



Person or Public Health Problem?

Engaging sex workers

CONFERENCE 2018
Southern African Clinicians Society
October 24 - 27, 2018

Gallagher Estate, Johannesburg



WITS RHI

How best can we engage sex workers?

Lessons from the Wits RHI Sex Worker Programme

01

Our context

02

Lessons learnt in engaging sex workers through the three 90s

03

Innovations in practice



Overall programme goal

Deliver accessible and quality HIV prevention and treatment services to key populations in South Africa

Achieve the UNAIDS 90:90:90 goals



We use partnerships to achieve our program goal

Data analytics on program, human resource and financial performance to monitor performance and inform implementation science endeavours

Sub-contractor



Sensitisation of stakeholders to create an enabling environment for provision of services to sex workers

Sub-awardee



Mobilisation of sex workers through outreach and 'Creative Space' risk-reduction workshops

Sub-awardee



Advanced HIV/TB training for project- and community based clinicians

Sub-contractor



In which implementation districts do we work?



Gauteng Province: 5 Health Districts



Limpopo Province: 1 Health District



Sex worker HIV epidemiology

South Africa

The success of services for sex workers is critical to HIV epidemic control

22%

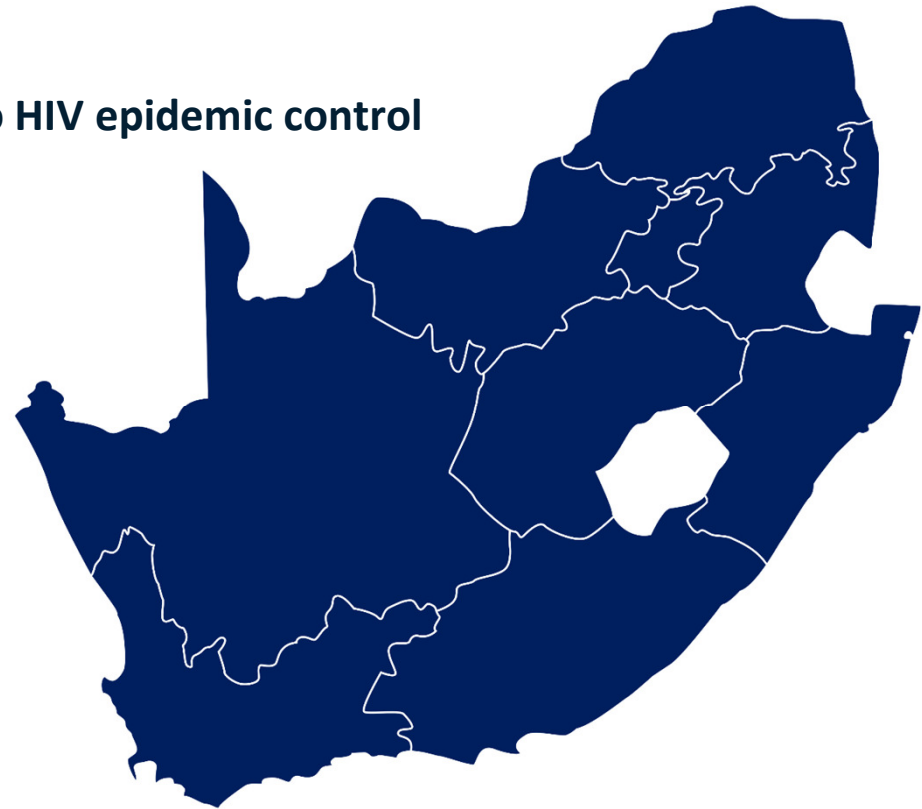
22% of new HIV infections are attributable to sex work regionally (Shannon et al, 2015)

90%

HIV prevalence among female sex workers in major cities is over 70%, & almost 90% on major trucking routes (SAHMS, 2015)

5%

Only 5% of local SWs had access to comprehensive health services in 2015 (Coetzee et al, 2017)



Contextual analysis

ENABLERS

- Progressive policy framework: SA National SW Plan 2016-2019
- DoH prioritization of HIV prevention interventions
- Free access to all clinical primary health care requirements
- Active and growing grassroots sex worker movement increases reach
- Sustained program funding from international donors



