
POLICY BRIEF

Innovative and impactful strategies to accelerate the HIV response among sex workers in Myanmar

KEY MESSAGES

- Meaningful involvement of sex workers in the HIV response through peer-based education and outreach and consultation in policy making and programme planning is vital to reduce their vulnerability to HIV and other sexually transmitted infections (STIs) and ensure that the challenges they face are addressed adequately.
- Sex workers (female, transgender and male) have the right to protect their health through accessing comprehensive and evidence-informed HIV and sexual and reproductive health (SRH) interventions.
- Innovative HIV prevention strategies and creative use of combination interventions are needed to reach mobile and “hard to reach” sex workers. In a fast-changing political, economic and social landscape, these include: the decentralisation of HIV counselling and testing (HCT) in mobile settings accessible to sex workers; establishing “key population-friendly” health services provided in public settings, non-governmental organisations (NGOs) and by general practitioners in the private sector; strengthened referral networks to ensure the HIV service continuum from prevention to treatment and care; and the use of new technologies to reach mobile or web-based sex workers.

INTRODUCTION

Sex workers face substantial barriers in accessing HIV prevention, treatment and care services, largely due to stigma and discrimination, punitive legal environments, and client, partner and police-related violence and abuses. These social, legal, and economic factors contribute to their high risk of acquiring HIV and other STIs. In Asia, the risk of HIV is 29 times greater for female sex workers (FSW) than for women of a similar age who are not sex workers.¹

In Myanmar, unprotected sexual intercourse with females who sell sex accounts for almost one third (32%) of new infections.² In 2015, the Integrated Biological and Behavioral Surveillance (IBBS) survey conducted in a representative sample of the population, showed a particularly high prevalence of HIV among FSW in specific areas. In Yangon, one quarter of FSW who participated in the survey tested HIV-positive; 14% in Mandalay, 11% in Patheingyi and Pyaw.

The national HIV prevalence among FSW based on HIV Sentinel Surveillance (HSS) and IBBS data input into Asian Epidemic Model (AEM) is estimated at 14.6%, almost 25 times greater than among the general population.³

CHALLENGES

Stigma and discrimination continue to be barriers to health service access among sex workers.

Stigma and discrimination in healthcare settings have serious consequences for sex workers' health and wellbeing.⁴ Many sex workers who seek medical help encounter mistreatment from doctors, nurses and medical staff, including verbal abuse, discrimination and denial of treatment.⁵ There are consistent complaints by sex workers relating to discrimination in public healthcare settings; sex workers frequently experience rude and condescending treatment from service providers when they seek treatment for STIs or reproductive tract infections.⁶ Fear of judgmental attitudes and discriminatory behaviour from healthcare workers inhibit sex workers from openly discussing their STI symptoms and their occupation, leading to ineffective investigation and treatment of STIs, and potentially HIV.

Sex workers report poor confidentiality standards at hospitals, segregation of people living with HIV in a different ward, brash and insensitive treatment by health staff, and discrimination by antiretroviral therapy (ART) counsellors.⁷

The potential for meaningful engagement of sex workers across the national HIV response, from strategic planning to program implementation, monitoring and evaluation, is yet to be fully realised.

Greater involvement of sex workers in law reform processes, and in the design, implementation, monitoring and evaluation of HIV programmes, is fundamental to the success of the national HIV response. Community-based organisations (CBOs) and self-help groups first began to emerge in Myanmar in 2007, some of which evolved into key population networks, including sex worker-led networks. Sex worker engagement in the national HIV response enables stakeholders, including the government, to gain a better understanding of issues pertinent to sex workers, most importantly, their vulnerability to HIV and violence.

Sex workers have first-hand experience with the issues affecting their communities, and can therefore reach sex worker populations more effectively than non-sex workers. However, there is much room to increase engagement of sex workers in peer-lead HIV prevention outreach programmes, and strengthen linkages between government and sex worker-led networks and CBOs.

Migration and mobility of sex workers impact on effective coverage of HIV prevention programmes.

Regular migration within the country and across border areas is common for sex workers in Myanmar. This is due to a variety of reasons, including following work opportunities, stigma and discrimination (being anonymous in a "new" town) and avoiding harassment by police. Information from sex workers networks and programme partners indicates that there are new sex work markets, especially in border areas and mining towns with an increase of sex workers who are "hard to reach".

Service providers often lose contact with sex workers when they migrate, and sex workers living with HIV may default from ART programmes if no referrals or linkages between programmes are in place and operational. Sex workers sometimes move to settings where no services exist. While coverage of long-standing HIV prevention programmes in known areas where sex work is prevalent is high, "new" areas or townships may lack these services. Restrictions placed on the mobility of venue-based sex workers (operating in brothels, karaoke bars and other entertainment venues) is another issue consistently reported by sex workers in Myanmar, which hampers access to HIV services.

Sex workers are often subjected to violence, and engage in drug and alcohol use, which hinders their ability to negotiate condom use, increasing their HIV vulnerability and risk.

