



Global Network of Sex Work Projects
Promoting Health and Human Rights

GOOD PRACTICE IN

Sex Worker-Led HIV Programming



REGIONAL REPORT:

Europe



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Good Practice in Sex Worker-Led HIV Programming in Europe

Introduction

We are the last bulwark against the HIV epidemic ...

Silver Rose member

Although the link between sex work and vulnerability to HIV has been recognised and widely debated since the beginning of the HIV epidemic¹, in most parts of Europe and in Central Asia sex workers still appear to be much more affected by HIV than the general population. According to the data presented in the latest World Bank report², HIV prevalence among non-transgender female sex workers varies significantly depending on the country and ranges from 0.2% in Germany, through 2% in Croatia and Poland, 5% in Uzbekistan, 13% in Ukraine and Portugal, to almost 20% in Latvia³. HIV prevalence rates among male and transgender sex workers appear to be even higher – although the relevant data is quite hard to access because of the marginalisation of those communities – and they extend from 2% in the Czech Republic, through 15% in Russia and 16.7% in Kyrgyzstan, to over 20% in the Netherlands and Germany⁴.

The excessive rates of HIV infection among sex workers result from a variety of social and structural factors which significantly compromise sex workers' human rights, health, and safety. In most of the European and Central Asian countries laws criminalising and penalising sex work – if not directly, then through various regulations on third parties, public peace and order, or public health⁵ – drive sex workers underground and deprive them of control over their working conditions. An absence of safe and supportive working environments severely disempowers

1 UNAIDS, 2009.

2 Platt et al., 2013.

3 ECDC, 2013.

4 ECDC, 2013; Platt et al., 2013.

5 In numerous countries of the region sex workers are being fined, detained, and arrested under the guise of public disturbance, vagrancy, drunkenness, loitering, hooliganism, lack of registration, etc.



sex workers and undermines their ability to consistently engage in safe sexual behaviour, in this way rendering them particularly vulnerable to HIV. Moreover, in most social settings repressive legal frameworks reinforce discriminatory attitudes, abuse, and other forms of violence against sex workers by law enforcement agencies, clients, media, and the society, creating a climate of impunity for the perpetrators and further contributing to the marginalisation of sex workers. The overall stigma and human rights violations have far-reaching implications as regards HIV risks, since they effectively deter sex workers from using health care facilities and significantly impede the accessibility of HIV prevention, testing, treatment, care, and support. In some parts of the region male, transgender, and migrant sex workers are particularly excluded from access to comprehensive HIV programming due to homophobia, transphobia, xenophobia, and other barriers resulting from multiple stigma, discriminatory laws, and health care policies, or – in the case of migrant sex workers – linguistic challenges⁶.

The scope of HIV prevalence among sex workers also reflects the insufficiency, inaccuracy or even failure of public health efforts to provide the most vulnerable populations with accessible, appropriate, and acceptable HIV programming⁷. In many countries of Europe and Central Asia the vast majority of sex workers still have limited access to evidence-based HIV prevention programmes consisting of the distribution of male and female condoms and water-based lubricants, provision of relevant information on HIV and sexually transmitted infections (STIs), post-exposure prophylaxis, harm reduction, and other HIV-related services⁸. Even if such information and services are available, they are usually provided on a local scale and fail to address the needs of the most socially invisible and hard-to-reach communities of sex workers, i.e. indoor-based, male, transgender, and migrant sex workers. In some cases, the only HIV programmes and services offered do not comply with human rights standards as they fail to respect sex workers' rights to privacy, dignity, informed consent, and freedom of choice⁹ or are delivered conditionally, in the framework of 'rescue and rehabilitation', only to those who declare willingness to exit sex work¹⁰. Moreover, any interventions to reduce sex workers' HIV-related risks are further hindered by laws criminalising HIV non-disclosure, exposure, and transmission, which are prevalent in the majority of European countries; such laws are viewed as a significant factor preventing people from getting tested and participating in prevention or treatment programmes¹¹.

That 'prevention gap'¹² calls for an immediate, well informed, and holistic intervention. That kind of intervention – to be effective and successful – requires sex workers' direct involvement, participation, and leadership in the development, implementation, and evaluation of comprehensive HIV programming dedicated to the sex worker community¹³. Sex worker-led organisations play a significant role because they can recognise sex

6 TAMPEP, 2009; UNAIDS/WHO, 2012.

7 For a detailed elaboration on characteristics of accessible, appropriate, and acceptable services, see WHO, 2013, p. 100; GNP+, 2013.

8 ECDC, 2013.

9 For more details see the Tais Plus and the STAR-STAR case study.

10 For more details see the Rose Alliance case study.

11 Global Commission HIV and the Law, 2012, p. 20.

12 NSWP, 2011; UNAIDS, 2009; WHO, 2012; WHO, 2013.

13 WHO, 2012.

workers' actual needs and expectations with regard to HIV prevention and treatment, determine priorities for action to ensure sex workers' unconditional access to HIV-related services, and undertake collective action to overcome socio-environmental barriers contributing to sex workers' vulnerability to HIV. As such, "sex worker leadership is critical to ensuring that social and structural factors affecting their health, human rights and well-being are understood and addressed in generating and sustaining effective response to HIV"¹⁴.

The role of this report is to highlight the contribution of four sex worker-led organisations¹⁵ in developing and advancing such an evidence-based and comprehensive response to HIV: Tais Plus from Kyrgyzstan, STAR-STAR from Macedonia, Rose Alliance from Sweden, and Silver Rose from the Russian Federation. Undoubtedly, those community-based organisations exist in diverse social environments – respectively, Central Asia, Central, Western, and Eastern Europe – each of which constitutes a unique milieu for sex work and collective action. Definitely, they face various structural, ideological, and funding challenges, and use different means (or even media) to accomplish their goals and to respond to the most urgent needs of the sex workers' communities they represent and work with. These four sex worker collectives were chosen for this report because they are all strongly involved in providing their communities with the best attainable HIV programming and undertake great efforts to reduce sex workers' vulnerability to HIV. Their interventions, actions, and projects are presented here as good practices of community-led HIV programming, illustrating the great work being done by and for sex workers in the European region.

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¹⁴ Kerrigan et al., 2013, p. 286.

¹⁵ In the research underlying this report organisations were identified as sex worker-led in accordance with the NSWP's criteria (50% or more of the decision-making body must be former or current sex workers; 50% or more of the spokespeople must be current or former sex workers; 33% or more of the paid staff (if any) must be current or former sex workers). For more details see: <http://www.nswp.org/page/membership-and-governance>

Methodology

Community-led HIV programming projects presented in this report were selected in the course of online consultations and interviews with the representatives of European sex workers' networks and sex worker-led organisations, conducted over a period of three months, between June and August 2013. The selection process was informed by and conducted in consultation with the members of the Advisory Group who represented three global and regional sex worker networks: Global Network of Sex Work Projects (NSWP), International Committee on the Rights of Sex Workers in Europe (ICRSE), and Sex Workers' Rights Advocacy Network (SWAN).

We established several criteria governing the process of selection. Firstly, we considered only those organisations which have developed HIV programming based on a holistic, human rights and community empowerment approach. Secondly, we wanted the sample to reflect the diversity of social settings and environments in which community-led HIV programming projects take place, including the differences with respect to the dynamics of the HIV epidemic, realities of sex workers' lives, and problems in accessing HIV-related services. Thus, we selected one organisation from each of the four designated regions: Tais Plus from Kyrgyzstan (Central Asia), STAR-STAR from Macedonia (Central Europe), Rose Alliance from Sweden (Western Europe), and Silver Rose from the Russian Federation (Eastern Europe). Finally, the representatives of the organisations in question were asked to become local consultants in collaboration with the researcher (European HIV Policy Officer) and to actively participate in documenting HIV programming undertaken by their organisations.

The process of documenting the case studies of the good practice of HIV programming was twofold. First of all, it involved fieldwork carried out in four settings – Skopje, Bishkek, St. Petersburg, and Stockholm – over a period of four weeks between September and October 2013, in English and Russian. In the course of the fieldwork the researcher conducted numerous informal interviews with the members of each community-led organisation and carried out ongoing participant observation. She accompanied the members during their office work, outreach activities in several sex work settings, community trainings, and peer education workshops, and participated in their meetings with partner organisations and funding institutions. That allowed the researcher to obtain first-hand data on the strategies of action of the organisations, gather testimonies from sex workers involved in and benefiting from the projects and services of the organisations, and achieve in-depth understanding of the specificity of the socio-structural context in which sex workers live and work. Additionally in order to triangulate the data local consultants from each organisation were asked to document their HIV programming projects by following a case study template developed by the researcher in collaboration with members of the Advisory Group. That template contained a list of the key topics and issues relevant to the research (the legal status of sex work, sex workers' situation in terms of access to HIV services, HIV programming and interventions of the organisation, the main barriers faced by the organisation in its work, etc.) and was prepared in English and Russian.

Once the case studies documenting the good practice of HIV programming were completed, they were presented to the local consultants and four members of the Advisory Group during a consultation meeting held in Kraków, Poland, on 7 and 8 November 2013. Their informed comments and suggestions helped to refine and improve the draft version of the document, and develop recommendations which have also been included in this report.

CASE STUDY

1

KYRGYZSTAN



Tais Plus

Background

Although in Kyrgyzstan sex work is neither a crime nor an administrative offence, sex workers face violence by law enforcement agencies on a daily basis. The majority of the sex workers participating in the studies conducted in 2009 and in 2012¹⁶ reported that they had been victims of threats and blackmail, psychological violence, and extortion by police officers. During police raids – frequently unlawful – sex workers are illegally detained under the guise of hooliganism, drunkenness, or vagrancy, robbed, forced to give bribes, and – in some cases – subjected to mandatory HIV testing. Very often footage from those raids is screened on state television and in online media, publicly shaming sex workers and putting them at risk of being recognised by relatives or acquaintances. A high number of the cases of police harassment and extortion (taking place even multiple times a day) is accompanied by religiously motivated violence resulting from the rise of religious extremism in Central Asia. Sex workers are also exposed to widespread discrimination in state and non-governmental institutions which are supposed to provide support and protection for the most vulnerable populations – health care clinics, social service providers, justice administration, etc. Moreover, repeated governmental attempts to penalise sex work as a criminal or administrative offence (in 2005 and 2012 respectively) further increase sex workers' stigmatisation and heighten the risk of violence and other human rights violations they experience.

