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Human rights violations against sex workers: burden and effect on HIV

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We reviewed evidence from more than 800 studies and reports on the burden and HIV implications of human rights violations against sex workers. Published research documents widespread abuses of human rights perpetrated by both state and non-state actors. Such violations directly and indirectly increase HIV susceptibility, and undermine effective HIV-prevention and intervention efforts. Violations include homicide; physical and sexual violence, from law enforcement, clients, and intimate partners; unlawful arrest and detention; discrimination in accessing health services; and forced HIV testing. Abuses occur across all policy regimes, although most profoundly where sex work is criminalised through punitive law. Protection of sex workers is essential to respect, protect, and meet their human rights, and to improve their health and wellbeing. Research findings affirm the value of rights-based HIV responses for sex workers, and underscore the obligation of states to uphold the rights of this marginalised population.

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Introduction

Sex workers are an established key population for HIV, with a high burden documented in female,[1] male,[2] and transgender[3] sex workers. HIV prevention and treatment interventions for sex workers are cost effective and can reduce this burden,[4] yet sex workers face substantial barriers in accessing prevention and treatment. Although not always described as human rights violations, social injustices including poor working conditions, violence, police harassment, and discrimination have long been regarded as barriers to HIV prevention and successful treatment for sex workers.[4,5] These occurrences constitute violations of human rights, or abuse of the freedoms and dignities derived inherently on account of being human.[6] The health and human rights framework has guided the global HIV response to an unprecedented degree in public health,[7] partly because the HIV epidemic shows the cost of restrictions on human freedom and dignity.[6]

Sex workers' human rights are rarely addressed within human rights conventions or declarations. All people are entitled to the fundamental rights and protections articulated by the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (ICESCR; 1966), and the International Covenant on Civil and Political Rights (ICCPR; 1967). These rights are not abrogated by status as a sex worker.

Search strategy and selection criteria

We searched PubMed, EBSCO, Global Health, PsycINFO, Sociological Abstracts, CINAHL, Web of Science, and POPLine, for studies in English published between 2009 and 2014. We searched for the following terms related to sex work: "prostitute", "sex work", "sex-work", "female sex worker", "transgender sex worker", "male sex worker", "sex trade", "survival sex", "sexual exploitation", and "prostitution"; and terms related to human rights abuses and violations, including "coercion", "murder", "police", "violence", "rape", "assault", "mandatory testing", "mandatory registration", "extortion", "discrimination", "human rights", "rehabilitation", "detention", "raid", "working conditions", "condom confiscation", "sex trafficking", and "abuse". We searched reference lists from retrieved manuscripts and reviewed websites of key organisations—eg, Human Rights Watch—to identify relevant reports. We prioritised and present primary quantitative data whenever possible. The appendix provides further reading.

Key messages

- Sex workers are rarely addressed in international human rights law. Yet fundamental rights and protections set forth by international covenants and declarations are not abrogated by status as a sex worker—human rights laws apply to everyone.
- Published research documents widespread human rights violations against sex workers, perpetrated by both state and non-state actors. These violations increase HIV risk, and undermine effective HIV prevention and intervention. Violations include homicide; physical and sexual violence from law enforcement, clients, and intimate partners; unlawful arrest and detention; discrimination in accessing health services; and forced HIV testing.
- Substantial gaps exist in a rights-based response to HIV for sex workers. The effect of human rights violations on HIV demands a shift in global policies and practices. We must acknowledge, address, and prevent violence, abusive police practices, and other human rights violations, to ensure rights and achieve public health goals.
- Without addressing human rights violations among sex workers, merely providing HIV prevention and treatment services will remain an insufficient and misguided response. HIV responses for sex workers should ensure their human rights through active promotion of equality, and non-discrimination in accessing prevention and interventions across the full continuum of care.
- Human rights violations against sex workers are most profound in criminalised policy regimes. The solution requires reform not only to policy, but also its implementation, given evidence of abusive practices.
- Policy reform, sex worker mobilisation, and grass-roots organisation are essential and mutually-reinforcing strategies that have achieved success in health and human rights promotion for sex workers.

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One of the only conventions to specifically address sex workers was the Convention on the Elimination of Discrimination Against Women (CEDAW; 1979), through a committee recommendation which emphasised sex workers' vulnerability to violence because of marginalisation and criminalisation of sex work, and affirmed their need for equal protection against abuse.[8] Historically, human rights bodies have been reluctant to address human rights violations against sex workers because of perceived morality concerns; however, UN guidelines and reports increasingly address human rights violations against sex workers.[5,9–12] Sex workers and advocates use the human rights framework to assess their experiences and document rights violations,[13–17] inspiring others, including the CEDAW committee[18] and UN Special Rapporteurs,[19,20] to do the same.

To improve understanding of the range, epidemiology, and effect of human rights violations against sex workers, we comprehensively reviewed all relevant published work, and describe human rights profiles across four dominant policy responses to sex work. In doing so, we recognise the right to health as a basic human right, and describe how health is affected by other human rights violations against sex workers.

Human rights violations in sex workers and HIV implications

Many human rights abuses experienced by sex workers go unreported to police or other officials because of their sense of futility and fears of further violence. Violations of sex workers human rights can directly or indirectly increase their risk of HIV (panel 1 and table 1).

Panel 1: Sex workers speak about health and human rights

"The police force us to pay money to them every day." "If you have no money, they hold you in the police station for two days and force you to clean the station. Some policemen will only let you go if you have sex with them."
– Female sex worker, Russia[56]

"And he pulled out a police badge and said 'C'mon, you want me to take you in or screw you?' I was scared, and allowed him to screw me."
– Female sex worker, Serbia[57]

"I was raped by the police and the prison officers, they cut my hair and beat me up badly."
– TTT (travestis-transgender-transsexual sex worker) hairstylist, Zona Rosa, Mexico City[58]

"The police, how they beat us. They killed everything in me. Killed, killed, killed us with beatings. Just transvestites... Arms, legs, torch into our eyes. A million times I've said 'Take me away. Have you come to arrest me? Arrest me then. But, do not beat me'."
– Transvestite Roma sex worker, Serbia[59]

"In the lockups police officers forcefully have sexual intercourse with me... we request them to use condoms but they disagree to use condom. Twice I was locked in police station, there 12 police officers beat me. They dragged me to the toilet and forcefully had sexual intercourse with me without using condom. When I requested them to use condom they threw [away] the condom that I had in my pocket."
– Meti [transgender] sex worker, Nepal[60]

