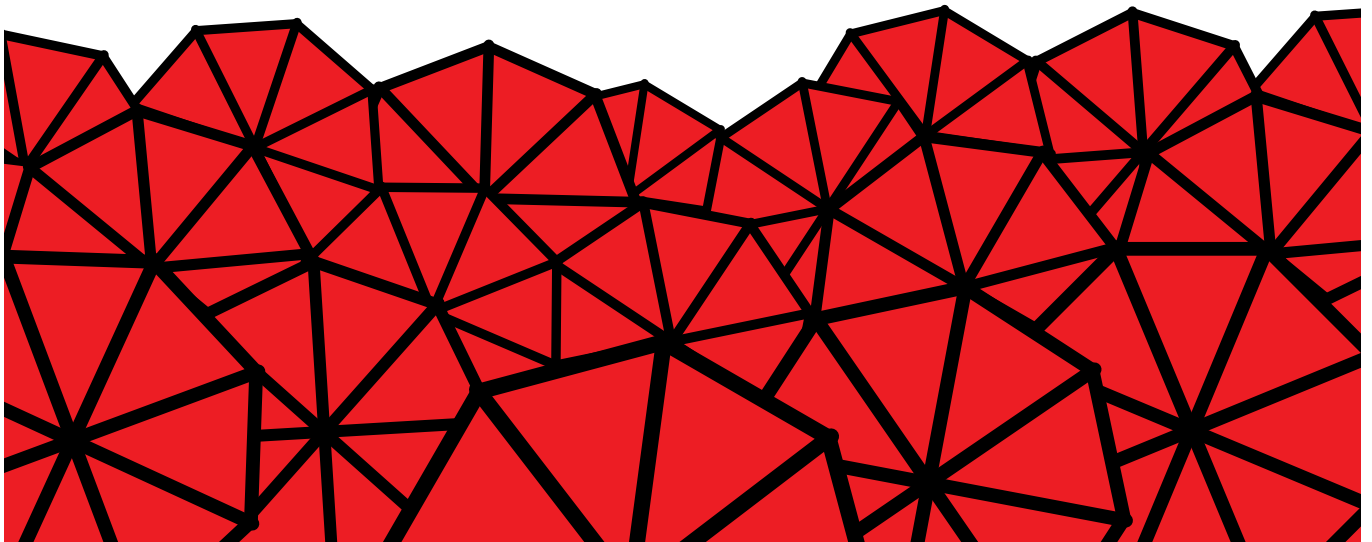




Global Network of Sex Work Projects
Promoting Health and Human Rights

POLICY BRIEF

**Sex Worker-Led
Organisations and
the Sustainability of
the HIV Response**



Sex Worker-Led Organisations and the Sustainability of the HIV Response

Introduction

While progress in the HIV response has significantly reduced the number of HIV infections and deaths worldwide, sex workers and other key populations remain disproportionately impacted by the epidemic.¹ In 2022, sex workers had a nine times higher risk of acquiring HIV compared to the general adult population globally.² At the same time, funding gaps for sex worker- and other key population-led programming

are widening. In 2024, the donor Aidsfonds noted that although key populations accounted for over half of new HIV infections, funding for most key population groups had decreased since 2018.³

These trends, combined with recent policy shifts from major international HIV donors, jeopardise both existing gains and future sustainability. Multilateral health agencies,

national governments, donors, civil society, and affected communities are currently at a major crossroads in shaping the future of the HIV response. With the retreat in international funding, national governments have been tasked with taking ownership of the HIV response, with calls to integrate community-led HIV services into public healthcare systems. For sex worker-led organisations serving their communities, these shifts pose serious threats to their survival and future ability to engage in long-term advocacy.

This Policy Brief will examine how shifts within the HIV funding landscape and response are impacting sex workers globally, based on electronic survey responses from NSWP members and key informant interviews conducted with sex worker leaders across regions. It will outline key challenges posed by the shift to national ownership of the HIV response, as well as strategies to address them. Lastly, this paper will provide recommendations for addressing inequities and promoting sustainable, community-centred responses in the current funding and political context.

Background and Context

Sex worker-led organisations have long been underfunded within the HIV response, despite facing a disproportionate burden of the epidemic.⁴ Nonetheless, they have succeeded in delivering effective, evidence-based services to their communities, reducing HIV incidence, promoting empowerment, and driving structural change.⁵ However, these fragile gains are now at risk. Major donor governments have reduced or redirected funding, the UN system faces a liquidity crisis, and other long-standing supporters are retreating. Together, these factors have led the HIV response to a critical juncture. Without decisive action, decades of progress could be reversed, leaving sex workers and other key populations behind.

These trends, combined with recent policy shifts from major international HIV donors, jeopardise both existing gains and future sustainability.

