

Offering health care to Sex Workers: an access issue?

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Introduction: Sex Work in Belgium

- DEFINITION: Sex work (SW) = sexual intercourse for money (or other means) by women, men or transgender people
- Policy of Tolerance
 - Sex work is tolerated (no criminal act)
 - Not legal (no social statute and no social rights)
 - Criminal act: Exploitation of sex workers, Human Trafficking
 - No uniformity in policy

Introduction: Sex Work in Belgium

Sex work differs by

- **Branch**: private house (28%), red light district (25%), bars (25%), public places (7%), massage parlours (9%), escorts (4%), ...
- **Nationality**: Eastern Europe (30%) > Belgium (25%) > Western Europe, Sub Sahara, Asia, Latin America,...
- **Age**: in 2015: 18-70 years, largest group: 25-29
- **Sex**: Female (93%) > > male (5%)/transgender (2%)
- **Region** in Belgium: Flanders vs Wallonia, city vs rural regions, ...

OFFERING HEALTH CARE TO SEX WORKERS

Introduction

- 1999: Pilot program: Vaccination against hepatitis B in Sex workers (city of Antwerp)
- 2002: Founding of Ghapro vzw
- 2016: Ghapro vzw = healthcare and social care for sex workers (m/f/t)
 - Medical care
 - Social care
- 100% Governemental Funding
- Other organisations in Belgium: Pasop vzw, asbl Espace P, asbl Alias, Boysproject, Free Clinic

Basic approach

- Only for sex workers m/f/t
- Free
- Anonymous
- Voluntary

Medical Program

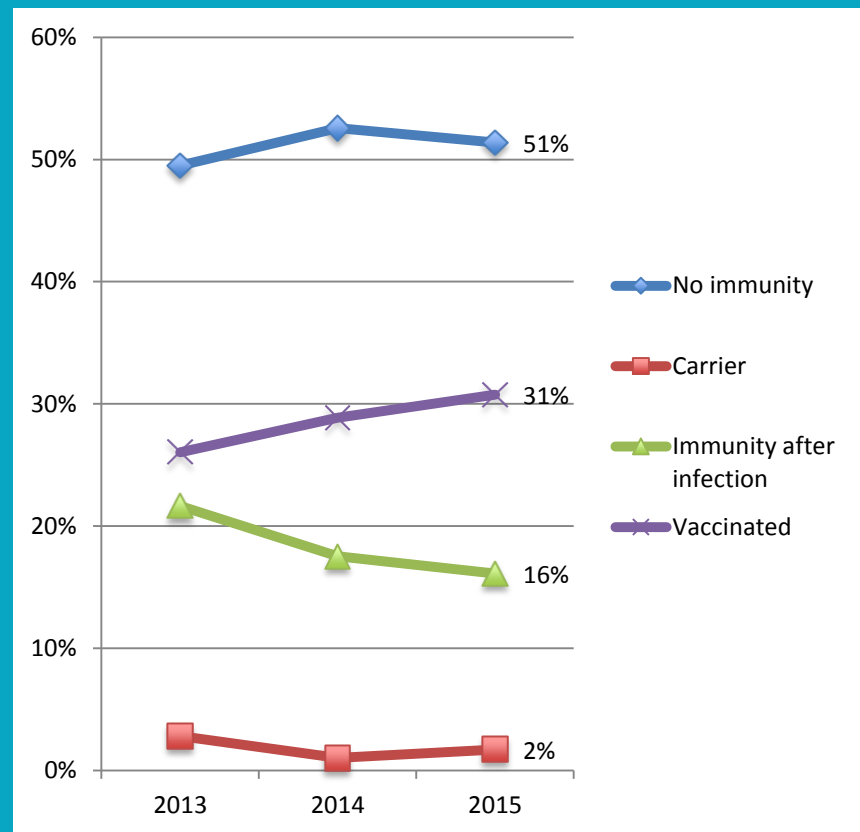
- Prevention
- STI screening & treatment
- Vaccination

Hepatitis B Vaccination Program

How?

- All new sex workers get tested for Hepatitis B (N= 500-600/year)
- Vaccination is offered when no immunity (50%)
- Control of Antibodies after vaccination
- Referral of Carriers

