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UNAIDS Guidance Note
HIV and Sex Work

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Introduction

Despite twenty five years of experience and knowledge in developing responses to the HIV pandemic, HIV prevalence among sex workers remains high, with less than one in three sex workers receiving adequate HIV prevention services[1], and even fewer receiving appropriate treatment, care and support.

The United Nations operates under various conventions and protocols covering prostitution. The sexual exploitation of children under the age of 18 years is prohibited by international law[2]. So, too, is the forced entry and retention of adults in commercial sex, as well as all forms of human trafficking, including for sexual exploitation[3]. This Guidance Note has been developed to provide a unified approach by the UNAIDS Cosponsoring agencies[4] to the reduction of HIV vulnerabilities in the context of sex work, where sex workers are defined as adults, 18 years and over. Its specific focus is the urgent need to provide access to HIV prevention, treatment, care and support for all sex workers, and to provide life choices and occupational alternatives to sex work, including for sex workers living with HIV.

Entry into sex work

There are a number of recognized key factors which lead people into sex work. Foremost among these are poverty[5], gender inequality, indebtedness, low levels of education, mobility and migration, and criminal coercion. These often propel individuals and families into circumstances such as sex work that they would otherwise avoid. Other factors include: humanitarian emergencies, individual circumstances such as dependent drug use, dysfunctional families and family breakdown[6], as well as a range of social and cultural factors including demand for sex work, rigidly defined gender roles and social marginalization.

A significant number of women and girls are trafficked into sex work, knowingly or unknowingly, with the promise of a better life for themselves and their families. The increasing feminization of migration and the involvement of families, kin networks and local communities in the movement of women and girls, blurs the difference between trafficking and sex work. The figures on the proportion of women trafficked into sex work and those people entering sex work of their own volition, regardless of the reason for doing so, are often disputed and result in significantly different political, legal and policy approaches and outcomes.

Sex work settings

Sex work occurs in a wide range of urban and rural settings, from visible and well established brothels or red light areas, to massage parlours, bars, hotels, saunas, escort services, streetwalking or roadsides, hairdressing or beauty parlours, coffee shops, as well as private homes. These settings vary widely within and between countries, according to local context, ranging from formal, full-time engagement to informal, part-time or casual engagement.

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[1] UNFPA, UNAIDS, Government of Brazil (2006). Report of the Global Technical Consultation on HIV and Sex Work, Rio de Janeiro, 12-14 July.

[2] This Guidance Note does not address the sexual exploitation of children. United Nations (1989). Convention on the Rights of the Child; United Nations (2000). Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography; ILO (1999). Convention No. 182 on the Worst Forms of Child Labour, which classifies both trafficking, and "the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances" as among the worst forms of child labour, and which ratifying States are required to prohibit and eliminate immediately. ILO (2005). Combating Child Trafficking. Handbook for Parliamentarians No.9; ILO (2004). Child Protection Handbook for Parliamentarians No.7; and ILO (2002). Eliminating the Worst Forms of Child Labour – a practical guide to ILO Convention No.182. Handbook for Parliamentarians No.3. See also: United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations (2000). Convention against Transnational Organized Crime. (Palermo Protocol).

[3] ILO defines trafficking as "the recruitment, transport, transfer, harbouring or receipt of a person by such means as threat or use of force or other forms of coercion, of abduction, of fraud, or deception 'for the purposes of exploitation". ILO estimates that 11% of all persons in forced labour in 2005 were in forced commercial sexual exploitation (approximately 1.4 million people), representing 43% of all human trafficking.

[4] UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO,WHO, the World Bank, and the UNAIDS Secretariat. UNESCO is for the moment unable to give its endorsement.

[5] ILO (2005). HIV/AIDS and work in a globalizing world. www.ilo.org/public/english/protection/trav/aids/publ/globalizing.pdf Although many governments have significantly reduced the proportion of the population living in poverty, the sex sector remains large in many countries.

