

FACTSHEET ➤ Sex work, HIV and human rights

“Not the problem, part of the solution”

Whilst the links between sex work and HIV have been made since the earliest days of the epidemic, these have often generated stigma by reinforcing crude stereotypes of sex workers as ‘vectors of disease’. More recent acknowledgements of sex workers as a ‘key population’ recognises the higher prevalence of HIV amongst sex workers around the world as a key barrier in the global fight to end the epidemic, and has firmly placed sex workers as vital partners in this fight. Lead agencies such as the Global Commission on HIV and the Law², UNAIDS³, and the World Health Organization (WHO)⁴ now firmly recognise that sex workers are not the problem, but part of the solution.

CELEBRATING THE BIRTH OF A MOVEMENT

On June 2nd 1975, following decades of police harassment, including violence carried out with impunity and forced medical testing of sex workers, over 100 sex workers and supporters occupied the Church of Saint-Nizier in Lyon. The protest went on for a week before the police ended it with brutal force. However, the violent suppression of a peaceful protest galvanised a global uprising of sex workers, who began to form collectives in various parts of the world.

The publication of this factsheet honours what is largely recognised as the birth of the Sex Worker Rights Movement.

STOPAIDS recently developed a report looking at key populations in the context of international health and inequalities, which noted the significantly higher burden of HIV faced by sex workers globally.⁵ The renewed call to establish organisational positions on sex work in light of this evidence has prompted widespread discussion within and amongst those working on health and other international development issues. In an attempt to facilitate this discussion amongst STOPAIDS members, a workshop was held in March 2015 that focused on sex work in relation to health and the global HIV response.⁶ This factsheet has been prepared following the workshop and a shared desire to see an official STOPAIDS position on sex work in the context of health and HIV.

Sex work and HIV at a glance

Sex workers are approximately eight times more likely to be living with HIV than other adults globally.⁷ In developing countries female sex workers are 14 times more likely to be living with HIV than other women of reproductive age.⁸ For male and trans sex workers, the risk of HIV is known to be even higher yet epidemiological data and research is less widely available for these groups. This is due to the lack of disaggregation of male and trans sex workers in epidemiological data, which in turn exposes a more general lack of awareness and understanding about male and trans sex worker communities and their additional needs in the

Terminology

Sex workers include “female, male and transgender adults and young people (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally”. Sex work may vary in the degree to which it is more or less ‘formal’ or organised.¹

UNAIDS uses the term ‘key populations at higher risk’ to describe those who are disproportionately impacted by HIV compared with the general population, highlighting these populations as key to the epidemic’s dynamics and HIV response. The UNAIDS definition encompasses men who have sex with men, transgender people, sex workers and people who inject drugs.

context of HIV prevention, treatment, care and support.⁹ Whilst HIV prevalence amongst sex workers in high-income countries is variable,¹⁰ structural factors evidently increase the risk of HIV transmission amongst sex workers. These factors include, barriers in accessing healthcare, misconceptions around sex work, stigma and discrimination, mandatory registration requirements and the lack of political will to reach marginalised groups.¹¹

Criminalisation of sex work, violence and HIV

Criminal laws specific to sex work are used to criminalise sex workers, clients, third parties, as well as families, partners and friends of sex workers. In addition to the sex work-specific laws that criminalise sex workers there are a number of other laws that in practice are used to oppress and/or impose state control of sex workers and sex work that broadly create conditions of criminalisation.¹² Sex workers are subjected to these repressive and discriminatory laws and practices worldwide, which in turn fuel stigma, discrimination and in a large number of instances, violence being perpetrated against them.¹³ Anti-prostitution laws and policies that criminalise or otherwise legally oppress sex workers facilitate widespread human rights abuses by creating pretexts for agents of the state to control and punish sex workers, with effective impunity.¹⁴

This violence ranges from verbal, physical and sexual abuse; mandatory HIV testing; the public ‘naming and shaming’ of sex workers in media; forced evictions; and extortion. Coupled with the fact that state officials often enact this violence, sex workers are reluctant and fearful to report instances of violence, reducing their access to justice. The risk of violence is exacerbated for sex workers living with HIV, considering the intersection of sex work laws with HIV non-disclosure, exposure, and transmission laws.

