

EHP SA Case Study Series:
Included! How change happened for key populations and HIV prevention

PrEP for Sex Workers

Public sector policy and implementation in South Africa



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This Plan includes the provision of Pre-Exposure Prophylaxis (PrEP). PrEP affords sex workers a greater chance to stay negative. Now that the World Health Organization (WHO) has recommended the use of PrEP in populations with high incidence, and the Medicines Control Council has registered Truvada for this purpose, I am pleased to endorse the recommendation in this Plan to provide PrEP to sex workers.

Dr Aaron Motsoaledi, Foreword to the South Africa National Sex worker HIV plan 2016-2019, March 2016

1. INTRODUCTION

In June 2016, South Africa became the first country to provide sex workers with oral pre-exposure prophylaxis (PrEP) as part of its national HIV programme.

PrEP is the use of antiretroviral medicines by an HIV-negative person to prevent HIV infection. Evidence shows that when taken correctly, PrEP reduces the chance of HIV infection to near-zero. Since the first PrEP trials demonstrated its effectiveness, targeting of PrEP to most-at-risk groups has been discussed.

The cost of PrEP is considerably lower than providing antiretroviral therapy to an infected person for the duration of their life. With an estimated cost of less than 5% of the total budget of an HIV programme, PrEP is considered by UNAIDS to be a key component of a fast-track response. However, the cost of PrEP is an important concern, even in high-income countries.¹

In South Africa, sex workers were the first group to whom PrEP was made available in June 2016; rollout of PrEP for men who have sex with men (MSM) started at selected sites ten months later, whilst the roll-out of PrEP for adolescent girls and young women was started at selected public clinics in April 2018.

This case highlights the efforts of the National Department of Health (NDoH) to provide PrEP as part of HIV prevention; it also attempts to understand why PrEP for sex workers was prioritised over other populations. It describes the actors involved and the turning points that occurred during the lead-up to this landmark achievement in HIV prevention in South Africa.

The case study is unusual in that the sought-after decision was made soon after evidence established the case, and with little contention around the principle. However, organisations representing sex workers challenged elements of the implementation, especially the lack of commitment to address what they saw as one of the key drivers of HIV transmission – the criminalisation of sex work.

About this paper

This paper is part of the series, *Included! How change happened for key populations and HIV prevention*, commissioned by EHPSA to the Nordic Consulting Group. The full series of nine case studies and discussion paper will be made available on the EHPSA website as they are completed at <http://www.ehpsa.org/critical-reviews/included>.

About EHPSA

Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men (MSM) and people in prison, through generating evidence of what works and why, and developing strategies to inform policymaking processes. It is a five-year programme funded by DFID and managed by MottMacDonald.

¹ AVERT: Pre-exposure prophylaxis for HIV prevention. Available from: <https://www.avert.org/professionals/hiv-programming/prevention/pre-exposure-prophylaxis>

2. CONTEXT

Although South Africa's HIV epidemic has stabilised, there are still high rates of infection among adolescent girls and key populations, specifically sex workers and MSM.^{2,3,4} Research has confirmed the elevated risk of HIV infection and onwards transmission among these populations, and the need for effective prevention interventions to meet their needs.

There are an estimated 153 000 sex workers in South Africa, including 138 000 female, 6 000 male, and 7 000 trans-female sex workers. HIV prevalence among female sex workers in the three major metropolitan areas ranges between 39.7% and 71.8%.⁵

Sex work also contributes a large share of new infections in the country. A 2009 modelling study estimated that 6% of all new HIV infections occurred among sex workers; an additional 14% are among sex-worker clients and their sexual partners.⁶ High levels of unprotected sex (largely linked to challenges around condom negotiation with clients and intimate partners), high levels of physical and sexual violence, hazardous alcohol and substance use and limited access to appropriate HIV services have been identified as risk factors for HIV infection among sex workers in South Africa.⁷

A range of structural, social and behavioural factors contribute to the disproportionately higher HIV burden sex workers carry, compared with the general population. All forms of sex work are criminalised⁸ and sex workers are also affected by high levels of stigma and discrimination in health facilities and society in general.⁹

In light of this high HIV burden and elevated risk, since the late 1990s resources have been focused on developing prevention interventions to reduce HIV infections among sex workers. There has also been an active campaign to have sex work in South Africa decriminalised, on the grounds that sex workers would be better equipped to change behaviour and reduce the risk of HIV infection. For more information on this see another Included! case study: 'Just Bad Laws' available at <http://www.ehpsa.org/critical-reviews/included>.