All these factors gradually worsen sex workers' situation and significantly contribute to their vulnerability to HIV and other STIs. They do not only drive sex work underground, depriving sex workers of control over their working conditions and hindering their engagement in consistent condom use with clients, but also prevent them from seeking HIV-related services and approaching medical institutions, for fear of discrimination or maltreatment. That, in turn, causes a systematic rise of HIV prevalence among Kyrgyzstani sex workers¹⁷. Furthermore, restrictive regulations on both internal and external migration and civil status (a remnant from

16 Sex Workers' Rights Advocacy Network, 2009; Tais Plus, 2012a.

Soviet times), requiring every individual to obtain official registration in a particular region of the country in order to receive identification documents and medical insurance, further deprives the vast majority of sex workers working in Kyrgyzstan – who are mostly migrants from different oblasts (provinces) of the country or citizens of other post-Soviet republics – of access to primary health care services, including HIV testing, treatment, and care¹⁸. Challenging all those problems in the face of the growing HIV epidemic in Central Asia and Eastern Europe is the top priority of Tais Plus – the first and still one of the very few sex worker-led organisations in the region. Since its very beginnings Tais Plus has been continuously engaged in a variety of projects aimed at providing sex workers with comprehensive HIV programming, enhancing their access to HIV-related services, and offering care and support to those living with HIV.

Created in 1997 and officially registered in 2000, Tais Plus is a well-established community-based organisation working with sex workers of all genders¹⁹, their partners, children, and clients in the capital of Kyrgyzstan – Bishkek – and its surroundings. Tais Plus has also been participating in different nationwide projects dedicated to sex workers, contributing to the establishment of the first national Kyrgyzstani network of sex workers, Shah-Aiym, in 2010 and providing significant support to different sex worker-led organisations in the wider region (including Dignity in Tajikistan). It is worth noting that Tais Plus combines engagement in the mobilisation and strengthening of the sex worker community – in the Kyrgyz Republic and Central Asia – with advocacy for sex workers' rights and with interventions against violence and the penalisation of sex work (discussed further below), and successfully fosters sex workers' involvement in the design of national policies affecting their wellbeing and health. For instance, Tais Plus was actively represented in the working group which developed the National Programme on HIV/AIDS for 2012–2016, and in 2013 the head of the organisation became an official participant of the Country Coordinating Mechanism (CCM) to combat HIV/AIDS, Tuberculosis and Malaria²⁰, thus making sure that sex workers' voices would be heard and taken into consideration in the design and implementation of the national HIV policy.

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



PHOTO: TAIS PLUS

17 HIV prevalence among sex workers in Kyrgyzstan has grown from 1% in 2008 to 3.4% in 2010 (source: ECDC, 2013).

18 According to Tais Plus staff, 75% of sex workers working in Bishkek are internal migrants and 3% are international migrants coming from neighbouring countries, including Uzbekistan, Kazakhstan and Russia. Over 60% of them do not have identification documents and registration, and thus do not qualify for not only medical insurance but also access to a variety of medical and social services, family allowance, or other forms of financial crediting. For more information see Tais Plus, 2008; Tais Plus, 2012b.

19 However, due to the high level of stigma and discrimination, male and transgender sex workers are hidden and hard to reach with consistent HIV prevention programming. To address this gap, in 2013 Tais Plus applied for a Global Fund grant to conduct research on male and transgender sex work in Kyrgyzstan.

20 <http://www.theglobalfund.org/en/ccm/>

HIV Programming

Established in response to the HIV epidemic in the Central Asia in the nineties, Tais Plus has significant experience in HIV programming projects, each year reaching out to about 2,200 sex workers working in the Bishkek area, and contributing to a remarkably low HIV prevalence among the sex workers in the capital city²¹. The effectiveness and strength of the HIV interventions of Tais Plus result, on the one hand, from its experience-based and community-led character and, on the other hand, from its holistic approach. All members of the organisation and of the broader community are involved in the design, implementation, and evaluation of HIV-related projects, which enable them to appropriately address the actual needs of sex workers working in different settings (both indoors and outdoors) and to develop context-specific services. Moreover, the HIV programming of Tais Plus combines traditionally understood HIV prevention (including outreach, HIV counselling and testing, medical and social support) with interventions addressing a wide range of social and structural barriers (such as violence, discrimination, and penalisation of sex work) which contribute to sex workers' vulnerability to HIV infection. Some of those interventions will be explored in more detail in the following paragraphs.

REACHING SEX WORKERS WITH HIV PREVENTION AND EDUCATION

One of the essential tools developed by Tais Plus in order to provide sex workers with HIV prevention and assure their involvement in HIV programming is outreach work conducted by ten community outreach workers, occasionally assisted by sensitised health professionals or HIV consultants. In order to guarantee the highest quality and viability of their services, all peer educators undergo specialist training (covering not only HIV/STIs and legal and human rights issues, but also interpersonal communication skills and stress management techniques), and meet at weekly seminars to discuss work-related issues, broaden their knowledge about relevant topics (such as alcohol and drug use, or tuberculosis²²), and plan interventions which suitably meet different community members' needs and expectations.

Almost every day Tais Plus outreach workers visit female sex workers in various sex work settings in Bishkek, Kant, and Sokoluk, including streets, hotels, brothels, saunas, massage parlours, homes, and private apartments, to provide them with both male and female condoms and water-based lubricants. Being able to cover up to 60% of sex workers' safe sex supplies

'Dolls action' conducted by Tais Plus in 2012.



PHOTO: TAI PLUS

21 According to Tais Plus, HIV prevalence among sex workers working in Bishkek is 0%; Tais Plus, 2012b.

22 For several years Kyrgyzstan has been facing a fast-growing epidemic of tuberculosis.

needs – due to limitations set by the main funder, the Global Fund to Fight AIDS, Tuberculosis and Malaria – Tais Plus staff focus, above all, on promotion of consistent condom use during vaginal, anal and oral sex, offer sex workers training on correct condom use and how to negotiate it with clients, and encourage administrators or owners of sex work venues to provide sex workers with high-quality safe sex supplies. According to the latest Tais Plus community-led surveillance study conducted in 2013, as a result of these actions over 98% of sex workers working in Bishkek declared that they had used a condom with their most recent client. Additionally, in 2008 Tais Plus also developed an HIV prevention project aimed at sex workers' clients in both indoor and outdoor settings. Within the framework of that project, outreach workers provided clients with not only condoms and lubricants, but also comprehensive education on sexual risk reduction and – if needed – referrals to STI clinics in Bishkek. Unfortunately, the programme was closed due to a shortage of funding.

Another key component of community-led outreach is 'mini-sessions' – short workshops focusing on different topics, including not only HIV infection, STIs, sexual and reproductive health, tuberculosis, and risks associated with alcohol and drug use, but also issues related to community mobilisation and sex workers' rights and freedoms, violence, discrimination, or – being highly relevant to over 60% of sex workers working in Bishkek – obtaining registration and an identity card. All the sessions are tailored to their participants' needs and expectations – as identified during prior outreach activities or visits in the Tais Plus drop-in – and are conducted in the sex workers' native languages (mainly Kyrgyz or Russian). Each of them lasts from about 20 minutes (in outdoor settings or massage parlours) to over two hours (when conducted in saunas or homes) and frequently takes the playful form of a game or a role play. During the mini-sessions outreach workers also distribute various educational materials, all developed by sex workers and evaluated by community members during focus group interviews, and offer sex workers referrals and company when going to different medical and support services, including the community-led drop-in centre (described further below).

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



PHOTOS: TAIS PLUS

FACILITATING ACCESS TO HEALTH SERVICES

Stigma, police repression, discriminatory or judgemental attitudes among health care providers, high costs of clinical services, and lack of registration and other documents necessary to access services are some of the main barriers deterring sex workers from seeking and obtaining professional medical help. To address that problem, Tais Plus takes a variety of steps aimed at combating maltreatment experienced by sex workers in various clinical settings and providing them with accessible, appropriate, and acceptable health services. Due to its years of advocacy for Kyrgyzstani sex workers' rights in different medical settings, involvement in sensitisation trainings for medical staff and local health care officials conducted by community members, and a huge effort to build and sustain partnerships with a wide range of non-governmental organisations and state institutions (such as Regional AIDS Centre, Alliance for Reproductive Health, National Dermato-Venerological Clinic, etc.), Tais Plus is able to refer sex workers to a comprehensive package of health services provided in a respectful and non-judgemental framework. Those services – delivered confidentially, mostly free of charge, and regardless of sex workers' citizenship status – include HIV testing and treatment, STI check-ups and treatment, gynaecological counselling, TB treatment, harm reduction programmes, and psychological counselling. The quality and accessibility of those services is constantly monitored by and improved upon in cooperation with members of the community.

Moreover, aware of the role played by voluntary and confidential HIV counselling and testing in HIV prevention programming, for the last 10 years Tais Plus representatives have been offering pre- and post-testing counselling to sex workers visiting the local AIDS centre. The counselling procedure has been developed and subsequently improved by the members of the organisation and consists of, among other things, individual risk assessment, education about safe sexual behaviour, the development of HIV risk reduction plans, support, and (if needed) referrals to medical clinics. Additionally, in October 2012, Tais Plus received funding from the Global Fund and AIDS Foundation East-West to provide mouth-swab HIV tests and peer counselling in its drop-in centre and, in this way, to provide sex workers with more accessible, hospitable, and community-led HTC services. Well trained and mentored peer counsellors are available to sex workers on a daily basis, ensuring test confidentiality and offering referrals and assistance during visits to the nearby AIDS clinic if test results come out positive. Tais Plus members also provide sex workers testing positive with all the help they need and put them into contact with a community-led support organisation for people living with HIV.

SUPPORT SERVICES AND CRISIS INTERVENTIONS

The Tais Plus drop-in centre – one of the oldest of the very few safe spaces for sex workers in Central Asia – is a place where sex workers can not only access community-led HIV counselling and testing but also receive direct help from a peer social worker, other staff members, or sensitised specialists, such as a doctor, a psychologist, or a lawyer. Sex workers come to the drop-in centre when looking for legal advice, assistance in obtaining identification documents, housing, and health insurance, referrals to other facilities and services, or non-judgemental psychological support in case of emergency and crisis. If needed, they can do laundry, take a shower, cook a hot meal, access the internet, or just relax and socialise

Tais Plus drop-in centre – one of the very few safe spaces for sex workers in Central Asia.

