



**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

**GOOD PRACTICE IN**

# Sex Worker-Led HIV Programming



REGIONAL REPORT:

**Africa**



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# Good Practice in Sex Worker-Led HIV Programming in Africa

## Executive Summary

This report documents good practices for sex worker-led organisations in four African countries including Kenya, Uganda, Cameroon, and South Africa. The organisations documented are Bar Hostess Empowerment and Support Programme (BHESP) in Kenya, Aids ACODEV Cameroon in Cameroon, SISONKE in South Africa, and Women's Organisation Network for Human Rights Advocacy (WONETHA) in Uganda. The report suggests that direct involvement and participation of sex workers themselves in the design, implementation, monitoring, and evaluation of the intervention programmes, as well as provision of leadership by sex workers, remains the greatest approach the organisations have recorded in their successes. Issues highlighted in the report include an understanding of the legal position of sex work, HIV programming access by sex workers, human rights violations of sex workers, the interventions by the organisations, the challenges faced by the organisations, and recommendations.

## List of Acronyms

- ▶ **AIDS** Acquired Immune Deficiency Syndrome
- ▶ **BHESP** Bar Hostess Empowerment and Support Programme
- ▶ **HIV** Human Immunodeficiency Syndrome
- ▶ **HTC** HIV Testing and Counselling
- ▶ **IEC** Information, Education and Communication
- ▶ **KMOT** Kenya Mode of Transmission Study
- ▶ **KNASP III** Kenya National AIDS Strategic Plan
- ▶ **MARPs** Most At-Risk Populations
- ▶ **MOH** Ministry of Health
- ▶ **NASCOP** National AIDS and Sexually Transmitted Infections Control
- ▶ **NSWP** Global Network of Sex Work Projects
- ▶ **SANAC** South African National AIDS Council
- ▶ **SISONKE** SISONKE Sex Workers Movement
- ▶ **UNAIDS** Joint United Nations Programme on AIDS
- ▶ **WONETHA** Women's Organisation Network for Human Rights and Advocacy



## Introduction

In Africa, sex work provides a critical source of income for sex workers of all genders, and HIV prevalence among sex workers is significantly high. According to the 2013 World Bank report on global HIV epidemics among sex workers, HIV prevalence among sex workers varies globally but the highest prevalence is found in sub-Saharan Africa where it is 36.9%<sup>1</sup>. This can be attributed to the fact that sex work is criminalised in many African countries and sex workers are deemed not to have any right to access health services. Furthermore, community and health service providers' stigma, violence, drug and substance abuse, minimal access to health services, and HIV prevention tools contribute to the high HIV prevalence as well as the AIDS burden observable among sex workers. These structural conditions significantly elevate HIV prevalence among sex workers contrasted to the general population groups<sup>2</sup>. In Kenya, according to Kenya Mode of Transmission Study (KMOT), 2008, sex workers and their clients accounted for 14.2% of new HIV infections<sup>3</sup>. The prevalence of HIV infection among sex workers in Cameroon increased from 26.4% to 36.7% between 2004 and 2009<sup>4</sup>. For Uganda, the Ministry of Health and Uganda AIDS Commission reported in its AIDS Indicator Survey 2011 that HIV prevalence among sex workers increased from 6.4% to 7.3% between 2010 and 2014<sup>5</sup>.

The criminalisation of sex work in different countries in Africa remains the sole reason why sex workers continue to face huge challenges in accessing health services. In Kenya, though, the Penal Code does not directly criminalise sex work. However, it defines sex-related offences such as 'living on the earnings of prostitution' and 'soliciting or importuning for immoral purposes'. On the other hand, municipal laws and regulations directly criminalise sex work under the regulations prohibiting 'loitering for the purpose of prostitution', 'importuning' for the purpose of prostitution and 'indecent exposure'<sup>6</sup>. The government of Cameroon criminalises sex work through Article 343 of the Penal Code, which prohibits prostitution and solicitation, and sex workers can be jailed for a period of six months to five years with heavy fines of \$976. People in Cameroon believe that sex work is inherently gender-based violence and that harassing and beating sex workers is normal<sup>7</sup>. However, in South Africa sex work is criminalised by the government, and law enforcement agencies operate in hot spot areas where they violate the human rights of sex workers without any repercussions. The government of Uganda also criminalises sex work, and proposed bills such as the HIV/AIDS Prevention and Control Bill and the Anti Homosexuality Bill may worsen sex workers' access to health services because they will undermine effective responses to HIV by intensifying stigma, criminalisation and discrimination<sup>8</sup>.

1 World Bank, 2013

2 Baral et al., 2012

3 Government of Kenya, 2008

4 PEPFAR, 2011

5 Ministry of Health/Uganda AIDS Commission, 2011

6 Federation of Women Lawyers (FIDA), 2008

7 World Health Organization, 2005

8 Ministry of Health/Uganda AIDS Commission, 2011

Although different countries have made some contributions to HIV programming in line with the UNAIDS three-pillar strategies to HIV prevention, significant policy and programming barriers and challenges still exist and affect sex workers' access to services in Africa<sup>9</sup>. Sex workers in Africa continue to face similar challenges such as lack of universal access to an inclusive package of HIV services including reproductive health services, unforced and anonymous HIV testing and counselling (HTC), appropriate treatment for sexually transmitted infections (STIs), reducing harm for drug users, and psychological support<sup>10</sup>. Sex workers also lack a supportive environment, which occurs because of stigma and discrimination leading to exclusion of sex worker-related HIV programming within countries' strategic plans.

Discrimination has also caused other significant stakeholders such as health service providers and law enforcement personnel to distance themselves from sex workers' networks. Sex workers' vulnerability to HIV and failure to address structural factors including criminalisation of sex work, lack of supportive laws and policies, gender inequality in different communities, and susceptibility to poverty continue to constitute major challenges impeding sex workers' right to their occupation<sup>11</sup>. It is worth noting that failure to use a human rights-based approach to HIV prevention and the laws, policies and regulations surrounding sex work creates a highly unsafe environment for sex workers.