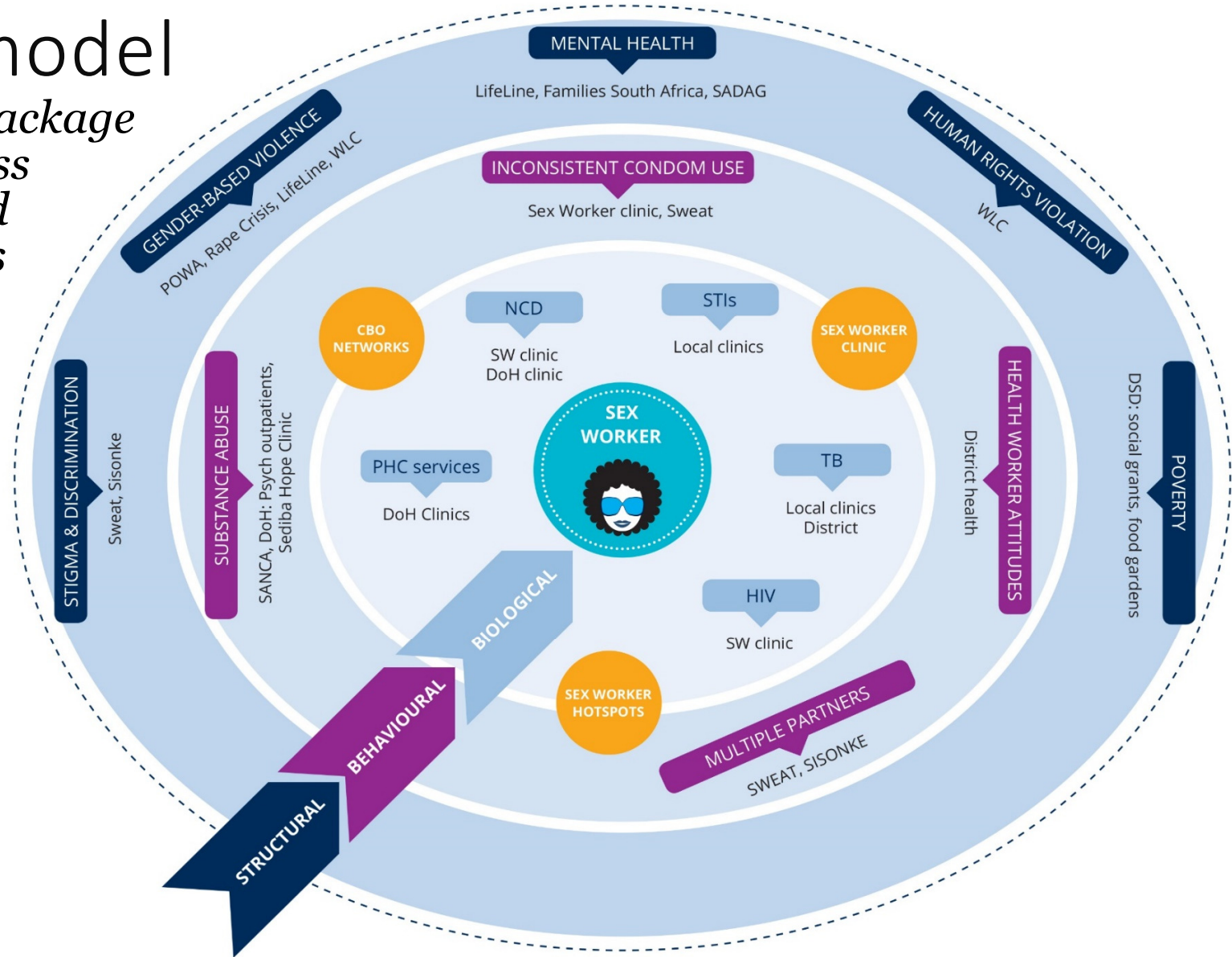
CHALLENGES

- Widespread social and structural drivers
- Risk-taking behaviours amongst sex workers
- Poor linkage to ART and late initiation
- Health care worker attitudes & facility operating hours limit access to care
- LTFU at 12months >20%
- Mobility of sex work population



