



Global Network of Sex Work Projects
Promoting Health and Human Rights

GOOD PRACTICE IN

Sex Worker-Led HIV Programming




Global Report

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Good practice in sex worker-led HIV programming: Global Report



Introduction

To date less than 1% of global funding for HIV prevention has been spent on HIV and sex work (UNAIDS, 2009), yet concerns about HIV and other sexually transmitted infections (STIs) are among those invoked to justify laws and policies which contribute to the multiple human rights violations suffered by sex workers worldwide. Paradoxically, these violations serve to put sex workers' lives at risk, including with regard to their sexual health. The barriers to health faced by sex workers are manifold, ranging from police confiscation of their condoms for use as evidence against them, to hate crimes against sex workers encouraged by widespread stigma which paints them as 'vectors of disease', and health care services which may be overly expensive, disrespectful of confidentiality, inaccessible to undocumented migrants, or conditional upon a commitment to leave the sex industry.

Around the world, sex worker-led organisations are succeeding, some against great odds, in delivering HIV programming which takes into account the complexities of sex work and recognises the essential need for direct consultation with, and the active involvement of, the intended beneficiaries of services. Their pragmatic approach is typically characterised by a non-judgemental attitude, an intersectional analysis of oppression, and a firm commitment to the demand "nothing about us without us". In taking this approach, they have gained the trust of the sex workers they serve and have seen genuine improvements in their holistic health, including decreased rates of HIV and other STIs and access to appropriate treatment for HIV-positive sex workers. Some of the organisations profiled in this report have made significant headway in making local health care and social service providers, along with law enforcement officers, aware of the sometimes complex issues affecting sex workers, resulting in more effective and welcoming services. Despite these successes, the organisations themselves often operate on a shoestring budget and in an unfavourable political climate which sees widespread stigma and hostility towards sex workers and other marginalised groups.

Funding provided by the Robert Carr civil society Networks Fund enabled the Global Network of Sex Work Projects (NSWP) to implement a global project identifying and documenting best practices by sex workers in providing services related to sex work and HIV. This resulting report presents examples of services around the world which take a rights-based approach in delivering effective and respectful HIV programming to sex workers. Although their demographics and circumstances are diverse, with variations in legal prohibitions against sex work-related activities, rates of HIV and target groups, the recurrence of certain themes is striking. Beyond mere provision of safe sex supplies and safe sex education – crucial as these things are – it is clear that stigma plays a prominent role in disempowering sex workers and putting them at greater risk of exposure to HIV.

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Barriers to health

DISCRIMINATION

Many service providers appear to be either oblivious to, or unwilling to address, the myriad oppressions experienced by sex workers. As well as facing discrimination based on their engagement in sex work, they may also experience sexism, misogyny, transphobia, homophobia, racism, xenophobia, ableism, classism, discrimination based on HIV status (real or perceived), and/or other forms of prejudice.

Fear of discriminatory treatment – often based on first-hand experience of it – impacts sex workers' access to services, including their willingness to report crimes to the police and seek health care. For migrant sex workers, this may be compounded by linguistic constraints and/or lack of documentation. A great deal of services express judgemental and uninformed views on sex work – as well as homophobic and transphobic attitudes towards lesbian, gay, bisexual and transgender (LGBT) people, particularly in countries where LGBT people are criminalised and demonised by the media and religious institutions – which may turn sex workers away, intentionally or not.

Access to some services is granted only on the condition that sex workers exit the sex industry, or commit to doing so. This approach rejects their own agency and is not a pragmatic response to their immediate circumstances. Services for sex workers should not have conditions attached.

CRIMINALISATION

It is abundantly clear that criminalisation of any aspect of the sex industry impacts negatively upon sex workers' health. Regardless of whether the criminalisation is of sex work itself or of associated activities, and regardless of whether sex workers, clients or third parties are the targets of criminalisation, these regulations serve to drive sex work further underground, disrupting sex worker networks and depriving sex workers of control over their working conditions. An absence of safe and supportive working environments severely disempowers them, undermining their ability to consistently engage in safe sexual behaviour. Those who work alone to avoid attention from police and members of the public are more vulnerable to violence and exploitation, and it may be harder for support services to make contact with them, which deprives them of access to crucial information which could enhance their safety, including information on violent individuals posing as clients. Laws against sex work or associated consensual activities enhance the stigma which can impact all areas of sex workers' lives and prevent them from enjoying full rights as citizens. It should be noted that the ideology behind the laws makes little difference in practice: whether engagement in sex work is viewed as a question of immorality or of victimhood, the results are much the same.

Laws criminalising LGBT people further compound the vulnerability and isolation of male and transgender sex workers, who experience additional abuse and discrimination based on their gender expression and (perceived) sexual orientation. Furthermore, laws criminalising HIV non-disclosure, exposure and transmission discourage sex workers from getting tested for HIV for fear of arrest and imprisonment, or from seeking appropriate health care should they test positive. Migrant sex workers may additionally fear being reported to the authorities in countries which deport HIV-positive migrants.

POLICE ABUSE

It is by no means uncommon for sex workers around the world to experience human rights violations at the hands of police. These include extortion; bribery; verbal abuse and harassment; beatings and sexual violence; illegal detention; torture; and even, as in the Russian Federation, murder. Additional violations include public screening of footage from raids, putting sex workers at risk of being recognised, as in Kyrgyzstan; failure to act on sex workers' reports of violence (sometimes arresting those reporting it instead); forced HIV testing; and use of condoms as evidence of sex work and/or trafficking. Arrests of sex workers may also cause them to miss medication, leading to ineffective and abandoned treatment. Police crackdowns drive sex workers away from support services, preventing outreach workers from distributing safe sex supplies and potentially life-saving information. Those seeking to influence the laws of foreign countries on sex work and trafficking should recognise that sex workers often experience persecution at the hands of the police and that granting police further powers may exacerbate this.

SHORTCOMINGS IN HEALTH CARE SERVICES

Problems experienced by sex workers in their interactions with health care staff include violations of confidentiality; beliefs that sex workers are unworthy of treatment; and, as reported in Macedonia, refusals to treat male and transgender sex workers. A lack of follow-up to complaints compounds these deterrents. Many sex workers may avoid revealing their occupation to health care staff for fear of being patronised, judged or discriminated against. Further barriers to accessing health care include inflexible schedules; high fees; shortages of medication; long waits for HIV and STI testing; restrictions on access to prophylactics; bans, as in the Russian Federation, on substitution treatment for people who use drugs; and restrictive regulations on migration which impact migrants' access to health services. An absence of free or affordable HIV treatment is a particular deterrent to sex workers learning their HIV status, especially migrant sex workers who may face higher fees than nationals or may fear being reported to the authorities.

INADEQUACY OF PROGRAMMING FOR SEX WORKERS

Programmes specifically aimed at sex workers may nonetheless target only a small percentage of the sex worker population, whether due to a lack of political will or to insufficient research and awareness of sex workers' actual needs. Assumptions that sex workers are a homogeneous group serve to alienate those who do not fit prevailing stereotypes, and services provided may be irrelevant to their circumstances.

SHORTAGES OF FUNDING FOR SEX WORKER-LED AND -CENTRED PROGRAMMING

Sex worker-led organisations have the expertise needed to respond adequately to sex workers' actual needs and to deliver effective services that empower them to stay safe. However, around the world, whether in high-, low- or middle-income countries, these organisations suffer from a lack of funding, which is in some places compounded by authorities who deny them official registration due to a refusal to recognise sex work as an occupation. Relatively few donors have demonstrated an intersectional awareness of sex work issues and a commitment to responding to them. More commonly, funders lean towards 'exit' programmes, which, though they may meet the needs of some sex workers, place lesser emphasis on assisting sex workers to stay safe while engaging in sex work, and do not take a workers' rights perspective. Services which see sex work as harmful, immoral or violence against women alienate sex workers and discourage them from attending, especially those which also campaign for criminalisation (nowadays, most commonly the criminalisation of sex workers' clients) and for greater police powers against the sex industry. Sex workers feel they are not heard and not represented by such organisations and see little work being done to meet their needs in a repressive political climate.

Methodology

Consultants were contracted to carry out research in each of the five regions: Africa; Asia and the Pacific; Europe (also encompassing Central Asia); Latin America; and Canada, the USA and the Caribbean. After consultation with the relevant regional advisory group, four sex worker-led HIV programmes were selected in each region, in order to present examples of best practice. Organisations were defined as sex worker-led if 50% or more of the decision-making body was comprised of current or former sex workers; if 50% or more of the spokespeople were current or former sex workers; and if 33% or more of any paid staff were current or former sex workers.

In most circumstances, a survey was also distributed to collect information on issues affecting sex workers in the region, and the chosen programmes visited for further discussions and accompaniment on fieldwork. Deciding factors in their selection included their focus on bridging the gaps; a holistic, human rights and community empowerment approach to HIV programming; reflection of the diversity of socio-environmental settings; and specific challenges faced by sex workers in terms of human rights violations and access to health care.

The following pages summarise the twenty case studies, providing snapshots of effective health interventions led by sex workers as well as further insight into the obstacles they face not just in accessing HIV prevention and health services but in enjoying full rights as citizens.

Summary of best practices

Discussed in greater depth following the case studies, the points below comprise best practices by sex worker-led organisations:

- ▶ **Offer services that meet sex workers' needs**
Make sure that drop-in centres, outreach activities and overall service provision demonstrate awareness of sex workers' circumstances, with particular attention given to location, opening hours, confidentiality and preferred methods of contact.
- ▶ **Ensure that funding sources have sex workers' best interests at heart**
Prioritise sex workers' needs over those of international donors; explore alternative methods of funding, such as the union model.
- ▶ **Run services effectively and smoothly**
Map sex workers for outreach purposes, regularly update information and keep secure records.
- ▶ **Ensure inclusion of all sex workers**
Aim to include migrant and HIV-positive sex workers, as well as those who sell sexual services but do not identify as sex workers.
- ▶ **Aim for programming led by sex workers**
Train sex workers as paralegals, HIV testing and counselling (HTC) staff and peer educators.
- ▶ **Aim for community empowerment**
Empower and mobilise sex workers to demand their rights and become leaders.
- ▶ **Engage with sex industry gatekeepers**
Educate brothel managers and venue owners on HIV and sex workers' rights.
- ▶ **Engage with the government**
Consistently take a human rights-based approach in consultations with government agencies, ensuring that the issues of sex workers and other marginalised communities remain on the agenda.
- ▶ **Engage with law enforcement agencies**
Develop a working relationship with law enforcement agencies where possible; offer training on sex workers' issues and take a human rights-based approach in lobbying and advocacy activities.
- ▶ **Engage with health professionals**
Educate health professionals in order to reduce discrimination against sex workers.
- ▶ **Engage with the media**
Network with reliable journalists and target the media to change the general public's perception of sex work.
- ▶ **Demand justice**
Challenge unjust laws by reaching out to those impacted by them and developing legal proposals.
- ▶ **Forge alliances**
Network with human rights organisations, civil society organisations, health professionals, feminists, and other key affected populations, as well as other local, regional and global sex worker-led organisations and networks.

Summary of recommendations

The following points, discussed in greater depth later in this report, summarise the recommendations for sex worker-led organisations, other service providers, donors, governments and policy makers:

- ▮ **Prioritise sex worker-led interventions**
Recognise that sex workers are best placed to determine what sex workers need, rather than basing their assessments on stereotypes and poor information.
- ▮ **Base services on evidence, responding to actual needs**
Ensure that data on sex work is up to date and obtained through ethical research, and that anti-trafficking initiatives have involved consultation with sex workers.
- ▮ **Prioritise sex workers' needs over those of funders**
Adopt a rights-based approach to funding and recognise that sex workers' needs and rights go beyond HIV and sexual health services.
- ▮ **Enhance sex worker-led organisations' access to funding**
Ensure long-term funding for sex worker-led organisations and expand eligibility to all such organisations whether they are in low-, middle- or high-income countries, recognising the structural barriers that they frequently face.
- ▮ **Promote decriminalisation and law reform**
Aim for the repeal of laws which contribute to sex workers' vulnerability to HIV, including the criminalisation of sex work and related activities.
- ▮ **Involve sex workers in law and policy reform and development**
Recognise sex workers' expertise and demonstrate a willingness to listen.
- ▮ **Afford protection under the law**
Introduce explicit legal protection against discrimination based on occupation (including sex work), health status, sexual orientation and gender identity.
- ▮ **Enforce zero tolerance of police abuses**
Demonstrate accountability for police harassment of, and violence against, sex workers, and seek to change sex workers' perception of law enforcement from persecutors to protectors.
- ▮ **Grant access to labour rights**
Recognise sex work as work and ensure safe working conditions through employment standards and occupational health and safety legislation, as well as access to state benefits.
- ▮ **Enhance awareness about rights**
Ensure that sex workers are aware of their rights in terms of legality and empower them to make complaints if treated unfairly by law enforcement or social service providers.
- ▮ **Document human rights violations**
Combat stigma, discrimination and judgemental approaches from service providers.
- ▮ **Eliminate coercive testing**
Recognise that sex workers have the right to decide where, when and whether they get tested, and ensure that testing services are respectful and confidential.

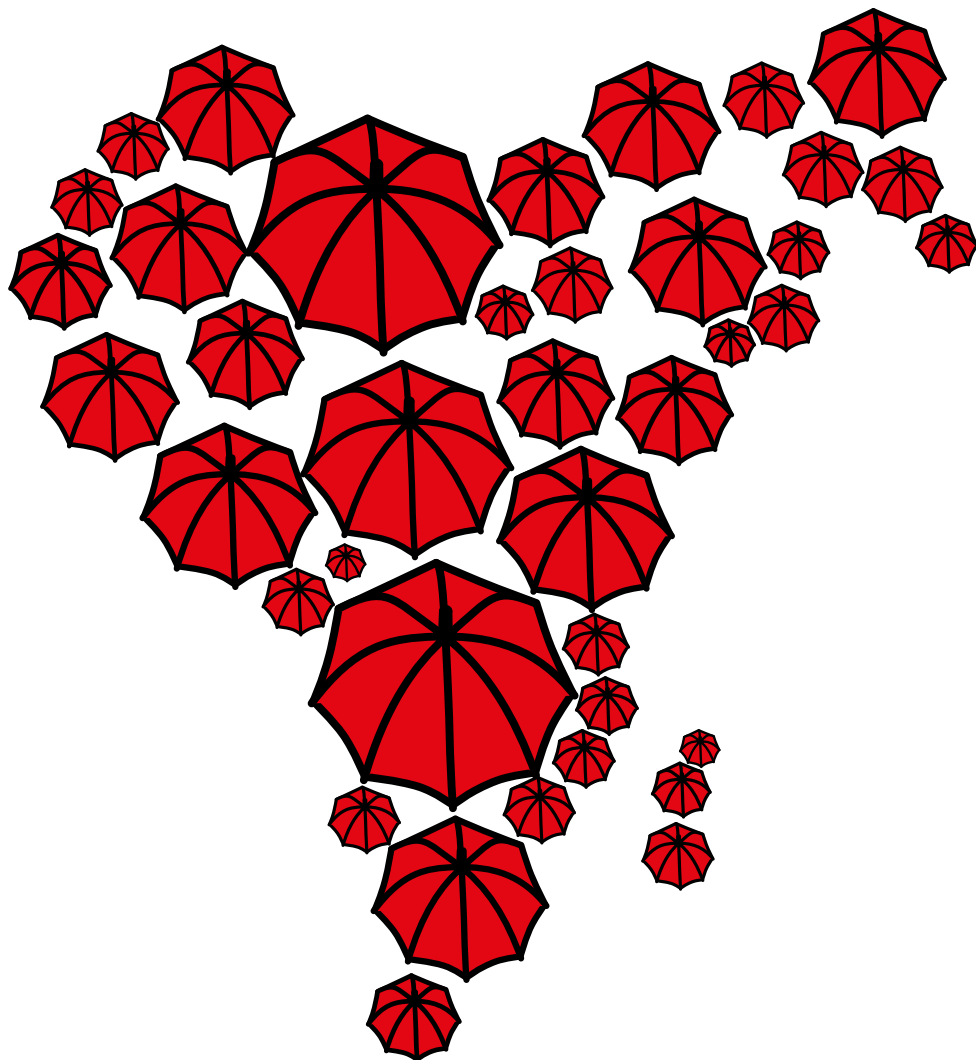
- **Address structural inequalities**
 Work to reduce poverty, create and expand employment opportunities, and ensure education for all.
- **Ensure inclusion of transgender sex workers**
 Include sex workers of all genders, recognise transgender women as women, and ensure that transgender male and gender non-conforming sex workers in particular are not alienated by services.
- **Empower the sex worker community**
 Create solidarity among sex workers and engage with them continuously to raise awareness of sex workers' rights.
- **Form trade unions**
 Enable sex workers to collectively demand labour and other rights, without relying on funding from external sources.
- **Avoid hierarchies**
 Grant an equal share of power to members of sex worker collectives.
- **Harness the internet in service provision**
 Recognise that sex workers increasingly use the internet to make contact with clients and one another, and offer support online.
- **Make use of social media in advocacy work**
 Use social media to educate the public on issues faced by sex workers and to gain public support for sex workers' rights.
- **Strengthen local, national, regional and global sex worker networks**
 Engage with other sex worker collectives, organisations and networks to draw connections between the experiences of sex workers locally and beyond.
- **Build coalitions and alliances across sectors**
 Engage with health care professionals, lawyers, human rights activists, policy makers, local and national governments, non-governmental organisations, representatives of the private sector or media, and other stakeholders to promote sex workers' rights.
- **Involve sex workers in service development**
 Ensure meaningful consultation with sex workers in designing, planning, implementing and evaluating health, social and legal services for them.
- **Ensure access to social and legal services**
 Support and ensure accessible, non-discriminatory, user-friendly and affordable social and legal services.
- **End discrimination in access to health services**
 Reject coercive programmes, preserve confidentiality, and ensure that services are accessible to all sex workers, regardless of their gender, sexual orientation, work environment, socio-economic status or drug use.
- **Ensure access to HIV services for all migrants**
 Enable migrants to access quality treatment without fear of disclosure of their HIV or immigration status to the authorities, and end the deportation of HIV-positive migrants.
- **Ensure that health services are appropriate and accessible**
 In partnership with sex workers, train health care providers on sex workers' rights and needs in order to eradicate stigma and discrimination within services.