The most challenging situation for these organisations has had to do with being able to prevent HIV infections. However, the organisations have adopted diverse strategies that reflect user-friendly and appropriate services for sex workers. The direct involvement and participation of sex workers themselves in the design, implementation, monitoring, and evaluation of the intervention programmes, as well as provision of leadership by sex workers, remains the greatest approach the organisations have recorded in their successes<sup>12</sup>. These organisations have played a critical role in the provision of health needs of sex workers since the inclusive participation of the sex workers requiring these services makes it easy for the organisations to understand and comprehend the needs of their clients<sup>13</sup>. Indeed, one of the organisations, BHESP, designed a programme on economic empowerment aimed at addressing the economic realities that lead people into sex work. The programme has sometimes enabled some sex workers to exit the occupation and engage in other economically viable activities as an alternative to selling sexual services.

There are best practices that different sex worker-led organisations implement to provide evidence that sex worker safety and inclusiveness in HIV response programming is attainable.

9 UNAIDS, 2012

10 Ibid.

11 Ibid.

12 WHO, 2012

13 Ibid.

The objective of this report is to document and highlight the contributions four sex-worker-led organisations in four African countries (Kenya, Uganda, Cameroon and South Africa) have made in designing, implementing, and evaluating their evidence-based HIV programming in their areas of operation. The country-specific case studies documented in this report are Bar Hostess Empowerment and Support Programme (BHESP) in Kenya, Aids ACODEV Cameroon in Cameroon, SISONKE in South Africa, and Women's Organisation Network for Human Rights Advocacy (WONETHA) in Uganda. The organisations work in different environments where they face diverse structural, ideological, and financial obstacles which impede their work. However, they also employ diverse strategies to implement effective HIV prevention, treatment, care and support as well as respond to the pressing violations of sex workers' human rights in the regions where they have their programmes. The decision to document these four organisations has been informed by their impressive work in providing targeted HIV programming services to sex workers in their networks and their communities. In their own rights, the documented organisations have designed and implemented HIV programming interventions and programmes. The report describes the good practices of community-led HIV programming within the interventions and programmes by the four sex worker-led organisations in Africa.

These organisations have confronted head-on serious marginalisation, discrimination, and stigmatisation of sex workers by the community, government, clients and their families, to realise some gains for sex workers. In situations where health care professionals have provided HIV services which fail to conform to international health rights standards, the organisations have intervened using diverse strategies. Health rights of sex workers violated by health care professionals include the right to privacy, voluntary HIV testing and counselling, the right to use HIV prevention commodities, the right to confidentiality, the right to informed consent, and freedom of choice, among others.

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## Methodology

The process of acquiring information about the community-led HIV programming approaches of the four organisations documented in this report involved multiple stages. The first was to conduct a desktop review of existing literature about HIV programming for sex workers in Africa. The review also focused on country-specific data and information. The initial reviews facilitated the decision to work with the four organisations. Furthermore, consultation was carried out with members of the African Advisory Group of sex worker-led organisations. There was also a two-day regional consultative forum with leaders and members of sex worker-led organisations where the members helped in selecting the organisations to document. During the discussions, the participants agreed that the organisations to be documented should be the ones that have developed and are implementing HIV programmes with a focus on bridging the gaps in HIV prevention, treatment, care and support for sex workers.

The method of selecting the organisations also included examining the differences in the socio-environmental settings where the organisations operate, such as the nature of HIV prevalence, lived experiences of sex workers, and the challenges sex workers face with regards to violation of their rights as well as obstacles to accessing health care. The criteria led the participants to come up with BHESP, Aids ACODEV Cameroon, SISONKE, and WONETHA. The leaders of the organisations were then asked to document the HIV programming issues which their organisations undertake, and they generated their report using pre-designed questions. The designed questions included a list of issues, among them an understanding of the legal position of sex work, HIV programming access by sex workers, human rights violations of sex workers, the interventions by the organisations, the challenges faced by the organisations, and the recommendations.

The process of developing the report also ensured that the consultant visit different areas where the organisations have their projects. The researcher became part of the organisations, joining them for their meetings, trainings, discussions with partners, government policy makers, and law enforcement agencies. The researcher also took some time to visit and work from the offices of the organisations in order to document their programmes.

The research focused on gaining primary data first-hand through working closely with the organisations. The regional consultation forum also provided an opportunity to engage in informed discussions and make recommendations on areas that require improvement.



*Regional consultative meeting in Nairobi*

# CASE STUDY

1

**KENYA**



## Bar Hostess Empowerment and Support Programme (BHESP)

### Background

The Kenyan Penal Code and the Sexual Offences Act do not criminalise sex work per se, which has enabled the emergence of vibrant organisations addressing the issues of sex workers in Kenya. The Penal Code criminalises the actions of third parties engaging in sex work. It does not focus on sex workers themselves, but defines offences associated with sex work as ‘living on the earnings of prostitution’ and ‘soliciting or importuning for immoral purposes’. Although the national constitution does not directly prohibit sex work, sex workers are continuously treated as if the act was illegal. Municipal laws and regulations in all regions of the country directly illegalise sex work. The Municipalities directly criminalise sex work through regulations such as prohibiting ‘loitering for the purpose of prostitution’, ‘importuning’ for the purpose of prostitution and ‘indecent exposure’<sup>14</sup>. The confusion over the legality or illegality of sex work has promoted the violation of sex workers’ rights including health rights<sup>15</sup>. Sex workers form part of the key populations.

In Kenya, according to Kenya Mode of Transmission Study (KMOT), 2008, sex workers and their clients were responsible for 14.2% of new HIV infections<sup>16</sup>. Sex workers have remained very much in need of HIV prevention, treatment, and support services because of multiple discrimination and stigmatisation. The criminalisation of sex work remains the main reason sex workers face obstacles in accessing health care. Sex workers admit that the majority of their health needs are occupation-related, requiring diagnosis and treatment for sexually transmitted infections (STIs)<sup>17</sup>. Yet, they continue to receive poor treatment from health providers, often having to pay extra for services.

