

Community Guide

Sex Workers' Experiences of Stock-outs of HIV/STI Commodities and Treatments



Background

International guidelines provide a comprehensive package of evidence-based, HIV-related recommendations for all key populations, including sex workers. These essential health sector interventions include: comprehensive condom and lubricant programming; HIV testing and counselling; HIV treatment and care; and sexual and reproductive health interventions. The Sex Worker Implementation Tool also makes additional recommendations around decriminalisation, community empowerment, stigma, non-discrimination and violence prevention.

Despite these tools and guidelines, sex workers continue to face significant barriers in accessing commodities and treatment, including experiencing frequent and systemic stock-outs. UNAIDS' Global AIDS Update for 2018 identifies huge discrepancies between the need for commodities and treatments and the actual supply, and reports that 47% of new HIV infections globally are among key populations.

This community guide summarises the issues contained in a briefing paper that was the result of a collaborative process between NSWP and the International Treatment Preparedness Coalition (ITPC). It highlights the impact of stock-outs of commodities and treatments important to sex workers worldwide.

Findings

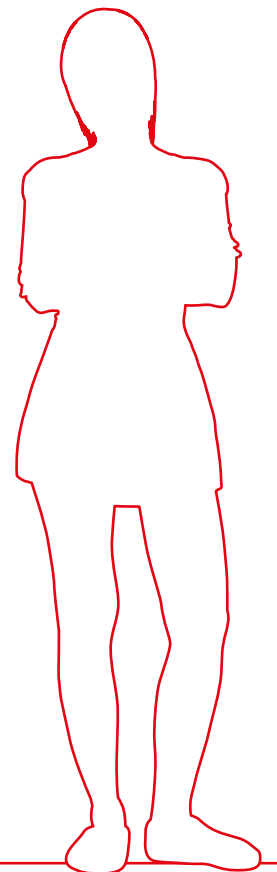
Key findings from the consultation include the observation among sex worker communities that availability of commodities and treatments is routinely lower than required by sex workers. In some countries, periods of stock-outs and shortages are more common than periods of consistent supply.

Condoms are recognised as an essential item for prevention of HIV and STIs for sex workers. Yet sex workers from each of the 20 different countries that responded to the consultation had experienced condom stock-outs in 2017 and 2018. Sex workers reported that they experience stock-outs of commodities (e.g. lubricant) even when other communities and populations in the same locations do not.

Sex workers experienced stock-outs of antiretroviral drugs for HIV in more than half of the countries that responded to the consultation, in all types of health care settings. Sex workers experience forced treatment interruptions and involuntary medication changes due to stock-outs, and are forced to travel long distances to access commodities and treatments due to stock-outs in their local areas. This ultimately leads to a lack of trust in health services and systems.

The accessibility of commodities and treatments is dependent on relationships between international aid agencies, national governments, and the large global non-government organisations (NGOs) contracted to make commodities and treatments available. Poor programming, lack of funding, intellectual property barriers, and broken procurement systems – exacerbated by a lack of political will to protect, respect and fulfil the right to health for all – leaves sex workers unacceptably vulnerable.

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Many of the issues relating to HIV and STI prevention and treatment for sex workers could be addressed by improving funding mechanisms. Late arrival of funds to HIV and STI programmes slows the ability of governments, NGOs and international agencies to purchase much-needed commodities and treatments. The transitioning of some 'middle-income' countries away from the Global Fund in favour of national funding has also had an impact, creating gaps.

Without effective action to address these issues sex workers will continue to be disproportionately affected by HIV globally, and UNAIDS' ambitious 90-90-90 treatment and prevention target to help end the AIDS epidemic will not be met by 2020.

Sex workers are truly being left behind.

Recommendations

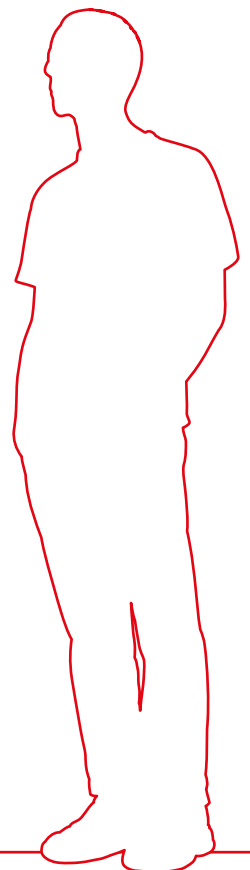
The following recommendations are made for national governments, donor organisations, policy-makers and programmers, based on the evidence presented in the briefing paper:

Financing and capacity building

- Global financing of HIV/STI prevention and treatment for sex workers must be prioritised and maintained in order to meet UNAIDS global targets.
- Funding shortfalls, delays and interruptions must be addressed urgently to ensure that stock-outs of essential treatments and commodities do not occur. This must include ensuring that national governments take responsibility for mainstreaming provision for sex workers when they transition from global funding mechanisms.

