimates of sex workers in the EU/EEA

Outcome of the meeting

The following points reflect a summary of the areas of need as identified by the group during the meeting:

There was complete agreement on the following three topical areas of need:

1. Better data for action
2. Access to health services
3. Legal framework/decriminalisation

1. Better data for action and interventions

a. More data are needed on risk behaviours, HIV/STI infections, access to care and quality of care and health outcomes of sex workers in order to facilitate development of evidence-

based recommendations. Without evidence-based recommendations it is difficult to develop studies in order to collect reliable data and without either studies or evidence-based recommendations it is impossible to convince policy makers of the best way of dealing with the problem.

b. In this area it is very important to include community based studies and grey literature
c. Data are needed as basis for evidence-informed laws
d. Mapping of the evidence described above, healthcare services provided to sex workers, their needs and behaviours is needed
e. Population size estimates are needed; such estimates need to be developed while taking into account ethical considerations including the need to ensure they are carried out in a way that does not increase the risks to sex workers.
f. More data on (changing) risks related to communicable diseases are needed (IDU, migrants) and influencing factors need to be investigated
g. Analysis of the evidence should aim for triangulation of data and methodologies in order to improve the validity of findings
h. Surveillance and monitoring data should be used to support the collection of evidence around the impact of legal regulation on the epidemiology of communicable diseases among sex workers
i. Best practise guidelines on prevention and control of STI/HIV among sex workers should be developed
j. Active exchange of research methods and practical experience of policy implementation would be appreciated (→ provide a platform to do so)
k. Involvement of sex workers is the key success factor in designing interventions
l. Methods should be developed to evaluate all interventions (in a comparable way)
m. Be aware of challenges; "scape goats" – vulnerable populations might be threatened if information is interpreted in a wrong way
n. Compare public policies between different countries (added EU-value)
o. Develop indicators to assess STI/HIV prevention and control programmes targeting sex workers
p. Include the socio-epidemiological context; socio-structural determinants have the greatest impact
q. Include the clients' perspectives
    i. More data on STI/HIV infections and risk behaviours among clients are needed
    ii. Clients' perspectives are needed in the development of services and research; clients should also be targeted with prevention messages
    iii. Research on clients is feasible
r. Stratification of sex workers
    i. Disaggregate subgroups as much as possible as each subgroup has their own specific needs in terms of communicable disease prevention and control
    ii. Male and transgender sex workers should be included
    iii. Considering the WHO definition of sex workers, sex workers under age 18 can be included but are not a major focus
    iv. The needs of sex workers may differ across countries; geographical differences need to be considered
    v. Internet-based sex workers

2. Access to Health Services

a. The sex workers' perspective regarding essential health services and accessing services should be taken into account. Sex workers should be involved in the design, delivery and implementation of services

b. Focus on evidence based services: quality services with special characteristics which facilitate access of sex workers and provide appropriate interventions
c. Gather evidence on why people access certain clinics but not others
d. Gather evidence on why some people attend clinics, but others do not (information on who is accessing services)
e. Gather evidence on sex worker friendly clinics
f. Look at demand rather than supply
g. Be sensitive to the persons' needs
h. Note that sex workers have greater needs, other than infections such as HIV and STIs
    i. Apply a multidisciplinary approach
    ii. Important to address structural determinants (poverty, education, housing)
i. Collect better information on other risks around migration and drug use
j. Internet and particularly mobile apps can be used for studies and for prevention campaigns
k. Consider developing integrated models of care for sex workers
l. Collect evidence on providing guidance on delivering services to sex workers

3. Legal and discrimination

a. Overall support is needed for a legal review and mapping of policy and actual practice of the laws regarding sex work and their impact on the epidemiology of communicable diseases among sex workers. This includes the impact of criminalisation on health and HIV/STI prevention
b. Trafficking and sex work should not be conflated
    i. The definition of the word trafficking needs to be considered carefully
        1. someone who has paid an agent to facilitate their entry into a country outside of legal channels, but who then has free choice to pursue work (including sex work if they so choose) is **not** a trafficked person.
        2. someone who has merely migrated legally in order to work (e.g. EU freedom of movement) is **not** a trafficked person.
c. Although the majority of meeting participants expressed opposition to implementation of the models where buying sex is criminalised; in contrast it seems that many politicians consider it to be an easy solution to address the issues around sex workers. Evidence on the impact of various policy models is needed for informed decisions.
d. Different EU countries or areas will most likely need different approaches

ECDC's potential role and future input through the group

Participants appreciated that ECDC is starting to focus on the prevention and control of communicable diseases among sex workers. Before the meeting participants were unclear on what ECDC could do in this area but they felt it became clear in the meeting that ECDC's role is to provide guidance on disease transmission and control in order to prevent (new) infections. In addition, any ECDC activities in the field should take into account existing work and involve all stakeholders. Participants indicated their interest to:

a. remain involved in the process, i.e. suggesting the next steps, such as prioritisation, formulation of research/review questions; steering of the work
b. review all existing information before moving forward e.g. conduct background desk work;
c. help ECDC to "apply global solutions to local problems" including adapting global guidance to the national level; applying different approaches in different countries or regions
d. highlight that timing is important
    i. Wait too long: countries will adopt repressive/non-evidence-based laws in the meantime

    ii. In-depth data needed for evidence-base, so studies will need to be developed and performed quite quickly
e. encourage ECDC to promote collection of appropriate monitoring data, including other contributing factors like homelessness
f. advocate for ECDC to support UN agencies statement on decriminalisation.

Annex 1. List of participants

Name	Country	Organisation/Institution	Email address
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Annex 2. Meeting Agenda

Tuesday, 21st October 2014

11:30	Registration and light lunch
12:00	Welcome (Piotr Kramarz, Deputy Chief Scientist, ECDC)
12:15	ECDC's current HIV/STI/Hepatitis priorities and mandate (Andrew Amato, Head of Disease Programme HSH, ECDC)
12:30	Aims and objectives of the meeting, composition of the expert group and scope of the proposed work (Karin Haar, Programme Officer Disease Programme HSH, ECDC)
12:45	Previous policy work in this area (Michelle Rodolph, consultant, WHO Geneva)
13:30	Areas of need for action in the EU/EEA
	Initial statement of opinions (all participants)
15:00	Coffee
15:30	Results from preliminary survey (Karin Haar)
15:45	Working group discussions on the areas of need for action in the EU
17:00	End of DAY 1

Wednesday, 22nd October 2014

09:00	Feedback, discussion and agreement on the areas of need for action in the EU (Karin Haar)
	Guided discussion on the evidence-based methods to be used (Helena Gomes, Senior Expert in Evidence Based Medicine for Public Health, ECDC)
11:00	Coffee
11:30	Agreement on the format of the output, the main audience and the communication plan for this product (Michelle Rodolph, Andrew Amato)
	Summary, next steps and future input given through the expert group (Michelle Rodolph, Andrew Amato)
13:00	END of the meeting: light lunch

Annex 3. Background documents (as suggested by the participants) (1-70)

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