

SEX WORKER COMMUNITY EXPERIENCES AND PERSPECTIVES
Treatment as Prevention: PrEP and early initiation of treatment

Sex Worker Consultation Thailand 2nd May 2014

Demographics: 10 participants (12 observers)

Marker	Replies		Replies		Replies
Gender	Female	7	Male	2	Trans* 1
Nationality	Thai	6	Ethnic minority Burma	3	Lao 1
Age range	18 – 30 years	6	30 – 40 years	4	
HIV status	Don't know	9	HIV negative	1	
Sex Work	Last 30 days	8	More than 6 months	2	
Workplace	Bar/brothel	8	Street	1	Online 1
Urban/Rural	City	8	Village	2	

Collated responses

1. How familiar are you with some of the emerging prevention and treatment strategies – namely *PrEP* and *test and treat* (early initiation)?

Test and Treat

Sex workers in the group are well aware of the “test and treat” strategy. They feel harassed and sometimes bullied into having a test. They use the term “forced voluntary testing” meaning they are forced to volunteer to have a HIV test. Some working as outreach workers in Global Fund projects also talked about their other interventions such as general prevention counseling and support to reduce stigma were not valued...only the numbers of sex workers they had tested for HIV was counted as success in project terms. Sex workers asked about the true availability of treatment if testing positive? It seems that the government drug manufacturer (Government Pharmacy Organization-GPO) is already at maximum production capacity producing enough treatment for some 140,000 people out of more than 400,000 living with HIV in Thailand. The group concluded that more testing does not mean more treatment. Testing increases stigma but does not increase treatment.

Better Testing:

1. Counseling is a process where someone is able to:
 - i) discuss and weigh up the risks and benefits of a HIV test in relation to their lives; ii) to create a concrete plan for getting the results, iii) creating a plan for a negative result and create an alternative plan for a positive result and then iv) to decide not to have a test or to have a test. The process can take hours, days or weeks and not follow any order.
 2. Testing place needs to be medically safe, sex worker friendly and efficient while protecting privacy and human dignity. Treatment should be accessible at the same place and offered at the same time as the HIV results.

Prep (Truvada)

Three of the group of sex workers who also work on HIV projects had heard of PrEP. No other sex workers had ever heard of this.

It was explained as “PrEP is a proposed strategy from WHO where sex workers (and MSM and PWID) will take a drug once a day to reduce our risk of becoming infected with HIV.”

The group responded with initial concerns and questions which we grouped into 10 issues.

1. What type of drug, method of taking it, efficiency and side effects?
2. How much will it cost and where will it be available from?
3. Is the effect on men the same as women and trans*?
4. Why sex workers?
5. Can you take it when you are pregnant?

6. What happens if you become HIV positive? Will we be drug resistant?
7. Can we drink alcohol with it?
8. Can the country make enough for everyone?
9. Can take it with hormones?
10. Is there insurance or compensation?

As a group we went through the PrEP information provided in the sheets and online to find answers and discuss each point.

1. Type of drug, method of taking it, efficiency and side effects

- If we have to take it within a few hours of the same time everyday what will happen when we are running away from police or arrested or deported? Last Friday I ran away and hid during a raid. I had no time to get my bag and couldn't go back for it for about 4 hours. My friends who were caught were held overnight. If our lives are in our own control maybe we can take it every day correctly but that's not our lives yet. If we need to get the Pill or condoms we can just buy them at the shop but PrEP may not be easy like that?
- If they say the 5,000 women sex workers in Kenya didn't take it there must be a good reason. We would like to hear a lot more from them.
- The side effects sound horrible. How would I be able to work, even if they do wear off after a while what happens in those days?

2. How much will it cost and where will it be available from?

- Most sex workers work away from our home province so cannot get free health (Universal Health Care). We also don't have easy access to the worker's health care benefits scheme so usually we pay for all our health care. The only exception is when we use Government VD Clinics which is free or cheap but the staff is rude and there are many other problems. We want free choice where and when we go the doctor.
- The other cost is the cost to the country. Does Thailand have the money to do this when we don't have enough to provide free condoms for all sex workers or treatment to everyone HIV positive now? If there are 300,000 of us as the government says that means making more than 100 million tablets per year. Will this mean less money for condoms and other health services?

3. Is the effect on men the same as women and trans*?

- They say it reduces HIV risk for MSM by 44% but no idea for women or trans*. If they have no proof it works for women/ trans* why would we take it? Are we part of an experiment?

