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SPECIAL REPORT

Thematic report: Sex workers

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress

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Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report

This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: http://www.ecdc.europa.eu/ under the health topic HIV/AIDS.

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Abbreviations

ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
EU/EFTA	European Union/European Free Trade Association
GARP	Global AIDS Response Progress Reporting
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
TAMPEP	European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

Executive summary

Key messages

HIV prevalence among female sex workers overall remains relatively low in Europe and Central Asia. However, prevalence in sex workers is above 1% in 22 countries and above 5% in six of these countries; and there appears to have been a significant increase in prevalence in this population group in Lithuania and Ukraine since 2010. Available data suggest that HIV prevalence is higher among male sex workers than female sex workers and that prevalence is higher among sex workers who inject drugs. Injecting drug use is likely to be a key factor in the high HIV prevalence among female sex workers in the Baltic States and Ukraine.

Comparison of data reported in 2010 and 2012 show no discernible trends in rates of HIV testing, programme coverage or condom use. Reported condom use by female sex workers for commercial sex is generally high. In four of the six countries reporting data on condom use by male and female sex workers, condom use among male sex workers was lower.

Limited data were reported about HIV prevalence and coverage with programme interventions among specific sub-groups of sex workers who may be at elevated HIV risk, including sex workers who also inject drugs, male and transgender sex workers, street sex workers and migrant sex workers.

Current indicators and monitoring approaches do not adequately capture overlap in risk factors or the extent to which programmes and services are reaching the most vulnerable sex workers. The relevance and adequacy of existing indicators to measure programme coverage and risk and protective behaviour among sex workers remains an issue.

Background

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations, which emphasise HIV as an important political priority for the countries of Europe and Central Asia.

Monitoring of progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society organisations in August 2008. In late 2007, the European Commission requested ECDC to monitor the Dublin Declaration on a more systematic basis. The first country-driven, indicator-based progress report was published in 2010. The objective was to harmonise indicators with existing monitoring frameworks, notably UNGASS and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicators, and with the EU Communication and Action Plan[i], using existing data and focusing on reporting that was relevant in the European and Central Asian context, to minimise the reporting burden for countries. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports.

[i] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee, and the Committee of the regions. Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013. Available here: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0569:FIN:EN:PDF

Method

All 55 countries were requested to submit data regarding their national responses to HIV (see Annex 5 for a list of the 55 countries). For this round of reporting, the process was further harmonised with Global AIDS Response Progress Reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the background and methods report.

This report reflects indicators included in Global AIDS Response Progress Reporting (GARP), which are linked to targets in the 2011 Political Declaration[i]. For sex workers these are HIV prevalence, testing, programme coverage and condom use. Less than half of the 51 countries that responded in 2012 reported data on these indicators. Data reported by countries for these indicators in 2012 and 2010 are included in tables annexed to this report. The report also reflects information drawn from country narrative reports to UNAIDS, and government and civil society responses to the UNAIDS National Commitments and Policy Instrument (NCPI), and the European supplement to the NCPI about prevention policies, strategies and programmes for key populations. The report provides an overview of the current situation and national responses, followed by a discussion of key conclusions and a summary of progress and issues for further action.

[i] Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. UNAIDS 2011. Available at: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf

HIV and sex workers

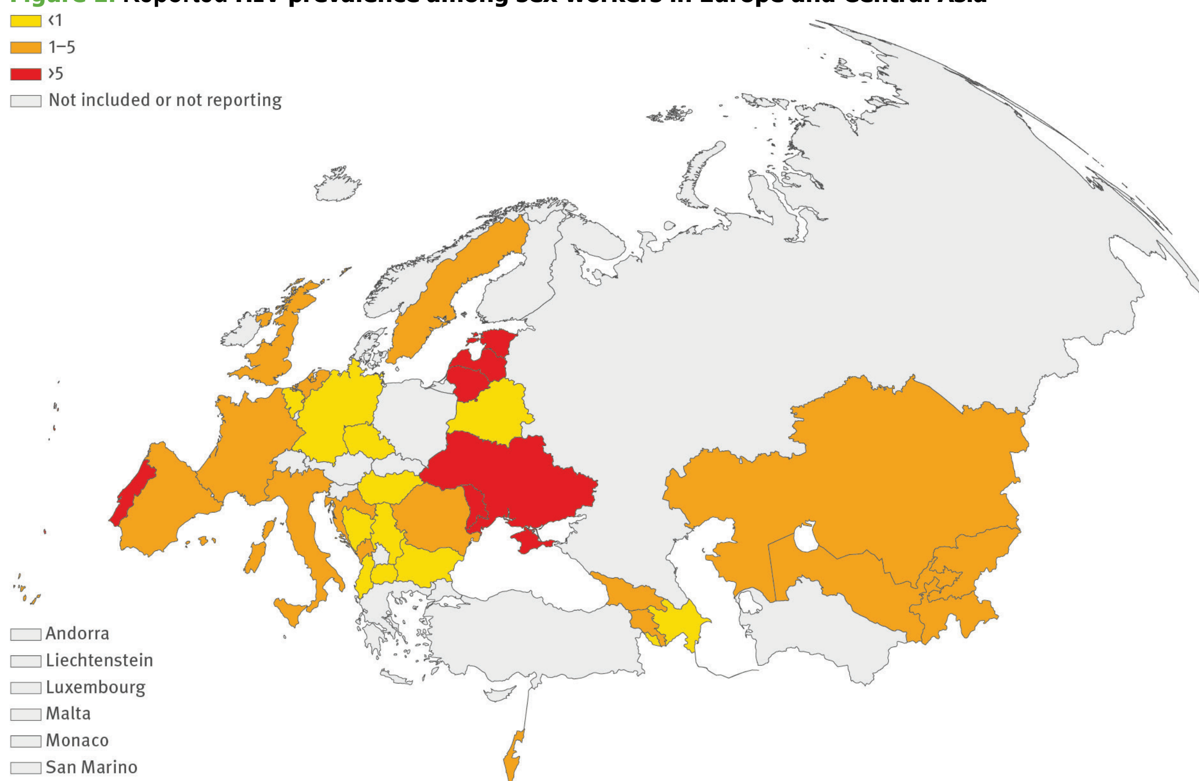
Current situation

HIV prevalence among sex workers is relatively low in the region, but is above 1% in 22 countries and above 5% in six of these countries

Data on HIV prevalence in sex workers were reported by 27 countries in 2012 (29 countries reported in 2010) (see Annex 1). Most countries reported prevalence data for female sex workers in urban centres. Some countries (Albania, Belgium, Kazakhstan, Kyrgyzstan, Latvia, Montenegro and Portugal) noted that data are not representative, either because of the sampling method or size (in particular, low numbers of male sex workers), or because of the difficulty in reaching sex workers. In Latvia, for example, only street sex workers were included in the sample because of limited access to sex workers in clubs, massage parlours and other venues.

Reported HIV prevalence among sex workers ranges from 0% to 22% (see Figure 1). HIV prevalence among sex workers is above 1% in 22 countries. Countries reporting the highest prevalence rates in sex workers were Latvia (22.2%), Ukraine (9.0%), Portugal (8.9%), Lithuania (6.7%) and Estonia (6.2%).

Figure 1. **Reported HIV prevalence among sex workers in Europe and Central Asia**[i]



In most countries, prevalence has remained stable, but Lithuania and Ukraine reported significant increases

Prevalence was compared for the 19 countries that reported data in both 2010 and 2012. Comparisons should be interpreted with caution, as data sources were often different for the two reporting rounds and studies were not always performed among the same sub-groups of sex workers. In most of these countries, prevalence among sex workers has remained stable or decreased slightly. The exceptions are Lithuania and Ukraine, where there have been significant increases in reported prevalence, from 0% to 6.7% and from 4% to 9%, respectively. Reported prevalence has also risen slightly in Armenia, Georgia and Tajikistan.