14 Federation of Women Lawyers (FIDA), 2008

15 Government of Kenya, 2010

16 Government of Kenya, 2008

17 Ibid.



A survey conducted in 2012 by the National AIDS and Sexually Transmitted Infections Control Programme (NAS COP), the World Bank, Kenya Prisons and Canada's University of Manitoba suggested that there are approximately 200,000 sex workers in Kenya, 15,000 of whom are men. The number of transgender sex workers is not known. This is a huge population that requires targeting with HIV prevention, treatment, and care and support, in order to successfully address its health needs. However, as reported by the Kenya National AIDS Strategic Plan (KNASP III), sex workers "are also in conflict with the law, which makes it difficult to reach them with programmes tailored for the general population"<sup>18</sup>. Although the report takes a human rights approach in addressing the health needs of sex workers, putting it into practice has remained significantly unattainable. Meanwhile, sex workers are habitually vulnerable to HIV and AIDS because their rights are violated. The public health strategies employed by the government have slightly addressed the issues of sex workers<sup>19</sup>. The violations of sex workers' rights include sexual violence, physical beatings, discrimination in health facilities, indiscriminate arrest, and extortion or bribery perpetrated by their clients, police, 'pimps' and regular partners. Sex workers in Kenya are increasingly facing diverse challenges and notable political, legal, social, cultural and religious obstacles<sup>20</sup>. In this scenario, the country has seen the emergence of sex worker-led organisations focused on empowering sex workers to understand their rights, undertaking advocacy with the aim of urging the government to recognise sex workers, and offering health services to sex workers.

## Bar Hostess Empowerment and Support Programme (BHESP)

BHESP was founded in 1998 by a group of bar hostesses who doubled as sex workers with the mission to "influence policy and facilitate provision of quality health services, human rights awareness, legal services and economic empowerment for bar hostesses and sex workers"<sup>21</sup>. BHESP has a vision to see a "society where bar hostesses and sex workers are treated with respect and dignity and their rights upheld." The organisation's leadership has a mixture of both sex workers and non-sex workers. Although BHESP works with and for sex workers and offers its services directly to sex workers, it has also partnered with other organisations such as Health Options for Young Men on HIV, AIDS and STIs (HOYMAS) to offer inclusive services for male sex workers. HOYMAS was founded in 2011 by a group of male sex workers living positively and currently boasts of a membership of about 700 men who have sex with men (MSM). HOYMAS offers its members services such as nutrition, health referrals, and condom and lube distribution. The organisation delivers outreach and peer education training to its members with the aim of increasing knowledge sharing to promote HIV prevention. The activities that BHESP undertakes in partnership with HOYMAS continue to raise its profile as a premier organisation where sex workers of all backgrounds can access services as well as engage in advocacy for the good of all sex workers in the country.

18 Government of Kenya, 2009a

19 Government of Kenya, 2009b

20 Government of Kenya, 2010

21 BHESP, n.d.

## BHESP Programmes

BHESP implements its programmes under three strategic areas including:

### HEALTH PROMOTION

BHESP recognises that sex workers face huge problems in accessing health services in mainstream hospitals and has developed an approach to ensure that its clients' human right to access health care is addressed while promoting safer behaviour and improving health and social services accessibility, empowering sex workers to overcome stigma and discrimination and enabling them to negotiate safe sex<sup>22</sup>. The health promotion approaches BHESP uses have attracted many sex workers, thus curbing the spread of HIV and the impact of AIDS. BHESP offers HIV prevention services through strategies such as “advocacy, community strengthening, service provision, networking and alliance building for HIV prevention”<sup>23</sup>. It engages in advocacy through expanding discussions with the government and funding organisations on issues for sex workers such as human rights protection and provision of health services including HIV prevention services.

The organisation also believes in the slogan “nothing for us without us”, and it has used this approach to empower sex workers by training them on peer education, and tasked them with undertaking community outreach and sharing HIV prevention knowledge<sup>24</sup>. BHESP provides members with HIV prevention services such as HTC services either at its drop-in centres, or mobile HTC at the hot spots. Its drop-in centres offer HIV prevention and care services as well as cervical cancer screening and reproductive health services, and also serve as safe spaces for health services<sup>25</sup>. BHESP provides motivation to its 100 condom ambassadors who are also trained in peer education to distribute and demonstrate condom use in all regions where it has programmes.

### ADVOCACY, HUMAN RIGHTS AND POLICY DEVELOPMENT

BHESP promotes the civil and human rights, safety, and welfare of bar hostesses and sex workers. The organisation implements advocacy, human rights and policy development activities aimed at ending all forms of violence and discrimination against sex workers and bar hostesses<sup>26</sup>. BHESP recognises that violations of sex workers' human rights are associated with stigma and discrimination, which see sex workers failing to access legal protection, support, and health services. BHESP has designed and is implementing targeted programmes aimed at reducing stigma, discrimination, and human rights violations against sex workers, while empowering them to know and stand up for their rights<sup>27</sup>.

22 Ibid.

23 BHESP, 2013a

24 Ibid.

25 BHESP, 2013a

26 BHESP, 2013b

27 Ibid.

*Sex workers consultative meeting in Nairobi*



BHESP provides its service users with paralegal training to empower sex workers who eventually bridge the gaps between their colleagues, law enforcement personnel, and the organisation. The paralegals are also trained in peer education in order to help other sex workers make informed decisions in cases where they suffer from any work-related diseases. Additionally, the paralegals undertake mobilisation activities of their colleagues, and distribute condoms to bars, guesthouses and their peers<sup>28</sup>.

BHESP also conducts consultative forums with law enforcers in order to come up with ways on how law enforcement personnel can provide an environment which enables sex workers to carry out their activities without suffering any form of harassment, violence, sexual abuse, extortion or repression. “The forums have been important in ensuring that the law enforcers respect the rights of sex workers particularly on the right to live in dignity and not to be subjected to inhumane degrading treatment.”

### ECONOMIC EMPOWERMENT

BHESP also empowers and supports sex workers and enables them to attain dignified lives and acquire relevant information and services in order to improve their livelihoods. The organisation has developed innovative income-generating activities which some of its members have benefited from, such as training, provision of small loans, and promotion of table banking.

### Challenges BHESP has faced in Service Provision<sup>29</sup>

- 1 Condom shortage in Kenya.
- 2 Inability to address violence against sex workers perpetrated by their clients.
- 3 Lack of cooperation among sex workers; insufficient capacity to train all sex workers on negotiation skills so that they can raise their prices thereby reducing the number of clients they see per day and minimising chances of HIV acquisition.
- 4 Condom dispensers (provided by the government) in hot spots are not functional.
- 5 Bar owners never allow sex workers to supply condoms to the bars because they want to sell their own condoms.
- 6 No free condoms for sex workers in remote areas.
- 7 Government procurement process makes it difficult for sex workers to access condoms easily.
- 8 HIV-negative sex workers discriminate against their colleagues who are positive.

