

Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for sex workers

Policy brief



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Introduction

In 2022, the World Health Organization (WHO) published the *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations* (1). These guidelines outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for five key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people).

In this policy brief, we give an update on those parts of the guidelines which are relevant for sex workers.

Background

Sex workers include adult female, male, trans and gender diverse adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work also varies in the degree to which it is more or less “formal” or organized (2, 3). Increasingly, sex workers are contacting their clients online. As defined in the Convention on the Rights of the Child (CRC), children and adolescents under the age of 18 who exchange sex for money, goods or favours are “sexually exploited” and are not defined as sex workers (4, 5).

Sex workers in many places are disproportionately vulnerable to HIV and STIs due to several factors, including multiple sex partners, structural barriers which lead to unsafe working conditions and difficulties negotiating consistent condom use, and a variety of intersecting social determinants of poor health. These include a lack of social protection and housing, food insecurity, reduced education opportunities and disability. In particular, sex workers sometimes encounter violence and harassment from law enforcement officers, who may confiscate and use condoms and mobile phones as “evidence” of sex work, and as a basis for arrest or extortion. Sex workers are also subjected to violence from clients, intimate partners and the general public, and experience stigma and discrimination in health and other settings. As a result, sex workers are disproportionately affected by HIV and STIs.¹

Recommended interventions

Enabling interventions

HIV, viral hepatitis and STI epidemics, particularly among sex workers and other key populations, continue to be fuelled by laws that criminalize and policies that marginalize sex work, drug use or possession, diverse forms of gender expression and sexuality. These legal barriers have measurable, detrimental effects on the health of sex workers, shown by modelling and other research (6). There are further intersecting risks for HIV, viral hepatitis and STIs, including stigma and discrimination and violence against marginalized populations based on, for example, race, ethnicity or nationality; physical or mental health status and disability; asylum or migration status; and criminal record. There are further compounded risks when sex workers are also members of other key populations. Lack of community empowerment and other violations of human rights also influence risk. Stigma and discrimination are further increased for members of key populations who are also living with HIV, viral hepatitis or STIs. All these sociostructural factors limit access to health and other services, constrain how these services are delivered and diminish their effectiveness.

¹ For the most recent data related to sex workers’ risk of HIV and syphilis, please access UNAIDS Key Populations Atlas <https://kpatlas.unaids.org/>.

Legal reforms, such as decriminalizing sex work (namely, removing all offences that criminalize sex workers, clients and third parties); decriminalizing drug use and possession and same sex relationships; legal recognition of trans or gender diverse status; lowering the age of consent for accessing health services; and considering exceptions to a standard age of consent policy (such as mature minors) are critical enablers that can change a hostile environment for key populations to a supportive environment.

The effects of stigma and discrimination against key populations can manifest in delayed testing and missed diagnoses, poor retention in treatment programmes and poor treatment outcomes, concealment of health status and, in general, poor uptake of health and other services (7-16). There are many interventions designed to reduce stigma and discrimination in health care settings, with some randomized controlled trials and observational studies showing positive effects (12, 17-28). However, given the heterogenous nature of the interventions and outcomes measured, meta-analyses are often not possible, and systematic reviews do not clearly indicate which are the most effective interventions when it comes to reducing stigma and discrimination in health care settings (29-32). Instead, it is useful to consider a range of interventions that can address different aspects of stigma and discrimination (11, 29).

Empowerment is the process by which people with little power work together to increase control over events that determine their lives and health. Community empowerment of key populations involves increasing their control over their lives and well-being in a number of ways. Examples of these include addressing the structural constraints to health and human rights; making social, economic and behavioural changes; increasing agency and bodily autonomy; and improving access to health and other services. Community empowering interventions can take many forms, such as fostering key population-led groups and key population-led programmes and service delivery; meaningful participation of people from key populations in designing and operating services; peer education or navigation; task shifting to key population peers; self-care; implementation of legal literacy programmes and services; and ensuring safe civic spaces in which key populations can function without fear of reprisals.

Evidence, mainly among sex workers, shows that community empowerment has a measurable impact on health (33-41), including reductions in STI incidence (37), HIV incidence (41, 42), high-risk sex (39), and an increased uptake of family planning (43).

Violence against sex workers is a common occurrence and can take various forms – physical, sexual or psychological, and can be perpetrated by different people, including intimate partners, clients, family members, strangers, service providers, law enforcement officers and others in positions of power (44-51). Violence can be fuelled by the imbalance in the power dynamics of gender – including by prejudice and discrimination against persons perceived to depart from conventional gender and sexuality norms and identities. Also, multiple structural factors influence vulnerability to violence, including discriminatory or harsh laws, and policing practices and cultural and social norms that reinforce stigma and discrimination.

Experience of violence has been shown to negatively impact on sex workers' health, including reduced uptake of sexual and reproductive health services (44), inconsistent condom use (44, 50, 52, 53), as well as having a direct impact on HIV and STI acquisition (54). Women, especially young women from key populations – including female sex workers, women who use drugs, women in prisons and trans women – experience particularly high rates of physical, sexual and psychological abuse (55).

The health sector has multiple, important roles to play in addressing violence. Apart from providing comprehensive health services – including an immediate response to violence, psychosocial support and follow-up, and broader sexual and reproductive health services – the health sector can do the following: provide referrals to other support services; gather evidence through data and research; foster violence prevention policies in other sectors; and advocate for violence to be recognized as a public health problem requiring resource allocation (56).