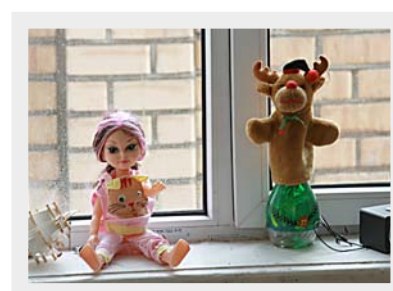


PHOTO: TAIS PLUS

with other community members. Those in a crisis, deprived of a home, fleeing violence, or dealing with severe financial problems can stay at the drop-in centre for up to two weeks, though in some cases pregnant, severely ill and highly vulnerable sex workers (along with their children) have lived in the centre for several months.

The Tais Plus drop-in centre also plays a key role in bringing sex workers together and facilitating their involvement in different community activities, including informal gatherings, the commemoration of important days related to the sex workers' rights movement, workshops on sex workers' health and rights, focus groups, practical skill-building trainings and strategy-planning meetings. As such it enables sex workers to overcome the isolation experienced as a result of ubiquitous violence, stigma, and discrimination, provides them with a space where they can freely express their needs and experiences, and contributes to the strengthening and mobilisation of the community. For many sex workers who are currently members of the staff at Tais Plus, visits to the drop-in centre were the first step towards their engagement in sex workers' rights activism and collective action.

ADDRESSING THE MAIN BARRIERS TO HIV PROGRAMMING

The Tais Plus community-led drop-in centre also plays an important role in combating social and structural factors contributing to sex workers' vulnerability and increasing their risk of HIV infection. As a safe platform of communication, it enables community members to gather data and reports on abuse, harassment, and other human rights violations experienced by sex workers, and therefore to provide them with adequate legal help and interventions, and – most importantly – to encourage sex workers facing violence from the police or representatives of other law enforcement agencies to assert their rights and access justice. Thanks to the support of two well established partners of Tais Plus, the Independent Human Rights Group and the Legal Centre 'The Voice of Freedom', which not only offer legal consultations but also represent sex workers pro bono in administrative and criminal court cases, in recent years all eight administrative court cases against sex workers (following their arbitrary detention under the guise of hooliganism and drunkenness) were resolved in favour of the community members.

Thoughtful and systematic documentation of violence against sex workers, e.g. in the framework of the research on human rights violations against sex workers, conducted by community members in six regions of Kyrgyzstan in 2012, with the support of the Soros Foundation-Kyrgyzstan and the Country Ombudsman, also enables Tais Plus to meaningfully engage in advocacy for sex workers' rights and safety through – among other things – round-table discussions with government officials, parliamentary meetings, and public hearings across the country. Moreover, from 2010 to 2012, due to its participation in the AIDS Foundation East-West project 'Friendly Policeman for HIV Prevention Programmes', aimed at developing procedures preventing

Dolls representing sex workers and expressing their concerns were exhibited in Bishkek police station in order to sensitise police officers to sex workers' problems and needs.



PHOTO: TAIS PLUS

police officers from undertaking any actions that might obstruct HIV prevention programmes, Tais Plus members were able to conduct a series of sensitisation trainings for representatives of law enforcement agencies, raising government officials' awareness of sex workers' rights and the violence they experience.

In 2012 Tais Plus undertook the second successful intervention against a governmental attempt to penalise sex workers in Kyrgyzstan, which could cause a severe deterioration in sex workers' situation with regard to HIV. After the failed effort to criminalise sex work in 2005, in October 2012 members of parliament proposed an amendment establishing administrative liability for sex work, claiming that 'prostitution' is often accompanied by the spread of infectious diseases – including HIV – and organised crime, and, therefore, presents a threat to public health and safety. Aware of the fact that such legislation might contribute to a further rise in violence and stigma against sex workers and pose a serious challenge to the effectiveness of HIV prevention programming developed by the organisation over the years, Tais Plus launched and mobilised a nationwide campaign, 'Stop the Criminalisation of Sex Work 2012', to prevent the introduction of the discriminatory and repressive regulation. With strong support from both national and international partners, including Bishkek Feminist Collective CQ, SWAN, Human Rights Watch, and United Nations Population Fund (UNFPA), they provided relevant information via social media, gathered signatures for an online petition, and sent letters to the representatives of the parliament, the Ministry of Internal Affairs, and the Country Ombudsman. That information campaign was followed by public hearings in six different cities and a round-table meeting with the members of the Parliamentary Committee on Rule of Law, Order and Fighting Crime. Eventually, after a long and intense community struggle, the bill was rejected in February 2013.

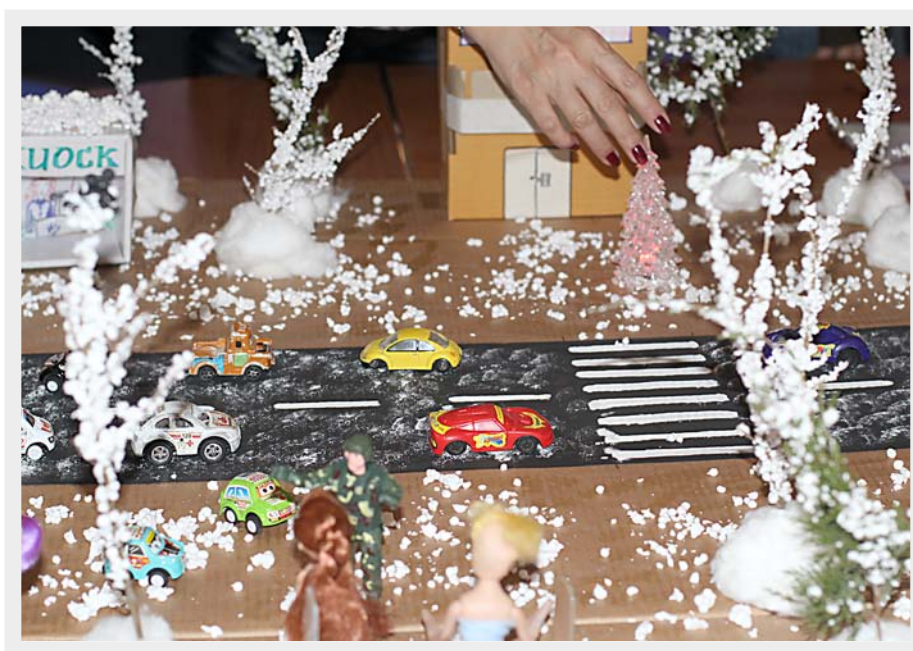


PHOTO: TAIS PLUS

CASE STUDY

2

MACEDONIA



STAR-STAR

Background

Despite the significant increase in the number of people engaged in sex work in Macedonia during the last two decades – caused by, among other things, the dramatic rise of poverty and unemployment (the latter oscillating between 30% and 32%) following the collapse of the former Yugoslavia – the government has not developed a clear legal framework in which sex work would be viewed as a legal profession and those involved in it would be granted social security or medical insurance. On the contrary, sex workers are adversely affected by administrative laws on public order and peace which subject them to excessive fines of EUR 600–800²³ under the guise of selling sexual services, loitering, or hooliganism, as well as by other laws criminalising third parties profiting from sex work (managers and those providing a space for sex work, who are frequently sex workers themselves). Treated as a ‘menace to society’ and to traditional family values, sex workers are regularly targeted by the police during sweeps aimed at eradicating sex work from the public sphere. Such repressive measures drive sex work underground and foster stigmatisation, hostility, and violence against sex workers by clients, the general public, the media, and even the police. Discriminatory treatment against sex workers is also widespread in law enforcement agencies, courts, medical clinics, and institutions providing social services, deterring those at risk from filing complaints or seeking support in cases of abuse and illness. Moreover, Roma, male, and transgender sex workers are particularly vulnerable to discrimination based not only on their involvement in sex work, but also on ethnic origin, sexual orientation or gender identity. Due to the continued prevalence of xeno-, trans-, and homophobia in conservative Macedonian society, and reflected in the lack of specific non-discriminatory laws or regulations protecting those key populations, transgender, male, and Roma sex workers are facing multiple stigmas and violence, not only in the public sphere, but also in a variety of institutional settings.

23 According to the State Statistical Office of the Republic of Macedonia, the average monthly net wage in the country amounts to MKD 21,108 (circa EUR 340); http://www.stat.gov.mk/OblastOpsto_en.aspx?id=14

Due to this unsupportive legal and social environment, the government has failed to develop effective, consistent, and comprehensive HIV policies and programming targeted at sex workers in Macedonia. For example, police confiscation of sex workers' condoms and use of them as evidence in filing administrative charges discourages those involved in sex work from carrying safe sex supplies and puts them at risk of HIV infection. At the same time, the threat of arrests under the guise of intentionally spreading infectious diseases prevents sex workers from accessing HIV-related services, including – above all – HIV counselling and testing. Moreover, the fact that the Ministry of Health, being the primary recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria grant and the main actor involved in the development of national HIV policies, provides most of the funding to the non-governmental organisations working on HIV prevention among female outdoor sex workers, leaves the vast majority of sex workers – that is, all those working indoors, including male and transgender sex workers – unreached by any form of HIV prevention and education. Furthermore, the future of the current HIV programmes is also endangered, due to the scheduled withdrawal of the Global Fund from Macedonia in 2016 and – in consequence – cuts in or total suspension of funding for projects dedicated to the most vulnerable communities. STAR-STAR – the only sex worker-led organisation in the country – addresses these issues by not only trying to provide sex workers with comprehensive HIV programming but also by promoting their mobilisation and involvement in response to the HIV epidemic.

The history of STAR-STAR dates back to 2008; however, the organisation was only registered in 2010, as an 'Association for the Support of Marginalised Workers', after a year-long struggle with state institutions refusing to recognise sex workers as legitimate agents of a collective and not allowing the term 'sex work' to be used in the official name of the organisation. The main goals of the organisation are the protection and promotion of sex workers' rights, to fight against the discrimination and stigma faced by them on a daily basis, and advocacy for change in both the repressive legal framework and negative social attitudes toward sex work. Primarily based in Skopje, the capital city, STAR-STAR fosters the mobilisation of the Macedonian sex worker community nationwide, supporting local leaders and empowering community members in other towns, including Strumica, Tetovo, and Ohrid. Attempting to create an enabling environment for the growth of the collective, self-determination and emancipation, it welcomes and engages in its actions all sex workers, regardless of their gender, sexual orientation, ethnic origin, religious affiliation, social status, or work environment. The organisation also fosters close collaboration with a variety of state and non-governmental institutions, including different service providers or organisations fighting for the rights of marginalised people, thus raising awareness about sex workers' rights and gaining the support of society.