- ▶ **Ensure that services are inclusive of all sex workers**
Recognise the diversity within the sex worker community and aim to address the needs of all, especially the most vulnerable and marginalised.
- ▶ **Promote and provide safe sex and drug harm reduction supplies**
Supply sex worker-led organisations with safe sex and drug harm reduction supplies for distribution, along with promotion of their correct and consistent use.
- ▶ **Promote and enable access to asymptomatic STI screening**
Encourage sex workers to get tested after exposure to risks, rather than waiting until symptoms materialise.
- ▶ **Promote voluntary HIV testing**
Ensure that sex workers in all areas have access to free and confidential HIV testing, linked to HIV treatment, care and support services, provided in accordance with human rights standards.
- ▶ **Address sex workers' vulnerability to HIV in all its complexity**
Tackle discrimination, violence and other violations of sex workers' rights and campaign against the repressive legal frameworks which disempower sex workers and increase the risks they face.
- ▶ **Address sex workers' needs beyond HIV**
Facilitate the self-organisation and self-determination of sex workers and ensure that HIV programming actively challenges the structural barriers to their health.

CASE STUDIES:

Africa

Sex workers in sub-Saharan Africa have an HIV prevalence of 36.9% (World Bank, 2013). Contributing factors to this rate are identified as stigma from community and health service providers, violence, drug and substance abuse, and minimal access to health services and HIV prevention tools. There is a lack of universal access to an inclusive package of HIV services, including reproductive health services, unforced and anonymous HTC, appropriate treatment for STIs, harm reduction services for drug users, and psychological support. Furthermore, there is an overall lack of a supportive environment.



CASE STUDY

1

KENYA



Bar Hostess Empowerment & Support Programme (BHESP)

There are approximately 200,000 sex workers in Kenya, 15,000 of whom are men. A study published in 2008 reported that sex workers and their clients accounted for 14.2% of new HIV infections (Government of Kenya, 2008).

Legal context

The Penal Code does not focus on sex workers themselves, instead criminalising the actions of third parties involved with sex work. However, across the country municipal laws variously prohibit 'loitering for the purpose of prostitution', 'importuning for the purpose of prostitution' and 'indecent exposure' (Federation of Women Lawyers, 2008). These laws cause a degree of confusion, the result being that sex workers are regularly treated as if their work is illegal.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers are subjected to sexual violence, physical beatings, indiscriminate arrest, extortion and bribery, perpetrated by their clients, police, managers or regular partners.

ACCESS TO SAFE SEX SUPPLIES

Condoms are in short supply and free condoms are not available in remote areas. Government-provided condom dispensers in sex work hot spots are not functional. Bar owners do not allow sex workers to supply condoms to their establishments, instead maintaining a monopoly which forces sex workers to buy condoms from them.

ACCESS TO HEALTH SERVICES

Sex workers experience poor treatment and discrimination from health care providers and often have to pay extra for services.

Origins and aims of the programme

BHESP was founded in 1998 by a group of bar hostesses who doubled as sex workers. Its leadership is comprised of a mixture of sex workers and non-sex workers, and its mission is to “influence policy and facilitate provision of quality health services, human rights awareness, legal services and economic empowerment for bar hostesses and sex workers” (Bar Hostess Empowerment & Support Programme, n.d.). It has partnered with Health Options for Young Men on HIV, AIDS and STIs (HOYMAS, founded 2011 by a group of male sex workers living positively) to offer inclusive services for male sex workers.

Programme activities

HEALTH PROMOTION

BHESP promotes safe sex through peer education and community outreach. It offers mobile and drop-in HTC and has trained 100 ‘condom ambassadors’. It is engaged in ongoing work on improving the accessibility of condoms and lubricants, and assisting the government in filling condom dispensers in sex work hot spots.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

BHESP connects with the government and funders in order to expand discussions on human rights protection and provision of health care services. It delivers programmes such as paralegal training, peer education and mobilisation activities, aimed at reducing stigma, discrimination and human rights violations, and holds consultative forums with law enforcement. It also engages the government on an ongoing basis on the significance of decriminalisation of sex work; sensitises security agents regarding the rights and needs of sex workers; and is involved in policy development to ensure that policies are sensitive to the rights and needs of sex workers.

ECONOMIC EMPOWERMENT

BHESP provides innovative income-generating activities such as training, provision of small loans, and promotion of table banking.

Challenges

In addition to the abovementioned issues, BHESP cited lack of cooperation among sex workers as a barrier. HIV-negative sex workers discriminate against their HIV-positive colleagues. There is also insufficient capacity to train all sex workers on negotiation skills, which would enable them to raise their prices, thereby reducing the number of clients they see per day and minimising their chances of HIV acquisition.

Regional
consultative
meeting in
Nairobi



Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

The establishment of drop-in centres has enabled sex workers to access all HIV prevention services including education, training, demonstration of condom use, counselling, and HIV prevention tools including condoms, lubricants, and nutritional supplements for those on medication.

SEX WORKER-LED INTERVENTIONS

Training sex workers as paralegals, HTC counsellors and peer educators ensures the provision of services in a friendly environment. These sex workers act as leaders among their colleagues while at work.

COMMUNITY EMPOWERMENT

Sex workers are empowered to understand and know their rights, to understand policy analysis skills, to form strong advocacy groups from the community level, and to improve communication skills.

ENGAGEMENT WITH THE GOVERNMENT AND LAW ENFORCEMENT

A human rights-based approach in undertaking lobbying and advocacy activities with government and law enforcement personnel ensures recognition of sex workers. Some police officers have started protecting the rights of sex workers as well as helping them with distribution of condoms.



Sex workers
consultative
meeting in
Nairobi

CASE STUDY

2

CAMEROON



Aids ACODEV Cameroon

There are approximately 18,000 sex workers in Cameroon. The government has not conducted research on sex work and HIV, but according to PEPFAR (2011), HIV infection among sex workers rose from approximately 26.4% in 2004 to 36.7% in 2009.

Legal context

Prostitution and solicitation are prohibited, with sex workers facing jail sentences and heavy fines if caught. However, some authorities tolerate sex work.

Issues faced by sex workers

VIOLENCE AND POLICING

Government agencies have perpetrated human rights abuses of sex workers including forced HIV testing, police raids of sex work hot spots and arrests of sex workers, and forced rehabilitation. Law enforcement officers as well as members of the public subject sex workers to harassment, rapes (particularly in police vehicles), beatings and extortion. Sex workers who report human rights violations to law enforcement agencies may be arrested and detained themselves rather than having their complaints investigated. Clients have also raped and beaten sex workers because of real or perceived HIV-positive status and STI infections.

ACCESS TO HEALTH SERVICES

Sex workers cannot access affordable and effective HIV treatment in welcoming environments, and may be denied entry to public facilities such as hospitals. Hospital staff often see them as undeserving of treatment for STIs and HIV-related health concerns. Male sex workers face particular stigma and discrimination, and the government has not developed a specific programme to target them.

Origin and aims of the programme

Aids ACODEV Cameroon was formed in 2009 by sex workers and is fully sex worker-led. It focuses on HIV and AIDS issues and needs among the male and transgender sex worker populations. Its mission is to advocate for the human rights of sex workers, including the right of access to medical services, information, training and education. It also challenges all forms of discrimination based on actual or perceived sexual orientation and gender identity. It works with male and transgender sex workers who are left out of HIV and AIDS prevention and management programmes.

Programme activities

HEALTH PROMOTION

'Educational night patrols' focus on educating sex workers about HIV prevention approaches at sex work hot spots in Douala, Cameroon's largest city. Peer educators help in communicating clear messages about HTC, demonstrate condom use, and share negotiation skills for safe sexual practices. They also share information with fellow sex workers on health service rights to ensure they know how to access treatment whenever they are sick. Safe sex supplies are provided to sex workers. Care and support services are available to members on medication, and may be extended to their homes. Support groups help members to stick to medication and avoid taking alcohol. The organisation partners with government hospitals and NGO hospitals that offer health services to sex workers in welcoming medical units.

COMMUNITY EMPOWERMENT

Sex workers are trained on their rights to enable them to negotiate with clients and police.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Community consultations are carried out in sex work hot spots to design and implement appropriate HIV programming that addresses sex workers' needs. The organisation engages in policy review activities to ensure violence reduction and improved prevention efforts. It liaises with rights groups and national networks of sex workers who speak out about their situation in various forums, holding discussions with policy makers to change oppressive laws and policies, and targeting the media to change perceptions of sex work.

Challenges

The criminalisation of sex work in Cameroon was identified as the biggest challenge to effective HIV programming for sex workers.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Aids ACODEV Cameroon has partnered with doctors and nurses who visit sex workers in their homes in order to provide them with health examinations and to impart health-related knowledge.

SEX WORKER-LED INTERVENTIONS

Training peer educators is effective in reaching sex workers with HIV prevention messages and safe sex supplies. Peer educators encourage their fellow sex workers to learn their status at HTC centres, and encourage HIV-positive sex workers to seek treatment.

FORGING ALLIANCES

The organisation partners with other sex worker-led organisations and NGOs to ensure sex workers can access better treatment, care and support.

Partnership with local, regional and global sex work organisations and networks has contributed immensely to the institutional strengthening of the organisation, enabling it to offer appropriate services to sex workers. Through these partnerships, the organisation is engaging in policy review activities to ensure violence reduction and improved prevention efforts. The organisation liaises with rights groups and national networks of sex workers who speak out about their situation in various forums, holding discussions with policy makers to change oppressive laws and policies, and targeting the media to change perceptions of sex work.

CASE STUDY

3

SOUTH AFRICA



SISONKE

There are around 182,000 sex workers in South Africa, including 8,000 male sex workers and 7,000 transgender sex workers (South African National AIDS Council, 2013). Sex workers constitute 19.8% of new HIV infections, and men who have sex with men (MSM) constitute 9.2% of new infections (South African National AIDS Council, 2012).

Legal context

Sex work is criminalised.

Issues faced by sex workers

VIOLENCE AND POLICING

Law enforcement officials violate sex workers' rights with impunity. They violently arrest sex workers, threaten them, and sometimes rape them. They also ask them for sex in exchange for release (Mgbako et al, 2012). Additionally, regular arrests cause sex workers to miss medication, leading to poor treatment and defaulting.

ACCESS TO SAFE SEX SUPPLIES

There have been recent cases of condom and lubricant shortages, especially in remote areas.

ACCESS TO HEALTH SERVICES

Sex workers face stigmatisation from health care professionals and a lack of appropriate and inclusive health care services, which has also contributed to their reluctance to seek treatment. The government does not offer mobile treatment to sex workers. Law enforcement agencies and health service providers have promoted coercive HIV testing of sex workers.

Origin and aims of the programme

SISONKE was founded in 2003 by sex workers who were tired of police abuse and harassment, unsafe working conditions, inability to access health care and the justice system, and even inability to access banking services. Its vision is a South Africa where sex work is recognised as an occupation, and where sex workers' human rights are ensured and protected. Its mission is to bring together sex workers in order to strengthen them in the fight for their human rights.

Programme activities

HEALTH PROMOTION

The organisation trains sex workers on HIV prevention strategies such as appropriate condom use and the significance of male circumcision. Sex workers who use drugs are provided with information on harm reduction and safer injecting. Pregnant sex workers are targeted with education and training on prevention of mother-to-child transmission. Sex workers are linked with hospitals where they can access post-exposure prophylaxis therapy for HIV prevention in the event of experiencing a condom burst. 24-hour mobile services such as HTC and provision of safe sex supplies are available at sex work hot spots.

COMMUNITY EMPOWERMENT

The organisation consistently carries out consultation with sex workers. Sex workers are trained as paralegals to help in curbing violence and the abuse of sex workers' rights. Human rights and health training and education is provided to sex workers so that they can be empowered to protect themselves from HIV, know their rights and demand access to health services.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation's decriminalisation programme seeks to convince the government to stop criminalising sex work. It engages with trade unions and political leaders, including the parliamentary group on health and political parties, on the need to promote sex workers' rights and decriminalise sex work (Gall, 2012). The organisation works in partnership with the government to help in addressing the issues affecting sex workers, including treatment challenges and human rights violations. These partnerships have also focused on sensitising law enforcement officials on the rights and issues of sex workers.

Challenges

In addition to the abovementioned issues, SISONKE identified lack of support from the government as a barrier to health. Although sex workers access HTC services from mobile clinics, the government has frustrated treatment provision through failing to offer drugs to the clinics. It has also failed to engage community health workers to undertake defaulter tracing among sex workers who do not adhere to antiretroviral therapy.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Drop-in centres have motivated sex workers to walk in and access HIV prevention reading materials, information and equipment.

ENSURING INCLUSION OF ALL SEX WORKERS

Both HIV-positive and -negative sex workers are involved in the governance and leadership of the organisation, enabling recruitment of more sex workers to join the network. More sex workers are coming out to identify openly with sex work and access HIV prevention services.

SEX WORKER-LED INTERVENTIONS

Sex workers are trained as paralegals to collect information from their colleagues on human rights abuses and violence. They liaise with human rights organisations which send lawyers to offer pro bono legal representation to sex workers in court.

ENGAGEMENT WITH SEX INDUSTRY GATEKEEPERS

Training brothel managers on HIV prevention approaches and sex workers' rights ensures that they contribute effectively towards reducing new infections, reducing client violence against sex workers, and sharing knowledge on HIV prevention with sex workers.