[i] This figure is based on the latest available and reported data. For some countries, the reported prevalence is from 2006. Comparisons should be interpreted with caution, as data sources were often different for the two reporting rounds and studies were not always performed among the same sub-groups of sex workers. In addition, many countries reported that the reported data was not nationally representative.

With the exception of Estonia, Latvia and Ukraine, there is little difference in HIV prevalence among younger and older sex workers

The number of countries reporting prevalence data for sex workers disaggregated by age (over 25 years and under 25 years) increased from two in 2010 to 18 in 2012. Data suggest that there is no significant difference in prevalence between older and younger sex workers in most countries. The exceptions are Estonia, where prevalence is significantly higher in younger sex workers (11% in those aged under 25 compared with 5.7% in those aged over 25), and Latvia and Ukraine, where the opposite is the case (24% in those over 25 compared with 15% in those under 25 in Latvia and 13% compared with less than 3% in Ukraine).

Data reported in 2010 suggested that rates of HIV infection were higher in some sub-groups of sex workers, including male and transgender sex workers, those who also inject drugs, those from countries with generalised epidemics and those who work on the street. However, Global AIDS Response Progress Reporting (GARP) does not collect data on sub-groups of sex workers – with the exception of male sex workers – or the links between sex work and other risk behaviours. France, for example, commented that the reporting tool did not allow for separate reporting on prevalence among transgender sex workers. As a result, countries reported far less data on HIV prevalence in sub-groups of sex workers in 2012 than for Dublin Declaration reporting to ECDC in 2010.

Data suggest that HIV prevalence among male sex workers is high

More countries reported data on HIV prevalence among male sex workers in 2012 than in 2010. In 2010, only Israel, the Netherlands and the United Kingdom reported data for this sub-group of sex workers. In 2012, data on HIV prevalence in male sex workers was reported by nine countries: Belgium, Bulgaria, Czech Republic, the former Yugoslav Republic of Macedonia, France, Germany, Portugal, Serbia and Spain. Reported data show high rates of HIV prevalence among male sex workers – for example, 20% in Germany, 16.9% in Spain, 13.5% in Portugal, and 9.1% in Belgium. However, it is important to note that sample sizes were small and most of these countries commented that reported data are not nationally representative.

Table 1. HIV prevalence among male sex workers[i]

Country	Prevalence (%)
Germany	20
Spain	16.9
Portugal	13.5
France	13
Belgium	9.1
Czech Republic	2
Serbia	1
Bulgaria	0
the former Yugoslav Republic of Macedonia	0

[i] These figures are based on the latest available and/or reported data. Comparisons should be interpreted with caution, as sample sizes are sometimes very small and not nationally representative.

HIV services for sex workers

The response

Analysis of national HIV responses targeting sex workers is based on data reported by countries on HIV testing, programme coverage and condom use by sex workers, and government and civil society responses to the UNAIDS NCPI and the European supplement to the NCPI about prevention policies, strategies and programmes for key populations. A number of countries that did not report data provided qualitative information (see Box 1).

Box 1.Qualitative information provided by countries that did not report data

- Israel reports that there are no national data on HIV testing of sex workers, although a clinic in Tel Aviv does provide testing – 53 male sex workers were tested in 2008. The clinic also provides outreach services to sex workers through a mobile clinic, including HIV testing, counselling and free condoms.
- Luxembourg offers free voluntary HIV testing and provides free condoms for sex workers, but there are no data on uptake of testing or condom use by this population. Similarly, prevention programmes are run by NGOs, but there are no data on the proportion of sex workers reached by these programmes.
- In Moldova, outreach programmes at five sites deliver services – distribution of information and condoms and referral to facility-based counselling and testing and STI services – to female sex workers working on the streets and in apartments.
- Poland described two projects for sex workers implemented by an NGO in the Warsaw area, which provide counselling, group support, condoms and injecting equipment through outreach services. In 2011, the projects reached over 400 sex workers and distributed 20 000 condoms.

Most countries that reported have an HIV prevention policy or strategy that covers key populations including sex workers

In responses to the National Commitments and Policy Instrument (NCPI), 38 of 41 government respondents and 37 of 41 civil society respondents reported that their country has a policy or strategy that promotes preventive interventions for key populations. Many of these include sex workers.

HIV testing rates among sex workers vary considerably between countries and remain low in some countries

Data on HIV testing among sex workers were reported by 22 countries in 2012 (29 countries reported in 2010) (see Annex 2). Reported rates of testing ranged from 12% to 82%. Three countries (Armenia, Azerbaijan and Bosnia and Herzegovina) reported HIV testing rates of less than 20% and seven countries (Estonia, France, Germany, Greece[i], Kazakhstan, the Netherlands and Portugal) rates of more than 60%. The remaining 12 countries reported testing rates of between 20% and 60%. There is no clear difference between EU/EFTA and non-EU/EFTA countries in testing rates among sex workers.

Some countries reported higher rates of testing among male sex workers than female sex workers

Most countries reported data on HIV testing in female sex workers. However, six countries also reported data on HIV testing in male sex workers (only one country reported testing data for male sex workers in 2010). In Bulgaria, France, the former Yugoslav Republic of Macedonia and Portugal, rates of testing were higher among male sex workers than female sex workers; the reverse was the case in Germany and Serbia. The Netherlands reported data on HIV testing in a sample of sex workers that included female, transgender and drug-using sex workers, although disaggregated data on testing rates for these sub-groups were not reported.

[i] HIV testing is mandatory (and repeated routinely together with testing for other STI) for sex workers in Greece in order to obtain an official work permit.

There is little difference in testing rates between older and younger sex workers

Seventeen countries reported data on HIV testing among sex workers disaggregated by age (over 25 years and under 25 years). In most, testing rates were either slightly higher for older sex workers or similar for older and younger sex workers; only in Latvia was there a higher reported rate of HIV testing among younger sex workers.

HIV programme coverage for sex workers varies considerably between countries and remains low in some countries

The Global AIDS Response Progress Reporting indicator for programme coverage is a composite indicator that reflects limited services. In the absence of a better indicator, and given that countries were asked to report on this to UNAIDS, responses were analysed for this report. Data on programme coverage were reported by 18 countries in 2012 (18 countries provided data in 2010) (see Annex 3).

Reported rates of coverage ranged from 14% in Greece to 88% in Kazakhstan. Eleven of the 18 countries reported coverage rates of 60% or more. Again there is no clear sub-regional pattern. In general, programme coverage was higher for older sex workers than for all sex workers, but only significantly so in Georgia and Kyrgyzstan.

Most countries reported programme coverage data for female sex workers only; seven countries (Bulgaria, the former Yugoslav Republic of Macedonia, France, Germany, Portugal and Serbia) reported data for male sex workers[i]. Reported programme coverage was higher for male sex workers compared with female sex workers in the former Yugoslav Republic of Macedonia and France, similar in Bulgaria and Portugal, and lower in Serbia.

Countries report progress in implementing prevention programmes for sex workers but challenges remain

Examples of key achievements since 2009 cited by government and civil society respondents to the NCPI included scaling up prevention programmes in Armenia, Bulgaria, the former Yugoslav Republic of Macedonia, Montenegro and Serbia; expanding interventions for indoor sex workers in Portugal; improving the quality of services provided by NGOs in Bulgaria; introducing a minimum package of services in Serbia and Ukraine; developing innovative approaches to HIV testing in outreach settings in Belgium; and adapting outreach services in the Netherlands to respond to the increasing use of the internet by the sex industry.

Challenges identified included: the need for further scale-up of preventive and harm reduction services, for example in Bosnia and Herzegovina, Lithuania and Serbia; the limited number and capacity of NGOs in Latvia; low coverage of preventive interventions in rural areas and for sub-groups such as male sex workers in Belarus; and sustainable financing in Belarus, Bulgaria, Estonia, Moldova, Romania, Sweden and the United Kingdom. Sustaining financial support is of particular concern in countries affected by reduced funding from international donors such as the Global Fund.

Box 2 includes examples of programmes and services provided for sex workers, based on information in country narrative reports.

[i] Germany reported data only for male sex workers; no data are available on the proportion of female sex workers reached with prevention programmes.

