

Services for sex workers

Resource kit for high-impact programming

This Guidance Note is part of the resource kit for high-impact programming that provides simple, concise and practical guidance on key areas of the AIDS response. The resource kit is jointly developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The resource kit can be accessed at <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>.

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The development of this Guidance Note was led by the United Nations Population Fund (UNFPA) in collaboration with the UNAIDS Secretariat. This Guidance Note provides simple, concise and practical guidance on services for sex workers. References and links to full guidance are provided in the last section of this Guidance Note.

WHAT IS NEW?

- World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva: World Health Organization; 2013 (http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/, accessed 27 July 2014).
 - UNAIDS guidance note on HIV and sex work. Geneva; Joint United Nations Programme on HIV and AIDS, 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).
 - Kerrigan D, et al. The global HIV epidemics among sex workers. Washington DC: The World Bank; 2013(<http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf>, accessed 27 July 2014).
 - World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).
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Introduction

Sex workers have been among the populations most affected by HIV since the beginning of the epidemic more than 30 years ago. HIV prevalence is considerably higher among sex workers than in the general population. Globally, female sex workers are 13.5 times more likely to be living with HIV than all other women, including in hyperendemic countries.¹ In addition, recent data shows that lifetime prevalence of any or combined workplace violence ranged from 45% to 75% and 32% to 55% over the past year, exacerbating their health risks, including the risk for HIV and other sexually transmitted infections (STIs).²

Studies in many countries have collected information on HIV prevalence and incidence among sex workers. In countries in West Africa, substantial proportions of new infections (10–32%) were estimated to occur as a result of sex work; in Uganda, Swaziland and Zambia, available evidence indicates that 7–11% of new infections are attributable to sex workers, their clients and clients' regular partners.³ Analysis of available data found a pooled HIV prevalence among female sex workers of 36.9% in sub-Saharan Africa, 10.9% in eastern Europe and 6.1% in Latin America.⁴ Median prevalence among male sex workers gleaned from published literature from 24 countries since 2006 is 14%.⁵ It is important to focus on the high rates of HIV infection within the sex worker population; too often, this is discounted in favour of a general population focus.

Sex workers and other marginalized populations have often been overlooked in national strategies and programmes and frequently there is a mismatch between HIV risk and vulnerability among sex workers and low national-level resourcing to reduce that risk and vulnerability. In addition, there is qualitative and anecdotal evidence of lower access to antiretroviral therapy (ART) for sex workers.

There is an urgent need for countries to recognize and respond to HIV epidemics among sex workers in all epidemic settings at the national, subnational and local levels and to focus more attention and investments on female, male and transgender sex workers.

1. Key elements

Female, male and transgender sex workers exist in all countries and often face significant risk and vulnerability to HIV. Their risk and vulnerability to HIV infection is related to social marginalization, barriers to the negotiation of consistent condom use, unsafe working

1 Kerrigan D, et al. The global HIV epidemics among sex workers. Washington DC: The World Bank; 2013 (<http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf>, accessed 27 July 2014).

2 Deering KN, et al. A systematic review of the correlates of violence against sex workers. *Am J Public Health*. 2014;104(5):e42-54. doi:10.2105/AJPH.2014.301909.

3 Gouws E, et al. Focusing the HIV response through estimating the major modes of HIV transmission: a multi-country analysis. *Sex Transm Infect*. 2012;88(Suppl 2):i76-i85. doi:10.1136/sextrans-2012-050719.

4 Kerrigan D, et al. The global HIV epidemics among sex workers. Washington DC: The World Bank; 2013 (<http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf>, accessed 27 July 2014).

5 Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013 (<http://www.unaids.org/en/resources/campaigns/globalreport2013/globalreport/>, accessed 27 July 2014).

conditions, arrest and detention in closed settings and continuing stigma, discrimination and punitive laws, policies and practices. High rates of gender-based violence including rape and forced sex, as well as alcohol and drug use in some settings further exacerbate HIV vulnerability and risk. The decriminalization of sex work is key to changing the course of the HIV epidemics among sex workers⁶ and in countries as a whole.

Lack of access to essential HIV and other health services further increases the vulnerability of sex workers and undermines efforts to respond effectively to national epidemics.