The increased experience of violence puts sex workers at greater risk of HIV, both directly through increased exposure to sexual violence that limit sex workers’ agency to demand condom use; and also indirectly through common structural determinants like criminalisation, stigma, insecure housing and poverty.¹⁵ These factors all compound to disempower sex workers in their efforts to protect their health and safety and have created a situation whereby sex workers face substantially greater risk of HIV.

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An ideological approach at the expense of sex workers' rights

Legal approaches to sex work are often framed as 'protecting' sex workers from victimisation. Within this broader discourse, prostitution is seen as a form of violence against women that sits on a continuum that includes trafficking. This discourse has fuelled non-rights based approaches globally that deny sex workers' agency, self-determination and severely limit their rights whilst simultaneously undermining health efforts amongst sex workers. An example of this type of approach is the raid, rescue and rehabilitation programmes¹⁶ that have underpinned the global anti-trafficking agenda. Violence against sex workers takes place at the hands of the state during raids, rescues, arrests and in rehabilitation centres and is has detrimental impacts on the HIV prevention efforts amongst sex workers.¹⁷

Following the same discourse, Sweden recently criminalised the purchase of sex as part of an outright 'end demand' approach to prostitution and trafficking.¹⁸ This approach has damaging consequences for sex workers, including for example; increased vulnerability to violence, heightened stigma, reduced access to HIV prevention and other health services and in some cases the removal of sex workers' children by state authorities.¹⁹ Evidence is growing of the widespread harm caused to sex workers by this legal framework.²⁰ Sex workers globally are using this evidence to argue that this is a legal model based on ideology, moralisation and a disregard for the agency, health, safety and rights of sex workers.²¹

Decriminalisation: a rights-based approach with a positive health impact

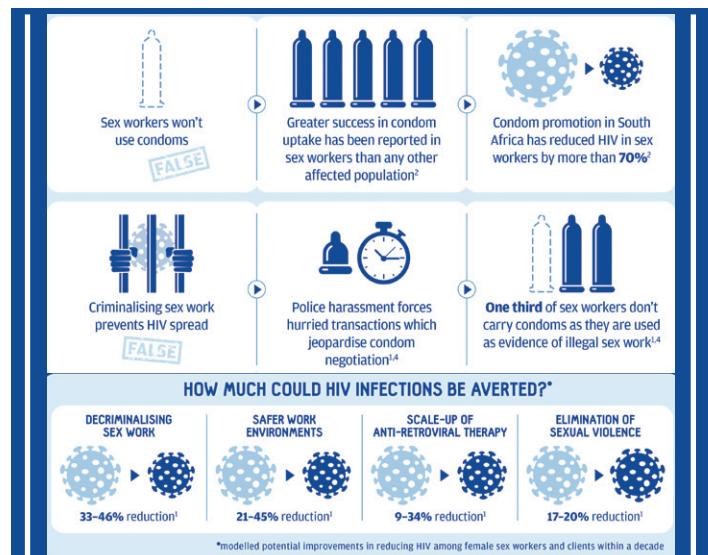
Decriminalisation refers broadly to the removal or repeal of criminal laws and other legal oppression of sex work. Decriminalisation fundamentally recognises sex work as a form of labour and sex workers as entitled to the same rights as other workers, including their rights to safe working conditions that are conducive to HIV prevention efforts and encourage workers' access to other related health services. This approach is in line with ILO Recommendation 200, which recognises sex work as informal labour and gives sex workers the same entitlements in terms of the recommendations as other informal workers.²² The Lancet has joined a growing number of international health and human rights organisations calling for the full decriminalisation of sex work in order to address the HIV epidemic more effectively in a new series of papers on sex workers and HIV:²³

“Decriminalisation and the promotion of safe working environments for sex workers will have around a 40% reduction impact on the transmission of HIV.”

The authors conclude that the criminalisation of sex work fuels and fosters human rights violations and increases sex workers' vulnerability to HIV. Furthermore, the series reports that partial criminalisation, including the criminalisation of clients and third parties and laws that prohibit sex workers from working together, is detrimental to sex workers' health.

