“Sisters”– the first four years of the Zimbabwe National Sex Work Programme

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Outline

• Why a program in sex workers?
• Sisters with a Voice
• Research
  – Results of RDS surveys
  – Qualitative research findings
  – Future research -TaSP for SWs
Rationale

- SWs are marginalized and bear the brunt of the HIV epidemic.
- HTC is the gateway to engagement in HIV prevention and care.
- Sex Workers in Zimbabwe face stigma and discrimination at public services.
- Increasing the engagement of sex workers in HIV care will minimize health inequity and has the potential to benefit population health.
Rationale

- ZNASP I 2006-2010
- No action framework for these vulnerable populations had as yet been developed
- SW study commissioned by NAC, IOM, UNAIDS and UNFPA 2007
- Recommendations given led to the SW Program
'Sisters with a Voice'

Embedded within NAC’s Behaviour Change Programme

Overall goals

Reduce HIV acquisition among SWs
Reduce HIV transmission to their clients
Improve the rights of SWs
Implementation Process

- Community Sensitization
  - FGDs with SWs
  - Key informants
  - NGOs

- Stakeholders Meetings
  - Rural and urban

- Sites Establishment

- Peer Educator Recruitment and training
‘Sisters with a Voice’

2009

• Set up two model programmes - one urban (static) and one highway (outreach)
• Harare, and Nyamapanda corridor
Two models

**Static sites**

Drop-in centre which aims to:
- Open daily
- Venue for socialising / solidarity
- Clinical care / Condoms
- Outreach through peer educators
- Legal advice

**Highway sites**

Mobile centres:
- Key points along highways
  - clinic based
- One day / 2 weeks
- Staffed by nurse and outreach worker
- Programme supported by Peer Educators between visits
‘Sisters with a Voice’

2010

• expanded to 16 sites nationally (3 static and 13 ‘mobile’ sites
• Harare, Mutare and Bulawayo
The sixteen sites
Clinical services Provided

- Free condoms and contraception
- HIV testing and counseling
- Referral when needed for HIV positive women
- Syndromic management of STIs
- Safer sex counseling
- Contraception
- Legal advice
- Supported by peer educators
Peer educators

- 131 trained nationally
- Initial 5 days training, 3 day refresher annually
- Community supervision through programme outreach workers
- Supervision meetings with nurses and outreach workers every month
- Monthly stipend (same as for BC facilitators)
Program enhanced in 3 sites

- Mutare, Hwange Victoria Falls
- Community mobilisation
- Training of health care workers to integrate SW services into primary care
  - 3 day participatory workshop
  - Apprenticeship of nurses at SW clinics
  - Monthly meetings to re-cap
Sisters program-Expansion

2013

- Being expanded to 36 sites (6 fixed 30 ‘mobile’) under Integrated Support Program
  - LARC - IUD and implants
  - cervical cancer screening
  - community mobilization
  - strengthened access to legal advice (training of SW paralegals)
  - real-time electronic data collection

- Advocacy component
  - District medical staff, police and media
Expansion- 36 sites
Community empowerment

- Systematic review of evidence of effectiveness
- 10 studies met inclusion criteria
- 2 observational studies showed protective effect for HIV Odds Ratio 0.84 (95% CI 0.71–0.99)
- 3 studies showed beneficial effects on GC / CT
- Beneficial effects noted on condom use with new clients (OR: 3.04, 95% CI: 1.29–7.17) and regular clients (OR: 2.20, 95% CI: 1.41–3.42).

AIDS Behav (2013) 17:1926–1940
Community mobilization

• "Sisters with a Voice Peer Education Manual developed"

• "30 staff and peer educators have been trained to deliver session"
Planned advocacy programmes

• Advocacy - to improve respect, protection and upholding of SWs rights to promote their universal access to HIV prevention, treatment, care and support.

• Sensitising district level health officials (n=40)
• Media (n=20)
• Police (n=120)
To date

- 11,701 women seen
- 31,288 visits
- 7,031 STIs treated
- 4,075 HIV tests performed
- 2,052 women diagnosed HIV positive and referred for ART services
- 557,521(M), 26,743(F) condoms distributed in 2012
Harare

rank of \(_n\) by site

Date:

01jul2009 01jul2010 01jul2011 01jul2012 01jul2013
Graphs by site

Date:
In summary

• National programme has grown from 5 sites in 2009 to 27 in 2013 (36 sites planned)

• Large numbers of women are accessing reproductive health and HIV prevention services

• Geographic and service scope has recently expanded as outlined.