Operating model

A comprehensive package of services to address epidemiological and contextual demands



Engaging sex workers

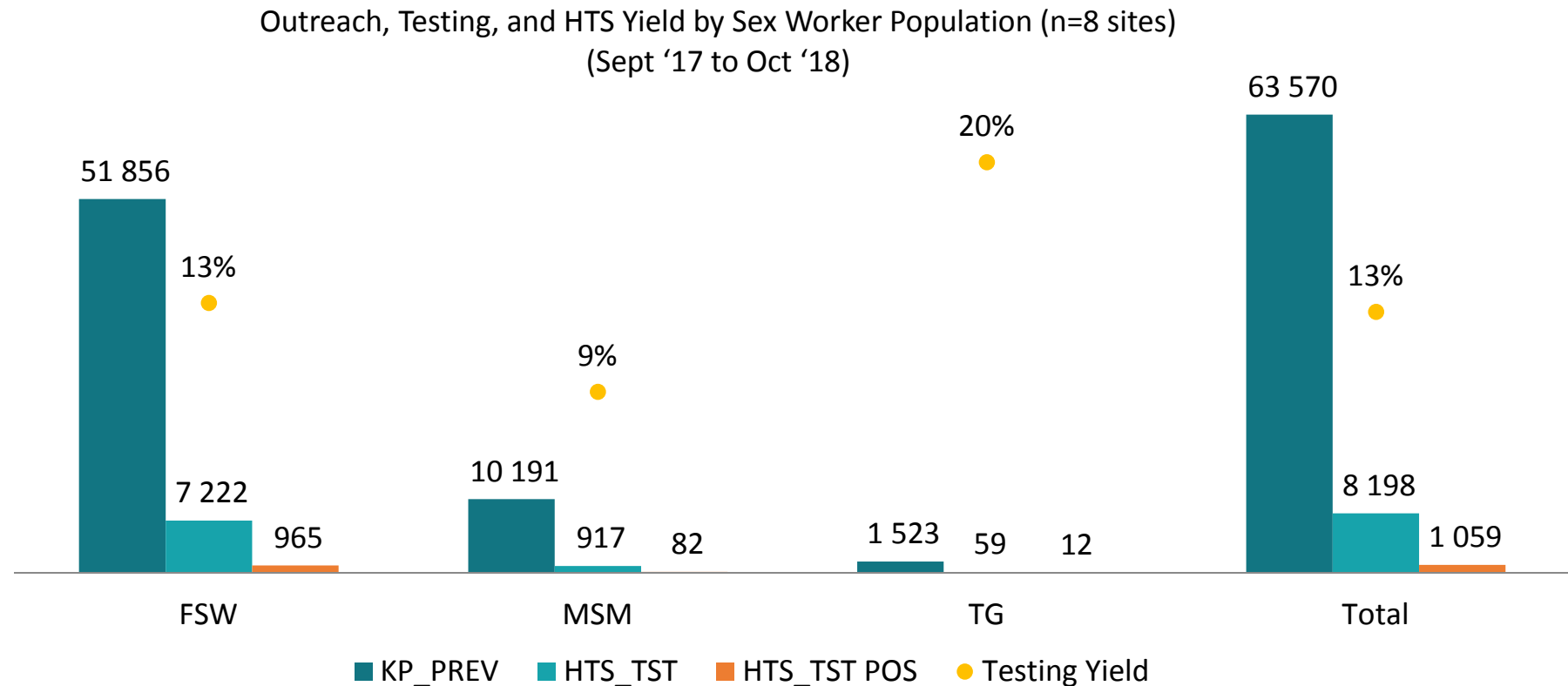
+ *The challenge*

+ *Our response*

Outreach



The challenge: How do we reach sex workers who are most at risk?



We reached over 60 000 sex workers, yet HIV + testing yield amongst our largest cohort - female sex workers - remains low

Our response: Steps to sharpen outreach

1. Sex worker centred services
2. Microplanning
3. Site and individual risk assessments
4. Respondent driven recruitment

“ You treat us like we are human beings”

Respondent, Sex Worker Focus Group Discussion, July 2018



Microplanning

A process that decentralizes outreach management and planning to grassroots-level workers and allows them to make decisions on how to best reach the maximum number of sex workers.