[6] UNICEF (2001). Profiting from abuse. An investigation into the sexual exploitation of our children. www.unicef.org/publications/pub_profiting_en.pdf

HIV vulnerability is high for all sex workers and is significantly influenced by their working environment. Whether a sex worker is trafficked through deception or has entered sex work to meet immediate and pressing economic or personal needs, most sex workers find themselves working in unhealthy and unregulated conditions. Many settings offer little or no promotion of safer sex, encourage a high turnover of clients and provide little or no control over clients' behaviour. These vulnerabilities are heightened by violence; threats from gangs, establishment owners and controllers[7]; debt-bondage; low rates of pay and inadequate living conditions - all of which can compromise safer sex negotiations.

In many countries, existing laws, policies and practices drive sex work underground. This makes it extremely difficult to reach sex workers and their clients with HIV prevention, treatment, care and support programmes. They often have poor access to: adequate health services and HIV prevention measures such as male and female condoms; post-exposure prophylaxis after rape, emergency contraception, management of sexually transmitted infections; and, drug treatment and other harm reduction services[8]. There are many barriers to providing services for sex workers that need to be addressed, including the discrimination they face from health care and social services, and law enforcement officers. Those who have been illegally smuggled across national borders, knowingly or unknowingly, are even more vulnerable to HIV. They have no papers, often their passports are seized by criminal gangs as a deterrent against escape[9], they lack local language skills, have no or limited access to health care services, and frequently have no support networks to provide assistance.

Demand for sex work

Male attitudes and behaviours, gender-based violence, sexual exploitation, and stigma and discrimination against women and girls continue to be critical contributing factors driving the HIV epidemic. These culturally and socially ascribed roles contribute to men's demand for paid sex. When addressing demand for sex work, it is important to consider which situations enhance such behaviours, and their implications for HIV prevention and transmission. For example, male truck drivers and men who migrate for work, seafarers, port workers, fishermen, men in the armed forces and in conflict zones, and sex tourists, are among those for whom access to HIV prevention services in the context of sex work is particularly important[10].

Responsibilities of States

Although studies and programmes have shown the feasibility and benefits of addressing HIV transmission within sex work, including access to HIV prevention, treatment, care and support, national policies and programmes generally do not address these needs. The increasing mobility of people within and across national boundaries heightens the vulnerability of sex workers, their clients, families and communities to HIV. States are encouraged to develop the programmes needed to reduce HIV vulnerability in the context of sex work.

Guiding Principles for the United Nations' Response

The protection, promotion and respect of human rights such as the right to health, liberty, and security of person; protection from exploitation and abuse, and the principle of non discrimination are detailed in a number of international human rights instruments[11]and underpin all actions in the

[7] 'Controller' is the preferred term for 'pimp'.
[8] A comprehensive harm reduction programme for injecting drug users, includes the provision of sterile injecting equipment, information and education, particularly through peers; drug dependence treatment, in particular opioid substitution therapy with methadone or buprenorphine; provision of condoms; counselling and HIV testing; and HIV care and support, including the provision of antiretroviral therapy.
[9] Trafficking can vary from small-scale informal networks to international well organized industries with tight links to organized criminal networks. UNFPA (2003). Trafficking in Women, Girls and Boys: Key Issues for Population and Development Programmes. http://www.unfpa.org/publications/detail.cfm?ID=171&filterListType
[10] Id. 2 and 7.
Overs C. (2002). Sex Workers: Part of the Solution: An analysis of HIV prevention programming to prevent HIV transmission during commercial sex in developing countries. www.nswp.org/pdf/OVERS-SOLUTION.PDF.
[11] Universal Declaration of Human Rights (1948); International Covenant on Civil and Political Rights (1966); International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966); the Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of the Child (1989) and its Optional Protocol (2000); and the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (2000).

HIV response. Human rights also form the basis of the response to HIV and sex work. For the implementation of this Guidance Note, a rights based approach should be reinforced according to the mandate of each organization.