1 UNAIDS, 2025, "Fact Sheet 2025: Global HIV Statistics."

2 UNAIDS, 2025, "Global AIDS Update 2025: AIDS, Crisis and the Power to Transform."

3 Aidsfonds, 2024, "Dangerously Off Track: How Funding for the HIV Response is Leaving Key Populations Behind."

4 Aidsfonds, 2025, "Fast-Track or Off Track? How insufficient funding for key populations jeopardises ending AIDS by 2030."

5 Deanna Kerrigan et al., "A community empowerment approach to the HIV response among sex workers: Effectiveness, challenges, and considerations for implementation and scale-up," *Lancet* 385 (2020): 172–185.

Global Funding Reductions

As of 2025, international aid still accounted for 80% of HIV prevention programmes in low- and middle-income countries.⁶ In early 2025, however, the United States abruptly withdrew from the global health arena, issuing a “stop-work order” on the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). PEPFAR was the world’s leading HIV initiative, supporting treatment for over 20 million people worldwide – over two thirds of all people living with HIV on treatment globally.⁷

The United States also terminated funding for UNAIDS, cutting 40% of the agency’s budget.⁸ The Global Fund, a pillar of global HIV financing, was also affected, announcing in 2025 that it would reduce already-awarded grants to countries by over US\$1.4 billion in the current funding cycle.⁹

These disruptions have created a cascading crisis, both for national HIV programmes who relied on international funding, and for the wider UN

system, which was already weakened by declining contributions from other donors.¹⁰ UNAIDS modelling has warned that if this funding is not replaced, an additional 6 million HIV infections and 4 million AIDS-related deaths could occur by 2029.¹¹

For the sex worker rights movement, these developments threaten both hard-won advocacy gains and access to life-saving services. At

the national level, they also risk further excluding sex workers from participating in health policymaking and financing processes.

These global shifts have been compounded by a steady reduction in funding for sex workers’ rights more broadly. In recent years, philanthropic donors such as the Open Society Foundations, as well as bilateral donors, have withdrawn or significantly reduced their financial support for sex workers’ rights, further destabilising the movement.¹²

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Sustainability Frameworks and Guidance

With global HIV funding under pressure, international health authorities are reshaping their approaches and developing new frameworks to guide governments and policymakers.

UNAIDS Technical Guidance

In 2024, UNAIDS published its *HIV Response Sustainability Primer*, presenting a new approach to promoting sustainable national HIV responses. To support countries in developing and implementing sustainability “roadmaps,” UNAIDS also published a *Companion Guide*, along with multiple planning and assessment tools.¹³

Core elements of UNAIDS’ sustainability approach include:

- 1 Securing political commitment, including to centring communities
- 2 Promoting effective, evidence-based, and impactful HIV programmes
- 3 Building strong management systems capable of providing effective, people-centred care
- 4 Adopting enabling policies that promote equal access to HIV services and support community leadership and engagement
- 5 Ensuring sustainable domestic and international financing, including for community-led programmes

6 UNAIDS, 2025, “Global AIDS Update 2025: AIDS, Crisis and the Power to Transform.”

7 “About the impact of US funding cuts on the global HIV response,” UNAIDS: Impact of US Funding Cuts on the global AIDS response.

8 Kerry Cullinan, “UNAIDS and HIV sector struggle amid funding cuts,” Health Policy Watch, 7 May 2025.

9 Andrew Green, “Global Fund plans to cut \$1.4 billion from grants it has already awarded,” Devex, 10 July 2025.

10 Global Governance Institute, 2025, “Reforming the UN during a financial crisis: A foreseeable failure to align money, mandates, and majorities?”

11 UNAIDS, 2025, “Global AIDS Update 2025: AIDS, Crisis and the Power to Transform.”

12 NSWP, 2023, “Filling The Gap – Sustaining the Strength and Impact of Sex Worker-Led Organisations and Networks: Report on Global Sex Worker Convening 13–15th June 2023 in Nairobi, Kenya.”

13 “Technical Guidance,” UNAIDS.

...sustainability requires rights-based policies, inclusive processes at the country level, and efforts to reduce inequities driving the epidemic.

The Primer emphasises that sustainability requires rights-based policies, inclusive processes at the country level, and efforts to reduce inequities driving the epidemic.¹⁴ These principles echo longstanding demands of the sex worker rights movement for structural interventions, meaningful inclusion, and increased funding for community-led programmes.