"If we insist on payment after the sexual act, clients follow us, beat us and take the money back. We cannot do anything as we will be reported to the police. If we are reported to the police, we will be prosecuted."
– Female sex worker, Arusha Tanzania[61]

"[Police] gave me no respect because I am Roma, a sex worker and homeless."
– Roma sex worker, Slovakia[22]

"[Police] came and asked for my bag. When I refused, they beat me, took my condoms and burned them and said I'm a bitch."
– Zambian sex worker living in Namibia[39]

"After the arrest, I was always scared... There were times when I didn't have a condom when I needed one, and I used a plastic bag."
– Female sex worker, USA[40]

"What I heard from the women... some sex workers were arrested. It's time for them to get ARV [antiretrovirals]. They asked police, in polite way, to get ARV treatment and they are not allowing them."
– Sex worker from Cambodia describing conditions following police raid and detention on new Koh Kong[62]

"We work at the city centre itself, where we should not work [according to the police]. We are aware [of that]. But, if we go to another place, there are a lot of problems when it is night time, when it is in the late hours." Interviewer: "What kind of problems?" "Well, the problems are you get beaten. They [clients] take away your money. They [clients] molest you."
– Female sex worker in Serbia[59]

"Most sex workers don't know they have rights as citizens. "They know their work is illegal, so they live in fear of the police, of clients, of everybody who passes on the street. It means they cannot defend themselves or struggle for their rights."
– Russian sex worker[56]

"Another officer asked how a prostitute like me could be raped as I was used to all sizes. He told me in fact that man really spared me. He could have tested my ass too. He ended asking me if my ass is already opened. Never will I again go to report a case. I'd rather die."
– Female sex worker, Mombasa, Kenya[63]

"I cannot go and tell a health worker that I have a genital problem when she doesn't know about my work. I expect to be abused and I have fear."
– Female sex worker, Kampala, Uganda[63]

Homicide

Sex workers are highly vulnerable to homicide, and have been explicitly targeted by serial killers in Canada, the USA, Iran, Namibia, and the UK.[64] In the USA, the homicide rate of sex workers is 17 times that of the general population,[21] and around 300 sex workers were murdered in Canada between 1985 and 2011.[65] These grave violations of human rights show a culmination of social marginalisation, an absence of equal access to police protection, and a climate of impunity towards violence against sex workers.[64]

Police repression, extoration, and physical and sexual abuse

Street-level policing is the main means to address sex work. It is often intensified with crackdowns on sex work, which are often timed with political motivations.[66] Police frequently harass sex workers,[40,45,51] including name calling,[67] and humiliating treatment such as transgender sex workers being defaced or stripped of their clothing.[40,63] Severe physical violence such as beatings, public whippings, and shocking with electrical rods can occur in police detention.[22,68,69]

	Proportion of sex workers affected	Effect on HIV and safety	Type of human rights infringed
Homicide	• Rate among sex workers is 17 times that of the general population[21]	..	• Right to life (ICCPR, Article 6; ECHR, Article 2; ACHR, Article 4; ACHPR, Article 4) • Right to Equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16)
Physical or sexual violence by police	• Sexual violence 7–89%[22-28] • Physical violence 5–100%[22,24]	• Police-perpetrated sexual violence is often unprotected • Police sexual violence significantly associated with accepting more money for unprotected sex, inconsistent condom use, STI symptoms,[26] and STI/HIV infection[25] • Undermines sex workers' ability to obtain protection from police	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to security of person (ICCPR, Article 9; ECHR, Article 5; ACHR, Article 7; ACHPR, Article 6) • Right to freedom from torture and cruel, inhumane and degrading treatment (ICCPR, Article 7; CAT; ECHR, Art. 3; ACHR, Article 5; ACHPR, Article 5) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16) • Right to life (ICCPR, Article 6; ECHR, Article 2; ACHR, Article 4; ACHPR, Article 3) • Right to Privacy (ICCPR, Article 17; ECHR, Article 8; ACHR, Article 11)
Arbitrary arrest and detention	• 4–75% report arrest; lawfulness unclear[23,26,29-33] • 21–29% experienced a police raid[26,34]	• Arrest and detention a context for police harassment, mistreatment, and physical and sexual violence[17,22] • Sexual abuse in detention and at the time of arrest can confer immediate HIV risk • Fear of arrest is a barrier to HIV testing[35] • Where sex workers move underground to avoid police detection, greater risk for pressured into unprotected sex[36] • Arrest, raids and imprisonment associated with unprotected sex,[26,37] STI/HIV symptoms and infection[26,30,32,38] and client-perpetrated violence[26] • Limited access to HIV prevention materials (eg, safer sex and harm reduction supplies) in places of detention	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to liberty and security of person (ICCPR, Article 9; ECHR, Art. 5; ACHR, Article 7; ACHPR, Article 6) • Right to freedom from torture and cruel, inhuman, and degrading treatment (ICCPR, Article 7; CAT; ECHR, Article 3; ACHR, Article 5; ACHPR, Article 5) • Right to a fair trial (ECHR, Article 6; ACHR, Article 8; ACHPR, Article 7) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16)
Police eizure of condoms or syringes	• 7–80% report condom confiscation[26,39] • 29–48% report syringe confiscation[27,41]	• Can prompt unprotected sex[26,39,40] and unsafe injection practices • Sex workers and their managers stop carrying or providing condoms[42,43] • Syringe confiscation associated with HIV[41]	• Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16) • Right to freedom from unlawful interference (ICCPR, Article 17) • Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to work (ICESCR, Article 6; ACHPR, Article 15) and to enjoy just and favourable conditions of work (ICESCR, Article 7; CEDAW, Article 11)
Police extortion	• Some form of extortion 12–100%[22,23,26-28,41,44]	• Can prompt sex workers to take on riskier clients or forms of sex[44] • Associated with inconsistent condom use and STI symptoms[26] • Undermines sex workers' ability to obtain protection from police	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to freedom from unlawful interference (ICCPR, Article 17) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16)
Impunity: Failure to investigate, police threats, violence and other impunity when sex workers report violence	• 39–100% feel that they cannot report violence to police[22]	• Enables police, clients to perpetrate physical and sexual violence against sex workers with impunity	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to liberty and security of person (ICCPR, Article 9; ECHR, Art. 5; ACHR, Article 7; ACHPR, Article 6) • Right to freedom from unlawful interference (ICCPR, Article 17)

