

The Global Working Group on Sex Work and HIV Policy

**Inputs to the
UNAIDS Guidance Note on HIV and Sex Work
April 2007**

**Supporting the
UNAIDS Programme Coordinating Board
recommendation June 2007**

September 2007

Introduction

This Guidance Note has been developed to provide a unified approach to the reduction of HIV vulnerabilities among adult sex workers.

Twenty years of experience has shown that effective HIV prevention, treatment, care and support for sex workers is possible only with their meaningful and active involvement.

In many parts of the world, sex workers are amongst the most vulnerable to HIV and STIs. There is an urgent need to expand successful interventions that have been shown to reduce unprotected commercial sex, HIV and STIs among female, male and transgender sex workers and clients. In this document sex worker means adult male, female and transgender sex workers unless otherwise indicated.

This Guidance Note addresses the urgent need to provide and increase access to HIV programming for sex workers of all genders, HIV positive or negative. The Millennium Development Goals such as girls' education, gender equality and poverty reduction, form the background contextual setting for this document. This Guidance Note will assist UN agencies and UNAIDS country programmes to develop sex work and HIV policy and services that are in line with governments' commitments to improve their response to HIV/ AIDS, and with the ultimate objective of moving towards Universal Access to comprehensive prevention, treatment, care and support by 2010.¹

Sex work settings

Local attitudes towards sex and sexuality shape the market for sexual services which are provided in a wide range of settings, some of which are stable and others which change frequently. Sex work venues may be highly visible or hidden. Stakeholders include male, female and transgender sex workers, their clients and regular partners, business owners and other intermediaries. Sex work settings may involve transient, migrant and mobile populations of both sex workers and clients or more permanent local communities.

The World Health Organisation notes that "in many countries, sex work occupies an ambiguous social and legal status, and sex workers may be severely stigmatized, marginalized or criminalized. Violence, exploitation and the abuse of sex workers' human rights are common in many parts of the world."²

Vulnerability to HIV is highest where working conditions of sex work are exploitative and where sex workers have limited control over their lives. Stigma and marginalization isolate sex workers and severely limit their ability to organize community action to combat vulnerability to HIV.

"The prevalence of HIV in sex work settings varies greatly. There is ample evidence that effective interventions in the field of sex work can have a dramatic impact on the course of epidemics, in addition to protecting the health and livelihoods of the people who are directly involved. Where HIV rates are still low there is a window of opportunity for implementing preventive measures. In places where a large percentage of sex workers are already infected, effective prevention work coupled with treatment, care and support is vitally important in order to improve survival, to counter stigmatization and to prevent further infections."

WHO Toolkit for Targeted HIV-Aids Prevention and Care in Sex Work Settings, 2004

There is an urgent need to improve sex workers' access to: adequate and culturally-relevant health services; a continuum of HIV prevention options such as information and education, support for

¹ Practical Guidelines for Intensifying HIV Prevention, UNAIDS

² WHO Toolkit for Targeted HIV-Aids Prevention and Care in Sex Work Settings, 2004

community mobilization, prevention commodities³; voluntary counselling and testing (VCT); sexual and reproductive health services; and drug and alcohol harm reduction approaches⁴. For programming to be effective, many barriers to providing services need to be addressed, including discrimination by and stigmatising treatment from health care services, social services, and law enforcement agencies.

Sex workers and clients

Both clients and sex workers who have unprotected sex are vulnerable to HIV and STIs. Programmes that promote and provide information on safer sex practices must reach sex workers, their clients and others associated with the sex industry. To be effective, HIV programming needs to be dynamic, non-coercive and it must address the diverse realities of human sexuality and sexual expression.

Responsibilities of States

States have the responsibility to protect the rights of all people. Sex workers are not protected as workers nor, as a result of their involvement in the sex industry, are their rights generally respected. For example many national laws and policies either directly or indirectly limit the rights of sex workers, including their access to comprehensive HIV and SRH services.