4. Why sex workers?

- We think they want us to take it to protect society not because they care about sex workers. So we would be taking it for other people in society. Will this make them respect and accept us more or just more blame?
- If we take it when we work ... say for 5 years...then we stop working we stop taking it whether we have free sex with lots of different men or not? Then if we start taking money for sex again we have to take it? Occupation does not transmit HIV, unprotected sex does. So why is this just for 3 groups in society that everyone already looks down on? This is like how condoms came to mean dirty or bad sex so only sex workers could have them. Police use condoms to harass us and our employers. They use condom to threaten us and extort money. Most of us don't want to carry condoms in our bags and our employers don't want to stock them at work. If PrEP is only for bad people i.e. sex workers, MSM and PWID then maybe "Truvada blue" will be the new colour of stigma.

5. Can you take it when you are pregnant?

- We read that we cannot because it might damage the baby. Most of us aren't really trying every day to get pregnant and checking. Most times when we were pregnant the first month we don't notice, the 2nd month we start to wonder and usually only confirm it around then so maybe the damage is already done? Abortion is a very sensitive issue in Thailand, it is not accepted even by ourselves when we need to have one and is mostly illegal.

6. What happens if you become HIV positive? Will we be drug resistant?

- We read we would probably have to change drugs because we might be resistant. Are the other drugs as good? Are they really there? We think we will be scolded even more than now by doctors if we become HIV positive while taking the PrEP. Becoming HIV positive will be more stigma and blame than today.

7. Can we drink alcohol with it?

- Part of our working conditions includes having to drink alcohol as it is tied to our salary and income, it is not optional. Does this drug work with alcohol? What if our livers are not strong because of alcohol will it be more risky to take this?

8. Can the country make enough for everyone?

- This is covered in other points...we doubt they can so probably will be another line of stigma between those who must take PrEP and those who do not. What about migrant sex workers will we be in the set that must take it or the set who cannot – or will there be real choice?

9. Can take it with hormones?

- Cannot find any information for trans* sex workers. Some of us have vaginas that are unique...will it protect us or not? We take hormones ...is there any effect from PrEP?

10. Is there insurance or compensation?

- There is no information about the effects for HIV negative people taking this for years. What insurance or compensation will be put in place for us and our communities? What financial support is there while we wait for the side effects to wear off so we can work again? What benefits will our communities get from protecting society?

Summary of concerns:

1. Increased blame and stigma against sex workers
2. Our current legal and working environment that hampers sex worker's autonomy are not suitable for PrEP
3. There is no guarantee or credible information about safety or efficiency of PrEP for trans* or women
4. Health systems including drug production are not capable of managing PrEP efficiently
5. Resources will be diverted away from achieving rights promotion, stigma reduction and protection both in the community and in the wider society

Summary of benefits:

1. Sex workers were unable to come up with any benefits of PrEP on its own for themselves or their communities
2. Not sure about benefit to general society

What conditions needed to be met for *PrEP* and *test and treat* programs to be rolled out within the sex worker community?

To address the concerns there would need to be:

- Changes in law and practice that remove the role of police from the sex industry so sex workers are able to control our own lives. "Put our lives in our own hands"
- Changes in employment and workplace practices so they comply with Labor Law and OH&S standards including but not limited to removing requirements to consume alcohol, meet customer quotas and other practices.
- Redress existing stigma or roll out in general community not limited to stigmatized communities.
- Complete and publish studies on the efficacy and safety of PrEP especially for trans* and women over long term

- Be transparent about and establish health insurance/compensation for individual sex workers taking PrEP as part of the studies.
- Create benefits for sex worker communities' e.g. provide unattached but significant resources and financial support for sex worker organizing
- Investigate the real capacity of health care systems to manage increased production and services (would mean improving current services significantly) and addressing access to abortion

2. There are discussions on the global level on prioritizing the application of PrEP and test/treat in key communities. What has been your experience in engagement in decision making around at the national and local level?

Usually we hear about HIV prevention and treatment related strategies very late in the process, sometimes when they are already being initiated in our workplace or community. If Empower or MPlus knows about them they will tell us and ask us what we think about them.

3. How do you think the sex worker community should be engaged in these discussions and decisions?

1. The people making policy often know a lot about sex and HIV but they don't know anything about sex workers, how we really live and work. So their plans don't fit our lives but by the stage they come to tell us they have already spent a lot of money to make them so they must try and force us into the program they have created...like the 100% CUP or "test and treat". (Hope it is not like this for PrEP). They need to invest to listen and learn more from us when they are designing the program from Day One...not when it's too late.
2. We need support to catch up and keep up. This means our leaders need to learn about things like how PrEP has been used for STI's, the history of failed drugs like DEP Thalidomide etc. drug patents and Free Trade agreements. We all need to know what questions are important to ask policy makers and drug companies about health issues and HIV, and our communities need independent experts we can trust to help us analyze the answers we are given.
3. We need our leadership and community to remain independent especially of implementation of clinical trials. Often we are offered to be on an ethics board etc but experience shows we are only given information by the implementers and asked to use the trust of our community to share this information and encourage sex workers to join. We are better and more useful as independent watchdogs not lapdogs - but need resources to do this.