Health programming with sex workers

There is an evident relationship between human rights violations and vulnerability to HIV. Successful HIV interventions are those that reduce the impact of adverse laws, policies, stigma, violence and discrimination, while fostering both individual and community empowerment amongst sex worker communities.²⁴ Guidelines released by WHO in 2012 explicitly urge states to decriminalise sex work, and establish rights respecting laws to protect sex workers against violence and discrimination.²⁵ The guidelines took into



Source: Detail from *Facts about sex workers and the myths that help spread HIV*. The full infographic is available at: www.thelancet.com/infographics/hiv-and-sex-workers

consideration a qualitative survey conducted with sex workers on values and preferences relating to the interventions being considered²⁶ alongside a wealth of other recent evidence and studies. These WHO recommendations are now promoted as a minimum global standard.

Following these guidelines, a **sex worker implementation tool** was produced in consultation with sex workers, which has come to be known as the SWIT.²⁷ Crucially, the SWIT recognises the importance of implementation at a grassroots level, being sex worker led. It also highlights the importance of sex workers influencing HIV policy at national, regional and international levels, through sex worker-led networks. The SWIT also reaffirms that the health of sex workers doesn't happen in a vacuum, and that countries should work towards the decriminalisation of sex work and the empowerment and self-determination of sex workers as a fundamental part of the HIV response, as shown in the key components below.

Structure of the SWIT tool



Source: *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*. http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/

STOPAIDS members' work with sex workers

The process of working with members to develop this factsheet shed light on the multiple ways they are engaging sex workers in their programmatic efforts and using key evidence and guidelines produced in partnership with sex workers to inform their approach.²⁸

The International Planned Parenthood Federation European Network (IPPF EN) for example, recently worked in partnership with the Sex Workers' Rights Advocacy Network (SWAN) and UNFPA to develop a series of Report Cards to be used for information and advocacy purposes exploring the additional barriers faced by sex workers in accessing health services in Kazakhstan, Kyrgyzstan, Tajikistan and Russia.²⁹

In a similar effort to pay attention to barriers facing sex workers, **ATHENA Network, Salamander Trust** and **AVAC**, have been commissioned by UN Women to undertake a global review of HIV treatment access for women. To ensure the experiences of sex workers are included, a female sex worker representative sits on the Global Reference Group of women living with HIV to support and guide the project and lead the dialogues. The project is ongoing.

Voluntary Service Overseas (VSO) works alongside the Organisation of Women AIDS Educators (OMES) to reach out to female sex workers along the Beira Corridor, a major transportation route in Mozambique. OMES and VSO Mozambique have worked together to support the dissemination of information about prevention, treatment and health services for sex workers, their clients and local men.

Fostering sex worker engagement in programming is evidenced as crucial to ensuring programmes are effectively serving the needs and upholding the rights of sex workers. **WaterAid** in Bangladesh aimed to foster a sense of sex worker empowerment by engaging sex workers as field staff to promote hygiene messages and awareness among their own communities and other communities of workers.

International HIV/AIDS Alliance Improving the sexual and reproductive health and rights of young people living with and most affected by HIV

Young people account for 40% of all new HIV infections.³⁰ Amongst these, young people from key populations are at substantially greater risk of HIV and sexual and reproductive health and rights (SRHR) problems and continue to experience significant barriers to accessing rights-based SRHR and HIV services.

The Link Up programme, funded by the Dutch Ministry of Foreign Affairs, is led by a consortium (ATHENA Network, Global Youth Coalition on HIV/AIDS, International HIV/AIDS Alliance, Marie Stopes International, Population Council and STOP AIDS NOW!). It is a three and a half-year programme (2013–2016), which aims to improve the sexual and reproductive health of young people most affected by HIV and to promote the realisation of young people's sexual and reproductive rights. The programme aims to improve the integration of SRHR interventions into existing community and facility-based HIV programmes, and vice versa, in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda.