28 BHESP, n.d.

29 Ibid.

## Best Practices used by BHESP in Service Delivery

- 1 Training sex workers as paralegals, HTC counsellors and peer educators has improved service delivery because they provide services in friendly environments and act as leaders among their colleagues while at work in the hot spots.
- 2 Using a human rights-based approach in undertaking lobbying and advocacy activities with the government and law enforcement personnel. The discussions have helped open space for the recognition of sex workers, and some police officers have started protecting the rights of sex workers as well as helping sex workers with the distribution of condoms.
- 3 Empowering sex workers to understand and know their rights in order to improve the outcomes of advocacy activities that they engage in. The organisation empowers sex workers to understand policy analysis skills, form strong advocacy groups from the community level, and improve communication skills.
- 4 Establishment of drop-in centres where sex workers can access all HIV prevention services including education, training, demonstration of condom use, counselling, and HIV prevention tools including condoms, lubricants and nutritional supplements for sex workers on medication.

## BHESP Ongoing Activities

- 1 Engaging the government on the significance of decriminalisation of sex work<sup>30</sup>.
- 2 Improving accessibility of condoms and lubricants.
- 3 Assisting the government in filling dispensers in hot spots through BHESP's condom ambassadors.
- 4 Sensitisation of security agents on the rights and needs of sex workers.
- 5 Involvement in policy development to ensure that such policies are sensitive to the rights of sex workers.



*A focus group discussion in Nairobi*

30 Harcourt et al, 2010

# CASE STUDY

2

## CAMEROON



### Aids ACODEV Cameroon

#### Background

Sex work remains one of the most stigmatised social activities in Cameroon. The government criminalises sex work through Article 343 of the Penal Code, which prohibits ‘prostitution’ and ‘solicitation’. Sex workers can be jailed for a period of six months to five years. The fines that sex work attracts range from 20,000 to 500,000 CFA francs (US \$39 to \$976). Sex workers face violence from clients, police, institutions, and intimate partners. Furthermore, people in Cameroon believe that sex work is inherently gender-based violence and that harassing and beating sex workers is normal<sup>31</sup>. Although the government criminalises sex work, the activity is tolerated by some authorities. However, the government through its agencies has perpetrated human rights abuses of sex workers including inappropriate HIV programming such as coercive HTC, police raids of sex work hot spots and arrests of sex workers, and forced rehabilitation. The public and the church highly stigmatise and discriminate against sex workers<sup>32</sup>. This strict legal provision has not stopped more people from entering sex work: the number of sex workers has increased steadily over the last ten years. Non-transgender female sex workers comprise the majority. The prevalence of HIV infection among sex workers in Cameroon has also continued to escalate from about 26.4% to 36.7% between 2004 and 2009. This indicates the vulnerability of sex workers to HIV, because the national prevalence is only 5.3% for people aged 15–49 years.

The National Aids Control Committee (CNLS) declared that sex workers are the main drivers of HIV. In its 2011–15 plan of action, CNLS identified sex workers as people at high risk of HIV exposure who play a critical role in the spread of new infections to the general population. The 2010 plan also reveals that in 2008 there were 18,000 sex workers (both male and female) in Cameroon, out of a population of around 20 million.

31 World Health Organization, 2005

32 Nemande, S., 2013



The government does not have any national statistics on HIV prevalence among sex workers and has not conducted research to generate specific information on the knowledge, attitude, and behaviour of sex workers in order to inform appropriate HIV programming for the key population<sup>33</sup>.

While these glaring statistics indicate that sex workers are a highly vulnerable group requiring targeted HIV programming, the government has failed to develop appropriate strategies for addressing sex workers' needs. However, it is notable that the National Strategic Plan for the Fight against HIV, AIDS and STIs and the Strategy for Intervention with Vulnerable Populations have identified sex workers as a high priority group in the national response to HIV and AIDS. Male sex workers comprise the most stigmatised, discriminated, and neglected group. Indeed, the government has not developed a specific programme to target male sex workers. Accessibility to treatment, including access to medication, remains a huge challenge for people in Cameroon, particularly the stigmatised and vulnerable key population. Like anyone else, sex workers require appropriate HIV programming that ensures effective and efficient access to treatment.

However, the government has failed to develop appropriate HIV programmes that reflect the rights-based approach of sex workers. Instead, sex workers continue to operate in an environment where they may be forcefully tested for sexually transmitted infections (STIs) at hospitals and following arrests by the police. Furthermore, the level of stigmatisation is so high that sex workers cannot access affordable and effective HIV treatment in welcoming environments. The challenges faced by sex workers, and MSM in particular, were so high that it prompted a few young sex workers, who were aware that HIV infection was common among sex workers, to form an organisation to help address their predicaments.

## Aids ACODEV Cameroon

Aids ACODEV Cameroon remains one of the most vibrant organisations in Cameroon that focuses on addressing HIV and AIDS issues and needs among the male sex worker population.

Its name stands for Aid to Underprivileged and Vulnerable People in Cameroon. The organisation was formed in 2009 with a mission 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. The organisation is fully led by sex workers, who also participated in its establishment. Since its inception in 2009, Aids ACODEV Cameroon has continued to grow and has become the face of male and transgender sex workers in Douala City<sup>34</sup>. The organisation works with male and transgender sex workers who are left out of HIV and AIDS prevention and management programmes and who face stigma and discrimination in accessing HIV-related health care services. It has developed diverse programmes that help address the challenges facing sex workers in Douala City. The following section discusses the programmes that Aids ACODEV Cameroon has developed to address their needs and the needs of other sex workers.

33 PEPFAR. 2011

34 Nemande, S., 2013



## HIV PROGRAMMING

Aids ACODEV Cameroon recognises the huge gaps that exist in HIV programming for sex workers in Douala. It remains a significant challenge for sex workers to easily access HIV treatment, care and support in the Douala region, because of heightened discrimination whereby sex workers are often left out by hospital staff who see them as people who engage in nefarious activities and who do not deserve treatment for STIs and HIV-related diseases<sup>35</sup>. Aids ACODEV Cameroon has worked with male and transgender sex workers through community consultations in hot spots to design and implement appropriate HIV programming that addresses their needs. The organisation has developed a highly effective HIV prevention strategy in the form of 'educational night patrols', focusing on educating sex workers about HIV prevention approaches at hot spots within Douala, including brothels, bars, nightclubs, restaurants and massage parlours.