Health interventions

There are a range of HIV interventions which should be available to all sex workers, at scale and in all settings. These include condoms, lubricant, HIV testing and HIV treatment. Pre-exposure prophylaxis (PrEP) for HIV can be given as a daily oral medication, in injectable form and as a vaginal ring. Different PrEP options should be made available to sex workers. Post-exposure prophylaxis (PEP) is another impactful HIV prevention intervention. Sex workers who are pregnant should receive testing and treatment for HIV, syphilis and hepatitis B in order to prevent vertical transmission.

Sex workers in many settings have high rates of STIs (57, 58). As a priority, WHO recommends expanding access to aetiological diagnosis of STIs for sex workers, as well as offering periodic screening for asymptomatic STIs. This is particularly relevant for female sex workers, due to the severe consequences of STIs, including infertility. In cases of pregnancy, untreated STIs can also lead to severe adverse pregnancy outcomes, such as prematurity, neonatal death, low birth weight and congenital anomalies. WHO has specific recommendations for the treatment of the main STIs, suppressive therapy for genital herpes, and for the management of syndromes when the aetiology cannot be investigated for the most appropriate treatment (59).

The majority of participants in the key populations values and preferences qualitative research, undertaken for the development of the guidelines, were opposed to the periodic presumptive treatment (PPT) of STIs, citing both health and ethical concerns. Participants noted an array of potential health risks associated with prolonged antibiotic use. Additionally, participants expressed concerns surrounding the ethical implications of PPT and its role in perpetuating stigma and vulnerability. Others attested to the role of PPT in reinforcing stereotypes of sex workers as vectors of disease. Rather than offering sex workers PPT for STIs, participants stressed the need for increased access to STI testing and evidence-based prevention methods. If sex workers wish to prevent STI acquisition through PPT, this should always be voluntary, in full understanding of the potential complications, only in settings where aetiological diagnosis is not possible, and in consultation with health care providers.

While evidence of increased prevalence of hepatitis C virus (HCV) and hepatitis B virus (HBV) in men who have sex with men is clear (60), concerns about viral hepatitis in female and trans and gender diverse sex workers are newly emerging, and not a lot of data are available to understand the global prevalence of HBV and HCV among these populations. For female and trans and gender diverse sex workers who are living with HIV, there may be an increased risk of HCV and HBV (61), although evidence is scarce, and additional small studies have shown increased risk for viral hepatitis mono-infections (62). However, HCV prevalence is high in people who inject drugs (63) and in people in prisons (64), and there is considerable intersection between sex workers and other key populations. For this reason, viral hepatitis prevention, testing and treatment are included in the package of essential health interventions for all sex workers.

Other health issues of particular concern to sex workers include those related to the following: reproductive health (for example, safe abortion, contraception, conception and antenatal care); sexual health, including diagnosis and treatment of cervical, oral and anal cancers associated with human papillomavirus (HPV) infection; mental health and psychosocial support; as well as reducing harm associated with tobacco, alcohol and substance use. In particular, the results of qualitative research undertaken by four global networks of key populations showed that addressing mental health was a priority for key populations. While global data on tuberculosis (TB) among sex workers is not available, sex workers who live and work in overcrowded or confined conditions may be at increased risk of TB. These are essential interventions to address broader health beyond HIV, STI and viral hepatitis, and access for key populations should be ensured.

The package of essential interventions for sex workers does not include those that are specifically related to HIV and viral hepatitis prevention for people who inject drugs (namely, needle and syringe programmes (NSPs), opioid agonist maintenance therapy (OAMT) and naloxone for overdose management), or specifically related to gender-affirming care for trans and gender diverse people.

However, for sex workers who inject drugs or who are trans or gender diverse, these further relevant interventions should be made available, as outlined in the packages for these other specific key populations.

Recommended package for sex workers

These interventions are not in order of priority.

The interventions listed here have been categorized as follows:

1. Essential for impact: enabling interventions

This includes all interventions recommended to reduce structural barriers to health services access for key populations.

2. Essential for impact: health interventions

This includes health sector interventions that have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.

3. Essential for broader health

This includes health sector interventions to which access for key populations should be ensured, but do not have direct impact on HIV, viral hepatitis or STIs.

Essential for impact: enabling interventions

Removing punitive laws, policies and practices

Reducing stigma and discrimination

Community empowerment

Addressing violence

Essential for impact: health interventions

Prevention of HIV, viral hepatitis and STIs

Condoms and lubricant

Pre-exposure prophylaxis (PrEP) for HIV

Post-exposure prophylaxis (PEP) for HIV and STIs

Prevention of vertical transmission of HIV, syphilis and hepatitis B virus

Hepatitis B vaccination

Addressing chemsex

Diagnosis

HIV testing services

STI testing

Hepatitis B and C testing

Treatment

HIV treatment

Screening, diagnosis, treatment and prevention of HIV-associated TB

STI treatment

Hepatitis B and C treatment

Essential for broader health: health interventions

Anal health

Conception and pregnancy care

Contraception

Mental health

Safe abortion

Prevention, assessment and treatment of cervical cancer

Safe abortion

Screening and treatment for hazardous and harmful alcohol and other substance use

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A sex worker at work on the street of Hanoi, Viet Nam.

