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INSTITUT NATIONAL  
D'ÉTUDES DÉMOGRAPHIQUES

# PrEP among female sex workers: where are we?

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# Introduction & Objective

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- **2015 : oral PrEP** recommended by the WHO for people at substantial risk of HIV, including female sex workers (FSW)



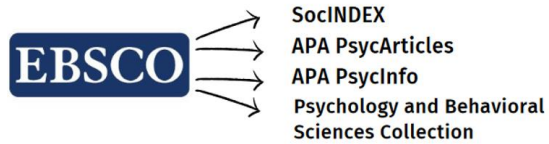
- **More recently:** development of **long-acting PrEP** (injection, implants, vaginal rings)

## **Objective:**

**to summarise the overall published literature on PrEP among FSW worldwide**

# Methods (1)

- **Search strategy** - Until 31 Dec 2022 -



(PrEP OR "preexposure prophylaxis" OR "pre-exposure prophylaxis" )  
AND (HIV OR AIDS) AND "sex-work\*"



- **Selection process**

- Independant screening
  - Titles/Abstracts: n=3 reviewers
  - Full texts: n=2 reviewers

	Inclusion criteria	Exclusion criteria
<b>1. Population</b>	Female and cisgenre sex workers	- Men - Transgender - Transactional sex (e.g. sugar daddies)
<b>2. Intervention</b>	- PrEP ( <i>oral, daily or event-driven, implant, injection, vaginal douche, vaginal rings, gel-based</i> )	- No data on PrEP
<b>3. Outcome</b>	- Knowledge, attitudes/perceptions - A priori acceptability ( <i>willingness/interest</i> ) - Effective acceptability ( <i>uptake/use, retention, adherence</i> ) - Impacts ( <i>social, epidemiological, behavioral</i> ) - Efficacy ( <i>on HIV incidence</i> ), Cost-efficacy - Costs	- Biological development
<b>5. Paper type</b>	- Original papers - Editorial / opinion papers	- Protocols - Conference abstracts
<b>6. Language</b>	- French or English	- Other than French or English

# Methods (2)

- **Data extraction process** 

- **1st step: overall cartography**

- Independantly done with n=3 reviewers



- **2nd step: a priori and effective PrEP acceptability** (oral and long-acting)