Although studies and interventions have shown the feasibility and benefits of providing effective prevention services for and in association with sex workers and their clients, many national policies and programmes do not address these needs. States must develop relevant programmes to increase HIV prevention, treatment, care and support services for sex workers and their clients, thereby reducing HIV vulnerability in the context of sex work.

“UNAIDS reports that many countries with low-level or concentrated epidemics fail to adequately fund the programs that would be most effective in this scenario - those aimed at populations most at risk - in favour of more visible but less cost-effective information and awareness programs for the general population.”

“Misallocation of limited resources by donors and affected countries also often occurs as a result of ideological, non-scientific restrictions imposed by donors on how HIV prevention assistance may be used.”

**Bringing HIV Prevention to Scale: An Urgent Global Priority, Global Prevention Group,
June 2007**

Guiding Principles for the United Nations’ Response

The respect, protection and fulfilment of human rights such as the right to health, accommodation, privacy, and liberty, and security of person, and the principle of non-discrimination are detailed in a number of international human rights instruments. Such rights, amongst others, are central to the response to HIV in any population. A useful rights based response here requires that there is no consequential denial of rights because sex work is the “work” in question. This is entirely counterproductive to the reduction of the incidence and prevalence of HIV in the sex work environment.

³ This includes female and male condoms, contraception and condom-friendly lubricants.

⁴ A comprehensive harm reduction program for injecting drug users, includes the provision of sterile injecting equipment, information and education, particularly through peers; drug dependence treatment, in particular opioid substitution therapy with methadone or buprenorphine; provision of condoms; and HIV testing; and HIV care and support, including the provision of antiretroviral therapy.

The 2005 UNAIDS policy position paper on Intensifying HIV Prevention⁵ provides a global framework to help guide all HIV prevention efforts. “The Principles of Effective HIV Prevention”, endorsed by the UNAIDS Programme Coordination Board, must inform UNAIDS’ and other UN agencies’ response to HIV and sex work. These important principles are relevant and adaptable also to HIV treatment, care and support.

Additionally, policy and programming should be based on evidence that is gathered from ethical research observant of human rights in which sex workers play a meaningful role.

Pillar 1: Reducing vulnerabilities and addressing structural issues

Political, economic and socio-cultural factors that commonly contribute to sex workers’ vulnerability to HIV vary according to local circumstances and local sex work settings. Additional barriers are faced by migrant sex workers and transgenders. In the case of migrant workers, vulnerability is increased where those migrant sex workers of all genders are refugees, internally displaced persons, asylum seekers, and ethnic minorities. These people often lack economic options, face discrimination, and are not able to enter the work force, all of which increase vulnerability. The status and vulnerability of these groups need to be addressed by all UN agencies, and incorporated into national HIV and development plans.

Sex Work and Human Rights

The procedural aspects of a rights-based approach which includes participation, accountability and transparency are central to working with sex workers. As currently understood, international human rights law provides limited protection for sex workers. Where sex workers are criminalized or stigmatized the starting point is one of deprivation of fundamental rights. The human rights protection that might be provided to others who are accorded “citizenship” is not entirely available to sex workers. The starting point for a rights based approach to HIV and sex work is the formation of a partnership in which sex workers contributions to policy and programme development is recognised and valued. This cannot occur in coercive environments such as those created by the 100% Condom Use Programme.

Elimination of violence against sex workers

The link between violence and HIV is well documented. Sex workers of all genders are often subject to violence, both in their personal lives and at work. This violence is a manifestation of stigma and discrimination, further demonstrated by the fact that sex workers typically receive less protection and support from State agents and institutions and instead face disapproval and discrimination. Sex workers, as individuals, have a right to equal protection from violence under the law.

There are various ways of addressing violence against sex workers, through independent programmes or together with programmes combating violence. Some projects minimize violence and its effects by providing education and facilitating collective action to prevent violence, by liaising with police, sexual assault counselling and counselling for victims of violence, treatment for injuries and other crisis interventions.