Since 2013, HIV prevention and testing programmes for sex workers have been scaled up using increased funding. The United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund are the largest funders of these programmes.

Several of the early PrEP trials took place in South Africa (see below) and as a result of this, policymakers and clinicians were strongly aware of the relevance of PrEP in South Africa before the results of the first successful trials were published. The context for PrEP policy and implementation was thus highly favourable.

2 UCSF, Anova Health Institute, WRHI. South African Health Monitoring Study (SAHMS), 2015. The integrated biological and behavioural survey among female sex workers, South Africa 2013–2014.

3 University of California San Francisco, 2015. MSM in South Africa. Data triangulation project. San Francisco: University of San Francisco, Global Health Sciences.

4 Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D. and Onoya, D., 2014. South African national HIV prevalence, incidence and behaviour survey, 2012.

5 UCSF, Anova Health Institute, WHRI, 2015, op cit.

6 SACEMA, 2009. The Modes of Transmission of HIV in South Africa.

7 Scheibe, A., Richter, M. and Vearey, J., 2016. Sex work and South Africa's health system: Addressing the needs of the underserved. *South African health review*, 2016(1), pp.165-178.

8 Manoek, S.L., Shackleton, S. and Richter, M., 2015. Briefing on sex work, the criminal law and law reform in South Africa. *Memorandum to the SANAC Legal and Human Rights Technical Task Team*. Cape Town: Women's Legal Centre.

9 Scorgie, F., Nakato, D., Harper, E., Richter, M., Maseko, S., Nare, P., Smit, J. and Chersich, M., 2013. 'We are despised in the hospitals': sex workers' experiences of accessing health care in four African countries. *Culture, health & sexuality*, 15(4), pp.450-465.

3. THE CHANGE PROCESS

This section charts the steps in the process that led to the adoption of PrEP policy and implementation for sex workers in South Africa.

Early research: 2007–2010

In 2007, the Desmond Tutu HIV Foundation (DTHF) started recruiting men in Cape Town who have sex with men into the international Global iPrEx trial. South Africa was one of several sites for this study, the results of which, when released in 2010, confirmed the efficacy of PrEP for HIV prevention among men who have sex with men and transgender women.¹⁰ These results were followed closely by other studies which showed the efficacy of PrEP within heterosexual sero-discordant partnerships.¹¹

Confirmation of the efficacy of PrEP resulted in increased advocacy by international and local researchers and global bodies, including UNAIDS, for PrEP demonstration projects to begin and for policy-makers to use this information in national policy. The US was the first country to licence the drug Truvada for oral PrEP in 2012.

Evidence into policy and programmes, 2010–2015

Between 2010 and 2015, local civil society actors, and research institutions engaged in PrEP research and pilot programmes increased their advocacy efforts to include PrEP within HIV policy and prevention packages for MSM, sex workers and to a lesser degree, adolescents.

A regional PrEP meeting took place in February 2011, hosted by the O’Neil Institute and co-chaired by the African WHO representative with support from UNAIDS and the University of Witswatersrand Reproductive Health Institute (Wits RHI), to stimulate the process of moving PrEP from the clinical trial setting into the community. Although there was no overt resistance to the implementation of PrEP, no clear commitment was made by government to support PrEP at that stage.

Some months later this situation had changed. When the new National Strategic Plan (NSP 2012–2016) was launched in November 2011 it committed to a PrEP policy based on scientific evidence of safety and efficacy at population level, guidance from UNAIDS or WHO, and registration with the Medicines Control Council for this use.¹² However, the two groups named in the plan as PrEP target groups were MSM and serodiscordant couples; sex workers were not specifically identified.

The importance of PrEP was further emphasised in the final draft of the Operational Guidelines for HIV, STI and TB programmes for Key Populations.¹³ These were developed in 2012 and included PrEP in an appendix – “Future Horizons”. The guidelines were drafted in collaboration with SANAC, NDoH and civil society but were never adopted.