Box 2. Examples of programmes and services for sex workers

In Bulgaria, Global Fund support has helped to create a national network of NGOs providing HIV services for sex workers and other risk populations. Approaches used to increase coverage of HIV prevention services for sex workers include outreach, mobile medical units, advocacy for reduction of stigma and discrimination towards sex workers, and training of outreach workers and sex worker peer educators. These have helped to increase the proportion of sex workers who have been tested for HIV from 35% in 2004 to 60% in 2011, and increase the number of those who have been reached by prevention programmes. Street sex workers, however, remain hard to reach.

In the Czech Republic, services for sex workers are provided by NGOs and funded mainly by the state and municipalities. The NGO Bliss without Risk operates in centres with large numbers of commercial sex workers, providing information about safe sex through outreach to sex workers working on the streets and in nightclubs, and encouraging uptake of HIV and STI testing and counselling services. It also aims to build the self-esteem of sex workers through activities such as theatre.

In Estonia, separate services for sex workers are available in Tallinn where the Elulootus Health Centre offers HIV and STI testing, STI treatment, counselling, information and condoms. The number of new clients decreased after peaking in 2006–2007, but the total number of visits has increased. In addition, the NGO Lifeline's ATOLL counselling centre in Tallinn opened at the end of 2005. It provides consultations on STI/HIV and safe sex and distributes condoms, lubricants and information. Total consultations increased from 382 in 2007 to 747 in 2009.

Switzerland identifies sex workers as an important vulnerable group and prevention efforts target sex workers, clients and the owners of sex work establishments. Examples of best practice include Project ApiS, where female mediators contact sex workers who are of foreign origin, the Don Juan project, which aims to raise the awareness of clients about sexually transmitted infections, and efforts made by the Federal Office of Public Health to encourage the owners of establishments to provide access to mediators and to make information and prevention measures available.

In Ukraine, in 2011, HIV and STI prevention services for sex workers were provided by 54 NGOs in all regions of the country. Every client is offered a basic package of services. In 2010, the International HIV/AIDS Alliance in Ukraine piloted a peer-driven intervention project for HIV prevention among sex workers, which aimed to reach new groups of sex workers, identify their needs for services, raise awareness of HIV and provide quality HIV and STI counselling and testing. The intervention was scaled up to seven sites, reaching 2 700 women engaged in sex work by September 2011. In January 2012, five new peer-driven interventions were launched. This approach has enabled NGOs to reach new sub-groups of sex workers including those working in apartments and other hard-to-reach places, those aged 14-18 years and those working through the internet. More than half of the project clients were aged below 25 years, the sub-group of sex workers most vulnerable to HIV and STI.

Government and civil society views differ about the extent to which HIV prevention programmes for sex workers are adequate

Responses to the NCPI about efforts to implement HIV prevention programmes for sex workers show that civil society rates these efforts less positively than government. While 81% (34 out of 42) of government respondents agreed or strongly agreed that risk reduction services are available to the majority of sex workers that need them, only 65% (24 of 37) of civil society respondents agreed or strongly agreed that this was the case. Similarly, in response to a question in the European supplement to the NCPI, only 28 out of 41 civil society respondents agreed that the majority of sex workers have access to risk reduction services.

Rates of condom use by female sex workers for commercial sex are relatively high

In 2012, 23 countries reported data on condom use by sex workers (32 countries reported in 2010) (see Annex 4). Seventeen countries reported data only for female sex workers; six countries reported on condom use for male and female sex workers.

Only Azerbaijan and Greece reported condom use rates among female sex workers of less than 75%. Seven countries (Armenia, Estonia, Georgia, Germany, Kazakhstan, Portugal and Ukraine) reported rates of more than 90%. Age-specific data, reported by 12 countries, showed relatively little difference in condom use between older and younger female sex workers.

Data on condom use by male sex workers was only reported by six countries

In four of the six countries that reported data for both female and male sex workers (Germany, the former Yugoslav Republic of Macedonia, Portugal and Serbia), condom use was lower among male sex workers than among female sex workers. Condom use was higher, although not by much, among male sex workers in Bulgaria and Spain. However, differences should be interpreted with caution, given the differences in sample sizes and data collection methods used for male and female sex workers in most cases.

Estonia's narrative report includes European MSM Internet Survey (EMIS)[i] data from 2007 showing that 46% of men who had paid for sex with a male partner in the past six months had not always used a condom. Only Spain reported data on rates of condom use by transgender sex workers, which were similar to rates of condom use by female sex workers for vaginal sex.

Comparison of reported data in 2010 and 2012 shows no clear trend in HIV testing, programme coverage or condom use

Eighteen countries reported data on HIV testing among sex workers in both 2010 and 2012. Comparison of data from the two reporting rounds shows no clear trend – rates of testing have increased in nine countries, stayed the same in one, and decreased in eight countries – or sub-regional pattern.

Nine countries reported programme coverage data in both 2010 and 2012. Coverage has increased in Azerbaijan, Kazakhstan, Serbia, Tajikistan and Ukraine, stayed approximately the same in Bulgaria, and decreased in Armenia, Kyrgyzstan and Uzbekistan.

In the 16 countries that reported data in both 2010 and 2012, rates of condom use by sex workers have not changed dramatically. Condom use rates increased slightly in eight countries, stayed approximately the same in four countries, and decreased slightly in four countries.

[i] EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries. European Centre for Disease Prevention and Control. 2013. www.ecdc.europa.eu

Discussion and conclusions

The following summarises the conclusions that can be drawn from the reported data about the extent to which HIV is a problem among sex workers in the region and to which national responses and monitoring are commensurate with the situation.

HIV prevalence

Overall, HIV prevalence among female sex workers remains relatively low in Europe and Central Asia. In the 2012 reporting round, 27 countries reported on prevalence in this population group. Some countries do not track HIV prevalence in sex workers. The United Kingdom, for example, does not conduct large-scale surveillance of this population group. Luxembourg also does not conduct systematic surveillance among sex workers, commenting that this population group represents a very small proportion of those seeking care for HIV infection, either because sex workers are not infected or because they do not live in or seek care from facilities in Luxembourg.

Although there is little evidence to show that sex workers are driving the HIV epidemic in the region, the fact that prevalence among sex workers exceeds 1% in 22 countries – and is above 5% in six of these countries – is a concern. The significant increase in HIV prevalence in sex workers reported by Lithuania and Ukraine is a worrying development. Monitoring of HIV infection among sex workers will therefore continue to be important in a number of countries.

Sex work sub-populations

Evidence suggests that the overlap between sex work and other risk behaviour is important in the region. Available data show that prevalence rates are higher among sex workers who inject drugs, compared with those who do not. Injecting drug use is likely to be a key factor in the high rates of HIV prevalence reported among female sex workers in the Baltic States and Ukraine (see information from country narrative reports in Box 3). However, limited data were reported about HIV prevalence in sex workers who inject drugs – and drug users who sell sex – as current indicators do not capture the overlap between sex work and injecting drug use.

Box 3. Overlap between sex work and injecting drug use

Ukraine does not register HIV infection cases among female sex workers, but data from sentinel surveillance indicate a broad and growing epidemic in this population group. The HIV prevalence rate among female sex workers increased from 4% in 2006 to 9% in 2011. Among female sex workers who also inject drugs, HIV prevalence is 40.5% and 6.4% in those who do not inject.

In Estonia, an estimated 10% of female sex workers are injecting drugs and between 11 and 38% of female injecting drug users have recently received payment for sex. This highlights the need for interventions for sex workers to also address harm reduction and for harm reduction services to also address sexual transmission of HIV.

In Montenegro, drug use, including injecting drug use, is high among female sex workers. Around 30% of sex workers surveyed reported using drugs and 13% of those who injected drugs reported sharing drug-injecting equipment.

In Serbia, injecting drug use is high among female sex workers. Around 31% of female sex workers surveyed in Belgrade reported injecting drugs and 8% of those who injected drugs reported sharing drug-injecting equipment; 23% of male sex workers surveyed reported injecting drugs although none reported sharing drug-injecting equipment.