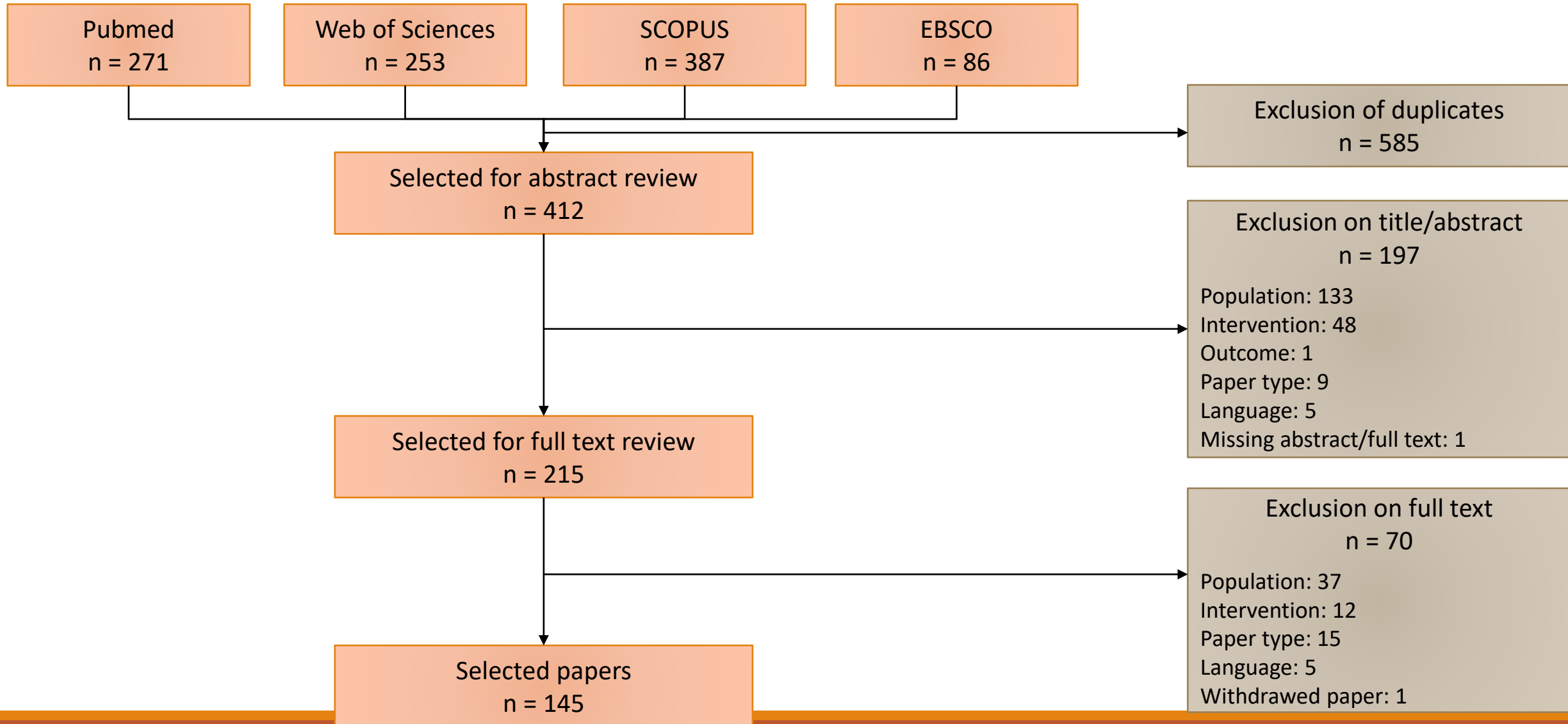
- 1 reviewer



Data extraction for overall cartography	
<b>Type of PrEP</b>	- Oral: daily or event-driven - Long-acting or other event-driven: implant, injection, vaginal douche, vaginal rings, gel-based
<b>Outcome</b>	- Knowledge, attitudes/perceptions - A priori acceptability ( <i>willingness/interest</i> ) - Effective acceptability ( <i>uptake/use, retention, adherence</i> ) - Impacts ( <i>social, epidemiological, behavioral</i> ) - Efficacy ( <i>on HIV incidence</i> ), Cost-efficacy - Costs
<b>Study type</b>	- Paper type: Original papers vs Editorial / opinion papers - Study type: Literature review, Modelling studies, Quantitative methods, Qualitative methods
<b>UNAIDS region</b>	
<b>Country</b>	
<b>Study year</b>	

Data extraction for focus on PrEP acceptability			
<b>A priori acceptability</b>	<b>Interest</b>	- Rates	- Facilitators/Barriers
	<b>Use</b>	- Rates	- Facilitators/Barriers
<b>Effective acceptability</b>	<b>Retention</b>	- Rates	- Facilitators/Barriers
	<b>Adherence</b>	- Rates	- Facilitators/Barriers

# Results (1) – Study selection



# Results (2) – Overall cartography

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- Type of papers/studies



10 commentaries



17 global literature reviews on HIV



3 case studies



24 modelling studies



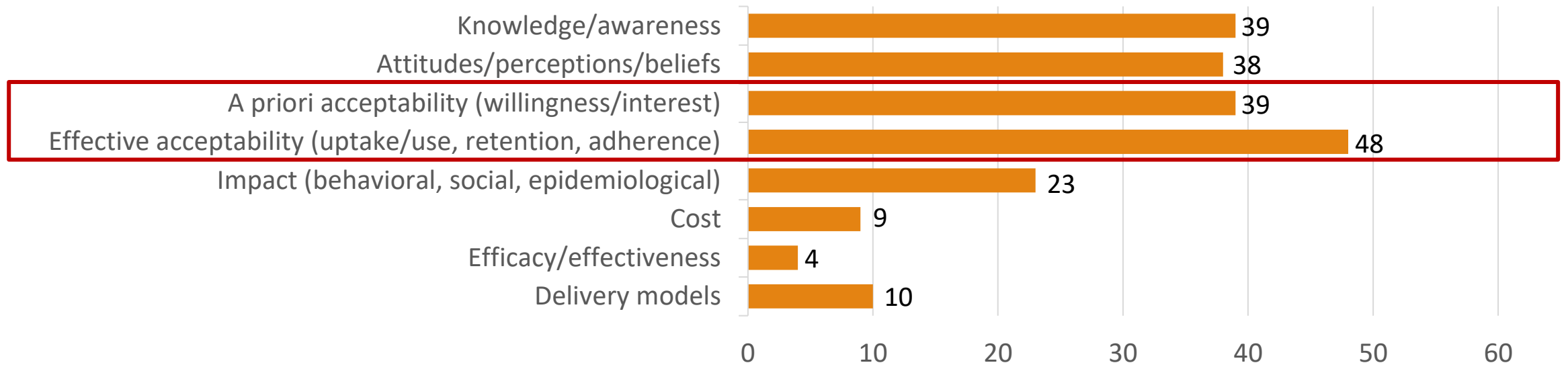
91 original articles  
(other than modelling studies)