ENGAGEMENT WITH LAW ENFORCEMENT

The organisation has developed a working relationship with law enforcement agencies in some areas, which invite sex workers to hold discussions with the police on how the police could effectively help protect their rights as well as not criminalise their activities.

CASE STUDY

4

UGANDA



Women's Organisation Network for Human Rights Advocacy (WONETHA)

It is difficult to provide targeted services to sex workers in Uganda because of limited evidence on their numbers. The 2011 Uganda AIDS indicator survey anticipated an increase in HIV prevalence among sex workers, from 6.4% in 2010 to 7.3% in 2014 (Ministry of Health/Uganda AIDS Commission, 2011). Furthermore, empirical evidence and anecdotal reports indicate a high prevalence of HIV among sex workers along highways, with rates of between 21% and 35% cited in reports (Ministry of Health/CDC, 2009; Ministry of Health, 2010). WONETHA reports that every three weeks a sex worker dies from an HIV-related complication. Sex workers' clients and their partners constitute 10% of new infections.

Legal context

Sex work is criminalised. The HIV/AIDS Prevention and Control Bill and the Anti Homosexuality Bill may worsen sex workers' access to health services (Ministry of Health/Uganda AIDS Commission, 2011).

Issues faced by sex workers

POLICING AND VIOLENCE

The AIDS epidemic has added another layer of stigma and discrimination against sex workers, with them being blamed for spreading the virus to the rest of society. Many experience violence on the streets at work and in their personal lives. Sex workers are subjected to coercive testing, harassment, beatings and unnecessary arrests.

ACCESS TO HEALTH SERVICES

Screening services are expensive and sex workers face challenges in accessing them. Illegality and stigma have led to the neglect of sex workers by health care professionals, along with poor health-seeking behaviour by sex workers themselves. Services are patchy with poor coverage and poor coordination. Poor condom use, unsupervised abortions and low compliance with and adherence to medication are among the challenges to sex workers' health.

Origin and aims of the programme

WONETHA was founded by sex workers in 2008 as a response to the repeated harassment, insults, stigma, discrimination and arrest without trial by law enforcement agencies that they faced in their work. Its mandate is to improve the health, social and economic wellbeing of sex workers in Uganda.

Programme activities

HEALTH PROMOTION

The organisation works with and for sex workers to promote their health-seeking behaviour and safe sex practices through health education outreach, psychosocial support counselling, provision of voluntary counselling and testing (VCT), and delivery of reproductive health services. Its HIV prevention programming has focused on educating and training sex workers on HTC, demonstration of condom use, and negotiation skills. It provides safe sex supplies to sex workers and conducts outreach activities which create awareness of sex workers' health rights and sexual and reproductive health education.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation documents human rights violations, and engages in advocacy to oppose both the coercive testing of sex workers and the criminalisation of sex work that limits their opportunities to access treatment. Specific advocacy programmes oppose violations of sex workers' rights by clients, the public, and law enforcement agencies. Campaigns challenge stigma and discrimination perpetrated against sex workers by their families, partners, and the public. Advocacy initiatives seek to influence leaders to ensure sex workers are included in diverse economic empowerment programmes by the government.

Challenges

In addition to the issues listed above, an absence of data on the number, attitudes, and behaviour of sex workers has affected health and rights protection programming that targets sex workers. Additionally, many funding agencies do not want to fund sex worker organisations.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Dissemination of HIV prevention tools and information, education and communication materials empowers sex workers and raises awareness of HIV infection and how to live a free, dignified and healthy HIV-positive life.

Sex workers are referred to sex worker-friendly clinics for free and welcoming services that enable them to access medication.

Sex worker peer educators conduct continuous routine follow-ups for HIV-positive colleagues to ensure they are supported and to gather feedback for better quality HIV/AIDS-related services, to measure progress towards the advocacy objectives and to determine what has been achieved.

COMMUNITY EMPOWERMENT

Community mobilisation and sensitisation provides sex workers with the skills needed to demand quality services and access to care. In its health advocacy, the organisation creates support among sex workers' communities and generates demand for government health policies that affect them, and the removal of discriminatory laws.

Capacity building workshops and training assist with the provision of practical information and opportunities for information sharing among sex workers to raise awareness of the health and welfare needs of HIV-positive sex workers. They also enable empowered and skilled HIV peer educators to demand quality services.

FORGING ALLIANCES

Networking with civil society organisations benefits sex workers who receive training on HIV prevention, treatment, care and support and sex workers' rights.

A focus group discussion in Uganda





CASE STUDIES:

Asia and the Pacific



CASE STUDY

5

THAILAND



SWING Foundation

There are around 3,000 female and 3,000 male Thai sex workers in the beach resort of Pattaya, with an additional 20–25 female migrant sex workers. The government of Thailand has adopted a strategic approach to HIV/AIDS. The United Nations Development Programme stated in 2004 that Thailand was one of the very first countries to achieve the sixth Millennium goal, to begin to reverse the spread of HIV/AIDS by 2015, well in advance of the target date.

Issues faced by sex workers

POLICING

Although SWING reports a good rapport with police, there are nonetheless roundups of ‘freelancers’ (sex workers at beaches), and possession of condoms is used as evidence of trafficking.

ACCESS TO HEALTH SERVICES

Thai citizens have access to cheap health care (seen as ‘free’ or heavily subsidised) at government hospitals and clinics, but this does not apply to migrants, and private clinic charges are high.

Origins and aims of the programme

The SWING Foundation is a community-based organisation founded in 2004, with branches in Pattaya and Koh Samui. It provides care and support for sex workers, including VCT, outreach, drop-in centres and awareness campaigns.

Programme activities

HEALTH PROMOTION

The organisation’s drop-in centres enable sex workers to participate in safe sex awareness sessions in a safe space. VCT services in SWING’s Pattaya drop-in centre are managed in collaboration with Sisters, a partner organisation which assists transgender sex workers.



ECONOMIC EMPOWERMENT

SWING provides educational opportunities for sex workers, including English language classes, non-formal education and vocational training.

Challenges

It can be hard to gain sex workers' trust as providers of quality health care, as they view SWING either as a community-based NGO or as their friends, rather than professional medical staff.

HIV-positive sex workers fear losing their jobs if their status is disclosed, so they often refuse to receive any services for people living with HIV and AIDS. It is a challenge to ensure they receive continuous treatment.

Migrant sex workers are unlikely to obtain HIV testing if no welfare services are on offer should they test positive. Coordination is required with related groups, organisations and networks to provide antiretroviral drugs to them. HIV-positive sex workers require assistance in accessing appropriate medical treatment free of charge.

More activities are needed for migrant sex workers.

Thai male and transgender sex workers require assistance with their hospital registration transfers for Thailand's Universal Access Programme coverage so that they can access appropriate services if they become HIV-positive.

Funding sources are a concern for the programme.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Outreach activities are the strength of the VCT clinic as they build rapport with the community and disseminate information and education. Workshops increase sex workers' knowledge about VCT.

An anonymous (or coded) system is preferred by sex workers for testing. Clinic staff carry out monitoring of service user adherence to antiretroviral therapy. Risky behaviour of sex workers is monitored and attempts at reducing it are made by counsellors and outreach workers.

Counselling can be done by telephone.

Transportation costs from/to the clinic should be reimbursed. Female sex workers are given transport allowances. T-shirts given out for free make good incentives for accessing VCT services.

SMOOTH AND EFFECTIVE SERVICE DELIVERY

Mapping of sex workers in the district helps outreach workers reach out to the community. Information is regularly updated during (de)briefings.

A safe dossier system has been introduced in anticipation of an overload of clients. Client files (similar to patient health files kept by doctors) enable the updating of information (such as CD4 count) and ensure appropriate services are delivered.



SWING Centre

CASE STUDY

6



INDIA

Karnataka Sex Workers Union (KSWU)

Origins and aims of the programme

KSWU is a trade union for sex workers of all genders in Karnataka, India, established in May 2006 and affiliated to the New Trade Union Initiative, which is the national federation of independent trade unions. It is democratically run by sex workers and all its members and office bearers are sex workers. Previously, no community-based or non-governmental organisation was working in crisis intervention in Karnataka for female sex workers. Community-based HIV organisations focused on condom distribution and health care, but when a sex worker was in crisis, there was no one to help. KSWU addresses this gap in services.

Programme activities

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

KSWU liaises with local government bodies to ensure access to welfare schemes and entitlements.

ACCESS TO JUSTICE

The union provides access to legal assistance for matters arising from sex work, organises sex workers to secure fair treatment and humane conditions in their work and lives, and assists in the resolution of work-related disputes.



COMMUNITY EMPOWERMENT

KSWU provides assistance for children of sex workers and their families, with facilities for educational, cultural, social, political and economic development, and provides support in the event of sickness, unemployment, old age, accident or death.

Challenges

It can be difficult to attract sex workers for membership, and retain membership, due to their spread-out nature.

It can be difficult to bring sex workers together on a 'sex work is legitimate work' platform.

The union lacks proper finances.



Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Strong and quick crisis intervention provided by the union has created a deep trust among the members that there is someone to come to their rescue.

Crisis teams are well spread-out and well trained to deal with the police, hired criminals and other elements.

FUNDING SOURCES THAT PRIORITISE SEX WORKERS

Rather than receiving funding from an external agency, KSWU receives monthly fees from its members, making it accountable to the community and answerable to those people who pay fees.

COMMUNITY EMPOWERMENT

Union members said that their work was like any other dhanda (work) and they deserved dignity and respect as workers.



CASE STUDY

7

MALAYSIA



Transgender programme of PT Foundation

Legal context

Sex work is criminalised, although the laws only apply to women. Transgender female sex workers are not recognised as women, but although they are not prosecuted for sex work, they may be subjected to arbitrary detention for public indecency. Rape laws do not apply to post-operative transgender women. Additionally, sharia laws which apply only to Muslims penalise transgender Muslim sex workers for being ‘men posing as women’, regardless of their transition status. These laws predominantly affect Malays, who comprise the majority of PT Foundation’s transgender service users.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers are vulnerable to arbitrary detention for carrying more than three condoms, as the number of condoms in possession is seen as corresponding to the level of promiscuity.

CORRECTIVE INTERVENTIONS

The Department of Islamic Development (JAKIM), a religious policy-making department, has implemented the ‘Mukhayyam Programme: Employment Training Programmes for Most at Risk Populations’, particularly for transgender Muslims. It aims to remove transgender people from sex work and economically empower them, but is very corrective in nature, with participants also expected to undergo religious and spiritual lessons and boot-camp training.

SYSTEMIC EXCLUSION

Post-operative transgender people have difficulty in changing their official documents to correspond to their true gender.

ACCESS TO HEALTH CARE

Gender reassignment surgery was banned for transgender Muslims, but as a result it is no longer available to any transgender people in Malaysia.

Origins and aims of the programme

PT (Pink Triangle) Foundation is a community-based organisation providing HIV and STI-related services to the most at-risk populations. Its transgender programme was established in 1992, and is now aided by the Ministry of Women, Community and Development. The programme is led by women, including transgender women and sex workers. The managers of both the transgender programme and the sex worker programme are transgender.

Programme activities

HEALTH PROMOTION

The organisation provides condoms and voluntary HIV testing and counselling at its drop-in centre near the red-light areas.

COMMUNITY EMPOWERMENT

In 2010 the transgender programme founded MyNETRA, a closed FB group exclusively for trans* people (encompassing the broader transgender community to include those with non-binary identities), which has 2,000 members all over Malaysia and provides accurate information on news. MyNETRA goes some way to filling the gap left by funding cuts. Transgender community empowerment workshops are held in collaboration with sexuality rights festival Seksualiti Merdeka.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The programme is actively involved in advocacy efforts, namely with government agencies working on HIV-related matters. MyNETRA supported the transgender women in the state of Negeri Sembilan who filed a judicial review of the 'crossdressing' sharia law. The programme collaborates and networks with Legal Aid centres, and is involved with the 'I Am You: Be A Trans Ally' campaign on social media.

Challenges

Although the programme is essentially government-funded, the state is a barrier in providing holistic services to the transgender sex worker community. Its sole focus on achieving targets and numbers has blinded it to the fact that members of the target group operate within a hostile environment rather than one which enables them to seek out services.

Condoms funded and distributed by the Ministry of Health are nonetheless used as evidence by police to detain sex workers.

Recent government funding cuts for HIV prevention through sexual transmission have left many social workers from the community jobless. Funding sources are a concern for the programme.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Although no longer in operation, the VCT clinic also provided hormone replacement therapy, which drew transgender people to it: a good example of the provision of relevant and desired services.



COMMUNITY EMPOWERMENT

Networking skills allow the transgender programme to expand its work beyond the HIV/AIDS paradigm. Social media is used to reach out to members of the community and to organise community events. Facebook is an effective advocacy tool.

MyNETRA shifts focus away from PT Foundation, which is beneficial in terms of security.

FUNDING SOURCES THAT PRIORITISE TRANSGENDER PEOPLE

Transgender people of many trades have been effective in mobilising resources within the community for events and campaigns, reducing financial cost.

ENGAGEMENT WITH THE GOVERNMENT

The transgender programme engages in consistent networking and consultations with government agencies, even if they are not as forthcoming. The team feels it is still important to be involved in the conversations, and to reduce harm to the transgender community wherever possible.

FORGING ALLIANCES

Networking and collaboration with different groups has enabled PT Foundation to mainstream transgender issues and reach a wider range of people.



CASE STUDY

8

MYANMAR



AMA

Issues faced by sex workers

ACCESS TO HEALTH SERVICES

Most services aimed at sex workers are concentrated in urban areas, putting rural sex workers at a disadvantage. Prior to AMA's establishment, there was no programming aimed at transgender sex workers in Myanmar, and MSM programming did not meet male sex workers' sex work-specific needs.

Origins and aims of the programme

Now more commonly known as AMA, the National Network of Sex Workers, an independent network which is fully sex worker-led, was founded in 2007 and works for sex workers of all genders. The name 'AMA' was chosen as a strategic move to improve the chances of getting registered. It means 'big sister' in Burmese and is an acronym for the literal translation of 'sex worker' – 'Aye Mya Ayake'. It was set up to become a self-determining, representative entity, and works in the field of HIV/AIDS and sexual and reproductive health.

Programme activities

HEALTH PROMOTION

Peer educators conduct outreach and are trained in HIV and STI education, reproductive health information, basic counselling skills and using teaching aids and games. Safe sex supplies are distributed and referrals made to the National AIDS Programme and local and international NGOs for HIV pre- and post-test counselling, STI diagnosis and treatment. The organisation enables access to antiretroviral therapy for HIV-positive sex workers. An apartment in Yangon accommodates HIV-positive sex workers who must come to the city for treatment,



and staff members support them throughout the entire process. Incarcerated sex workers are assisted with access to antiretroviral therapy, nutrition support and medication for opportunistic illnesses. Home-based care, nutrition support and nursing is provided to HIV-positive sex workers.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The government engages with AMA and they undertake work together related to HIV and sex work. AMA has trained sex workers in leadership, advocacy and empowerment.

ECONOMIC EMPOWERMENT

The organisation assists sex workers in opening bank accounts, a milestone which is significant given that Myanmar's banking system is still being established.

Challenges

Accessing funds to run as a network is difficult when only money for programming is available.

Although the name 'AMA' was a strategic choice to improve the organisation's chances of getting registered, registration had not yet been successful at the time of writing, with a lengthy application process.

Best practices

FUNDING SOURCES THAT PRIORITISE SEX WORKERS

Programming should focus on the needs of the community, rather than succumbing to the orders of international NGOs.

FORGING ALLIANCES

Community cohesion is an important element of building a national network from the ground up. Intricate networks of sex workers (both locally and internationally), health professionals, United Nations players, international development, feminists, and other key affected populations (in particular key affected women) all play a part.



