

HIVUpdate

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Sex work

In many countries around the world HIV disproportionately infects and affects sex workers, men who have sex with men and people who use drugs. Yet among many governments, donors and NGOs the absence of a political and organizational will to meaningfully respond to their voices is alarming. This is particularly true for sex workers and their clients.

In many countries male, female and transgender sex work is a criminal offence and sex workers are often harassed by law enforcement agencies, denied access to healthcare, and face stigma and discrimination over their choice of employment. Whilst there are proven strategies that reduce the risk of HIV acquisition amongst sex workers, the political commitment and willingness to implement these strategies is lacking.

The reason that people sell sex is a simple one – because people buy sex. Although poverty and coercion may be plausible reasons why many people engage in sex work, IPPF recognizes that a complex interplay of issues are key factors and determinants that have to be carefully considered. People from various backgrounds and classes sell sex and they do so for a broad range of reasons. Some sell sex as a full time occupation, while others sell sex only occasionally. The lead article by Melissa Ditmore from the Network of Sex Work Projects (NSWP) highlights the realities sex workers in various settings face and suggests practical ways to more effectively link our response to a number of key human rights and needs-based principles (see page 2).

Repressive laws that criminalize sex work drive sex work underground, increasing the risk sex workers face of experiencing violence, exploitation, unintended pregnancies, and contracting HIV. These kinds of laws also indirectly contribute to a culture of silence and criminality. While our work with sex workers has increased over the past few years – in 2005, 38.9% of IPPF Member Associations had strategies to



reach sex workers, whereas by 2007 this had increased to 62.1% – it is clear that we can and should do more. Continuing to ground our advocacy work on a comprehensive human rights approach and ensure that all our services are 'user friendly' for sex workers and their clients will guarantee that we continue to make a difference in the lives of those at the forefront of the epidemic (see page 3). From changing the opening hours of our services to meet the needs of sex workers to initiating sex worker-lead peer education programmes, it is clear that in ways large and small, we are increasingly responding to the realities faced by many sex workers and their clients.

access=life

Love, Kevin Senior HIV Advisor

The reality of sex work: policy and practice

Effective HIV-prevention efforts require genuine participation of marginalized groups, including sex workers of all genders

by Melissa Ditmore, Editor, Encyclopedia of Prostitution and Sex Work

UN influence on the way that HIV prevention, treatment and care policies and services are enacted in most countries - especially those receiving Global Fund for AIDS, Tuberculosis and Malaria (GFATM) grants - is very significant. UNFPA has been designated as the lead UN agency on HIV and sex work, and its new 'three pillars'¹ document serves as a framework for developing a UN system-wide approach. They are 1: Reducing vulnerabilities and addressing structural issues; 2: Reducing risk to HIV infection; and 3: Building supportive environments and expanding choices. Many sex worker health and rights advocates are critical of the UNFPA 'three pillars' framework because it recommends shifting resources away from established HIV prevention strategies, such as access to condoms, sexually transmitted infection care, peer education, and sex worker empowerment. For example, the first pillar describes the key to reducing vulnerability to HIV as "reducing vulnerabilities to entry into sex work and providing alternatives for those who choose to leave sex work." It prioritizes expanding universal access to quality education and microfinance schemes, promoting gender equality, and addressing the construction of masculinity and demand for sex work. Moving the focus from life saving tools - including access to condoms - to rhetoric aimed at stopping sex work is at odds with a public health approach. The third pillar, essentially strengthening rural communities to resist external pressure to recruit and traffic villagers into the sex industry, adds confusion by conflating trafficking with sex work.

Sex workers and their advocates have expressed grave concern over the way that this document will influence GFATM allocations and other donor resources meant to support HIV prevention efforts for sex workers. Sex workers are also frequently not consulted on issues that affect them; and tokenistic involvement has dominated many agendas. To be effective, HIV prevention initiatives for sex workers must be:

- undertaken from a human rights perspective;
- 2 evidence-informed and not driven by politics or moral judgments;

- 3 inclusive of sex workers' leadership and participation; and
- 4 culturally appropriate.

HIV prevention efforts that have involved sex workers have demonstrated the value of their input. The most effective programmes, recognized as best practice, include sex workers at every level of programming, and are founded on the idea of sex worker empowerment. Organized sex workers in Kolkata have successfully maintained HIV rates at a fraction of the rates seen in Mumbai and other places where sex workers are not organized.² Sex workers in Maharashtra, India, reach out not only to sex workers but also to mobile populations, including truck drivers, by distributing condoms and promoting their use.³

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- 4 culturally appropriate.

These kinds of strong sex worker-centred programmes make clear the inappropriateness of recent changes in UNAIDS' approach to HIV prevention with sex workers. Initially UNAIDS took great pains to hold a genuinely participatory consultation in 2006, with the goal of contributing to a UNAIDS Guidance Note on HIV and Sex Work. When asked, sex workers clearly stated that they wanted better working conditions and more options, not rehabilitation, and proposed pragmatic and realistic ways to reduce HIV in the commercial sex workplace. However, when the draft guidance was circulated in April 2007, it focused on reducing sex work rather than reducing HIV within sex work.