In 2012, the Southern African HIV Clinician’s Society published guidelines on the use of PrEP for MSM¹⁴ and in 2014, the World Health Organization (WHO) released *Consolidated Guidelines on HIV Prevention, Diagnosis,*

10 Grant, R.M., Lama, J.R., Anderson, P.L., McMahan, V., Liu, A.Y., Vargas, L., Goicochea, P., Casapia, M., Guanira-Carranza, J.V., Ramirez-Cardich, M.E. and Montoya-Herrera, O., 2010. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine*, 363(27), pp.2587-2599.

11 Bekker, L.G., Rebe, K., Venter, F., Maartens, G., Moorhouse, M., Conradie, F., Wallis, C., Black, V., Harley, B. and Eakles, R., 2016. Southern African guidelines on the safe use of pre-exposure prophylaxis in persons at risk of acquiring HIV-1 infection. *Southern African journal of HIV medicine*, 17(1).

12 South African National AIDS Council, 2012. *National strategic plan on HIV, STIs and TB, 2012-2016*. South African National AIDS Council.

13 Technical Working group, 2012. Operational guidelines for HIV, STI, and TB programmes for key populations in South Africa. Pretoria, South Africa: South African National Department of Health.

14 Bekker, L.G. et al., 2012. Southern African guidelines for the safe use of pre-exposure prophylaxis in men who have sex with men who are at risk for HIV infection: guidelines. *Southern African Journal of HIV Medicine*, 13(2), pp.40-55.

Treatment and Care for Key Populations that recommended PrEP for MSM and transgender women.¹⁵

In October 2014, UNAIDS, the AIDS Vaccine Advocacy Coalition (AVAC) and WHO organised a meeting at the HIV Research for Prevention conference in Cape Town on bridging gaps between policy and practice for PrEP.¹⁶ In the same year, DTHF and the Perinatal HIV Research Unit (PHRU) started the PlusPills study, which is part of the Choices for Adolescent Methods of Prevention Studies in South Africa.¹⁷ The study assessed the effectiveness of offering PrEP as part of a combination prevention package to 150 adolescent boys and girls (aged 15–19) in two sites (Cape Town and Johannesburg).

Implementation: demonstration projects, 2015 –

In early 2015, Wits RHI started implementing the Treatment and Prevention for Sex workers (TAPS) Demonstration Project in Johannesburg and Pretoria. The study. The two-year study, which employed HIV-prevention interventions, including oral PrEP and early ART for female sex workers, assessed the feasibility, acceptability, safety, cost and outcomes of this approach.¹⁸

In the same year, PEPFAR and partners launched the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) initiative. In line with PEPFAR's prioritisation of 'investing for impact', PrEP was included in the package of interventions to be implemented in five South African priority districts.¹⁹

Two MSM demonstration projects commenced in 2015 to pilot the provision of PrEP from health facilities, using a nurse-led approach.²⁰

WHO guidelines and licencing, 2015

In September 2015, WHO released guidelines recommending PrEP be considered for all people at substantial risk of HIV infection (*Guideline on When To Start Antiretroviral Therapy and on Pre-Exposure Prophylaxis for HIV*).²¹ This was significant because it extended the recommended target groups to include sex workers. Furthermore, this guidance from WHO satisfied one of the requirements for implementation of PrEP in the NSP 2012–16.

In November 2015, the South African Medicine Control Council approved a fixed-dose combination of Truvada for PrEP for HIV²². This satisfied another condition in the NSP; prior to this, PrEP medications were limited to research settings, or prescribed by private doctors 'off-label' – a practice that could not be included in a national programme.

Stakeholder meetings and technical working group, 2015-2016

In October 2015, the South African National AIDS Council (SANAC) and the NDoH convened a meeting with organisations involved in PrEP research and organisations providing HIV testing and treatment services for key

15 World Health Organization, 2017. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. 2014. URL:< <http://apps.who.int/iris/bitstream/10665/246200/1/9789241511124-eng.pdf>.

