What should DoH do next?

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Background

• Why focus on Key population Sex Workers because of high HIV compared to general population
• HIV prevalence amongst SW 40%-60% compared to 13% general population
• Key population lack access to health services due to various reasons
• Estimated 153 000 SW in South Africa

Approaches used for service delivery

• Provides comprehensive clinic-based services
• Brothel-based comprehensive services
• Mobile Clinic Services to street-based sex workers or hot spots
• Peer Educator programme
Lessons Learned

- Sex worker oriented service delivery
- Non judgemental attitude (open minded)
- Flexible to deal with the dynamics of sex workers (nudity, vulgar, violence, intoxication)
- Render services quickly because time is money
- Strategies to be able to deal with brothel managers
Recommendations

- Integration of Sex Work services into PHC using different Models
- NGO SW services should compliment and supplement DoH
- Taking over SW services can be done in phases
- Understanding the needs of sex workers
- Tailor make service delivery to accommodate SW needs
- Sensitization training to health care workers is crucial
Recommendations

• Establishing peer education programme— for mobilization, HCT, Health Education, condom Distribution, referrals and marketing health services
• Collaborating with civil Society for human rights issues
• SAPS sensitization- to build healthy relationships between sex workers and police
Recommendations

• Non judgmental attitude (Not questioning high demands of condoms, condom burst and repeated STIs)
• Create Key Populations friendly clinics and or specialised clinics???
• Ensure clinics have adequate staff to reduce waiting times
• Ensure that PHC clinics have enough drugs, condoms.
• DoH funding CBOs working with Key Pops but also holding them accountable financially and ensuring targets are being met
• Support research initiatives particularly impact evaluation studies
Recommendations

- Outreach mobile services required to increase access
- Conduct education and mobilization campaigns
- Policies and education that address prevention should incorporate key messages like use of harmful practises
- System to follow through referrals made by peers
- SW are part of the community so they should be integrated into PHC and all other service provision levels
Challenges of integration

• Getting buy in from management and all staff cadre
• Measuring access/uptake of SW in a normal clinic setting
• Disclosure of doing sex work from SW in mainstream clinics
• Resources i.e HR, mobile vans, project car
• Flexible working hours to accommodate SW
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