EU CONTRIBUTION TO A REINFORCED PREVENTION AND IMPROVED CARE IN TIMES OF HIV EPIDEMIC RESURGENCE

How can the EU support improvement on HIV prevention?

Athens, 12-13 June 2014

Session 3: How effective were the HIV infection prevention initiatives to reach the key populations?

BORDERNETwork

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How did BORDERNETwork reach the key populations?

- **Integrated bio-behavioural survey (IBBS)** in sex workers with the aim to
  - Compile contextualised knowledge on health and social situation of SWs in Central and Eastern Europe
  - Address interacting individual and structural prevention barriers scaling participation and uptake of testing and counselling

- **Methodology**
  - A cross-sectional behavioural and epidemiological data collection in 7 EU countries: Berlin, Bratislava, Bucharest, Riga, Szczecin, Sofia, Tallinn and the DE/PL border area
  - Research and testing activities embedded in continuous outreach services
  - Qualitative structured face-to-face interview (85 items) and blood tests (HIV, Syphilis, HCV, HBV) conducted in outreach/service setting
  - Convenient sample combining respondents-driven (RDS) and service/venue-based recruitment between March 2011 and February 2012

- **Respondents**
  - 956 FSWs interviewed in VCT/CBVCT services, outdoor and indoor sex work settings
What are the main findings?

- **Median age: 29.5 years**
  - Youngest sex workers: <20 years – 9.2%/N=87, in RO, DE/PL, SK

- **Median age at start with sex work: 20 years**
  - Younger than 18 years at start: almost 30%/N=283, in RO, SK

- **Median experience in sex works: 4 years**
  - ‘Job newcomers’: 10%/N=101 with less than one year experience, in BG, DE/PL, EE

- **Mobility in sex work abroad in the past year: 21.5%/N=206**
  - Destination countries: Germany (BG, RO, LV, PL), Scandinavian (EST), Austria (SK), Italy (RO, LV)

- **Migrant/ethnic minority background**
  - Migrant SWs: 51% in DE/PL
  - Roma: 18.7%/N=179, in RO, BG

- **Sex work setting**
  - 39%/N=352 work outdoor, in RO, BG, LV,
  - Overlap of outdoor sex work and IDU sex work scene – LV, SK

- **Drug use**
  - 52.9%/N=504 ever used drugs
  - 37.8%/N=361 are PWID, in SK, LV, RO, ¾ of them – active users (the last seven days)

- **Occupation and earnings**
  - 77.6%/N=740 subsisted only of sex work in the past year
### What are the main findings?

**HIV/STI (serological) prevalence in the survey**

<table>
<thead>
<tr>
<th>STI</th>
<th>Highest in</th>
<th>Percentage (N=)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Latvia</td>
<td>21.4% (N=25, 20 known as HIV-positive)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.6% (N=44 from 955)</td>
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<tr>
<td>SYPHILIS</td>
<td>Romania</td>
<td>11.7% (N=23)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.5% (N=43 from 954)</td>
</tr>
<tr>
<td>HEPATITIS C</td>
<td>Latvia</td>
<td>56.8% (N=67)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24% (N=229 from 956)</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Romania</td>
<td>12.2% (N=24)</td>
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<tr>
<td></td>
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<td>6.2% (N=59 from 950)</td>
</tr>
</tbody>
</table>
What are the barriers to scale up uptake?

- **Health insurance:** access condition to general health care in most European countries
  - Cost-free health care without health insurance – limited to acute/emergency cases

- **Lack of health insurance:** not a single case in the BORDERNETwork IBBS
  - 60.3% (N=571/952) – have NO health insurance

  ![Bar chart showing percentages of health insurance availability across different countries.]

  - Latvia: 5.1%
  - Germany/Poland: 43.4%
  - Slovakia: 62%
  - Bulgaria: 62.5%
  - Estonia: 64.1%
  - Romania: 95.4%
  - All respondents: 60.3%

- **Sexual health care services** should be an entry gate to scale up HIV testing uptake and not a barrier:
  - Rather the exception than the rule in public health services
  - Often only project-based funding and exclusively NGO-run (CBVCT)
  - Campaign/pilot-based offers, weak continuity, sustainability and viability
What are the barriers to scale up uptake?