The organisation has trained a few of its members as peer educators to help in communicating clear messages about HTC, demonstration of condom use, and negotiation skills for safe sexual practices. With support from the Global Fund, the organisation implements a project focusing on provision of HIV prevention tools such as condoms and gels which are shared with sex workers to ensure effective awareness of sexual health and HIV prevention irrespective of sexual orientation or gender identity.

Aids ACODEV Cameroon also extends care and support services to the homes of members who are on medication. The support groups established by the organisation help sex workers get the right encouragement to faithfully adhere to medication without defaulting and engaging in issues such as alcohol consumption which could impact treatment effectiveness. Additionally, the organisation partners with government hospitals and NGO hospitals that offer health services to sex workers in welcoming medical units. Peer educators facilitate knowledge and information sharing with fellow sex workers on issues of health service rights to ensure that sex workers develop an understanding of how to go about accessing treatment whenever they are sick. The organisation also undertakes HIV prevention through discussions on dating sites while working with the community, including religious organisations, to promote acceptance of sex work as an occupation.

## SEX WORKERS' HUMAN RIGHTS PROGRAMMING

Sex workers in Douala, as in other parts of Cameroon, face repeated human rights violations including denial of entry to public facilities such as hospitals, and constant harassment, rapes, beatings and even extortion by law enforcement officers as well as members of the public. The rights of sex workers mean nothing to the community because they are not considered human beings. Law enforcement agencies fail to act when sex workers report cases of human rights violations perpetrated by the public or their clients, and may instead arrest and detain sex workers. Clients have also raped and beaten sex workers because of real or perceived HIV-positive status and STI infections. Aids ACODEV Cameroon has offered consistent training and education to sex workers on issues of sexual health and prevention, thus empowering many sex workers to demand safe sex from their clients.

35 amfAR, the Foundation for AIDS Research, in partnership with The Global Forum on MSM & HIV (MSMGF), n.d.

The contribution of law enforcement agencies to the violation of sex workers' rights remains a huge challenge for sex workers in Douala City. Sex workers have recorded many cases of police harassment at hot spots. They arrive in their vehicles, then start harassing, beating, and sometimes raping sex workers one by one, especially when they take them into the vehicles. The police officers also force sex workers to undergo HIV testing while they watch the screening process. Aids ACODEV Cameroon trains sex workers on their rights to enable them to negotiate with clients and police who may want to mistreat them.

## Best Practices and How Aids ACODEV Cameroon Addresses Challenges Affecting Sex Workers

The fact that sex work has been criminalised by the government has affected the operations of sex workers. The organisation is undertaking campaigns and advocacy targeting government officials and the officials at CNLS to fast-track the inclusion of sex workers in HIV and AIDS messaging and public education.

- 1** Aids ACODEV Cameroon has partnered with a few male and female doctors and nurses who visit sex workers in their homes in order to provide them with health examinations and checks as well as to impart health-related knowledge. The organisation is also partnering with other sex worker-led organisations and NGOs to ensure sex workers can access better treatment, care and support.
- 2** The organisation has trained peer educators who provide sex workers with HIV prevention messages and tools, including encouraging members to learn their status at HTC centres, distribute condoms and gels, demonstrate condom use, and encourage HIV-positive sex workers to seek treatment.
- 3** Aids ACODEV Cameroon has partnered with the Francophone African network within NSWP and local sex worker-led organisations, which has contributed immensely to the institutional strengthening of the organisation, enabling it to offer appropriate services to sex workers. Through these partnerships, it 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

#### Background

Sex work in South Africa remains a highly stigmatised, illegalised, and criminalised activity, which causes sex workers to suffer myriad human rights violations from law enforcement agencies and marginalisation in service delivery by the government<sup>36</sup>. In spite of their vulnerability, sex workers continue to operate as a poorly served and invisible group. The main challenges they face include health risks, brutality, inability to access appropriate and inclusive health care services, and minimal legal assistance<sup>37</sup>. The government does not offer mobile treatment to sex workers, and regular police arrests cause sex workers to miss medication, leading to poor treatment and defaulting. Recently, there have been cases of condom and lubricant shortages hindering HIV prevention efforts among sex workers, particularly those in remote areas. HIV prevalence among sex workers is believed to be high, though there is insubstantial data to prove it. The situation presents challenges for HIV programming in the country. Law enforcement agencies violently arrest sex workers, threaten them, and sometimes rape them while in custody. Police officers also arrest sex workers and ask them for sex in exchange for release<sup>38</sup>. The South African National AIDS Council (SANAC) 2013 report puts the number of sex workers at 182,000 including 8,000 male sex workers and 7,000 transgender<sup>39</sup>.

South Africa's National Strategic Plan 2012–2016 reports that sex workers constitute 19.8% of new HIV infections. Furthermore, men who have sex with men, another key population, represent 9.2% of all new infections. However, the plan also shows variations in condom use by sex workers, whereby around 5.55% of female sex workers reported not using a condom during their last encounter while 27.5% of male sex workers and 20% of transgender sex workers used condoms<sup>40</sup>.

36 Commission for Gender Equality, 2013

37 Women's Legal Centre, 2012

38 Mgbako et al, 2012

39 South African National AIDS Council, 2013

40 SANAC, 2012

The HIV and AIDS regulatory environment facilitated by the government has failed to address the needs of sex workers. The government has not taken the initiative to develop effective policies to influence HIV programming that is responsive to the needs of sex workers. For example, it came up with an HIV prevention strategy whereby sex workers are provided with cards to present to their clients to present when they visit hospitals for HIV testing and treatment for STIs. The intention is to provide evidence that the government is reaching clients of sex workers. The challenge with the strategy is that sex workers are only offered a single card which does not serve their needs as they may see several clients in one night. Due to these challenges faced by sex workers in South Africa, SISONKE was founded as a movement led by sex workers to help in addressing the issues that hinder them in their work.

SISONKE is a movement for sex workers, led by sex workers and run by sex workers.