Comprehensive programmes focusing on sex work are described in several tools developed collaboratively by the Joint United Nations Programme on HIV/AIDS (UNAIDS)⁷, the Global Network of Sex Work Projects (NSWP), technical partners and civil society. Effective approaches to HIV prevention recognize the realities of sex work, enable sex workers to protect themselves from the risk of HIV transmission and empower them to have greater control over their working conditions. A three-pillared approach can be used to guide effective, evidence-informed responses to HIV and sex work.⁸

Pillar 1: Assure universal access to comprehensive HIV prevention, treatment, care and support⁹

- Comprehensive, accessible, acceptable, sustainable, high-quality and user friendly HIV prevention, treatment, care and support need to be scaled up and adapted to local contexts and individual need.
- Sex workers often move within and across national borders. Thus, a comprehensive range of services needs to be provided irrespective of one's legal status.
- Condoms and lubricants should be available, accessible and in a quantity enabling sex workers to protect themselves from HIV, other STIs and unwanted pregnancies.
- Programming for the clients of sex workers should also focus on reducing the demand for unprotected sex and encouraging clients to take responsibility for their own sexual health and that of their sexual partners.
- Care and support programmes, including social protection programmes, should be available for sex workers (as well as for all other people living with or affected by HIV).

6 World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).

7 Throughout this document, UNAIDS refers to the Joint United Nations Programme on HIV/AIDS (that is, the UNAIDS Secretariat and all of the Cosponsors).

8 UNAIDS guidance note on HIV and sex work. Geneva; Joint United Nations Programme on HIV and AIDS, 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).

9 Universal access to HIV prevention, treatment, care and support was formally endorsed in the 2006 Political Declaration on HIV/AIDS.

Pillar 2: Build supportive environments, and strengthen partnerships and economic empowerment of sex workers

- Central to building supportive environments is placing community empowerment at the heart of a human rights–based approach to HIV and sex work. Sex workers themselves should lead community empowerment processes, since they know best how to identify their priorities as well as the context-appropriate strategies to promote their health and well-being. Programmatic efforts should facilitate and enable community empowerment for sex workers, including:
 - mechanisms and systems to permit mutual assistance among sex workers;
 - a collective process that facilitates addressing collective needs in a supportive environment;
 - supporting the establishment and capacity strengthening of community-led sex worker organizations and networks;
 - meaningful participation by sex workers in all aspects of programme design, implementation, management and evaluation;
 - providing money and resources directly to sex worker organizations and communities, which become responsible for determining priorities, activities, staffing and the nature and content of service provision.
- Strengthening partnerships among sex worker communities, government, civil society and local allies is also a critical component of community empowerment.
- Health, police, judiciary, social services, the business community and other parts of civil society should work in partnership with sex worker–led organizations and networks to promote and protect their human rights and address harmful gender norms and related gender inequality and violence directed at sex workers to remove barriers to their full participation, to reduce stigma and discrimination and to jointly reduce HIV risk and vulnerability.
- Economic empowerment for sex workers is essential; sex workers should be able to make informed decisions and have choices in their lives to the same degree as other informal workers, with the right to a bank account, to inherit and to own property, for instance.

Pillar 3: Reduce vulnerability and address structural issues, including enabling legal and policy environments

The UNAIDS 2011–2015 Strategy, *Getting to zero*, calls for reducing by 50% the number of countries with punitive laws and practices pertaining to HIV transmission and sex work. The UNAIDS guidance note on HIV and sex work, updated in 2012, and the Global Commission on HIV and the Law provide recommendations and suggest approaches for action. Key action steps include:

- Formally recognizing sex work as work and sex workers as informal workers.

- Concrete steps towards the decriminalization of sex work and the elimination of the unjust application of noncriminal laws and regulations against sex workers.¹⁰
- The establishment of antidiscrimination and other rights-respecting laws to protect against discrimination and violence and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS.¹¹
- The development and implementation of occupational health and safety standards that make sex work safer.
- Alignment of city and municipal laws and policies, in addition to country-level action, with these key action steps.
- Addressing the gender inequality and harmful cultural values that increase HIV vulnerability among sex workers, including the children of sex workers.

Issues of poverty, gender-based violence towards all women, men and transgender sex workers, social exclusion, the consequences of irregular migration and mobility and sex work in humanitarian settings and fragile contexts all need to be addressed. Sex workers need to be included in structural responses to these complex issues and should be accorded the same rights of access as all other individuals before the state.