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



PHOTO: STAR-STAR

HIV Programming

This inclusive approach is also reflected in the HIV programming of STAR-STAR, which aims at bridging the gaps in available HIV prevention strategies by providing the most 'hard-to-reach' and marginalised – and thus the most vulnerable to HIV infection – sex workers with the support, knowledge, and safe sex equipment they are deprived of. Community-led prevention and education projects run by the organisation are followed by interventions addressing sex workers' access to high-quality health services (including HIV counselling and testing, treatment, care, and support), free from coercion or discrimination, and available regardless of the changing funding environment. They are also closely connected with the efforts of STAR-STAR to develop sex workers' collective capacity to effectively engage in the struggle for their own rights and improvement of their legal and social situation, through advocacy campaigns and involvement in policy development processes. It is worth noting that the organisation makes efforts to ensure the sustainability of HIV programming for sex workers in the changing funding conditions, through community involvement and the diversification of sources of funding (so as not to solely rely on Global Fund grants).

REACHING THE 'UNSEEN'

Although increased internet use, police sweeps, and discriminatory treatment by the general public have contributed to the rapid development of the indoor sex industry, the majority of HIV prevention projects for sex workers in Macedonia rely on street-based outreach, reaching only about 13% of the target group²⁴. To narrow the gap, in October 2012 – thanks to funding from the Global Fund – STAR-STAR began the first community-led project in the country, aimed at providing indoor sex workers with direct HIV education and prevention²⁵. Relying on their own informal networks, referring to newspaper advertisements and using available internet resources, they managed to establish close contact with sex workers selling sexual services in hotels, brothels, private apartments and other indoor facilities, also reaching escorts, strippers, and erotic masseurs, usually omitted from HIV programming projects. They cooperate with different gatekeepers, too – including the owners and administrators of sex work venues, as well as clients – who circulate the phone number of STAR-STAR and refer sex workers to its website or Facebook page.

Importantly, STAR-STAR's outreach consists not only of condom and lubricant distribution but, first and foremost, entails providing indoor sex workers with education concerning HIV and other sexually transmitted infections, safe sexual behaviour, issues related to sexual and reproductive health and occupational safety, as well as training in consistent condom use and condom use negotiation with clients. Community outreach workers also distribute a range of educational materials and refer sex workers to medical services, including HIV testing, STI check-ups, gynaecological and dermatological counselling, and harm reduction programmes provided free of charge by health care professionals in clinics run by Health Education Research Association (HERA), one of

24 Data provided by the Macedonian Ministry of Health in the Proposal Form – Round 10 for the Global Fund to Fight AIDS, Tuberculosis and Malaria, submitted in August 2010; <http://portfolio.theglobalfund.org/en/Country/Index/MKD>

25 STAR-STAR also conducts outreach in the street setting; however, this type of outreach does not include condom and lubricant distribution, services which are provided by a partner organisation of STAR-STAR, the well established service provider HOPS.

the key strategic partners and supporters of STAR-STAR (due to their collaboration, many female sex workers have been promptly diagnosed and treated for uterine cancer).

Conducted in an informal and sociable way, STAR-STAR's outreach also plays an essential role in overcoming the isolation and marginalisation faced by indoor-based sex workers. By giving them a chance to freely express their needs and concerns, talk about their problems with clients, hotel owners, or unsupportive family members, and share their experiences and knowledge with other community members, it provides sex workers with a feeling of belonging and contributes to the development and strengthening of the collective. It also enables outreach workers to provide fellow sex workers with knowledge about their rights and freedoms, fostering their empowerment and engagement in different community advocacy activities (described further below).

PROVIDING SERVICES FOR THE MOST VULNERABLE

As mentioned before, male and transgender sex workers, being the most vulnerable to HIV infection, are also the ones facing the biggest problems in accessing HIV-related services. The stigmatisation of sex work and the strong social rejection of non-normative sexual orientations or gender identities subject male and transgender sex workers to unprecedented ostracism, systematic violence, and unequal treatment in most spheres of social life. In health care settings, that multiple stigma is often expressed by judgemental and hostile attitudes, the violation of the right to confidentiality, or even refusal to provide medical services. As reported by the members of STAR-STAR, the lack of sensitivity among medical staff and discriminatory attitudes in health care settings often prevent male and transgender sex workers from undergoing regular HIV testing and even lead to loss of motivation among those diagnosed with HIV to undergo or continue treatment.

Providing the most vulnerable sex workers with access to appropriate and acceptable services is the main goal of the STAR-STAR project 'Mobilisation and Integration of Gay Men and Transsexuals to Improve Secondary Health System', funded by the American Foundation for AIDS Research (amfAR). Started only in September 2013, the project aims at mobilising and involving members of the community of sex workers in conducting sensitisation trainings for health workers, including medical specialists, general practitioners, and nurses operating in health care clinics which offer HIV-related services to members of the marginalised communities. These trainings, led by male and transgender sex workers, some of them living with HIV, and facilitated by trusted health professionals and human rights activists, focus on such issues as the rights of men who have sex with men (MSM), transgender people and sex workers, the discrimination they experience in medical

Organisation's office. "This is where STAR-STAR membership begins" – head of STAR-STAR.



PHOTO: STAR-STAR

settings, the role played by medical staff in facilitating and granting sex workers access to non-coercive HIV services, the need to respect the confidentiality and dignity of the most vulnerable patients, and so on. Upon completion of all the training sessions, STAR-STAR members plan to create an online register of 'Friendly Health Centres' (offering HIV-related services for male and transgender sex workers in a respectful and non-judgemental manner), to be uploaded to its website and distributed among members of the community.

Another objective of the project is to provide transgender and male sex workers and their clients with access to HIV counselling and rapid testing delivered by sensitised HIV outreach advisors. Thanks to cooperation with HERA, an organisation which administrates the only mobile HIV laboratory in Macedonia, STAR-STAR outreach workers will be able to reach male and transgender sex workers in various sex work settings: streets, homes, strip clubs, casinos or bars, three times a month. Eventually, the grounds and achievements of the project will be recapitulated in a short advocacy video, indicating the barriers to male and transgender sex workers' access to HIV-related services and the interventions of the community aimed at improving secondary health care. The video will be uploaded online and available to the general public, including medical professionals and state officials.

COMMUNITY MOBILISATION AND STRENGTHENING

Aware of the fact that improving the situation of sex workers requires well coordinated collective action, from its very beginning STAR-STAR has been engaged in a variety of projects aimed at community strengthening and mobilisation. Between August 2010 and January 2011, the staff of the association undertook intense organisational capacity-building training – funded and provided by the Open Society Foundation – enabling it to improve its structure, develop a strategic plan, and identify key funding possibilities contributing to the sustainability of the movement. Shortly after the training, STAR-STAR was able to open its office playing an essential role in the development of the sex worker collective and in community mobilisation. As the headquarters of the organisation and the meeting point of the board, the office also fulfills the role of a social centre, bringing together and connecting different community members seeking help, information, or company. Additionally, once a week visitors can participate in peer education workshops addressing the issues of health and safety, HIV and STI prevention, gender-based violence, and sex workers' rights, or get actively involved in the preparation of an advocacy campaign commemorating dates important to the sex worker community. 'By us for us' ('Од нас за нас'), a monthly STAR-STAR newsletter, developed by the members of the collective and distributed in the office or during outreach, plays a similar role, constituting a platform for communication and a tool to provide sex workers with opportunities to share their experience, gain knowledge about their rights, and strengthen their collective.

Members of STAR-STAR preparing the community newsletter 'By us for us'.



PHOTO: STAR-STAR

Since 2011, STAR-STAR has also been operating a community-led telephone information line, available during office hours to sex workers living both in the Skopje area and other regions of Macedonia. Through this information line community members can get referrals to a variety of medical, social, and legal services provided by organisations partnering with STAR-STAR (including the already mentioned HERA and the Healthy Project Options Skopje [HOPS] which offers, among other services, legal advice and assistance to sex workers), and receive direct information concerning community issues. Very frequently, the line serves as an emergency line for sex workers experiencing violence and other human rights violations, willing to report abusive clients, or asking for emotional support.

ADVOCACY AND STRUGGLE FOR CHANGE

STAR-STAR systematically combines involvement in community mobilisation and empowerment with critical advocacy efforts to foster changes to harmful legal regulations on sex work and discriminatory social attitudes toward sex workers in Macedonia. To increase the social visibility of the sex workers' movement and initiate a public debate about their human and labour rights, the association has since 2008 organised and conducted community-led public campaigns to celebrate 17 December (International Day to End Violence Against Sex Workers), 3 March (International Sex Workers' Day) and 2 June (International Sex Workers' Rights Day) with public marches, informational actions, and distribution of educational materials referring to sex workers' rights. In 2013 numerous representatives of the collective also took an active part in a demonstration on 1 May (International Labour Day), festively celebrated in Macedonia by trade unions, employee interest groups, and workers' associations – to advocate for the recognition of sex work as work and sex

Over sixty STAR-STAR members commemorate the 17 December – the International Day to End Violence against Sex Workers – in Skopje, Macedonia.



PHOTO: STAR-STAR

workers' labour rights. STAR-STAR is also trying to reach the broader public via its electronic monthly magazine, S-WORK, consisting of personal stories and articles drawing attention to problems encountered by sex workers in their living and working conditions (all content is written by members of the community), and advocacy videos (such as one resulting from the project dedicated to male and transgender sex workers) uploaded online and distributed by the partners of the organisation.

Moreover, STAR-STAR is also an active member of the Macedonian Coalition 'Sexual and Health Rights of Marginalised Communities'²⁶ which brings together different organisations (including representatives of the LGBTQ rights movement, the HIV-positive community, a support group for people who use drugs, and a youth organisation) involved in the struggle for the rights of the most vulnerable communities. The coalition publishes a yearly report on human rights violations and discrimination against marginalised communities – including detailed data on violence experienced by sex workers, reported to the staff of STAR-STAR during outreach or through the information line – and delivers it to government officials and representatives of various state, medical, and social security institutions. The social exclusion, legal vulnerability, and discrimination faced by the majority of Macedonian sex workers is also placed on the political agenda, thanks to the involvement of STAR-STAR in the work of the Macedonian Anti-Poverty Platform (MAPP), an alliance of about 40 non-governmental organisations, support groups, and collectives mobilised to promote social justice, civil solidarity, and equality in the Macedonian society. The de-penalisation of sex work was one of the key demands and recommendations of MAPP, expressed in the declaration 'People Living in Poverty and Social Exclusion Need More Decisive Steps'²⁷, published in September 2011 and submitted to the Ministry of Labour and Social Affairs. The publication and adoption of the declaration was followed by a meeting between the minister of Labour and Social Affairs and the representatives of marginalised populations – LGBTQ people, people living with HIV, people who use drugs, and sex workers. During that meeting the leader of STAR-STAR was given an opportunity to directly address problems faced by sex workers daily and request the de-penalisation of sex work in Macedonia.