The 2005 UNAIDS policy position paper on Intensifying HIV Prevention[12] provides a global framework to help guide all HIV prevention efforts. "The Principles of Effective HIV Prevention", endorsed by the UNAIDS Programme Coordination Board, are reflected in UNAIDS' response to HIV and sex work. These important principles are equally relevant and adaptable to HIV treatment, care and support.

The Principles of Effective HIV Prevention

- All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protection and respect of human rights including gender equality.
- HIV prevention programmes must be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented.
- HIV prevention actions must be evidence-informed, based on what is known and proven to be effective and investment to expand the evidence base should be strengthened.
- HIV prevention programmes must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective.
- HIV prevention is for life; therefore, both delivery of existing interventions as well as research and development of new technologies require a long-term and sustained effort, recognizing that results will only be seen over the longer-term and need to be maintained.
- HIV prevention programming must be at a coverage, scale and intensity that is enough to make a critical difference.
- Community participation of those for whom HIV prevention programmes are planned is critical for their impact.

A Comprehensive Framework for Action: The Three Pillars

This Guidance Note consists of three pillars and associated actions to provide a comprehensive, rights-based, evidence-informed response to HIV and sex work. The participation of sex workers is essential to the identification, design, implementation, and monitoring and evaluation of appropriate and relevant responses.

THE THREE PILLARS

Pillar 1: Reducing vulnerabilities and addressing structural issues**.**

Pillar 2: Reducing risk to HIV infection.

Pillar 3: Building supportive environments and expanding choices.

ICESCR, Article 12, reflects the human right to the highest attainable standard of health, herein referred to as the "right to health". See also ILO (1998). Declaration on the Fundamental Principles and Rights at Work and .UNESCO (1960) Convention Against Discrimination in Education. Article 1 defines discrimination as including "any distinction, exclusion, limitation or preference which, being based on race, economic condition or birth, has the purpose or effect of nullifying or impairing equality of treatment in education."

[12] UNAIDS (2005). Intensifying HIV prevention: Policy position paper. data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf

Pillar 1: Reducing vulnerabilities and addressing structural issues

Structural determinants and vulnerabilities that commonly contribute to entry into sex work vary according to local context and local sex work settings, and are influenced by the decisions of individuals and their families.

Address poverty and gender inequalities

There is a need to strengthen programmes and approaches that expand the economic and social opportunities to both reduce vulnerabilities to entry into sex work and to provide real alternatives to sex work for those who want to leave it. Gender-sensitive development strategies, including income-generation and microfinance programmes for women, can provide sustainable incomes for individuals and households[13]. Such strategies need to address women's lack of ownership of land and control of family assets which further reduces their potential for economic and social independence.

Address Demand for Paid Sex

It is important, too, to specifically address the demand for sex work: the overwhelming majority of sex workers are women and, conversely, the overwhelming majority of their clients are men. While cultural constructs influence gender relations, leading to the demand for sex work, culture itself is not an immutable construct[14]: it is possible and timely to achieve social change, and consequently behavioural change among men, to reduce the demand for sex work.

Promote education for all

Education is critical both to HIV prevention and to mitigate the effects of HIV on individuals, families and communities[15]: it expands choices, reduces risk factors, and promotes resilience. While there has been steady progress in efforts to achieve Education for All, there remain significant gaps, with some 100 million children – over half of whom are girls - still not enrolled in primary school. It is essential that educational opportunities be expanded to meet the needs of children, young people and adults. A basic education contributes to poverty reduction and the elimination of gender inequalities, as well as being associated with reduced HIV vulnerability since education fosters economic independence, delayed marriage, information on sexuality, and practice of safer sex.

Low levels of education, poor attendance at school related to family and social problems, and low literacy rates are common among sex workers; many lack an education and access to life long learning, limiting their livelihood choices[16].

