

We're Tisha Wheeler and Elizabeth Mziray and we're here to discuss our PLOS Collection that examines evidence-based solutions to curbing transmission of HIV and other STIs among sex workers – Ask Us Anything!

PLOSscienceWednesday¹ and r/Science AMAs¹

¹Affiliation not available

April 17, 2023

Abstract

Hi Reddit, we're Tisha Wheeler and Elizabeth Mziray, and we work at global health agencies that are leading the global response for key populations in the global HIV/AIDS epidemic. My name is Tisha Wheeler, and I am a senior HIV/AIDS advisor for key populations at the United States Agency for International Development (USAID), where I lead policy making, design, implementation, and evaluation of key populations HIV/AIDS programs. I am joined by Elizabeth Mziray, an operations officer with the World Bank, where she supports countries in improving the efficiency and effectiveness of their HIV programs. She is the task team leader for the Bank's technical support program in West and Central Africa that includes support for improving the scale, quality, targeting and coverage of HIV services for sex workers and their clients through integrated technical assistance and a capacity building program. We are here to discuss a special PLOS Collection titled "Focus on Delivery & Scale: Achieving HIV Impact with Sex Workers". In our collections overview published in PLOS ONE we highlight the evidence that shows protecting sex workers from HIV/STI transmission is both necessary and feasible for controlling the epidemic. The eighteen papers published in this collection demonstrate the importance and scalability of existing interventions through four key themes: 1) epidemiology, data needs and modelling of sex work in generalized epidemics; 2) implementation science addressing practical aspects of intervention scale-up; 3) community mobilization and 4) the treatment cascade for sex workers living with HIV. We will be answering your questions on Wednesday November 25 at 10am PST (1pm EST, 6 pm UTC) – Ask Us Anything! NOTE: Richard Steen, first author on the PLOS Collection Overview, has joined the AMA from his medical mission in Tanzania.

[REDDIT](#)

PLOS Science Wednesday: We're Tisha Wheeler and Elizabeth Mziray and we're here to discuss our PLOS Collection that examines evidence-based solutions to curbing transmission of HIV and other STIs among

PLOSSCIENCEWEDNESDAY [R/SCIENCE](#)

ABSTRACT

Hi Reddit, we're Tisha Wheeler and Elizabeth Mziray, and we work at global health agencies that are leading the global response for key populations in the global HIV/AIDS epidemic.

My name is Tisha Wheeler, and I am a senior HIV/AIDS advisor for key populations at the [United States Agency for International Development \(USAID\)](#), where I lead policy making, design, implementation, and evaluation of key populations HIV/AIDS programs. I am joined by Elizabeth Mziray, an operations officer with the [World Bank](#), where she supports countries in improving the efficiency and effectiveness of their HIV programs. She is the task team leader for the Bank's technical support program in West and Central Africa that includes support for improving the scale, quality, targeting and coverage of HIV services for sex workers and their clients through integrated technical assistance and a capacity building program.

We are here to discuss a special [PLOS Collection](#) titled "[Focus on Delivery & Scale: Achieving HIV Impact with Sex Workers](#)". In our [collections overview](#) published in [PLOS ONE](#) we highlight the evidence that shows protecting sex workers from HIV/STI transmission is both necessary and feasible for controlling the epidemic. The eighteen papers published in this collection demonstrate the importance and scalability of existing interventions through four key themes: 1) epidemiology, data needs and modelling of sex work in generalized epidemics; 2) implementation science addressing practical aspects of intervention scale-up; 3) community mobilization and 4) the treatment cascade for sex workers living with HIV.

We will be answering your questions on Wednesday November 25 at 10am PST (1pm EST, 6 pm UTC) – Ask Us Anything!

NOTE: Richard Steen, first author on the PLOS Collection Overview, has joined the AMA from his medical mission in Tanzania.

[READ REVIEWS](#)

[WRITE A REVIEW](#)

CORRESPONDENCE:

DATE RECEIVED:

November 26, 2015

DOI:

10.15200/winn.144845.55589

ARCHIVED:

November 25, 2015

CITATION:

PLOSScienceWednesday ,
r/Science , PLOS Science
Wednesday: We're Tisha
Wheeler and Elizabeth Mziray
and we're here to discuss our

Can you envisage a day in which the risks taken by a sex worker are comparable to say, that of someone in hospitality, retail or a desk job? Is that a feasible aim in the long run?