26 <http://coalition.org.mk/za-nas/?lang=en>

27 The declaration, in both Macedonian and English, can be downloaded from the website of MAPP: http://mpps.org.mk/index.php?option=com_content&view=article&id=122:deklaracijafront

CASE STUDY

3

SWEDEN



Rose Alliance

Background

Based on the abolitionist notion that 'prostitution' is an expression of gendered violence against women, Swedish legislation aims at eradicating sex work (along with human trafficking, usually conflated with the former) by criminalising not those who sell sex – perceived as victims of male domination – but the buyers, seen as exploiters. Thus, the so-called 'Swedish model' – introduced in 1999 under the name of the *Sexköpslagen* – bans the purchase of sexual services, on top of the previous legislation which criminalises third parties profiting from sex work, such as 'pimps', hotel managers, sex-ad website owners, or even taxi drivers. Although implemented in order to empower women and reinforce gender equality, this legal framework significantly contributes to sex workers' marginalisation and vulnerability. The criminalisation of clients has driven sex work underground, forcing those selling sexual services to operate in frequently unsafe or unfavourable working conditions and exposing them to potential violence and harassment. The procurement law further deprives sex workers of any kind of protection, compelling them to work in complete isolation from other sex workers and those who might provide support in case of emergency or crisis. It also forces landlords to terminate leases or evict their tenants if they discover – or even suspect – that the tenants are selling sexual services, thus constantly putting sex workers at risk of losing their housing and compelling them to pay excessive rents, or significantly limiting their work, their only options being outcalls to clients' apartments, incalls in their homes, or – less frequently – the streets. In effect, instead of protecting sex workers, the 'Swedish model' literally pushes them to the margins of society and deters them from seeking help – in order to avoid public outing or arrest of their clients. It also reinforces stigmatisation and discrimination experienced by sex workers not only by the broader society but – first and foremost – by social service providers, health care professionals, and law enforcement agencies.

Despite the fact that Sweden is one of the European countries with the highest health care coverage and relatively low HIV prevalence²⁸, the abovementioned legal and ideological framework significantly increases sex workers' vulnerability to HIV. It not only radically disempowers sex workers and deprives them of control over their working environment, thus decreasing their capacity to undertake all the necessary measures to engage in safe sex behaviour, but also makes sex workers' access to HIV prevention and services very difficult, selective, and conditional²⁹. Since harm reduction projects which involve the provision of safe sex equipment and education on occupational health and safety are frequently considered in Sweden as facilitating and legitimising engagement in sex work, state-funded outreach programmes consisting of condom distribution – aimed solely at outdoor sex workers – are only run in two Swedish cities (Gothenburg and Malmö)³⁰. Quite often social and health service providers actively encourage their clients to exit sex work or only offer help to those who directly declare willingness to cease selling sex, thus preventing the vast majority of sex workers from revealing their occupation in various health care settings or even from using HIV-related services, so as to avoid patronising and discriminatory treatment. Additionally, restrictive laws on HIV exposure, non-disclosure, and transmission – effectively criminalising sex workers living with HIV – discourage many community members from going for HIV testing out of fear of arrest and imprisonment. The Swedish sex workers' collective, Rose Alliance, seeks to change this situation by providing sex workers with HIV programming offered in a non-judgemental and non-coercive framework and addressing their actual needs and expectations.

Although Rose Alliance was officially established only in 2009, some of its members have a long history of involvement in the sex worker rights movement, including the development of the Front for Sexual Politics in the seventies, or active participation in the activist group Rosea founded in 2001. Currently, as a community-led organisation, Rose Alliance, the 'National Organisation for Sex and Erotic Workers', brings together current and former sex workers to advocate for their rights and destigmatisation of sex work. Initiated in response to the emergence of the 'Swedish model', Rose Alliance fosters mobilisation and the strengthening of the sex workers' community in Sweden by providing its members with peer education and support and by making sex workers' voices heard and taken seriously in public debates on 'prostitution', health, and human rights. To raise public awareness about sex workers'

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



PHOTO: MATHILDA VIEHL

28 SMI, 2012.

29 For more details see Levy, 2011.

30 As noted by Rose Alliance, the same logic also refers to harm reduction programmes, consisting of needle and syringe exchange, aimed at people who use drugs in Sweden.

situation in Sweden and to address discriminatory laws and social attitudes severely affecting sex workers' living and working conditions, over the last four years Rose Alliance has been closely cooperating with different organisations fighting for the rights of the most stigmatised – and in some cases, overlapping – communities. The long list of Rose Alliance partners and supporters in Sweden includes the Swedish Federation for Lesbian, Gay, Bisexual, and Transgender Rights (RFSL), which donated Rose Alliance's first computers; the Swedish Drug Users Union (SDUU), which has for years provided Rose Alliance members with a meeting space; and X-CONS, an association of former prison inmates and a partner of Rose Alliance in an informal advocacy network bringing together representatives of the most marginalised populations, called 'Nothing about us without us'.

HIV Programming

The struggle for sex workers' rights to comprehensive HIV prevention, testing, and care in Sweden dates back to 2001, when some of the current Rose Alliance members for the first time requested that the government include sex workers in the national HIV strategy. Since its very beginnings Rose Alliance has persistently advocated state prioritisation of sex workers' health and demanded unconditional access for sex workers to much needed harm reduction programmes. Eventually, in 2012, the Swedish Institute for Communicable Disease Control (SMI) provided Rose Alliance – along with its partner, HIV Sweden³¹ – with funding to launch the first nationwide HIV prevention programme dedicated to sex workers in Sweden, designed, implemented, and evaluated entirely by members of the sex worker community. The 'Peer-to-peer' project of Rose Alliance consists of developing a long-lasting strategy to provide all sex workers with acceptable, accessible, and adequate HIV programming. Following an evidence-based and peer-to-peer approach (both of which are detailed below), its objective is not only to effectively increase sex workers' knowledge about HIV and STIs but also to overcome stigma and discrimination, which constitute the main barriers to sex workers' access to HIV-related services. The uniqueness of that project also lies in the medium used to reach and facilitate contact with sex workers working in Sweden, namely the internet.

OVERCOMING BARRIERS, IDENTIFYING NEEDS

The legal measures introduced in Sweden in order to reduce or even end 'prostitution', especially the laws criminalising procurement and the purchase of sex, have significantly contributed to the 'disappearance' of sex workers from public space and the growth of concealed forms of sex work. Many sex workers – working alone, in hidden locations, and deprived of any (in)formal networks facilitating their contact with potential buyers – see the internet as the most accessible and relatively safe tool for advertising their services and getting in touch with clients. Undoubtedly, this situation constitutes one of the main obstacles in providing sex workers with outreach services and comprehensive HIV/STI prevention. In order to overcome this barrier by turning it into an asset, in its 'Peer-to-peer' project (and many other activities) Rose Alliance chose to use the internet as a key platform for work and communication with sex workers of all genders.

31 The Swedish Association for HIV-Positive People; <http://www.hiv-sverige.se>

In the first stage of the project – aimed at assessing sex workers' needs and expectations in terms of HIV programming and at identifying the main problems experienced by sex workers trying to access HIV-related services – the internet served as a tool for Rose Alliance to reach sex workers with an extensive survey and, consequently, to obtain an evidence-based overview of sex workers' situation. The online survey consisted of almost 60 questions covering such topics as sex workers' working and living conditions, working experience and habits, physical, psychological, and sexual health, experience with HIV prevention and testing, etc. That complex questionnaire was developed and reviewed by peers, and subsequently distributed via the internet in two language versions (Swedish and English³²) by representatives of the sex worker collective. The survey was sent directly to around 700 sex workers, including migrants working in Sweden temporarily, contacted through the organisation's mailing list, advertising websites, informal networks, and other online resources. Additionally, Rose Alliance members conducted several in-depth interviews with those sex workers who preferred a face-to-face encounter to computer-mediated communication.

Answered by over 120 sex workers of all genders³³, the survey enabled Rose Alliance to gather detailed information on the specificity of the sex work scene in Sweden, often contradicting the official beliefs about sex work shared by representatives of the Prostitution Units, radical feminist movements, and the government. It not only showed that hardly any sex workers consider themselves to be victims 'forced into prostitution' by third parties but also proved that one of the biggest disadvantages of their occupation is not violence on the part of their clients but prejudice and maltreatment from other people, including authorities, social workers, and medical personnel. Moreover, the majority of sex workers participating in the study indicated that very often those prejudices and the overall stigma deter them from accessing HIV-related services (including HIV testing) or force them to lie about their involvement in sex work in various health care settings. Significantly, the research also demonstrated that only a minority of sex workers was ever targeted with any preventive materials (such as condoms and lubricants) or specialist information on occupational health and safety, including HIV and STIs. And finally, when expressing their needs and expectations, over 60% of sex workers declared that they would like to receive HIV prevention from a sex worker-led organisation, preferably – as suggested by 86% of the participants of the survey – through the internet.

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



PHOTO: ROSE ALLIANCE

32 As noted by Rose Alliance members, the unfavourable legal framework which forces migrant sex workers to work in isolation and outside of any formal or informal networks makes it almost impossible for those who are not able to communicate in Swedish or English to sell sexual services in Sweden. This explains why there were just two language versions of the survey questionnaire.

33 The number is quite striking considering that according to the Stockholm Prostitution Unit there were only about 600 sex workers in Sweden in 2008, 300 of whom sell sexual services outdoors and another 300 advertise their services online (for more details see Prostitutionsenheten, 2009).

