

Bringing sex workers to the centre of the HIV response



The Series we publish today on HIV among sex workers is *The Lancet's* third collaboration with Chris Beyrer (Johns Hopkins Bloomberg School of Public Health). Our common goal is to use a human-rights based approach to health to bring neglected key populations in the HIV epidemic to the centre of the AIDS response. Our first two Series concerned HIV among drug users (2010) and men who have sex with men (2012). We now turn our attention to HIV among sex workers. With heightened risks of HIV and other sexually transmitted infections, sex workers face substantial barriers in accessing prevention, treatment, and care services. Why? Because of stigma, discrimination, and criminalisation in the societies in which they live. These social, legal, and economic injustices contribute to their high risk of acquiring HIV. Often driven underground by fear, sex workers encounter or face the direct risk of violence and abuse daily. They remain underserved by the global HIV response. This Series¹⁻⁷ aims to investigate the complex issues faced by sex workers worldwide (see table for definitions of commonly used terms in this Series).

Despite seemingly intractable challenges, much can be done to support sex workers in their fight to protect themselves from the risk of HIV/AIDS. Several important messages resonate throughout the Series. First, in Africa. As our Series shows, countries with more than 50% of sex workers living with HIV are all in sub-Saharan Africa.⁷ 92% of all HIV/AIDS deaths attributed to sex work occur among African women.⁹ When we think of the challenges of HIV prevention and treatment among sex workers, African women must be our first concern. When thinking about the current rhetoric of "the end of AIDS", the role of sex work can no longer be dismissed as marginal. Sex workers are central to African HIV epidemics. Their continued exclusion will undermine our goal of creating comprehensive and successful programmes to control HIV.

Second, is the undone work in research. It is unacceptable that none of the next generation of HIV prevention technologies and approaches (oral pre-exposure prophylaxis [PrEP], treatment as prevention, and vaginal microbicides) have been specifically evaluated among sex workers.² It is imperative to know what works, what sex workers want and will use, and how to scale up interventions. These gaps and deficiencies should be promptly addressed.

Third, diversity and gender. Sex workers are a culturally diverse group that include women, men, and transgender people. This Series reveals not only the commonalities (exposure to violence, sadly, is the most highly shared), but also unique risk factors that require specific priorities for each group.^{1,5,6} For example, data suggest male sex workers and transgender women will need biomedical interventions (PrEP and rectal microbicides)^{5,6} given the severity of HIV epidemics in men who have sex with men and the transmission dynamics between men.

Fourth, the impact of structural reform. Laws, policies, and practices can help or harm sex workers in their efforts to stay healthy while selling sex. Risk environments are crucially important for sex workers, since they constantly intersect with police and the law.^{1,4} Where sex work is legal, as in Amsterdam, the focus of policing is on reducing violence, protecting sex workers, and supporting effective HIV programming.⁷ Such an enlightened response reduces sex workers' vulnerability and risk to HIV, and should be followed elsewhere. This Series calls on governments to decriminalise

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 For the 2010 Series on HIV in people who use drugs see <http://www.thelancet.com/series/hiv-in-people-who-use-drugs>
 For the 2012 Series on HIV in men who have sex with men see <http://www.thelancet.com/series/hiv-in-men-who-have-sex-with-men>

	Definition
Brothel	Establishments specifically dedicated to sex work. Generally concentrated in certain urban districts due to zoning, discrimination, or circumstance. Frequently indoor environments where sex workers receive customers either as employees or on commission. Legal definitions of brothels vary.
Client	Those who purchase sexual services.
Community empowerment	Community empowerment is a process by which sex workers take collective ownership of programmes to achieve HIV outcomes and address social and structural barriers to their overall health and human rights. Community empowerment shifts power, responsibility, and control from those external to the community to the community itself.
Third party	Individuals who supervise, coordinate, or assist a sex worker's labour for direct or indirect remuneration. May include brothel owners, managers, cooks, maids, receptionists, security, drivers, and webmasters. Sex workers can also be third parties if they supervise, coordinate, or support another sex worker's work. Legal definitions of third parties vary.
Decriminalisation of sex work	The repeal of laws that criminalise certain acts, such that those acts are no longer crimes or subject to prosecution. Decriminalisation of sex work applies to laws that criminalise adult consensual sex and related activities, including laws criminalising sex work; buying, soliciting, or procuring; brothel-keeping and management of sex work; and vagrancy, loitering, and public nuisance that are also used to target sex workers or clients. For transgender sex workers, this includes decriminalisation of laws that prohibit cross-dressing or impersonation of another sex. For male sex workers, this refers to decriminalisation of laws that prohibit adult, same-sex consensual sex. Decriminalisation does not, however, repeal laws against trafficking, child sexual exploitation, or other forms of violence.
Forced or mandatory rehabilitation for sex workers	Forced rehabilitation occurs when a sex worker is confined and coerced into a programme ostensibly to stop selling sex. Mandatory rehabilitation is when a sex worker is mandated or required to undergo a programme aimed at exiting sex work, as a condition of receiving help (eg, access to health care or treatment), or to escape some form of sanction (eg, as an alternative sentence to prison).

