

EXAMINING THE IMPLICATIONS OF PrEP AS HIV PREVENTION FOR SEX WORKERS

Some people do not want to use condoms – because they want to conceive or they perceive that they are a barrier to intimacy. A new way to prevent HIV, known as pre-exposure prophylaxis (PrEP), can provide protection where condoms are not used. Integrating it into HIV and sexual health programming for various communities has become a focus of researchers and health and development agencies. However, PrEP raises important challenges in the context of female sex work.* To protect sexual and reproductive health and avoid pregnancy, PrEP must be used with condoms but that may be difficult where clients perceive PrEP as an alternative. Frequent HIV testing and medicalisation of HIV prevention in low-income settings presents challenges for those who lack the rights and power needed to make informed health-related decisions. Policymakers and HIV agencies have a short window in which to ensure that PrEP complements existing programming and plan ways to avert potential negative impacts.

‘Getting to zero’

UNAIDS envisages ‘getting to zero’ new HIV infections or AIDS-related deaths by 2030. To achieve this almost all HIV-positive people will be taking ARVs as treatment and new infections will be prevented by a combination of prevention strategies including condoms, STI treatment education and PrEP. A key part of this strategy is for all sex workers and clients to be tested for HIV followed by treatment for those who test positive and ‘combination prevention’ including PrEP for those who test HIV-negative.

Although clinical trials have shown that when taken consistently the ARV Truvada reduces HIV transmission dramatically, those trials have not adequately included women generally and there is little research about possible impacts of PrEP in different sex work contexts. Research among sex workers in particular has been fraught. Trials in Cambodia and Cameroon closed prematurely amid protests and controversies about the long-term effects of the medication and protections for sex worker study participants.

Only a handful of qualitative studies have explored sex work and PrEP, mostly focused on sex workers’ willingness to take PrEP and capacity to do so every day at the same time as required. Therefore, data from clinical trials with other populations have been used as evidence to guide the provision of PrEP for sex workers, including speculative modelling about the benefits of PrEP for sex workers in South Africa and early indications from small projects in South Africa and Kenya. This paucity of data raises urgent ethical questions and underlines the need for better insights into the potential of PrEP for sex workers in various low-income settings. It also exemplifies the feminist demand that medical research pay better attention to women. ➤

What is PrEP?

In recent years it has been proven that anti-retroviral (ARV) medication can prevent HIV as well as treat it. The levels of the virus are reduced to non-transmissible levels in people on ARV treatment. Clinical trials have also shown that when taken regularly by a HIV-negative person before exposure to the virus, ARVs prevent transmission more than 90 per cent of the time. This is pre-exposure prophylaxis, known as PrEP. It must be prescribed after a HIV test and monitored for side effects and it does not protect against other STIs and is not contraceptive.

* This briefing addresses female sex workers including CIS and transwomen. For brevity the term ‘sex worker’ is used throughout.

What do sex workers say?

Although most sex workers' organisations are funded for HIV prevention work, sex workers have said relatively little about PrEP. In 2014, the Global Network of Sex Work Projects conducted a consultation with sex workers and the non-governmental organisations (NGOs) that work with them. Of 440 respondents in 40 countries only a few staff or volunteers of HIV interventions had heard of PrEP and it was generally poorly understood.

The consultation also highlighted doubts and 'suspicious and sceptical' attitudes to PrEP. There were concerns that it might undermine condom use and be pushed on sex workers by clients, brothel owners, the state and health authorities. In particular, there was a fear that to facilitate PrEP, HIV testing will be made mandatory. Lack of access to services, toxicity and long-term effects of medication, cost, discrimination and the counterproductive impact of criminalisation of sex work on any and all HIV strategies were also raised. NGOs and sex work groups expressed concern that resources will shift away from sex worker-led services that are orientated to human rights and sex worker empowerment.

Sex workers' concerns about PrEP contrast sharply with those expressed by men who have sex with men (MSM) advocates who demand access to PrEP as an alternative to condoms. Although the two populations are bunched together, along with drug users, as HIV 'key populations' – and they clearly have some shared interests in HIV prevention and care – PrEP activism raises questions about what constitutes a community, who speaks for sex workers and how to avoid women's voices being stifled in activism.

Do sex workers need PrEP?

