STAR-EC Technical Brief

MINIMIZING RISK OF HIV TRANSMISSION AMONG FEMALE SEX WORKERS

in East Central Uganda

Introduction

Sex work, and particularly unprotected sexual intercourse, was recognized as an early driver of the HIV epidemic in sub-Saharan Africa[1]. Many African countries with a generalized epidemic have documented HIV prevalence levels three to ten times higher among female sex workers (FSWs) compared with general populations. The UNAIDS and World Bank Modes of Transmission model has estimated that anywhere between 3 and 31 percent of all new HIV infections are directly or indirectly related to sex work, and FSWs experience a heavy burden globally.

FSWs have an increased risk of HIV infections due to a number of behavioral and structural drivers. Behavioral factors include multiple sexual partnerships, inability to negotiate condom use, inconsistent use of condoms, violence, and substance use; structural factors include migration and mobility, stigma, unemployment and poverty, criminalization of sex work, limited access to care and treatment, and weak social and legal support. Despite efforts to address these challenges, sufficient access to HIV prevention, treatment, and care for sex workers remains elusive in many regions globally. In Uganda, HIV prevalence among FSWs is estimated between 33 and 37 percent[2], much higher than the national average of 7.3 percent[3].

The Ugandan Ministry of Health (MOH) in its Health Sector Action Plan for Prevention of STI/HIV in Sex Work Settings (2012-2015) developed a framework to guide the national response to address the needs of sex workers. The strategy is aligned with the UNAIDS key pillars for intervention in sex work settings[4]:

1. Promoting universal access to comprehensive HIV prevention, treatment, care, and support
2. Building a supportive environment, strengthening partnerships, and expanding choices
3. Reducing vulnerability and addressing structural issues

Within these mandates, different players engaged in serving key populations (KPs) are expected to align their programming to the national strategy.

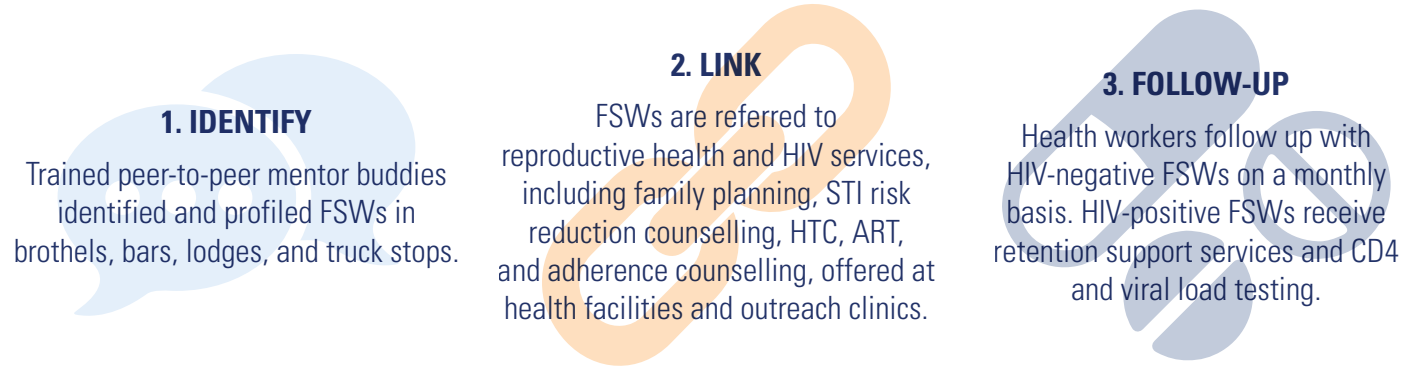
Intervention

STAR-EC supported access to and use of TB and HIV services within the East Central Region. The project targeted different populations, including Key populations (KPs) (the majority of whom are FSWs) and priority populations (PPs) that include fisher men, truckers, *boda boda* drivers, adolescents, and married and cohabiting couples.

A most-at-risk populations (MARPs) study, conducted by STAR-EC in 2012, estimated that 1,497 FSWs live in East Central Uganda. STAR-EC used a combination prevention approach to target FSWs with a standardized package of HIV prevention, care, and treatment services that included peer-to-peer 'mentor

[1]World Health Organization. Preventing HIV among Sex Workers in sub- Saharan Africa: Switzerland: WHO; 2011.
[2]Crane Survey 2013, Vandepitte J, 2014
[3]UDHS 2011
[4]MOH 2012

Figure 1: FSW Identification and Referral Process



buddies' to identify and profile FSWs and provide psychosocial services and experience sharing to build life skills. The package also included providing linkages with health workers to promote integrated outreach in targeted settings, i.e., 'hot spots' and brothels; offering a combination of prevention services through local resource centers, i.e., 'knowledge rooms'[5] and moonlight HIV testing and counselling (night time dance and entertainment events where testing and counselling were offered) in hot spots; and follow up and retention services. Figure 1 illustrates how FSWs are identified and profiled, linked to care, and followed up with support services.