It was formed by sex workers who were tired of police abuse and harassment, unsafe working conditions, inability to access health care and justice systems and even inability to access banking services. SISONKE's vision is to see a South Africa where sex work is considered an occupation just like other work, and where sex workers' human rights are ensured and protected. SISONKE's mission is to bring together sex workers in order to strengthen their ability to fight for their human rights, because sex workers believe that their rights are also human rights that must be respected and protected. The organisation was launched in 2003 in the Western Cape by a group of sex workers<sup>41</sup>. It now has offices in five provinces and a presence in seven provinces out of the nine in South Africa, while still looking to grow.

## HIV PROGRAMMING

SISONKE commenced HIV programming immediately upon its launch in order to address the challenges sex workers faced at the time. The organisation has significant experience in HIV programming and currently provides services to about 6,000 sex workers in Durban, Johannesburg, and Cape Town. SISONKE has developed sex worker-friendly HIV prevention programming including training sex workers on HIV prevention strategies such as appropriate condom use and the significance of male circumcision. It trains sex workers who use drugs on clean injection as well as providing them with information on the significance of non-sharing of injection needles. SISONKE has targeted pregnant sex workers with Prevention of Mother to Child Transmission (PMTCT) education and training in order to avoid and eliminate the potential to infect babies with HIV. The organisation also links sex workers with hospitals where they can get Post-Exposure Prophylaxis (PEP) therapy for HIV prevention in the event of experiencing a condom burst.

The organisation's successes in HIV prevention have been possible through consistent consultation with sex workers and the community on appropriate HIV prevention strategy design, implementation, and evaluation. SISONKE has developed demand-driven partnership with other organisations to offer 24-hour mobile HIV prevention services such as HTC and provision of condoms and lubricants at sex worker hot spots. However, the provision of HIV and STI treatment services in these

41 NWSP, 2013

mobile clinics remains a huge challenge due to lack of support from the government. HIV prevention training also focuses on training and empowering sex workers as paralegals to help in curbing violence and the abuse of sex workers' rights.

## Best Practices

Since its inception, SISONKE has offered tailor-made and targeted services to sex workers. The most significant best practice has been the excellent governance and leadership approach within the organisation. Sex workers who are both HIV-positive and -negative have provided leadership to the organisation since its launch. This has ensured effective and efficient leadership enabling recruitment of more sex workers to join the network while more sex workers openly come out to identify with sex work and access HIV prevention services. The leadership has encouraged positive advocacy and discussions with the government on the HIV programming needs of sex workers. SISONKE also trains brothel managers on HIV prevention approaches and sex workers' rights to ensure that they effectively contribute towards reducing new infections, reducing client violence against sex workers, and sharing knowledge on HIV prevention with sex workers.

SISONKE provides individual and institutional capacity strengthening of sex workers and sex worker support groups. It trains sex workers as individuals and through support groups which they have established as paralegals to collect information from sex workers on human rights abuses and violence and to liaise with human rights organisations who send lawyers to offer pro bono legal representation to sex workers in court. The organisation reports that empowering sex workers on human rights issues and negotiation skills has increased sex workers' capacity to handle violent clients and law enforcement personnel, and negotiate for safe sex practices.

The drop-in centres that SISONKE has established in areas where they have programmes have also motivated sex workers to walk in and access HIV prevention reading materials, information and equipment.

SISONKE has effectively worked with sex workers it has trained as peer educators and paralegals to conduct outreach activities in which they deliver HIV prevention information and equipment, demonstration of condom use, and human rights knowledge to other sex workers in different locations.

SISONKE has worked with sex workers, their support groups, and the community to develop Information, Education, and Communication (IEC) materials and messages that effectively and appropriately target sex workers.

SISONKE has developed a working relationship with law enforcement agencies in some areas where they invite sex workers to hold discussions with the police on how effectively the police could help protect their rights as well as not criminalise their activities. The discussions have also involved brothel managers who help in promoting sex workers' rights and reducing violence perpetrated by clients against sex workers.

SISONKE has engaged in a rights-based approach in its advocacy strategy targeting the public, political leaders, and institutions to inform them of the rights of sex workers as well as how to promote and protect such rights.

## Sex Workers' Access to STI and HIV Treatment

Sex workers can access HTC services easily in the country. However, HIV treatment remains a huge challenge for them. Sex work is highly stigmatised by the public and health care professionals, and sex workers who have STIs or are HIV-positive face double stigmatisation. Health care professionals stigmatise sex workers who repeatedly seek treatment for STI infections and fail to offer them appropriate and welcoming services. Stigmatisation of sex workers has also made them shy away from accessing treatment in health institutions. While HTC services are easily accessible in the country, sometimes law enforcement agencies and health providers have promoted coercive HIV testing of sex workers. Although sex workers access HTC services from mobile clinics, the government has frustrated treatment provision through failing to offer drugs to the clinics. As sex work is criminalised by the government and its agencies, the taking of HIV and AIDS medication is significantly interrupted when sex workers are arrested by the police, leading to ineffective and abandoned treatment. At the same time, the government has failed to engage community health workers (CHWs) to undertake 'defaulter tracing' among sex workers in order to provide support for those who have difficulty with adherence to ART treatment regimes. In general, sex workers lack access to appropriate, affordable and effective treatment services in the country.

### HOW SISONKE ADDRESSES HIV PROGRAMMING BARRIERS AND VIOLATIONS OF SEX WORKERS' HUMAN RIGHTS

With the above challenges facing sex workers in South Africa, SISONKE has come up with diverse strategies to address the barriers.

- 1 SISONKE has implemented a decriminalisation programme which seeks to urge the government to stop criminalising sex work. In order to achieve this, SISONKE undertakes advocacy activities and engages 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<sup>42</sup>.
- 2 The organisation is forming a 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 police officers and city askaris (the local authorities governing the cities in South Africa) on the rights and issues of sex workers.
- 3 SISONKE also provides human rights and health training and education to sex workers in order to empower them with the appropriate knowledge necessary for ensuring HIV prevention and understanding and demanding the protection of their rights including access to health services.