Some advocates suggest PrEP be added to all existing programmes that provide condoms, education, and STI treatment to sex workers because condoms are not used consistently in commercial sex. Although it is certainly true that condoms are not used 100 per cent of the time, the median proportion of sex workers who reported condom use with their last client has consistently been over 80 per cent in sub-Saharan Africa, Asia, Eastern Europe and Central Asia, and South and Central America and the Caribbean since 2007.

The argument that sex workers need PrEP was advanced by an influential systematic review of data on sex work and HIV published in *The Lancet* in 2014 that concluded that female sex workers are 13.5 times more likely to be HIV-positive than non-sex workers. However, this is an average taken from data of varying quality published globally over a long period of time, including before ARVs were sufficiently well used to drive transmission rates down.

In reality, large variations exist between sex workers who achieve 100 per cent condom use and those that achieve less or none, often in the same place. It is important not to erode effective existing strategies by deeming entire sex worker populations to be at high risk and recommending PrEP to all of them. Rather, PrEP must be carefully targeted and managed if it is to function as a backstop to condoms without becoming a substitute for them.

Challenges

What emerges from current discussions is that various challenges must be addressed to ensure that combination prevention benefits the health of female sex workers in low-income settings.

1. Condoms

Preserving and advancing condom use is the key challenge. If clients see PrEP as an alternative to condoms, and sex business operators capitalise on the situation by insisting women take PrEP, demand for condomless sex may increase. If condomless sex increases, or even becomes the norm, as a result of PrEP, new risks for those who take it will emerge. Those who do not take PrEP may have to provide sex without a condom to maintain their livelihoods. Condom use trends will be difficult to track because they will evolve slowly as clients and sex business operators become aware of PrEP.

Health practices in sex industries are not usually a matter of sex workers' personal preferences, choices and behaviours but a matter of work practices which are determined by employers and customers or 'market forces'. This is also true of legal industries, but in these workers' risks are tempered by law and labour regulations which are unavailable to sex workers.

South Africa study

An analysis of available evidence on PrEP and sex work found that combining PrEP with HIV testing and treatment could reduce HIV transmission between sex workers and their clients in some settings. Modelling for South Africa's high prevalence epidemic indicated that PrEP could drive a 40 per cent reduction in new infections, assuming an insignificant reduction in condom use. See Bekker *et al.* (2014) *Combination HIV Prevention for Female SWs: What is the Evidence?*, *The Lancet Series on HIV and Sex Work*.

The opportunity for PrEP to protect sex workers who do not use condoms from HIV raises an important paradox – sex workers who cannot achieve consistent condom use are least likely to be able to access regular, confidential HIV testing and primary health care, adhere to medication, and avoid negative consequences associated with sex work and HIV. This is worst where there is poverty, insecurity, drug use and where sex work is highly criminalised. Thus it is a priority to accurately identify the sex workers for whom PrEP is appropriate in order to provide both medication and support to either achieve condom use or stop selling sex.

2. HIV testing

Regular HIV testing is crucial because PrEP must only be taken by HIV-negative people and can harm HIV-positive people. Effective, accessible ARV treatment means that all sexually active people should have regular HIV tests. However, lack of information, legal status, cost, potential discrimination, loss of income and hostile attitudes within health services are among many powerful barriers to sex workers testing for HIV.

Sex workers are not always in control of testing conditions. Inappropriate testing by police, health authorities, and sex business operators is common. Potential for abuse of rapid ‘home’ testing that does not involve health sector intermediaries is clear in this context.

Until recently Voluntary Counselling and Testing (VCT) was considered best practice in HIV but ARV availability has driven a push for greater numbers of people to know their HIV status and commence ARV treatment if testing positive. Emphasis has shifted to ‘peer led’ or ‘community’ testing which entails outreach workers conducting tests in sex workers’ homes or workplaces or accompanying them to a testing facility. Although this clearly has potential to raise the numbers of people tested, and appears at first glance to be sex worker friendly, it is debatable whether ethical HIV testing can happen in homes and sex venues where safeguards are lacking. Some sex worker outreach workers have complained that quotas of numbers of sex workers they must test in such places makes confidentiality difficult and spoils their relationships with sex workers.

Mandatory testing has sometimes been used to ensure that sex workers are tested for HIV but it is a costly human rights violation that has proven to be ineffective anyway because many or most sex workers have not complied where it has been in place.

Extensive testing and treating of sexually active men generally, and sex workers’ clients and private sexual partners specifically, is a priority since a sex worker’s risk of acquiring HIV through heterosexual sex is significantly lowered where the viral load of any HIV-positive sexual partners is suppressed.