[RadiatorSam](#)

Tisha: In developed countries I think we see this in some places and it is reflective of legislative and policy changes as well as strong advocacy and norms overall for other jobs. In the places where I work this is far from the case. Having said that, I think the empowerment of the community to work in support of one another can transform the environment for sex workers. In academic terms there is plenty of evidence that associates the collective agency of sex workers with biological outcomes, reduced STIs and HIV and better access to services.

It's worth noting the incredible risk of HIV sex workers face in the absence of services. HIV disproportionately affects sex workers in every country, without exception. Across 110 countries with available data, female sex workers have a 13.5 times greater odds of being infected with HIV than

PLOS Collection that examines evidence-based solutions to curbing transmission of HIV and other STIs among, *The Winnower* 2:e144845.55589, 2015, DOI: [10.15200/winn.144845.55589](https://doi.org/10.15200/winn.144845.55589)

© et al. This article is distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and redistribution in any medium, provided that the original author and source are credited.



adult women in the overall population.

Can you envisage a day in which the risks taken by a sex worker are comparable to say, that of someone in hospitality, retail or a desk job? Is that a feasible aim in the long run?

[RadiatorSam](#)

Elizabeth: Just to add to Tisha's response - the high rates of partner change in sex work, and unprotected sex increases sex worker's risk in getting infected with HIV. My hope would be that we get to a point in developing countries where sex workers have adequate access to HIV prevention and treatment services- and health services more broadly. I think this is feasible if programs for sex workers are scaled up, and are of good quality with high coverage.

How do you feel about Pro-vs.-Anti legalization of the sex trade?

As a follow up:

If you are Pro-legalization how do you deal with the accusations that legalization leads to the oppression of women?

And if you are Anti-legalization how do you respond to the studies showing that legalization and regulation have lead to an overall reduction of STIs in affected areas?

Answer both if you feel up to it. I myself am firmly in the Pro camp, but have no idea where you stand on the issue. No matter how you feel, I appreciate hearing the views of informed persons who disagree with me.

[Dabat1](#)

Tisha: Hot topic. A similar question was asked by another person. You can see my response again pasted below: Decriminalization of sex work is not something that the US government supports. PEPFAR's focus is in getting services to sex workers because this is the immediate imperative. They should have access to means to prevent their acquisition of HIV and if they have HIV, they should be able to live a healthy life with access to treatment and care, further stopping the spread of HIV as well. There has been a lot of discussion about this issue of decriminalization recently when Amnesty International came out to highlight the human rights of sex workers with regard to this issue https://www.youtube.com/watch?time_continue=5&v=_D6J2psOv7Y There was a lot of feedback from the public captured in editorials and blogs which you can search to learn more about the debate. <http://www.theguardian.com/world/2015/aug/04/amnesty-international-is-right-to-take-a-stand-on-sex-work>

Former emt here. We had a member in our service who was eating in a restaurant when a patron dropped. She performed provider-level CPR with no equipment on this person and ended up with some of the patient's vomit in her mouth. She continued CPR like a trooper, but afterwards, our medical directors researched her risk of contracting something serious in this manner. They concluded that nobody had ever received a serious illness in this manner. Would you agree, and is this still a valid assumption?

[mnp](#)

Tisha: Sounds like a noble response. I can imagine that there might be risk of mouth herpes but I don't think you need to be concerned about HIV transmission.

Lots of reddit users have posted questions about PReP (ie Truvada). There is a lot of evidence that PReP is an effective tool for preventing HIV transmission among MSM but research has shown it is a less effective tool when used by high-risk groups in generalizable epidemic settings.

Have there been any trials on the effectiveness of PReP in reducing rates of HIV transmission among female sex workers, the main population in the collection? Do you think increasing access to & availability of PReP for sex workers will be effective at reducing rates of HIV transmission? Why or why not?

[PLOSReddit](#)

Richard Steen: There are a number of studies underway looking at PrEP use by sex workers. Many of these are demonstration projects that look at use under real-life conditions, including high mobility and other factors that might make PrEP use more difficult. Since adherence to medication and regular HIV testing are important factors for effective PrEP use, it is likely that PrEP will work best when supported by strong sex worker programs that promote services through peer outreach, and provide a range of clinical services in supportive settings that sex workers feel comfortable using. When added to a package of interventions that support consistent condom use and regular STI checkups, the addition of PrEP could potentially reduce transmission risk to near zero.