42 Gall, 2012



# CASE STUDY

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UGANDA



WONETHA

## Background

Poverty eradication, social justice, human rights, sex workers' rights, discrimination, stigma and the HIV/AIDS epidemic are some of the issues that come to mind when the health and dignity of sex workers is addressed. Sex workers and sex work are increasingly gaining attention and changes in lifestyles are causing increased demand for sex work. Sex work and injecting drug use have also contributed to the spread of HIV among sex workers through unprotected sex and police harassment<sup>43</sup>. Sex workers have become vulnerable to HIV and AIDS and other related STIs, unplanned pregnancies, unsupervised abortions, gender-based violence, battering, rape and death. Sex workers also face multiple challenges including exposure to STIs and HIV, poor health-seeking behaviour, poor condom use and low compliance with and adherence to medication.

The Uganda AIDS indicator survey of 2011 showed increasing HIV prevalence among sex workers, from 6.4% to 7.3% between 2010 and 2014<sup>44</sup>. Monthly HIV programme reports by WONETHA since April 2013 indicate that every three weeks a sex worker dies from an HIV-related complication. While the National Prevention Strategy puts sex workers among the most at-risk population and high on the programme of intervention, sex workers are still marginally served by public actors on health and education. Empirical evidence and anecdotal reports indicate high prevalence of HIV among sex workers along highways. The Crane survey (2009) revealed that 32.8% of the female sex workers who took part in the study were HIV-positive<sup>45</sup>. Older female sex workers were more at risk and had a prevalence of 44% while younger female sex workers had a prevalence of 19%. The MoH/UNFPA sex worker characterisation study noted that 21% of the 472 respondents engaged in sex work were

43 Ministry of Health/Uganda AIDS Commission, 2011

44 Ibid.

45 Ministry of Health/CDC, 2009

HIV-positive. The MoH/STD Clinic Sex Workers Operational Research Report (2010) examined 471 records of sex workers and put HIV prevalence at 35.1%; condom use in last sexual encounter was noted to be relatively high at 82.4%, though usage was quite low in first sexual encounter, at 15.3%<sup>46</sup>. Regular screening for STIs was noted at 16.8% due to the high cost of services and challenges in accessing them.

Sex work is illegal in Uganda, and stigma hinders access to HIV services by sex workers<sup>47</sup>. Among the few surveys carried out of sex workers, the Ministry of Health in Kampala reported that HIV prevalence among sex workers is 22% and that they constitute one of the highest risk groups in Uganda. Despite this knowledge, it has been difficult to provide targeted services to sex workers because of limited evidence on their existence and numbers. The illegality and stigma has led to the neglect of sex workers by health personnel along with poor health-seeking behaviour by sex workers themselves. Services are patchy with poor coverage and are poorly coordinated. According to the mapping of programmes and interventions targeting sex workers in Uganda there are many challenges experienced in providing HIV services to sex workers<sup>48</sup>. The government also frustrates sex workers' activities through draconian HIV legislation bills such as the HIV/AIDS Prevention and Control Bill and the Anti-Homosexuality Bill, which may worsen the situation and undermine effective response to HIV by intensifying stigma, criminalisation and discrimination. The organisation needs to scale up its lobbying and advocacy initiatives in order to influence the government against passing the two bills.

According to the UN principles for MARP policy programming, actions must be grounded in an understanding of and commitment to human rights as per the rights-based approach. Action must also be informed by evidence, as per Know Your Epidemic. UNAIDS recommends safe access to information and education about HIV, STIs and other health hazards. It also recommends condom and lubricant provision, HIV counselling and testing, STI services and sensitising health care to MARPs' specific issues and needs<sup>49</sup>.



*A focus group discussion in Uganda*

46 Ministry of Health, 2010

47 Jitta & Okello, 2010

48 Ibid.

49 Uganda AIDS Commission, n.d.

There is a need to collect and document better data on HIV and sex workers because very little is known in Uganda. Poor knowledge of HIV prevalence among sex workers, related high-risk behaviours due to stigma and discrimination, and police arrests contribute to poor access to HIV services among sex workers<sup>50</sup>. The lack of data about sex workers is itself driving the epidemic. For instance, sex workers' clients and their partners comprise 10% of new infections.

Aside from criminalising sex work in Uganda, the AIDS epidemic has added another layer of stigma and discrimination towards sex work, through sex workers being blamed for spreading the virus to the rest of society. Many sex workers experience violence on the streets at work, and in their personal lives, which increases vulnerability and other health concerns<sup>51</sup>. There is anecdotal evidence of sex workers being raped, beaten, strangled, and coerced into sex, and they cannot find any form of protection in law. All these factors have undermined the HIV prevention effort towards sex workers. There is limited national programming on one hand, but also limited health-seeking behaviour among sex workers themselves.

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

These challenges motivated sex workers to form support groups and advocate for their rights to security, life and work. WONETHA is one of the sex worker-led organisations in Uganda working to address the issues of sex workers. It was founded in 2008 by sex workers as a response to the repeated harassment, insults, stigma, discrimination and arrest without trial by law enforcement agencies that they faced in their work. The organisation was formed with the mandate to improve the health, social and economic wellbeing of adult sex workers in Uganda. It has worked for and with adult sex workers to promote their "health seeking behaviour and safe sex practices through Health Education Outreaches, Psychosocial support counselling, documenting of human right violence, economic empowerment, Functional Adult Literacy, creative spaces, community service activities, VCT, sexual reproductive Health Services delivery, legal and social protection services"<sup>52</sup>. WONETHA works in five regions of Uganda with adult sex workers, brothel managers, law enforcement agencies, community health workers, local government authorities, a few members of the national assembly, and the scientific community, among others.

50 Jitta & Okello, 2010

51 WONETHA, 2012

52 Ibid.

## HIV PROGRAMMING

WONETHA has developed diverse programmes to help in addressing the needs of sex workers in Uganda. The organisation has developed effective HIV prevention strategies that target sex workers. Its HIV prevention programming has focused on provision of education and training of sex workers on HIV testing and counselling, demonstration of condom use, and negotiation skills<sup>53</sup>. WONETHA also provides HIV prevention tools such as condoms and lubricants to sex workers in the region, and has trained some sex worker peer educators to help in sharing appropriate HIV prevention knowledge and skills. The organisation works with sex workers to conduct outreach activities where they create awareness of sex workers' health rights and sexual and reproductive health education<sup>54</sup>. HIV programming efforts by WONETHA have also focused on undertaking advocacy to oppose both the coercive testing of sex workers and the criminalisation of sex workers that limits their opportunities to access treatment.