(Table 1 continues on next page)

Male, female, and transgender sex workers report severe sexual violence, such as gang rape and forced unprotected sex by police officers, including incidents at the time of arrest and while being detained.[22–24,29,39,51,57,58,60,63,68,70–73] Arrest can be a context for rape,[17,22] with sex workers being driven far away for sexual assault, rather than the police station, on the pretext of arrest.[17,44] Quantitative estimates vary widely; police-perpetrated sexual violence is reported by 7–89% of sex workers.[22–28] Such abuse is significantly associated with prevalent sexually transmitted infections (STIs) and HIV.[25] Police also coerce sex under threat of arrest, prolonged detention, or further violence.[17,28,39,57,66,70,73] Such acts are often described as free services or services in exchange for release,[22,23,28,39,74] a characterisation that trivialises the inherent power imbalances between police and sex workers. Where police wield the power of arrest, and where sexual acts occur under the threat of harm, they constitute sexual violence. In view of the power disparity between police and sex workers, sex workers also have little control over condom use.[60,68]

Police wield tremendous power over sex workers, particularly where sex work is criminalised. They leverage power through arrest and forced detainment of sex workers. Police often disregard due process, and arrest sex workers without explanation,[59,66,75] often on no legal grounds.[70] Where quantified, between 4% and 75% of sex workers report arrest.[23,26,27,29,30–32] Widespread arrest can occur during organised raids,[26,70] often under the guise of antitrafficking,[70] and accompanied by severe physical and sexual violence.[76] Conditions of detention are often poor and include forced labour such as cleaning or groundskeeping work.[17,22,44,68,70] Humiliation and public shaming are also methods of abuse against sex workers.[17,44,67,70] Some have been forced to forgo antiretroviral therapy (ART), other medication, condoms, and harm-reduction materials while in detention.[44,68]

	Proportion of sex workers affected	Effect on HIV and safety	Type of human rights infringed
(Continued from previous page)			
Forced rehabilitation and detention	• No quantitative estimates identified	• Unhygienic conditions, lapses in medication and health services • Context for rape and physical violence	• Right to liberty and security of person (ICCPR, Article 9; ECHR, Art. 5; ACHR, Article 7; ACHPR, Article 6) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16) • Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to freedom from torture and cruel, inhuman, and degrading treatment (ICCPR, Article 7; CAT; ECHR, Article 3; ACHR, Article 5; ACHPR, Article 5) • Right to privacy (ICCPR, Article 17; ECHR, Article 8; ACHR, Article 11)
Physical and sexual violence by non-state actors	• 8–76% report physical or sexual abuse by clients[23-26,28,32,45-49] • 4–64% report physical or sexual violence from non-paying intimate partners[23,33]	• Client violence is associated with STI/HIV[25,48,49] • Client violence is often perpetrated when sex workers refuse unprotected sex or certain types of sex • Barrier to accessing health services[50]	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to security of person (ICCPR, Article 9; ECHR, Article 5; ACHR, Article 7; ACHPR, Article 6) • Right to freedom from torture and cruel, inhumane and degrading treatment (ICCPR, Article 7; ECHR, Art. 3; ACHR, Article 5; ACHPR, Article 5) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16) • Right to life (ICCPR, Article 6; ECHR, Article 2; ACHR, Article 4; ACHPR, Article 3) • Right to work (ICESCR, Article 6; ACHPR, Article 15) and to enjoy just and favourable conditions of work (ICESCR, Article 7; CEDAW, Article 11)
Institutionalised discrimination: discrimination in access to health services and social services	• No quantitative estimates identified; qualitative data show the institutional nature of discrimination	• Discrimination in access to health services, HIV prevention and care, and social services undermines access to the cascade of testing, treatment, adherence, and viral suppression[23,35,44,50–53] • Discriminatory or inaccessible shelter services renders sex workers vulnerable to violence and resulting HIV risk[54,55]	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16) • Right to life (ICCPR, Article 6; ECHR, Article 2; ACHR, Article 4; ACHPR, Article 3) • Right to adequate standard of living, including adequate food, clothing and housing (ICESCR, Article 11)
Forced HIV testing	• No quantitative estimates identified	• Can worsen discrimination and stigma • Drive sex workers away from health services • Can subject sex workers to criminalization if they test positive and to violence	• Right to equality and non-discrimination (ICCPR, Articles 3 and 26; CEDAW, Article 2; ECHR, Article 14; ACHR, Article 24; ACHPR, Article 3) • Right to security of person (ICCPR, Article 9; ECHR, Article 5; ACHR, Article 7; ACHPR, Article 6) • Right to freedom from torture and cruel, inhuman, and degrading treatment (ICCPR, Article 7; CAT; ECHR, Article 3; ACHR, Article 5; ACHPR, Article 5) • Right to privacy (ICCPR, Article 17; ECHR, Article 8; ACHR, Article 11) • Right to the highest attainable standard of health (ICESCR, Article 12; CEDAW, Article 12; ACHPR, Article 16)

NA=not applicable. ICCPR=International Covenant on Civil and Political Rights. ECHR=European Convention for the Protection of Human Rights and Fundamental Freedoms. ACHR=American Convention on Human Rights. ACHPR=African (Banjul) Charter on Human and Peoples' Rights. CEDAW=Convention on the Elimination of All Forms of Discrimination against Women. ICESCR=International Covenant on Economic, Social, and Cultural Rights. CAT=Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. STI=sexually transmitted infection.

Table 1: **Human rights violations and their effect on HIV and safety**

Police also abuse their power by extorting fines and information from sex workers, often under threat of arrest, physical violence, and gang rape.[17,22,57] Where quantified, extortion affects an estimated 12–100% of sex workers.[22,23,26–28,41,44] Financial extortion prompts sex workers to take on riskier clients or forms of sex to compensate,[44] and has been shown to increase risk for inconsistent condom use and STI symptoms.[26]

Police repression is a complex system in which police exploit their powers where sex work is criminalised by policy and practice. The resulting climate of fear[42] imparts a direct HIV risk—eg, police-perpetrated sexual violence is associated with STIs and HIV.[25] Indirect HIV risk can also result, with sex workers being displaced towards isolated and dangerous settings to avoid police detection, effectively forcing them to trade their safety and wellbeing for relief from police interference.[44,59,70] Police repression forces sex workers to move their work off main streets[36] into lesser-known areas, prompting the risk for being pressured into unprotected sex by clients, violence, and other hazards. Other evidence links police arrest, raid, extortion, and sexual violence with client violence.[26] Arrest and imprisonment are associated with unprotected sex,[26,37] including that for which clients offer higher payment,[26] and symptoms and infections of STIs and HIV.[26,30,32,38] Fear of arrest can constitute a barrier to HIV testing,[35] because sex workers often fear contact with any type of services for the possibility of police involvement.

