



**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

COMMUNITY  
**guide**

**Universal Health  
Coverage: Putting  
the Last Mile First**





## Universal Health Coverage

Universal Health Coverage (UHC) refers to the global goal of providing all people with the healthcare they need without creating undue financial burdens on the individual. Through the ratification of the Sustainable Development Goals (SDGs) in 2015, all countries belonging to the United Nations (UN) committed themselves to UHC by 2030. While some, mostly high-income countries already have comprehensive publicly funded health systems in place to meet key aspects of UHC, many parts of the world still have extremely poor health provision and access to health services, particularly for criminalised and marginalised populations such as sex workers and other key populations.

## Challenges in planning, implementation and the erasing of key populations

In September 2019, the UN General Assembly agreed to the Political Declaration on UHC, which included important provisions on equity and non-discrimination including ensuring that “no one is left behind”. This should have offered an important strategic opportunity for meaningful engagement with sex workers to ensure that healthcare services are truly inclusive and appropriate to their needs, and to advocate again for the repeal of the criminalisation and other legal oppression of sex work. However, the failure to identify key populations by name as well to recognise the far-reaching impact criminalisation on sex workers and other key populations, including on their access to health care, has raised serious concerns. Little provision was made for community involvement in achieving UHC; there was a failure to reaffirm health as a human right, as well as an absence of specific financial commitments by governments.

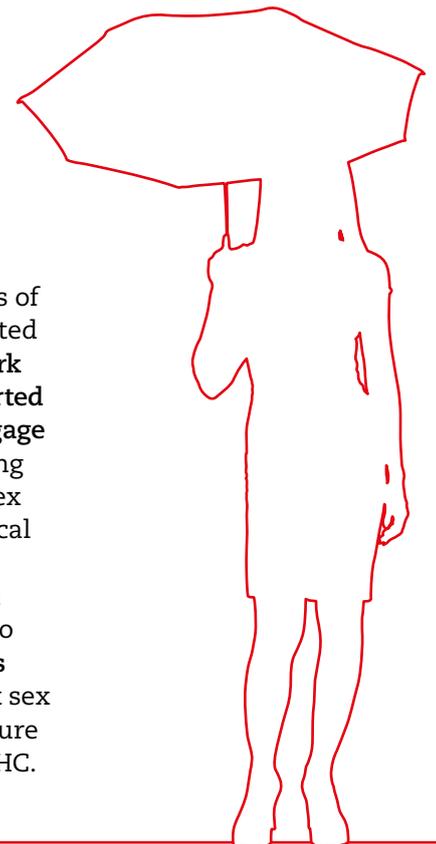
## Implications of UHC for sex workers

To better understand the implications of UHC for sex workers, research was conducted by NSWP on the current experiences of sex workers with UHC at the country-level. The findings of the consultation are detailed in the Briefing Paper that accompanies this Community Guide.

Overall, the research shows that **sex workers reported a lack of consultation and engagement during the implementation of UHC**, which has meant that the majority are largely unaware and uninformed of UHC in their countries. This is evident, not only in the rolling out of healthcare systems that while aspiring to offer affordable and equitable care **continue to stigmatise and discriminate against sex workers and other key populations**, but also that **sex workers feel they have little voice in addressing these challenges or pushing for change**. Sex workers shared stories of **mistreatment, a mistrust of healthcare workers, and being forced to make strategic choices to circumvent the public health system**. Subsequently, while many sex workers agreed with the concept of UHC in principle, they struggled to envisage how it could actually provide better access to healthcare without further stigmatising them.

Sex workers were clear that criminalisation directly impacts their healthcare access, regardless of whether UHC has been implemented or not. In countries **where sex work is criminalised, sex workers reported having far less opportunity to engage in discussions about UHC**, resulting in continued access challenges. Sex workers also reported that technical issues such as the introduction of health insurance as a mechanism of UHC has created new barriers to access. **Documentation challenges** were also problematic for migrant sex workers, some of whom were unsure if or how they were included in UHC.