Tool 1

Site Assessment Tool

Tool 2

Daily Outreach Record

Tool 3

Risk Assessment Form

Tool 4

Weekly Planning Tool



Site assessments



Johannesburg Health District, Region F

- **Geo-spatial hotspot mapping** enables
 - ✓ efficient and effective outreach planning
 - ✓ monitoring of new/under-serviced hotspots
- **Hotspots reached** 50
- **Population size** 1 900
- **Risk assessment**
 - ✓ > 10 clients 615 (45%)
 - ✓ < 25 years. 293 (21%)
- **Peak days**
 - ✓ Fri-Sun
- **Environmental/ structural challenges**
 - ✓ Client refusal to pay
 - ✓ Theft
 - ✓ Lack of space to work
 - ✓ Violence
 - ✓ Police violence
 - ✓ Sexual harassment



Individual risk assessments

Risk Assessed	No. individuals (<i>n</i> =1106)	Percentage risk
Age (</= 24)	131	11.8%
Clinic access (clinic file)	443	40.1%
Inconsistent condom use (client refusal)	479	43.3%
Substance/alcohol use (self- or peer perception)	471	42.6%
Client number (> 10 clients/day)	555	50.2%
New to sex work (</ 6 months)	142	12.8%

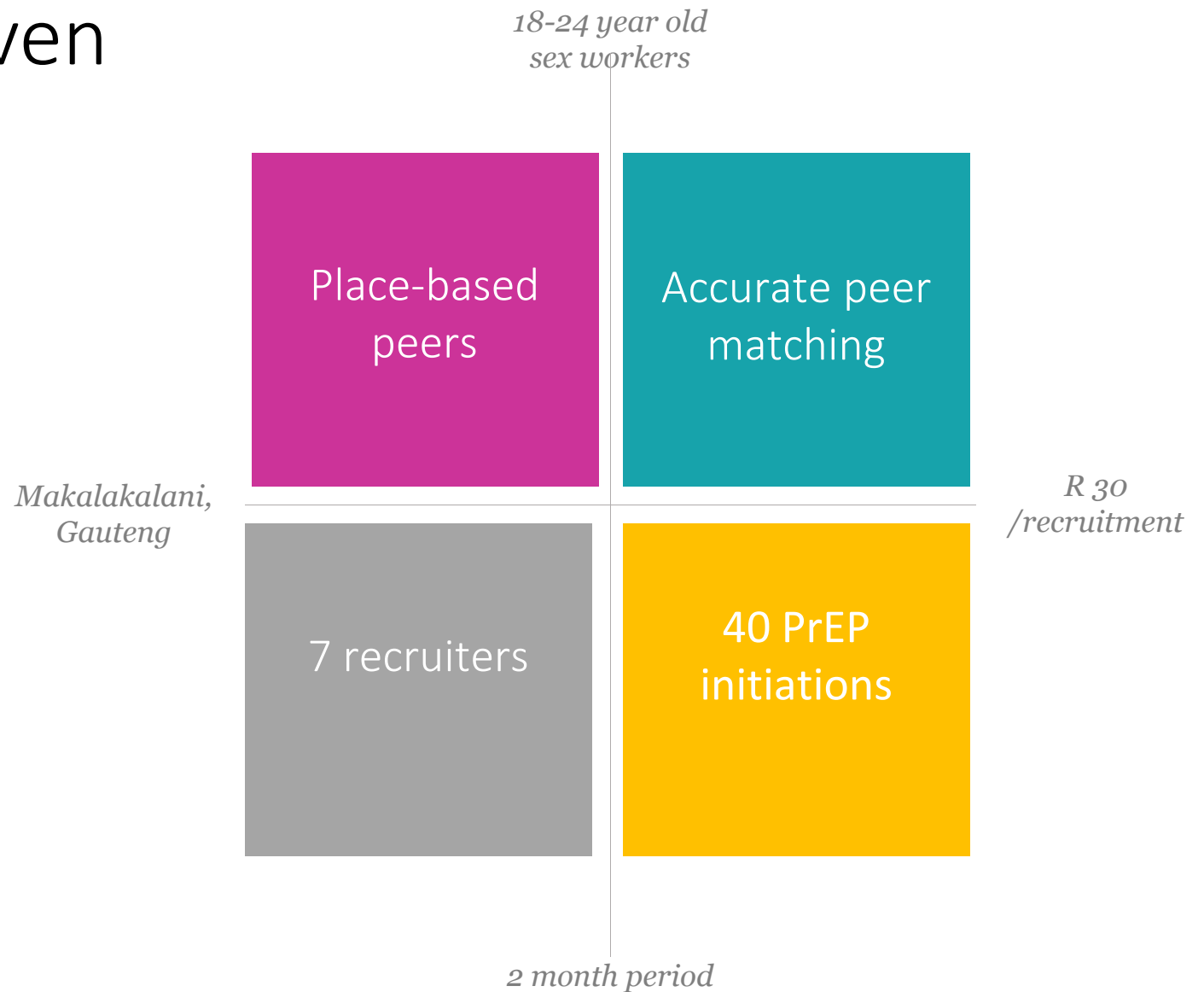
Findings:

13.7% Low Risk

66.5% Medium Risk

19.7% High Risk

Respondent driven recruitment



Engaging Sex Workers

+ *The challenge*

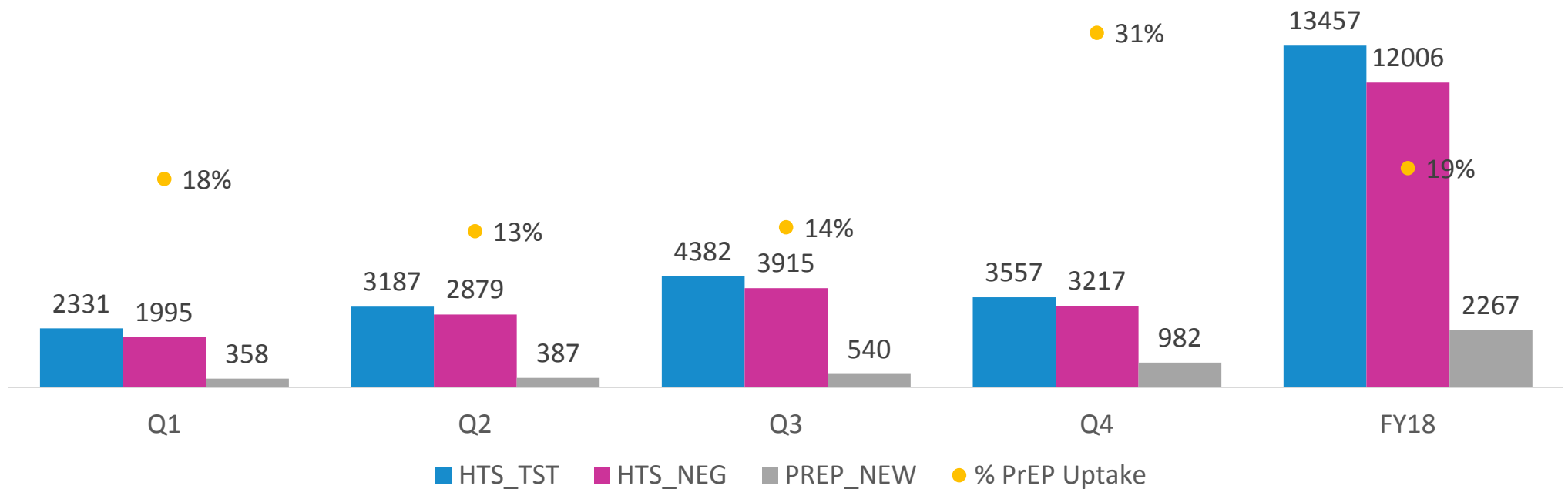
+ *Our response*



Prevention

The challenge: How do we increase PrEP uptake amongst sex workers?