2. Focus populations

The population of sex workers at risk for HIV includes female, male and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services either regularly or occasionally.¹² Sex work occurs in towns and villages, in capital cities, along highways, in seaports, around mines and infrastructural development sites, in refugee camps, homes, petrol stations, brothels, bars, massage parlours, saunas, hairdressers and on streets and roadsides.

Sex work may vary in the degree to which it is more or less formal or organized, and in the degree to which it is distinct from other social and sexual relationships and types of sexual-economic exchanges. Where sex work is organized, controllers and managers generally act as clearly defined, power-holding intermediaries between the sex worker and client, and often between both and the local authorities. Self-employed sex workers usually find their clients

10 World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).

11 World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).

12 UNAIDS guidance note on HIV and sex work. Geneva; Joint United Nations Programme on HIV and AIDS, 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).

through independent means, increasingly through mobile telephones and the internet, and may be recruited or excluded from settings where an organized system is in place.¹³

3. Data requirements

To develop appropriate and focused responses, it is important to know your epidemic and your response. Data on sex work and women, men and transgender sex workers is often limited and, where it exists, it is subject to interpretation. However, there are several means available to obtain strategic information on HIV and sex workers.

As summarized in the 2013 global report on the AIDS epidemic, dozens of countries have reported key data regarding sex workers including the estimated size of the sex worker population, the percentage of sex workers reporting condom use the last time they had sex and the percentage of sex workers who are living with HIV.¹⁴ Evidence provided by countries through the Global AIDS Response Progress Report (GARPR), which frequently includes estimates for HIV prevention coverage among sex workers, has sometimes not been consistent with reports from sex workers themselves, who report inadequate access to HIV prevention information, condoms and lubricants. The monitoring of HIV spending patterns has consistently found extremely low funding for HIV programmes for sex workers and other key populations, especially in light of their disproportionate HIV burden.¹⁵

Countries should undertake situational analyses that capture the context for sex work as well as the HIV risks and burdens experienced by sex workers. This analytical exercise needs to address the heterogeneity of sex work in terms of gender; age, education, family structure and ethnicity; the type of sex work and sex work settings and locations (urban/city and municipality/rural/remote); service availability, affordability and access; legal environment; gender-based violence; police harassment; attitudes of health-care providers; and migration and mobility. In all data collection processes, it is important to make use of the experience and technical expertise of sex workers ensuring their meaningful involvement in designing, planning, implementing, monitoring and evaluating programmes that affect their lives.

Men and transgender sex workers are often included in data on HIV prevalence and incidence pertaining to men who have sex with men. To obtain a clear understanding of these populations, national and subnational situation analyses should take steps to disaggregate epidemiological data for men and transgender sex workers from data for men who have sex with men.

13 UNAIDS guidance note on HIV and sex work. Geneva: Joint United Nations Programme on HIV and AIDS, 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).

14 Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013, pp A48-A50 (<http://www.unaids.org/en/resources/campaigns/globalreport2013/globalreport/>, accessed 27 July 2014).

15 Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013 (<http://www.unaids.org/en/resources/campaigns/globalreport2013/globalreport/>, accessed 27 July 2014).

Data availability is essential to programme design and will be needed to justify the selection of an intervention, for the analysis of gaps and in setting targets. In countries where pertinent data are either unavailable or insufficient, national responses should include clear, concrete plans to strengthen data collection and analysis with respect to sex workers. Some of the key information that might be required is outlined below.

Epidemiology

Epidemiological data should be disaggregated between women, men and transgender sex workers and by the type of sex work setting, and include the following:

- HIV/STI/tuberculosis (TB) prevalence among sex workers;
- proportion or number of new infections among sex workers including the incidence of HIV among sex workers and the incidence of TB among sex workers;
- size estimates of sex workers including the estimated number of sex workers, the estimated number of sex workers living with HIV and the estimated number of sex workers who inject drugs;
- factors associated with HIV transmission including reports or prevalence of sexual risk behaviours, reports or prevalence of risk behaviours linked to injecting drug use and any underlying factors of vulnerability including societal norms and religious contexts which increase stigma and hinder health-seeking behaviours and access to services;
- mortality rates including HIV-related mortality and TB-related mortality;
- geographic analysis (to assess geographic variation in the size of sex worker populations and HIV burden);
- prevalence of sexual and physical violence by non-partners, including state actors such as police.