Police interference in condoms and syringes

Condoms are an evidence-based HIV prevention method and a central component of global prevention strategies. Yet many sex workers fear carrying condoms,[77] which can be used by police as evidence of sex work and even confiscated.[22,28,37,40,42,43,66] Where quantified, between 7% and 80% of sex workers describe police confiscating, destroying, or using condoms as evidence against them,[26,39] and more than a third describe not carrying condoms for fear of law enforcement.[39] Being caught with condoms can prompt police extortion.[39,40] Sex workers have few alternatives to unprotected sex when condoms are confiscated, or forgone for fear of harassment,[39,40] and condom confiscation is associated with unprotected sex.[26] Police condom confiscation can also make venue managers reluctant to provide condoms.[43] Similarly, sex workers who inject drugs could have their syringes confiscated, even where syringe purchase is legal over the counter;[27] in turn, syringe confiscation is associated with prevalent HIV.[41] Syringe confiscation is also associated with police-perpetrated sexual violence, drawing attention to the potential for many interactive police threats to sex workers' health and safety.[27]

Impunity and discrimination in access to justice

Police abuse clearly conveys discrimination in accessing the criminal justice system. Fear of stigma and discrimination are powerful barriers to reporting of crimes to the police.[63] Sex workers who do seek justice can experience police inaction and resistance to taking reports of abuse.[22,61,64] Police often uphold a harmful and discriminatory notion that sex workers cannot be raped,[63,78] further undermining sex worker protection under laws against sexual violence. Even where sex work is legal, police can be unwilling to protect sex workers.[79] Fear of being implicated in criminal activity can also impede sex workers' comfort in reporting abuse to police.[22,61,67] On the basis of the totality of these injustices, sex workers describe a profound sense of futility and an absence of protection from the criminal justice system.[46]

Forced rehabilitation and detention

Forced or mandatory rehabilitation and other detentions, often under the guise of antitrafficking, have been documented, particularly after raid and rescue operations.[51,70,76] Forced rehabilitation is often implemented by the state or by non-governmental organisations (NGOs) including religious groups in collaboration with government. Sex workers have faced forced confinement, forced labour, forced STI and HIV testing, and poor treatment, including unhygienic conditions (in China, Cambodia, and India).[69,70,76] They have been denied medication and medical services, including that for HIV,[70,76] antenatal visits, and vitamin supplements during pregnancy.[80] In some cases, rape and other physical violence occur during forced rehabilitation.[43,70] In China, suspected sex workers have been detained for up to 2 years without trial in so-called re-education through labour centres.[69]

Violence from non-state actors

Non-state actors also feature prominently in human rights violations against sex workers. Physical and sexual abuse perpetrated by clients, and those posing as clients, is common, and often occurs during condom negotiation.[23–25,28,31,33,45,47,59,71,73,81] Client-perpetrated physical and sexual violence, including forced anal sex,[48] is associated with risk behaviours for STIs and HIV,[25,33,47,72] and infection.[25,48,49,72] Abuse is fuelled partly by the recognition of sex workers' barriers to seeking justice, which enables perpetration of physical and sexual violence with impunity.[61]

Sex workers also suffer intimate partner violence,[23,33,82] yet fear of police mistreatment can be a substantial barrier to reporting.[83] Abusive intimate partners exploit the illegality of sex work, and might threaten to expose them to police as a tactic of control.[63] Sex workers also suffer abuse through vigilante raids and violence by NGOs, religious groups, and private militias.

Unsafe working conditions and an absence of labour protection

The International Labour Organization's guidance on HIV and the workplace is inclusive of sex workers, and emphasises workplace safety.[84] Yet an absence of labour protections can expose sex workers to abusive and unsafe

conditions, with few options for redress.[85] Fear of abuse from managers leaves sex workers with little control over their working conditions, including an inability to decline specific clients or sex acts, or to enforce condom use with clients. Criminalisation of third parties—ie, individuals other than sex workers and their clients, such as managers—can make it difficult to report labour abuses without losing employment.[85] In most places, particularly where sex work occurs in the informal economy, sex workers do not have basic labour rights such as compensation for workplace injury, health insurance, or unionisation.

Institutional discrimination: discrimination in access to health or welfare services

Sex workers experience discrimination and denial of health services, including HIV testing and treatment.[44,53,71,86] Confidentiality is not always assured,[58] and many sex workers are reluctant to disclose their work,[67] or face backlash when it is discovered.[86] Stigma and fear of discrimination are formidable barriers to accessing of voluntary counseling and testing (VCT) and other care,[23,35,50,51,52] or ART treatment and adherence.[44,53] Sex workers are also subject to HIV-related discrimination, where seeking services, initiating ART, or otherwise being identified as positive could expose them as diseased with resultant loss of clients and thus income,[52,53] and sex workers have been criminalised for being HIV positive. Sex workers who cannot present male partners have been denied STI treatment,[87] as has been noted in denial of prevention of mother-to-child transmission (PMTCT) services. The presumption of sex work, or even extramarital or pre-marital sex, can be enough to reduce women's access to health care. Institutional discrimination extends beyond health sector. In some settings, sex workers have been unable to obtain basic social services, including bank accounts and microfinancing support programmes.[44,63] These discriminatory practices, particularly inaccessible shelter services, increase the risk for violence and HIV risk behaviour.[54,55]

Mandatory and forced HIV testing and health examinations

Sex workers are targeted for forcible and coercive HIV testing,[88] including that in detention centres and affiliated health clinics.[66] Mandatory HIV and STI screening is a common component of sex worker registration systems.[89,90] Yet this approach fails on public health and human rights grounds where sex workers have little control over testing conditions, and are not always assured access to ART. Violations of patient confidentiality and criminalisation of HIV-positive sex workers are also reported in regimes of mandatory testing.[22,91] Mandatory testing can become a way to discriminate against sex workers,[92] and police can also use testing as a means of exploitation and harassment. Sex workers report forced STI testing in detention and the aftermath of police raids.[22,75] Police can abuse the threat of forced testing as a means of extortion and a pretext for detaining or abusing them.[22]