Promote access to decent work and alternative employment

To improve human resource capacity and provide alternative job opportunities, employment growth needs to be at the centre of national HIV strategies. Investments in employment creation and improved access to work will provide new opportunities for disadvantaged groups. Vocational training programmes are needed to develop apprenticeship and skills, in both enterprise settings and the public sector, to provide skills training to youth, young women, migrants and former sex workers.

Address the needs of refugees, internally displaced persons, economic migrants and asylum seekers

Refugees, internally displaced persons, economic migrants and asylum seekers often lack alternative economic options, face discrimination, and are frequently not allowed to enter the work force of the host country, dramatically reducing their access to an income. With few alternatives, sex work - particularly for women, although increasingly for some men – becomes a means of survival[17].

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[13] For example, the Grameen Bank, Bangladesh. http://www.grameen-info.org/
[14] Id. 2.
[15] UNESCO and UNAIDS June (2006). EDUCAIDS: Towards a Comprehensive Education Sector Response. A Framework for Action. www.ibe.unesco.org/AIDS/doc/Educaids.pdf
[16] ILO (2006). Recommendation 195. Subjects, focuses and actors of vocational training.
[17] A United Kingdom study recorded a significant increase in non gay identified men providing paid for sex to gay identified men as a direct result of economic impoverishment and marginalization.
Sethi G, Holden BM, Gaffney J, Greene L, Ghani A and Ward H (2006). HIV, sexually transmitted infections and risk behaviours in male sex workers in London over a 10-year period. Sexually Transmitted Infections Online. Published on line 17 August, 2006. http://sti.bmj.com/cgi/content/abstract/82/5/359

Urgent attention must be paid to the particular needs of these dispossessed populations, including education and skills training, assistance in learning new languages, and access to essential health, social and legal services[18].

Pillar 1: Examples of Actions:

Gender, economic and social inequalities create multiple vulnerabilities, influence choices and limit opportunities. Efforts to reduce vulnerabilities and expand choices and opportunities include:

Expanding our knowledge base:

- Map social vulnerability including identifying risk factors such as social isolation, economic vulnerability and restrictive gender norms as well as patterns of entry into sex work, including trafficking, to collect more complete data on how these factors interact and exacerbate risk;
- Analyse national migration laws in the context of sex work and their implications for trafficked and undocumented sex workers, including voluntary and forced repatriation.

Advocacy:

- Protect, promote and respect the human rights of all persons, including sex workers, irrespective of nationality or residency status;
- Advocate for anti trafficking measures consistent with the promotion of human rights; and
- Promote awareness campaigns involving men to address gender inequality, human rights, masculinity, and the demand for sex work.

Strategic partnerships:

- Work through the United Nations agencies and with national governments, including law enforcement, the education, employment and development sectors as well as microfinance organizations to scale up interventions in areas where people's vulnerability to trafficking and sex work are high; and,
- Develop HIV impact assessments for proposed large-scale programmes, such as major infrastructural projects, where the demand for sex work may be high; and,
- Encourage the engagement of labour organizations, trade unions, the private sector, local communities and national governments to address the demand for sex work linked to certain occupations.

Enhancing service provision and uptake:

- Provide technical support to poverty reduction and microfinance programmes, and programmes which create livelihood alternatives and expand the economic opportunities for women, young people and families;
- Prioritize and provide training and skills promotion for people in situations of high vulnerability to sex work, including refugees, internally displaced people, economic migrants and asylum seekers;
- Support peer education and peer support networks to promote positive cultural values to reduce risk behaviours among young people that may contribute to entry into sex work; and,
- Provide sensitization and awareness-raising in communities affected by sex work and trafficking, including through community-based organizations.

Pillar 2: Reducing risk to HIV infection

Comprehensive, accessible, acceptable, and user friendly services to reduce HIV risk and impact must be urgently scaled up and adapted to different local contexts and individual needs**.** At a minimum these should include: access to sexually transmitted infection management, male and female condoms, water-based lubricant, information on HIV testing and counselling, primary health care services, sexual and reproductive health services,[19] protection from violence and abuse and drug

[18] Id. 7.
TAMPEP 7 (2006 draft). Unpublished data from the findings of the TAMPEP 7 project, which provides evidence of the associations between poverty, lack of education, high unemployment and lack of opportunity, and sex work.