The UNFPA approach, advocating for the shift of scarce resources away from the HIV prevention needs of sex workers towards the less tangible areas of poverty alleviation, migrant rights and human trafficking concerns, will reduce opportunities for sex workers and their clients to actually protect themselves. Combating the spread of HIV demands realistic efforts to include affected populations – including sex workers. Unfortunately, in some agencies and places, this type of approach is being abandoned in favour of law enforcement, mandatory testing and criminalizing clients.

For these reasons, the UNAIDS Programme Coordinating Board rejected the original UNAIDS guidance. The Network of Sex Work Projects (NSWP) convened a Global Working Group (GWG) that subsequently submitted evidence-based guidance to UNAIDS (available online at <u>www.nswp.org/safety/ unaids-response/</u>). This revised guidance focuses on reducing HIV transmission in the commercial sex workplace by creating an enabling environment for sex workers, promoting condom use and non-penetrative sexual activity, and addressing sex work as work rather than a social problem.

Many groups, including the UN Human Rights Reference Group, ActionAid's Women Won't Wait Campaign, the Open Society Institute's Public Health Program, and the Prevention Working Group of UNAIDS have endorsed the GWG's guidance. NSWP have been informed that the guidance has been rewritten but it has – as yet – not yet been circulated. Organized sex workers look forward to genuine collaboration to promote proven, effective and evidence-based HIVprevention for sex workers.

- 1 The April 2007 UNAIDS Guidance Note on HIV and Sex Work offers three pillars of a framework for action.
- 2 C. B. S. Venkataramana & P. V. Sarada (2001) "Extent and speed of spread of HIV infection in India through the commercial sex networks: a perspective." Tropical Medicine & International Health volume 6 number 12, pp 1040-1061.
- 3 M. Seshu (2006) "HIV Interventions for Longdistance Truckers in India" in M. Ditmore, ed Encyclopedia of Prostitution and Sex Work. pp. 206-208.

Dr. Melissa Ditmore is author of the forthcoming report, "Rushing Justice" from the Sex Workers Project at the Urban Justice Center [www.sexworkersproject.org] and the outgoing coordinator of the global Network of Sex Work Projects [www.nswp.org].

Making sex work safe

There are many reasons why people exchange sex for money, goods or favours. However a primary reason for most is that they face a limited range of choices regarding employment or income generation.

Increasingly IPPF Member Associations -

as well as providing a range of peer education and risk reduction programmes around HIV – are working with sex workers in their communities to broaden the range of choices available to them. This gives sex workers the option and ability to diversify their sources of income and strengthen their independence.

Business Sense: Shanti, Nepal

In Nepal, many of the women from the nomadic Badi community have few options other than sex work. Shanti, 38, is married and has four children. She used to be a sex worker and says: "It is hard when you are desperate for money to buy food for the children and alternative work is not available. Often women in our community become sex workers when they are widowed and cannot find any other way of making money." In 2007, Shanti received a loan from the Family



Planning Association of Nepal's micro-credit programme and invested in a bar and grocery store. The profit from this business now provides Shanti with the additional income she needs and helps her pay for her son's education.

Power of many: Claire, Uganda

In Uganda, many young women engage in transactional sex as it is the only way they

Verdict on a virus

The criminal law is a blunt instrument for HIV prevention. It undermines human rights and jeopardizes hard won gains in the global response to HIV.

In preparation for World AIDS Day,

we launched a new publication – Verdict on a Virus: Public Health, Human Rights and Criminal Law – at the Foreign Press Association in London. The publication was produced by IPPF in partnership with The Global Network of People Living with HIV (GNP+) and International Community of Women Living with HIV (ICW). It shows that a simplistic 'law-and-order' response to HIV and the way in which court cases are reported in the media only serve to intensify a climate of denial, secrecy and fear. This creates a fertile breeding ground for the continued spread of HIV.

The launch brought together legal experts, human rights groups, medical and health professionals, HIV activists, a Member of the UK Parliament, and members of the media. The main discussion points were:

1 The criminal law is a blunt instrument for promoting public

health: "There is no evidence that criminal laws, where they have been enacted, have had an impact on halting the spread of HIV." (Neil Gerard, MP, British Labour Party)

- 2 HIV legislation is often viewed as a measure to protect women but evidence shows that it actually targets them: "Women's movements need to realize that in reality the criminalization of HIV works against the rights of women and not for them." (Gill Greer, Director General, IPPF)
- 3 Responses to HIV must promote not undermine – the human rights of all people, as laid out in the IPPF declaration of sexual rights: "For me to make that choice to have a baby when I was HIV positive and risk transmitting HIV to her – does that make me a criminal? She is negative, and she is the pride and joy of my life." (Angelina

can make a living. They call themselves the 'Moonlight Stars'. Claire, a 'Moonlight Star', has been trained by Reproductive Health Uganda to play an active role in her community as a peer educator. She says: "Our biggest problem is violence from men, including men in uniform such as police. We used to be isolated and did not have a place to talk about our problems. Now we are getting organized and there are already 60 peer educators trained to be able to provide support to each other. We meet regularly, share our experiences and discuss how to solve our problems together." As well as beginning to fight for their own rights, peer educators such as Claire visit people's homes to help other young women and girls irrespective of their behaviour. lifestyle or HIV status - to be better equipped to manage in a world with HIV.



