Person or Public Health Problem?

Engaging sex workers

CONFERENCE 2018
Southern African Clinicians Society
October 24 - 27, 2018
Gallagher Estate, Johannesburg
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
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

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

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

Advanced HIV/TB training for project- and community based clinicians
In which implementation districts do we work?

Gauteng Province: 5 Health Districts
- City of Tshwane
- City of Johannesburg
- Ekhuruleni
- West Rand
- Sedibeng

Limpopo Province: 1 Health District
- Musina
Sex worker HIV epidemiology

South Africa

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

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

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

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?

Outreach, Testing, and HTS Yield by Sex Worker Population (n=8 sites)
(Sept ’17 to Oct ’18)

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.
### 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

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

**Findings:**
- **13.7% Low Risk**
- **66.5% Medium Risk**
- **19.7% High Risk**
Respondent driven recruitment

- 18-24 year old sex workers
- Place-based peers
- Accurate peer matching
- Makalakalani, Gauteng
- 7 recruiters
- 40 PrEP initiations
- 2 month period
- R 30 /recruitment
Engaging Sex Workers

The challenge
Our response
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 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?

HIV Clinical Cascade (n=8 sites)  
(Sept ‘17 to Oct ‘18)

71% linkage to care

114% 90% 607% 11% 150%

HTS provided
HTS_POS
Initiated on ART
Active on ART

Target  Actual  Performance %
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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