[19] The World Summit outcome in 2005 reaffirmed the global commitment to achieving universal access to reproductive health by 2015, including its role in achieving the MDG 6 dealing with HIV and AIDS. All sexual and reproductive health, HIV and

treatment and access to sterile needles and syringes where injecting drug use is a serious risk factor. There is clear evidence that where sex workers are actively engaged in efforts to provide universal access to HIV prevention, treatment, care and support, HIV levels fall.[20]

HIV prevention technologies

Condom use is a crucial element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. Male and female condoms are the single, most effective, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections. Although the search for new prevention technologies such as HIV vaccines, microbicides and pre-exposure chemo-prophylaxis (PREP) continues to make progress, condoms will remain the principal HIV prevention tool for the foreseeable future.

Condoms must be readily available, either free or at low cost, and conform to quality standards. Condom promotion and HIV education among sex workers, clients, owners of sex work establishments and controllers, is a priority. Each has a responsibility to maximize successful negotiation of condom use, including through enforcing their use in formal sex work establishments. Violence, drug and alcohol use, exploitative management practices by brothel owners and controllers, and harassment by law enforcement officers[21] impact negatively on the ability of sex workers to negotiate condom use and need to be addressed by service providers and governments.

Increased access to antiretroviral therapy creates the need and opportunity for accelerated condom promotion. The success of antiretroviral therapy in reducing illness and prolonging life can alter the perception of risk by sex workers and their clients. Promotion of correct and consistent condom use within antiretroviral treatment programmes, and within reproductive health and family planning services, is essential to reduce further opportunities for HIV transmission.[22]

Integrating HIV, sexually transmitted infections, sexual reproductive health, and tuberculosis programmes

Integrating HIV and sexual and reproductive health programmes can significantly reduce HIV infection and improve the quality of life of people living with HIV. It is essential that the specific health needs of sex workers be addressed: from providing regular testing and counselling; to access to maternal and infant health services; dual protection; and, family planning. Linkages and integration should extend to sexually transmitted infection management and treatment services, tuberculosis programmes, prevention of mother to child transmission programmes, and hepatitis prevention and treatment services. These linkages need to be replicated in services accessed by male sex workers and transgender sex workers as their health and treatment needs, and their health seeking behaviours, differ from those of female sex workers. In addition, service hours and providers need to be as flexible as possible to address the local sex work context. Sex workers who are also drug users require additional support, including access to harm reduction services and drug treatment programmes.

Migrant sex workers with or without papers, refugees, internally displaced persons, asylum seekers and those from ethnic minorities require additional assistance. Frequently their legal status or lack thereof heightens their vulnerability to HIV as they do not know which services to access. They may also be turned away by service providers, receive inadequate or incomplete treatment, and often lack the language skills to comply with treatment regimes. Such barriers to service provision can be reduced through cultural mediators – to translate and provide culturally sensitive counselling and support[23].

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integration of services initiatives should be built on the fundamental commitment to respect, protect and promote human rights.

[20] Id. 2, 12.

[21] WHO and the Global Coalition on Women (2005). Violence against sex workers and HIV prevention. Information Bulletin Series, Number 3. www.who.int/entity/gender/documents/sexworkers.pdf

[22] UNAIDS, UNFPA and WHO (2004). Position Statement on Condoms and HIV Prevention. www.unfpa.org/upload/lib_pub_file/343_filename_Condom_statement.pdf

[23] Id. 21 TAMPEP 7 (2006 draft).