# Results (3) – Overall cartography

- Outcome



91 original articles (other than modelling studies)



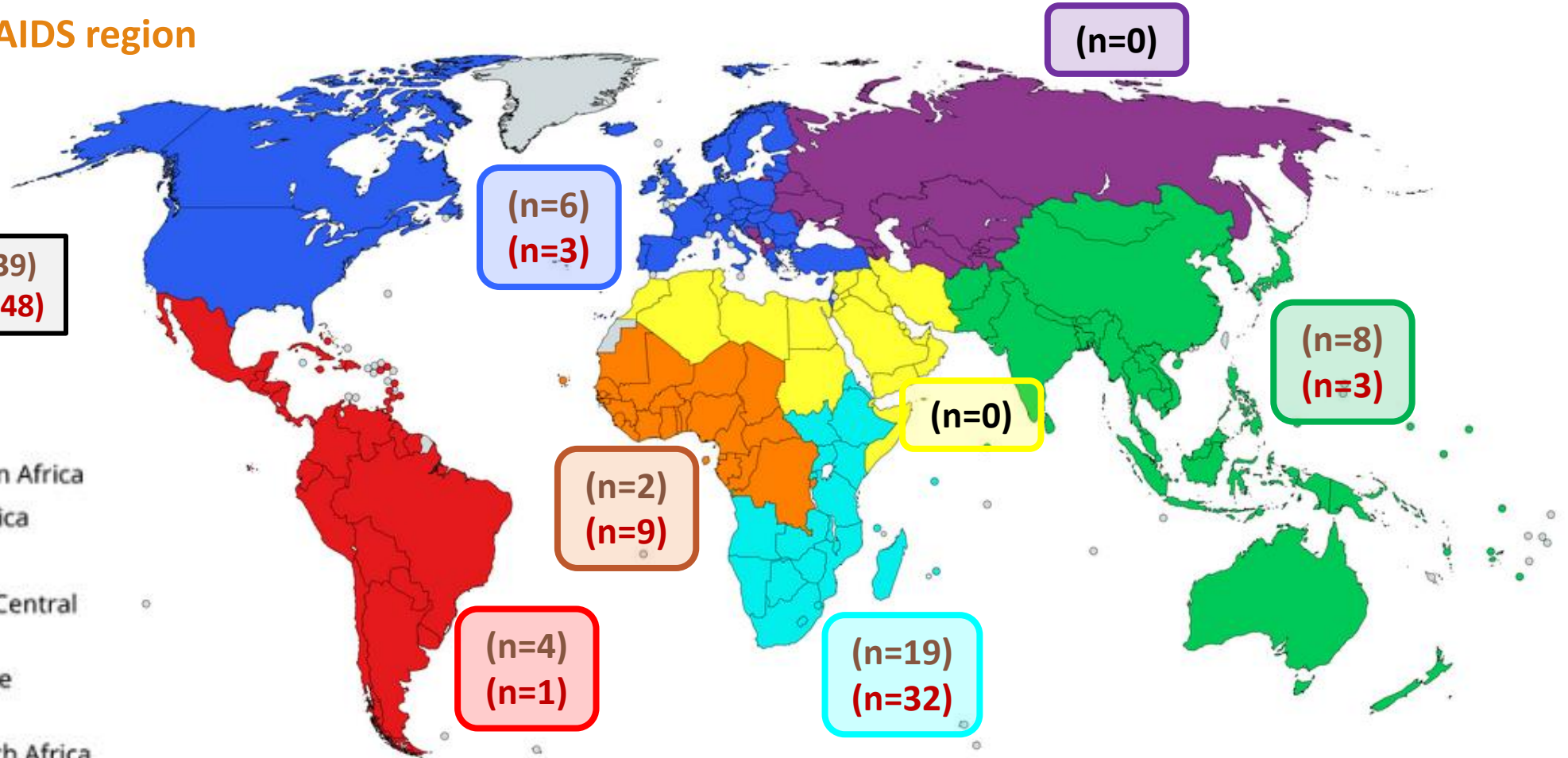
# Results (4) – Acceptability studies

- According to UNAIDS region

A priori acceptability (n=39)  
Effective acceptability (n=48)

## UNAIDS Regions

- Eastern and Southern Africa
- West and Central Africa
- Asia and Pacific
- Eastern Europe and Central Asia
- Latin America and the Caribbean
- Middle East and North Africa
- Western and Central Europe and North America







# Results (5) – Acceptability studies

- **Oral daily PrEP**

- **A priori acceptability**

- **Globally, FSW are very interested in PrEP use**

- 15 studies >65%
- 5 between 50-65%
- 1 <50% (China, 2012)

- **Effective acceptability**

- **Low number of FSW have already used oral PrEP**

- 17 studies: <50% of PrEP uptake in global FSW population
- 6 studies: higher rates of PrEP initiation in specific programs

- **Retention and adherence can be challenging**

- Varied results: better in trials or in programs with outreach strategies to follow FSW



- Safer sex, Self-control to stay healthy
- Counseling from experienced PrEP users
- Informational material
- Factor associated: STI history



- Side-effects affecting daily life
- Stigma
- Difficulties to take PrEP daily
- PrEP misconceptions and misunderstandings
- Mobility
- Not at risk anymore
- Factor associated: Youngest

# Results (5) – Acceptability studies



- **Long-acting PrEP** (implant, injection, vaginal rings)

- **A priori acceptability**

- **Very few studies**

- n=9 conducted after 2017 in Africa, USA, Mexico: 6 quanti, 2 quali, 1 mixed-methods

- **Varied results regarding interest**



- Last for a prolonged period of time (alleviating the burden of daily adherence)



- Fear of potential side-effects (especially regarding injection)
- Fear of stigma (especially regarding implant as difficult to hide)

- **Effective acceptability**

- **No study**, even on vaginal rings while recommended

# Discussion

- Literature on PrEP among FSW: relatively scarce