Policy approaches to sex work: human rights profiles

Policy approaches to sex work are inclusive of codified laws and their implementation via policies and practices. Enforcement can occur through both valid means, and abusive and illegal practices. Table 2 describes the dominant policy approaches to sex work and their influence on human rights for sex workers. We do not cover all the possible intersecting laws, policies, and practices that affect sex workers but rather portray the dominant responses. Some are discussed in greater detail elsewhere.[2,3]

Criminalisation of sex work through punitive law

The dominant global response to sex work is criminalisation through punitive law, both criminal and administrative.[96] Countries vary both in the extent of criminalisation and the specific aspects of sex work that are prohibited. Many laws directly criminalise the selling of sex. Others criminalise through prohibition of the purchase of sex or earning money from someone's sex work. Many settings also criminalise sex work indirectly, through prohibitions of aspects of sex work such as communicating for the purposes of prostitution or being found in a brothel. Some countries such as the USA, with the exception of some parts of Nevada, have fully criminalised almost all aspects of sex work, such as selling sex, buying sex, earning money from someone's sex work, and running a brothel. This approach criminalises not only sex workers, but also their clients and third parties such as managers or security.[44] Sex work can also be criminalised under religious law, traditional law, or executive orders, or repressed via discriminatory targeting of other laws—eg, those pertaining to vagrancy, sodomy, drugs, or immigration.[20] For example in Iran, after the 1979 Islamic Revolution, sex work was punishable by execution under Shari'a principles; with the establishment of the Islamic Penal Code (1991), sex workers in Iran now face punishment by death under adultery charges.[97]

Some countries criminalise only some aspects of sex work—ie, partial criminalisation. In Brazil for example, brothel-keeping is criminalised but individual sex work is not. Many countries combine prohibitions—eg, criminalisation of brothel-keeping and selling of sex–such as Russia and most countries in eastern Europe and central Asia.[22,56]

The Swedish so-called end demand criminalisation approach prohibits buying sex and earning money from someone's sex work, and is increasingly popular on the basis of its client orientation. Yet despite the focus on clients, sex workers' health and safety can suffer.[78] Sex workers continue to face police harassment as a party to a crime, and fear reporting crimes.[78,93] Safety dynamics are similar to those noted where selling sex is criminalised,

	Full criminalisation	Partial criminalisation	Legalisation	Decriminalisation
Description	Criminal or punitive laws prohibit all of the following: selling of sex, and buying of sex or earning money from someone's sex work (ie, as a manager, sex workers working together, support staff, or a landlord renting a home to a sex worker), and might be included within broader laws on trafficking, such as those in South Korea Indirect forms of criminalisation include prohibitions on solicitation for the purposes of prostitution or being found in a brothel	Criminal or punitive laws prohibit either one or two of the following: selling of sex, or buying of sex or earning money from someone's sex work (ie, as a manager, sex workers working together, support staff, or a landlord renting a home to a sex worker) We focus on the Swedish approach of criminalisation of buying sex and earning money from someone's sex work, and the unique issues that this model raises, because of its rise in prominence	Sex work is legal under specified conditions. Legalisation is most often accompanied by mandatory registration, health examinations, testing, and occasionally STI treatment. Regulation is often discriminatory and enforced through criminal law (eg, sometimes only targeting female sex workers) Earning money from someone's sex work might be criminalised (and by extension, brothels or renting lodging to sex workers might also be criminalised). Regulations might favour sex workers working independently from indoor locations, or they could make it difficult to do so legally and favour large-scale brothels	Sex work is legal and regulated under occupational health and safety laws. Regulations specific to sex work are similar to those of other work environments, with similar health and safety risks Municipalities might issue their own regulations under by-laws
Guiding purpose	Eradication of sex work on grounds of public health, morality, or public order	Eradication of sex work on grounds of public health, morality, or public order	Regulation of sex work for public health or public order, through containment, control, or taxation of sex work	Protection of sex workers' human rights and promotion of sex workers' occupational health and safety
National examples of policy climates	South Africa, Kenya, Uganda, Zimbabwe, South Korea, Bosnia-Herzegovina, India, Russia, and the USA	Sweden and Norway	Hungary, Austria, Nevada (USA), Senegal, and Tijuana (Mexico)	New Zealand and New South Wales (Australia)
Health and human rights profile, and implications	The most severe and systematic rights violations occur within the contexts of punitive laws (full or partial criminalisation) Punitive laws, even when lawfully applied, impede sex workers' ability to protect their health and safety, and create an antagonistic relationship with law enforcement The resulting climate of impunity emboldens police, health sector, and non-state groups to abuse sex workers rights. In turn, sex workers are vulnerable to exploitation, and inhibited from seeking redress for abuses Particularly where rule of law is weak, punitive laws often give cover to widespread abuses. Where sex work is criminalised rather than protected by law, discrimination against sex workers might be institutionalised not only by police, but also by groups in health and other sectors Criminalisation and its concomitant impunity, institutional discrimination, and social marginalisation contribute to abuse, pose direct and indirect HIV risk, and impede access to prevention, services, care, treatment, and support	The most severe and systematic rights violations documented within the literature occur within the contexts of punitive laws (full or partial criminalisation) Notably, partial criminalisation creates harms similar to those of full criminalisation by impeding sex workers' ability to protect their health and safety, and creating an antagonistic relationship with law enforcement resulting in a climate of impunity Client criminalisation is thought to have undermined sex worker safety and health, with rushed negotiations undermining condom use, displacement of sex workers to isolated locations to evade police detection, police harassment, and fear of police reporting.[78,93] Discrimination can be institutionalised—eg, making receipt of medical care contingent on stopping sex work[78] As in other criminalised climates, the legal framework conceptualising the purchase of sex as an act of violence can undermine HIV-prevention services as it is perceived as enabling a crime[78]	Rights violations are documented in legalised environments Poorly specified tolerance zones can enable arbitrary arrest[74] and extortion, particularly where rule of law is weak Mandatory HIV or STD testing is often a component of regulatory systems, although it is sometimes costly and does not always enable ART access Physical and sexual violence by clients and police has been documented in regulatory environments, including in specified legal settings. Regulation can create a two-tiered system leaving some sex workers unprotected by the law.[94] Police failure to investigate abuse has been documented Discrimination in the health sector is documented, and sex workers living with HIV can be criminalised[91] The scarcity of legal protection against discrimination or abuse, and the costs and requirements of registration, often make legalisation an unappealing option for sex workers. Sex workers evade regulation, which raises questions about the utility of this approach in meeting public health and rights objectives	Decriminalisation enhances rights, as shown by decreased violations and impunity in areas where sex work has undergone decriminalisation, such as New Zealand. Here, most sex workers credit decriminalisation with greater protection from violence and increased power to negotiate safer sex. Access to police protection has increased, although instances of violence against sex workers persist, and many sex workers are still reluctant to report In New Zealand, only brothels that employ more than four sex workers require licenses, which prompted an increase in sex workers working independently or in small groups, rather than for management In New South Wales, Australia, sex workers in decriminalised settings had greater access to safe sex skills at sexual health clinics, which suggests greater access to health services in such settings[95]
Legal approach to trafficking or coerced sex work	Criminalises trafficking, coerced sex work, and sexual exploitation of minors	Criminalises trafficking, coerced sex work and sexual exploitation of minors	Criminalises trafficking, coerced sex work, and sexual exploitation of minors	Criminalises trafficking, coerced sex work, and sexual exploitation of minors