Available data also suggest that HIV prevalence is high among male sex workers. However, reported data should be interpreted with caution because of the small sample sizes of male sex workers on which they are based[i]. Analysis of available data and, where necessary, collection of additional data to monitor prevalence in this sub-group of sex workers is required.

[i] The EU-funded TAMPEP network maps sex work in 25 countries. Recent mapping, published in the 2009 report Sex work in Europe, suggested that male sex workers represent 8% and transgender sex workers represent 6% of total sex workers, although the proportions vary between countries.

Little data were reported on prevalence in other sub-groups of sex workers, such as migrant sex workers, as countries were not requested to do so. However, a recent European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers (TAMPEP) report[i] notes that a high proportion of sex workers in EU countries are migrants – the majority of migrant sex workers in EU countries are from eastern European countries outside the EU; the second and third largest groups of migrant sex workers are from Africa and Latin America – and many of these are highly vulnerable. Analysis of available data and, where necessary, collection of additional data to monitor prevalence in this sub-group of sex workers is also critical.

Programme coverage

HIV programme coverage and HIV testing rates for sex workers show considerable variation between countries. In countries where prevalence is high or increasing, coverage of prevention interventions for sex workers may be inadequate (see Table 2). Financial data reported by countries suggest that many have increased spending on HIV prevention targeting key populations, including sex workers, but spending has declined in some countries. Sustaining programmes will be critical, especially in countries that have relied on Global Fund support, and it will be important to monitor the impact of declining resources on coverage of prevention interventions for sex workers as well as for other key populations.

The 2009 TAMPEP report on sex work in Europe also highlights reduced funding for organisations that provide services for sex workers and inadequate service coverage, especially for the most vulnerable sex workers. In addition, it identifies specific gaps in service provision including: outside of major cities; for ethnic minorities and undocumented migrant sex workers; and lack of coordination between sex work projects and harm reduction services. Migrant sex workers face specific challenges in accessing services including lack of information, language barriers, stigma and discrimination and, in the case of undocumented migrants, lack of health insurance and fear of deportation.

Table 2. HIV response in countries with high HIV prevalence among sex workers 2012

Country	HIV prevalence Female: F Male: M	HIV testing	HIV programme coverage	Condom use
Estonia	6.2% (F)	66.7%	76.7%	97.6%
Germany	20% (M)	50.4%	60.2%	48.8%
Latvia	22.2% (F)	49.6%	48.7%	85.5%
Lithuania	6.7% (F)	32.6%	No data 2012; 43% 2010	No data 2012; 77% 2010
Portugal	13.5% (M); 7.9% (F)	72.8% (M); 69% (F)	42.8% (M); 40.3% (F)	87.6% (M); 96.7% (F)
Spain	16.9% (M)	No data 2012; 67% 2010	No data 2012	73.4%
Tajikistan	4.4% (F)	47.3%	76.2%	75%
Ukraine	9% (F)	58.5%	61.2%	92%

Condom use

Overall, condom use by female sex workers with clients is relatively high. Reported data suggest that condom use may be lower among male sex workers than among female sex workers but it is difficult to draw firm conclusions as relatively few countries reported data on condom use by male sex workers and sample sizes were generally not representative. Reported data do not provide any information about use of condoms by other sub-groups of sex workers, such as migrant sex workers. However, in the 2009 TAMPEP report on sex work in Europe, while a third of respondents reported that condom use is higher among national sex workers than among the general population, this was not the case for migrant sex workers.

[i] Sex work in Europe: a mapping of the prostitution scene in 25 European countries. TAMPEP. 2009. Available at: http://tampep.eu/documents/TAMPEP%202009%20European%20Mapping%20Report.pdf

Monitoring indicators

There are questions about the indicators used to measure programme coverage and condom use among sex workers, in particular the relevance of these indicators to the region and the extent to which they provide sufficient information about national HIV responses for sex workers and about risk and protective behaviour.

The UNAIDS Global AIDS Response Progress Reporting indicator for programme coverage is based on whether or not sex workers answer 'Yes' to two questions: knowing where to go for an HIV test and being given a condom in the past 12 months. This is acknowledged to be inadequate. Germany, for example, defines coverage with targeted prevention interventions differently, and France frames questions slightly differently, asking sex workers if they know where to go for free anonymous testing and how they obtain condoms. Serbia reports 60% programme coverage among female sex workers, but the most recent Global Fund evaluation highlighted inadequate distribution of condoms relative to need. In addition to being an inadequate measure of service coverage, the current indicator does not allow for disaggregated data about programme coverage for specific sub-groups of sex workers that may be at higher risk for HIV.

The UNAIDS Global AIDS Response Progress Reporting indicator for condom use by sex workers is based on condom use with the most recent client. Some countries collect data on different questions, which may be a better measure of the extent to which sex workers are protecting themselves from HIV infection. For example, the Netherlands asks female sex workers about condom use in general. Spain asks female sex workers about consistent condom use during the previous six months and for different types of sex; reported data show that condom use is higher for vaginal sex than for oral or anal sex. Similar differences in condom use by female sex workers for vaginal, oral and anal sex are noted in Bosnia and Herzegovina's narrative report.

Context of sex work

Limited data are available on the context within which sex work takes place and services are delivered, although country narrative reports provide some information.

Bosnia and Herzegovina, for example, provides some data in its narrative report on violence experienced by sex workers, the frequency with which sex workers have sex under the influence of alcohol or drugs, and self-assessment of HIV risk, all of which can have implications for safe sexual behaviour. Estonia's narrative report notes that sex workers meeting clients in public places were less likely to practise consistent condom use and more likely to use drugs and to experience violence; these sex workers, who need the most attention, are the least likely to be reached by services. The report also highlights the HIV risks associated with inconsistent condom use with regular and casual non-paying sexual partners.

Some countries mentioned difficulties in reaching certain groups of sex workers, including those that work indoors and those that work on the street, while others commented on the impact of the legal context on programming for sex workers. Albania, for example, noted that the legal status of sex workers makes it very difficult to provide outreach, social, and health services to this population group. The Netherlands civil society response to the NCPI highlighted concerns that a new intended law regulating prostitution may drive sex work underground, making it more difficult to provide services to sex workers. Civil society responses from other countries, such as Croatia, Serbia and Sweden, also noted that the legal context is a challenge to service delivery for sex workers. TAMPEP reports have also highlighted the impact of changes in the law on provision of services, noting that where sex work has shifted from outdoors to indoors as a result of criminalisation of sex work or of clients and police clampdowns, it is often harder to reach sex workers.

In 2010, the ECDC report on monitoring the implementation of the Dublin Declaration identified a number of key issues needing further action.

Progress on addressing these is summarised here:

Issue identified as needing further action in previous report	Progress Shading indicates amount of progress since last reporting round; ranked from limited to good.					Comment
There is a need for countries to review the relevance of current indicators to measure HIV-related knowledge among sex workers and to identify indicators to measure programme coverage that are appropriate to the regional context, including indicators that are flexible enough to take account of the rapidly changing nature of sex work and sex workers. It may be worth focusing efforts on those indicators that countries appear to consider most relevant, such as the rate of reported condom use.	Limited progress				**Good progress**	Indicator relevance was reviewed by countries represented on the ECDC advisory group for Dublin Declaration monitoring during discussions about harmonising Dublin and Global AIDS Response Progress Reporting. As a result, countries were not required to report on HIV-related knowledge among sex workers in 2012. There is still no consensus on how best to measure programme coverage. No progress on indicators flexible enough to take account of the changing nature of sex work.
There is a need to identify and work with those sub-groups of sex workers who may be at elevated risk of HIV. This is likely to include sex workers who also inject drugs, male and transgender sex workers, street sex workers, young sex workers and sex workers from countries with generalised epidemics.	Limited progress				**Good progress**	With a few notable exceptions, reported data provide limited evidence that countries have taken action to identify and work with sub-groups of sex workers who may be at elevated risk of HIV.
There is a need for all countries to ensure high coverage of programmes for sex workers, particularly those who are most vulnerable to HIV. In many countries this will include sex workers who inject drugs.	Limited progress				**Good progress**	Reported data provide limited evidence about the extent to which countries have taken action to ensure high coverage of programmes for sex workers who are most vulnerable, including those who inject drugs.