Legal, policy and social environments

Data here include the following:

- the existence of laws, regulations or policies that present barriers to effective HIV prevention, treatment, care and support for sex workers;
- the existence of nondiscrimination laws or regulations that specify protections for sex workers;
- sex workers' access to legal services;
- prevailing social norms and practices that increase sex workers risk of HIV infection and violence;
- the number of police sensitized on the rights of sex workers, including violence.

Programmatic

The following data are related to programmes specifically for sex workers.

National targets. Setting clear, achievable but ambitious targets specific to sex workers plays a critical role in planning for the scale up of focused interventions.

City and municipal level targets. A key locations approach at the local level is critical to changing the course of the HIV epidemic among key populations. Local governments and officials have the power to support or block human rights-based and evidence-informed responses and, therefore, are important partners.

Current coverage

Data here include the following:

- the percentage of women, men and transgender sex workers reached by HIV and STI prevention services including male and female condom programming during the last 12 months;
- the percentage of sex workers with an unknown or negative HIV status receiving voluntary counselling and testing (VCT), hepatitis B vaccinations, post-exposure prophylaxis, prevention of vertical transmission (also called PMTCT) services, TB screening and TB treatment during the last 12 months;
- the percentage of sex workers living with HIV receiving ART during the last 12 months;
- the percentage of sex workers who inject drugs reached by needle-syringe programmes (NSPs) and opioid substitution therapy (OST) during the last 12 months;
- the percentage of sex workers with full access to HIV prevention, treatment, care and support in rural and remote areas;
- the percentage of sex workers with full access to HIV prevention, treatment, care and support in urban areas (i.e. cities and municipalities);
- identification of geographic areas where the unmet need for HIV services among sex workers is greatest.

Service providers

The following information related to service providers should be gathered:

- programmes on HIV/STI/TB/PMTCT/sexual and reproductive health and rights/ prevention and management of violence/harm reduction available for women, men and transgender sex workers;
- the number and location of sites with nonstigmatizing, accessible and affordable quality services for sex workers;
- the costs of accessing services;

- human resources providing services and their capacities in reaching out to or receiving sex workers;
- service hours that are routine and dependable and which suit clients' lifestyles;
- sex worker-led services;
- sex worker community involvement in service development, promotion, delivery, monitoring and evaluation;
- the steps taken to ensure that law enforcement activities do not interfere with sex worker or sex worker clients accessing services.

Community empowerment

The following information related to community empowerment should be gathered:

- the number of sex worker-led organizations established;
- the number of sex worker-led organizations receiving funding;
- the number of sex worker-led organizations engaged in the governance mechanisms of the AIDS response;
- the number of funded sex worker-led services;
- the number of reported cases of police harassment and the number of arrests of sex workers;
- the number of cases of human rights violations against sex workers presented to the court and/or taken up by national human rights institutions;
- the number of sex workers living with HIV receiving HIV treatment, care and support.

Financial

In terms of financing, it is important to understand the costs of interventions, calculated as an overall total and by unit of service delivery. Data here include the following:

- the number of financially supported sex worker-led organizations and networks;
- the costs for equipment and supplies (including, for example, laboratory tests, medications, condoms, lubricants, VCT, post-exposure prophylaxis, abortion and post-abortion care, contraception and family planning, the management of STIs and hepatitis B);
- the costs for community empowerment activities (i.e. meeting space, salaried staff from the sex worker community, salaries for other staff supporting sex worker project management, operating costs for organizations and networks, advocacy-related costs, travel costs, meeting costs, South-South exchange costs, learning centres and education and training for all programmes);
- the costs for monitoring and evaluation activities;
- the human resource-related costs for non-sex worker-led services.

It is also necessary to understand the funding available for programmes and the sources for such funding, including the following:

- human and financial resources related to health services;
- equipment for the provision of health services;
- resources for HIV and TB programmes;

- resources allocated to services for sex workers from HIV and TB programmes through ministries of health;
- resources for sex workers provided through nongovernmental organizations (NGOs) and community services.

4. Implementation challenges

In many countries, laws, policies, discriminatory practices and stigmatizing social attitudes drive sex work underground, impeding efforts to reach sex workers and their clients with HIV prevention, treatment, care and support services and programmes.

Legal frameworks

Despite the fact that there is little or no evidence to support the contention that criminal sanctions will curtail sex work, selling sex, buying sex and/or many of the activities that surround it are illegal in most countries rendering rational, effective community-based responses hard to implement. Criminalization, however, in and of itself should not be viewed as a prohibiting factor to effective responses to HIV and sex work. Substantial progress has been achieved in many countries where one or more aspects of sex work are subject to criminal penalties.