- The Global Fund and other donors need to invest in community monitoring, capacity-building, awareness-raising and advocacy to allow sex worker-led organisations to systematically track and report stock-outs to CCMs and other key stakeholders.
- Existing mechanisms for reporting stock-outs need to be reviewed and strengthened. The relevant organisations are either not hearing about stock-outs of commodities and treatments experienced by sex workers, or those organisations are not sufficiently empowered or resourced to adequately address stock-outs when they are reported.
- Sex worker-led community organisations should be funded and meaningfully involved in supply and distribution chains at a local level, to advise and support on access barriers, transport challenges and other problems.
- Donor organisations should **prioritise** funding, including mentoring and capacity-building, to enable sex worker-led organisations to provide comprehensive sexual and reproductive health services to their communities, as part of a differentiated service delivery (DSD) model. This will also address the stigma and discrimination experienced at public health and other NGO facilities.

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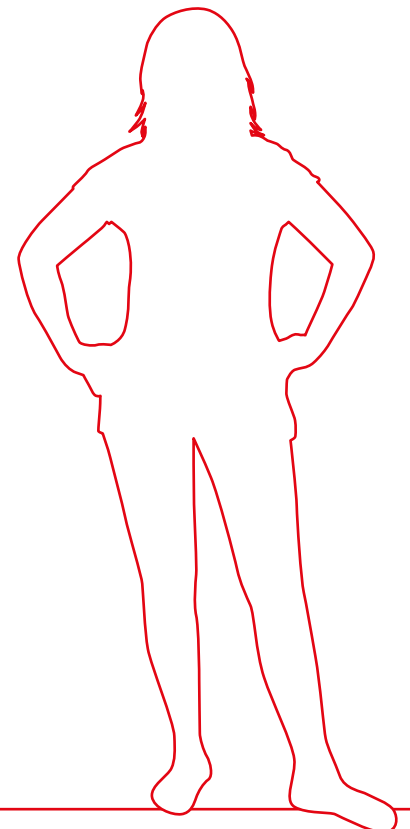
Accountability and monitoring

- International agencies involved in the global purchasing and supply architecture need to improve their monitoring of contracts with providers who supply and distribute commodities and treatments to sex workers. Providers should be held accountable for failures and stock-outs.
- Governments, donor organisations and programmers must ensure that 'social marketing' programmes complement and supplement, **rather than replace**, free distribution programmes.
- Services **must not** place unnecessary and dangerous restrictions on essential supplies available to sex workers, e.g. limiting numbers of condoms and lubricant. Provision of commodities must include non-standard sized condoms, female condoms, dental dams, gloves and lubricants (including tubes) to adequately meet the needs of sex workers.
- Testing equipment at NGO clinics should be made to comply with Quality Assurance Testing to avoid incorrect test results.

Legislative and political change

- Governments, policy-makers and advocates must actively pursue the full decriminalisation of sex work. Criminalisation is a primary driver of the stigma and discrimination experienced by sex workers when accessing health services and a major reason for why they continue to be disproportionately affected by HIV.
- Governments and international organisations must demonstrate political will to ensure access to essential medicines (including a wider range of treatments that are available internationally) for key populations, including sex workers. Trade-related barriers must be removed and high pricing for patented medicines must be challenged.

Providers should be held accountable for failures and stock-outs.



The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard by using Global and National Consultants.

Community Guides aim to provide simple summaries of NSWP's Briefing Papers, further detail and references can be found in the accompanying Briefing Paper.

The term 'sex workers' reflects the immense diversity within the sex worker community including but not limited to: female, male and transgender sex workers; lesbian, gay and bi-sexual sex workers; male sex workers who identify as heterosexual; sex workers living with HIV and other diseases; sex workers who use drugs; young adult sex workers (between the ages of 18 and 29 years old); documented and undocumented migrant sex workers, as well as and displaced persons and refugees; sex workers living in both urban and rural areas; disabled sex workers; and sex workers who have been detained or incarcerated.



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NSWP is an alliance partner of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much-needed HIV and health services. Go to: www.hivgaps.org for more information.