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Definition	
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Owner or manager (of a sex business)	Individuals who own or run sex businesses. The extent of control a brothel owner or manager has over sex workers' working and/or living conditions varies depending on context. If an owner or manager recruits or harbours a sex worker through coercion for the purposes of exploitation, they are defined as a "trafficker" under international law.
Peer outreach/peer education	Peer education is an approach to health promotion in which community members are supported to promote health-enhancing change among other members of that community. Rather than health professionals educating members of the public, the idea behind peer education, often using peer outreach to reach them, is that ordinary lay people are in the best position to encourage healthy behaviour to each other.
Sex industry	This term has been used in preference to "prostitution" to describe the phenomenon of commercial sex.
Sex work	Sex work is the sale/exchange of consensual adult sexual services. The term is non-judgmental and enables HIV responses to sex work to be addressed through a labour rights framework in addition to a human rights framework. The term is used in preference to commercial sex work and prostitution.
Structural determinants of HIV	Factors in broader society, such as social inequalities, laws, economic systems, and infrastructure, that impact on vulnerability to HIV infection.
Transgender	Transgender is an umbrella term used to describe people whose gender identity (or sense of themselves as male or female) or gender expression differs from that usually associated with their birth gender. Many transgender people live part-time or full-time as members of the other gender. Broadly speaking, anyone whose identity, appearance, or behaviour falls outside of conventional gender norms can be described as transgender. However, not everyone whose appearance or behaviour is gender-atypical will identify as a transgender person.

Table: Glossary of terms used in Series on HIV and sex workers

sex work. There is no alternative if we wish to reduce the environment of risk faced by women, men, and transgender people worldwide.

Finally, the reality most people wish to ignore—that much of our challenge in addressing sex work and sex workers is the need to understand human sexual desires and needs, including our own. We might prefer to think that sex and money were unrelated, that sex was somehow immune from the transactions so common elsewhere in our lives. But why should this exception be so? And why should we condemn and criminalise the exchange of money for sex, especially if the severely adverse conditions we create for such exchange hurt women and men and often fatally so? The persistence and ubiquity of sex work suggests only that sex, and the human desire for sex, is a normal part of human

societies. Sex work is part of the human story. Accepting and embracing sex work—supporting those engaged in sex work to protect their health and bodily integrity and autonomy—should be our humane, as well as our pragmatic, approach to the reality of our human lives. And to our common efforts to defeat AIDS.

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- 1 Shannon K, Strathdee SA, Goldenberg SM, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60931-4](http://dx.doi.org/10.1016/S0140-6736(14)60931-4).
- 2 Bekker L-G, Johnson L, Cowan F, et al. Combination HIV prevention for female sex workers: what is the evidence? *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60974-0](http://dx.doi.org/10.1016/S0140-6736(14)60974-0).
- 3 Kerrigan D, Kennedy CE, Morgan-Thomas R, et al. A community empowerment approach to the HIV response in sex workers: effectiveness, challenges, and considerations for implementation and scale-up. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60973-9](http://dx.doi.org/10.1016/S0140-6736(14)60973-9).
- 4 Decker MR, Crago A-L, Chu SKH, et al. Human rights violations against sex workers: burden and effect on HIV. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60800-X](http://dx.doi.org/10.1016/S0140-6736(14)60800-X).
- 5 Baral SD, Friedman MR, Geibel S, et al. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60801-1](http://dx.doi.org/10.1016/S0140-6736(14)60801-1).
- 6 Poteat T, Wirtz AL, Radix A, et al. HIV risk and preventive interventions in transgender women sex workers. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60833-3](http://dx.doi.org/10.1016/S0140-6736(14)60833-3).
- 7 Beyrer C, Crago A-L, Bekker L-G, et al. An action agenda for HIV and sex workers. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60933-8](http://dx.doi.org/10.1016/S0140-6736(14)60933-8).
- 8 Prüss-Ustün A, Wolf J, Driscoll T, Degenhardt L, Neira M, Calleja JM. HIV due to female sex work: regional and global estimates. *PLoS One* 2013; **8**: e63476.