CASE STUDIES:

Europe

Multiple region-wide issues are identified as factors contributing to sex workers' vulnerability to HIV, including laws criminalising and penalising sex work, whether directly or indirectly; an absence of safe and supportive working environments; discriminatory attitudes, abuse, and other forms of violence against sex workers by law enforcement officers, clients, the media and the general public; the insufficiency, inaccuracy or even failure of public health efforts to provide the most vulnerable populations with accessible, appropriate, and acceptable HIV programming; information and services which fail to address the needs of the most socially invisible and hard-to-reach communities of sex workers, namely indoor-based, male, transgender, and migrant sex workers; the failure of HIV programmes and services to respect sex workers' rights to privacy, dignity, informed consent, and freedom of choice; and laws criminalising HIV non-disclosure, exposure, and transmission.



CASE STUDY

9

KYRGYZSTAN



Tais Plus

97% of sex workers working in the capital, Bishkek, are Kyrgyzstani, but 75% of them come from other regions of the country and 60% are without identification documents and registration. HIV prevalence among sex workers in Kyrgyzstan increased from 1% in 2008 to 3.4% in 2010 (European Centre for Disease Prevention and Control, 2013). Furthermore, 16.7% of male and transgender sex workers in Kyrgyzstan are believed to be HIV-positive. However, in Bishkek, Tais Plus reports that HIV prevalence among sex workers is at 0%.

Legal context

Sex work is neither a crime nor an administrative offence, although in the past decade the government has attempted to introduce legislation penalising it on both counts.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers experience violence at the hands of law enforcement officers on a daily basis, who target them with threats, blackmail, psychological violence, and extortion (Sex Workers Rights Advocacy Network, 2009; Tais Plus, 2012a). During frequently unlawful police raids, sex workers are illegally detained under the guise of hooliganism, drunkenness, or vagrancy, robbed, forced to give bribes, and in some cases subjected to mandatory HIV testing. Footage from police raids is often screened on state television and in online media, publicly shaming sex workers and putting them at risk of being recognised by their families and in their local communities.

Tais Plus members commemorating the International Day to End Violence Against Sex Workers – 17 December – on the streets of Kyrgyzstan's capital.



PHOTO: TAIS PLUS

The government's attempts to penalise sex work have further increased sex workers' stigmatisation and heightened their risk of experiencing violence and other human rights violations.

ACCESS TO HEALTH SERVICES

Widespread discrimination persists in state and non-governmental institutions meant to provide support and protection for the most vulnerable populations. These include health care clinics and social service providers. Health care professionals exhibit discriminatory and judgemental attitudes, and clinical services come at a high cost. Restrictive regulations on both internal and external migration and civil status, requiring every individual to obtain official registration in a particular region of the country, further deprive migrants, who comprise the vast majority of sex workers in Kyrgyzstan, of access to medical insurance and primary health care services, including HIV testing, treatment, and care.

ACCESS TO SOCIAL SERVICES

Because many internal migrants in Kyrgyzstan are without documentation, they do not qualify for many social services, as well as family allowance and other forms of financial crediting.

Origins and aims of the programme

Tais Plus is one of the first sex worker-led organisations in the region. It was formed in 1997, officially registered in 2000, and contributed to the establishment of the first Kyrgyzstani network of sex workers, Shah-Aiym, in 2010. Tais Plus works with sex workers of all genders, their partners, children, and clients in Bishkek and its surroundings, contributing to a remarkably low HIV prevalence among sex workers in the capital.

Programme activities

HEALTH PROMOTION

Above all, Tais Plus focuses on promotion of consistent condom use. It delivers tailor-made outreach 'mini-sessions' dealing with topics such as HIV infection, STIs, sexual and reproductive health, tuberculosis, and risks associated with alcohol and drug use. The organisation provides referrals and accompaniment to medical and support services that are confidential, non-judgemental, mostly free, respectful, and accessible to all regardless of nationality, and it constantly monitors their quality. Pre- and post-testing counselling is available to sex workers visiting the local AIDS centre, including individual risk assessment, education about safe sexual behaviour, the development of HIV risk reduction plans, support, and (if needed) referrals to medical clinics. Tais Plus also offers mouth-swab HIV tests and peer counselling in its drop-in centre, where a doctor and psychologist are available for consultation.

Its 2008 HIV prevention project aimed at clients (subsequently closed due to shortage of funding) provided them with safe sex supplies, education and health care referrals.



PHOTO: TAIS PLUS

'Dolls action' conducted by Tais Plus in 2012.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation engages in advocacy for sex workers' rights in medical settings and sensitisation of health care personnel. It documents violence against sex workers and takes part in parliamentary meetings, round-table discussions with government officials, and public hearings across the country. It provides sensitisation trainings for the representatives of law enforcement agencies, and successfully campaigned against the government's criminalisation of sex work.

ACCESS TO JUSTICE

Sex workers visiting the organisation's drop-in centre can meet with a lawyer.

COMMUNITY EMPOWERMENT

Additional topics covered by Tais Plus' outreach 'mini-sessions' include sex workers' rights and freedoms, violence, discrimination, and obtaining registration and an identity card. The organisation offers assistance in obtaining identification documents, housing, and health insurance, referrals to other facilities and services, and non-judgemental psychological support in case of emergency and crisis. Additionally, sex workers can access laundry, shower, kitchen and internet facilities. Emergency accommodation is available in the drop-in centre for up to two weeks, though in some cases pregnant, severely ill and highly vulnerable sex workers (along with their children) have lived on the premises for several months. Tais Plus overcomes sex workers' isolation by bringing them together in a community space for different activities.



Artistic installation depicting the work environment of outdoor sex workers in Bishkek, prepared by members of Tais Plus to commemorate the International Day to End Violence Against Sex Workers in 2013.

CASE STUDY

10



MACEDONIA

STAR-STAR

HIV prevention projects aimed at sex workers rely on street-based outreach, reaching only 13% of the target population.

Legal context

Sex workers receive excessive fines of €600–800 under administrative laws against selling sexual services, loitering, and hooliganism. Third parties profiting from sex work are criminalised, including those providing space for sex work, who are frequently sex workers themselves.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers are regularly targeted by the police during sweeps aimed at eradicating sex work from the public sphere. Police confiscate condoms and use them as evidence against them. They face stigma, hostility, and violence from clients, police, the general public and the media.

ACCESS TO HEALTH SERVICES

Discriminatory treatment against sex workers is widespread, including in medical clinics and institutions providing social services, deterring them from filing complaints or seeking support in cases of abuse and illness. The threat of arrest for supposedly intentionally spreading infectious diseases deters them from accessing HIV-related services. Judgemental and hostile attitudes towards male and transgender sex workers in medical settings lead to violations of the right to confidentiality, and even refusals to provide medical services.

Origins and aims of the programme

STAR-STAR is the only sex worker-led organisation in the country, founded in 2008 and registered in 2010 as an 'Association for the Support of Marginalised Workers'. It protects and promotes sex workers' rights and fights against the discrimination and stigma faced by sex workers on a daily basis. It advocates for a change in both the repressive legal framework and negative social attitudes toward sex work.

Programme activities

HEALTH PROMOTION

The organisation engages in interventions addressing sex workers' access to high-quality health services (including HIV counselling and testing, treatment, care and support), free from coercion or discrimination, and available regardless of the changing funding environment. It provides indoor-based sex workers with safe sex supplies and education on HIV and other STIs, safe sexual behaviour, issues related to sexual and reproductive health, and occupational safety. It delivers training in consistent condom use and negotiation with clients. Referrals are made to medical services, including HIV testing, STI check-ups, gynaecological and dermatological counselling, and free harm reduction programmes. An online register of 'Friendly Health Centres' is planned which will direct male and transgender sex workers to respectful and non-judgemental HIV-related services.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

STAR-STAR seeks to develop sex workers' collective capacity to effectively engage in the struggle for their own rights and improvement of their legal and social situation, through advocacy campaigns and involvement in policy development processes. It makes efforts to ensure the sustainability of HIV programming for sex workers in the changing funding conditions, through community involvement and the diversification of funding sources so as not to solely rely on grants from one source. Sensitisation trainings are carried out for health workers, including medical specialists, general practitioners, and nurses operating in health care clinics which offer HIV-related services to members of marginalised communities. These trainings are led by male and transgender sex workers, some of them living with HIV, and facilitated by trusted health professionals and human rights activists. The organisation is also involved with public campaigns such as marking the International Day To End Violence Against Sex Workers on 17 December, and produces an online monthly magazine available to members of the public.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Informal and sociable outreach plays an essential role in overcoming the isolation and marginalisation faced by indoor-based sex workers.



PHOTO: STAR-STAR

STAR-STAR advocating for sex workers' labour rights on the International Workers Day, 1 May.

CASE STUDY

11

SWEDEN



Rose Alliance

Legal context

Sex workers' clients are criminalised, as are third parties profiting from sex work, which includes not only managers but hotel managers, sex-ad website owners, and even taxi drivers. The law, known globally as the Swedish model or the Nordic model, is based on a perception of sex workers as victims of male domination, and is intended to eradicate sex work. The NSWP's briefing paper on the criminalisation of clients covers this in more depth.

Issues faced by sex workers

VIOLENCE AND POLICING

Criminalisation of clients has driven sex work underground, forcing those selling sexual services to operate in frequently unsafe or unfavourable working conditions and exposing them to violence and harassment.

ACCESS TO SAFE SEX SUPPLIES

State-funded condom distribution is limited to only two cities in the country because harm reduction efforts are frequently considered to be facilitating and legitimising sex work.

ACCESS TO HEALTH SERVICES

Sex workers experience stigmatisation and discrimination at the hands of social service providers and health care professionals, who often actively encourage exit from sex work or only offer assistance to those who declare a willingness to cease selling sex. The vast majority of sex workers do not reveal their occupation and may not even visit HIV-related services, so as to avoid patronising and discriminatory treatment. Restrictive laws on HIV exposure, non-disclosure, and transmission effectively criminalise sex workers living with HIV and discourage HIV testing out of fear of arrest and imprisonment.

ACCESS TO HOUSING

Sex workers are at risk of losing their homes because landlords are forced to terminate leases or evict their tenants if they discover – or even suspect – that the tenants are selling sexual services.

Origins and aims of the programme

Rose Alliance, the 'National Organisation for Sex and Erotic Workers', was established in 2009 and brings together current and former sex workers to advocate for their rights and an end to stigma around sex work. It was initiated in response to the emergence of the Swedish model and seeks to regain sex workers' agency and credibility in the public sphere.

Programme activities

HEALTH PROMOTION

In 2012 Rose Alliance, together with its partner, HIV Sweden, was granted funding by the Swedish Institute for Communicable Disease Control to introduce the first nationwide HIV prevention programme dedicated to sex workers in Sweden, designed, implemented, and evaluated entirely by members of the sex worker community. Its objective is not only to effectively increase sex workers' knowledge about HIV and STIs, but also to overcome the stigma and discrimination which constitute the main barriers to sex workers' access to HIV-related services. It uses the internet to connect with sex workers working in Sweden, which is the means of communication preferred by the vast majority. Rose Alliance has also recently trained peer educators in HIV/STI prevention, occupational health and safety, private sexuality and emotions, health care and drug use, and the specificity of social services in Sweden, as well as different practical skills necessary in outreach work. The organisation's website is intended to serve as a repository of information relevant to sex workers, including health-related information.



PHOTO: ROSE ALLIANCE

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation aims to improve health and social services for sex workers in Sweden through the use of its website, which will be used to raise awareness of sex workers' rights among health care staff and social service professionals, shedding light on common problems faced by sex workers – including migrants and those who use drugs – in different medical settings and social security institutions, in order to improve the quality of their services and overcome discriminatory attitudes and stigma-driven practices.



PHOTO: MATHILDA PIEHL

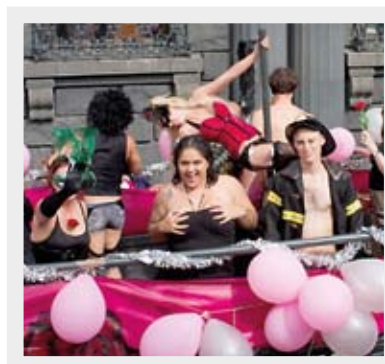


PHOTO: ROSE ALLIANCE

Rose Alliance advocating for sex workers' rights at the Pride Parade in Stockholm, 2012.

The organisation fosters mobilisation and the strengthening of the sex workers' community in Sweden by providing its members with peer education and support and by making sex workers' voices heard and taken seriously in public debates on 'prostitution', health, and human rights. It raises public awareness about sex workers' situation in Sweden and addresses discriminatory laws and social attitudes severely affecting sex workers' living and working conditions. It cooperates closely with different organisations fighting for the rights of the most stigmatised – and in some cases, overlapping – communities; advocates state prioritisation of sex workers' health; and demands unconditional access for sex workers to much needed harm reduction programmes. It conducts sensitisation

training sessions for health care professionals on sex workers' rights, the difference between sex work and trafficking (very often conflated in medical and social service settings), the negative consequences of the current legislation on sex workers' physical and sexual health and safety, and so on. Rose Alliance is building a network of reliable journalists, politicians, academics and allies able to advocate for sex workers, and provides the general public with actual and unadulterated knowledge. It has established an award for those contributing to the struggle against the violence, stigma and discrimination experienced by sex workers in Sweden.

COMMUNITY EMPOWERMENT

Community-led workshops and informal one-on-one meetings enable community members to provide one another with emotional support and overcome their loneliness and isolation resulting from unfavourable working conditions. These gatherings also play an important role in community strengthening.



PHOTO: ROSE ALLIANCE

Rose Alliance commemorating Jasmine, community member and sex workers' rights activist brutally murdered in July 2013.

CASE STUDY

12

RUSSIAN FEDERATION



Silver Rose

There are estimated to be between 1 and 3 million sex workers in the Russian Federation. HIV rates are believed to be at 15% among male and transgender sex workers, and 12.9% among indoor sex workers in St Petersburg. HIV prevalence in Russia has risen by 250% since the beginning of the 21st century, with more than 750,000 people living with HIV and AIDS. The withdrawal of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2010 and the state restrictions preventing non-governmental organisations from obtaining foreign funding have significantly limited the scope and number of HIV prevention projects dedicated to sex workers nationwide. The most optimistic estimates indicate that 2 to 3% of sex workers were reached by any kind of HIV prevention and education efforts in 2012 (Conecta, 2012).

Legal context

Sex work is partially criminalised. 'Prostitution' is an administrative offence, while profiting from 'prostitution' is punishable under the Criminal Code. The 'promotion of homosexuality' is banned, as is substitution treatment for people who use drugs. HIV transmission and exposure is criminalised. There are repressive migration laws, and migrants are deported once they are diagnosed with HIV.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers are deprived of rights, protection, and the ability to organise. There is a high level of police-driven violence and harassment against sex workers. Frequent raids and sweeps see sex workers not only illegally detained and arrested but also humiliated, blackmailed, beaten, tortured, brutally raped, and even murdered. They additionally face harassment and coercion by other parties, such as managers, organised crime networks, and clients, while there is a climate of impunity for perpetrators.

ACCESS TO HEALTH AND SOCIAL SERVICES

Due to high levels of internal (intra-regional) and external migration (the latter group mainly coming from former Soviet republics), over 70% of sex workers working in the Russian Federation lack the required registration and medical insurance, and as such are excluded from health and social services.



Through Silver Rose's website, developed in 2012, sex workers can consult with a peer psychologist, lawyer or health-care professional.

Origins and aims of the programme

Silver Rose was established in 2004 as a community support group based in St Petersburg. It is a 'non-commercial partnership of sex workers and their allies to protect sex workers' health, dignity, and human rights'. A main goal is the decriminalisation of sex work, as well as the creation of a political and social environment granting sex workers safe working conditions and providing them with equal access to health care and justice. Silver Rose welcomes sex workers of all genders, sexual orientations, work settings, ethnic origins, and citizenship status, as well as other stakeholders who share its values and commitment to fighting for the improvement of sex workers' situation, including lawyers, rights activists, medical professionals, clients, and administrators of sex work venues. It is still not recognised as a legal entity by the Russian state: the Ministry of Justice denied its registration, claiming that in its charter the organisation refers to a vague category of sex work, not listed in any classification of occupations in the Russian Federation, and thus the Ministry cannot verify that the organisation will not violate the constitutional ban on "propaganda or agitation instigating social, racial, national or religious hatred and hostility". No legal recognition means Silver Rose cannot receive any state or foreign funding.