Issues needing further action

- Although there is little evidence to show that sex workers are driving the HIV epidemic in the region, the fact that prevalence among sex workers exceeds 1% in 22 countries – and is above 5% in six of these countries – is a concern which merits the need to continue to monitor HIV prevalence.
- There remains a need for better data about HIV prevalence and coverage with prevention interventions among specific sub-groups of sex workers who may be at an elevated risk of HIV including sex workers who also inject drugs, male sex workers, transgender sex workers, street sex workers and migrant sex workers.
- There is a need for better data about risk and protective behaviour among sex workers, in particular about the factors that affect consistent condom use.
- There is a need for more comprehensive and effective HIV prevention programmes for sex workers who also inject drugs and for male sex workers.
- There remains a need for more relevant and appropriate indicators to measure programme coverage and condom use among sex workers and for monitoring approaches that capture the overlapping risk factors.

Annex 1. HIV prevalence among sex workers in Europe and Central Asia

Country	HIV Prevalence	2010 Reporting: Year of data source	Comment	HIV Prevalence	2012 Reporting: Year of data source	Comment
Albania				0%	2011	Female sex workers in Tirana. Sample size 120. Source: IBBS
Armenia	0.4%	2007	Female sex workers. Source: UNGASS 2008	1.2%	2010	Female sex workers. Sample size 250. Source: IBBS
Azerbaijan	1.7%	2007/8	Age under 25: 0%; age over 25: 2%. Sample of 300 sex workers (53 under 25; 247 over 25). Source: Epidemiological surveillance 2007/8	0.7%	2011	Female sex workers. 2 HIV positive in sample size of 300. Source: IBBS
Belarus				0.7%	2011	Female sex workers in Minsk. Sample size 150. Source: IBBS
Belgium	0.3%	2008	3 HIV positive of 1 016 tested in survey in Antwerp 2008. Other evidence: 1 HIV-positive of 988 tested in Antwerp 2007. Routine data collection through Hepatitis B campaign for sex workers: 1 HIV positive of 142 tested in Brussels 2007; 9 HIV positive of 1 502 in Wallonia 1998-2007	0.7% M 9.1% F 0.2%	2011	Male and female sex workers. Sample size 956 (M 55; F 901). Data from Flemish community from medico-social centre for sex workers in Antwerp; not representative of all sex workers. Source: routine programme data
Bosnia and Herzegovina	0%	Not stated	0 of 138 tested were HIV positive in sample of 146 sex workers; 28.8% had been tested for HIV before; 81% aware of test results. Source: Bio-Behavioural Surveillance	0%	2010/11	Female sex workers in 7 cities. Sample size 150. Source: IBBS
Bulgaria	0.2%	2006	Female sex workers. Source: UNGASS 2008	0.3%	2011	Male and female sex workers. Sample size 700 (M 34; F 666). Source: IBBS 0% M; 0.3% F
Croatia	1.4%	2006	Female sex workers. Source: UNGASS 2008			
Czech Republic	>1%	Not stated	HIV prevalence among sex workers is very low. Over 17 years, 7 000 tested regularly; 16 HIV positive. Source: NGO Bliss without Risk	0.1%	2010	Male and female sex workers. Sample size 2 616 (M 50; F 2 566). Source: NGO Bliss without Risk M 2%; F 0.1%
Estonia	7.7%	2006	Female sex workers. Source: UNGASS 2008	6.2%	2011	Female sex workers in Tallinn. Sample size 210. Source: IBBS; part of BORDERNET Project
former Yugoslav Republic of Macedonia	0%	2006	Source: UNGASS 2008	0%	2010/11	Sample size 181 (M 50; F 131). Source: RDS
France	0%	2008	Data from a survey among Chinese sex workers in Paris in December 2008 (none of the 46 women tested were HIV positive). A pilot national survey planned in 2010 will collect data on HIV prevalence in sex workers	F 1.2% M 13% TG 44%	2010/11	BSS survey of 166 female, 62 transgender and 23 male sex workers in 2010/11 at 10 support centers in 6 metropolitan regions: 1.2% of women, 44% of transgender and 13% of men self-reported to be HIV-infected
Georgia	1.44%	2008	Source: BSS. Other evidence: Female sex workers 0.6% 2006 Source: UNGASS 2008. 1.1% in 2006 BSS among street-based female sex workers in Tbilisi and those attending facilities in Batumi; 280 women were tested (160 in Tbilisi and 120 in Batumi); prevalence was higher in Tbilisi (1.88%) than in Batumi (0.83%)	1.9%	2008/9	Female sex workers in Tbilisi and Batumi. No data available on male sex workers. Sample size: 154 and 119 tested for HIV. Source: IBBS Tbilisi 1.9%; Batumi 0.8%

Country	HIV Prevalence	2010 Reporting: Year of data source	Comment	HIV Prevalence	2012 Reporting: Year of data source	Comment
Germany	0.1-0.2%	Not stated	Estimated figure for female sex workers; data on number tested for HIV not available. Source: Case reporting within the STD Sentinel Surveillance System	M 20% F 0.2%	2010/11	Data for female sex workers based on sentinel surveillance in 2010 and HIV testing of 3 037 female sex workers seen at 30 sites providing services. Data for male sex workers based on 465 men (a sub-sample of EMIS sample based on men reporting being paid for sex >10 times in last 12 months, 1% of the EMIS sample) No representative data on HIV prevalence in sex workers available. In male sex workers, estimated prevalence is equal to or higher than in the MSM population 5–10%; in female sex workers prevalence is estimated to be 1% or less (estimation based on data from a national STD Sentinel Survey, in which female sex workers diagnosed with an acute STI had an HIV prevalence of 1%)
Hungary	0%	2006	500 sex workers tested. Source: MOH screening bus pilot programme			
Israel	1.25%	2002-8	10 of 571 female sex workers tested were HIV positive			
	5.6%		3 of 54 male sex workers			
Italy	2.5%	2001	Of 121 sex workers. Other evidence: 1.6% of 558 sex workers (1999); 1.8% of 110 sex workers (1998); 1.8% of 109 sex workers (1998); 6% of 102 sex workers (1998). Sources: Beltrame; D'Antuono; Smacchia; Prestileo; Verster			
Kazakhstan	1.4%	2006	Female sex workers. Source: UNGASS 2008	1.5%	2011	Female sex workers in 20 cities. Sample size 2 286. Source: IBBS
Kyrgyzstan	1.1%-3.1%	2008	Age under 25 and over 25. Source: Epidemiological surveillance 2008	3.4%	2010	Sample size 537 (M 6; F 531). Source: sentinel surveillance. 2010 data reported as no reagents for serological testing available in 2011. Male sex worker sample not representative M 16.7%; F 3.4%
Latvia				22.2%	2011	Female sex workers (street workers only). Sample size 117. Source: IBBS; part of BORDERNET Project
Lithuania	0%	2007	Female sex workers. Source: UNGASS 2008	6.7%	2010	Female sex workers. Sample size 46; Centre for Addiction Disorders, port city of Klaipeda. Source: IBBS
Moldova	2.9%	2007	Female sex workers. Source: UNGASS 2008	6.1%	2009	Latest available data from IBBS 2009. Data from Chisinau, capital of Moldova. Sero-prevalence and behavioural studies conducted every 2–3 years; next will be in 2012
Montenegro				1.1%	2010	Female sex workers. Sample size: 176 sex workers tested for HIV. Source BBS
Netherlands				2%	2002/4	Estimate for female sex workers, based on mathematical modelling. Source: Veen MG van et al, 2011, National Estimate of HIV Prevalence in the Netherlands: Comparison and Applicability of Different Estimation Tools. AIDS 25:229–237 Estimation of HIV prevalence in risk groups in 2008 in female sex workers 1.8%
Norway	1%	2008	7 female, 1 male HIV positive of 746 tested at the only Oslo clinic specifically for sex workers Exact data not available but infection rates are low. At the same clinic in 2007, 0.5% tested HIV positive; rise in 2008 attributed to increase in sex workers from countries with generalised epidemic			