“Violence is a manifestation of the stigma and discrimination experienced by sex workers. In all societies, sex work is highly stigmatized and sex workers are often subjected to blame, labelling, disapproval and discriminatory treatment. Laws governing prostitution and law enforcement authorities play a key role in the violence experienced by sex workers. In most countries, sex work is either illegal or has an ambiguous legal

⁵ UNAIDS (2005). Intensifying HIV prevention: Policy position paper. http://www.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf

“Criminalization of sex work contributes to an environment in which, violence against sex workers is tolerated, leaving them less likely to be protected from it.⁹ Many sex workers consider violence “normal” or “part of the job” and do not have information about their rights. As a result, they are often reluctant to report incidences of rapes, attempted (or actual) murders, beatings, molestation or sexual assault to the authorities. Even when they do report, their claims are often dismissed.”

WHO, GCWA. Violence Against Women and HIV/AIDS: Critical Intersections. Violence against Sex Workers and HIV Prevention. Information Bulletin Series, Number 3 (2003)

Expand economic and social opportunities for sex workers

There is strong evidence that sex workers with better economic and social status are less vulnerable to HIV. Thus it is important to ensure that sex workers benefit from programmes that expand economic and social opportunities and development strategies that provide sustainable supplementary incomes for individuals and households. Such strategies need to address inequalities such as lack of secure housing; lack of access to education, banking services and credit; and control of family assets. The stigma and discrimination which reduces male, female and transgender sex workers’ potential for economic independence and social inclusion must be addressed.

Collective organizing and community mobilization are key to ensuring that sex workers benefit from development policies and programmes. Increasing sex workers’ access to banking services and encouraging community-run credit cooperatives are two ways in which this can be addressed.

Pillar 1: Examples of Actions:

Gender and economic and social inequalities create multiple vulnerabilities for sex workers and influence choices. Efforts to reduce vulnerabilities and expand choices and opportunities include:

Increase HIV prevention by expanding our knowledge base:

- Map social vulnerabilities including barriers to accessing prevention services, social isolation, economic vulnerability and restrictive gender norms. Complete data is needed to understand how these factors interact with and exacerbate risk and compromise workplace health and safety;
- Analyze national laws that influence the context of sex work and the delivery of and access to services; and
- Analyze national migration laws in the context of sex work and their implications for documented and undocumented migrant sex workers.

Advocacy:

- Advocate for the recognition of sex workers as rights holders;
- Support sex workers to work together and to develop coalitions with other agencies that can address stigma, violence, discrimination and injustice they experience;
- Advocate for the rights of sex workers to occupational health and safety;
- Advocate for the removal of barriers that prevent sex workers’ access to and delivery of HIV programme services;
- Promote awareness campaigns to reduce stigma and discrimination against sex workers; and
- Advocate for unrestricted access to HIV and STI services for all sex workers including documented and undocumented migrant sex workers.

Strategic partnerships:

- Implement policies and training aimed at fostering appropriate attitudes and behaviour by officials in law enforcement, health, judicial and other government sectors; and civil society organizations;
- Ensure officials that discriminate against sex workers or violate their rights or dignity are subject to sanctions;
- Develop HIV impact assessments for proposed large-scale programmes, such as major infrastructural projects, where sex work contexts warrant this; and,
- Encourage the engagement of labour organizations, trade unions, the private sector, local communities and national governments to help address barriers to sex workers organizing, improving health and safety within sex work settings and access to HIV prevention and other health and social care services.

Enhancing service provision and uptake:

- Provide sensitization and awareness-raising in communities where sex work occurs, including through community-based organizations;
- Prioritize and provide skills training and employment opportunities for migrant sex workers, including asylum seekers, displaced persons, refugees, and ethnic minorities; and
- Support peer education and peer support networks to promote positive cultural values to reduce risk behaviours among sex workers.