## SEX WORKERS' HUMAN RIGHTS PROGRAMMING

The main challenge faced by sex workers in Uganda concerns the criminalisation of their work. The impact of this has been the heightened stigma, discrimination, and violation of sex workers' rights. Sex workers also experience discrimination which causes institutional exclusion in health, legal representation, and social protection opportunities. The absence of data on the number, attitudes, and behaviour of sex workers has affected health and rights protection programming that targets sex workers. The funding environment also remains a huge challenge to sex workers' organisations in Uganda as many funding agencies do not want to fund sex worker organisations. WONETHA undertakes specific advocacy programmes to oppose the violation of sex workers' rights by clients, the public, and law enforcement agencies. The notable coercive testing of sex workers, harassment, beating, unnecessary arrests, and denial of treatment all constitute rights violations. The organisation undertakes campaigns to challenge stigma and discrimination perpetrated against sex workers by their families, partners, and the public. The advocacy initiatives also seek to influence leaders to recognise sex workers and ensure they are included in diverse economic empowerment programmes by the government. However, opposing criminalisation and other legal oppression of sex workers remains a critical component of sex workers' rights programming for WONETHA.

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53 Ibid.

54 Ibid.

## Best Practices

WONETHA delivers effective health and human rights programmes that address the needs of sex workers. The following have been identified as best practices because of the impact they have on sex workers' wellbeing and rights.

- ▶ **Community mobilisation and sensitisation** – WONETHA works with sex workers in undertaking community mobilisation to sensitise other sex workers on appropriate skills for demanding quality services and access to care, and protection of human rights so that sex workers living with HIV can access care, treatment and support.
- ▶ **Health advocacy** – WONETHA works with sex workers to create change and support for the right to information and access to affordable, accessible and quality health services. They create support among sex workers' communities and generate demand for government health policies that affect them, which requires the removal of discriminatory laws as well as educating and training service providers.
- ▶ **Capacity building workshops and training** – WONETHA builds the capacity of sex workers through education, training, and knowledge transfer. This assists 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. It also enables empowered and skilled HIV peer educators to demand quality services.
- ▶ **Networking** – WONETHA strengthens and builds functional networks with partners and civil society organisations for the benefit of sex workers who receive training on HIV prevention, treatment, care and support and sex workers' rights from other organisations.
- ▶ **Dissemination of HIV prevention tools and IEC materials** – WONETHA trains sex worker peer educators who have the responsibility to disseminate HIV prevention tools and targeted IEC materials to sex workers to empower them and raise awareness of HIV infection and how to live a free, dignified and healthy HIV-positive life.
- ▶ **Sex worker health referral systems** – The organisation has developed a sex worker-based referral system to refer its members to sex worker-friendly clinics for free and welcoming services that enable them to access medication.
- ▶ **Monitoring and evaluation** – Sex worker peer educators conduct continuous routine follow-ups for HIV-positive members to meet their needs and gather feedback for a better quality of HIV/AIDS-related services, to measure progress towards the advocacy objectives and to determine what has been achieved.

# Conclusion and Recommendations

The community-led HIV programming approaches for sex workers, as well as the regional consultative forum with members of the sex worker-led organisations, generated good practice recommendations which when implemented could drastically improve the socio-environmental setting for sex workers to conduct their business. The good practices include principles originating from ethical approaches, human rights principles, and good judgement.

## Recommendations to Policy Makers

- 1** All countries should 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 reduce the stigma and discrimination that sex workers face, so that they can seek and access health care services without fear.
- 2** Individual governments should develop laws to protect sex workers from discrimination, stigma, and rights violations to help promote the rights of sex workers as well as reduce their exposure to new HIV infections. This recommendation remains an urgent need because it will guarantee sex workers the opportunity to access health services and other social safety net benefits.
- 3** Governments should make health services appropriate, accessible, and acceptable to sex workers, avoiding stigma and discrimination while enhancing the promotion of rights to health. This recommendation will drastically minimise the stigma associated with HIV and sex work in health care settings. The governments can actualise this recommendation through sensitisation of health care providers on the rights and needs of sex workers including non-coercive services, freedom of choice, confidentiality, and informed consent. The government needs to work with sex worker-led organisations in designing, implementing, and evaluating health care services offered to sex workers. The provision of male and female condoms and lubricants is also a critical component of the health care needs of sex workers.
- 4** Governments should outlaw violence against sex workers through working together with sex workers themselves and sex worker-led organisations.



## Recommendations to the Donor Community and Sex Worker-Led Organisations

### COMMUNITY EMPOWERMENT

The donor community and sex worker-led organisations should work towards promoting community empowerment as a form of environmental and structural intervention in order to reduce the exposure of sex workers to HIV. This approach can give sex workers more control over their working conditions as well as control over preventing new infections. Community empowerment will help in addressing the obstacles impeding sex workers' access to health services, and protect against human rights violations. Implementation of this recommendation should focus on continuous engagement 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.

### PROMOTION AND PROVISION OF CONDOM USE

Condoms should be provided and their correct and consistent use should be promoted to eliminate or minimise the occurrence of new infections. Community-led approaches to condom promotion, distribution, and education should be supported. Lubricants should also consistently be provided to alleviate the unpleasant side effects of frequent condom use.

### ASYMPTOMATIC STI SCREENING

Sex workers should be educated about the significance of seeking screening services for asymptomatic STIs, and advised not to wait until symptoms of STIs materialise. Instead, they should seek laboratory screening for sex-related diseases whenever they are exposed to such risks. However, implementation of this recommendation should ensure that sex workers voluntarily seek and access screening.

Sex workers should be provided with periodic presumptive treatment for recurring STIs, especially in areas where they are at the highest risk of exposure and there are no, or limited, health care services. However, PPT should only be used as an emergency short term measure under the strictest of conditions and while comprehensive sexual health services are being developed. PPT must only be offered if its uptake is voluntary and not imposed as part of a coercive or mandatory public health regime.

Voluntary HTC services should be promoted to sex workers as provided for under the current World Health Organization HTC guidelines. This recommendation is important for eliminating coercive testing which does not respect sex workers' rights, dignity, privacy, or confidentiality. Furthermore, the services should be provided at sex work hot spots and ensure that HIV testing is linked to HIV treatment, care and support services.

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