Programme activities

HEALTH PROMOTION

The organisation conducts informal outreach, providing sex workers with safe sex supplies and education on HIV and other STI infections. Peer outreach workers target managers, administrators, and owners of sex work venues with information on occupational health and safety in the context of sex work, and encourage them to provide sex workers with easy access to safe sex supplies. Often those third parties become gatekeepers by referring sex workers to Silver Rose, or inviting peer educators to carry out workshops on their premises on HIV prevention and negotiation of condom use. Access is facilitated to acceptable and affordable HIV-related services, specialist medical care and support, the organisation having developed an unofficial memorandum of understanding with trusted and sensitised health care professionals from different services, including HIV and STI testing and treatment, gynaecological counselling, and drug and alcohol treatment, all offered within a non-judgemental and non-discriminatory framework. Crucially, the majority of these services are accessible and provided for free to a large number of migrant sex workers who do not have the required registration and/or compulsory health insurance. Additionally, sex workers can communicate online with a gynaecologist and peer psychologist. Community-led HCT is delivered anonymously and voluntarily by trained peer counsellors, and instant referrals made for sex workers diagnosed with HIV. HIV-positive migrant sex workers, who are legally at risk of deportation, may be connected with sensitised medical centres and sex worker-led organisations in their home countries.

ACCESS TO JUSTICE

Silver Rose carries out careful and systematic documentation of police-driven harassment and other forms of violations of sex workers' rights, gathering detailed information on patterns of violence experienced by sex workers in the Russian Federation, and providing sex workers with adequate legal support during court cases and trial procedures. Data on police-driven violence faced by sex workers has been used to develop a series of mini-seminars entitled 'Know Your Rights' which cover current legislation on sex work in the Russian Federation, laws on migration, registration and drug use, sex workers' civil and human rights, and – most importantly – procedures of action during (illegal or arbitrary) police raids and arrests. Presently the organisation is working on a short video to increase sex workers' legal literacy and present effective strategies of legal self-defence in cases of police harassment and detention.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation conducted research on HIV prevalence among sex workers working indoors in St Petersburg, which was published in a scientific journal issued by the Russian Academy of Medical Sciences. As well as being an important source of knowledge, this doubled as an advocacy tool calling for the implementation of comprehensive, state-funded HIV programming for indoor-based sex workers. More research is to come, conducted in accordance with international human rights standards and in a respectful and non-coercive manner. The sex worker community is becoming increasingly visible in the media and the public sphere. The organisation cooperates with trusted and sensitised journalists willing to overcome the widespread discriminatory attitudes towards sex workers in Russian society and to highlight their real problems in the era of the HIV pandemic. It holds public gatherings, performances and press conferences, to draw attention to themes such as the International Day to End Violence Against Sex Workers on 17 December. In December 2013 it planned an exhibition of art created by sex workers during one of its community workshops, followed by a charitable auction, the profits from which to be used to purchase HIV prevention materials for distribution during community-led outreach.

Representatives of Silver Rose participate in a training session on leadership in Lviv, 2013.



PHOTOS: SILVER ROSE

CASE STUDIES:

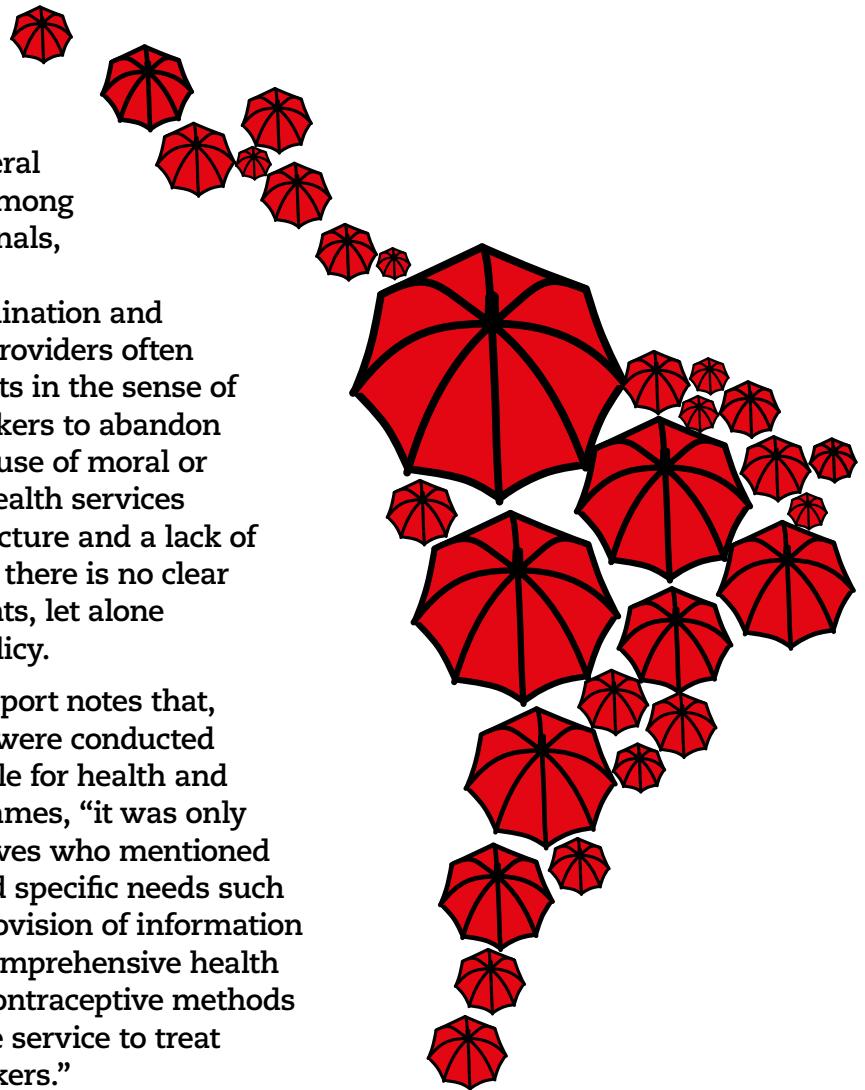
Latin America

Although each of the countries studied has free services aimed at addressing sexual health, HIV/AIDS and STIs, these are aimed at the general public, with gaps remaining in meeting the needs of sex workers, particularly in terms of flexible schedules and quality care. Health services are not respectful of sex workers' rights and there is a lack of sensitive, warm and respectful care programmes. Sex workers are also affected by shortages of medication and a scarcity of rapid

testing services,
as well as of
both male and
female condoms.

There is widespread
ignorance and a general
lack of information among
health care professionals,
which contributes to
homophobia, discrimination and
aggression. Service providers often
make value judgments in the sense of
encouraging sex workers to abandon
their profession because of moral or
religious concepts. Health services
suffer from poor structure and a lack of
professionalism, and there is no clear
response to complaints, let alone
changes in health policy.

The Latin America report notes that, although interviews were conducted with those responsible for health and HIV and STI programmes, "it was only sex workers themselves who mentioned prejudice, stigma and specific needs such as opening hours, provision of information on prevention and comprehensive health care, availability of contraceptive methods and a comprehensive service to treat transgender sex workers."



CASE STUDY

13

ECUADOR



La Sala (The Room)

Issues faced by sex workers

POLICING

Sex workers operate in a hostile environment and are persecuted by police.

ACCESS TO SAFE SEX SUPPLIES

In addition to shortages of condoms, sex workers are unable to negotiate their use with clients.

ACCESS TO HEALTH SERVICES

Sex workers face exclusion from health care services.

Origins and aims of the programme

La Sala ran between April 1998 and May 2005 and was created to promote empowerment and self-care for sex workers, thereby reducing the incidence of HIV/AIDS in the province of El Oro. It aimed to build and design methodologies for HIV/AIDS prevention and condom use with the active participation of female sex workers. It prioritised experiential and reflective learning of sex workers in an atmosphere of trust.

Programme activities

HEALTH PROMOTION

La Sala broadened sex workers' knowledge of safe sex practices. It also tackled internalised feelings of rejection, through building self-esteem and expressing feelings, and looked at ways to counter the negative social messages that caused sex workers to love themselves less and consequently take less care of themselves. It provided tools to empower sex workers, starting with negotiation skills for female sex workers to use with their clients and partners. Its comprehensive, holistic health approach emphasised prevention and encouraged sex workers to take personal responsibility for their own health and well-being.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Female sex workers have organised changes to public policies and health care service policies.

Challenges

Mistrust and stigma were sometimes a barrier to getting female sex workers involved.



Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Sex workers were provided with reliable information on safe sex practices and ways to negotiate with clients, correcting misconceptions about condom use. A consistent group of volunteer sex workers empowered their colleagues to handle arguments with clients and partners in favour of condom use. A positive change was observed in terms of the prioritisation of their health over pressing financial need.



COMMUNITY EMPOWERMENT

Sex workers increased their self-esteem, acquired tools for strengthening solidarity and were empowered to propose unions and strategies.

FORGING ALLIANCES

Solidarity was achieved with women's and feminist organisations, as well as other civil organisations.

ENGAGEMENT WITH HEALTH SERVICE PROVIDERS

Sex workers organised changes to public policies and health care service policies, regarding the regime of control of so-called 'prostitution' in the country, and the dehumanising conditions and precariousness of attending health services.

The programme has been replicated in other cities and other countries.

CASE STUDY

14

MEXICO



Male sex worker programme of CHENACA.C

Issues faced by sex workers

ACCESS TO SAFE SEX SUPPLIES

The state claims a lack of resources which prevents it from providing safe sex supplies to sex workers, though it is believed that a lack of political will is also to blame.

ACCESS TO HEALTH SERVICES

Slow bureaucratic processes and medicine shortages constitute obstacles in accessing services and care.

Origins and aims of the programme

CHENACA.C (Men's Collective in Community Action) is an organisation linked to the Global Network of Sex Work Projects. Its male sex worker programme, which ran between February 2010 and December 2012, worked at reducing the number of new infections, as well as the effects of HIV/AIDS and other STIs, through the development and implementation of strategies and preventive actions, based on scientific evidence specific to male sex workers and their clients.

Programme activities

HEALTH PROMOTION

The organisation delivered HIV/AIDS and STI workshops, providing educational materials for sex workers and informing them on correct use of condoms and water-based lubricants. It referred them for medical care free of discrimination, and to Popular Insurance, which afforded them access to free health services. It also provided free HIV testing with pre- and post-test counselling.

Challenges

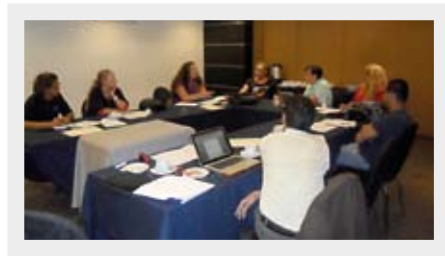
It was difficult to gain the trust of male sex workers, and often a great deal of time was needed to convince them.

Funding still has not been obtained for replication of the project in other states.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

The use of workshops in imparting knowledge to sex workers was successful in enhancing their, and by extension their clients', awareness about sexual health and prevention of HIV and STIs.



CASE STUDY

15

MEXICO



Transgender sex worker programme of Tamaulipas Diversity VIHDA Trans A. C.

Issues faced by sex workers

VIOLENCE AND POLICING

Transgender people in Mexico experience stigma, discrimination, rejection, police violence, sexual exploitation and exposure to risks on a daily basis just by leaving home to go to work, including but not limited to sex work.

ACCESS TO HEALTH SERVICES

It is rare for transgender people to visit the doctor when commencing use of hormones. They are liable to experience complications or side-effects due to the improper use of oils, injected by non-professionals in unfavourable conditions. They lack economic resources for quality health care, facial surgery, silicone buttock or breast implants, and gender reassignment surgery.

Aims of the programme

Tamaulipas Diversity VIHDA Trans A. C. promotes responsible sexuality, free of sexually transmitted infections; human rights empowerment; and an end to discrimination and violence against transgender people living with HIV/AIDS and sex workers. This programme, active between January and December 2005, sought to achieve integral health care for transgender people who use public health services.

Programme activities

HEALTH PROMOTION

A mobile centre provided care to HIV-positive transgender people. The organisation trained and empowered transgender female sex workers on human rights, condom negotiation and condom use.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Police authorities signed agreements that they would not arrest transgender women while carrying out sex work. The programme also saw the legal constitution of the first organisation of transgender women in the region, and formed strategic alliances with other non-governmental organisations and health authorities.

Challenges

There was little support from the head of the state HIV programme or from the Tamaulipas Secretary of Health, since they have connections to organised crime. Access to the transsexual labour group was very limited due to this lack of support.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Thanks to political advocacy a care programme was put together for transgender people living with HIV.



CASE STUDY

16

PERU



Partnership work between the Association of Sex Workers Miluska, Life and Dignity, Association for the Rights of Trans People and Cayetano Heredia University

Issues faced by sex workers

ACCESS TO HEALTH SERVICES

Slow bureaucratic processes and medicine shortages cause difficulties in accessing services and care.

Origins and aims of the programme

A national sex work and human rights inquiry in 2007 brought together sex workers of all genders, representatives of central and regional government authorities, and civil society and international cooperation agencies, to encourage broad debate on stigma, discrimination, violence and the vulnerability associated with sex work and its links to HIV and AIDS. The participation of sex worker organisations was a key element of the event. Regional authorities committed to taking practical measures for an effective programme of sexual and reproductive health and prevention of HIV in sex work and human rights protection for this group in particular. The programme was led by the Association of Sex Workers Miluska, Life and Dignity, Association for the Rights of Trans People and Cayetano Heredia University. It aimed to work with local and regional authorities with the participation of the diverse kinds of organisations that had been represented at the national inquiry, in a well coordinated manner designed to guarantee human rights. Its goals were:

- ▮ to promote changes in the health sector and within the context of HIV and AIDS, fostering the provision of sensitive support, with training and information on sexual diversity and in relation to the complexity of the sex work environment
- ▮ to reduce violence against sex workers, with special attention to law enforcement officials and security forces at the local government level
- ▮ to improve sexual and reproductive health and HIV prevention services, including condoms, universal access to STI treatment, information on STIs and HIV and prevention methods
- ▮ to decrease stigma and discrimination by health care providers
- ▮ to advocate for changes in the municipal laws, particularly their attempts to regulate sex work which result in the violation of sex workers' human rights, and
- ▮ to train government authorities, including the health sector, on the human rights of sex workers, in order to decrease violence and stigma resulting from their lack of awareness.

Its work was designed and carried out jointly with organisations of sex workers and transgender people, along with academic institutions.

Challenges

Some fundamentalist authorities saw this as criminal work, and some authorities with whom agreements had been made subsequently changed.

In some provinces the non-transgender female sex workers could not work with the transgender sex workers because of different interests.

Ignorance about internet use made it difficult to make arrangements.

Best practices

COMMUNITY EMPOWERMENT

The programme consolidated and strengthened the capabilities of women leaders, including transgender women.

ENGAGEMENT WITH LAW ENFORCEMENT

A training module was developed for police officers.

ENGAGEMENT WITH HEALTH SERVICE PROVIDERS

Updating standards and protocols and sensitising healthcare personnel led to improvements in care and treatment services for female sex workers, including transgender women.

FORGING ALLIANCES

Debate and advocacy took place to develop a legal proposal to recognise the right to transgender identity, and advocacy took place for a legal proposal on sex work.