'Mentor buddies' are FSWs, many of whom are HIV-positive and enrolled in ART. STAR-EC worked with civil society organizations (CSOs) at the community level to identify and train 'mentor buddies' to engage fellow FSWs and educate them about HIV prevention and treatment and other health-related issues. This approach was designed to overcome the challenge of reaching FSWs who, due to stigmatization and high mobility, are difficult to initiate and retain in care. 'Mentor buddies' offered one-to-one counselling and also led group discussions with FSWs at knowledge rooms, encouraging women to share their own experiences and learn about safe sex negotiation, gender-based violence, condom use, STIs, HIV testing and treatment, and other issues related to their work.

Results

In 2016, STAR-EC conducted another study of high risk, key populations in the East Central Region, which included FSWs. Both the MARPs and key populations studies surveyed FSWs on a range of issues related to HIV awareness and status. As shown in Figure 3, findings from the MARPs and key populations studies show that awareness about HIV prevention, use of condoms, and uptake of HIV testing and counseling (HTC) has significantly increased among FSWs between 2012 and 2016. The proportion of FSWs reporting comprehensive knowledge about HIV (prevention methods, testing and treatment resources) has increased from 34 to 87 percent and the proportion of FSWs who have received HTC has increased from 70 to 97 percent.

Figure 2 shows the number of FSWs in the region that STAR-EC has reached with combination prevention services, from behavior change communication (BCC) to HTC and ART enrollment, to follow-up support. A total of 2,815 FSWs have been reached with BCC messages in the region. Of the 298 HIV-positive FSWs who had already been enrolled in ART, 278 were active in care, and 222 had received CD4 and viral load testing. Of the 1,670 newly-identified and profiled FSWs, 310 tested positive for HIV, and 279 were linked to ART.

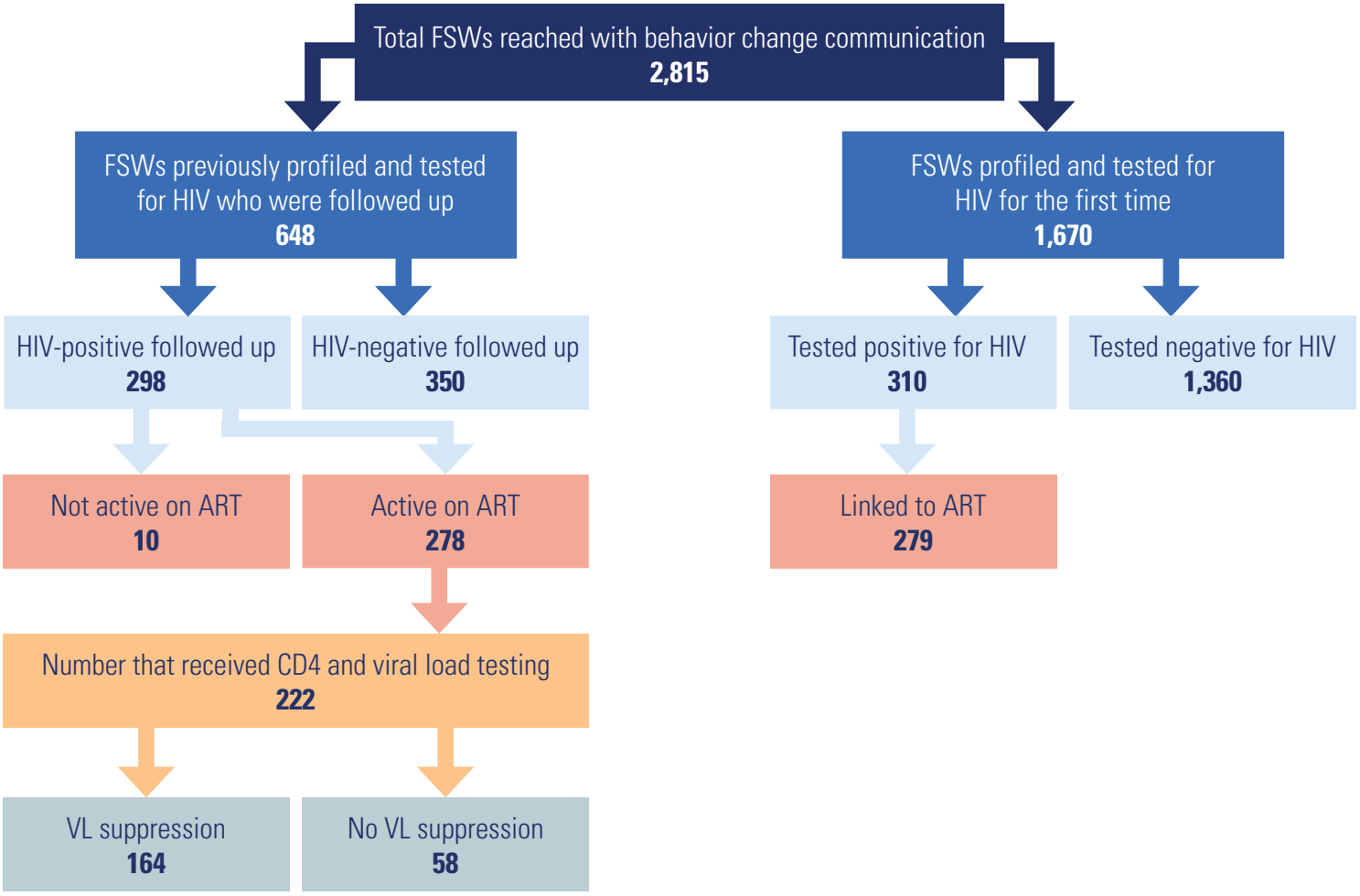
[5]A resource center within the community used for recreation, health education and health services