Violence and drug and alcohol use is associated with unprotected sex and an increased risk of HIV transmission. Many sex workers experience sexual violence or the threat of violence on a daily basis at the hands of clients, intimate partners and law enforcement. Most remain reluctant to report instances of violence for fear of being arrested for sex work, or not being believed. Sex workers operating in karaoke bars or beer halls often encounter drunken clients, which makes it difficult to negotiate condom use, and increases their vulnerability to violence at the hands of clients. Sex workers may be encouraged to drink with clients by venue owners and managers for increased revenue. Some sex workers are known to use amphetamine-type substances such as “yama” to cope with the stresses of the job and to enable them to work harder. Alcohol and drug use can compromise sex workers’ decision-making abilities, and impair condom negotiation skills.

The emergence of mobile and web-based sex work has created a population of “hard to reach” sex workers.

Although actual numbers of “online” sex workers are not known, there appears to be an increasing number of sex workers selling services through mobile and web-based technologies, such as Viber and Facebook. Mobile and web-based technologies can lower the barrier to entry into sex work and creates a larger, but more dispersed sex work population. Service providers and development partners have emphasized the need for better targeting of HIV prevention programmes to ensure these “hard to reach” populations have access to the services they need. Further research into the use of mobile and web-based technologies (including social media platforms) by sex workers is warranted to ensure effective targeting of HIV prevention and behaviour change interventions.

ACTIONS

Involve sex workers in policy making. Sex workers should be involved in discussions and decisions around improving the HIV response from the outset, specifically those relating to law reform and HIV programme planning.

Increase leadership and organizational development among sex worker-led networks and CBOs by supporting knowledge and skill-building in various technical areas including financial and programme management, and monitoring and evaluation, as well as thematic topics such as human rights and gender-based approaches. Ultimately the sex workers networks should be competent to empower and provide their members with support to access legal aid, referrals to health services, child support, income generation and advocating for rights and protection of sex workers.

Actively engage brothel and massage parlour owners in the HIV response through awareness-raising sessions about the needs of sex workers to improve their access to prevention and health services. Relationships should be fostered to support efforts to implement occupational health and safety standards, and ensure access to essential services and protection for sex workers from violence. [Refer also to the policy brief “Expanding the role of law enforcement in the HIV response among Sex Workers in Myanmar”.]

Provide training to health care service providers from public, private and NGO sectors on the needs of sex workers to ensure that inclusive quality health services are delivered to sex workers without stigma and discrimination.

Strengthen referral networks to ensure sex workers receive effective, timely case management and quality health services, including harm reduction for sex workers who inject drugs. Referral networks should be coordinated among sex worker-led CBOs and service providers from public, private and NGO sectors.

Establish mobile health services to increase the flexibility of existing prevention, HCT, ART, SRH and tuberculosis services. Mobile services should be delivered where sex workers and their clients are located, at sex work venues and in other locations where sex work takes place.

Organize mapping exercises on a regular basis at several levels (national, district or township and at local implementation levels) to reach "hard to reach" populations and better target interventions. Given that sex workers are highly mobile, moving across geographical areas and sex work venues, mapping will help to evaluate how the situation is changing and re-orient targeting of HIV services for sex workers.

Enhance HIV prevention outreach to fast track the HIV response through increasing the number of sex workers tested and reached with services; effectively linking prevention to care and treatment and reducing 'leakage' along the HIV continuum.

Develop and pilot mobile and web-based interventions, including monitoring and evaluation, to expand service coverage and reach of "hard to reach" sex workers. Implementing partners should include in their targeted communications strategy a focus on internet, social media and mobile applications as platforms for behavior change communication, increasing the demand for condoms, HCT and treatment services among sex workers, and linking sex workers to such services as needed. In this instance, mobile phone SMS technology, instant chat applications and social media platforms may be particularly relevant to create virtual safe spaces. Ensuring confidentiality and protection of data are essential.

Increase investment in comprehensive HIV and STI programmes encompassing all sex workers. Specific attention should be paid to transgender and male sex workers as there are fewer programmes and services available that are specifically directed at these key populations.⁸ Services should be available, accessible, acceptable and free of stigma and discrimination. Services should also include education and information sessions in relation to the prevention of alcohol and drug-related harm. Funds should be made available for new strategies, innovative models or pilot programmes that are required to reach sex workers who are "hard to reach".

References

¹ Kerrigan D et al. The global HIV epidemics among sex workers. World Bank, 2013

² Asian Epidemic Model (AEM) baseline 2016.

³ HIV Estimates and Projections, Spectrum 5.41. 2016

⁴ United Nations Development Programme and United Nations Population Fund: Sex Work and Violence in Yangon Myanmar: Understanding Factors for Safety and Protection, [unpublished report] December 2014

⁵ Ibid

⁶ United Nations Development Programme, Joint United Nations Programme on HIV/AIDS and Pyoe Pin. National HIV legal review report: review of Myanmar's legal framework and its effect on access to health and HIV services for people living with HIV and key affected populations, September 2014.

⁷ Ibid

⁸ The Global Fund to Fight AIDS, Tuberculosis and Malaria. Global Fund Information Note: Addressing Sex Work, MSM and Transgender People in the Context of the HIV Epidemic. July 2011