How do you view Truvada (or future PrEP drugs) in the role of preventing HIV transmission, particularly in developing countries?

[oigetit](#)

Elizabeth: This is a great question. Personally, I see a great role of PrEP in prevention, particularly for individuals that have a high risk of getting infected. However, before rolling out PrEP it's important to ensure that we have the mechanisms in place to support the use of PrEP in real-life situations, that is outside of the "clinical trials setting". Since success is based on taking Truvada correctly and consistently. In many developing countries you still have a large unmet need for ART. So it's important to create the balance between ensuring that those who are infected and in need of treatment get it, and potentially offering PrEP to those at highest risk. In September WHO released new guidelines recommending that PrEP be offered as an option for people who have a high risk of getting infected with HIV. You can access the guidelines at: <http://www.who.int/hiv/topics/prep/en/>

Hi Tisha & Elizabeth, thank you so much for doing this chat!

In what ways has stigma and hidden nature of female sex work hindered past efforts to protect this population from HIV/STIs? What are some of the greatest barriers to working with this population in places where sex work is illegal and carries harsh punishment?

This collection examines many different interventions to protect sex workers from HIV and STI transmission in many diverse settings (Southern India, Guatemala, Mozambique etc.). Are these findings generalizable across sex worker populations, as well as available and scalable in most places?

[sarark](#)

Tisha: We have global sex worker program guidance and really sound operational know how, we even have a long history of delivering interventions with sex workers across the world. The challenge of stigma, discrimination and violence is ever present for sex workers and this really limits their access to

services. They want to use condoms and access services but special attention is needed to bring condoms, lubricant and those services to the places where they solicit. We need to follow what we know in delivering services in the right way. Access to and coverage with effective prevention and treatment interventions is patchy. In most countries programmes for sex workers consist of small and scattered projects, of limited reach and scope. I think the big issue is resources. We know what to do, we just need to bring more funding into programs for sex workers.

Hi Tisha & Elizabeth, thank you so much for doing this chat!

In what ways has stigma and hidden nature of female sex work hindered past efforts to protect this population from HIV/STIs? What are some of the greatest barriers to working with this population in places where sex work is illegal and carries harsh punishment?

This collection examines many different interventions to protect sex workers from HIV and STI transmission in many diverse settings (Southern India, Guatemala, Mozambique etc.). Are these findings generalizable across sex worker populations, as well as available and scalable in most places?

[sarark](#)

Elizabeth: I would say that the biggest challenge in sex work programs isn't that there's a lack of knowledge in terms of what is a good and effective intervention, it's more an issue of achieving optimal quality, scale and sufficient coverage of interventions. We now have examples from various countries that have demonstrated that reducing HIV transmission in sex work can reverse established epidemics among sex workers themselves, their clients and the general population more broadly. There's opportunity for countries to share their knowledge, experiences and challenges in implementing programs for sex workers. We encourage these types of South-South knowledge exchanges, where countries can share good practices and also learn from each other. For example, in our PLOS Collection you will see examples from Kenya and Nigeria where they undertook programmatic mapping of sex workers so as to get information that is essential for scaling-up and effectively targeting the interventions for sex workers. These are approaches that have been used with great success in India and elsewhere, and are easily implemented and scaled-up in other settings. They of course need to be contextualized to the specific countries.

Hi Tisha & Elizabeth, thank you so much for doing this chat!

In what ways has stigma and hidden nature of female sex work hindered past efforts to protect this population from HIV/STIs? What are some of the greatest barriers to working with this population in places where sex work is illegal and carries harsh punishment?

This collection examines many different interventions to protect sex workers from HIV and STI transmission in many diverse settings (Southern India, Guatemala, Mozambique etc.). Are these findings generalizable across sex worker populations, as well as available and scalable in most places?