WHO Operational Guidance

In 2025, WHO published the Operational Guidance, “Sustaining priority services for HIV, viral hepatitis, and STIs in a changing funding landscape.” The document provides guidance to countries on setting priorities and adapting health services amid shrinking resources. It underscores that community-led services must be protected, even during funding cuts, and that meaningful community engagement should inform all decision-making. The guidance states:

“Protecting and giving priority to marginalised groups, including key populations, is not only a moral imperative but also a pragmatic strategy to control epidemics, reduce onward transmission and save lives.”¹⁵

For sex worker-led organisations, WHO recommendations can be leveraged to demand inclusion and advocate for community-led interventions to be recognised as essential components of health systems.

Transition to National Ownership

Traditionally, most HIV programming for key populations has been funded by international donors and delivered by NGOs and community-led organisations, often operating outside of public health systems. With the decline in international funding, national governments are now being called upon to take ownership of their domestic HIV responses. This means not only generating and reallocating domestic resources to cover essential services and commodities, but also finding ways to integrate key population programming into national health systems.

This is more than just a funding shift – it is a fundamental change in the way HIV services are prioritised, governed, and delivered. Decisions about which services are funded, where they are provided, and who delivers them will increasingly be made at the national level. For sex worker-led organisations, this represents a major risk that community-led services will be diluted, restructured, or lost entirely to the process of integration. It also means that sex worker-led organisations must find new ways to finance and sustain themselves in a rapidly changing landscape.

¹⁴ UNAIDS, 2024, “HIV Response Sustainability Primer.”

¹⁵ WHO, 2025, “Operational Guidance: Sustaining priority services for HIV, viral hepatitis, and STIs in a changing funding landscape,” p.2.

Impacts and Challenges for Sex Workers

UN agencies and donors such as the Global Fund often frame the shifting HIV response as an opportunity to strengthen government accountability, improve service efficiency, and stabilise funding streams. While some NSWP members acknowledged this potential, substantial legal, political, social, and economic barriers must be addressed. This section will explore concerns, impacts, and challenges posed by the shifting HIV response for sex workers and sex worker-led organisations.

Access to Services and Commodities

The shift from international to national ownership of the HIV response raises serious concerns regarding access and continuity of care for sex workers. While national health systems should provide comprehensive, rights-based services to all, in reality, sex workers remain largely excluded due to criminalisation, stigma, and discrimination. As a result, community-led HIV programmes have become an essential lifeline, offering more accessible, sensitised, and holistic care.

“Due to discrimination, a lot of sex workers refuse to visit [government] health facilities. Instead, they prefer accessing their treatment at community-friendly health facilities, [community] drop-in centres, or non-governmental programmes.”

WHITE ROSE ALLIANCE, LIBERIA

The global HIV funding crisis has already reduced sex workers' access to essential services and commodities. At the beginning of 2025, the African Sex Workers Alliance (ASWA) reported that over 100,000 sex

...over 100,000 sex workers in their network were affected by the U.S. funding freeze, 45,000 of whom lost access to antiretroviral therapy (ART).

workers in their network were affected by the U.S. funding freeze, 45,000 of whom lost access to antiretroviral therapy (ART).¹⁶ NSWP members across all regions have also reported shortages of antiretrovirals, condoms, lubricants, HIV self-testing kits, and PrEP. In addition, many organisations have been forced to cut staff and outreach programming.

“The amount of sexual health prevention supplies for sex workers has decreased. Brigades to promote and offer rapid HIV testing have also been limited in both number and frequency of deployment. Workshops and other activities aimed at promoting and educating people on healthier behaviours have been maintained as much as possible, but their quality — and the supplies given to participants — have both declined.”

COLECTIVO SERES A.C., MEXICO

16 Africa Sex Workers Alliance (ASWA), “Over 106,000 Lives at Risk: The Impact of Trump Administration's Foreign Aid Suspension,” ASWA News, 27 February 2025.

Impacts on Community Systems

For many sex worker-led organisations, international HIV funding has comprised a significant portion of their budget. In Africa, ASWA found that 89% of member organisations surveyed were sub-recipients of PEPFAR, USAID, or Center for Disease Control (CDC) grants.¹⁷ The Global Fund has also been a major supporter of sex worker programming across Africa, Asia-Pacific, Eastern Europe and Central Asia, and Latin America. However, this support is now threatened by reduced allocations and reprioritisation of Grant Cycle 7 (GC7). In Armenia, New Generation Humanitarian NGO (NGNGO) reported that due to recent Global Fund cuts, their community-led HIV prevention programme, which had already been granted funding, now risks being transferred to the public health system.

“The sex worker community has strongly opposed the transfer to the National Centre for Infectious Diseases. Our outreach is built on trust, anonymity, and flexibility—elements that state-run institutions are not equipped to replicate.”