STD=sexually transmitted disease. ART=antiretroviral therapy.

Table 2: **Health and human rights profiles across policy climates**

in that fears of arrest can rush negotiations with clients, and sex workers can be displaced into isolated and dangerous areas to evade client detection by police. In addition to adoption of legal sanctions against buying sex, nations such as South Africa, South Korea, and Lithuania have also maintained the criminalisation of selling sex, and South Korea has increased raids against sex workers.[98]

Human rights abuses are most profoundly felt under regimes of criminalisation, with both state and non-state actors perpetrating physical and sexual violence, harassment, and discriminatory practices.[22,25,26,47,48,59,63,68,87] Sex workers who also use drugs often face escalating or exacerbated sentencing for one or both offenses. Criminalisation enables and institutionalises

discrimination against sex workers, undermines their access to justice, and gives cover and license to police and non-state actors to abuse their rights. It undermines sex workers' ability to work safely and protect their health. Even when lawfully implemented, criminalisation can impede client screening and condom negotiation, prevent sex workers from working together or in known locations with safety features, pose an obstacle to hiring security personnel, and make it more difficult to gather evidence against those who coerce or exploit sex workers.[22] Criminalisation, including regimes that do not criminalise selling sex directly, can prohibit state-support for sexual risk reduction programmes, condom distribution, and violence prevention with active sex workers.[78]

Legalisation of sex work

Generally, where sex work is legalised, it is allowed under specified conditions and otherwise punishable by law. It is predicated on sex work regulation, often for infectious disease control or sex work containment, control, and taxation. Where sex work is legalised, as in Switzerland, Turkey, Hungary, and Tijuana in Mexico, it is often regulated through mandatory registration and mandatory health examinations and testing, and criminalised if not done within specific areas.[74,82,90] Regulation is often discriminatory in policy or practice, and many sex workers attempt to evade it. Sex workers often forgo mandatory registration, yet operating outside the system limits their access to necessary HIV and STI services, as in Tijuana, Mexico.[90] This resulting two-tier system draws attention to unintended public health consequences of legalisation. Registered and unregistered sex workers also differ substantially in their earnings, work locations, and drug-use patterns,[90] which suggests underlying differences in HIV risk. Legalisation does not assure rights-based law enforcement practices. In Hungary, where sex work is legal within tolerance zones, reluctance to clearly designate and enforce those tolerance zones actually enabled police abuse of sex workers, including arbitrary arrest.[74] Counter to goals of sex worker safety, legalisation also does not eliminate physical violence against sex workers, as shown in Switzerland.[99] Similar evidence from Turkey is even more egregious in view of the police presence in brothels to ensure safety.[82]

Decriminalisation of sex work

New Zealand and New South Wales in Australia are the only jurisdictions that operate under full decriminalisation—ie, where sex work is not penalised through punitive laws, and regulation is premised on worker health and safety, and comparable to that for similar forms of labour. Although New South Wales retains minor offenses—eg, prohibition of street solicitation in proximity to some buildings such as churches or schools—they are rarely used, thus the climate in practice remains one of decriminalisation. In New Zealand, the Prostitution Reform Act of 2003 decriminalised sex work through national law, and redirected funds from police enforcement to provide health and social services for sex workers.[100] The reform is thought to have reduced violence to sex workers, and increased sex worker comfort in reporting abuse to police, although some safety issues persist.[100] Decriminalisation also improved police attitudes towards sex workers, and prompted them to notify sex workers of potential attackers.[100] Police liaisons designated to work with sex workers on abuse issues also improved safety.

Gaps in the rights-based response to HIV for sex workers

There are substantial gaps in implementation of the rights-based global HIV response recommended by UNAIDS.[5] Abuses of human rights merit a swift response and prevention on human rights grounds alone. Moreover, they threaten success in responding to the HIV epidemic. International guidance asserts that criminalisation of sex work should not impede HIV prevention.[5,9] Yet in practice, police abuse and punishment undermine sex workers' access to and use of HIV prevention, testing, and treatment, and heighten the risk for physical and sexual violence. Many of the human rights violations identified represent gross misinterpretations of policy. Even where sex work is illegal, abusive policing practices including physical and sexual violence are unlawful, yet pervasive. Sex workers who experience sexual violence face cascading human rights violations when their access to justice is stymied by police tolerance for abuse, and the pervasive notion that sex workers cannot be raped. Conflation of sex work with sex trafficking undermines the rights of both groups (panel 2).

