HIV and sex workers



2023 UNAIDS GLOBAL AIDS UPDATE FACTSHEET

Sex workers are disproportionally affected by HIV. In 2022, HIV prevalence among sex workers was four times higher than among adults in the general population (aged 15–49 years).¹

Criminalization of sex work, violence, and stigma and discrimination remain significant barriers to achieving social justice and equality for sex workers, and to ensuring health for all through access to and uptake of HIV and sexual and reproductive health services.

Transgender sex workers have a unique combination of risks that are multilevel (e.g. biological, individual, interpersonal, structural) and that together may interact to contribute to HIV vulnerability (1).

In numbers

The global median HIV prevalence among sex workers is 2.5%, ranging from 0% to 62.3% (85 reporting countries). This is higher than the 0.7% global prevalence in the general adult population (aged 15–49 years).

Data are very limited for transgender sex workers, but HIV prevalence among transgender sex workers in countries with available data (Belgium, Nigeria and Peru) is reported at a median of 13%.

Antiretroviral therapy coverage is low among sex workers, with a global median of 65% (33 reporting countries), ranging from 1.7% in Niger to 100% in Guinea.

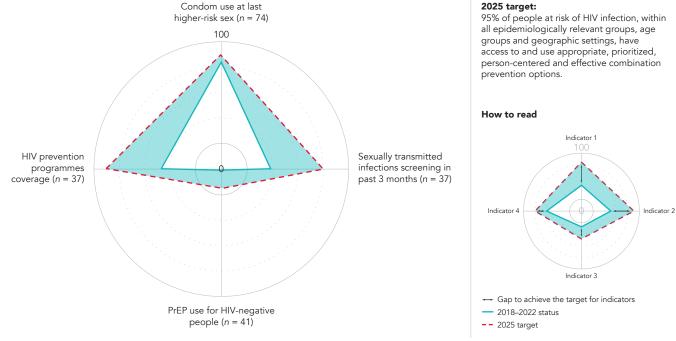
More data are needed. A total of 136 countries have ever reported population size estimates for sex workers. Among these, only 26 refer to national estimates derived by probabilistic methods within the past five years.

HIV services	Among key populations, condom use at last sex tends to be most common among sex workers (>90% in 24 of 74 reporting countries), although it remains surprisingly infrequent in some places. In 10 reporting countries (Comoros, Democratic Republic of the Congo, Dominica, Honduras, Namibia, Saint Vincent and the Grenadines, Sao Tome and Principe, Sierra Leone, South Sudan, Zimbabwe), less than 50% of sex workers reported condom use at last sex.
	A median of almost three in four sex workers globally either had taken an HIV test and received the results in the past 12 months or had previously tested positive for HIV (76 reporting countries).
Laws and policies	As of June 2023, 168 countries had punitive laws that criminalized any aspect of sex work (2). ² The past year saw some progress, with rights of sex workers recognized in court in Belgium, India and the state of Victoria in Australia, and a new bill introduced in South Africa.
Sexual and reproductive health and rights services	Sex workers report facing multiple challenges in accessing the services they need. Sexual and reproductive health services are rarely integrated for different health issues (e.g. HIV, sexually transmitted infections, reproductive health services). Inadequate contraceptive access, difficulties negotiating condom use, and vulnerability to sexual violence make access to sexual and reproductive health services essential (3).
Stigma and discrimination	A median of 21.9% of sex workers have experienced stigma and discrimination in the past six months (11 reporting countries). A median of 12.1% of sex workers have avoided accessing health-care services due to stigma and discrimination in the past 12 months (29 reporting countries).
Violence	A median of one in five sex workers have experienced violence in the past 12 months (21 reporting countries).

Unless otherwise specified, the source for all quantitative data is Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/) or UNAIDS epidemiological estimates, 2023 (https://aidsinfo.unaids.org/).

² See also references in Laws and Policies Scorecard figures in regional factsheets.

Figure 1 Gap to achieve combination prevention targets among sex workers, by intervention, global, 2018–2022



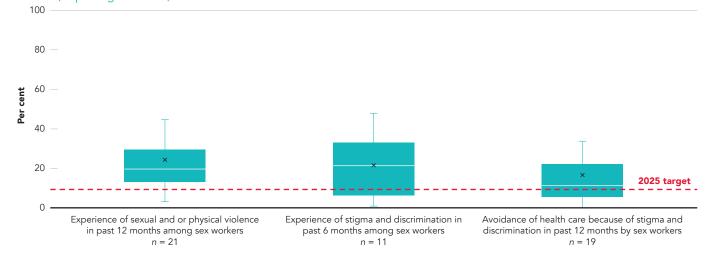
Source: UNAIDS Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/); UNAIDS special analysis, 2023.

Note: n = number of countries reporting. HIV prevention programmes coverage refers to people from key populations who reported receiving at least two prevention services in the past three months. Possible prevention services received for sex workers include condoms and lubricants, counselling on condom use and safer sex, and testing for sexually transmitted infections. Condom use at last higher-risk sex does not take into account people taking PrEP and therefore may be underestimated.

PrEP targets were calculated based on the number of people who would most benefit from PrEP use, those with greatest vulnerability to HIV exposure within each key population. Reported

numbers of PrEP users include all users regardless of vulnerability.

Figure 2 Experience of sexual and or physical violence, stigma and discrimination, and avoidance of health care among sex workers, reporting countries, 2018-2022



Source: UNAIDS Global AIDS Monitoring, 2023 (https://aidsinfo.unaids.org/). Note: n = number of countries reporting

References

- Poteat T, Wirtz AL, Radix A, et al. HIV risk and preventive interventions in transgender women sex workers. Lancet. 2015;385(9964):274–286.
 Laws and policies analytics. Geneva: Joint United Nations Programme on HIV/AIDS (http://lawsandpolicies.unaids.org/, accessed 11 July 2023).
 Sex workers' access to comprehensive sexual and reproductive health services. Edinburgh: Global Network of Sex Work Projects; 2018 (https://www.nswp.org/sites/nswp.org/files/ cg_sws_access_to_comp_srh_-_nswp_2018.pdf, accessed 11 July 2023).

For additional information and data on HIV and sex workers see:

2023 global AIDS update report 2023 global AIDS update regional factsheets **UNAIDS Key Populations Atlas** HIV and sex work — Human rights fact sheet series 2021