16 <http://www.unaids.org/en/resources/presscentre/featurestories/2014/october/20141029prep>

17 <http://desmondtutuhivfoundation.org.za/research/adolescents-behaviour/>

18 Eakle, R., et al., 2017. HIV pre-exposure prophylaxis and early antiretroviral treatment among female sex workers in South Africa: Results from a prospective observational demonstration project. *PLoS medicine*, 14(11), p.e1002444.

19 The US President's Emergency Plan for AIDS Relief (PEPFAR), 2015. DREAMS factsheet: South Africa. Washington, DC: PEPFAR.

20 Additional detail of ongoing and completed PrEP research in South Africa is available at: http://www.avac.org/sites/default/files/resource-files/PrEP_Trials_Demonstration_Projects_June_2016.pdf

21 World Health Organization, 2015. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV, web supplement: annex 2: evidence to decision-making tables and supporting evidence (No. WHO/HIV/2015.36). World Health Organization.

22 Registrar of Medicines, Medicines Control Council, 2015. Press Release: Medicines Control Council approves fixed-dose combination of tenofovir disoproxy fumarate and emtricitabine for pre-exposure prophylaxis of HIV. Pretoria.

populations to discuss the programmatic implications for PrEP implementation. This resulted in the establishment of a PrEP Technical Working Group, coordinated by the Deputy Director-General (DDG) of HIV/AIDS, TB and Maternal, Child and Women's Health at the NDoH. The working group led the development of the South African National PrEP guidelines, which initially included sex workers, MSM and young women. Although advocates working with sex workers such as SWEAT and Sisonke, a national movement of sex workers in South Africa, had lobbied for PrEP they were not included in this working group.

A SANAC plenary in November 2015 approved the provision of both Universal test and Treat (UTT) and PrEP for sex workers, with the endorsement of government and civil society.

National HIV Sex Worker Plan and early rollout: 2016

In early 2016, the Southern African Clinician's Society published revised PrEP guidelines,²³ aligned with the South African National PrEP guidelines being developed by the PrEP technical working group. NDoH, in consultation with partners, decided to prioritise the provision of PrEP to sex workers.

The South African National HIV Sex Worker HIV Plan, 2016–19²⁴ was launched in March 2016 alongside the Integrated Biological and Behavioural Survey that showed high HIV prevalence among female sex workers.²⁵ One of the significant aspects of the plan was the announcement of a commitment to provide sex workers with PrEP, with a target of 3 000. Sex workers thus became the first group to be provided with PrEP in the South African public sector. Public-sector PrEP provision to men who have sex with men only started in April 2017 – nearly a year later.

After the launch of the plan, the NDoH PrEP technical working group facilitated preparatory workshops for PrEP roll-out for sex workers. Partners involved in the technical working group and PrEP planning process²⁶ supported the development of standard operating procedures, monitoring and evaluation tools, information and education materials, training curricula and training to support PrEP for sex workers.

In early May 2016, the NDoH released the final draft of the Guidelines for Expanding Combination Prevention and Treatment Options for Sex Workers, and on June 1, 2016 the NDoH launched PrEP provision for sex workers at 11 NGO sites supported by NDoH. The sites were situated in three major metros and along major transport routes; they were all providing ART to sex workers already. Because these were specialised sex-worker-focused clinics they were able to deliver non-stigmatising services.

Challenges in PrEP uptake, 2016-2018

Since the start of the PrEP rollout, SANAC, NDoH and members of the PrEP technical working group have monitored the process. PrEP uptake was slower than anticipated – by the end of 2016, only 729 SWs were on PrEP. Figures released in July 2018 indicate only 4 109 PrEP initiations for sex workers, which represent only 13% of those to whom it was offered.²⁷

A number of lessons learned have been identified by NDoH. These include:²⁸

- Promoting and marketing a new HIV-prevention intervention among sex workers and transgender people who are highly marginalised and discriminated against by officials is challenging because of a historical lack of trust and empathy.
- Non-judgemental, non-stigmatising attitudes from clinic staff members is critical but only a limited num-

23 Bekker et al, 2016, op cit.

24 South African National AIDS Council, 2016. The South African National Sex Worker HIV Plan, 2016–2019.

25 UCSF, 2016, op cit

26 NDoH, SANAC, civil society organisations with sites where PrEP would be provided and technical agencies

27 Pillay, Y., 2018. Challenges of South Africa's sex-worker PrEP programme: Lessons learned, moving towards other key populations. Presentation at AIDS 2018 Conference, Amsterdam, 24 July.