NEW GENERATION HUMANITARIAN NGO (NGNGO), ARMENIA

Community-led programming is often the first to be defunded due to misconceptions that it is not “essential” or “live-saving.” However, sex worker-led organisations worldwide, supported by global health

authorities and a growing evidence base, show that affected communities are key actors in the HIV response. Defunding these programmes not only reduces access to life-saving care through loss of outreach, referral systems, and direct service provision – it also destabilises community systems that mitigate structural barriers to health. Beyond service delivery, sex worker-led organisations raise awareness and demand for services, provide psychosocial support, respond to violence, empower communities, and advocate for legal reform – all of which are essential for addressing the drivers of HIV.

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“We are tired of our work being seen as secondary, as ‘complementary,’ or as something that can be eliminated if funds run out. We are not a band-aid or a fad. We are an essential part of the solution.”

ZONA ROJA PY, PARAGUAY

In the face of funding cuts, many sex worker-led organisations have been forced to lay off staff, end HIV programmes, or shut down entirely. While initiatives to integrate sex workers into public health programming are necessary within the new HIV paradigm, they cannot replace programming that is fully community-led. NSWP members have reported that such government measures to include sex workers are often short-term and discriminatory, providing little to no compensation or security for the sex workers they employ:

“The Ministry uses community members to reach the community, and when they’ve reached their numbers, they no longer employ you. You get the boot.”

SECRETARIAT, CARIBBEAN ALLIANCE OF SEX WORKERS (CASW)

17 Ibid.

Community-led organisations offer trust, sensitivity, confidentiality, and flexibility, making them best placed to reach criminalised and marginalised populations.

The evolving HIV response poses an existential threat to established community systems that deliver the very structural interventions that public health systems are neither designed nor equipped to provide. Community-led organisations offer trust, sensitivity, confidentiality, and flexibility, making them best placed to reach criminalised and marginalised populations. Sex workers must be meaningfully involved in developing, implementing, and monitoring public health services for their communities – with dedicated support to sustain services that remain fully community-led.

Challenges to Accessing Domestic Funding

Criminalisation and Legal Barriers

Due to the widespread criminalisation of sex work, sex worker-led organisations are inherently disadvantaged when trying to access government funding. Many sex worker-led organisations cannot formally register, since they are seen as promoting illegal activities. Without this formal recognition, they are often disqualified from state funding schemes, or are otherwise dismissed by governments as being “illegitimate” or unlawful.

Some members also voiced concerns surrounding security and confidentiality within state funding processes, noting that being publicly outed could lead to police harassment or stigma. The degree of visibility required by some applications for government funding may therefore discourage sex worker participation in criminalised environments.

Stigma and Discrimination

Institutionalised stigma and discrimination also block many sex worker-led organisations from receiving state HIV funding. This can lead to the exclusion of sex worker programming from state HIV budgets, as well as discrimination in application and decision-making processes.

Despite evidence showing that sex workers are disproportionately vulnerable to HIV, moralistic and stigmatising attitudes foster perceptions of sex worker-led organisations as being untrustworthy or undeserving of funding. This is compounded by the lack of recognition of sex workers as experts in their own lives.

“In the US, sex workers face discrimination when trying to access various types of funding. Sex workers often are not often seen as experts in their own lives, or [are] not taken seriously as service providers.”

NEW MOON NETWORK, UNITED STATES OF AMERICA

As a result, sex worker-led organisations are seldom chosen as direct recipients of government HIV funding, even when they meet eligibility requirements. More often, funds are given to larger, non-community-led organisations or institutions that may claim to work with sex workers, but which do not represent them.

“The main barrier we face as trans sex workers is the monopolisation of resources. Funding is received and redirected to benefit the same organisations as always, leaving trans sex workers unprotected and more vulnerable. It is well known that we don’t receive benefits at the national, municipal, or departmental levels.”

ZONA ROJA PY, PARAGUAY

Logistical and Bureaucratic Barriers

Another challenge for sex worker-led organisations in accessing state funding is bureaucratic barriers and requirements which favour larger organisations with greater capacity and resources. These can include requirements for formal registration and organisational bank accounts, but may also extend to time and resources (both human and financial) needed to apply. Fundamentally, government funding mechanisms are not designed to include sex worker-led organisations as partners and implementers.

“There is often no [government] funding that is designed at all to be given to sex worker-led organisations. Accessing funding for sex worker-led organisations has a very high threshold that [requires] a lot of personal resources by the individuals applying for the funding.”

HYDRA, GERMANY

Sex worker-organisations who do manage to receive state funds may find that they are unable to comply with the rules and conditions for their implementation, which are not adapted to sex workers' realities.

“When we received an HIV mini-grant focused on ‘non-traditional HIV partners,’ we nearly lost it because of the requirements that do not fit our community (insurance barriers and discrimination [which meant we couldn’t comply], or things like wanting documentation that creates barriers to participation).”