Political environment

In a world of competing priorities, it can be challenging to persuade ministries, parliamentarians and other decision-makers to allocate meaningful financial and programmatic resources towards evidence- and rights-based programmes that address the needs of sex workers. By definition, marginalized people are always low on national priorities given that they are also usually poor and often disenfranchised as voters. In addition, the weight of popular opinion in the press and public debate is frequently opposed to sex work on religious or moral grounds, requiring political leaders to demonstrate courage in educating their constituents about the importance of such investments.

Stigma and discrimination

Institutionalized stigma and discrimination against sex workers is an unfortunate reality in many countries. For example, health services ostensibly available to the general population are often effectively beyond the reach of sex workers due to the stigmatizing attitudes and discriminatory practices of many health workers. Similarly, sex workers and their families have fewer choices regarding education and employment than their non-sex-working peers, given that sex workers are often effectively excluded from opportunities in their broader communities. Moreover, in some instances, the very institutions charged with protecting the general public are the perpetrators of violence against sex workers, leaving sex workers without meaningful recourse to justice or protection by law enforcement officials.

Funding

National strategic AIDS plans often fail to provide funding for sex work projects, even in countries where sex workers have the highest HIV prevalence of any population. A limited number of international donors provide the vast majority of funding for HIV programmes for sex workers.

It is important to note that the the Global Fund to Fight AIDS, Tuberculosis and Malaria's (the Global Fund) New Funding Model offers considerable potential for focused programming informed by the meaningful participation of sex workers in country-level decision-making. In-country partners face an unprecedented opportunity to increase resources for HIV services that meet community needs and remove some of the taboos around funding HIV programmes that cover issues of sex and sexuality.

Migration and mobility

The high mobility of sex workers may reduce their access to services. Where sex workers live in one country but are nationals of another or are not registered in a particular locale, they are often unable to access ART, health care, legal or other support services. Even in circumstances where sex work is not criminalized or penalised, language barriers often preclude meaningful access to health, social and legal services. In addition, irregular migrant status places sex workers in fear of arrest and deportation, further reducing the likelihood that sex workers will seek services.

5. Main activities

An effective response for women, men and transgender sex workers requires a comprehensive service package including critical enablers that enhance the reach and impact of interventions. Examples of specific programmes and activities to support and scale up the prevention of and treatment for HIV and other STIs for sex workers are described in this section.¹⁶

It is important to note that care, support and social protection services are also of major importance.

Community empowerment

The process of community empowerment represents a paradigm shift, from an understanding of sex workers as recipients of services to the implementation of diverse approaches to promote the self-determination of sex worker communities. Community empowerment enables sex workers to collectively exercise their rights, be recognized as authorities and function as equal partners in the planning, implementation and monitoring of services.

Activities that contribute to community empowerment include:

- Developing and strengthening collectives (sex worker-led organizations and networks), enabling sex workers to organize themselves together and jointly decide on priorities, agreeing on a group process for making decisions and agreeing on a common set of rules for the group.
- Supporting capacity building and mentoring of sex workers to enable them to participate in all levels of a programme, including development, implementation, monitoring and reporting, financial management, communication and fundraising.
- Training local sex workers as paralegals to enhance their understanding of local and national laws that affect sex work and the human rights of sex workers and to educate other sex workers about their rights.
- Strengthening the management and capacity of sex worker organizations (community systems strengthening) to ensure vibrant membership, increasing financial independence, greater political power and wider social engagement.
- Investing time and resources into building leadership among sex workers through their involvement in trainings, conferences, project design, implementation, evaluation, research and fundraising activities and their participation in the wider sex worker rights movement.
- Ensuring that HIV programmes take affirmative steps to promote the universality of human rights for sex workers.
- Ensuring that sex workers are accorded the same rights to safe and fair working conditions as all other informal workers with skills training and education for life, access to bank

¹⁶ World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).

accounts and fair credit programmes and the potential to support their families and plan for their future.

- Supporting the sex workers–led movement to operate in solidarity with other social movements.

Figure 1.1

Key elements of community empowerment among sex workers



Source: WHO, UNFPA, UNAIDS, NSWP, World Bank, Geneva, 2013.¹⁷

¹⁷ World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva: World Health Organization; 2013 (http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/, accessed 27 July 2014).