28 Ibid. Slides 17-19

ber of health facilities are sensitive to the needs of key populations and adolescents and youth.

- Outreach is key in reaching target populations and equally important for follow-up.
- Flexibility in clinic hours greatly increases uptake.
- Peer-led programmes result in higher demand-creation and uptake.
- Clear, regular communication is important.
- Special attention to client needs in the first 30 days of PrEP use is critical, especially in terms of:
 - Side effects
 - Adherence
 - Psychosocial support

Although sex workers and sex worker advocates acknowledged the vital importance of PrEP in prevention, they continued to emphasise the need to address structural issues comprehensively. They maintained that the criminalisation of sex work and negative engagement that sex workers have with police and law-enforcement, including human rights violations by police,²⁹ need to be addressed for the uptake and efficacy of PrEP to be effective, and ultimately to prevent the transmission of HIV. This is confirmed in the literature and was most recently pointed out by the Lancet:

*'Removal of legal barriers through the decriminalisation of sex work, alongside political and funding investments to support community and structural interventions, is urgently needed to reverse the HIV trajectory and ensure health and human rights for all sex workers.'*³⁰

29 Evans, D. and Walker, R., 2017. The Policing Of Sex Work In South Africa: A Research Report On The Human Rights Challenges Across Two South African Provinces. Cape Town, Sonke Gender Justice and SWEAT, December.

30 Shannon, K., et al., 2018. The global response and unmet actions for HIV and sex workers. *The Lancet*.

4. HOW CHANGE HAPPENED

The development of the South African sex worker PrEP policy was a smooth process in which new evidence on an effective technology and an understanding of the needs of the target group led to policy and programming very soon after the international endorsement provided by the revised WHO guidelines of September 2015. Nevertheless, there were key actors and critical factors that facilitated the change process.

4.1 Key actors

Key actors involved in the process leading up to the provision of PrEP for sex workers are summarised below.

Actor category	Actor(s)	Role	Key actions
Government departments	National Department of Health (NDoH): Senior managers Minister	Mandated to develop and implement policy. Responsible for use of evidence to inform policy and programmes.	<p>The NDOH adopted PrEP as part of combination-prevention interventions with a phased rollout for populations at substantial risk as per WHO guidance.</p> <p>Sex workers were considered to be at highest risk and were the first target group for PrEP.</p> <p>NDOH established a PrEP technical working group that developed the PrEP and Universal Test and Treat (UTT) guidelines. NDoH covered the cost for testing and ART among those that needed treatment as part of guideline implementation.</p> <p>The NDoH supported and used information generated through PrEP research to inform policy and work with research institutions and civil society organisations for PrEP provision.</p>
Research institutions	Wits RHI	Conducted sex-worker-PrEP demonstration project	Demonstration of feasibility of PrEP provision to sex workers in a real-life setting and knowledge generation that has informed PrEP rollout and policy development.
	Anova Health Institute, Desmond Tutu HIV Foundation, Human Sciences Research Council, CAPRISA, Perinatal HIV research unit	Clinical trials and/ or demonstration projects including the provision of PrEP for MSM and / or adolescents	Demonstration of the efficacy of PrEP and later the acceptability and feasibility of PrEP provision for MSM and adolescents. This contributed to the acceptance of PrEP per se, but not necessarily to the prioritisation of SW.
Organisations providing HIV testing and treatment services and PrEP to SWs	Wits RHI, TB/HIV Care Association, PHRU	HIV treatment services and PrEP roll-out for SWs	Engaged in development of PrEP policy and planning and implementation of PrEP for SWs. Built PrEP service delivery onto existing HIV treatment services focusing on SWs.