Optimisation of HIV prevention and treatment through enhancement of human rights

Sex workers' safe and equal access to HIV testing and treatment are challenged by discrimination, denial of services, and humiliation and abuse; where such services are mandated, they are too frequent and invasive, and not supported by public health evidence. Policies and practices alike should enable sex workers to exercise their rights to non-discrimination in accessing testing and the life-saving treatment that now exists. Treatment is particularly crucial in settings where large populations of untreated individuals exist and health access is not assured. Investment in policies and programmes, including community engagement strategies which empower sex workers to enjoy their rights, contributes to improvement of HIV prevention outcomes,[111] and probably intervention outcomes. Reform of legal frameworks to promote human rights for sex workers might also generate improvements in HIV outcomes. The psychosocial effect of human rights violations could also undermine treatment success. Although no quantitative estimates exist specific to sex workers, abuse and other stressful events compromise ART uptake, adherence,

Panel 2: Trafficking and sex work: the need for rights to address the wrongs

Trafficking is a human rights abuse that is distinct from sex work.[5] Yet historically, the rights of trafficked individuals and sex workers have been pitted against one another, ultimately failing both. A primary issue has been the conflation of trafficking with sex work, or the idea that sex work and trafficking are one in the same. This conflation defies both international guidance and law that distinguishes these experiences. Transnational aid policy over the past decade fuelled this conflation and hampered meaningful, reasonable policy. The far-reaching 2003 US President's Emergency Plan for AIDS Relief (PEPFAR) included a policy known as the antiprostitution loyalty oath (APLO), which required beneficiaries to explicitly oppose prostitution, its legalisation, and sex trafficking, in effect conflating the two. The APLO, coupled with the US Trafficking In Persons (TIP) Index which grades countries' antitrafficking efforts, prompted conflationary laws, policies, and practices abroad with substantialharm to sex workers. Guatemala, South Korea, and Cambodia increased sex work criminalisation legislation after low-tier placement on the US TIP Index. Zambia launched a mass incarceration of young women suspected or considered at risk of selling sex. Cambodia's large-scale antitrafficking police raids targeted sex workers without assessing trafficking status, and resulted in the arrest, detention, and widespread abuse of sex workers.[70] These interventions, predicated on the conflation of trafficking with sex work, enable severe human rights violations against sex workers and fail to assist individuals in trafficking situations by diverting resources.

Epidemiological research supports the distinction of trafficking and sex work. In broader samples of sex workers in India, Thailand, the US–Mexico border, and Nicaragua, an estimated 1·6–43%[101–109] report trafficking into the sex industry via force or coercion. Such occurrences are associated with sexual risk,[104–106,108] and further physical and sexual abuse.[104,106,108] Limitations include inconsistencies in trafficking definitions across studies and in relation to national and international law, particularly with regard to minors. The assessment of coercion and trafficking of those already involved in sex work is a challenge. Nonetheless, this research shows the distinction of sex work and trafficking, in turn, conflation is inconsistent with the best available evidence.

The rights of sex workers and the elimination of trafficking need not be oppositional. Rather, they can and should be aligned. Sex workers are well positioned to identify those in trafficking situations. Where sex workers are free to access police without fear of arrest or interference, they will be able to share information about potential trafficking scenarios. By contrast, criminalisation of sex work can hamper trafficking interventions, and foster fear of police exploitation among both sex workers and trafficked people alike. Notably, sex workers are at risk of trafficking, and can be targeted for trafficking on the basis of a perceived absence of police protection where sex work is criminalised.[74] Research from Calcutta, India, draws attention to the promise of approaches that align sex worker rights with antitrafficking efforts. A sex worker-led programme successfully implemented a screening protocol that identified trafficked individuals and minors, and referred them for care and support.[110] This example provides guidance for interventions that uphold the distinction of trafficking and sex work rather than their conflation.

In 2013, the APLO was deemed unconstitutional by the US Supreme Court. Although other policies of conflation persist, this ruling should pave the way for a new era of policy and practice that upholds the rights of both sex workers and trafficked people. Its implementation remains to be seen, including its effect on practices at non-American, non-governmental organisations (NGOs). The Global Commission on HIV/AIDS and the Law recommends a rights-based approach that simultaneously respects and actively supports those voluntarily in sex work, and identifies, supports, and protects those forced or defrauded into sex work against their will.[11] Thus a rights-based approach to sex work does not undermine the rights of trafficked people, nor the fight to diminish trafficking, but rather strengthens it.[9,11,18,20]

and viral response.[112,113] Human rights violations could similarly undermine the success of other HIV status dependent interventions, such as pre-exposure oral or topical chemoprophylaxis. Three trials have shown efficacy for men, and two for women,[114–116] and evidence from injection drug-users affirms adherence and efficacy for women,[117] despite women's low adherence to treatment in previous trials.

Without addressing human rights violations among sex workers, the mere provision of HIV prevention and treatment services will be an insufficient and misguided response. Optimisation of the effect and the epidemic impact of evidence-based HIV interventions requires assuring sex workers of their human rights. This can be achieved through reforms to policy and practice to assure safe working conditions, access to police protection instead of abusive and discriminatory treatment, and equality and non-discrimination in accessing health services.

The human rights framework for change

The health and human rights of sex workers should be urgently addressed, to achieve human rights goals and public health objectives. Two mutually reinforcing strategies can harness the human rights framework for change: policy reform, and changes to practice through sex worker empowerment and partnerships for change.

Policy reform

Human rights violations against sex workers occur across all policy regimes, particularly where there is poor rule of law. They are most egregious in climates of criminalisation. The UN High Commissioner on Human

Figure 1: Sex workers in India rally for their rights

Rights and UNAIDS recommended decriminalisation to uphold sex workers' human rights and health,[9] as have the UN Special Rapporteur on Health and Human Rights,[20] the UNAIDS Guidance Note on HIV and Sex Work,[5] the Global Commission on HIV and the Law,[11] and the UNDP.[10] Sex workers, and national and international advocates,[13,15,118,119] also call for decriminalisation premised on the importance of sex workers' health and safety as a means to promote health and human rights. The Supreme Court of Canada recently reversed key provisions of the law governing sex work to improve sex workers' rights to life, liberty, and security.

Aligning practice with human rights promotion

Policy reform through decriminalisation will be insufficient to ensure human rights for sex workers where they are ostracised, or do not have protection or dignity on the basis of other social vulnerabilities. Mistreatment of sex workers often results from not only sex work-related marginalisation, but also a host of additional social vulnerabilities, such as poverty, ethnic origin, migrant status, gender, gender identity, sexual orientation, and substance use.[22,23,44,57,59,63] Abuse is often described as moral punishment, and therefore social transformation is required to ensure equitable treatment and change the widespread tolerance of abuse of sex workers.