DECRIMSEXWORKCA COALITION, UNITED STATES OF AMERICA

Lack of Political Will

Transforming state HIV funding mechanisms requires significant political effort and institutional commitment. While some sex worker-led organisations have successfully cooperated with public health bodies, resistance and lack of political will remain the norm.

This challenge has been exacerbated by the rising influence of anti-rights movements at the global and national levels, which actively oppose sexual and reproductive health and rights (SRHR), gender equality, and the rights of key populations.

This challenge has been exacerbated by the rising influence of anti-rights movements at the global and national levels, which actively oppose sexual and reproductive health and rights (SRHR), gender equality, and the rights of key populations. In Uganda, for example, U.S.-based anti-rights groups have channelled tens of millions of dollars into influencing laws against SRHR and sexual and gender diversity.¹⁸ These laws have led to the closure of community-led organisations and programming, while further reducing the likelihood of sex workers' rights being upheld in the evolving HIV response. The

political and financial power of anti-rights movements far outweighs that of sex worker-led organisations, threatening to increasingly shape national HIV priorities as funding becomes scarcer.

¹⁸ Lydia Namubiru and Soita Khatondi Wepukhulu, “Exclusive: US Christian Right pours more than \$50m into Africa,” Open Democracy, 29 October 2020.

Sex Worker-Led Strategies for Sustainability and Inclusion

As global HIV funding shrinks and responsibility shifts to national governments, sex worker-led organisations are developing new strategies to safeguard services, secure resources, and sustain their work. NSWP members have identified the following strategies and plans to promote resilience within the new funding and governance landscapes.

Diversifying Funding Sources

Almost all NSWP members responding to this consultation indicated that they are seeking to diversify their funding sources. Some alternatives to major international donors include regional and national funds, private foundations, individual donors, and private sector partnerships. Sex worker-led organisations are also exploring donors that support issues beyond HIV, such as gender equality, mental health, environmental justice, and broader human rights.

“The funding cuts are a wake-up call for us to start re-thinking our sustainability plan as an organisation. We have started thinking of fundraising beyond the health and human rights fields and moving into private partnerships.”

WOMEN WITH DIGNITY, TANZANIA

Some sex worker-led organisations, including several in the region of Central and Eastern Europe and Central Asia, are also exploring social enterprise as a potential long-term strategy to sustain their programmes and operations. This approach would involve developing business models which would reinvest income for social impact, rather than profit. For sex worker-led organisations, social enterprise could function both as a form of economic empowerment, as well as a way to generate funding for community-led health programming.

Diversifying funding is essential to reduce sex worker-led organisations' reliance on single donors and strengthen their resiliency against future funding crises. However, even as donor priorities shift, and sex worker-

led organisations receive funding in different areas, it is critical to safeguard community-led HIV programming and the gains it has achieved. As part of this, domestic HIV financing systems must simultaneously be strengthened to support sex worker-led programming and ensure continuity of care.

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Alliances and Collaboration

Sex worker-led organisations are also strengthening connections to other stakeholders to improve funding prospects, safeguard service access, and secure engagement in state HIV planning. Some NSWP members noted that by forming alliances with other civil society organisations, including other key population organisations, they could gain access to additional funding opportunities and amplify their impact. Others stressed the importance of strengthening partnerships with public health institutions to ensure continuity of care.

“We deepened collaborations with local health centres, community-based organisations, and [key population]-led networks to pool resources, share referral systems, and co-deliver services where possible. This has helped sustain access to HIV prevention and treatment even with reduced funds.”

PRIDE FOR YOUTH INITIATIVE, UGANDA

Building strong relationships with government agencies and policymakers will be increasingly essential to ensure that sex workers are not left behind. NSWP members in Latin America have reported increasing their advocacy efforts to hold governments accountable for guaranteeing the right to health and allocating domestic resources for key populations. In Peru, Miluska Vida y Dignidad A.C. have increased their advocacy with the Ministry of Health to include sex workers in the National Health Strategy. In Paraguay, Zona Roja Py have partnered with local and national health institutions to ensure continued access to prevention supplies for sex workers.

“We have been carrying out political advocacy work with various Paraguayan state agencies, which in turn provide us with support from the National AIDS Programme Directorate under the Ministry of Health, providing us with prevention supplies such as condoms, lubricants, PrEP, and rapid tests.”

ZONA ROJA PY, PARAGUAY

...across all regions, NSWP members reported ongoing challenges to meaningfully engaging with governments and advocating for inclusive state HIV programming.

However, across all regions, NSWP members reported ongoing challenges to meaningfully engaging with governments and advocating for inclusive state HIV programming. This underscores the importance of building alliances and collective power to ensure that sex workers are recognised as integral partners in the development, implementation, and monitoring and evaluation of national HIV responses.