Organisations working with SWs around rights and sex worker led organisations	Sex Worker Education and Advocacy Taskforce (SWEAT), Sisonke National Sex Worker Movement	Highlight sex work rights and health issues	Not actively involved in the NDOH PrEP technical working group but commented on draft guidelines. Leaders were involved in the development of the South African National Sex Worker HIV Plan, which included PrEP as an element of the combination prevention package.
National multi-sectoral bodies involved in the HIV response	South African National AIDS Council (SANAC)	Coordination of national HIV response.	Supported National Department of Health (NDOH) to consult with sex worker interest groups.
	Civil society sectors of SANAC	SW and LGBTI Civil Society Sectors of SANAC represent civil society's perspective at SANAC and develop sector specific policy.	Developed SW and LGBTI Sector and National HIV Plans, which included PrEP. Some members participated in the PrEP technical working group. Conducted advocacy around inclusion of PrEP in policy.
PrEP advocates	Individuals linked to organisations working with key populations focused on PrEP advocacy	Advocacy around increased access to PrEP for key populations	Advocates engaged in local level community engagement and advocacy around PrEP research and access. More recently, advocates have been involved in preparing SW sites for the scale-up of PrEP and have been gathering insights into barriers to PrEP uptake.
Professional clinical society	Southern African HIV Clinician's Society	Development of guidelines for HIV-related clinical practices	Developed and released guidelines for PrEP, initially for MSM (2012) and later for all populations at substantial risk of HIV infection (2016) – aligned to the NDOH guidelines.
International actors	WHO, UNAIDS, UNFPA, PEPFAR, Global Fund, CHAI, Elton John Foundation	Normative guidance & financing	WHO provided guidance on PrEP and UTT that facilitated PrEP policy and implementation. WHO and UNAIDS conducted an early review of PrEP implementation, and the lessons learnt from the South African experience were used to inform the implementation guidelines and other programmes. The Global Fund and PEPFAR have collaborated with NDOH and SANAC to cover the costs of PrEP roll-out. Also provided financing for the development of guidelines and tools.

4.2 Contributing Factors

This case study is exceptional in that there was a smooth pathway to the decision in principle, and then to implementation.

The decision to implement PrEP for sex workers in South Africa was effectively taken just weeks after the revised WHO guidelines were published in September 2015, with the formal announcement in March 2016 and implementation starting in May 2016. What enabled this to come about so quickly?

Key enabling factors include the following:

Quality evidence available

Locally conducted PrEP research and demonstration projects were important steps towards PrEP roll-out to sex workers in South Africa. The publication of the revised WHO guidelines on PrEP was a key facilitating factor; Minister Motsoaledi cited it in his Foreword in the national sex worker HIV plan for the introduction of PrEP for sex workers³¹. Robust data from the 2014 IBBS that demonstrated extremely high HIV prevalence and high incidence for female sex workers contributed to the prioritisation of sex workers for PrEP ahead of other key populations.

Researchers expected to engage on findings

Research organisations were also implementers and were able to progress from proof of concept to testing implementation in demonstration projects to full scale-up. Research experience informed policy, guidelines, programme delivery and the tools used to support PrEP implementation. As a reflection of this principle, three prominent South African researchers were contributors to the revised WHO guidelines and to later guidelines from the well respected Southern African clinicians' society

Evidence-based practice within government

There is a long history of the National Department of Health adopting evidence-based best practice for HIV responses. As a reflection of this, the government lead on PrEP played a key role in the formulation of the WHO guidelines as Co-chair of the Core Committee overseeing the 2015 revision. Furthermore, the NSP 2012-16 commitment to PrEP was conditional on scientific evidence of safety and efficacy when delivered at population level, guidance from UNAIDS or WHO, and registration with the Medicines Control Council for this use.

Early adoption of international policies

While the initial PrEP discourse focussed on MSM, the expansion to other population groups was largely influenced by guidelines and priorities of WHO and UNAIDS. In particular, WHO's revised guidelines replaced previous guidance (from 2014) recommending PrEP for MSM with broader guidance that it should be offered to people at substantial risk of HIV infection. This revised guidance opened up consideration of inclusion of sex workers as beneficiaries. The in principle decision to implement PrEP for sex workers in South Africa followed just weeks after the revised WHO guidelines were published in September 2015, and implementation had started by June 2016. This was exceptionally fast.

