Sex Work in Sub-Saharan Africa: Opportunities and Challenges

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Definition of Sex Worker

- 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. Sex work is consensual sex between adults (WHO, 2014).

- Sex work varies between and within countries and communities and in the degree to which it is more or less “formal”, or organized (WHO, 2014).
Definition of Sex Work

- This WHO’s definition of Sew Workers (SW) gives an opportunity to extend tailored HIV prevention and care interventions to:
  - Part-time SW
  - Transactional Sex
  - Men and Transgender SW

- However it excludes adolescents < 18 years who receive money or goods in exchange for sexual services.
HIV infection among Sex Workers

- Globally, HIV prevalence among sex workers (SW) = 12%.
- For example: 50.8% in Rwanda (2.9% among the general population).
- More than half of all sex workers worldwide newly infected with HIV live in sub-Saharan Africa (UNAIDS, 2015)

Figure 1: Estimated HIV prevalence among SW in 2014 (UNAIDS)
HIV infection among Sex Workers

- Sex Work is responsible for:
  - 6 to 32% of new infections according to the MOT (UNAIDS, 2010).
  - According to dynamic transmission models: 90-93% (PAF) of all cumulative heterosexual infections between in Benin between 1993 and 2008 (Williams, 2014).

Figure 2: Distribution of new infections by risk group and country (MOT Sub-Saharan Africa)

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Importance of Part-time Sex workers (PTSW)

In Kenya HIV prevalence among PTSW was 30.6%, twice higher than that among pregnant (Hawken, 2002)

In Tanzania HIV incidence was high among women working in bars and Hotels: 3.7% (Kapiga, 2013)

In Burkina Faso HIV prevalence among young PTSW was: 6.7% vs 0.4% among women of the same age (20-24 years) (Traore, 2015).

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Importance of Part-time Sex workers

Figure 3: Hot spot of Bar waitresses in Ouagadougou (Burkina Faso)

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Vulnerability of Sex Workers

Sex workers are at an increased risk due to

- Legal issues,
- Stigma, discrimination and violence
- Barriers to HIV services for sex
- Exposure (multiple sexual partners and inconsistent condom use).

Figure 5: Contributing Factors of most at risk behaviours (UNAIDS, 2008)

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Opportunities:

- **Sex Work** is now identified as the main driver of the **HIV epidemic** in Sub-Saharan Africa.
- **Knowledge and Guidelines are now available on:**
  - Estimating the size of local population of SW
  - HIV/AIDS and STI Surveillance among SW
  - HIV prevention, treatment and care for SW
  - Monitoring and evaluating HIV prevention programmes for SW
Opportunities:

Intervention packages for Sex Workers:

- Revision of laws, policies and practices
  - Implementation of antidiscrimination and protective laws,
  - Enhancement of community empowerment among SW
  - Prevention of violence against SW

Figure 6: Education session at Ouagadougou
Opportunities:

Intervention packages for Sex Workers

- HIV prevention
  - Consistent use of condoms with compatible lubricants,
  - Post-exposure prophylaxis

Figure 7: Sex Workers Condom Use in 2014

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Opportunities:

Intervention packages for Sex Workers

- **Community and clinic based HIV testing** linked to care. HIV testing reduces risky sexual behaviour (Carney, 2015)

- Harm reduction for people who use drugs

*Figure 8: HIV testing in Sex Workers in 2014*
Opportunities:

Intervention packages for Sex Workers

- Access to acceptable Health services
  - HIV treatment and care
  - Coinfections (*TB, hepatitis B and C*) and Mental health disorders screening and management

Cost of ART provision to SW is comparable to providing ART to other population groups in Africa (*Cianci, 2014*).

Figure 9: Friendly Clinic in Burkina Faso
Opportunities:

Intervention packages for Sex Workers

- **Access to acceptable Health services**
  - Sexual and reproductive health
  - STI routine screening, diagnosis and treatment
  - Cervical cancer screening
  - Access to a range of reproductive options and to conception and pregnancy care

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Opportunities:

- **Success stories** *(UNAIDS, 2015)*:
  - Achieving zero new HIV infections among young sex workers in Ouagadougou
Opportunities:

**Success stories** *(UNAIDS, 2015):*

- The Kenya National AIDS and STI Control Programme **Used strategic information to bring sex worker programmes to scale**
- Between 2013 and 2015 that increased the:
  - Number of condoms distributed per month to sex workers (16 to 37).
  - Proportion of Cases of violence against sex addressed (38% to 72%)
  - Number of sex workers attending clinics
  - Incidence of sexually transmitted infections decreased (27% to 3%)

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Opportunities:

- **Success stories** *(UNAIDS, 2015)*:
  - **Sex Workers empowerment** led to stronger inclusion of sex worker programmes in Namibia’s national HIV strategy. That results to:
    - Expansion of HIV services for sex workers (peer education, condom and lubricant distribution, mobile HIV counselling and treatment etc.)
    - Reduction of harassment and violence towards sex workers
    - **Strengthening of the capacity** of sex worker organizations

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Challenges

- Lack of political and financial support to sex worker programmes resulting in:
  - Low and inconsistent funding
    - In Ouagadougou in 2009, over 65% of these interventions were discontinued when funding ceased or NGO left.
  - Inadequate scope and coverage of services.
    - ART provision to FSW populations 13.2% vs 56.5% to the general population in Cameroon (Holland, 2015)
    - Low retention rate of female and male sex workers on antiretroviral treatment in Ivory Coast 68% at 12 months and 47% at 36 months (Vuylsteke, 2015)
Challenges

- **Societal and legal barriers**: criminalization, stigma and discrimination limit the availability, access to and uptake of HIV, health and social services for sex workers *(Beckham, 2015)*

*Figure 10: Law criminalizing any aspect of Sex Work in 2014 (UNAIDS)*
Challenges

- **Prevalence of Sexual violence against female sex workers**
  - 29% in Gambia *(Sherwood, 2015)*
  - 75.6 % in Ethiopia *(Alemayehu, 2015)*
  - 58% in Burkina Faso and Togo and there was significant relationship between sexual violence experienced by FSWs and unprotected sex with clients *(Wirtz, 2015).*
Challenges

- **Insufficient qualitative and quantitative data** on local SW populations and programmes:
  - to inform the development and implementation of HIV services that respond to the needs of SW.
  - to evaluate the impact of the interventions

*Figure 11: Sex Workers condom use in 2014 (UNAIDS)*

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Challenges

- Adapting to change:
  - Use of mobile technology and social media,
  - Use of electronic fingerprint-linked data collection system among SW \( (Wall, 2015) \)
  - Integration of HIV and sexual and reproductive services for sex workers.
  - Understanding of PrEP interest, use, and potential effectiveness among female sex workers in sub-Saharan Africa \( (Syvertsen, 2014) \)
Challenges

- Lack of data or tailored Intervention for:
  - Young women < 18 years who received money or goods in exchange for sexual services
  - Men involved in sex work
  - Regular Sexual Partners of SW
  - Transactional sex
  - Part-time SW.