• Programme needs to develop in line with national HIV prevention and treatment efforts
Research to inform SW Programming in Zimbabwe
Prevalence of transactional sex in general population survey in Zimbabwe 2011 (n=8004)
HIV associated with transactional sex among representative sample of women 18-24 years in Zimbabwe

- Never had TS: 10%
- TS, but not in last 6 months: 14%
- 1 TS partner in last 6 months: 18%
- 2+ TS partners in last 6 months: 32%
Population based survey of sex workers – Hwange, Mutare, Victoria falls

- Community mapping
- Respondent driven sampling survey
- Qualitative study
Rapid mapping and formative research - findings

• Sex work locations
  – Bars, restaurants, lodges, nightclubs, street markets, truck stops

• Categories of sex work
  – Classes of SWs, age influences type of work

• Social networks
  – Well networked, adolescent SWs hard to reach

• Service use
  – High use of SW clinic, poor use of general services
RDS survey - 2011

• Mutare, Hwange, Victoria Falls (total N=836).

• Over six rounds of recruitment
  – 370 sex workers were recruited in Mutare,
  – 237 in Hwange
  – 229 in Victoria Falls
RDS validation: Outcome measure estimates over waves of recruitment
<table>
<thead>
<tr>
<th></th>
<th>n / N</th>
<th>RDS%</th>
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<tbody>
<tr>
<td><strong>Hwange</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>136/237</td>
<td>50.6</td>
</tr>
<tr>
<td>Consistent condom use – transactional ptrs</td>
<td>140/220</td>
<td>65</td>
</tr>
<tr>
<td>HIV testing in last 6 months (HIV -ves only)</td>
<td>46/167</td>
<td>24.8</td>
</tr>
<tr>
<td><strong>Victoria Falls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>156/229</td>
<td>69.6</td>
</tr>
<tr>
<td>Consistent condom use – transactional ptrs</td>
<td>160/220</td>
<td>71.6</td>
</tr>
<tr>
<td>HIV testing in last 6 months (HIV -ves only)</td>
<td>31/146</td>
<td>12.8</td>
</tr>
<tr>
<td><strong>Mutare</strong></td>
<td></td>
<td></td>
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<tr>
<td>HIV Prevalence</td>
<td>188/338</td>
<td>50.6</td>
</tr>
<tr>
<td>Consistent condom use – transactional ptrs</td>
<td>242/361</td>
<td>65</td>
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<tr>
<td>HIV testing in last 6 months (HIV -ves only)</td>
<td>73/262</td>
<td>30.1</td>
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</table>

39%-46% reported that they were HIV positive. Among HIV positives, 51-74% were on ARV treatment.
Negative and tested in last 6 months
Negative but not tested in last 6 months
Positive, aware of status and on ART
Positive, aware of status and not on ART
Positive, never tested/collection test results

Mutare, n=338 *
Victoria Falls, n=229
Hwange, n=233 **
Access to Health Care

“It’s not easy, because at times you can get sick yet you don’t have money.”

“We are not treated well in hospitals. Sometimes if you are suffering from an STI, they will embarrass and humiliate you so that other people will know.”
"I was afraid that I would be arrested. .....There’s this old man who lives in the bush who is a traditional healer and he gave me the medicine to take."

"It’s just the thought of being seen as a sex worker that gives me the shivers to go there, I am scared that they will humiliate me as I heard they are good at that"
Challenges to accessing ART

She opened my file and I saw her face just changed instantly and she looked at me like I was disgusting her. Her first words to me were ‘so you are a prostitute and you actually have the guts to come here to waste our time and drugs on you’. By the time she started taking my history I was already demoralized and I wanted to cry.
Alcohol and Vulnerability to HIV

“In this kind of work, beer helps us not to feel shy; you will not be embarrassed anymore.”