Pillar 2: Reducing risk to HIV infection

Evidence indicates that HIV levels fall where sex workers are actively engaged in prevention efforts. Comprehensive, accessible, acceptable and user-friendly services to reduce HIV risk and impact must be urgently scaled up and adapted to different local contexts and individual needs. Included in comprehensive packages of interventions proven to reduce HIV among sex workers and clients are:

- Information for sex workers about HIV, human rights, sexual health, condom use, safer sex, and accessing health services. This information must be delivered at various levels by peers, through the media, and by health professionals;
- Information about HIV, STIs and condoms for clients and others involved in the sex industry such as establishment operators and staff, taxi drivers, police and local authorities;
- Access to 'prevention commodities', including a variety of appropriate condoms, lubricants, medications, and contraceptives;
- Access to sexual and reproductive health services encompassing diagnosis, treatment and care;
- Programmes to ensure and promote freedom from abuse, discrimination, and persecution;
- Safe places to work, live, and care for children and food and water security;
- Access to cultural, educational and community activities that can help sex workers realize their economic and personal goals;
- Psychological and social support;
- Voluntary access to HIV testing followed by social support, care and treatment for sex workers who test positive for HIV;
- Ensuring that mobile and migrant sex workers have access to the full range of health and social services;
- Access to drug and alcohol-related harm reduction programmes; and

- Access to legal authorities and social services to combat domestic, racial and homophobic violence.

Providing all of these services to most sex workers in a city or country is called “best practice”. Many programmes begin by providing only some of these services to a small number of sex workers. Although that can be a good start, to successfully limit epidemics of HIV, STIs, unwanted pregnancies and abuse, these services must be expanded over time to reach most sex workers and should contain most or all of the components listed above. Furthermore, sex workers require the full range of health services beyond HIV and STI services and options with respect to their delivery available to the community should be available to sex workers.

Preliminary packages must be carefully designed to promote human rights and decrease sex workers’ vulnerability to HIV or violence. For example, HIV testing should not take place without counseling, access to treatment, psychological support and protection from discrimination. Condoms and safe sex information should not be directed at sex workers in isolation from clients and others involved in the sex industry.

HIV prevention technologies

Condom use is a crucial element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. Male and female condoms are the single, most effective, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections and there are promising new developments and innovations in condoms. Condoms must be readily available either free or at low cost and conform to quality standards. Although the search for new prevention technologies such as HIV vaccines, microbicides and pre-exposure chemo-prophylaxis (PREP) continues to make progress, condoms will remain the principal HIV prevention tool for the foreseeable future. On the most optimistic projections none of the biomedical developments will be 100% effective and even the most effective will be no ‘magic bullet’ against HIV. If condoms are abandoned in favour of partially effective technologies, exposure to HIV could even increase in some populations. Complex information about the correct use of new technologies will have to be provided to sex workers and clients to prevent harm resulting from their use.

Clients

HIV services must be accessible for those who purchase sex. Specific education campaigns must be developed and targeted at clients. In addition to messages about safer sex, condom usage and health seeking behaviours, such campaigns should encourage them to behave respectfully and responsibly toward sex workers.

Sex workers living with HIV

People living with HIV in general face stigma and discrimination and for sex workers living with HIV this stigma is compounded. Sex workers living with HIV should have access to at a minimum the highest available standard of HIV treatment, care and support services in the country. For sex workers who test positive, particular support and quality counselling that addresses issues such as potential discrimination and loss of income should be available. Education and encouragement about healthy living and safe sex can help prevent disease progression, development of resistant strains of HIV, opportunistic infections and ongoing transmission of the virus.

There are many barriers to service provision, including health professionals and service providers who discriminate against sex workers living with HIV, inadequate access to HIV and sexually transmitted infections testing, counselling and treatment services. As a result of these barriers, like other people, many sex workers remain unaware of their HIV status.

Coercive programming has no place in HIV prevention for sex workers

Optimal results in HIV programming are seen in programmes where there is meaningful and voluntary participation of sex workers. Coercive efforts to control or reduce sex work rarely produce good results and have even been associated with abuse of sex workers and their families. Mandatory medical treatment or procedures, raids, forced rehabilitation, or programmes implemented by police or based upon detention of sex workers are all examples of coercive programming.