Country	HIV Prevalence	2010 Reporting: Year of data source	Comment	HIV Prevalence	2012 Reporting: Year of data source	Comment
Portugal				8.9%	2010	Sample size 213 (M 37; F 176). Source: behavioural surveys in sex workers and MSM. Data not nationally representative. Self-reported prevalence M 13.5%; F 7.9%
Romania	1%	2009	204 street sex workers in Bucharest; no prevalence data for other sex workers. Source: Behavioural Sero-Surveillance Survey	1%	2010	Female sex workers in Bucharest. Sample size 299. Time location sampling
Serbia	2.2%	2008	139 indoor and street sex workers aged 15+ in Belgrade. Source: MOH Health Bio-Behavioural Surveillance	0.8%	2010	Male and female sex workers in Belgrade. Sample size 250 (M 95; F 155). Source: IBBS M 1%; F 0.6%
Spain	2.2%	2005	Source: UNGASS 2008	1.9%	2010	Sample size 1 547 (M136; F 1 141). Source: Data from 20 HIV/STI urban clinics M 16.9%; F 0.5%
Sweden	2.2%	2006/7	Of 979 clients interviewed by the Swedish Prison Project in 2006-2007, 46 reported that they had sold sex of whom 45 were tested for HIV and 1 female (2.2%) was confirmed as HIV positive. Data from Stockholm region only			
Tajikistan	3.7%	2006	Source: UNGASS 2008	4.4%	2010	Female sex workers. Sample size 812. Source: IBBS
Ukraine	4%	2006	Source: UNGASS 2008	9%	2011	Female sex workers in 25 cities. Sample size 4 816. Source: IBBS
United Kingdom	5%	2006	6 of 120 female sex workers contacted by a mobile HIV/STI clinic at a London sex worker outreach project. Source: Creighton, S., Tariq, S., Perry, G. 2008 Other evidence: 1.5% (3/200) (1996–2002) of female sex workers registered at a London GUM clinic Source: Ward. H. et al. 2004. 9% (59/636) (1994–1996) of male sex workers attending a London GUM clinic Source: Sethi et al. 2006			No large-scale surveillance of this group is conducted
Uzbekistan	2.2%	2007	Age under 25: 1.8%; age over 25: 2.6%. Source: DHS 2007. Other evidence: 4.7% in 2005 Source: UNGASS 2008	2.2%	2011/12	Female sex workers. Sample size 3 379. Source: IBBS

There is a great variation over the type of data reported between and within countries. Because of this extreme caution should be exercised in making comparisons between or with a country over time.

Annex 2. HIV testing among sex workers in Europe and Central Asia

Country	HIV Testing	2010 Reporting: Year of data source	Comment	HIV Testing	2012 Reporting: Year of data source	Comment
Albania				35.8%	2011	Female sex workers in Tirana. Sample size 120. Source: BSS
Armenia	18%	2007	Compared with 33% in 2005. Source: UNGASS 2008	15.9%	2010	Female sex workers. Sample size 250. Source: BSS
Azerbaijan	5.7%	2007/8	Age under 25: 3.8%; age over 25: 6.1% in sample of 300 sex workers (53 under 25; 247 over 25). Source: Epidemiological surveillance 2007/8	12%	2011	Female sex workers. Sample size 300. Source: BSS
Belarus				76.2%	2011	Female sex workers in Minsk. Sample size 500. Source: BSS
Belgium	93.8%	2007	196 sex workers in the French community who had ever had a test. Other evidence: The Flemish government works with two NGOs: GhaPro saw 1 057 sex workers in 2008 and did 1 016 HIV tests (3 positive); Pasop saw 677 sex workers in 2007 and did 439 HIV tests (0 positive). High turnover of sex workers means not all get tested. Both see more female than male sex workers			
Bosnia and Herzegovina	96%	2007	Method not harmonised with UNGASS 2008 guidelines. Source: 2008 UNGASS	13.6%	2011	Female sex workers in 7 cities. Sample size 154. Source: BSS
Bulgaria	53%	2007	Source: 2008 UNGASS	59.9%	2011	Male and female sex workers. Sample size 688 (M 34; F 665). Source: BSS M 67.6%; F 59.8%
Czech Republic	33%	Not stated	Of an estimated 10 000 sex workers, a third are estimated to have had an HIV test in the last year. The NGO Bliss without Risk tested 1 742 sex workers during a 12 month period, one of whom, a young male, tested positive			
Estonia	52%	2007	Source: 2008 UNGASS	66.7%	2011	Female sex workers in Tallinn. Sample size 210. Source: IBBS; part of BORDERNET Project
former Yugoslav Republic of Macedonia	47%	2007	Compared with 67% in 2005. Source: UNGASS 2008	37.6%	2010/11	Sample size 181 (M 50; F 131). Source RDS. M 62%; F 28.2%
France	35%	2007	Survey of 93 Chinese sex workers in Paris tested in last 12 months. Data only available from studies in cities; a pilot national study in 2010 will provide data on this indicator. Other evidence: 81% of migrant sex workers in Lyon and Toulouse tested in last 12 months 2004	67.7%	2010/11	BSS survey of male, female and transgender sex workers at 10 support centres in 6 metropolitan regions. Sample size 251 (M 23, F 166, TG 62). Survey asked whether the person had been tested for HIV in the last 12 months, not about knowledge of the result M 78%; F 67%
Georgia	33%	2007	Compared with 24% in 2005. Source: 2008 UNGASS	27.5%	2008/9	Female sex workers in Tbilisi and Batumi. No data available on male sex workers. Sample size: 160 and 120. Source: BSS Tbilisi 27.5%; Batumi 23.2%

Country	HIV Testing	2010 Reporting: Year of data source	Comment	HIV Testing	2012 Reporting: Year of data source	Comment
Germany				M 50.4% F 69.2%	2010/11	Data for female sex workers based on sentinel surveillance in 2010; HIV testing of 3 037 female sex workers seen at 30 sites providing services. Data for this indicator from the 1 142 female sex workers who provided additional information for a separate questionnaire, who were asked if they had had an HIV test in the last 12 months and knew the result Data for male sex workers based on 465 men (a sub-sample of EMIS sample based on men reporting being paid for sex >10 times in last 12 months, 1% of the EMIS sample)
Greece	100%		HIV testing every 15 days mandatory for sex workers	65.6%	2009	Female sex workers. Sample size 64. Source questionnaire through HCDCP and NGOs
Kazakhstan	70%	2007	Source: 2008 UNGASS	77.1%	2011	Female sex workers in 20 cities. Sample size 2 286. Source: BSS
Kyrgyzstan	53%	2007	Source: 2008 UNGASS	34.9%	2011	Female sex workers. Sample size 636. Source: sentinel surveillance
Latvia				49.6%	2011	Female sex workers (street workers only). Sample size 117. Source: BSS; part of BORDERNET Project
Lithuania	50%	2007	Source: 2008 UNGASS	32.6%	2010	Female sex workers. Sample size 46 (15 tested for HIV within last 12 months of which 15 HIV-positive); Centre for Addiction Disorders, port city of Klaipeda. Source: BSS
Moldova	31%	2007	Source: 2008 UNGASS	23.3%	2009	Latest available data from IBBS 2009. Data from Chisinau, capital of Moldova. Sero-prevalence and behavioural studies conducted every 2-3 years; next will be in 2012
Netherlands	82%		Ever been tested for HIV in anonymous unlinked HIV surveys in sex workers	82%	2002/5	Sample size 557 (F 399; drug-using F 88; TG 70). Source: BSS. Male sex workers not included in the survey
Norway	47%	2008	No exact data available. The Oslo harm reduction centre for sex workers did 746 HIV tests in 1 585 clients in 2008 (most female and 79% foreign born). Sex workers get tested frequently. Total number of sex workers in 2008 was 3 246			
Poland	64%	Not stated	Detailed data on this indicator is not available. A study conducted for the National AIDS Centre found that 64% of sex workers had had at least one HIV test			
Portugal				69.7%	2010	Sample size 918 (M 169; F 749). Source: behavioural surveys in sex workers and MSM. Data not nationally representative M 72.8%; F 69%
Romania	35%	2007	Compared with 36% in 2005. Source: UNGASS 2008		2010	Female sex workers in Bucharest. Sample size 299. Time location sampling. No data reported
Russia	61%	2007	Source: UNGASS 2008			
Serbia	45%	2008	139 indoor and street sex workers aged >15 in Belgrade. Source: Ministry of Health Bio-Behavioural Surveillance 2008	58.8%	2010	Male and female sex workers in Belgrade. Sample size 250 (M 95; F 155). Source: BSS M 48.4%; F 65.2%
Spain	67%	2007	Method not harmonised with UNAIDS 2008 guidelines. Source: UNGASS 2008			
Sweden	34%	2007	Method not harmonised with UNAIDS 2008 guidelines. Source: UNGASS 2008			
Switzerland	38%	2007	Male sex workers. Source: UNGASS 2008			