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While there were examples of how sex worker-led organisations have engaged and pushed for better representation, sex workers overall reported a generally negative experience with UHC. Therefore, while **sex workers recognised the opportunities and benefits that UHC could bring if developed and implemented in accordance with their needs and based on their meaningful involvement**, the fact that sex workers are still saying that they are not listened to, and face continuing stigmatisation and violence within the healthcare system begs the question of *when* and *how* will their voices count?

UHC will not be achieved unless the legal, political and social determinants of health are addressed, and health equity is achieved. It is **vital that UHC takes a human rights-based approach**, that it ensures equitable access to health services for all and that it proactively includes the voices and needs of those who have been traditionally underserved. Sex workers and other key populations urgently need their allies in the UN system, in government, and in broader civil society to **speak-up loudly to support the call as articulated in the Political Declaration to “to reach the furthest behind first”** in national-level UHC negotiations and implementation.

## Recommendations:

### To international human rights and health bodies and to national governments

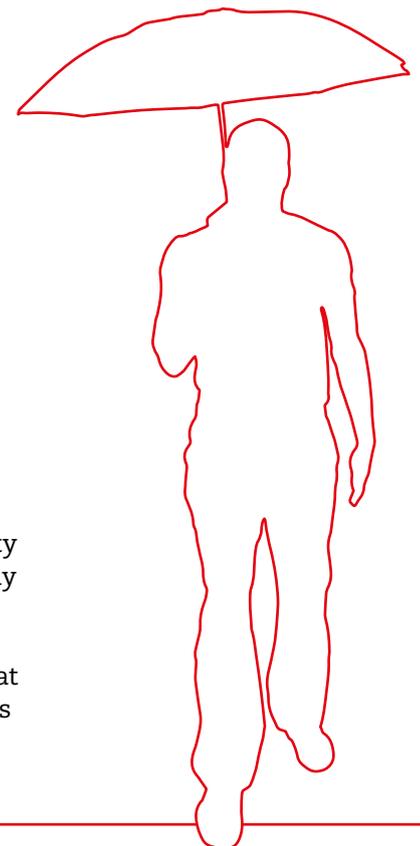
The following demands should be included in all UHC international and national-level documents and frameworks by no later than the 2023 High-level meeting on UHC:

- A public commitment to the decriminalisation of sex work and other key populations, including the decriminalisation of HIV transmission, exposure and non-disclosure
- A clear re-affirmation that the legal and structural barriers to health, including punitive laws, policies and practices, violence, stigma and discrimination must be addressed in a rights-based approach
- A commitment to invest in sex worker and other key population-led health services, including technical and financial support and capacity-building
- The inclusion of key HIV and sexual and reproductive health rights in the UHC benefit package, including prevention services and community-led services, with effective targeting of HIV services by and for key populations and people living with HIV
- A commitment that sex workers and other key populations will be meaningfully involved in the planning of national health responses, in the discussions where UHC “care packages” are decided, and in the monitoring of the UHC response to ensure governments are held to account.

### To sex worker-led organisations

- Learn about UHC and advocate for the inclusion of sex workers
- Become involved in national planning processes on UHC and ensure that sex workers are meaningfully involved and represented in these forums
- Join forces with other civil society groups locally and internationally that advocate for health equity and a human rights-based approach to UHC, and ensure that sex workers’ voices and demands are included in such processes.

**It is vital that UHC takes a human rights-based approach, that it ensures equitable access to health services for all and that it proactively includes the voices and needs of those who have been traditionally underserved.**



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 by using Global and Regional Consultants as well as National Key Informants.

Community Guides aim to provide simple summaries of NSWSP's Briefing Papers, further detail and references can be found in the accompanying Briefing Paper.

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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PROJECT SUPPORTED BY:



NSWSP is an alliance partner of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much-needed HIV and health services. Go to: [www.hivgaps.org](http://www.hivgaps.org) for more information.