Clients

The clients of sex workers may have sex with multiple partners in multiple settings. HIV services must be accessible to people who purchase sex, including groups such as uniformed services, and men who drink alcohol or use drugs and then visit sex workers, truck drivers, sex tourists, itinerant workers, young men making their sexual debut through sex workers, displaced persons, men who buy sex with men, and men from cultures where the purchase of sex is considered to be a determinant of their masculinity. This can be done by ensuring that HIV prevention information and condoms are readily available in their daily workplaces or areas of rest and recreation – in transport facilities, bars, night clubs and other public places before they have contacts with sex workers.

Elimination of gender-based violence against sex workers

Sex workers, as individuals, have a right to equal protection under the law. Yet sex workers around the world, in most settings, are subject to gender-based violence from clients, controllers, managers of sex work establishments, law enforcement officers and other government officials. They are raped, brutalized and imprisoned, even murdered. Efforts to eliminate violence towards sex workers need to involve law enforcement agencies, the judiciary, health services and other arms of government together at the national, regional and local levels.

Sex workers living with HIV

People living with HIV in many parts of the world face stigma and discrimination. For sex workers living with HIV this is compounded by the attitudes of most communities towards sex work. Barriers to service provision, including inadequate access to HIV and sexually transmitted infections testing, counselling and treatment services, means that many sex workers remain unaware of their HIV status. Sex workers living with HIV should have access to HIV prevention, treatment, care and support services, including assistance to leave sex work, counselling support to assist with partner notification, access to antiretroviral therapy and treatment of opportunistic infections, social support and access to hospices when necessary. Sex workers are also vulnerable to repeated exposure to HIV and other sexually transmitted infections. The health status of people working in poor and marginalized settings is likely to be further compromised through poor nutrition, lack of access to primary health care and possible drug dependence.

Pillar 2: Examples of Actions:

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

Expanding our knowledge base:

- Country level mapping of sex work settings, including mobility and migration trends and their implications for service delivery, legal frameworks pertaining to sex work and their impact on the vulnerability of sex workers and clients to HIV infection, and the availability of services for sex workers as well as identification of gaps;
- Identify good practice examples of HIV treatment, care and support for sex workers living with HIV; and
- Improve data collection of HIV and sexually transmitted infections prevalence among sex workers at the country level.

Advocacy:

- Support the development and expansion of HIV prevention, treatment, care and support services for sex workers in primary health care settings, and through the owners and operators of sex work establishments, and the controllers of sex workers; and,
- Support programmes that address the stigma and discrimination experienced by sex workers.

Strategic Partnerships:

- Provide technical support to national governments to reduce the risks associated with HIV and sex work, including the elimination of gender-based violence towards sex workers, through the establishment of national, regional and local partnerships between law enforcement, health, judicial and other government sectors; civil society organizations; and sex work networks and organizations; and,

- Engage police, brothel owners and managers of sex industry operations, local health authorities, and sex workers and clients in introducing codes of practice in sex work settings including: condom use; prevention, diagnosis and treatment of HIV and other sexually transmitted infections and other reproductive tract infections; the elimination of gender based violence against sex workers; and appropriate behavioural standards for clients.

Enhancing service provision and uptake:

- Promote the integration of HIV services for sex workers into primary health care, sexually transmitted infections, tuberculosis, hepatitis, family planning, prevention of mother to child transmission, and sexual reproductive health services;
- Support initiatives enabling sex workers to refuse a client and negotiate safer sex practices and utilize other risk-reduction methods;
- Strengthen programmes which provide care and treatment for sex workers living with HIV, including antiretroviral therapy, when medically indicated, and treatment of opportunistic infections;
- Promote access to drug dependence treatment programmes and a comprehensive package of harm reduction interventions; and,
- Promote behaviour change communication initiatives with clients of sex workers in sex work settings.