Country	HIV Testing	2010 Reporting: Year of data source	Comment	HIV Testing	2012 Reporting: Year of data source	Comment
Tajikistan	29%	2007	Source: UNGASS 2008	47.3%	2010	Female sex workers. Sample size 812. Source: BSS
Turkey	97%	2007	Compared with 26% in 2005. Source: UNGASS 2008			
Ukraine	46%	2007	Compared with 32% in 2005. Source: UNGASS 2008	58.5%	2011	Female sex workers in 25 cities. Sample size 5 005. Source: BSS
United Kingdom	70%	1998	48/69 of female sex workers had had an HIV test. Source: Pickton et al. 1998. Other evidence: 68% (59/68) of female sex workers had had an HIV test 1994. Source: Morrison and McGee 1995			
Uzbekistan	19%	2007	Source: UNGASS 2008. Other evidence: 27.9% (age under 25: 24.6%; age over 25: 30.7%) 2007. Source: Surveillance in 2 493 sex workers	39.3%	2011/12	Female sex workers. Sample size 3 379. Source: BSS

There is great variation over the type of data reported between and within countries. Because of this extreme caution should be exercised in making comparisons between or within a country over time.

Annex 3. Coverage of HIV programmes for sex workers in Europe and Central Asia

Country	HIV Programme Coverage	2010 Reporting: Year of data source	Comment	HIV Programme Coverage	2012 Reporting: Year of data source	Comment
Armenia	41%	2007	Female sex workers. Source: UNGASS 2008	22.4%	2010	Female sex workers. Sample size 250. Source: BSS
Azerbaijan	6%	2007/8	Sample of 300 sex workers, age under 25: 3.8%; age over 25: 6.5%. source: Epidemiological surveillance 2007-2008	33.3%	2011	Female sex workers. Sample size 300. Source: BSS
Belarus				85.8%	2011	Female sex workers in Minsk. Sample size 500. Source: BSS
Bosnia and Herzegovina	208	2008	Number of female sex workers reached by prevention programmes. Not possible to report percentage covered as size of sex worker population unknown; NGO estimate is 3 500 sex workers			
Bulgaria	77%	2007	Source: UNGASS 2008	73.4%	2011	Male and female sex workers. Sample size 689 (M 34; F 666). Source: BSS M 73.5%; F 73.3%
Croatia	135	2008	303 reached in 2007.Coverage monitored through monthly reports from two NGOs implementing programmes for sex workers through drop-in centres and outreach, in Zagreb and in Split, which track the number of sex workers and of condoms and educational materials distributed. Source: NGO reports 2008, 2007			
Estonia				76.7%	2011	Female sex workers in Tallinn. Sample size 210. Source: IBBS; part of BORDERNET Project
Former Yugoslav Republic of Macedonia				41.4%	2010/11	Sample size 181 (M 50; F 131). Source RDS M 58%; F 35.1%
France				60.2%	2010/11	BSS survey of male, female and transgender sex workers at 10 support centres in 6 metropolitan regions. Sample size 251 (M 23, F 166, TG 62). M 87%; F 48.2%. TG data included in the overall figure. Survey asked a person if they knew where to get free anonymous testing and how they obtain condoms
Georgia				66.9%	2008/9	Female sex workers in Tbilisi and Batumi. No data available on male sex workers. Sample size: 160 and 120. Source: BSS
Germany				60.2%	2010	Male sex workers. Sample size 465 (a sub-sample of EMIS sample based on men reporting being paid for sex >10 times in last 12 months, 1% of the EMIS sample). Different definition of being reached by targeted prevention from GARP indicator. No data available on the proportion of female sex workers reached with prevention programmes

Country	HIV Programme Coverage	2010 Reporting: Year of data source	Comment	HIV Programme Coverage	2012 Reporting: Year of data source	Comment
Greece				14.1%	2009	Female sex workers. Sample size 64. Source questionnaire through HCDCP and NGOs
Hungary	500	2006	467 female, 33 male sex workers reached January-June 2006. No nationally representative data. Source: MOH screening bus pilot programme			
Kazakhstan	71%	2007	Method not harmonised with UNGASS 2008 guidelines. Source: UNGASS 2008	88.1%	2011	Female sex workers in 20 cities. Sample size 2 286. Source: BSS
Kyrgyzstan	89%	2007	Method not harmonised with UNGASS 2008 guidelines. Source: UNGASS 2008	45.2%	2011	Female sex workers. Sample size 636. Source: sentinel surveillance
Latvia				48.7%	2011	Female sex workers (street workers only). Sample size 117. Source: BSS; part of BORDERNET Project
Lithuania	43%	2007	Female sex workers. Source: UNGASS 2008			
Moldova	96%	2007	Female sex workers. Source: UNGASS 2008	15.3%	2009	Latest available data from IBBS 2009. Data from Chisinau, capital of Moldova. Sero-prevalence and behavioural studies conducted every 2-3 years; next will be in 2012
Portugal				40.8%	2010	Sample size 1 040 (M 194; F 846). Source: behavioural surveys in sex workers and MSM. Data not nationally representative M 42.8%; F 40.3% <25 years 38.1%; <25 years 41.3%
Romania	5 558 sex workers	2007/9	Number reached by outreach teams July 2007-June 2009. HIV prevention programme targets female street sex workers in 9 of 42 counties. Coverage data for the programme, in line with the UNGASS indicator, will be available at the end of 2009		2010	Female sex workers in Bucharest. Sample size 299. Time location sampling Q1 70% answered Yes Q2 90% answered Yes
Russia	39%	2007	Source: UNGASS 2008			
Serbia	32%	2008	139 indoor and street sex workers aged >15 in Belgrade. Source: MOH Bio-Behavioural Surveillance 2008	60%	2010	Male and female sex workers in Belgrade. Sample size 250 (M 95; F 155). Source: BSS M 46.3%; F 68.4% Cumulative total of sex workers reached by prevention programmes in 5 cities from 2007 to end of 2011 2 663
Sweden	50%	2007	Method not harmonized with UNGASS 2008 guidelines. Source: UNGASS 2008			
Tajikistan	60%	2007	Female sex workers. Source: UNGASS 2008	76.2%	2010	Female sex workers. Sample size 812. Source: BSS
Turkey	42%	2007	Source: UNGASS 2008			
Ukraine	69%	2007	Source: UNGASS 2008	61.2%	2011	Female sex workers in 25 cities. Sample size 5 005. Source: BSS
Uzbekistan	95.8%	2007	Age under 25: 94.2%; age over 25: 97.2%. Source: DHS 2007	64.3%	2011/12	Female sex workers. Sample size 3 379. Source: BSS

Coverage is defined by UNAIDS as those sex workers who know where to go to receive an HIV test and if a sex worker has been given condoms in the last 12 months.

