



Gaps and Structural Barriers to HIV Treatment among Sex Workers

Background

Unequal access and retention in antiretroviral therapy (ART) for people living with HIV remains an important public health and human rights issue. Despite efforts to scale-up access and retention in the HIV care cascade, access and outcomes for key populations, including sex workers, often lag behind the general population.

The Question

To what extent to sex workers living with HIV face gaps in HIV treatment? What are the barriers that impact sex workers' access and ability to stay on treatment?

The Study

The Gender & Sexual Health Initiative (GSHI) research team drew upon data from **questionnaires with 646 female sex workers (2010-2012)**, and linked pharmacy records on HIV treatment. This project is part of AESHA (An Evaluation of Sex Workers Health Access), a longitudinal ethnographic and quantitative study on working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with community partners, and with ongoing outreach to street and indoor sex work venues (by experiential and non-experiential team).

The Results

Of 646 female sex workers interviewed, 74 were included and followed over a 2.5-year period.

Of these 74 women in sex work living with HIV:

- **37.8% experienced gaps in ART use**

Reasons for gaps in ART use reported by participants included:

- Adherence challenges/ difficulties taking medication daily
- Side effects/ toxicities
- Housing instability
- Distance and transportation issues

Factors correlated with gaps in HIV treatment use over time:

- *Younger age*
- *Migration/mobility*
- *Incarceration*
- *Non-injection drug use*

The Policy Implications

- This study shows that sex workers continue to face serious gaps in access and retention in HIV treatment, largely due to structural factors, despite efforts to scale-up treatment access in the general population.
- Interventions addressing biomedical, behavioural and structural barriers, particularly for younger women, that support entry into and continuity of HIV care within migration/mobility patterns and criminal justice system, and that provide social supports (e.g. housing), are recommended.
- Community and peer-based interventions that incorporate sex worker-tailored services have been shown to be effective in other settings and should be explored as best practices to support sex workers' health and human rights, including access and retention in HIV treatment.

Goldenberg SM, Montaner J, Duff P, Nguyen P, Dobrer S, Guillemi S, Shannon K. Structural Barriers to Antiretroviral Therapy Among Sex Workers Living with HIV: Findings of a Longitudinal Study in Vancouver, Canada.. *AIDS and Behaviour*, July 2015.