Generating Data for Accountability

NSWP members have also stressed the importance of community-led data collection to support advocacy and inform government programmes. The Latin American regional network Plataforma Latinoamericana de Personas que ejercen el Trabajo Sexual (PLAPERTS) has made community-led monitoring (CLM) a cornerstone of its work, documenting violence and other human rights violations experienced by sex workers in public healthcare settings. These findings have strengthened advocacy with governments – for example, helping Colectivo Flor de Azalea in Ecuador lobby the Ministry of Health to ensure PrEP and PEP access for sex workers.

Despite funding cuts, PLAPERTS continues to prioritise community-led monitoring, recognising its importance for demonstrating the impacts of sex worker-led HIV interventions and securing state HIV funding.

“There is a research initiative called ‘Code Red’ that was carried out in 10 countries, including Ecuador, Peru, and Panama, documenting violence, discrimination, and stigma faced by sex workers when accessing HIV care. These studies are important for us to be able to make sure that our issues stay on the agenda.”

KARINA BRAVO, REGIONAL COORDINATOR OF PLAPERTS

Community-led monitoring can also provide governments with more accurate and up-to-date data for HIV planning. Because sex workers are criminalised and marginalised, they are often difficult to reach and reluctant to participate in government surveys. This can lead to underestimates of population size and HIV prevalence – which are sometimes used to justify cuts to programming.

“While the 2022 [government] IBBS data reported a low HIV prevalence of 0.2% among sex workers (cited by the Global Fund as a rationale for reprioritisation), our own monitoring shows a rising prevalence: 0.5% in 2024 and 0.7% in the first half of 2025. This represents a 40% increase, indicating growing risk and a need for intensified, not diminished outreach.”

NGNGO, ARMENIA

UNAIDS recognises community-led monitoring as an evidence-based way to strengthen health systems and empower affected communities.

UNAIDS recognises community-led monitoring as an evidence-based way to strengthen health systems and empower affected communities.¹⁹ Data collected by sex workers should directly inform government planning, not only on population size and prevalence, but also on the structural barriers that impede access to HIV services.

Capacity-Building and Systems Strengthening

As resources become scarcer, many sex worker-led organisations are prioritising capacity-building to strengthen their technical and professional expertise. This can take the form of mentorship programmes, technical support, and peer-to-peer knowledge exchanges for building skills in areas like fundraising, governance, and finance. These investments not only reinforce community systems, but can also help ensure that sex worker-led organisations are seen as credible partners and implementers in the HIV response.

“We are trying to build [members’] capacity. We provide a kind of mentorship programme for project management – proposal writing, report writing, and financial management.”

SOE MOE AUNG, PROJECT OFFICER, ASIA PACIFIC NETWORK OF SEX WORKERS (APNSW)

Regional sex worker-led networks are also supporting their members to overcome structural barriers to funding. In the Caribbean, for example, CASW provides technical support to members to legally register their organisations and open bank accounts – laying the groundwork for future direct funding opportunities.

¹⁹ UNAIDS, 2023, “Community-led monitoring in action: Emerging evidence and good practice.”

Towards Sex-Worker Inclusive HIV Responses

As governments contend with reduced resources and greater responsibility, community-led programming must be protected as a core pillar of the HIV response. International guidelines have made it clear that sex worker- and other key population-led organisations must be meaningfully engaged in national HIV responses. Ensuring that these principles are implemented in practice will require governments to develop clear plans and budgets, including sex workers in every step.

Community Empowerment and Integration

NSWP members responding to this consultation emphasised that a sex worker-inclusive HIV response must be grounded in the principles of rights, equity, and community empowerment. Affected communities

must be meaningfully involved in all stages of programme development, implementation, and monitoring and evaluation, and community-led programming must be sustainably resourced.

Evidence shows that community empowerment reduces HIV incidence and improves health outcomes among sex workers,²⁰ and international HIV guidance consistently recognises meaningful

community involvement as essential to effective responses. As national governments take greater responsibility, it is critical that community-led services are not replaced or diluted in the name of “integration.”

Partnerships between community-led and public health systems must respect sex workers’ agency, expertise, and autonomy. Community-led clinics, outreach, and referral systems should remain autonomous while being recognised and funded by national health systems.

Integration should strengthen community-led services, promoting sex workers’ access to rights-based and non-discriminatory services, while ensuring that sex workers remain key partners in the HIV response.

Programme Design and Development

To promote sustainable and rights-based responses, sex workers must be meaningfully involved at all stages of HIV programming. This begins with meaningfully involving sex worker-led organisations in the development of national HIV sustainability “roadmaps,” and ensuring that they remain engaged throughout the process of service prioritisation, planning, implementation, and monitoring and evaluation.