Sex workers themselves are a powerful force in health and human rights promotion, even where sex work is criminalised. Community empowerment, grounded in sex worker insight and leadership, entails sex workers organising, sharing experiences in a safe space, and prioritising their own needs for human rights and health.[120] Empowerment-based HIV prevention shows the effect and cost-effectiveness of sexual risk reduction and HIV prevention for sex workers.[4,120] Yet the effect of sex worker empowerment extends far beyond these endpoints. It is central in reforming harmful practices, and shaping the broader social structure in which sex workers live and work. In addition to policy reform, gains achieved through community empowerment include rights promotion across health, social, and criminal justice sectors, including enabling sex workers to gain access to bank accounts, microfinance programmes, and health insurance, in addition to reductions in violence, and meaningful challenges to the social exclusion of sex workers and threats to their dignity (figure 1, figure 2).[56,63,70,72] Strategies span strategic litigation; civil disobedience; public education; training of police, judges, and health workers; and formal partnership with government bodies.[44,56,94] Sex worker organising fosters resilience for sex workers, and transforms the social climate to one that recognises, rather than marginalises, this group.[63] Community empowerment is threatened by criminalisation and abusive practices that prevent sex workers from gathering and organising safely. At a minimum, governments should allow sex work organisations to exist and thrive without interference. They should engage with sex worker organisations to develop, implement, and assess policy.

Dismantling the climate of impunity

The advancement of human rights for sex workers requires a reform of the culture of impunity. Both abuse by state actors, and systemic absence of response to sex workers' reports of violence foster impunity that perpetuates violence, and conveys an acceptability of violence towards sex workers. Failure to hold perpetrators accountable is a policy of tolerance for abuse.[22] Even in criminalised regimes, sex worker partnerships with legal and criminal justice sectors can have a substantial effect on impunity. In Poland[22] and Andhra Pradesh, India,[121] sex workers have led changes in partnership with police through training on sex worker rights, and establishing procedures for safe reporting of abuse. These partnerships exemplify meaningful steps towards dismantling impunity. Training for police and judges, and court accompaniment for sex workers charged with crimes can also provide access to justice for sex workers.[122] In South Africa, sex workers can receive paralegal training on due process and sex worker rights, to ensure sex workers' rights are upheld throughout the legal process.[123] These examples again show the value of investing in sex worker organising and partnership with legal and criminal justice sectors to support health and human rights.

Improvement of the evidence base

Although recent advances are heartening, the epidemiological evidence base documenting human rights violations against sex workers, and the related effects on HIV implications, is weak. Small sample sizes limit the precision of estimates, and inconsistencies in definitions of human rights violations limit cross-setting comparisons. Most studies reviewed were cross-sectional, and temporality and causality were unclear. Perpetrators of physical and sexual violence are not always specified,

which masks the primary perpetrators of human rights abuses and provides little direction for intervention targets. The findings and limitations identified emphasise the need for rigorous and broadly general research across settings, to clarify the burden, determinants, and effect on HIV implications of human rights violations against sex workers. The global surveillance with sex workers as a key HIV risk population is an opportunity for human rights assessment. Community-based and biomedical HIV intervention assessments should integrate human rights outcomes and consider rights-related barriers to success. Sex workers should have meaningful roles in such efforts. Research with transgender and male sex workers is scarce. The effect of human rights violations on sex workers' treatment-related outcomes, including access, adherence, and viral suppression, is unclear. The extent of human rights violations identified raises the issue of ethical obligations in research related to sex work. Internationally agreed-upon ethical guidelines for research with sex workers are absent. Present findings recommend the provision of violence-support and sex worker-support resources to sex worker participants in any type of research.

Conclusions and future directions

Fundamental, non-derogable rights, those that no government has the power to suspend under ICCPR, include the right to freedom from torture, cruel, inhuman, and degrading treatments or punishments; and the right to recognition before the law. These rights are not lost because one is a sex worker or is alleged to be selling sex, yet they have been violated in many countries, by governments, legal systems, and police practices. Impunity for sexual violence and other human rights violations, and the failure to investigate and prosecute these violations, is a state failure. If the police themselves not only fail to investigate human rights violations, but actually commit them through physical and sexual violence and degrading treatment, a further state failure has also occurred. In all such cases, the perpetrators and governments should be held accountable.

Evidence-based, rights-based policy reform should be synergised with sex worker input to respond to, protect, and promote their rights. Sustained human rights surveillance is essential. The Global Fund's Technical Review Panel's recent request for a human rights analysis as part of the proposal process is a concrete advancement. Human rights organisations and bodies have a duty to move beyond debates about the morality of sex work to work directly with sex workers to document, denounce, and redress the violations that they experience. At a state level, governments must address the fact that many of their laws and practices as implemented contradict not only human rights and health goals, but also human rights covenants and treaties to which they are signatories.

The effect of public health investments in evidence-based HIV prevention, care, and treatment is severely constrained where sex workers' human rights are violated. International funders such as the Global Fund, PEPFAR, UK Department for International Development (DFID), the European Union, and others should partner with and fund sex workers' organisations, to ensure that rights and health are at the core of their investments in HIV prevention and care programmes. Sex worker organising generates some of the most crucial and effective work on health and human rights, yet is severely underfunded. Less than 1% of funding on HIV prevention is spent on HIV and sex work, and even less is directed towards sex workers' organisations.[5] Denial of basic rights on the basis of status, or assumed status, as a sex worker is inconsistent with the principles of human rights. Moreover, protection of the human rights of sex workers is not merely good public health practice or effective governance, it is a state obligation under international human rights law. The extent, severity, and effect of human rights violations against sex workers identified through this review, and by the UN Special Rapporteurs and the UN High Commissioner for Human Rights,[9,19,20] should provide the mandate and courage necessary for meaningful reform.

Figure 2: **Sex workers in South Africa raise their voices for International Day for Sex Worker Rights**

Contributors

All authors participated in the conceptualisation, development, and writing of this Review. MRD, ALC, and CB led the conceptualisation, the design of the review and tables, and the overall write up. MRD led the literature review. SKHC led the review of human rights infringements. ALC, SKHC, SGS, MSS, KB, and MD provided in-person and digital consultations to identify relevant documents, including those specific to their respective regions. ALC, SKHC, SGS, MSS, KB, and MD provided input on policy influences and community-led efforts, and feedback on all aspects of manuscript development. All authors provided input on framing, language, and sociopolitical context of the findings and their implications.

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We declare no competing interests.

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