

PREVENTION AND TREATMENT OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS FOR SEX WORKERS IN LOW- AND MIDDLE-INCOME COUNTRIES

POLICY BRIEF

DECEMBER 2012

Sex workers in many places are highly vulnerable to HIV and other sexually transmitted infections (STIs) due to multiple factors, including large numbers of sex partners, unsafe working conditions and barriers to the negotiation of consistent condom use (1). Moreover, sex workers often have little control over these factors because of social marginalization and criminalized work environments. Alcohol, drug use and violence in some settings may further exacerbate their vulnerability and risk (2).

Acquisition of HIV and other STIs are important occupational hazards of sex work. Clients can infect sex workers who may transmit infection to other clients and from them to their sex partners. Preventing infection among sex workers thus has the potential to both improve the health of individual sex workers as well as to slow HIV and STI transmission among wider populations. Early interventions in countries as diverse as Brazil, India, Kenya and Thailand have succeeded reducing STI transmission in sex work by increasing condom use, leading to improved health outcomes for sex workers and rapid control of HIV and STI epidemics.

The objective of the guidance document, *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle- income countries*, is to provide technical recommendations on effective interventions for the prevention and treatment of HIV and other STIs among sex workers and their clients (3). The guidelines are designed for use by national public health officials and managers of HIV/AIDS and STI programmes, nongovernmental organizations including community and civil society organizations, and health workers. These guidelines may also be of interest to international funding agencies, the scientific media, health policy-makers and advocates.

The World Health Organization led the development of the guidelines in collaboration with the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS and the Global Network of Sex Work Projects. The Grading of Recommendations, Assessment, Development and Evaluation (GRADE) methodology was followed to ensure a structured, explicit and transparent approach to assessing the evidence and building consensus on the recommendations. Three independent researchers conducted systematic reviews and rated the quality of evidence related to (1) sex worker empowerment, (2) STI screening and (3) periodic presumptive treatment of STIs. Systematic reviews or related guidelines were available for other questions, including condom use, voluntary counselling and testing, antiretroviral therapy, needle-syringe programming and vaccination for hepatitis B virus. GRADE evidence profiles were developed to summarize the quality and strength of evidence for each question. The Global Network of Sex Work Projects conducted a qualitative survey on sex worker values and preferences related to the interventions being considered in the guidelines (4).



The recommendations are summarized below. These include evidence-based recommendations following the GRADE methodology as well as recommendations for good practice.

- Good practice recommendations are overarching principles derived not from scientific evidence but from common sense, ethics and human rights principles. These recommendations did not go through a formal GRADE process but should be strongly promoted in all interventions with sex workers.
- The technical recommendations are supported not only by scientific evidence but also by the lived experience of sex workers around the world.

SUMMARY OF RECOMMENDATIONS

GOOD PRACTICE RECOMMENDATIONS

1. All countries should work toward decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers (2,5,6)[†]
2. Governments should establish antidiscrimination and other rights-respecting laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Antidiscrimination laws and regulations should guarantee sex workers' right to social, health and financial services (7)
3. Health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.
4. Violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker led organizations.

[†] See the Report of the Global Commission on HIV and the Law: Risks, Rights & Health, July 2012; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/14/20, 2010; UNAIDS Guidance Note on HIV and Sex Work, 2012.

EVIDENCE-BASED RECOMMENDATIONS

- 1 We recommend a package of interventions to enhance community empowerment among sex workers.
- 2 We recommend correct and consistent condom use among sex workers and their clients.
- 3 We suggest offering periodic screening for asymptomatic STIs to female sex workers.
- 4 We suggest offering female sex workers, in settings with high prevalence and limited clinical services, periodic presumptive treatment for asymptomatic STIs.
- 5 We recommend offering voluntary HIV testing and counselling to sex workers.
- 6 We recommend using the current WHO guidance on the use of antiretroviral therapy for HIV infection in adults and adolescents for sex workers living with HIV.
- 7 We recommend using the current WHO recommendations on harm reduction for sex workers who inject drugs.
- 8 We recommend including sex workers as targets of catch-up HBV immunization strategies in settings where infant immunization has not reached full coverage.

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WHO/HIV/2012.19