HIV programs commonly face challenges in getting men to access testing and treatment services across sub-Saharan Africa.1,2 Among men, clients of female sex workers (FSWs) have high acquisition risks for HIV, and in some countries they have been shown to be one of the largest contributors to HIV transmission.3 Despite this, coverage of HIV services is often low among clients of FSWs (CFSWs). In a 2017 study of CFSWs in Yaoundé, Cameroon, the majority of clients living with HIV were previously undiagnosed.4 Prior HIV testing and awareness of status was lower than has been reported among key populations. High HIV viremia was identified among clients and is an important part of HIV acquisition risks among FSWs. Existing interventions targeting CFSWs in Cameroon have generally had low uptake of HIV testing services due to reliance on clients to travel to a separate location for testing. Other factors impeding testing uptake include fear of a positive result, low perception of risk, and reluctance to seek health services.
Empowering sex workers to improve health outcomes in their communities

In order to improve reach and recruitment of CFSWs into the HIV services continuum in Cameroon, the CHAMP program developed a peer-led intervention called **Sex, Test, and Treat**. The Sex, Test, and Treat approach is led by two CHAMP-supported community-based partners in collaboration with local public health teams drawn from testing and treatment centers. The program employs a referral chain recruitment approach that incentivizes FSWs to encourage their clients to access HIV testing services conveniently located at hotspots where sex work is conducted. FSWs are given coupons with unique identifier codes and basic training to refer their clients to a mobile testing team often located in a nearby room. The testing teams include a counselor, who is trained as a peer navigator, and a laboratory technician. Testing can be provided to clients immediately, eliminating the need for a referral to a clinic or drop-in center. The program operates during peak days and hours, specifically Thursday, Friday, and Saturday evenings (8 PM to 1 AM). FSWs receive the equivalent of USD$1 for each successful referral.
Results
Sex, Test, and Treat was piloted in Yaoundé from July to September of 2016, and then scaled to additional sites from October 2016 to September 2017. During the scale-up period, the number of CFSWs tested for HIV increased substantially, from an average of 274 clients per quarter to an average of 1,000 clients per quarter (Figure 1). HIV positive yield varied by quarter, from a low of 3.7% to a high of 6.0%, but was consistently higher than the general HIV prevalence among adult men (15-49 years) in Cameroon (estimated at 2.3%). In addition, quarterly case finding among CFSWs more than doubled compared to the nine months prior to the intervention, and linkage to treatment increased from 16% to 64% (Figure 2).

FIGURE 1. HIV testing and positivity among clients of FSWs in Yaounde, Douala and Bamenda prior and during the Sex, Test and Treat intervention period

FIGURE 2. Linkage to ART among clients of FSWs in Yaounde, Douala and Bamenda prior and during the Sex, Test and Treat intervention period
FSW beneficiaries have also reported positive qualitative outcomes from implementation of Sex, Test, and Treat. They have welcomed the opportunity to play an active role in promoting the wellbeing of their communities. The intervention has also helped improve community perceptions of FSWs as contributing to better health outcomes. Increases in HIV testing uptake among CFSWs have helped destigmatize testing and improve negotiations for condom use with clients during transactional sex, and contributed to additional case finding through index testing.

Much of the success of this intervention can be attributed to social cohesion and participation of the FSW community, and strong leadership from the Cameroon Medical Women Association, and Horizons Femmes (which piloted the approach). Sex, Test, and Treat has served as a model for how community and key population-led programs can be linked with public sector programs to mitigate the HIV epidemic. With support from PEPFAR and the Government of Cameroon, CHAMP is currently exploring ways of expanding the approach to additional sites.

For more information about Sex, Test, and Treat and the CHAMP program, visit care.org/srhr.

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**Endnotes**