CASE STUDIES:

North America and the Caribbean

In the Caribbean, reported rates of HIV among sex workers and men who have sex with men are higher than among the population as a whole (Caribbean Community and Pan-Caribbean Partnership Against HIV/AIDS, 2008; Baral et al., 2012; UNAIDS, 2010; UNAIDS, 2008; Global Commission on HIV and the Law — Secretariat, UNDP, HIV/AIDS Practice, 2011). The USA and Canada see high rates of HIV among sex workers who work on the street and sex workers who use drugs (Jenness et al., 2011; Cohan et al., 2006; Shannon et al., 2005).

Region-wide issues are identified as meagre and declining funding for HIV and sex work; repressive legal frameworks governing sex work; stigma and discrimination towards sex workers, migrants and LGBT people; anti-sex work ideology espoused by donors and governments; inadequate HIV prevention, treatment, care and support for sex workers; a lack of comprehensive health programmes targeting sex workers in the region; programmes and services for sex workers which have prejudiced and unfounded stereotypes of sex workers and moralistic views opposing sex work; and the dwindling of already meagre funding for sex worker-led HIV programming, while anti-trafficking organisations that intentionally conflate sex work and trafficking are attaining an increasingly large share of domestic and global funding.



CASE STUDY

17

GUYANA



Guyana Sex Work Coalition (GSWC)

16.6% of female sex workers and 19.4% of male sex workers in Guyana are HIV-positive. 78.6% of sex workers and 72% of MSM are not reached by HIV prevention programmes.

Legal context

Sex work is highly stigmatised and criminalised. Laws prohibit solicitation, procurement and 'public indecency' (Robinson, 2007). Laws that forbid 'gross indecency' and cross-dressing have also been used to arrest and prosecute MSM and transgender people, including those involved in sex work (Republic of Guyana, 2012).

Issues faced by sex workers

VIOLENCE AND POLICING

Police target sex workers for harassment and perform street sweeps, during which street-based sex workers are arrested and detained under the guise of enforcing laws against loitering and vagrancy. Sex workers are abused by law enforcement officials and aggressors posing as clients, and discriminated against by courts. When sex workers report crimes committed against them to the police, their complaints often go unheeded and in some cases, they are ejected from police stations because of their work.

ACCESS TO HEALTH SERVICES

Sex workers are mistreated by health and social service providers.

ACCESS TO HOUSING

Sex workers are unfairly evicted from their residences by their landlords.



GSWC's former Georgetown office and safe space for sex workers.

Origins and aims of the programme

Founded in 2008, the GSWC is the first national sex worker-led organisation in Guyana. It fights for the human rights of sex workers in Guyana and the Caribbean. The majority of staff and board members are sex workers, who are involved at every level of decision making. It provides services in all ten administrative regions of Guyana, working with sex workers of all genders, including youth and HIV-positive sex workers, in both rural and urban areas.

Programme activities

HEALTH PROMOTION

The GSWC's peer outreach teams visit sex workers at their workplaces, not only distributing safe sex supplies but also engaging them in conversation about their health, safety and human rights. Voluntary counselling and testing for HIV and other STIs was available until July 2012 when funding cuts forced the organisation's Georgetown office to close.

The organisation's workshops and 'edu-dramas' engage participants, namely sex workers and members of other marginalised communities, in creative ways to learn about issues like HIV and how to keep themselves safe.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Human rights training, provided to law enforcement officers, health care providers, operators of sex work establishments and others active in the hospitality industry, makes use of the 'edu-drama' model to educate participants on issues prioritised by sex workers, including stigma and discrimination against sex workers, LGBT communities and women and girls; gender-based violence; access to safe, effective and non-judgemental police protection and health care; and confidentiality, particularly in health care settings and in the context of police complaints. They present participants with a fresh perspective and are effective in illustrating how sex workers are driven away from services and how abusers operate in a culture of impunity.

Since the establishment of the GSWC and its engagement of the sex worker community, sex workers have succeeded in raising public awareness of issues including sex workers' need for safe working conditions and the importance of making condoms available in prisons. Sex worker advocacy eventually led the Ministry of Health to adopt a 'zero tolerance' policy on stigma and discrimination.

The GSWC has also passed on its knowledge to sex workers elsewhere in the region, helping to establish the sex worker-led organisation Women of Worth in Grenada, lobbying for better access to health and social justice in Jamaica and Suriname, delivering training to regional sex workers on human rights and advocacy, and participating in the NSWP and the Caribbean Sex Worker Coalition.



The GSWC visits Aranka (a rural community) to provide peer-based human rights education to sex workers, and also distribute safe sex materials.

Challenges

Loss of funding has led to the closure of the organisation's Georgetown office, which was the only safe space for sex workers in the country. This has had a catastrophic effect on its ability to maintain essential programming. Some services have since been provided out of the home of the GSWC's executive director but a more suitable space remains to be found.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Workshops have led to ongoing peer support between sex workers, who exchange safety tips and advice.

ENSURING INCLUSION OF ALL SEX WORKERS

Because some people do not identify as sex workers but exchange sex for goods or money, many of the workshops are not directed exclusively at sex workers, but at marginalised communities more broadly. The GSWC contacts community leaders in the area to invite participants. The focus is not specifically on HIV as this may deter some from attending, but drama may be employed to illustrate, for example, the relationship between gender-based violence and HIV.

ENGAGEMENT WITH SEX INDUSTRY GATEKEEPERS

The organisation held a workshop in 2009 for brothel and hotel owners and participants from the hospitality industry to make them aware of, and encourage them to uphold, sex workers' human rights. This opened meaningful lines of communication with hotel and brothel owners who in turn help facilitate contact between the GSWC and sex workers residing in their establishments.

ENGAGEMENT WITH LAW ENFORCEMENT

Human rights training has led to a decrease in the high incidence of police harassment of sex workers, greater willingness by police officers to take the complaints of sex workers seriously, and fewer cases of discrimination throughout the health sector. Police rarely obstruct the GSWC in the course of outreach to sex workers working on the street. A particular success is the GSWC's training of police recruits through the Felix Austin Training College, many of whom will begin their careers patrolling the streets.

Because of the training the GSWC had conducted with the police, sex workers were able to coordinate public action to mark the International Day To End Violence Against Sex Workers, 17 December, with the support and presence of law enforcement. This was critical because of a history of passersby disrupting sex workers' public rallies, occasionally violently.

The GSWC visits the New Amsterdam Law Enforcement quarters to conduct a human rights workshop with members of law enforcement agencies.



CASE STUDY

18

JAMAICA



Sex Work Association of Jamaica (SWAJ)

4.1% of sex workers in Jamaica, 32.8% of MSM and 12% of homeless people are living with HIV (Jamaica, 2012). These figures contrast with an HIV prevalence of 1.7% among Jamaica's adult population overall. HIV rates are declining among female sex workers, and most are reached by HIV prevention programmes, but the legal situation continues to negatively impact sex workers, exposing them to police harassment and deterring them from accessing services.

Legal context

Solicitation, 'loitering' in a public place for the purpose of prostitution, brothel keeping, living off the earnings of prostitution and procurement are all criminalised, as is same-sex intimacy.

Issues faced by sex workers

VIOLENCE AND POLICING

Police harass and assault gay men and sex workers. Sex workers rarely report violence to police, and if they do, arrests are rarely made.

ACCESS TO SAFE SEX SUPPLIES

Police crackdowns on sex work hamper outreach workers' ability to distribute condoms.

ACCESS TO HEALTH SERVICES

The prevalent tactics of policing drive sex workers underground and away from potentially lifesaving information on HIV prevention and other health services.

Origins and aims of the programme

The Sex Work Association of Jamaica was launched in 2008 by sex workers after a meeting at which they had shared their experiences of stigma and discrimination, including at the hands of health care professionals. Jamaica AIDS Support for Life (JASL) had trained some sex workers as HIV and safe sex peer educators, highlighting the need for sex worker leadership. SWAJ is a sex worker-led and -run organisation advocating for sex workers' rights and the decriminalisation of sex work.

Programme activities

HEALTH PROMOTION

Peer outreach workers are trained on HIV education, harm reduction, safe sex, working safely, advocacy, effective communication with clients and others, condom negotiation and how to deal with clients who insist on having unprotected sex. Services are implemented and delivered in partnership with other organisations, such as JASL. To promote safe working conditions, JASL encourages sex workers to work in a 'buddy system' so that they can support one another. Mobile support is provided, accessing sex workers in remote areas. Condoms and lubricants are distributed. The organisation also offers free and confidential HIV testing, which can be anonymous if desired, and is carried out by trained and certified sex workers, on a JASL bus or other vehicle. Referrals are made to appropriate services.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

The organisation documents human rights abuses and takes part in public actions and campaigns to raise awareness of sex workers' human rights and to advocate for the repeal of laws that criminalise sex work. It engages with print, television and radio media, and improves dialogue between sex workers and police officers by training officers about the human rights of sex workers and encouraging them to investigate sex workers' complaints in an unbiased manner.

Challenges

Numerous barriers exist to reaching indoor-based sex workers:

- ▮ club owners who claim to be unaware of sex work on their premises, due to fear of being targeted or arrested for operating a brothel
- ▮ club owners who will not permit peer outreach workers onto their premises
- ▮ sex workers who do not see themselves as such and are resistant to outside interventions

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Because many sex workers in Jamaica are migrant and mobile, SWAJ stays in touch with them by sending information via text message. This is made possible through one of Jamaica's major cell phone providers, which offered SWAJ a platform to send bulk text messages. Sex workers who agree to provide their phone numbers to SWAJ during outreach have their phone numbers uploaded to an online database. When SWAJ wishes to send a message out concerning safe sex, HIV and STI prevention, clinic operating days and hours, or appointments for care, it loads this information onto the platform which is then circulated to the telephone numbers in the database.

Rapid HIV testing has been very successful, because sex workers are able to obtain their results within 20 minutes. Most sex workers are reluctant to visit health centres where they have to wait all day just to get one test.

ENGAGEMENT WITH LAW ENFORCEMENT

Police reported that the workshops were 'eye openers' and had greatly changed their perceptions of sex workers. They also indicated that they were much more open to working with sex workers to prevent violence committed against them (Caribbean Vulnerable Communities Coalition & El Centro de Orientación e Investigación Integral, 2013), and that they would like to participate in similar training in the future, extended to more officers and covering more issues related to sex work. Already, SWAJ members have noticed improvements in the way police and sex workers relate to each other in the streets. Reflecting this shift in attitude, Jamaica's police commissioner issued a protocol in 2012 clearly outlining how police officers should respectfully engage with marginalised communities, including sex workers, when they file complaints with the police. This was an extraordinary gesture in light of the history of police prejudice against sex workers and due in large part to the input of SWAJ.

CASE STUDY

19

USA



Women With A Vision (WWAV)

Legal context

Sex work is highly criminalised in the state of Louisiana, where WWAV is based. Engaging in 'prostitution' is prohibited and other aspects of sex work, such as solicitation, promotion of 'prostitution', or 'pandering', are also criminalised. Those accused of soliciting sex for money can be criminally charged under the state prostitution statute, or under the solicitation provision of the 'Crime Against Nature' statute which prohibits solicitation with the intent to engage in anal or oral sex. Police and prosecutors have discretion in choosing which charge to use against a sex worker.

Issues faced by sex workers

VIOLENCE AND POLICING

Sex workers, especially those who are women of colour and transgender women, are victims of police harassment, arrest, violence and other abuses.

ACCESS TO HEALTH SERVICES

Low-income communities in New Orleans have difficulties in accessing affordable health care.

ACCESS TO HOUSING

Rents continue to rise as gentrification takes root after Hurricane Katrina in communities of colour. Access to affordable housing is affected.

Origins and aims of the programme

WWAV was established in the late 1980s in New Orleans by a grassroots collective of eight Black women in response to the spread of HIV in the African American community. At the time, there was only one organisation working on HIV in the region and it principally served White gay men. WWAV's mission is to improve the lives of marginalised women, their families and communities by addressing the social conditions that hinder their health and well-being. This includes extensive work with the lesbian, gay, bisexual, transgender and queer (LGBTQ) community, and especially with transgender women. For its first fifteen years, it focused on outreach and prevention. Since Hurricane Katrina, the organisation has been increasingly engaged in advocacy to address the social conditions and injustices that impact New Orleans' most marginalised women, including transgender women. Areas of focus include sex workers' rights and drug policy reform. While WWAV traditionally serves Black women, the organisation has seen the demographics of people in sex work change over time. More and more, WWAV reaches out to low-income White women who have been hit hard by the US economic crisis.



Programme activities

HEALTH PROMOTION

WWAV conducts outreach to streets, hotels, bars and strip clubs, distributing safe sex supplies, drug harm reduction, and education materials about HIV and other STIs.

ACCESS TO JUSTICE

'Know Your Rights' sessions are held with sex workers in partnership with the Office of the Independent Police Monitor of New Orleans to help inform sex workers about their legal rights when interacting with the police. The organisation has a referral list of lawyers who have experience working with women and understand the issue of criminalisation. A significant achievement was WWAV's partnership with the Center for Constitutional Rights to work on the 'NO Justice' campaign, which challenged Louisiana's archaic 'Crime Against Nature' statute. Until 2011, sex workers convicted of 'Crime Against Nature by solicitation' (SCAN) faced much harsher penalties, including registration as a sex offender. They had to carry a state identification document branding them as such in bright orange capital letters, and had to disclose the fact that they were registered as a sex offender to neighbours, landlords, employers, schools, parks, community centres, and churches. The campaign succeeded in the removal of the requirement to register as a sex offender, and over 800 individuals were removed from the registry.



ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Community-centred meetings are held for different groups, such as people who use drugs and people who have been incarcerated, and they take part in advocacy campaigns. There is ongoing engagement with police, municipal authorities and the Department of Justice to prevent the harmful arrest, police harassment and incarceration of women and transgender people. WWAV is currently in discussions with New Orleans public defenders, municipal court judges, probation and parole officers and the district attorney to develop alternatives to incarceration for women engaging in sex work or affected by other punitive laws. In order to be heard by law enforcement and judicial authorities, WWAV usually addresses sex workers' rights from a public health perspective by describing the disastrous impact on public health of criminalising sex workers. Regular training is delivered to service providers, including health care providers, to educate them about women's challenges and barriers to accessing health services, and to discuss stigma and sex workers' rights. As a result, WWAV can refer women to non-judgemental and respectful health services. The organisation responds to media articles and interventions that reinforce prejudice against sex workers, women of colour and transgender people.

Challenges

The criminalisation of sex work hampers WWAV's work. Police attempt to remove sex workers from tourist areas downtown and target African American communities and transgender women for stops, searches and arrest.

Best practices

ENSURING INCLUSION OF ALL SEX WORKERS

WWAV members bring condoms and harm reduction supplies with them when they visit establishments such as beauty salons. This allows local women to pick the materials up discreetly.

DEMANDING JUSTICE

WWAV reached out to those charged, convicted, or at risk of prosecution under SCAN, as well as allies and lawyers.



CASE STUDY

20

CANADA



Maggie's

Legal context

Criminal laws threaten sex workers in every sector, prohibiting public communication for the purposes of prostitution, the use of indoor workspaces, transportation to a working space, and managerial and/or collective activities. In December 2013 the Supreme Court of Canada found these laws to be unconstitutional, giving the Canadian parliament 12 months to rewrite them, but until then they will continue to be enforced. At the time of writing, the parliament appears to be leaning towards the Swedish model.

Origin and aims of the programme

Maggie's is one of North America's oldest sex worker-led organisations, founded in 1986 by a group of sex workers and their allies as a response to police harassment of, and violence against, sex workers during the height of the AIDS panic. Most of the staff, board and volunteers are current or former sex workers. Its mission is to provide education, advocacy, and support to assist sex workers to live and work with safety and dignity. It takes an intersectional rights-based approach to sex work, recognising sex workers as individuals with expert knowledge and as the best sources of relevant information for other sex workers. It seeks to move beyond service provision to contribute to sex workers organising to change the conditions under which they live and work.