REACHING THE 'UNREACHABLE' WITH HIV PREVENTION EDUCATION

In October 2013, informed by the survey results, which clearly indicated the need for sex workers to be provided with sustainable and easily accessible knowledge about HIV by other members of their community, Rose Alliance initiated the second stage of the 'Peer-to-peer' project. Its overall objective is to deliver specialist training to members of the collective willing to become peer educators in community-led prevention targeted at sex workers in Sweden. Due to the knowledge and competencies gathered in the course of the PrOWfile Project, aimed at creating a manual which would outline the professional profile of outreach workers in harm reduction – taking place between August 2011 and July 2013, in collaboration with eleven European partners in the framework of the Leonardo da Vinci Lifelong Learning Programme³⁴ – Rose Alliance developed a complex training curriculum. In effect, the peer workshop – the first and pilot edition of which was to be held in December 2013 – not only covers a wide range of topics, including HIV/STI prevention, occupational health and safety, private sexuality and emotions, health care and drug use, and the specificity of social services in Sweden, but also provides its participants with different practical skills necessary in outreach work. That pilot training, conducted by peers in cooperation with various sensitised professionals (a sexologist and an expert on peer work from the RFSL, a social worker, a nurse, a representative of the SDUU and the National Board of Health and Welfare, as well as an academic specialising in the law on sex work), is to be evaluated by sex workers and further improved.

Moreover, the key element of the 'Peer-to-peer' project, and simultaneously an essential tool of Rose Alliance's HIV prevention programming, is outreach, conducted – in a break with tradition – via the internet. In order to respond to sex workers' needs and to be able to provide their services to those unreachable via conventional methods, members of the organisation decided to elaborate upon and implement an innovative form of service provision. The online outreach of Rose Alliance – to be inaugurated in 2014 – will be conducted through the website of the project and will consist of two complementary components. First of all, the website will serve as a repository of various information relevant to sex workers, including manuals on occupational health and safety (one member of Rose Alliance is now working on the Swedish translation of the St. James Infirmary's peer handbook on those issues), materials on HIV prevention, legal issues, or taxation, as well as referrals to trusted specialists, including health care professionals, lawyers, and social workers. Migrant sex workers will also have a chance to access all this data in English and easily find information about sex worker-led organisations and sensitised service providers in their home countries. The second component of the online outreach will be an internet chat session operated daily by trained and well qualified outreach workers. Due to the Social Intervention Tool (SIT), developed by the Correlation Network (European Network on Social Inclusion and Health), sex workers will be able to contact peers at a time and from a location most convenient to them, ask for practical information and support, report violence or harassment, or just socialise.

34 Detailed information on the PrOWfile project, as well as the e-book *A Professional Profile of an Outreach Worker in Harm Reduction* created on the basis of the programme, can be found on the website of APDES (Portugal), the coordinator of the projects: http://www.apdes.pt/en/project_prowfile.php

PROVIDING SERVICES AND PEER SUPPORT

Also significant is that the website of the project will be dedicated not only to sex workers searching for HIV prevention education, but also to those working with sex workers – health care staff and social service professionals. To improve the quality of their services and overcome discriminatory attitudes together with stigma-driven practices, Rose Alliance intends to use the website to raise awareness about sex workers' rights and shed some light on common problems faced by sex workers – including migrants and those who use drugs – in different medical settings as well as legal and social security institutions. The creation of an enabling and non-discriminatory environment for sex workers' access to HIV-related services is also one of the main objectives of sensitisation training sessions for health care professionals, conducted by Rose Alliance on different occasions since the very beginnings of the association and also scheduled within the framework of the 'Peer-to-peer' project. These workshops focus on a wide range of topics, including sex workers' rights, the difference between sex work and trafficking (very often conflated in medical and social service settings), the negative consequences of the current legislation on sex workers' physical and sexual health and safety, and many more.

The abovementioned issues are also discussed by Rose Alliance members in the course of various community-led workshops, conducted at least four times a year, or during more informal one-on-one meetings of representatives of the collective. Very frequently these meetings serve as a tool to discuss, re-work, and (if possible) solve particular problems faced by sex workers in Sweden, such as being victims of stalking or sexual violence, having difficulties in maintaining child custody or dealing with tax authorities, losing an apartment due to the land law³⁵, or being publicly shamed by a civil servant. Still, first and foremost they enable community members to provide one another with emotional support and overcome their loneliness and isolation resulting from unfavourable working conditions. These gatherings also play an important role in community strengthening and empowerment, bringing sex workers together and enabling them to develop policy documents as well as to plan advocacy actions.

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

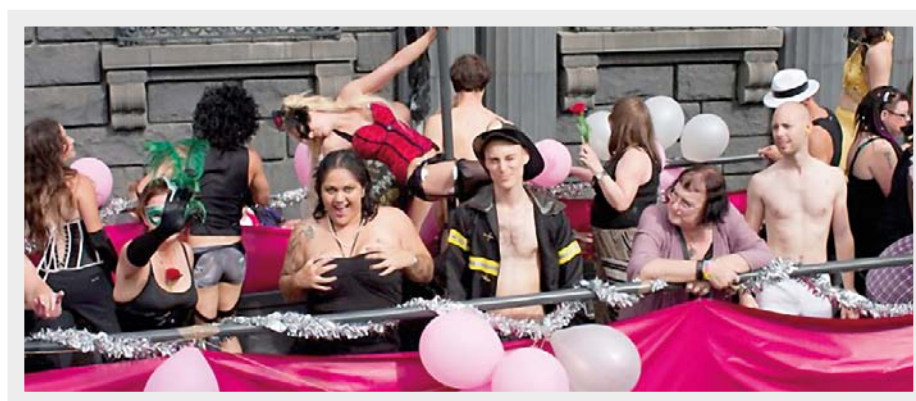


PHOTO: ROSE ALLIANCE

³⁵ According to the land law – another legal 'solution' targeting sex workers in Sweden – a person can lose the right to his or her own property if it can be proved – or even suspected – that the person is selling sexual services there. In such a case the owner is evicted from the house or apartment and the property is confiscated by the state.

MAKING SEX WORKERS' VOICES HEARD

Since the ideological notion of 'prostitution' – understood as a manifestation of male violence against women – prevalent in Swedish society, the government, and the majority of institutions, severely stigmatises, pathologises, and infantilises those consensually selling sexual services (depicting them as self-destructive or self-deceiving and thus in need of rescue), one of the main goals of Rose Alliance is to regain sex workers' agency and credibility in the public sphere. Thus, the organisation – with its long-standing and broad experience in international advocacy against the 'Swedish model' – not only builds a network of reliable journalists, politicians, academics, and allies able to speak on behalf of sex workers in a non-discriminatory and thoughtful manner, but also engages in different projects, enabling it to provide the broader public with actual and unadulterated knowledge about sex workers' situation. This will certainly be the role played by the report summarising the results of the survey conducted during the 'Peer-to-peer' project, uploaded online and distributed among various stakeholders, including state officials, health care professionals, social workers, migrant officers, and researchers. A similar advocacy tool is also being developed over the course of another Rose Alliance community-led project – initiated at the end of 2012 and funded by the Open Society Foundation – documenting personal stories of maltreatment and discrimination experienced by sex workers in Sweden.

Additionally, as a sex worker-led organisation, Rose Alliance takes part – usually in the role of an expert or advisor – in various HIV programming projects developed by various state institutions and its partner organisations, including the HIV-prevention education programme developed by RFSL and dedicated to male and transgender sex workers (mediated online like the Rose Alliance project), programming aimed at improving the health care network for sex workers coordinated by the local council of Gothenburg, or the innovative HIV prevention project 'Mobility and commercial sexuality' initiated in Malmö and dedicated to Swedes travelling and having sex abroad. Due to this involvement, Rose Alliance is able to sensitise its allies to sex workers' perspectives and the diversity of their realities. Moreover, in 2013 Rose Alliance members have established an award for those taking part in the struggle against the violence, stigma, and discrimination faced by sex workers in Sweden.

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



PHOTO: ROSE ALLIANCE

CASE STUDY

4

RUSSIAN FEDERATION



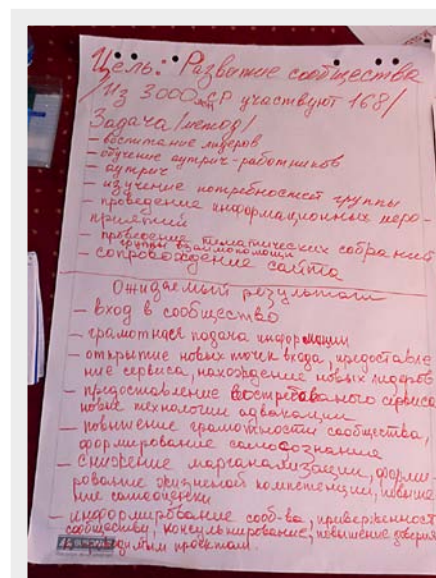
Silver Rose

Background

Although it is estimated that the number of people selling sexual services in the Russian Federation oscillates between one and three million, the actual legal framework, repressive state policies, and punitive attitudes widespread among various decision makers, including key politicians and representatives of the Russian Orthodox Church, significantly contribute to sex workers' vulnerability, depriving them of rights, protection, and the ability to organise. In Russia, sex work is partially criminalised: 'prostitution' is an administrative offence, while profiting from 'prostitution' is punishable under the Criminal Code. Furthermore, restrictive legislation on the 'promotion of homosexuality' and repressive migration laws are also used against sex workers. These legal measures do not only force sex workers of all genders, migrants included, to repeatedly pay fines, but first and foremost trigger a high level of police-driven violence and harassment against them. During frequent raids and sweeps in different sex work settings sex workers are not only illegally detained and arrested but also humiliated, blackmailed, beaten, tortured, brutally raped, or even murdered. This institutionalised violence is accompanied by harassment and coercion by third parties, such as controllers, organised crime networks, and sex workers' clients, resulting from very exploitative and unsafe working conditions, and a climate of impunity for perpetrators. Painted in public discourse as a serious threat to the health and welfare of the entire population, as well as an offence to public morality, sex workers are also subjected to various forms of discrimination in different social settings, including courts, law enforcement agencies, health care centres, migration offices, and social service institutions, which in turn prevents them from reporting abuse or seeking help if they need it.