Pillar 2: Examples of Actions:

Meeting the HIV prevention, treatment, care, and support needs of sex workers and their clients requires a wide range of actions and the comprehensive integration of accessible and quality services.

Expanding our knowledge base:

- Country level mapping of sex work settings, including mobility and migration trends and their implications for service delivery, legal frameworks pertaining to sex work and their impact on the vulnerability of sex workers and clients to HIV infection, and the availability of services for sex workers as well as identification of gaps. Local projects should map violence and document patterns of violence; and
- Identify, document and disseminate good practice examples of HIV treatment, care and support for sex workers who are living with HIV or are HIV-negative.

Advocacy:

- Support the development and expansion of HIV prevention, treatment, care and support services for sex workers in primary health care settings, and through sex workers, organisations and NGOs that operate peer education and other rights-based programmes for sex workers; and
- Support the provision of sufficient resourcing of programmes on sex work and HIV.

Strategic partnerships:

- In association with sex worker groups and informed civil society groups, provide technical support to national governments to reduce the risks associated with HIV and sex work, including the elimination of violence against sex workers; and
- In association with sex worker groups and informed civil society groups, support the development and implementation of codes that establish safe and hygienic working conditions, access to condoms and health care; and appropriate behavioural standards for clients.

Enhancing service provision and uptake:

- Promote independent HIV services as well as the integration of HIV services for sex workers into primary health care. These services might also address sexually transmitted infections, tuberculosis, hepatitis, family planning, prevention of mother to child transmission, and sexual and reproductive health;
- Support initiatives enabling sex workers to negotiate safe sex practices and utilize other risk-reduction methods;
- Strengthen programmes which provide care and treatment for sex workers living with HIV, including antiretroviral therapy, when medically indicated, and treatment of opportunistic infections; and
- Promote access to a comprehensive package of drug and alcohol harm reduction interventions.

Pillar 3: Building supportive environments and expanding choices

HIV interventions should both diminish the social, legal and political barriers faced by sex workers and expand the options available to sex workers to exercise more control over their own health and over their environments. There is strong evidence that sex workers who are less marginalized in their communities and most active in working toward improved conditions are at least risk of HIV.⁶ Accordingly, activities that build links with co-workers, family, local groups, religious institutions and other civil society institutions help reduce vulnerability. Governments and civil society should support such activities by providing resources for safe spaces, such as drop-in centres, and community-based and cultural activities.

In this context supportive environments are created “through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies”.⁷

Sex workers should be supported and enabled to meaningfully participate on their own terms in the development of policy around sex work, the building supportive environments and expanding their choices. Building capacity within sex worker networks and communities is part of a fundamental commitment to the respect, protection and fulfilment of the human rights of sex workers. In this instance capacity building includes the provision of adequate funding and training for sex worker groups and networks to build organizational strength and expertise to effectively communicate and share good practices with each other and externally.

Sex workers should be able to choose to engage in sex work or not. Their capacity to make decisions, not unlike many of us, is dependent upon multiple factors such as: stigma and discrimination; having a secure place to live; safe working conditions; ability to secure a reasonable income for work performed; financial security; repayment of debts; criminal records; drug dependency; and access to alternative or supplementary income.

Partnerships between local authorities and communities need to be strengthened to remove the barriers faced by all sex workers, including those living with HIV, and documented and undocumented migrants. Sex workers must have equal access to HIV prevention, treatment, care

⁶ D Kerrigan, P Telles, H Torres, C Overs and C Castle. “Community development and HIV/STI-related vulnerability among female sex workers in Rio de Janeiro, Brazil. *Health Education Research*.

⁷ The Ottawa Charter for Health Promotion, 1986.

and support, as well as to available employment programmes. Sex workers living with HIV who choose to leave sex work must be supported in a range of ways. In particular they should be offered training in economically viable skills. Expanding the choices of all sex workers within and outside the sex industry will depend both upon the individual and other factors already described.