Programme activities

HEALTH PROMOTION

The organisation provides education about HIV prevention, safe sex, and safer drug use, and distributes drug harm reduction supplies.

COMMUNITY EMPOWERMENT

The organisation runs various meeting groups for current and former sex workers, including the Aboriginal Sex Worker Education and Outreach Project, a three-year funded peer-based programme for and by Indigenous sex workers which is the only programme of its kind in North America. The groups empower sex workers to work safely, to engage in safe sex and safer drug use, and to reduce violence in their lives.

ACCESS TO JUSTICE

Maggie's has a referral list of lawyers and offers court accompaniment.

ADDRESSING VIOLENCE

The organisation runs No List, a searchable online database of bad clients, and provides short-term emotional support to sex workers who have experienced violence.

ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

Maggie's educates other service providers and engages in advocacy for sex workers' rights and decriminalisation.

Best practices

SERVICES THAT MEET SEX WORKERS' NEEDS

Maggie's reaches out to sex workers where they work, for example advertising in the same places as them.

No List is compiled according to sex workers' needs: physical descriptions may be helpful but indoor-based sex workers need information such as email addresses and phone numbers if they are to avoid meeting the individuals in question.

ENGAGEMENT WITH OTHER SERVICE PROVIDERS

A group-based labour analysis exercise is an effective learning tool when educating other service providers. Groups identify links between sex work and certain other (usually working-class) jobs, and consider how laws inform the conditions for work.

Best practices by sex worker-led organisations



Offer services that meet sex workers' needs

DROP-IN CENTRES

Establish drop-in centres to enable sex workers to access HIV prevention services, including education, training, demonstration of condom use, counselling, and HIV prevention tools including condoms, lubricants, reading materials, and nutritional supplements for those on medication. Drop-in centres should be in suitable and accessible locations and their opening hours should suit sex workers' schedules, bearing in mind that they may prefer to access them at night.

OUTREACH

Conduct outreach activities to build rapport with the community and disseminate information and education. Outreach should be informal and sociable, playing an essential role in overcoming the isolation and marginalisation faced by sex workers.

Reach out to sex workers where they work, for example advertising in the same places as them. Some websites aimed at connecting sex workers with clients may be willing to allow relevant support services to advertise for free or at a discounted rate.

Where relevant, undertake partnership work with doctors and nurses to visit sex workers in their homes in order to provide them with health examinations and to impart health-related knowledge.

TELEPHONE AND INTERNET SUPPORT

Offer support online and by telephone. Services which can be flexible and adapt to sex workers' needs and preferences will have a higher uptake. The internet is increasingly used by sex workers to connect with clients while keeping a low public profile.

Investigate possibilities for sending bulk text messages in order to maintain contact with as many sex workers as possible. Sending occasional messages will not only deliver specific information to them, but will remind them that there is someone there who can respond to their individual needs.

CLINICS

Where possible, refer sex workers to sex worker-friendly clinics for free and welcoming services that enable them to access medication.

Ensure an anonymous, or coded, system is used for testing. A principal fear among sex workers is that their occupation and/or test results will be exposed. Reassurance that they needn't give their names and that results are confidential will encourage more sex workers to make use of available services. However, in certain contexts employers may require sex workers to provide certificates with their names on them, so ensure that this is possible if desired.

Offer rapid HIV testing, as sex workers may not have time to wait all day for results.

Incentivise sex workers to visit clinics by employing such strategies as reimbursement of transportation costs; provision of t-shirts or other free gifts; and provision of relevant and desired services, such as hormone replacement therapy which may encourage transgender women to visit.

Ensure that clinic staff carry out monitoring of service user adherence to antiretroviral therapy.

WORKSHOPS

Hold workshops to increase sex workers' knowledge about VCT, among other issues, and to foster ongoing peer support between sex workers, who can exchange safety tips and advice.

Focusing workshops specifically on HIV may deter some from attending. To engage more participants, take a more holistic and creative approach, such as employing drama to draw connections.

ADDRESSING VIOLENCE

Circulate information among sex workers on violent and time-wasting clients. Compile lists according to sex workers' needs, bearing in mind that physical descriptions are not necessarily enough: to protect themselves from dangerous individuals, indoor-based sex workers may require details such as email addresses and phone numbers. Be aware of laws regarding the personal information that can be given out about individuals whose crimes are alleged rather than convicted. Connect with other sex worker organisations around the world to learn of the strategies they have taken to balance legal constraints and sex workers' safety.

CRISIS INTERVENTION

Ensure strong and quick crisis intervention. Demonstrate that the organisation is worthy of sex workers' trust and that it is looking out for them. Crisis teams should be well trained to deal with police, sex industry gatekeepers and other parties.

FOLLOW-UPS

Conduct continuous routine follow-ups, through peer educators, for HIV-positive sex workers, to ensure that their needs are met, to gather feedback for better quality HIV/AIDS-related services and to determine what has been achieved in advocacy efforts.

Monitor risky behaviour among sex workers and attempt to reduce it with the help of counsellors and outreach workers.

Ensure that funding sources have sex workers' best interests at heart

In today's unstable funding environment options are often limited, but sex worker-led organisations should nonetheless do everything in their power to prioritise the needs of their local sex worker community, rather than succumbing to the orders of international NGOs.

An alternative to receiving funding from an external agency is the union model, whereby organisations receive monthly fees from members and are therefore accountable to the community and answerable to the fee-payers.

Resources may be sourced from within the community, especially if that community encompasses people of many trades, as in the case of PT Foundation's transgender programme in Malaysia. The help of community members in organising events and campaigns can reduce financial cost.

Run services effectively and smoothly

Map sex workers in the district in order to help outreach workers reach out to the community.

Regularly update information during (de)briefings.

Keep secure records on service users to enable the updating of information and ensure appropriate services are delivered.

Ensure inclusion of all sex workers

Recognise that some people do not identify as sex workers but nonetheless exchange sex for goods or money. To reach them, some of the activities on offer should not be directed exclusively at sex workers, but at marginalised communities more broadly. Bring condoms and harm reduction supplies to venues which are not used for sex work but may be frequented by sex workers, such as community centres or beauty salons, allowing locals to discreetly pick up materials and find out about the services on offer.

Involve both HIV-positive and -negative sex workers in the governance and leadership of the organisation.

Ensure there are sufficient activities to meet the needs of migrant sex workers.

Aim for programming led by sex workers

Train sex workers as paralegals to collect information from their colleagues on human rights abuses and violence.

Train sex workers as HTC counsellors.

Train sex workers as peer educators to ensure the provision of services in a friendly environment, reaching their colleagues with HIV prevention messages and safe sex supplies and encouraging them to learn their status at HTC centres and seek treatment if HIV-positive.

Aim for community empowerment

Empower and mobilise sex workers to understand and know their rights, to demand quality services and access to care, to understand policy analysis skills, to form strong advocacy groups from the community level, and to improve communication skills.

Create support among sex worker communities for government health policies that affect them positively, as well as the removal of discriminatory laws.

Consolidate and strengthen the capabilities of sex worker leaders.

Hold capacity-building workshops and training to assist with the provision of practical information, to raise awareness of the health and welfare needs of HIV-positive sex workers, and to enable empowered and skilled HIV peer educators to demand quality services.

Make use of social media to reach out to members of the community and to organise community events.

Consider establishing a separate online advocacy and/or community group. Additionally, shifting focus away from the programme itself may be beneficial in terms of security in countries where sex workers, LGBT people or other relevant groups are targeted by repressive laws and widespread prejudice.

Engage with sex industry gatekeepers

Hold workshops and train brothel managers and venue owners on HIV prevention approaches and sex workers' rights, encouraging them to make an effective contribution towards the reduction of new infections, the reduction of client violence against sex workers, and knowledge sharing on HIV prevention with sex workers. This may open meaningful lines of communication with them, facilitating contact between the programme and sex workers working in their venues.

Engage with the government

Engage in consistent networking and consultations with government agencies, taking a human rights-based approach. Hold discussions with policy makers to change oppressive laws and policies. They may not be committed to the same goals, but it is important that representatives of sex workers, transgender people, people living with HIV and other marginalised groups have a seat at the table. Even small achievements can make improvements to their lives.

Engage with law enforcement agencies

Take a human rights-based approach in lobbying and advocacy activities with law enforcement personnel. This may be successful in encouraging police officers to protect the rights of sex workers, and even to help them with the distribution of condoms, as has resulted from BHESP's work in Kenya.

Develop a working relationship with law enforcement agencies where possible. Encourage police to hold discussions with sex workers on how the police could effectively help protect their rights.

Develop a training module for police officers and challenge their perceptions of sex workers. Human rights training can lead to a decrease in police harassment of sex workers, greater willingness by police officers to take the complaints of sex workers seriously and a commitment to work with sex workers to prevent violence committed against them. Raising police awareness may also dissuade them from obstructing outreach to street-based sex workers, and gain support from law enforcement when sex workers hold public actions and rallies.

Engage with health professionals

Update standards and protocols and sensitise healthcare personnel to encourage improvements in care and treatment services for sex workers. Provide human rights training to reduce cases of discrimination by health sector professionals.

Deliver training to health professionals and other service providers to educate them on issues faced by sex workers and other marginalised groups and to reduce discrimination and inadequate service provision. Incorporate a group-based labour analysis exercise enabling participants to identify links between sex work and certain other (usually working-class) jobs, and consider how laws inform the conditions for work.

Engage with the media

Target the media to change the perceptions of sex work which filter through to the general public. Build a network of reliable journalists and other allies, as has been done by Rose Alliance in Sweden, which has also established an award for those working for positive change.

Demand justice

Develop legal proposals on sex work and other relevant issues, such as recognition of the right to transgender identity.

If the organisation is in a position to challenge unjust laws, reach out to those charged, convicted, or at risk of prosecution under them, as well as allies and lawyers.

Forge alliances

Liaise with human rights organisations to assist sex workers in finding pro bono legal representation.

Network with civil society organisations to enable sex workers to receive training on HIV prevention, treatment, care and support and sex workers' rights.

Network and collaborate with different groups in order to mainstream the issues of sex workers, LGBT people and other relevant groups, reaching a wider cross-section of the public.

To build a national network from the ground up, involve sex workers, health professionals, international development, feminists, and other key affected populations.

Partner with other local, regional and global sex worker-led organisations and networks to ensure sex workers can access better treatment, care and support, as well as to engage in policy review activities with the aim of violence reduction and improved prevention efforts.

Liaise with rights groups and national networks of sex workers to speak out about their situation in various forums.

Recommendations



Between them, the consultants and the programmes studied came up with a great deal of recommendations, aimed variously at sex worker-led organisations, other service providers, donors, governments and policy makers. The breadth of these recommendations illustrates the range of factors which continue to leave sex workers vulnerable to HIV and human rights violations.

A combination of approaches is required. HIV and other health services need to be improved to meet sex workers' needs, but well informed and respectful staff, and the availability of condoms, can only go so far if laws and policing continue to put sex workers at risk. Sex worker-led organisations should be at the forefront of protecting sex workers from HIV and should always be mindful of the diversity of the sex work community, rather than focusing on a narrow selection of sex worker identities. In every intervention, it should be recognised that sex workers may suffer from other forms of discrimination in addition to stigma against sex work. An understanding of how different forms of oppression and injustice intersect is required.

Consideration should be given to how each recommendation can be put into practice with the inclusion of a wide range of sex workers, among them transgender sex workers, male sex workers, sex workers from ethnic minority groups, indoor-based sex workers, rural sex workers, sex workers who use drugs, HIV-positive sex workers, incarcerated sex workers, illiterate sex workers, sex workers with disabilities, documented and undocumented migrant sex workers, and sex workers who require support in other languages.

Prioritise sex worker-led interventions

An overarching theme is that sex workers must be recognised as the experts on their own lives, needs and circumstances, if interventions are to succeed. As identified in the Europe report, the

'prevention gap' calls for an immediate, well informed, and holistic intervention. That kind of intervention – to be effective and successful – requires sex workers' direct involvement, participation, and leadership in the development, implementation, and evaluation of comprehensive HIV programming dedicated to the sex worker community. Sex worker-led organisations play a significant role because they can recognise sex workers' actual needs and expectations with regard to HIV prevention and treatment, determine priorities for action to ensure sex workers' unconditional access to HIV-related services, and undertake collective action to overcome socio-environmental barriers contributing to sex workers' vulnerability to HIV.

Maggie's in Toronto outlines why sex worker-led interventions are necessary:

Because staff have sex work experience, they can provide information that is specific to work in the sex industry. [...] Mainstream information is often too generic to be useful to sex workers because there is no understanding of the context within which sex work takes place. As one staff member explained, 'Telling sex workers to use condoms isn't helpful because sex workers already know this.' What sex workers often need is information that is relevant to the sex industry. One staff member reinforced this point, 'If you've never sucked a dick for money, you don't have cultural competency in providing services to sex workers. You can support it, but you shouldn't be the direct service provider.'

Too often, service providers with no experience of sex work base their decisions on poor information and stereotypes about the sex industry. Around the world sex workers have proven that they are capable of delivering services to, and advocating for, their own communities. Their knowledge must be prioritised in service delivery or the 'prevention gap' will endure.

Base services on evidence, responding to actual needs

Specific and up-to-date data on sex work is required, with more groups profiled and more research carried out. It is imperative that this research is conducted ethically, with the use of methodologies that include the sex workers themselves. It should avoid focusing solely on cities, as more insight is needed into sex work in places that are less accessible. Local authorities should invest in consistent resources to generate strategic information through studies.

In particular, governments and funders should ensure that funded anti-trafficking initiatives are evidence-based, grounded in human rights and have involved meaningful consultation with sex workers. Given the human rights violations experienced by sex workers in the name of anti-trafficking interventions, this disconnect is another key component of the 'prevention gap'.

Prioritise sex workers' needs over those of funders

As stated by the Guyana Sex Work Coalition, "For too long, funders have sat in their 'ivory towers' dictating down to sex workers. [...] We know exactly what it is like to be a sex worker, what we need and what we are facing."

It is frequently the case that services aimed at sex workers focus solely on HIV and STI prevention through the promotion of safe sex and safer drug use. While these are certainly worthwhile endeavours, they fall short in their failure to look at the bigger picture of what sex workers want and need, often due to a lack of funding for more extensive programming. It must be recognised that not only do sex workers deserve holistic support such as access to information on dangerous clients, legal advice and support in their dealings with the police, but these issues are all connected with their holistic health needs. The more empowered that sex workers are, the more they can protect themselves from HIV and STIs. Funders may not be able to change the laws that disadvantage sex workers, but they are in a position to ensure the provision of more suitable services which strengthen the sex worker community and thereby reduce risks.

Governments and funders should adopt a rights-based approach to funding by supporting sex worker-led HIV programming that encourages sex workers' leadership and meaningful participation in the development and implementation of health services relevant to and for sex workers. They should recognise the value of community-led programming and interventions in reducing sex workers' vulnerability to HIV infection and providing them with comprehensive HIV programming. Thus they should support – financially, educationally, and technically – the development and strengthening of the sex worker community and sex worker-led organisations.

However, because relatively few donors presently support projects that directly represent sex workers' interests, sex worker-led organisations must be aware of and able to respond to the changing funding environment and diversify sources of funding in order to guarantee sustainability and continuity of HIV programming. They should be prepared to negotiate the terms and conditions of funding and define the limits of what they are willing to accept. If donors set the terms without engaging in real research or dialogue, sex worker organisations may end up spending a large proportion of necessary funds on achieving goals they do not agree with or fulfilling needs which they know not to be the most pressing ones.

Enhance sex worker-led organisations' access to funding

Donors should work towards simplification of funding application procedures, thus widening the access of sex worker-led organisations to grant opportunities and improving the feasibility of their projects. Funding opportunities for comprehensive HIV programming should be available to all eligible sex worker-led organisations in low-, middle-, and high-income countries, especially given that sex workers remain a marginalised group experiencing discrimination and stigma globally. Adequate long-term funding needs to be provided to sex worker-led organisations so that they can establish a safe space for sex workers in an accessible and suitable location which is open at convenient times, in which HIV-related programming and shelter can be offered among other services.

