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More than three decades after the first reported case of AIDS (1983), Africa continues to experience unacceptable levels of new HIV infections. East Africa and Southern Africa remain most affected by the epidemic with 34% of the global burden of infections concentrated in 10 Southern African countries (DöCosta, Plummer, Bowmer, Franssen, Piot, Ronald, et al. 1985; Joint United Nations Programme, 2005; Moses, Plummer, Ngugi, Nagelkerke, Anzala & Ndinya-Achola 1991; Ngugi, Simonsen, Bosire, Ronald, Plummer, Camero, et al. 1988; WHO Library Cataloguing in Publication Data 2011). Some of these countries reported the first case of HIV infection early in the epidemic (Ethiopia 1984; Kenya 1985). Female sex workers (FSWs) comprise an important sub-population in the epidemiology of HIV infection in many countries as evidenced by HIV prevalence amongst FSWs and their clients often being 10–20-fold higher than that in the rest of the general population (Laga, Monoka, Kivuvu, Malele, Tuliza, Nzila, et al. 1993). For example, in Ethiopia, after the first HIV infection was reported in 1984, only 4 years later, the HIV prevalence amongst FSWs had already risen to 17% (Cote, Sobela, Dzokolo, Nzambi, Asamoall-Adu, Labbe, et al.). Today, even within Africa's generalized epidemic, research shows that FSWs remain an important epidemiological subpopulation in relation to HIV-related risk throughout the continent (Cowan, Langhaug, Hargrove, Jaffers, Mhurengwe, Searthout, et al. 2005; Ghose, Swendeman, George & Chowdhury 2008; McClelland, Graham, Richardson, Peshu, Masese, Wanje, et al. 2010). These findings point to the need to further understand the social, behavioural, biological and structural factors that place African FSWs at high risk of HIV infection and establish strategies to reduce HIV transmission in this population (Stefan, Beyrer, Muessig, Poteat, Wirtz, Decker, et al. 2012).