

# Barriers to Accessing HIV Services at Public Facilities: Sex Workers' Community Perspectives and Priorities

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Session 13c | Thursday, December 12<sup>th</sup>, 2024



# About ASWA



- Regional network of sex worker-led groups and organizations across 37 African countries from East, West, Central, North and Southern Africa.
- Our membership is both individual group-based and national network-based, consisting of 28 national networks, with over 156 member groups

## Mission

- We amplify the voices of sex workers, raise visibility and advocate for the human dignity of diverse community of sex workers working and living in Africa.
- We work and represent sex workers in their diversity and identity, including FSW, MSW, WSW and TG people.

# Introduction

- Key populations, including sex workers, face unique challenges when accessing healthcare services. These challenges are driven by stigma, discrimination, criminalization, and gaps in healthcare services.
- Differentiated interventions are essential to address these barriers and ensure that key populations can access quality, non-judgmental care.
- Key populations experience several challenges and barriers when trying to access health services at government facilities.
- Community-based interventions can improve access to for those who may be excluded from traditional healthcare settings.

# Challenges and barriers when trying to access health services at government facilities

## Stigma and discrimination

- Key populations face stigma, including from society and healthcare providers. This stigma can prevent us from seeking care at government health facilities for fear of judgment or mistreatment.

## Criminalization

- Key populations are criminalized, meaning they are at risk of arrest, harassment, or imprisonment. This fear of legal repercussions prevents sex workers from seeking medical care at government health facilities

# Challenges and barriers when trying to access health services at government facilities

## Moral judgment

- Moral judgment from society that extends to the health facilities, where key populations may be treated as immoral or unworthy of care. This can discourage them from seeking health services

## Lack of trained health care providers

- Most government health facilities have health care providers who are not sensitized on handling key populations, especially around gender sensitivity, sexual health needs and harm reduction needs.

# Challenges and barriers when trying to access health services at government facilities

## Lack of integrated services

- Most of the government health systems have no integrated services for key populations, including essential prevention services like pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), lubricants and harm reduction.

## Inaccessibility of healthcare facilities

- For key populations in the rural and remote areas, government healthcare facilities may be sparse or difficult to access.

# Challenges and barriers when trying to access health services at government facilities

## Lack of health insurance

- Many community members lack national health insurance programs, such as the Social Health Insurance Fund (SHIF) in Kenya.
- Limited access to affordable healthcare options results in financial barriers to consistent healthcare.

## Stock-outs and lack of essential medications

- Frequent shortages or lack of necessary medications and supplies.
- Compromised health outcomes for key populations.

# Importance of Community-led Interventions



- Community-based interventions, such as **drop-in centers**, **community support networks**, and **outreach programs** designed and led by key population communities, have played a crucial role in addressing these gaps.
- These initiatives provide **safe spaces**, **trusted support**, and **tailored services** that empower individuals to access healthcare without fear of judgment or discrimination.
- By being community-driven, these interventions foster trust, promote health-seeking behaviors, and bridge the accessibility gap, particularly for marginalized groups who might otherwise be excluded from traditional healthcare settings.





Outreach van used in hotspots

## Community Intervention Example from Kenya

- **Peer to-Peer** (ratio of 1:40-60 pax). Support retention, reengagement, continuation and provide health education
- **Support Groups** (1-30 pax). Provide repetition, health education, healthy living information, and safety and security.
- **Testing** in hotspots, drop-in centers and outreaches to improve reach and service access.
- **Post Test Clubs** (30 pax in a group)
- **Social media outreach** through peer-run groups on WhatsApp and Facebook pages



# Best Practices for Working with MOHs

- Involvement of key populations during formation of guidelines
- Supervision involvement with the government
- Partnership of key populations and MOH
- Integration of drop-in centers in some of the MOH facilities
- Referrals to the government facilities for services
- TWG that include MOH and key population groups

## Key features of decriminalisation:

### Removal of criminal penalties:

Decriminalisation removes all criminal and administrative penalties related to sex work, allowing sex workers to operate without fear of legal repercussions.



### Empowerment and inclusion:

Decriminalisation upholds sex workers' agency and fosters community empowerment. It promotes collaboration with other social movements and contributes to a more equitable, inclusive society.



### Recognition of sex work as work:

Sex work is recognised as legitimate employment by default, granting sex workers the same labour rights and protections as others.



### Access to justice and legal redress:

Sex workers can report discrimination, violence, and abuse without fear of legal consequences. Decriminalisation improves relationships with law enforcement.



### Individual and public health benefits:

Decriminalisation removes legal barriers to healthcare, reduces health-related stigma, and empowers sex workers to take control of their own health.



# Community Priorities

- Stop criminalization and embrace decriminalization
- Inclusion of excluded services at the health facilities like PrEP, PEP, mental health services and lubricants.
- Allocation of funding and resources for HIV response and allocate funding to community-led organizations.
- Reducing structural barriers and improving legal protections to promote and support the adoption of human rights-based approaches in the national HIV response and ensure the equal treatment of all individuals.

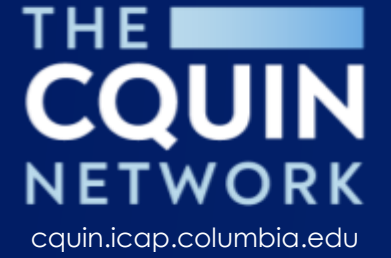
**Sex workers around the world call for the full decriminalisation of sex work!**

**Find out more on our website**



# Recommendations

- 1. Tailored Interventions:** Utilize insights to develop tailored health interventions for key populations, addressing specific needs highlighted in surveys and responses. If we are talking about sustainability and integration, we need access to free or affordable HIV prevention, treatment, and care services that are tailored to the needs of key populations in government facilities.
- 2. Advocacy for Policy Change:** Advocate for policy changes at county and national levels that prioritize the health needs of key populations.
- 3. Feedback Mechanisms:** Establish mechanisms for key populations to provide continuous feedback on services, ensuring their voices are integral to health service planning and delivery.
- 4. Resource Allocation:** Recommend targeted resource allocation to health facilities based on feedback and identified gaps in service provision.



**Thank You!**