[sarark](#)

Richard Steen: very good questions. The most difficult situation is when sex workers go 'underground' for fear of arrest, harrassment, etc. There have been well documented cases where forced brothel closures drove sex workers into hiding, greatly increasing vulnerability and risks and reducing access to health and social services. You can read more about this here... <http://www.thelancet.com/series/hiv-and-sex-workers>

Your question, can we generalize... each setting is different in some way but there are approaches that have been shown to work almost everywhere, if adapted to the local situation. Sex workers themselves are often good at figuring out how to do this.

I don't have a question, I just wanted to say I appreciate what you do. Just as a person. I have a feeling you might have run into people at some point who don't appreciate your work, or don't think it's important, or don't understand it because of problems of perception or prejudice, and I wanted to just make sure you both felt appreciated today.

[Jmonkeh](#)

Tisha: Thanks. I think I for one feel like I get a lot back from this work! I get to interact with some incredibly strong, articulate and resilient people so I get a lot of pay off. In daily life I try to take the insights and joy I get from working with sex workers and other people who run programs with them back to my personal life and kids at home. Some of the ways they navigate life, keep their kids in school and prioritize are incredible.

I don't have a question, I just wanted to say I appreciate what you do. Just as a person. I have a feeling you might have run into people at some point who don't appreciate your work, or don't think it's important, or don't understand it because of problems of perception or prejudice, and I wanted to just make sure you both felt appreciated today.

[Jmonkeh](#)

Elizabeth: Thank you very much for your support!

Hello and thanks for doing this AMA. My question is, to what extent do our laws vilify the sex worker? because our laws make it illegal which ultimately criminalize prostitution; therefore leading sex workers to resort to unsafe sex practises and/or unsafe situations?

Do you believe that our laws need to change around prostitution to become more proactive to help fight the spread of further infections (Aids, HIV and STDS). Last question, do you believe the prostitution laws further victimize the sex worker?

Thanks again for doing this ama went to school for Justice studies and the prostitution laws was one we studied.

[Culturally-Confused](#)

Tisha: Sex workers identify stigma and discrimination, including in healthcare settings, and physical and sexual violence as among the greatest challenges they face. In studies from several countries, between 32 to 55% of female sex workers reported workplace violence, including rape and forced unprotected sex by clients and while being arrested and in detention, over the past year. These factors adversely affect the ability of sex workers to adopt safer sexual practices, including consistent condom use.

I find it hard to get sound information on this question, other than people just saying "don't do it" (which is good advice!). But, what would you estimate is the chance of transmitting HIV with an unprotected 'positive top' (HIV+ penetrator) to a 'negative bottom', and vice versa, a 'positive bottom' to a 'negative top' assuming no PreP or other protective measure?

Also, what is one thing I could do as an uninfected member of the gay community to support infected individuals?

[therealbahn](#)

Richard Steen: 'don't do it' certainly makes sense. There's little point in giving ranges of probabilities because many factors involved – rough sex, mucosal tears, STI... all things equal, unprotected receptive anal intercourse is riskier than insertive, but both much safer with condoms, ART for positive partner and/or PrEP for negative one. Here is link to the Lancet series on HIV in MSM, 20 July 2012. <http://www.thelancet.com/series/hiv-in-men-who-have-sex-with-men> I also pulled out this from 2010 a meta-analysis... Baggaley RF, White RG, Boily M-C. HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention. International Journal of Epidemiology. 2010 Aug;39(4):1048–63. link... <http://www.catie.ca/en/pif/summer-2012/putting-number-it-risk-exposure-hiv>

Hello! Thanks for being with us today. Can you tell us more about Post-Exposure Prophylaxis PEP? This is protocol of medicines that you take after you think you may have been exposed to HIV. How does PEP work? How effective is it? Are there any side effects?

Does it have a place in protecting sex workers and their clients in situations of exposure?

How do you get the drugs? What is their availability? Are insurance companies and/or state healthcare systems covering PEP yet?

I know very little about PEP, but I'd like to know more. Thanks again for educating us!

[Lillynorth](#)

Richard Steen: There are many aspects to this question, which we don't have time to go into. PEP is being used by many sex worker programmes in cases of condom failure, sexual violence, etc, and appears to be quite effective – see 'Repeat Use of Post-exposure Prophylaxis for HIV Among Nairobi-Based Female Sex Workers Following Sexual Exposure' in AIDS and Behavior. ... <http://www.cdc.gov/hiv/basics/pep.html>