PrEP enrollment (n=8 sites)
(Sept '17 to Oct '18)



*Patterns of PrEP usage are under study
(... refer to abstract C. O'Connor | Saturday 27 October 14h00)*

Our response:

Steps to increase PrEP demand and 'retention'

1. Staff capacity building
2. Comprehensive service delivery
3. PrEP ambassadors/ hotspot champions

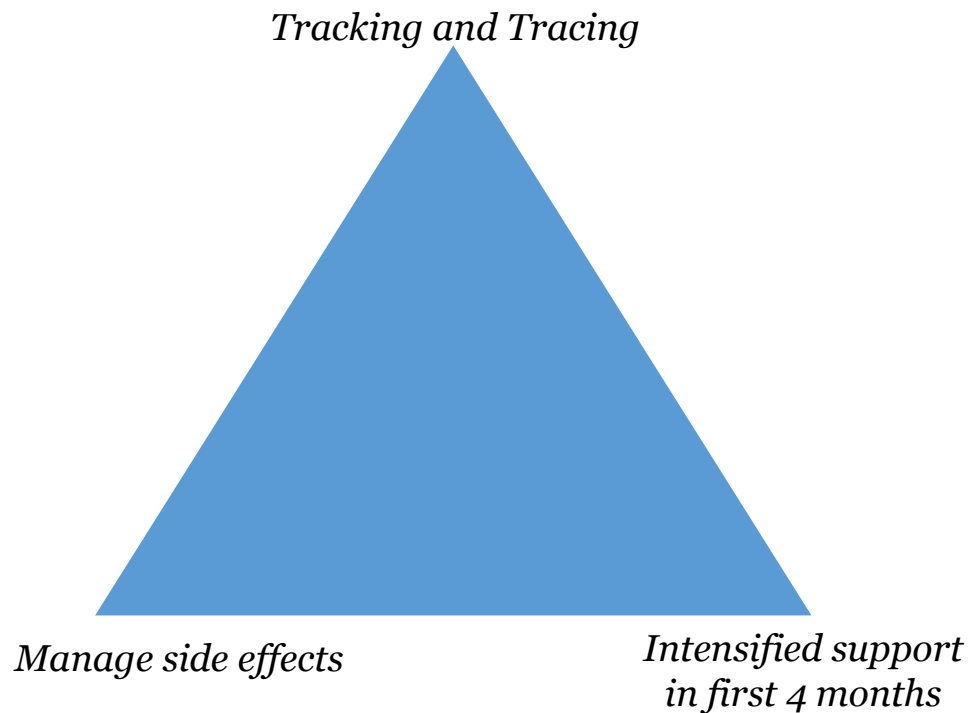
Demand creation

- Strengthen marketing of PrEP
 - ✓ Improve staff messaging regarding risk perception, benefits of PrEP as a prevention modality, side effect concerns
 - ✓ Diversity marketing using one-on-one consultations, risk reduction workshops, IEC and mobile/ virtual platforms
- Offer PrEP within a comprehensive service delivery package – Pap smear campaigns within 30 hotspots simultaneously increased increase PrEP initiations
- Appoint peer PrEP ambassadors/ hotspot champions whose personal accounts of using PrEP counteracts sex workers' concerns about safety of PrEP



Retention Triad

Supports informed cycling on and off PrEP



- Intensified Tracking and Tracing through weekly review of Loss To Follow Up reports Enhanced support for clients in the four month period post initiation during which drop-off rate is high
- WhatsApp based support group for supportive messaging regarding side effects
- Capacity development of professional nurses to manage side effects