Namiba, Programme Leader, National African HIV Prevention Initiative)

- 4 Policies and practice need to be based on evidence and on human rights: "Good policies and practices are based on the epidemiological needs of a context as well as on real lives and the real situations of people living with HIV." (Whidney Brown, Director of Policy, Amnesty International)
- 5 Now is the time to act: "You can only change people's minds by promoting dialogue with them over and over again. So we need to speak up and change the debate." (Lisa Power, Director of Policy, Terence Higgins Trust)

The launch has generated a media debate on the criminalization of HIV, with coverage in the Associated Press, New York Times, Washington Post, Seattle Post-Intelligencer, Chicago Sun-Times and on the BBC World Service. The issue was also reported in news media as far afield as India, South Africa, the Dominican Republic, Argentina and France; as well as fuelling discussion on blogs, comment spaces and media websites.

The English Language Associated Press article can be accessed from <u>http://ap.google.com/</u> article/ALeqM5hf53jVL7_3FBTMG9gDosRASU a_1gD94DVSIG2

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The People at IPPF



Ghizlane Nouami

Services and quality advisor (AMPF)

I have been working for

the Moroccan Family Planning Association (AMPF) for seven years and am responsible for all the projects based around the IPPF 'A's of AIDS and HIV. Access. and Abortion

My passion for working with people living with HIV (PLHIV) comes first and foremost from my desire to help others. Working at AMPF I have developed my abilities to contribute to the

prevention of HIV. I have met many PLHIV during conferences and seminars, and many of them have since become my friends.

Personally, I am most interested in reducing HIV related stigma and discrimination, and am strongly against the criminalization of HIV transmission. This is because criminalizing HIV increases the stigma PLHIV face, and reduces the incentive for people to both

know their status and access treatment.

I am proud to work for AMPF and proud of the work we do in all areas, especially HIV. My work is not boring and I learn something new every day. I also get to make a difference in the lives of some of those in Morroco who are most at risk and vulnerable

News in brief Verdict on a Virus



Verdict on a Virus spotlights the human rights implications of criminalization, advocates for alternatives, and shows how such legislation in practice is adversely affecting more than two decades of progress in the global response to HIV. It is available at http://www.ippf.org/en/Resources/ Guides-toolkits/Make+it+matter.htm or email HIVinfo@ippf.org for a print copy.

The Sexual Diversity Tool Kit This is a compilation of tools which

can support work on issues related to sexual diversity. The kit includes a survey to measure provider and staff attitudes and knowledge around working with sexually diverse populations, an indicator guide useful

Events and Key dates

3-7 December 2008 15th International Conference on AIDS and STIs in Africa (ICASA) Dakar, Senegal http://www.icasadakar2008.org/

21 January 2009 Closing date for Global Fund Round 9

21-23 January 2009 4th International Stigma conference

HIV/AIDS Team & Contact Details

Kevin Osborne, Senior HIV Advisor Ale Trossero, Senior HIV Officer: Linking SRH and HIV Dieneke ter Huurne, HIV Officer: Prevention, Treatment & Care Lucy Stackpool-Moore, HIV Officer: Stigma Adam Garner, HIV Officer: Youth Jon Hopkins, HIV Research & Administrative Assistant

for planning service provision or advocacy, and an index used to assess agency readiness to work with sexually diverse populations. These tools can be used to collect data to inform new programs and improve existing services. The full toolkit is available online at http://www.ippfwhr.org/site/c. kuLRJ5MTKvH/b.4619607/.

IPPF sign-ons

Ten Reasons Why Criminalization of HIV **Exposure or Transmission Is Bad Public** Policy

We have endorsed this draft document which provides ten reasons why applying criminal law to HIV transmission is an unjust and ineffective public policy. More information is available online at http://www.soros.org/initiatives/ health/focus/law/articles_publications/ publications/10reasons_20080918

If you have any news that you would like to include in this section please contact us at hivinfo@ippf.org

London, UK http://stigma.iop.kcl.ac.uk/

10-13 March 2009

AIDS 2031 Workshop on mobilising social capital in response to HIV **Europe (location tbc)** http://www.aids2031.org/

24 March 2009 World TB day

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The Wisdom of Whores

Internet resources

The Network of Sex Work Projects

about the Network of Sex Work Projects

countries and develops partnerships with

information and resources on this website

are a good starting point if you want to

learn more about the issues raised in this

http://www.wisdomofwhores.com/book/

This website contains information

(NSWP) and sex work in general. The

NSWP has members in more than 40

technical support agencies to work on

independently-financed projects. The

http://www.nswp.org

Update.

Whores website is a blog that focuses on themes raised in Elizabeth Pisani's new book, also called The Wisdom of Whores. The book questions the

orthodoxies that have grown up around HIV and the effectiveness of many of the best funded HIV prevention initiatives. On the website you can read extracts from the book as well as watch and listen to interviews and discussions on sex work. condoms and other pertinent HIV issues.