WHO and UNAIDS provided opportunities for PrEP roll-out to be conceptualised several years before the PrEP roll-out became a reality. WHO in particular, provided support for local guideline development and planning of the roll-out process.

Civil society connecting local and global advocacy

Advocacy around the need for and potential effectiveness of PrEP has been important to keep PrEP on the agenda at International and National HIV Conferences and other platforms for agenda setting. The connections between local and global advocacy had significant influence. Ongoing sex worker and sex worker advocate pressure on the NDoH and SANAC to include sex workers in consultation and decision-making on issues regarding their health, and the HIV response, was a key component to support the attention to the sex work context within the epidemic, and to implement sex worker-friendly services.

Coordination and consultation

Support and coordination between the NDOH, SANAC, clinicians and research institutions enabled the establishment of a PrEP technical working group that developed policy and is monitoring implementation. This worked through a range of well-developed relationships. However, representatives of civil society representing or working with sex workers were not included in the TWG although they could have brought vital and specific insights and would likely have increased the efficacy of the roll-out of the programme.

Competent leadership

The fact that four South Africans were contributors to the development of the revised WHO guidelines illus-

31 South African National AIDS Council, op. cit. Page 6

trates the technical competence available, and the close relationship between researchers and the relevant Deputy Director in the Department of Health. Following the release of the WHO guidelines the Deputy Director moved fast to bring together different stakeholders to reach agreement in principle and to develop detailed plans for implementation. These parties included research organisations with extensive experience of delivering HIV services at scale. Although not included in the TWG, civil society actively provided a clear analysis of sex workers' issues with PrEP.

Catalytic event

The results of the IBBS survey, which were available to government in 2014 but only released in 2016 after civil society pressure, confirmed the alarming situation of sex workers with exceptionally high HIV prevalence and implied high incidence, alongside poor take-up of ART. Delays in the publication of the results contributed to pressure on the Department of Health to announce a high-profile response. When the revised WHO guidelines were published in September 2015, this cleared the way for PrEP for sex workers to be that response.

Pre-existing ART programmes

The addition of PrEP to programmes experienced in providing ART to sex workers was one of the reasons for the rapid process from agreement to provide PrEP until roll-out. These programmes were well placed, as they were non-stigmatising and had the infrastructure in place for the delivery of antiretroviral based interventions. Furthermore, PrEP is best placed within locations that offer immediate treatment for HIV-positive sex workers.

Inhibiting factors

Medicines Control Council Approval of PrEP

The NSP 2012-16 stipulated that a condition for the roll-out and use of PrEP was that the medication should receive approval from the Medicines Control Council. Delays with this approval significantly interrupted planning for PrEP for sex workers.

Prioritisation of sex workers

Prioritisation of high-risk groups for PrEP is necessary, however for sex workers it had negative consequences, as fear that participation in the programme would automatically lead to participants being identified as sex workers and associated stigma is thought to have contributed to the slower-than-anticipated uptake of PrEP.

Inadequate communications and mobilisation strategies

Targeted mobilisation and communication strategies are essential to address sex workers' fears and misconceptions about new technologies. Several interviewees suggested that this had not been prioritised before the PrEP rollout. Broader community awareness and education about PrEP was also needed to minimise stigmatisation.

Marginalisation of sex worker organisations

Key sex-worker advocacy and human rights organisations were not fully engaged in consultation, policy development and rollout of PrEP. This had an impact on sex workers' awareness of PrEP (see above) and perceptions that this was yet another 'top down' public health intervention targeting sex workers as "vectors of disease". Initially sex worker organisations were sceptical of PrEP as it was seen as privileging biomedical interventions over structural interventions such as decriminalisation of sex work.

Criminalisation

The effectiveness of PrEP for sex workers' and other key populations that are criminalised is limited by existing legislation. Broader structural factors, particularly the criminalisation of sex work and other behaviours (like drug use), needs to be addressed for prevention interventions to be effective. Use of condoms, ART (and likely PrEP) adherence and access to services are diminished in association with the criminalisation of sex work

4.3 Why were sex workers the first key population to be provided with PrEP?

Given the longer association of research between PrEP and MSM, it might be expected that this key population would have been selected to first receive public sector PrEP. The reasons why sex workers were the first group include:

On objective grounds, sex workers were presented as the priority group for this additional approach to prevention. The IBBS established higher HIV prevalences and incidences amongst sex workers, poor ART uptake, and a significant contribution to national HIV infection. Prioritisation was needed in the phasing in of implementation and there were strong grounds to start with sex workers.