Addressing violence against sex workers

Sex workers face high levels of violence, stigma, discrimination and other human rights violations, all of which are associated with an inconsistent or lack of condom use, increased risk of STIs and HIV infection and limited access to HIV information and services. Violence, including gender-based violence, may be perpetrated by clients, controllers, managers of sex work establishments, law enforcement officers and other government officials, intimate partners, families, neighbours, partners and work colleagues. Sex workers are sometimes coerced into providing sex to police in exchange for freedom from detainment, arrest and fines. Forced alcohol consumption in the workplace and/or the client's misuse of alcohol may also lead to violence.¹⁸

The following activities are essential to address violence against sex workers:

- Carrying out public campaigns to highlight sex work as work and advocating for changes to laws and policies that criminalize sex work and administrative laws that are used to harass and abuse sex workers.
- Advocacy among law enforcement (police) and judiciary not to perpetrate or condone violence against sex workers and put into place procedures that discipline law enforcement agents and judiciary in case of violence against sex workers.
- Highlighting the issue of violence against sex workers on specific international and national days and in campaigns relevant to HIV, sex work, gender-based violence and human rights.
- Building partnerships and networks between sex workers and organizations working on human rights and HIV to carry out joint advocacy efforts.
- Supporting collective action by sex workers to demand redress for the violence they face.
- Building programme managers' understanding of laws affecting sex workers' rights.
- Training and sensitizing sex workers about sex work-related laws, their human rights and how to access justice, as well as documenting human rights abuses and offering counselling support to those who have been subject to violence whether they choose to officially report incidents of abuse or not.
- Fostering police accountability through sensitization workshops that raise the awareness of laws related to sex work and sex workers' rights, and brokering meetings between sex work organizations/networks and police as well as with high-level government officials responsible for law enforcement to reduce police harassment of sex workers and community outreach workers.
- Building institutional accountability with police to uphold the rights of sex workers (e.g. by forbidding police officers from obstructing HIV prevention programmes).
- Providing health, psychosocial, legal and other support services to sex workers who experience violence.
- Training health-care providers in addressing violence against sex workers.

¹⁸ UNAIDS guidance note on HIV and sex work. Geneva; Joint United Nations Programme on HIV and AIDS, 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).

Community-led services

Community-led services, in which sex workers take the lead in delivering outreach and overseeing HIV prevention programming, aim to increase the affordability and accessibility of services and strengthen linkages between NGOs, community-provided services and government services. Three of the most important community-led approaches with sex workers are community-led outreach, safe spaces (drop-in centres) and community committees and advisory groups.

Activities to establish community-led services include:

- Mapping the sex worker community and designing the outreach strategy collaboratively with sex workers including through programmatic mapping and size estimation, understanding where sex workers are and how to reach them and collecting reliable data to ensure that programmes provide acceptable and accessible services.
- Recruiting and training community outreach workers on how to implement outreach and linking to services.
- Fostering leadership opportunities for community outreach workers through training, mentoring, constructive feedback and remuneration, as well as by offering them opportunities to learn new skills and apply their experience through the programme and in their communities.
- Establishing safe spaces (drop-in centres) to provide community members with a comfortable place to relax, rest, get information and interact with each other and with the programme;
- Establishing community committees as a forum for members of the community to bring important issues, problems and solutions to the attention of the programme staff on a routine basis.

Condom and lubricant programming

Condoms remain the most effective tool to prevent HIV transmission among sex workers. Successful condom programming requires that sex workers have stable, ongoing and adequate supplies of high-quality condoms and lubricant that are acceptable to them in material, design and pricing. Sex workers must obtain accurate, periodically reinforced information and counselling to minimize barriers to condom use and to build skills to correctly and consistently use condoms both with clients and with partners.

Implementation of high-quality condom programming with sex workers requires the following:

- Establishing accessible male and female condom and lubricant supplies for sex workers. This includes accurately forecasting supply needs for condoms and lubricants; conducting market research to understand sex workers' condom preferences including sizes, colours, flavours, etc.; defining the procurement plan and ensuring that sufficient funding is

available for needed orders; placing condom and lubricant orders on a timely basis to secure an uninterrupted supply of products; consulting with sex workers to plan condom distribution points that meet their needs; regularly monitoring central condom and lubricant stocks to ensure timely ordering and to avoid stock-outs and requesting feedback on condom product needs and the distribution system and making adjustments accordingly.