Results screening new SW



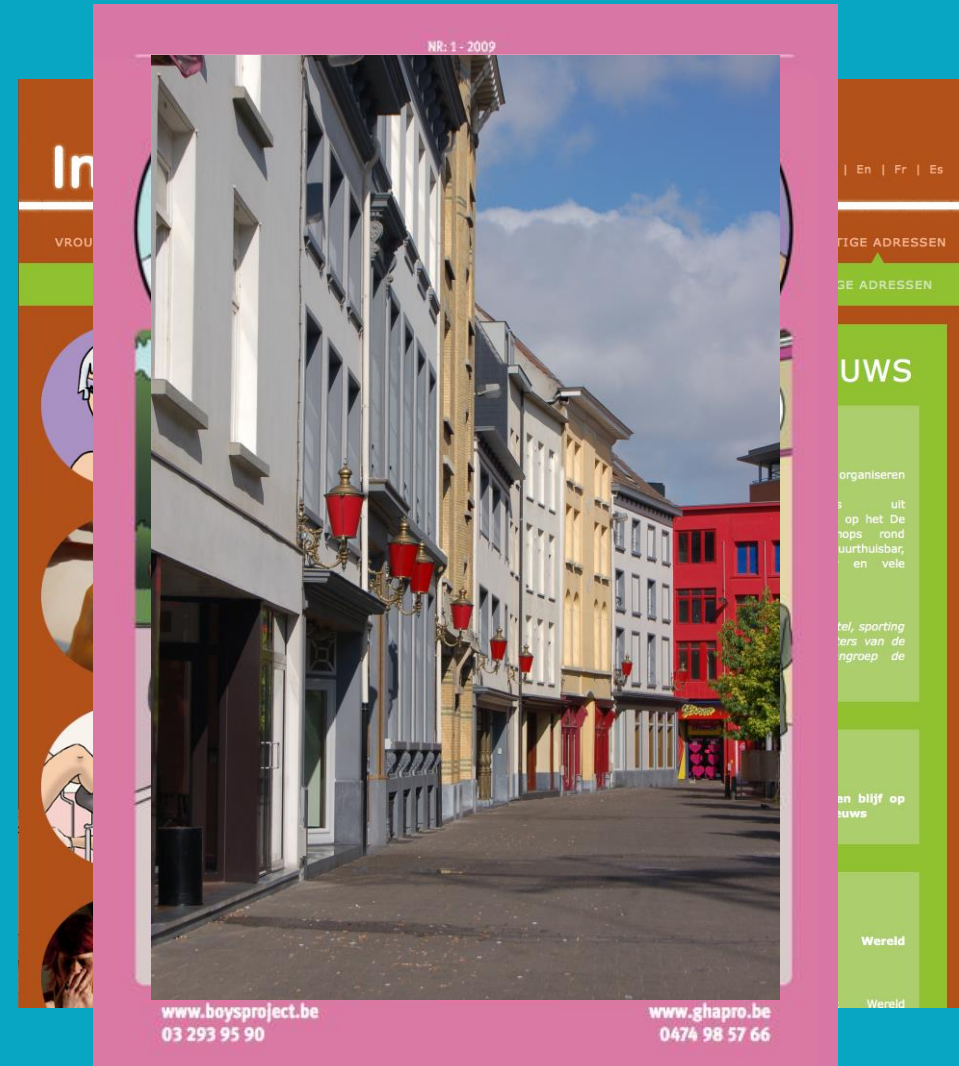
Project: Hepatitis C screening

- Until 2014: only when indicated
- Sex workers in Belgium (2014): 3% positivity of test (19/624)
- Project: August to December 2015:
 - Routine screening for hepatitis C
 - Questionnaire (based on Belgian guidelines)
- 420 SW tested – 386 questionnaires
- Only 2 positive (0.5%)

HARD TO REACH? HOW TO IMPROVE VACCINATION?

HARD TO REACH?

- VISIBILITY OF SEX WORK
- SUPER DIVERSITY:
 - LANGUAGE
 - CULTURE
 - EDUCATION LEVEL
- INTERNATIONAL GROUP
→ HIGH MOBILITY



HOW TO IMPROVE VACCINATION?

- Consultations in the healthhouse
- Visiting the workplace
 - Searching the internet
 - Mouth to mouth
 - Day & night
- Database: One unique code
- Vaccination card

Hepatitis B vaccinatie ENGERIX-B®

naam: _____

geboortedatum: _____

	datum	opmerkingen
1 ^e vaccinatie		
2 ^e vaccinatie		
3 ^e vaccinatie		
Hep B s Al		

stempel +
handtekening arts

VACCINATIE

HOW TO IMPROVE VACCINATION?

- Scheme: 0-1-4 months
 - Reason: high mobility
 - Lifetime immunity is the same as 0-1-6 months
 - Coverage: HBV3 = 55% (in general), influenced by
 - Branch
 - Region
 - Worktime (night & day)

CHALLENGES IN ACCESS TO CARE

Access to (regular) care

- Understanding Hepatitis (and other STI)
 - Risks, symptoms, treatment
 - Referral to regular care
- Life style changes – sex work
 - Changing their work attitude (detailed sex history)
 - Stop sex work = NO Money
- Screening family: where to go?

Access to regular care (treatment)

- Follow up in Belgium or abroad
 - Differences in care?
- Payment: medical insurance in Belgium?
 - Expensive treatments
 - Social investigation: Discouraging

→ Support by social worker

FUTURE CHALLENGES

- Evolution of Sex Work (internet)
- Clients of Sex Workers: HARDER TO REACH?
- Access to care (e.g. treatment): how to improve?
- Adaptation screening program?
 - Young Belgian SW (vaccination through National Youth Program)
 - Hepatitis C

Q & A