- **Often only HIV VCT is available as low-threshold offer without health insurance**
  - 59% (N=560/949) had an HIV test in the last year
  - 97.4% (N=772/793) received the results of their last HIV-tests

- **HIV/STI treatment is not universally accessible to migrants/uninsured SWs throughout Europe**

- **SW and multiple sexual health risks**
  - 59% (N=557) had made an abortion
  - 32.9% (N=311) - two and more abortions
  - 82.9% (N=793) - first choice contraception method is condom
  - 7% (N=67) - had not used any contraception in the past year

- **Low uptake of STI and gynaecological check-ups**
  - 51.1% have not visited a gynaecologist in the last year
  - 78.1% have not visited an STI-specialist in the last year

<table>
<thead>
<tr>
<th>Country</th>
<th>Estonia</th>
<th>Bulgaria</th>
<th>Latvia</th>
<th>Germany/Poland</th>
<th>Slovakia</th>
<th>Romania</th>
<th>All respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42.9%</td>
<td>73.7%</td>
<td>85%</td>
<td>90.9%</td>
<td>91.5%</td>
<td>95%</td>
<td>78.1%</td>
</tr>
</tbody>
</table>

- **Contraception usage**
  - 60.3% have used any contraception in the past year
  - 43.4% of respondents have used condoms
  - 5.1% have used no contraception in the past year

- **Abortion statistics**
  - 78.1% have had an abortion
  - 21.9% have never had an abortion

What are the barriers to scale up uptake?

- Provision gaps in relevant needs-driven sexual health services,

An example: Data base of sex worker friendly offers in 25 European countries, N=372 (www.services4sexworkers.eu, TAMPEP 2013)

<table>
<thead>
<tr>
<th>Cost-free sexual health offers</th>
<th>Offered by … services</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV test and counselling</td>
<td>173</td>
</tr>
<tr>
<td>STI diagnosis</td>
<td>155</td>
</tr>
<tr>
<td>STI treatment</td>
<td>125</td>
</tr>
<tr>
<td>Pregnancy test/ contraception counselling</td>
<td>138</td>
</tr>
<tr>
<td>Gynaecological check-up/counselling</td>
<td>69</td>
</tr>
<tr>
<td>Screening for cervical cancer</td>
<td>62</td>
</tr>
</tbody>
</table>

69 services in 19 countries:
- DE (13), IT (20), D (5), PT (4)
- 15 further countries (1-3 offers)
Which areas require intensification of efforts?

- Inequalities in access and uptake of services for (migrant) sex workers
  
  The marginalisation of sex work impedes the access to the group and limits the scale of prevention, counselling, diagnostic and treatment, imposing high infection risks

- Inequalities in the threshold, range and balance among available prevention services

Social determinants of health
and inequality/occupational health
and social welfare of sex workers
– hardly considered

(Platt L, Jolley E, Rhodes T, et al. 2013)
What are the BORDERNETwork’s recommendations?

EU and national health policy regulations should endorse creation and/or stabilisation of extensive structures for broad health care services:

- **Continuously available**
  - sustainable public funding
  - client-centred, low-threshold offers: setting, location, time, outreach, community-based, counselling, case management/coaching, referral
  - participatory resource empowerment – space for the lifeworld and expertise of the clients

- **Accessible**
  - Confidential/anonymouse and cost-free offers, also for migrants/individuals without health/social insurance/legal papers

- **Accepting and comprehensive**
  - Promoting human rights and equity of chances, free from stigmatisation and discrimination
  - Combining HIV/STI with sexual and broader occupational health offers
ACKNOWLEDGEMENTS TO:

All 956 sex workers who participated in the survey

All partner organisations:
AISC/ Tallinn, NIHD/Tallinn
Papardes Zieds/Riga, AHP/Potsdam, IN VIA,/Berlin
SPWSZ/ Stettin, PRIMA/ Bratislava, ARAS/Bucharest
HESED/Sofia

All HIV testing and counselling sites

THANK YOU FOR YOUR ATTENTION!

SPI Forschung gGmbH
www.bordernet.eu