Promote decriminalisation and law reform

The call for decriminalisation comes from sex workers in every corner of the world. It is strongly recommended that all countries engage in discussions to decriminalise sex work and eradicate the unfair use of unsupported laws and regulations to violate sex workers' rights. Implementing this recommendation is critical because it will reduce harassment of sex workers by police as well as reducing the stigma and discrimination that sex workers face, enabling them to seek and access health care services without fear. Additionally, all discriminatory and repressive laws and regulations which contribute to sex workers' vulnerability to HIV infection should be eliminated. These include laws criminalising HIV exposure, non-disclosure, and transmission; same-sex activity; transgender identity and associated behaviours; and drug use; as well as civil and administrative offences that punish sex workers under the guise of enforcing laws against vagrancy, public nuisance, loitering or similar policies.

Furthermore, it is crucial to repeal or amend laws against human trafficking that conflate human trafficking with sex work or that are enforced to prohibit sex work. Absorbing a campaign against consensual sex work into the fight against human trafficking obscures the main goal, diverting resources away from tackling the actual abuses suffered by victims of trafficking, while placing sex workers in jeopardy. If human trafficking is to be tackled effectively, work carried out must focus clearly on what will actually benefit those who experience it, rather than ideology and unsupported claims.

Involve sex workers in law and policy reform and development

Governments should meaningfully involve sex workers in law and policy reform, in order to take into account their views about how to minimise the potential for harm. Actively engaging sex workers would send a powerful message that law-makers are willing to listen rather than talk over them. Mechanisms can be put in place to protect anonymity where desired. It is essential that governments engage with sex workers respectfully, recognising that sex workers are diverse and that all deserve to be heard regardless of whether they fit the audience's preconceptions.

Afford protection under the law

Governments should undertake legal actions and introduce policy mechanisms that explicitly protect sex workers from discrimination, violence, and other human rights violations committed by law enforcement agencies, clients, service providers, the general public, and the media, which contribute to sex workers' vulnerability to HIV infection. These actions should be taken through working together with sex workers themselves and sex worker-led organisations.

Legislation should be adopted protecting sex workers and other marginalised communities from discrimination based on occupation (including sex work), health status (including actual or perceived HIV status), sexual orientation and gender identity. This legislation should be well publicised and its enforcement ensured, making both sex workers and those who would abuse them aware that such behaviour will not be tolerated.

Enforce zero tolerance of police abuses

Measures must be taken to stop police harassment and violence against sex workers. Around the world it is a common occurrence for police to unfairly target and abuse sex workers with impunity, and radical changes may be required before sex workers will perceive the police as protectors instead of persecutors. Complaints should be followed up promptly and adequate support provided. Law enforcement authorities should engage with sex worker communities and demonstrate accountability. Specially trained police liaison officers who do not have an enforcement role may be beneficial in dealing with sex workers' concerns and acting as an intermediary between sex workers and the wider police force.

Grant access to labour rights

Governments should recognise sex work as work and grant sex workers labour rights, thus entitling them to state benefits and access to social, financial, and medical services, including high-quality HIV prevention, testing, treatment, care, and support. Safe working conditions should be ensured, including by protecting sex workers' rights under employment standards and occupational health and safety legislation.

Enhance awareness about rights

Efforts should be made to raise sex workers' awareness about their rights with regard to various issues. This applies not only to the legality of sex work, but to applicable legislation on sex work and HIV, including laws on HIV exposure, disclosure, and transmission. They should also be made aware of their rights in terms of interactions with the police and with health and social services, and empowered to make complaints and seek redress should their rights be violated.

Document human rights violations

Governments and funders should support human rights documentation and training developed and led by sex workers to combat stigma, discrimination and judgemental approaches from service providers (including law enforcement officers and health care workers) towards sex workers and other marginalised groups such as MSM, transgender people and people who use drugs.

Eliminate coercive testing

Coercive testing for HIV and/or other STIs is of grave concern to the sex worker community worldwide as it does not respect sex workers' rights, dignity, privacy, or confidentiality. It should be prohibited and legislation authorising it

should be repealed. In its place should be a recognition that sex workers have the right to decide for themselves when, where and whether to get tested, and that they can be encouraged to do so with the provision of respectful and confidential testing services, along with accessible and affordable treatment should they test positive.

Address structural inequalities

Governments should address the structural issues that contribute to HIV vulnerability in the context of sex work, and provide meaningful interventions that aim to reduce poverty and inequality, create and expand employment opportunities, and ensure education for all. This should not be done with the intention of eradicating sex work and thereby reducing sex workers' options; instead, the aim should be to expand the range of options open to people, while respecting their right to engage in sex work if it is their preference.

Ensure inclusion of transgender sex workers

HIV programmes should integrate sex workers of all genders from the beginning. Transgender women should be separated from the MSM cluster, as the conflation of the two groups perpetuates transphobic attitudes and does not adequately reflect their needs or identities. Transgender female sex workers must be recognised as women. Services aimed at female sex workers should be well informed on transgender issues and service providers should be able and willing to meet transgender female sex workers' needs in a welcoming and respectful space. In addition, research is needed on transgender male sex workers and those who identify outside of the gender binary. These groups are rarely acknowledged, and care must be taken to ensure that they are not marginalised or alienated from services.

Empower the sex worker community

Community empowerment is an effective tool in reducing the exposure of sex workers to HIV. It gives sex workers more control over their working conditions as well as control over preventing new infections. It also helps in addressing the obstacles impeding sex workers' access to health services, and protects against human rights violations. To foster community empowerment, continuous engagement is needed with sex workers to participate in raising awareness of sex workers' rights and establishing community-led drop-in centres. The focus should also be on creating solidarity and shared efficacy to improve engagements in outreach and advocacy.

Form trade unions

The union model, such as that taken by the Karnataka Sex Workers Union in India, can be effective particularly in countries where community-based organisations are weak and unable to take on governments and donor organisations. It enables sex workers to come together and collectively demand labour and other rights, without relying on funding from outside sources.

Avoid hierarchies

Members of sex worker collectives should have an equal share of power, applying democratic principles in decision-making processes and building organisational capacity.

Harness the internet in service provision

The internet is increasingly used by sex workers as a means to make contact with clients and with each other while keeping a low profile from the police and the general public. This is particularly evident in Sweden, but it should be

noted that internet use as a means to connect with clients is not restricted to sex workers in the Global North. Many sex workers appreciate the opportunity to access support online from sex worker-led organisations which understand their issues and respect their confidentiality.

Make use of social media in advocacy work

Capacity-building training is recommended to include maximising advocacy via social media, often a cheap and effective tool in educating the public on issues faced by sex workers and in forging links with local and international allies. Information disseminated through discussion boards, social media and other websites informs the public on the realities of sex workers' lives and helps to reduce the stigma and prejudice that they experience.

Given crackdowns on social media in certain parts of the world, as well as the sometimes arbitrary suspensions of groups' and individuals' Facebook and other social media accounts, activists should be aware of the pros and cons of different platforms and ensure they can still access the contacts they have established should their accounts be compromised. Online security measures should be taken to ensure protection and additional resources made available to manage online advocacy.

Strengthen local, national, regional and global sex worker networks

Sex worker-led organisations are encouraged to connect with other sex worker collectives, organisations, and networks on the local, national, regional, and global level. Mutual support, communication, and the exchange of knowledge and experience can help to improve HIV programming projects offered by sex worker-led organisations.

Regional advocacy networks should incorporate human rights into the framework of internal mechanisms, with advocacy materials made readily available to decision-making components of the sex worker groups. The community will be strengthened by a united voice highlighting not only localised issues but drawing connections between the experiences of sex workers in the wider region and beyond.

Build coalitions and alliances across sectors

Coalitions and alliances should be built with health care professionals, lawyers, human rights activists, policy makers, local and national governments, non-governmental organisations, representatives of the private sector or media, and other stakeholders who support sex workers' rights. A training system should be set up to promote alliances between organisations, authorities and sex workers so that sex workers do not only receive condoms but also become promoters and agents of change in their own right. In addition, alliances are particularly recommended between HIV/AIDS groups and government.

Involve sex workers in service development

Sex workers should have meaningful participation in decision making as well as in the development, implementation, monitoring, and evaluation of related projects and resources dedicated to members of their community. Governments and funders should ensure that sex workers are essential partners and leaders in designing, planning, implementing and evaluating health, social and legal services for sex workers. Strategies and actions on HIV and sex work should be incorporated into national HIV/AIDS plans or strategies, with meaningful consultations with sex workers. These should be inclusive of illiterate and migrant sex workers, and as such translated materials may be required as well as non-written means of conveying information.

Ensure access to social and legal services

Governments and funders should support and ensure accessible, non-discriminatory, user-friendly and affordable social and legal services to promote sex workers' access to stable housing, education and employment opportunities of their choice.

End discrimination in access to health services

Sex workers – regardless of their gender, sexual orientation, work environment, socio-economic status, and ethnic origin – should be granted unconditional access to the highest attainable standards of HIV prevention, as well as primary and secondary health care. Services should be accessible to people who use drugs without fear of disclosure of their drug use to authorities. Health service providers should maintain a congruent relationship with services assisting sex worker groups which understand the reality of what is actually happening in terms of sex workers' health issues. Sex workers should be accompanied and empowered to make complaints, and to know which authorities to go to and how to follow up. They should be trained to empower themselves and bring to justice all cases of rights violations within the health services. Governments and funders should reject coercive programmes that pressure and/or require sex workers to leave sex work, reduce involvement in sex work, oppose sex work or identify oneself as a trafficked person in order to access services.

Ensure access to HIV services for all migrants

In particular, governments should grant access to health care, including HIV treatment, to migrants and undocumented persons without fear of disclosure of their HIV or immigration status to the authorities. All legal barriers and discriminatory provisions preventing documented and/or undocumented migrants from accessing high-quality HIV prevention, counselling, testing, treatment, care, and support should be removed. These barriers include the deportation of HIV-positive migrants.

Ensure that health services are appropriate and accessible

Governments should ensure that health services, including primary health care, sexual and reproductive health care, and HIV-related services, are appropriate, accessible, and acceptable to sex workers, avoiding stigma and discrimination while enhancing the promotion of their right to health. This recommendation will drastically minimise the stigma associated with HIV and sex work in health care settings. To achieve this goal, health care providers should be sensitised to the rights and needs of sex workers, including non-coercive services, freedom of choice, confidentiality, and informed consent. Training on these issues should be carried out in partnership with sex workers. The government needs to work with sex worker-led organisations in designing, implementing, and evaluating health care services offered to sex workers.

Ensure that services are inclusive of all sex workers

Service providers need to recognise the diversity within the sex worker community and try to address the real needs of those sex workers who are the most vulnerable and marginalised, and thus to the greatest extent affected by HIV. It should be remembered that, rather than constituting an obstacle, the diversity of sex workers' realities, lives, and experiences is an enormous asset in problem-solving and the main source of creativity in developing effective HIV programming. All HIV programming projects should take into account this diversity, including consideration of indoor, male, transgender, and migrant sex workers, sex workers who use drugs, and those living with HIV. The cultural and language diversity of the sex worker community should be adequately addressed. Governments and funders should support

sex worker-led HIV programming that provides peer support for a diversity of sex work communities, including Indigenous sex workers, sex workers of colour, LGBT sex workers, sex workers who use drugs, youth sex workers, incarcerated sex workers, migrant sex workers, and sex workers in rural and remote communities.

Promote and provide safe sex and drug harm reduction supplies

Condoms and lubricants should be made easily available to sex workers, and their correct and consistent use should be promoted. Community-led approaches to the promotion, distribution, and education of safe sex supplies should be supported. Prophylaxis programmes should take into account the particular needs of sex workers. Governments and funders should supply sex worker-led organisations with safe sex materials and safer drug use equipment, including sterile injection and smoking equipment.

Promote and enable access to asymptomatic STI screening

Sex workers should be educated about the significance of seeking screening services for asymptomatic STIs, and discouraged from waiting until symptoms of STIs materialise, instead seeking laboratory screening when exposed to risks. It remains imperative that such screening is voluntarily sought and accessed.

Promote voluntary HIV testing

Voluntary HTC services should be promoted to sex workers as provided for under the current World Health Organization HTC guidelines. Comprehensive programmes should be put together which provide free and confidential HIV testing, not only in hospitals, but reaching all areas where there is sex work. Testing should be linked to HIV treatment, care and support services, and all HIV-related services for sex workers should be provided with informed consent and in accordance with human rights standards.

Address sex workers' vulnerability to HIV in all its complexity

Issues related to internalised stigma, discrimination, violence, and other forms of sex workers' rights violations should be addressed within the framework of HIV programming given that they contribute to sex workers' vulnerability to HIV and deter them from accessing HIV-related services. As crucial tools in challenging the HIV epidemic, donors should recognise and support community-led projects aimed at documenting and combating human rights violations, discrimination, and violence against sex workers, as well as other advocacy campaigns addressing discriminatory and repressive legal frameworks.

Address sex workers' needs beyond HIV

The work of sex worker-led organisations or collectives should not only provide sex workers with comprehensive HIV prevention; it should also address discriminatory and repressive legal frameworks affecting the effectiveness and accessibility of HIV programming. HIV programming should actively challenge human rights violations, discrimination, stigma, and all forms of violence faced by sex workers, including physical, psychic, sexual, economic, and structural violence (resulting from widespread social stigma, homophobia, transphobia, xenophobia, religious fundamentalism, and so on), contributing to sex workers' vulnerability to HIV infection. The mobilisation, self-organisation, and self-determination of the sex worker community should be actively supported through the provision to sex workers' collectives of meeting spaces, training, and other resources facilitating their involvement in response to the HIV epidemic.

Conclusion



Considerable changes are required globally if sex workers are to fully enjoy the right to health and protection from HIV and other STIs. In many cases, a radical overhaul of the system is needed in order to stamp out the discrimination that prevents sex workers from accessing appropriate services and support.

Governments, service providers and funders must make the switch from policies based on ideology to pragmatic responses based on evidence, respect for sex workers' human rights, and acknowledgement of the complexities and intersectional oppressions affecting sex workers' lives. Police abuse of sex workers is a particularly troubling phenomenon and must be tackled from multiple angles, including sensitisation of police officers; clear and well publicised commitments to ending police violence; channels through which sex workers can report abuses suffered at the hands of police, with confidence that justice will be served; and a repeal of the laws which encourage police to persecute rather than protect sex workers.

All changes to the laws on sex work must be carried out in consultation with sex workers themselves; for too long, others have spoken over them. Furthermore, it is not sufficient to only include former sex workers: those presently engaged in sex work are the ones who remain affected by policies and legislation. Law changes which are based on ideology rather than evidence run the risk of using current sex workers as guinea pigs: an unacceptable strategy. Sex workers' lives are not to be experimented with.

Given the persistence of stigma, efforts to include sex workers should extend to the granting of anonymity and alternative methods of engaging in public discussions. The media have considerable influence on public attitudes, and sex worker-led organisations should engage with journalists to educate them on the importance of centring the voices of sex workers themselves on the issues that affect them.

The organisations profiled in this report have come up with creative ways to tackle HIV among sex workers, and in doing so have empowered sex workers to find community among their colleagues, to protect themselves, to gain confidence and to demand rights. They have succeeded in reaching out to marginalised groups who are often, due to previous negative contact with services, distrustful of outsiders. Restriction of their work, whether in the form of funding constraints, denial of registration, obstructive policing, or continued discrimination by health and social services providers and policy makers, is counterproductive to HIV prevention efforts, benefiting no one. Rather than enacting further clampdowns on sex workers and other marginalised communities, perpetuating stigma and abuse in the process, it is time for the efforts of these organisations, which centre sex workers' agency and human rights, to be celebrated and expanded, leading to genuine improvements in health.

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