Stigma and discrimination

All sex workers, regardless of their choice to engage in sex work or not, and those who have been coerced into sex work, face stigma and discrimination. Male and transgender sex workers face added stigma and discrimination. Sex workers should be able to participate in all aspects of life in the community free from economic, cultural or social marginalization. Barriers to sex workers participating in family and community life must be addressed. Governments can stimulate communities and institutions to reduce stigma and discrimination against sex workers, their families and clients. Where this has happened, there have been measurable benefits to the public including health and amenity.

Participation, family and community

Every person is entitled to active, free and meaningful participation in, contribution to, and enjoyment of civil, economic, social, cultural and political development in which human rights and fundamental freedoms can be realised. Participation should be viewed as fostering critical consciousness and decision making. Sex workers must be empowered to articulate their expectations towards the state and others and take charge of their own development. Sex workers should be at the heart of the design, implementation and evaluation of interventions and good practice must be measured against this.

Stigma and discrimination exacerbates the issues sex workers face in common with all people. These include issues related to their children, partners, working conditions, housing, family, community and their futures. Sex workers must be in control of decisions that affect their lives. The contribution of sex workers is essential to the reduction of HIV vulnerability among sex workers, their families and the community.

There are a range of partnerships that can help raise sex workers' social capital and increase individual capabilities. For example partnerships between education authorities and sex work projects have resulted in accessible primary, secondary and tertiary education programmes for adult sex workers and their children. Similarly transgender sex workers' conditions have improved through partnerships between community groups and police and religious authorities. It is important to note that without the contribution of sex workers such programmes may have an adverse impact rather than enabling sex workers to make informed decisions and maintain optimal health⁸.

Sex workers and community organizations working in partnership with sex workers are uniquely positioned to provide support to sex workers who are in hard-to-reach circumstances, including undocumented migrants and those working in informal sex work settings. They also have a critical role to play in reducing child and coerced prostitution⁹.

⁸ Id. 13 Overs (2002). "Sex Workers: Part of the Solution: An analysis of HIV prevention programming to prevent HIV transmission during commercial sex in developing countries". <http://www.nswp.org/pdf/OVERS-SOLUTION.PDF>.

⁹ Id. 13 Overs (2002).

Pillar 3: Examples of Actions:

- Ensure all sex workers are enabled to live a life with dignity consistent with human rights; and
- Ensure sex workers are active and empowered partners in the development, implementation and evaluation of responses.

Expanding our knowledge base:

- Work with sex worker networks and community based organisations to better understand the dynamics of sex work and the impact of relevant legislation and policy upon the vulnerability and lives of sex workers; and
- Identify, examples of good practices of microfinance, income-generating activities, supplementary and alternative livelihoods, and business start up opportunities.

Advocacy:

- Promote sex workers having a voice through sex work or other professional associations, trade union membership and collective bargaining;
- Promote the active citizenship of sex workers and the development of sex worker organisations and networks;
- Encourage other community organisations to work in partnership with sex workers; and,
- Promote employment opportunities and skills training for sex workers, including those who remain in sex work and those seeking an economic alternative to sex work.

Strategic partnerships:

- Support sex workers and organisations working with sex workers so that sex workers may have active, free and meaningful participation in addressing the wide range of issues that affect their lives;
- Include sex workers in the design, research, implementation, monitoring and evaluation of policies and programmes that affect their lives; and,
- Build the capacity of communities and service providers to support all sex workers, including those living with HIV, to achieve their goals.

Enhancing service provision and uptake:

- Address the violence experienced by sex workers from law enforcement and state officials;
- Ensure that sex workers are able to safely report violence and abuse and receive protection under law;
- In collaboration with sex worker groups and informed civil society organizations, provide technical support to national governments and civil society on community awareness of sex-work-related stigma and discrimination;
- Provide and promote opportunities for life long learning in both formal and informal educational settings for all sex workers; and
- Address the discrimination experienced by the children of sex workers and its impact on their lives and ability to attend school.