Link Up reaches young women and men living with and affected by HIV between the ages of 10–24 years, with a particular focus

The Global Network of Sex Work Projects (NSWP) "Nothing About Us Without Us"

Around the world, sex worker-led organisations are succeeding in delivering HIV programming that takes into account the complexities of sex work and recognises the essential need for direct consultation with, and the active involvement of, sex workers. These sex worker-led organisations are typically characterised by a non-judgemental attitude, and a firm commitment to the demand "nothing about us without us". In taking this approach, they have gained the trust of the sex workers they serve and have seen genuine improvements in their holistic health, including decreased rates of HIV and other STIs and access to appropriate treatment for HIV-positive sex workers. These projects show resilience, innovation and large benefits in terms of public health that can be drawn on as examples of good practice for those working in this area.



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NSWP recently implemented a global project to identify and document best practices undertaken by sex workers in carrying out programmes

related to sex work and HIV, along with documentation of the detrimental impact on rights-violating HIV programmes. Alongside five regional reports produced, the Global Report combines the good practice examples and illustrates the success of sex worker-led HIV programming around the world: Available at: www.nswp.org/resource/global-report-good-practice-sex-worker-led-hiv-programming

Feedback from the sex workers involved showed how being part of this WaterAid project helped their engagement with local policy makers in relation to sex work policy.



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on young people living with HIV, young people who sell sex, young LGBT people and other vulnerable youth – all of whom experience difficulties accessing services due to the high levels of stigma, discrimination, and in some cases, the fear of arrest.

Young people meet at a new youth centre in Burundi, where they can access HIV and SRH services and information.

Through the process of linking up and integration, Link Up increases access to services for young people who sell sex and improves health outcomes for this marginalised group. There is also a focus on integrating a rights-based approach to all services for young people that shifts the traditional focus on young people as recipients of services to experts in their own lives – encouraging greater leadership and participation of young people.

For more information on the Link Up programme visit: www.aidsalliance.org/resources/276-link-up-srhr-hiv-project-overview

In 2013 and 2014, **Theatre for a Change** (TfaC) Malawi created an interactive radio programme 'Nzotheka' that aimed to improve the relationship between sex workers and police officers. Each episode included live discussions between sex workers and the police, opportunities for listeners to ask questions of guests, and practical advice for sex workers on where and how to report abuse, alongside educating police on the experiences of sex workers through role play and dialogue. The programme aimed to open debate and discussion in a safe space around issues of rights and abuse, including the police's role in these.

Conclusions

Despite global acknowledgement of sex workers as a key population, less than 1% of global funding for HIV prevention has been spent on HIV and sex work³¹ and of this little funding, rights-violating health programmes continue to operate worldwide. Concerns about public health are among those invoked to justify laws, policies and programmes that contribute to the multiple human rights violations faced by sex workers, yet paradoxically these violations serve to put sex workers' lives at risk and are detrimental to the wider fight to end HIV and AIDS.³² However, there is inspirational work being done around the world by sex workers and organisations working to support sex worker's health and human rights, including in the membership of STOPAIDS. Key evidence and guidelines highlighted in this factsheet and in the workshop report can be used to encourage further dialogue amongst STOPAIDS members and beyond, contributing to the huge advocacy efforts of the global sex worker rights movement. STOPAIDS members are encouraged to engage in further discussion with sex workers and their networks in the wider goal of advancing sex workers' rights in policy, programming and practice.

Key resources

- STOPAIDS sex work and HIV workshop report and fact sheet: <http://stopaids.org.uk/sex-work-and-hiv-workshop-and-fact-sheet/>
- The Lancet series of papers on HIV and sex workers: www.thelancet.com/series/HIV-and-sex-workers
- Global Network of Sex Work Projects: www.nswp.org
- The Sex Worker Implementation Tool: www.who.int/hiv/pub/sti/sex_worker_implementation/en/
- WHO 2012 guidelines on sex work and HIV: www.who.int/hiv/pub/guidelines/sex_worker/en/
- WHO 2014 Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations: <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

This factsheet was written by Anastacia Ryan and produced in partnership with:



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STOPAIDS is the network of 80 UK agencies working since 1986 to secure an effective global response to HIV and AIDS.

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