There is some suggestion that funding available from the PEPFAR DREAMS programme that focused on young women could be used to start work with female sex workers.

This reversal is a significant departure from what has been seen in other countries where prioritisation of sex workers up until the late 2000s has been overtaken by interest in MSM; they have organised since recognition of key populations which has afforded them space to seek funding and grow. It could be a strong civil society voice for sex workers that partly accounts for this South African anomaly.

4.4 The role of civil society

The critical role played by local research institutions involved in PrEP policy was in providing evidence from clinical trials and demonstration projects, as well as evidence-based advocacy. The Southern African Clinicians Society developed PrEP guidelines that formed the basis of the guidelines developed by the NDoH and the PrEP technical working group. These institutions contributed to the advocacy efforts that led up to availability of PrEP.

In terms of implementation, PrEP was first provided by civil society organisations that were experienced at providing ART to sex workers.

Aside from their involvement in the relevant SANAC Civil Society Sectors, sex worker and MSM-led organisations have been less actively engaged in PrEP policy and programme development. Greater engagement of these organisations would likely have contributed to higher levels of PrEP uptake and earlier identification of PrEP implementation issues.

5. CONCLUSION

As we have seen, the development of PrEP policy for sex workers and initial implementation in South Africa went smoothly once the evidence-base for its effectiveness had been provided through the publication of revised WHO guidelines. This situation was unlike that in many other countries, even in the global north, where cost and unspoken ideological factors have impeded policy.

An interesting element of the South Africa case was the prioritisation of sex workers over MSM for PrEP rollout. Much of the early research and discussion around PrEP indicated that MSM should be prioritised. Explanations for this decision lie in the availability of donor funding, as well as strong evidence confirming higher need in terms of risk of infection in sex-worker populations compared to other key and vulnerable populations.

In conclusion, the case of PrEP for sex workers raises broader questions around whether a biomedical intervention holds the key to HIV prevention in groups whose vulnerability to HIV is rooted in deep-seated negative constructs within society, such as poverty, inequality, harmful gender norms and, in the case of sex workers, criminalising legislation.

ANNEXURE 1: SOURCES

Andrew Scheibe led the research for this case-study and provided a first draft of the report.

Telephone and Skype interviews:

Tanya Pidwell, study coordinator of CHAMPS, Desmond Tutu HIV Foundation (6 October 2016);

Lesego Bertha Kgatitswe (Human Sciences Research Council) and Joshua Kikuvi (DTHF) study coordinators for the Sibanye Project

Mariette Slabbert, responsible for implementation of the National Sex Worker HIV Plan at SANAC (7 October 2016)

Hasina Subedar (NDoH, PrEP coordinator)

Electronic communication

John Mutsambi (PrEP Programme Coordinator at TB/HIV Care Association and AVAC HIV Prevention Research Advocate)

Robyn Eakle (Senior Researcher at WRHI)

Focus-group discussion (10 October, 2016)

Participants: Stacey-Leigh Manoek (attorney from Women's Legal Centre); Sally Shackleton (Director of SWEAT); Nosipho Vidima (Co-Chair of Technical Working Group that developed the National HIV Sex Worker Plan); Kholi Buthelezi (National Coordinator of Sisonke Sex Worker Movement)

Marlise Richter (Sonke Gender Justice) kindly reviewed a final draft and made invaluable comments.

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This document has been prepared as part of the Evidence for HIV Prevention in Southern Africa (EHPsa) programme which is supported by UK aid from the Department for International Development (DFID) and Sweden, through the Swedish International Development Agency (Sida) - mandated to represent the Norwegian Agency for Development Cooperation (NORAD)

The content and opinions as expressed within this document are those of the authors and do not necessarily reflect the opinion of UK aid, DFID, Sida, NORAD or that of the programme managers, Mott MacDonald

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