“... they will make you drunk and have sex with you without a condom for free, without paying a cent.”
FUTURE RESEARCH DIRECTIONS

Antiretrovirals for prevention and care of SWs in Zimbabwe
Treatment for Prevention

- **HPTN 052**
  - ART (given at CD4 350-550 cells/ml) reduces transmission between sero-discordant couples
    - AOR 0.04 (95% CI, 0.01 to 0.28; P<0.001) Index case
  - Early therapy reduced clinical events
    - AHR 0.59; 95% CI, 0.40 to 0.88; P=0.01

- **PrEP**
  - IPREX
  - Partners PrEP
  - VOICE
  - FEM PrEP

  Effectiveness varies with adherence
  Adherence apparently less good for younger and women with more partners
### Utilisation of care among women reporting transactional sex in Zimbabwe (n=8002)

<table>
<thead>
<tr>
<th></th>
<th>Never TS</th>
<th>TS but &gt; 6/12 ago</th>
<th>1 TS partner in last 6/12</th>
<th>&gt;1 TS partner in last 6/12</th>
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<tr>
<td>Reported HIV status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ve</td>
<td>60.4</td>
<td>40.2</td>
<td>51.2</td>
<td>4</td>
</tr>
<tr>
<td>-ve</td>
<td>9.8</td>
<td>15.4</td>
<td>15.4</td>
<td>4.5</td>
</tr>
<tr>
<td>Not tested</td>
<td>29.9</td>
<td>44.5</td>
<td>33.5</td>
<td>21.3</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>p=0.001</td>
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<tr>
<td>Reported HIV+ve and on ART</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>67.4%</td>
<td>55.5%</td>
<td>55.6%</td>
<td>46.8%</td>
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<td></td>
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<td></td>
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<td>p=0.032</td>
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</tbody>
</table>
Overall goal

• to increase the proportion of sex workers with an undetectable viral load, either because they have viral load suppression on ART or they are not infected

• determine the likely effect of this on general population
Recruit 12 sites (6 matched pairs) for inclusion in the trial

Conduct baseline survey using RDS in all 12 sites
Recruit ≈ 200 SWs per site (total n=2,400 )

Random allocation of sites to intervention arms

**Usual Care Sites**
HTC with referral to government services as required, Syndromic STI Contraception, Condoms, Cervical cancer screening, Legal advice

**Enhanced Ix Sites**
Usual care plus:
- HIV negatives
  - Repeat HTC program
  - Offer of PrEP
- HIV positives
  - POC CD4 testing
  - On site ART services
  - Enhanced mobilisation with SMS adherence support
  - On site TB screening

Process Evaluation
Program data collection

After 24 months conduct endline survey using RDS in all 12 sites.
Recruit ≈ 200 SWs per site (total n=2,400 )
Adherence to PrEP and ARVs as indicated
Lower risk behaviour
PrEP and ARVs effectively accessed with support by female sex workers
Improved Service accessibility and quality
Greater service demand, acceptability and peer support
Adherence to PrEP and ARVs as indicated
Reduced Viral Load
Reduced HIV Incidence

Intervention components
Enhanced community mobilisation
Repeat testing promotion

Intervention components
On site ARVs delivered at international guidelines
Offer of PrEP
Enhanced support for treatment & PrEP

Demand Creation
Strong supply

THEORY OF CHANGE
Sites

- 2 Highway growth points
- 2 Mine and fisheries
- 2 Army base and colliery
- 2 District capitals
- 2 Provincial capitals
- 2 Mining towns
- 2 farming towns

Matched on 3 criteria – Sister program duration, population size and ‘type’ of community
Primary Outcome

• Proportion of all SW in the community who are infectious (viral load >1000 copies/ml).
Modelling and cost effectiveness

- impact on HIV incidence (including transmitted drug resistance)

- Quality Adjusted Life Years (QALYs) and costs (both discounted) over a 30 year time horizon between
  - sex worker programme as in the standard care sites
  - sex worker programme as in our intervention sites

- Calculate the incremental cost effectiveness ratio (ICER) from a health systems perspective.
In summary

• SW is common and SWs are at increased risk of HIV but less likely to access prevention and treatment services
• Trial of enhancing ART provision for SWs through on site provision of Rx and PrEP
• Largely using programmatic data to support impact evaluation – which will also assess wider population impact
• Provide evidence on TaSP to support programming more widely