Another significant factor contributing to sex workers' vulnerability is the persistently growing HIV epidemic in the Russian Federation – primarily driven by a significant increase in injecting drug use following the collapse of the Soviet Union, currently to a greater extent feminised and generalised. However, although HIV prevalence in Russia has risen by 250% since the beginning of the 21st century and more than 750,000 people in the country are living with HIV and AIDS³⁶, the government has shown little political and financial commitment to developing an effective national response to HIV. The multiplicity of repressive laws – including those banning substitution treatment for people who use drugs, criminalising HIV transmission and exposure, and ordering the deportation of migrants once they are diagnosed with HIV – along with a lack of care and treatment programmes for the most vulnerable populations do not only put sex workers at risk of HIV infection, but also deter them from accessing HIV-related services. Moreover, the withdrawal of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2010 and the state restrictions preventing non-governmental organisations from obtaining foreign funding³⁷ have significantly limited the scope and number of HIV prevention projects dedicated to sex workers nationwide. Thus, the percentage of sex workers reached by any kind of HIV prevention and education efforts decreased from, respectively, 38.98% in 2007 and 22% in 2009³⁸, to – taking the most optimistic estimates – 2 to 3% in 2012³⁹. Silver Rose, the only sex workers' collective in Russia, tries to address that situation by providing them with indispensable support and HIV programming.

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



PHOTOS: SILVER ROSE

36 For more information see: <http://base.consultant.ru/cons/cgi/online.cgi?req=doc;base=EXP;n=561540>

37 The amendment to the Russian Federation's Federal Law on Non-Commercial Organisations introduced on 20 July 2012 stated that non-commercial organisations undertaking political activities and receiving funding from foreign funders are considered to be "international agents". <http://pravo.gov.ru/proxy/ips/?docbody=&prevDoc=102038769&backlink=1&nd=102316436>

38 Ministry of Health and Social Development of the Russian Federation, 2008; Министерство здравоохранения и социального развития Российской Федерации, 2010.

39 Conecta, 2012.

Established in 2004 as a community support group based in St. Petersburg, Silver Rose, the ‘Non-Commercial Partnership of Sex Workers and their Allies to Protect Sex Workers’ Health, Dignity, and Human Rights’, currently connects, empowers, and mobilises sex workers from 23 out of 89 regions of the Russian Federation. One of the main goals of the organisation is decriminalisation of sex work, as well as the creation of a political and social environment granting sex workers safe working conditions and providing them with equal access to health care and justice. Silver Rose does not only bring together different sex workers – regardless of their gender, sexual orientation, work setting, ethnic origin, or citizenship status – but also welcomes other stakeholders, including lawyers, rights activists, medical professionals, sex workers’ clients, and administrators of sex work venues, who share its values and commitment to fighting for the improvement of sex workers’ situation. It is important to note that Silver Rose still is not recognised as a legal entity by the Russian state. The Ministry of Justice denied its registration, claiming that in its charter the organisation refers to a vague category of sex work, not listed in any classification of occupations in the Russian Federation, and thus the Ministry cannot verify that the organisation will not violate Article 29 of the Constitution of the Russian Federation, which bans “propaganda or agitation instigating social, racial, national or religious hatred and hostility”⁴⁰. At the time of writing, Silver Rose is awaiting the decision of the municipal administrative court on its second appeal.

HIV Programming

Although Silver Rose has not gained legal recognition and is thus deprived of any state or foreign funding for comprehensive HIV prevention programming, it still manages to carry out many activities aimed at providing sex workers with safe sex equipment and education on HIV and other STI infections, and to facilitate their access to health care services. As noted by Silver Rose members, owing to their determination and close cooperation with various service providers, medical facilities, and non-governmental organisations, during the last year the organisation has managed to reach circa 10,000 sex workers in St. Petersburg, and many more in other parts of the Russian Federation, with some sort of HIV prevention and education.

Additionally, Silver Rose undertakes many efforts to improve sex workers’ living and working conditions, as well as their legal situation, and in this way reduce their vulnerability to HIV infection. Some of these efforts will be highlighted further below.

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



PHOTO: SILVER ROSE

40 <http://eng.constitution.kremlin.ru>

BRIDGING THE GAPS IN HIV PREVENTION AMONG SEX WORKERS

As mentioned before, due to the termination of, or severe cuts to, funding for HIV prevention among the key populations, as well as repressive legal measures driving sex work underground (and thus limiting the ability of the organisations to provide education and services to those most at risk), an overwhelming majority of sex workers in Russia has no access to reliable and consistent information on HIV and other STIs, not to mention preventive materials, such as condoms and lubricants. Very unfavourable working environments, frequently characterised by coercion, violence, exploitation, or other forms of dependency on third parties, as well as a relatively high level of drug and alcohol use among sex workers, further contribute to their vulnerability to HIV infection, deprive them of control over their working conditions and, consequently, undermine their ability to effectively engage in safe sexual behaviour and negotiation of condom use with clients. As a result, HIV prevalence among sex workers is much higher than in the general population⁴¹ and will inevitably grow, unless serious measures are undertaken.

To reverse this trend, relying on its members' commitment and the support of other non-governmental organisations as well as an anonymous donor (seemingly a well-wishing entrepreneur, who provided the organisation with 500,000 high-quality condoms), in 2012 Silver Rose initiated informal outreach programming aimed at providing sex workers with the necessary HIV prevention. During this community-led outreach – conducted simultaneously in multiple Russian cities, including Moscow, Kazan, Vladivostok, Ufa, Chelyabinsk, Irkutsk, and St. Petersburg – volunteers from local Silver Rose initiative groups distribute condoms and lubricants, and offer sex workers training on consistent condom use, HIV and STIs, safe sexual behaviour, and other issues related to sexual and reproductive health. Additionally, peer outreach workers target controllers, administrators, and owners of sex work venues with information on sex work occupational health and safety, and encourage them to provide sex workers with easy access to safe sex supplies. Hence, quite frequently those third parties become gatekeepers of the organisation by circulating its phone number, referring sex workers to its website, or asking peer educators to carry out workshops on their premises on HIV prevention and negotiation of condom use with clients.

Moreover, seeking to initiate a public discussion on sex workers' vulnerability to the HIV epidemic and to induce government officials to undertake the necessary measures to provide all sex workers with comprehensive HIV prevention tools⁴², in 2012 Silver Rose took the strategic decision to facilitate and actively participate in research on HIV prevalence among sex workers working indoors in St. Petersburg, initiated by one of the allies of the organisation, the local Centre for the Prevention and Control of AIDS and Infectious Diseases. In the course of that study, conducted within the framework of the outreach of Silver Rose in different sex work settings, including brothels, apartments, hotels, and other indoor facilities, about 800 sex workers were provided with access to free and anonymous HIV mouth-swab tests performed by their peers and were invited to fill in a questionnaire (created by epidemiologists in collaboration with Silver Rose members) concerning their sexual health

41 Министерство здравоохранения и социального развития Российской Федерации, 2010.

42 The vast majority of the remaining HIV prevention projects dedicated to sex workers nationwide are delivered in an indoor setting. See Conecta, 2012.

and barriers to their involvement in safe sexual behaviours or HIV-related services. The results of that research, which showed a dramatically high HIV prevalence of 12.9% among indoor sex workers in St. Petersburg and indicated a lack of HIV prevention among that population, were published in a scientific journal issued by the Russian Academy of Medical Sciences⁴³. As such, they do not only constitute an important source of knowledge about sex workers' situation and needs, further informing Silver Rose actions, but can also serve as an advocacy tool calling for the implementation of comprehensive, state-funded HIV programming for indoor sex workers. The second edition of that research, this time to be conducted on the national scale by Rospotrebnadzor (the Federal Service on Customers' Rights Protection and Human Well-Being Surveillance), has already been scheduled for 2014. The main concern and objective of Silver Rose is to ensure that the research will be conducted in accordance with international human rights standards, thus in a respectful and non-coercive manner.

INFORMAL REFERRAL AND SUPPORT SYSTEM

Another key element of Silver Rose's HIV programming is the provision of access for sex workers to acceptable and affordable HIV-related services, specialist medical care, and support. In order to do this, the organisation has signed an unofficial memorandum of understanding with trusted and sensitised health care professionals from St. Petersburg's City AIDS Centre, a Hospital for Infectious Diseases, three women's clinics, one dermatovenerological dispensary, and other institutions across the country. Silver Rose is now able to refer sex workers to providers of a broad package of services, including HIV testing and treatment, STI screening and treatment, gynaecological counselling, and drug and alcohol treatment, all offered within a non-judgemental and non-discriminatory framework. Crucially, the majority of these services are accessible and provided for free to a large number of migrant sex workers who do not have the required registration and/or compulsory health insurance⁴⁴. Silver Rose peer workers make medical referrals during outreach and recommended medical clinics and professionals are also listed on the forum or website (developed in 2012 thanks to Mama Cash funding) of the organisation. The website also enables sex workers to communicate online with one of the doctors (a gynaecologist) and, in case of emergency, to consult with a peer psychologist.

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



43 Виноградова et al, 2013.

44 According to Silver Rose staff, over 70% of sex workers working in the Russian Federation are deprived of official 'municipal' registration and – thus – access to medical insurance, health care settings, and social service institutions, due to the high level of internal (intra-regional) and external migration (mostly from post-Soviet republics, e.g. Ukraine, Belarus, Uzbekistan, Kyrgyzstan and Tajikistan).

Since 2012, having managed to convince a Russian pharmaceutical company to donate 300 mouth-swab HIV tests, Silver Rose has been able to provide sex workers with community-led HIV counselling and testing. HTC services are delivered anonymously and voluntarily by trained peer counsellors in the St. Petersburg office of the organisation. Sex workers diagnosed with HIV are instantly offered referrals and accompaniment to trusted AIDS clinics and contacted by one of Silver Rose's partner organisations providing care and support for people living with HIV, including mothers and people who use drugs. Silver Rose also tries to provide assistance to migrant sex workers diagnosed with HIV – who are legally at risk of repression and deportation – facilitating their access to HIV diagnostics and treatment in Russian medical facilities or, if this is impossible, to connect them with sensitised medical centres and sex worker-led organisations in their home countries.

PROTECTING SEX WORKERS' RIGHTS AND INCREASING LEGAL LITERACY

Aware of the fact that a repressive legal framework and a high level of institutionalised violence – above all on the part of police officers and other law enforcement agencies – vitally contribute to sex workers' vulnerability to HIV infection and constitute barriers to sex workers' access to HIV-related services, Silver Rose undertakes a variety of actions aimed at protecting sex workers' rights and empowering them to defend themselves against abuse. Thanks to funding from the Red Umbrella Fund (granted in 2012) and Robert Carr Fund (awarded in 2013 for a joint project with three other sex worker-led organisations in the region), since 2012 Silver Rose has been carefully and systematically documenting police-driven harassment and other forms of violations of sex workers' rights. The organisation has gathered detailed information on patterns of violence experienced by sex workers in the Russian Federation, which enables it to plan meaningful interventions as well as train and sensitise its lawyers, and provide sex workers with adequate legal support during court cases and trial procedures. Sex workers experiencing or fleeing violence can also be put into contact with trusted crisis intervention centres which have, for several years now, been assisting the members of Silver Rose in cases of emergency.