“No national plan, global strategy, or health policy will be truly effective if it does not include sex workers from the beginning. Participation means decision-making power, not just consultation.”

ZONA ROJA PY, PARAGUAY

...a sex worker-inclusive HIV response must be grounded in the principles of rights, equity, and community empowerment.

20 Deanna Kerrigan et al., “Project Shikamana: community empowerment-based combination HIV prevention significantly impacts HIV incidence and care continuum outcomes among female sex workers in Iringa, Tanzania,” *Journal of Acquired Immune Deficiency Syndromes* 82, no.2 (2019): 141–148.

At the stages of planning, design, and development, this means that sex workers should be invited to formally participate in national health working groups, AIDS Councils, Country Coordinating Mechanisms (in Global Fund countries), and other decision-making bodies. In addition, sex worker communities should be consulted with to identify community needs, priorities, and barriers to service access. Sex worker-led organisations are ideally placed to conduct these consultations themselves. Consultations should not be one-off, rushed, or conducted after decisions and plans have already been made. Sex workers must be given adequate time to participate and inform outcomes.

Implementation of Services and Programming

There are numerous opportunities to integrate sex worker-led programming into national HIV responses in ways that uphold sex workers' rights and improve health outcomes. Fundamentally, sex worker-led organisations must be recognised by governments as equal implementing partners in the HIV response, and given opportunities to build their capacity and take on increasing responsibility and leadership roles. All sex workers who are employed in these systems should be compensated equitably and provided with the same employment benefits and security as other workers.

WHO and global HIV policy frameworks support approaches like differentiated service delivery (DSD) to make HIV responses more flexible and adaptive to communities' needs.²¹ National DSD policies can support the integration of sex worker-led services by allowing certain HIV services to be offered outside of state hospitals and moved into community settings, such as drop-in centres or mobile units. In addition, policies on task-shifting, or "task-sharing," which allow trained non-healthcare professionals to deliver various clinical and support services, are important opportunities to integrate sex workers.²² Task-sharing approaches can empower sex workers to provide services they already deliver to their communities, such as HIV testing, counselling, and adherence support, within national health systems.

Sex workers should also be employed to design and deliver sensitivity and awareness-raising trainings for public healthcare staff. These efforts can help reduce stigma and discrimination faced by sex workers in mainstream health settings, making them more welcoming and accessible. Sensitisation not only improves quality of care – over time, it can help transform public health systems into spaces that are more respectful and inclusive. For this to succeed, governments must commit to investing in sustained, adequate funding to operationalise sensitisation efforts and strengthen service delivery systems.

Task-sharing approaches can empower sex workers to provide services they already deliver to their communities, such as HIV testing, counselling, and adherence support, within national health systems.

21 WHO, 2021, "Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach."

22 Ibid.

Monitoring and Accountability

Sex workers must have ongoing, formal roles in the governance and oversight of HIV responses. This includes active participation in the development and implementation of monitoring and evaluation systems, including in the stage of establishing indicators and targets. UNAIDS recommends that governments increase investments in community-led monitoring as an evidence-based approach to improve service quality, efficacy, and reach. Community-led monitoring can also play a positive role in strengthening the community systems needed for a sustainable HIV response.²³ This will help ensure that programmes are informed by data that accurately reflects the realities, priorities, and needs of sex worker communities.

Sustainable Financing

In the new funding landscape, one of the most critical factors for a successful HIV response is dedicated, sustained domestic funding

allocated to the communities most affected. Community-led and community-based HIV interventions have been shown to improve health outcomes, whilst also being cost-effective²⁴ and aligning with international HIV targets and guidance. Funding for sex worker- and other key population-led services must therefore be programmed into national HIV budgets – not as one-off projects, but as core components of the response. Governments must also establish inclusive and collaborative funding

mechanisms which would allow community-led organisations to obtain state funding to deliver services to their communities.

Sex workers have reported that access to government funding mechanisms is often contingent on the political climate, with contracts withdrawn or reduced when more conservative parties take power. Ongoing criminalisation, and the rising influence of anti-rights movements, exacerbate these risks.

“In North Macedonia, the Social Democrat government started social contracting three years ago... [The national sex worker-led organisation] was receiving some money to continue outreach work and purchase condoms, do mobile HIV testing, etc. But with the government switch, these programmes are struggling... The budget was cut at least two times as the right-wing government came in. The annual funding of prevention infrastructure dropped from 46.7 million MKD in 2021, to only 21 million MKD in 2024.”