There is great variation over the type of data reported between and within countries. Because of the extreme caution should be exercised in making comparisons between or within a country over time.

Annex 4. Condom use by sex workers in Europe and Central Asia

Country	Condom Use	2010 Reporting: Year of data source	Comment	Condom use	2012 Reporting: Year of data source	Comment
Albania				76.7%	2011	Female sex workers in Tirana. Sample size 120. Data source: IBBS
Armenia	91%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005–2007. Compared with 100% by male and 89% by female sex workers in 2005. Source: UNGASS 2008	92.9%	2010	Female sex workers. Sample size 228. Data source: BSS
Azerbaijan	74.7%	2007/8	Female sex workers. Age under 25: 79.2%; age over 25: 73.7%. Source: Epidemiological surveillance 2007-2008	53%	2011	Female sex workers. Sample size 300. Data source: BSS
Belarus				84.8%	2011	Female sex workers in Minsk. Sample size 500. Data source: BSS
Belgium	59-98%	2008	33/38 sex workers who had anal sex always used a condom; 64/109 who had oral sex always used a condom; 93/95 who had vaginal sex always used a condom in survey of 119 sex workers on use of condoms conducted by GhaPro. This type of survey is no longer used because of the difficulty of evaluating if the answer is right			
Bosnia and Herzegovina	36.2-75.7%	Not stated	36.2% reported using a condom during the last oral sex; 75.7% reported using a condom during the last vaginal sex; 58.2% reported using a condom during the last anal sex in sample of 146 sex workers. Source: Bio-Behavioural Surveillance	87.7%	2011	Female sex workers in 7 cities. Sample size 154. Data source: BSS
Bulgaria	95%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	88.8%	2011	Male and female sex workers. Sample size 689 (M 34; F 666). Data source: BSS M 94.1%; F 88.1%
Croatia	86%	2007	Data collection started before 2005. Source: UNGASS 2008			
Estonia	94%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	97.6%	2011	Female sex workers in Tallinn. Sample size 210. Source: IBBS; part of BORDERNET Project
former Yugoslav Republic of Macedonia	78%	2007	93% male; 75% female. Compared with 86% (88% male; 84% female) in 2005. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	88.9%	2010/11	Sample size 181 (M 50; F 131). Source RDS M 80%; F 92.4%
Georgia	94%	2007	Female sex workers. Compared with 95% in 2005. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	98.7%	2008/9	Female sex workers in Tbilisi and Batumi. No data available on male sex workers. Sample size: 160 and 120. Source: BSS Tbilisi 98.7%; Batumi 92.58%
Germany				M 48.8% F 92.9%	2010/11	Data for female sex workers based on sentinel surveillance in 2010; data for this indicator from the 1 142 female sex workers who provided additional information for a separate questionnaire. Questions asked about condom use differ from GARP indicator Data for male sex workers from 465 men (a sub-sample of EMIS sample based on men reporting being paid for sex >10 times in last 12 months, 1% of the EMIS sample). Questions asked about condom use differ from GARP indicator

Country	Condom Use	2010 Reporting: Year of data source	Comment	Condom use	2012 Reporting: Year of data source	Comment
Greece				4.7%	2009	Female sex workers. Sample size 64. Source questionnaire through HCDCP and NGOs
Hungary	16-90%	2006	Condom use by 500 sex workers (467 female, 33 male) reached January-June 2006: vaginal sex: use/not use 451/21; anal sex: use/not use 451/35; oral sex: use/not use 290/196; private life: use/not use 82/404. National data not collected and there are no available, representative data on condom use by sex workers. Source: MOH screening bus pilot programme 2006			
Italy	97% (female) 38% (transgender)	1998	Reported condom use in the last week in survey of 102 female and 40 transgender sex workers 1998. Source: Verster et al 2001			
Kazakhstan	97%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	95.7%	2011	Female sex workers in 20 cities. Sample size 2 286. Source: BSS
Kyrgyzstan	84%	2007	Female sex workers. Compared with 81% in 2005. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	88.2%	2011	Female sex workers. Sample size 636. Source: sentinel surveillance
Latvia				85.5%	2011	Female sex workers (street workers only). Sample size 117. Source: BSS; part of BORDERNET Project
Lithuania	77%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008			
Moldova	93%	2007	Female sex workers. Compared with 98% in 2005. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	90.8%	2009	Latest available data from 2009 IBBS. Data from Chisinau, capital of Moldova. Sero-prevalence and behavioural studies conducted every 2–3 years; next will be in 2012
Montenegro				83.5%	2010	Female sex workers. Sample size 181 (M 5; F 176). Source: BBS. Responses from male sex workers not included in analysis due to low number
Netherlands	11-81%	2008	Always use condoms with clients: 81%; always use condoms with a steady partner: 11% in cross-sectional study among 557 female and transgender sex workers in three cities. Transgender sex workers and sex workers who inject drugs use condoms less frequently. Source: Van Veen et al 2008	88%	2002/5	Female sex workers. Sample size 399. Source: BSS. Question asked about condom use with clients in general, not most recent client
Poland	46%	2007	Female sex workers. Figures reflect data collection that started before 2005. Source: UNGASS 2008			
Portugal				95%	2010	Sample size 1 040 (M 194; F 846). Source: behavioural surveys in sex workers and MSM. Data not nationally representative M 87.6%; F 96.7%
Romania	85%	2007	Female sex workers. Compared with 85% in 2005. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	89%	2010	Female sex workers in Bucharest. Sample size 299. Time location sampling
Russia	92%	2007	Female sex workers. Compared with 77% in 2005. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008			
Serbia	91%	2008	Sample of 139 indoor and street sex workers aged 15+ in Belgrade. Source: MOH Bio-Behavioural Surveillance 2008	87.2%	2010	Male and female sex workers in Belgrade. Sample size 250 (M 95; F 155). Source: BSS M 82.1%; F 90.3%

Country	Condom Use	2010 Reporting: Year of data source	Comment	Condom use	2012 Reporting: Year of data source	Comment
Spain	12.4-95.5% (female) 10.4-100% (transgender) 97% (male)	Not stated	Female sex workers: 95.5% consistent condom use in vaginal sex and 87.2% consistent use in anal sex with clients; 12.4% consistent condom use with regular partners Transgender sex workers: 100% consistent condom use in anal sex (insertive and receptive penetration) and 77.2% consistent condom use in oral sex with clients; 29.5% consistent condom use in insertive penetration, 30.6% in receptive penetration and 10.4% in oral sex with regular partners Male sex workers: 97% consistent condom use in anal sex with clients		2001	Male, female and transgender sex workers. Sample size 1 057. Survey of sex workers recruited from mobile harm reduction units in 15 cities. Question asked about condom use with every client during last 6 months and for different types of sex. M 73.4% F vaginal 67.1%; oral 57.6%; anal 46.9% TG 67.1%
Sweden	22%	2007	100% male; 20% female. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008			
Switzerland	72%	2007	Male sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008			
Tajikistan	75%	2007	Female sex workers. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	75%	2010	Female sex workers. Sample size 812. Source: BSS
Turkey	33%	2005	Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008			
Ukraine	86%	2007	Female sex workers. Compared with 86% in 2005. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	92%	2011	Female sex workers in 25 cities. Sample size 5 005. Source: BSS
United Kingdom	44-98%	1996/2002	98% reported consistent use of condoms for vaginal sex, 66% for oral sex, 94% for anal sex with clients; and 44% for sex with non-commercial partners in study of female sex workers registering at a London GUM clinic 1996-2002. Source: Ward et al 2004			
Uzbekistan	74.8%	2007	Age under 25: 77%; age over 25: 73%. Source: DHS 2007 Other evidence: 65%. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	83.6%	2011/12	Female sex workers. Sample size 3 379. Source: BSS

Annex 5. Countries included in Dublin Declaration monitoring

Nr	Country	Nr	Country	Nr	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russia
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	the former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		