Moreover, the data on police-driven violence faced by sex workers has been used by members of the organisation to develop a series of mini-seminars entitled 'Know Your Rights' and covering such topics as current legislation on sex work in the Russian Federation, laws on migration, registration and drug use, sex workers' civil and human rights, and – most importantly – procedures of action during (illegal or arbitrary) police raids and arrests, providing sex workers with precise knowledge and knowhow which enable them to protect themselves against police violence, extortion, and unlawful incarceration. Four-day legal workshops have already been offered to the members of Silver Rose in 18 regions of Russia and have also been conducted – in a much condensed and shortened version – during community outreach in different indoor sex work settings. Currently the organisation is also working on a short video to increase sex workers' legal literacy and present effective strategies of legal self-defence in cases of police harassment and detention.

45 <http://www.sakharov-center.ru>

COMMUNITY MOBILISATION AND 'VISIBILISATION'

Although it has been refused official registration and does not exist from a legal point of view, since its very beginnings Silver Rose has been actively fostering mobilisation of the sex worker community in order to effectively engage in the struggle for sex workers' rights and social recognition. This strategy of community development was initiated in 2011 during the first national training for sex workers, held in Moscow under the auspices of the UNFPA, and is based on building a sustainable network of initiative groups across the country. Facilitated by the internet, a community forum available on the website of the association as well as other materials on the website and the capacity-building trainings held by the leader of the organisation in various cities including Lipetsk, Voronezh, Irkutsk, and Sochi, this strategy enabled Silver Rose to expand into 23 regions of the Russian Federation in just two years.

Simultaneously, Silver Rose empowers the sex workers' community by increasing its social visibility in the media and the public sphere. For several years Silver Rose has been cooperating with trusted and sensitised journalists willing to overcome the widespread discriminatory attitudes toward sex workers in Russian society and to outline their real problems in the era of the HIV pandemic. Additionally, since 2007 the association has been systematically organising public gatherings and performances, such as the International Day to End Violence Against Sex Workers on 17 December. However, in 2012, due to repressive state regulations hampering public assembly, demonstrations, and mass gatherings, Silver Rose commemorated 17 December with a press conference, highlighting the scale of violence and human rights violations faced by members of the sex worker community. In December 2013, during the press conference held in Moscow, the organisation also planned to introduce a draft project of legislation decriminalising sex work, prepared by members of the collective. This press conference was to be followed by an exhibition titled 'For Bread and Liberty!' displayed in the renowned Sakharov Centre⁴⁵, presenting artwork created by sex workers during one of the community workshops, followed by a charitable auction, the profits from which would be used to purchase HIV prevention materials for distribution during community-led outreach.

PHOTO: SILVER ROSE



Silver Rose members commemorating International Day to End Violence against Sex Workers – 17 December – in one of the street sex work settings in St. Petersburg, 2007.

Conclusions and recommendations

Undoubtedly, all four sex worker collectives highlighted in this report are very different – they are embedded in diverse social, cultural and economic settings, and have unique biographies, resources, priorities, and strategies of action which they find the most useful and effective. Their common characteristic, however, is a great commitment to reducing sex workers' vulnerability to HIV infection by fostering their involvement and leadership in response to the HIV epidemic. Although operating in hostile and unsupportive environments, marked by repressive legal frameworks, negative social attitudes towards sex workers, or unfavourable funding mechanisms, all of them successfully contribute to the mobilisation, self-determination, and strengthening of the sex worker community, and thus increase its ability to actively engage in the struggle for sex workers' rights to life, health, and dignity.

As has been shown in this report, the ongoing struggle of these organisations involves several complementary and critical components. First of all, it aims to challenge key constraints to sex workers' health and wellbeing: harmful laws and regulations on sex work, social and economic exclusion, psychic or physical violence by law enforcement agencies or clients, general stigma, discriminatory practices, and other human rights violations, all of which significantly disempower sex workers and have a profound impact on their risk of contracting HIV. This struggle also requires the promotion of social solidarity and cooperation between sex workers and different stakeholders in order to facilitate and protect sex workers' (unconditional) access to high-quality HIV-related services delivered in accordance with a human rights-based approach. And, above all, it implies development and provision of community-led HIV prevention efforts which effectively address sex workers' needs and expectations, taking into account the different realities of sex workers' lives. Most importantly, the experience of all four organisations proves that regardless of all obstacles, their commitment, determination, and resourcefulness give them a unique ability to offer comprehensive HIV programming to the most vulnerable and marginalised sex workers' communities, which very often are not reached by, or are intentionally excluded from, conventional HIV prevention projects.

Therefore, in order to support sex workers' leadership in HIV programming by all means and to reinforce community-based interventions dedicated to the most hard-to-reach and vulnerable populations, the following recommendations have been developed for sex worker-led organisations:

- ▮ Raise sex workers' awareness about their rights and applicable legislation on sex work and HIV, including laws on HIV exposure, disclosure, and transmission. Build legal literacy, competencies, and skills enabling sex workers to protect themselves when aggrieved.
- ▮ Address, within the framework of HIV programming, issues related to internalised stigma, discrimination, violence, and other forms of sex workers' rights violations which contribute to sex workers' vulnerability to HIV and deter them from accessing HIV-related services.
- ▮ Build coalitions and alliances with health care professionals, lawyers, human rights activists, policy makers, local governments, non-governmental organisations, representatives of the private sector or media, and other stakeholders who support sex workers' rights and can contribute to the reduction of their vulnerability to HIV.
- ▮ Connect with other sex worker collectives, organisations, and networks on the local, national, regional, and global level. Mutual support, communication, and the exchange of knowledge and experience can help to improve HIV programming projects offered by sex worker-led organisations.
- ▮ Recognise the diversity within the sex worker community and try to address the real needs of those sex workers who are the most vulnerable and marginalised, and thus to the greatest extent affected by HIV. Remember that the diversity of sex workers' realities, lives, and experiences is one of your biggest assets in problem-solving and the main source of creativity in developing effective HIV programming.
- ▮ Be aware of and able to respond to the changing funding environment and diversify sources of funding in order to guarantee sustainability and continuity of HIV programming. Simultaneously, be ready to negotiate the terms and conditions of funding and define limits of what you are willing to accept. Otherwise, you might be spending a large proportion of necessary funds on achieving goals you do not agree with or fulfilling needs which, to your knowledge, are not the most pressing ones.
- ▮ Enhance stability and sustainability of your organisation and community-led HIV programming by assuring an equal share of power among the members of your collective, applying democratic principles in decision-making processes and building organisational capacity. Develop and implement procedures enabling you to effectively respond to different crisis and emergency situations.

Recommendations for service providers:

- ▶ All HIV programming projects should be based on the recognition of the diversity of sex workers' realities, including indoor, male, transgender, and migrant sex workers, sex workers who use drugs, and those living with HIV, and should effectively address the cultural and language diversity of the sex worker community.
- ▶ Organisations providing HIV-related services for sex workers should partner and ally with sex worker-led organisations or collectives not only to provide sex workers with comprehensive HIV prevention but also to address discriminatory and repressive legal frameworks affecting the effectiveness and accessibility of HIV programming.
- ▶ As regards HIV programming, sex workers should be granted the right to meaningful participation in decision making as well as to the development, implementation, monitoring, and evaluation of related projects and resources dedicated to members of their community, including illiterate and migrant sex workers.
- ▶ HIV programming should address and actively challenge human rights violations, discrimination, stigma, and all forms of violence faced by sex workers, including physical, psychic, sexual, economic, and structural violence (resulting from an unjust and unsupportive social environment, homophobia, transphobia, xenophobia, religious fundamentalism, etc.), contributing to sex workers' vulnerability to HIV infection.
- ▶ Service providers should actively support the mobilisation, self-organisation, and self-determination of the sex worker community by providing sex workers' collectives with meeting spaces, training, and other resources facilitating their involvement in response to the HIV epidemic.

Recommendations for policy makers:

- ▶ All governments should work toward decriminalisation of sex work and elimination of all discriminatory and repressive laws and regulations contributing to sex workers' vulnerability to HIV infection, including laws criminalising HIV exposure, non-disclosure, and transmission.
- ▶ Sex workers – regardless of their gender, sexual orientation, work environment, socio-economic status, or ethnic origin – should be granted unconditional access to the highest attainable standards of HIV prevention, as well as primary and secondary health care. Health services for sex workers should include universal access to male and female condoms and lubricants, access to HIV-related services, including HIV counselling and testing, treatment, and care, as well as access to sexual and reproductive health care services.
- ▶ Mandatory HIV and STI testing should be prohibited and all HIV-related services for sex workers should be provided confidentially, with informed consent, and in accordance with human rights standards.
- ▶ Governments should undertake legal actions and introduce policy mechanisms to protect sex workers against discrimination, violence, and other human rights violations on the part of law enforcement agencies, clients, service providers, the general public, and the media, which contribute to sex workers' vulnerability to HIV infection.

- ▶ Governments should recognise sex work as work and grant sex workers labour rights, thus providing them with state benefits and access to social, financial, and medical services, including high-quality HIV prevention, testing, treatment, care, and support.
- ▶ All legal barriers and discriminatory provisions preventing both documented and undocumented migrants from accessing high-quality HIV prevention, counselling, testing, treatment, care, and support should be removed. Undocumented and documented migrants should be granted access to primary and secondary health care services available to all citizens.

Recommendations for donors:

- ▶ All donors and funding institutions should recognise the value of community-led programming and interventions in reducing sex workers' vulnerability to HIV infection and providing them with comprehensive HIV programming. Thus they should support – financially, educationally, and technically – the development and strengthening of the sex worker community and sex worker-led organisations.
- ▶ All donors and funding institutions should recognise and support community-led projects aimed at documenting and combating human rights violations, discrimination, and violence against sex workers, as well as other advocacy campaigns addressing discriminatory and repressive legal frameworks, as crucial tools in challenging the HIV epidemic in the region.
- ▶ All donors and funding institutions should work towards simplification of funding application procedures, thus widening the access of sex worker-led organisations to grant opportunities and improving the feasibility of their projects.
- ▶ Funding opportunities for comprehensive HIV programming should be available to all eligible sex worker-led organisations in low-, middle-, and high-income countries.

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