Engaging Sex Workers

+The challenge

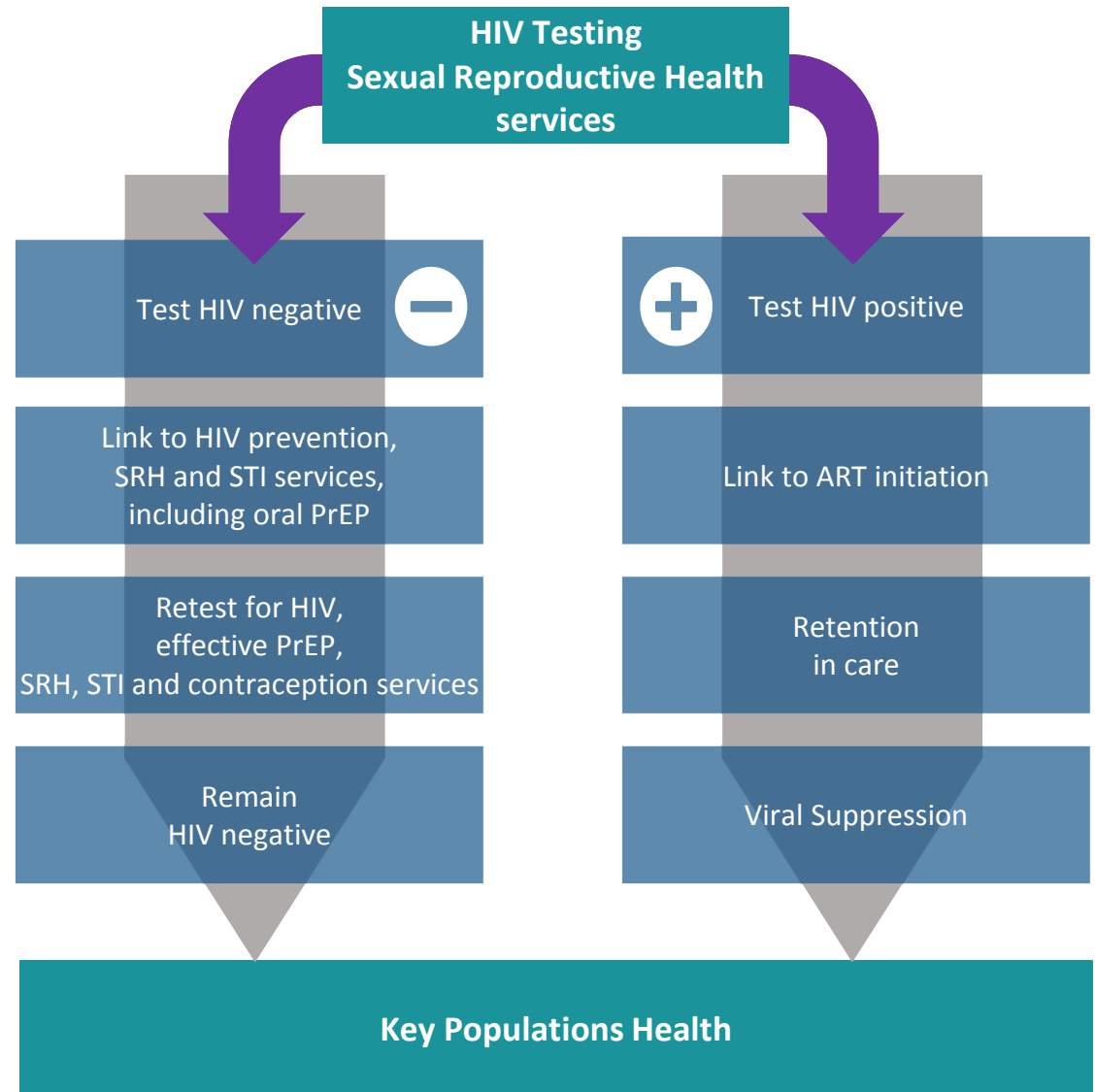
+Our response

1st, 2nd, 3rd 90

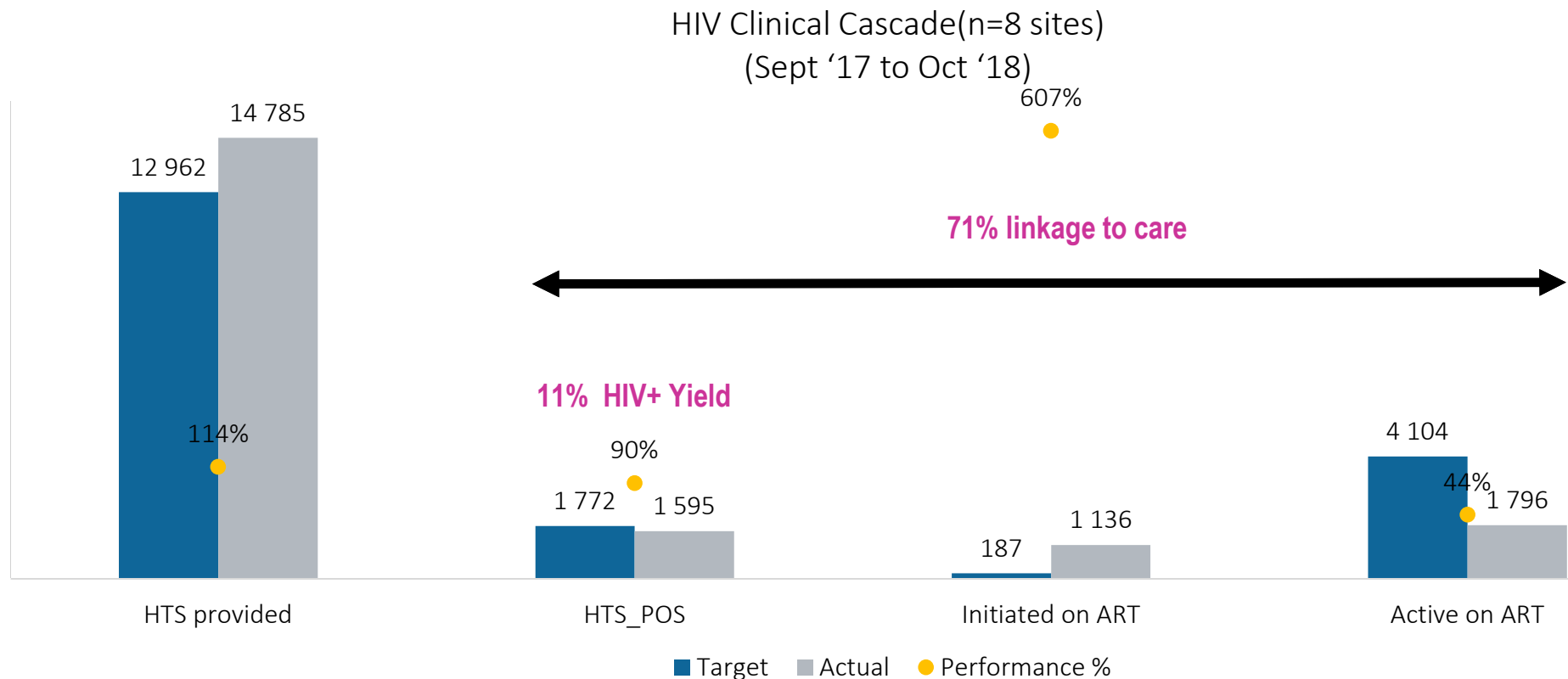


HIV Cascade of Care

Our programme links and retains sex workers who test either Positive or Negative



The challenge: How to we link and retain sex workers in care ?



Our response:
Steps to
strengthen
linkage, retention
and viral load
suppression

1. Staff capacity building
2. Comprehensive service delivery
3. PrEP ambassadors/ hotspot champions

Our response

- Decentralisation of services
 - ✓ Bring services to sex workers on a more frequent basis
 - ✓ Nurses play a more visible role at hotspots and engage directly with sex workers during mobilization
 - ✓ Place based peer educators engage sex workers in their cohort on a daily basis
- Improved data analytics to strengthen tracking and tracing
 - ✓ Peer leaders produce a weekly linkage report to the site manager
 - ✓ Clients noted as having an early missed appointment in Tier.net are immediately flagged for tracing by the Peer Educator Team leader
 - ✓ A weekly data review at site level, dashboard monitoring and mini QI projects address retention issues



Our response (cont'd)

- Support groups/ risk reduction 'Creative Space' workshops
 - ✓ Sex worker driven, focus on topics that are not only health focused, to encourage long term participation and retention
 - ✓ Use as a monthly pick up point for treatment
- Dual service delivery
 - ✓ Simultaneous pap smear campaigns are in demand from sex workers and increase linkage and retention
- SMS prompting of appointment date by peer educator
 - ✓ Nurses receive targets of clients to be reached



Our response (cont'd)

- Provide incentive for clients to remain suppressed
 - ✓ Pre-pack treatment
 - ✓ Provide a two-month holiday supply
 - ✓ Certificates of achievement are popular
- Retrain staff on VL result retrieval from NHLS online
- Intensify adherence support and monitoring in sites with poor suppression rates



Thank You

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