Pillar 3: Building supportive environments and expanding choices

At some point most sex workers wish to leave sex work. Their capacity to do so is often dependent upon repayment of a debt, securing sufficient funds to return home (a difficult task for both documented and undocumented migrants), having a home to return to and having ready access to an alternative source of income. Sex workers often face multiple and complex problems, many of which contributed to their entry into sex work in the first place. The development of alternatives to sex work and the expansion of choices need to be both comprehensive in nature and respond to the individual circumstances of sex workers. Drug dependency, family rejection, mental health and legal problems – including for those whose children have been taken into the care of, and/or management by, the State – need to be addressed.

Sex workers living with HIV often face particular problems in leaving sex work. They may have an immediate need to find alternative employment. All assistance, including through skills training, alternative livelihoods, and microfinance, should be made available. Partnerships between local authorities and communities need to be strengthened to ensure sex workers living with HIV have equal access to HIV treatment, care and support, as well as to available employment programmes.

Stigma and discrimination

Supportive environments need to be built at the community level to assist sex workers who wish to return to their families and communities or establish new lives elsewhere, and to be able to do so free from further economic, cultural or social marginalization. Too often, people who are trafficked, forced into sex work through economic necessity or through a range of personal circumstances, face rejection by their communities. Communities have a crucial role in identifying and building positive cultural values to address sex-work related stigma and discrimination and to foster a spirit of tolerance and inclusion.

Participation, family and community

Sex workers face issues that are common to all people such as those related to their children, partners, working conditions, housing, family, community and their future. They need to be key partners in decisions and programmes that affect their lives. Building the capacity of sex work networks and organizations working with sex workers can help address these issues and reduce HIV vulnerability among sex workers, their families and the community.

Supporting partnerships with sex workers and sex work networks, health professionals, technical advisors, partners, families, and communities, will facilitate delivery of a comprehensive package of

services including access to: health care services; literacy classes[24] and skills training; microfinance and credit cooperatives; peer education; and social support services, housing assistance and legal support. These services, and the partnerships underpinning them, will enable sex workers to remain healthier and make informed decisions about their future[25].

Community organizations working in partnership with sex workers are uniquely positioned to provide support to sex workers who are in hard-to-reach circumstances, including undocumented migrants, street workers and those working in informal sex work settings. They also have a role to play in reducing child and forced prostitution[26].

Pillar 3: Examples of Actions:
Provide alternative economic opportunities and social support to sex workers and their communities.

Expanding our knowledge base:

- Identify examples of good practices of microfinance, income generating activities, alternative livelihoods, and business start up opportunities, their applicability as a means of providing alternatives to sex work.

Advocacy:

- Promote the development of community organisations working with sex workers; and,
- Promote employment opportunities and skills training for sex workers, including those seeking an economic alternative to sex work.

Strategic partnerships:

- Include sex workers in the design, research, implementation, monitoring and evaluation of policies and programmes that affect their lives;
- Build institutional and community capacity at the national and community levels to support sex workers leaving sex work;
- Build the capacity of communities and service providers to support sex workers living with HIV and choosing to return to their families and communities, or to establish new lives elsewhere; and,
- Build the capacity of sex workers and community organizations working in partnership with sex workers to strengthen community engagement and provide support to address the wide range of issues that affect their lives.

Enhancing service provision and uptake:

- Provide and promote opportunities for life long learning in both formal and informal educational settings for sex workers;
- Provide support to sex workers living with HIV wishing to seek alternative employment;
- Provide technical support to national governments and civil society on community awareness of sex-work-related stigma and discrimination; and,
- Address the discrimination experienced by the children of sex workers and its impact on their ability to attend school, particularly to reduce their vulnerability to intergenerational entry into sex work.

A rights-based, comprehensive approach to HIV and sex work will reduce HIV prevalence. This Guidance Note provides a framework for action to reduce vulnerability, increase access to services, and strengthen community support and economic empowerment. Moving forward will require genuine partnership among governments, international development organizations, civil society, communities and families.

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[24] Id. 2. Research shows that when sex workers themselves are consulted about their needs, including a desire for alternative employment, they often place opportunities for learning at the top of the list.
[25] Id. 13 Overs (2002).
[26] Id. 13 Overs (2002).