A health worker provides an HIV-positive FSW with ARV drugs at a knowledge room in Bugiri.

Conclusion

STAR-EC tailored HIV prevention interventions, which have been responsive to the behavioral, biomedical, and structural needs of FSWs in East Central Uganda. Engaging FSWs as peer-to-peer 'mentor buddies' was integral to linking other FSWs to the health system and reducing stigma around both HIV and commercial sex work. As a result of STAR-EC intervention, more FSWs are aware of their HIV status and more are knowledgeable about how HIV can be prevented and treated. FSWs now have better access to support services, such as psychosocial support and counselling in life skills building that can help empower them to adopt healthy behaviors (including condom use and adherence to ART) and to transition out of the commercial sex trade.

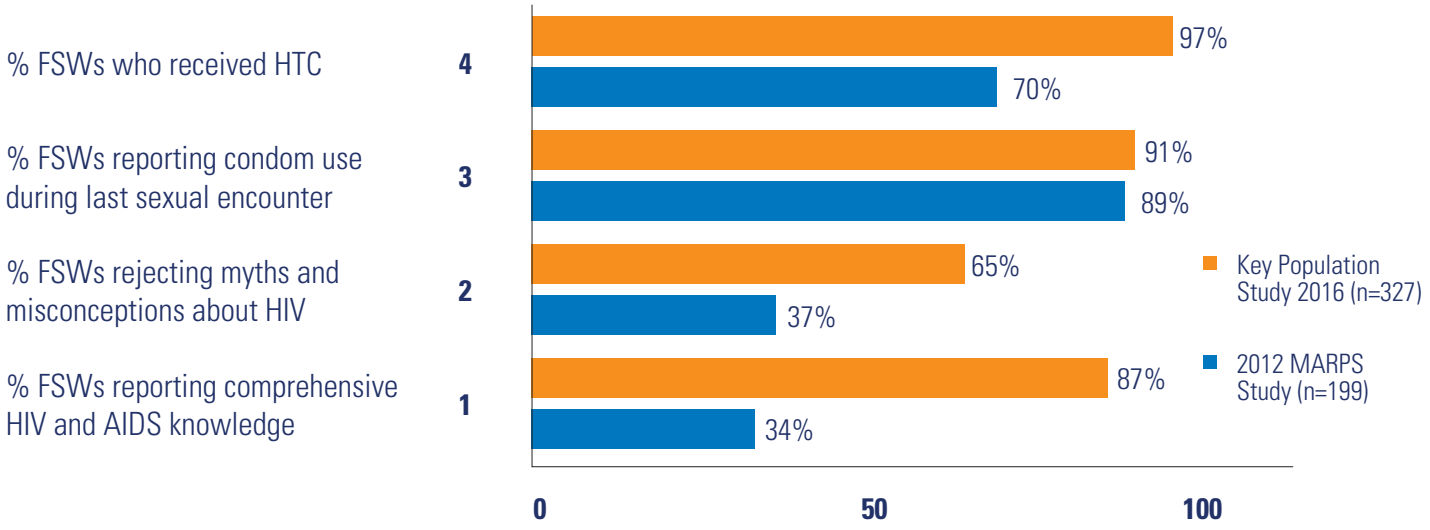
Figure 2: FSWs Reached with Combination Prevention Services in East Central Uganda (as of July 2016)



Over the course of project implementation, STAR-EC encountered challenges to reaching FSWs with combination prevention services. FSWs are a highly mobile population, and tracking, following up, and retaining both HIV-positive and HIV-negative FSWs on the continuum of HIV care was a persistent challenge. The project also found that younger FSWs who were new to commercial sex work often presented limited ability to negotiate safe sex and condom use. Group discussion sessions led by 'mentor buddies' allowed younger FSWs to hear from older, more experienced women about tactics they have used to convince clients to use condoms.

STAR-EC has established links between this high-risk population and the health system. Improvements to record-keeping and data collection at the facility and district levels will ensure sustained improvements to follow-up with all FSWs, and retention in ART for those who are HIV-positive. Strong support networks at the community level, which include CSOs, volunteers, 'mentor buddies', and health workers will ensure that FSWs continue to be identified and linked with a range of health and support services.

Figure 3: Comparative results of the 2012 MARPs study and the 2016 KPs study



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