3. Medicalisation and resources

While condoms are relatively self-explanatory and can be bought cheaply from unqualified vendors, PrEP relies on both repeated HIV testing and ongoing access to a qualified doctor who can prescribe and regularly monitor ARVs, maintain patient records, protect confidentiality, and provide the complex information that patients who take PrEP require. UNAIDS estimates that only 5 per cent of sex work project funds need to be allocated to PrEP but it is difficult to see how this could be achieved given the cost of scaling up clinical services delivered by qualified health professionals. In many or most settings it is unlikely that funds will be available for medical services as well as condoms and existing social and educational activities. Sex worker networks in Asia and the Pacific and Africa have already raised concerns about diminishing resources for self-organisation and advocacy, condom promotion, counselling, education and social support

Cost is an important consideration for individual sex workers. Even if services are sex worker ‘friendly’ and medication and condoms are free, which they frequently are not, the financial and social cost to sex workers of accessing health care forms significant barriers.

Existing issues become more urgent and new ones are raised

Policymakers and HIV agencies have a short window to plan to integrate PrEP into HIV programmes in different settings without undermining human rights or eroding existing HIV and STI prevention and contraceptive strategies. For PrEP to reduce HIV risks for sex workers and clients, policies and programmes must take into account that it is not 100 per cent effective against HIV; that it depends on regular HIV testing; does not prevent STIs; is not contraceptive; is toxic to a degree; can be damaging if misused; and is expensive to supply and monitor. It must be delivered ethically by well-resourced clinics and it must be carefully targeted which means identifying the sex workers for whom PrEP is appropriate rather than encouraging all to use it.

Although there is clearly significant potential for PrEP to improve the sexual health of sex workers and clients it should not be seen as a 'magic bullet' or as an antidote to the inability of some sex workers to achieve condom use. Reconfiguring sex industries to make sex workplaces and sex workers' lives safer remains a priority everywhere. Because sex workers in precarious economic, legal and social conditions are least able to protect their health, the success of PrEP depends on both sound programming and reduction of the structural inequities, human rights abuses, poverty and injustice that drive vulnerability. So rather than enabling public health to sidestep complex legal, behavioural and human rights issues, biomedical HIV prevention for sex workers both makes existing issues more urgent and raises new ones.

Recommendations

Research

- Conduct an independent review of the literature on combination prevention for sex workers in low-income settings including mapping interventions and results.
- Invest in research that informs long-term strategies for integrating PrEP into the lives of sex workers, their private partners, employers, and clients.
- Develop tools for monitoring and evaluating the impact of PrEP on a range of outcomes including pregnancy, STIs and the human rights of sex workers who do, and do not, take PrEP.

Programmes

- Develop guidance on ethical administration of ARV medication and tools for monitoring it.
- Create messages for sex workers, clients and sex business managers that make clear that medications are not an alternative to condoms and provide information about HIV testing and ARV adherence and side effects.
- Develop policy and tools that enable PrEP to be targeted to those sex workers who are unable to achieve condom use and are likely to have sex with an untreated HIV-positive person.
- Provide sex workers who take PrEP with services that support adherence and address inability to achieve condom use.
- Support meaningful participation of sex workers by making balanced, gender-sensitive information about PrEP available and by creating platforms for conversations that are independent of NGOs and HIV funding.

Policy

- Replace criminal laws against sex work with a mix of the same law and regulations that govern other occupations and workplaces.
- Ensure that local rules and procedures that protect citizens from coercive testing or treatment are applied to sex workers so that testing and treatment are voluntary and informed, not mandatory.
- Ensure that sex workers have the legal status, information and resources that enable them to insist on condom use, access services and make informed decisions about their health.
- Strengthen mechanisms for confidentiality and protection against discrimination associated with HIV testing.

Further reading

UNAIDS (2015) *Focus on Location and Population: On the Fast-Track to End AIDS by 2030*, UNAIDS

Global Network of Sex Work Projects (2014) *Global Consultation on PrEP and Early Treatment as Prevention Strategies*, www.nswp.org/sites/nswp.org/files/PrEP%20Global%20Consultation%20final3.pdf

Mukandavire, Z. and Vickerman, P. (2013) 'Comparing the Utility of Condom and HIV Pre-Exposure Prophylaxis (PrEP) Use Among FSWs', *Sex Transm Infect* 89:A274

IDS (2015) *Map of Sex Work Law*, spl.ids.ac.uk/sexworklaw

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