TRAJCHE JANUSHEV, EXECUTIVE DIRECTOR, SEX WORKERS' RIGHTS ADVOCACY NETWORK (SWAN)

True sustainability will require implementing measures to safeguard community-led programming from shifting political agendas. Integrating community-led services into multi-year national budgets will help reduce the risk of sudden funding cuts and allow communities to better plan, deliver, and expand their services.

Community-led and community-based HIV interventions have been shown to improve health outcomes, whilst also being cost-effective and aligning with international HIV targets and guidance.

²³ UNAIDS, 2023, “Community-led monitoring in action: Emerging evidence and good practice.”

²⁴ David Wilson, “HIV Programs for Sex Workers: Lessons and Challenges for Developing and Delivering Programs,” *PLoS Med* 12 (2015).

Recommendations

The following recommendations have been developed based on inputs from sex worker-led organisations. They can be used by national policymakers, UN agencies, international donors, and non-governmental organisations, as well as sex worker-led organisations advocating for sustainable HIV responses.

- 1 Advocate for the decriminalisation of sex work.** Decriminalisation is not only the most effective legal model for promoting sex workers' health and human rights, but it also fosters a more enabling environment for sex worker-led organisations to apply for and receive domestic HIV funding.
- 2 Fund sex worker-led organisations directly, without intermediaries.** When sex worker-led organisations can only receive funding as sub- or sub-sub grantees, they often have less say in developing, implementing, and monitoring and evaluating programmes for their communities.
- 3 Support the capacity-building of sex worker-led organisations,** including in the areas of programme management, financial management, and governance. This will help improve sex worker-led organisations' capacity to apply for different sources of HIV funding and manage programmes.
- 4 Partner and meaningfully engage with sex workers** in the development, implementation, and monitoring and evaluation of HIV prevention, testing, and treatment programmes within the public health system. Meaningful engagement is essential to ensuring that HIV programmes are accessible, effective, and efficient, which will ultimately make them more sustainable.
- 5 Invest in community-led monitoring systems** to track the efficacy and coverage of HIV responses and improve HIV services based on sex workers' lived experiences and needs. Community-led monitoring is an evidence-based approach which strengthens community systems and promotes empowerment.
- 6 Proactively invite sex workers to participate in national, regional, and global health forums and decision-making bodies.** As a population disproportionately affected by the HIV epidemic, sex workers must have an equal say in shaping the direction of the HIV response, and in making decisions which affect their own lives.
- 7 Integrate sex worker-led models for outreach and service provision into public hospitals and clinics, including as part of differentiated service delivery models and task-sharing.** Sex workers should be trained and empowered to deliver services to their communities as part of national task-sharing initiatives. HIV and other health services can also be delivered in community settings to increase their accessibility to sex workers.
- 8 Promote sensitisation of public healthcare staff to the unique circumstances and needs of sex workers.** Sensitisation trainings should be designed and conducted by sex workers themselves.
- 9 Embed community-led programming within national HIV plans and budgets,** ensuring services are safeguarded against political shifts and are provided with adequate funding for ongoing interventions.

Conclusion

As the global HIV response evolves, it has never been more important to ensure that sex worker-led organisations are adequately supported and funded. Governments and health authorities must meaningfully engage with sex workers, not only as beneficiaries, but as equal partners in shaping the HIV response. Sex worker-led programmes

provide tailored and evidence-based services that improve uptake and adherence, closing gaps left by mainstream healthcare systems – particularly in contexts of persistent stigma, discrimination, and criminalisation.

True sustainability can only be achieved when sex worker-led organisations have access to stable and adequate funding, and are given formal roles in developing, implementing, and monitoring health services for their communities.

True sustainability can only be achieved when sex worker-led organisations have access to stable and adequate funding, and are given formal roles in developing, implementing, and monitoring health services for their communities. This requires long-term political commitment and safeguards to ensure that sex worker-led programming is prioritised

within national HIV plans and budgets. At the same time, it is also essential to continue advocating for legal and policy reforms that drive the HIV epidemic among sex workers: criminalisation, stigma, and discrimination. Without communities at the centre, the HIV response will not only fall short of achieving its aims, but also risks reversing decades of progress.

The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard. The Policy briefs are the result of desk research and a global e-consultation with NSWP member organisations, including gathering in-depth information from some members.

The term 'sex workers' reflects the immense diversity within the sex worker community including but not limited to: female, male and transgender sex workers; lesbian, gay and bi-sexual sex workers; male sex workers who identify as heterosexual; sex workers living with HIV and other diseases; sex workers who use drugs; young adult sex workers (between the ages of 18 and 29 years old); documented and undocumented migrant sex workers, as well as and displaced persons and refugees; sex workers living in both urban and rural areas; disabled sex workers; and sex workers who have been detained or incarcerated.



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