  - in comparison with men who have sex with men: 1850 references on Pubmed by the end of 2022
- No study in some world regions, in particular where sex work is illegal and/or severely reprimanded
  - Areas where FSW are more at HIV risk (*UNAIDS, 2021*)
- PrEP acceptability studies
  - Relatively **high a priori acceptability** of oral PrEP
  - But **challenges regarding effective acceptability** of oral PrEP
  - Relatively **high long-acting PrEP a priori acceptability** but need for more research on its implementation when available



## OVERVIEW



IN 2019 FEMALE SEX WORKERS HAD A 30 TIMES GREATER RISK OF ACQUIRING HIV THAN THE GENERAL FEMALE POPULATION.

In 2019 approximately **8%** of new adult HIV infections globally were among sex workers of all genders (1).  
Intersecting forms of structural and societal stigma and discrimination, including punitive laws, policies and practices, create significant inequalities and prevent sex workers from being able to protect their health, safety and well-being.

Sex workers include female, male and transgender people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is "formal" or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities.



Countries should implement evidence-informed responses to HIV and sex work that reduce inequities and protect and promote human rights and public health. They include ensuring access to HIV services, supportive and enabling environments and removal of structural barriers in full partnership with sex workers-led organizations (2).

Critical actions include ending the criminalization of all aspects of sex work, including the purchase, sale and management of sex work; extending labour protections; protecting sex workers against state and private sector violence; and ending stigma and discrimination.



**As biomedical prevention research continues to advance: need to increase efforts to address the specific challenges faced by FSW, in order to identify the most suitable tools and ensure their effective implementation**

Thank you  
for your attention