- Undertaking the multilevel promotion of male and female condoms and lubricants. This includes building the capacity of NGOs and community-led networks and organizations of sex workers to undertake community-driven promotional strategies; destigmatizing condoms through promotional efforts among the general population, including through talk shows and radio programmes, or through condom cartoons in popular newspapers, as well as through high-level, well-publicized political support for condom use; working with the community to develop tailored behaviour change interventions for correct and consistent condom and lubricant use; providing additional commodities and training supplies to local organizations as needed including dental dams, gloves, penis models, pelvic models, etc.; and training health-care workers and counsellors to provide condom demonstrations and skills-building information sessions.
- Creating an enabling environment for condom programming. This includes ensuring that condoms are widely available through condom outlets or machines in locations where sex is sold; training local police to promote and protect the human rights of sex workers and providing them with HIV/STI prevention knowledge, including the need for condom promotion and distribution; providing community outreach workers with identification cards signed by local police authorities to reduce their risk of harassment while they conduct outreach work; and implementing workplace-based programmes with clients of sex workers focused on sexual health including the reduction of the demand for unprotected paid sex.

Condom programming requires a partnership between the national government, local governments, local NGOs and sex worker-led organizations among others. The meaningful involvement of and leadership from the sex worker community are essential to programme success.

Clinical and support services

Increasing sex workers' access to and utilization of clinical and support services are key components of HIV prevention. Such services include:

- Voluntary HIV testing and counselling (HTC). Voluntary HTC may be more acceptable to sex workers when such services are administered by a peer rather than a counsellor. Recent evidence indicates that HIV rapid tests are being used for self-testing by sex workers and their clients in an increasing number of countries, although any person who tests HIV-positive on the basis of a self-test should be informed of the need for confirmation testing at an HTC site, health facility or laboratory. Every person who tests HIV-positive should be offered respectful, acceptable and high-quality care, treatment and support.

- ART and treatment literacy. Antiretroviral therapy is recommended for all HIV-positive individuals with a CD4 count ≤ 500 cells/mm. Since treatment of HIV and other conditions such as hepatitis are continually changing, sex workers need to remain up-to-date with recent developments to inform their decisions and promote their engagement in their treatment.
- Pre-exposure prophylaxis (PrEP). Adherence to PrEP is key to its effectiveness as a prevention strategy. In 2012, the World Health Organization (WHO) issued guidelines on PrEP for HIV serodiscordant couples, as well as men and transgender women who have sex with men at high risk of HIV. The WHO guidelines encourage countries wishing to introduce PrEP among recommended groups to consider demonstration projects to ascertain the acceptability and how best to deliver PrEP safely and effectively. The critical element of any programme promoting PrEP is that sex workers become fully engaged and aware that the intervention is voluntary.
- TB services. The 2012 WHO TB/HIV policy recommends a 12-point package of collaborative TB/HIV activities. The package aims to establish and strengthen mechanisms for delivering integrated TB and HIV services, and to reduce the burden of TB among those living with HIV. Key services (known as the ‘Three I’s for HIV/TB’) include intensified case finding, isoniazid preventive therapy and infection control.
- Services for sex workers who inject drugs. Sex workers who inject drugs should have full access to a comprehensive package of integrated HIV prevention, support, treatment and care services including OST, access to NSPs, hepatitis B vaccination and support and voluntary treatment for drug dependence should they desire it.
- STI services. The basic STI service package includes syndromic case management, screening and treatment of asymptomatic STIs, syphilis screening, gonorrhoea and chlamydia screening, routine STI check-ups, referrals to voluntary HTC and linkages and integration of the STI service package with HIV, sexual and reproductive health services and primary care when appropriate and feasible.
- Sexual and reproductive health services. These include services related to family planning and contraceptive counselling, safe pregnancy, abortion and post-abortion care, reproductive tract cancer screening (e.g. cervical, anorectal and prostatic cancers) and counselling regarding hormone use and referral to other gender enhancement practices for transgender sex workers.

Programme management and organizational capacity building

The guidelines Implementing comprehensive HIV/STI programmes with sex workers, produced jointly by WHO, UNAIDS, UNFPA, NSWP and The World Bank, provide guidance on establishing a management system for HIV and STI prevention and care programmes.

Addressing laws, law enforcement practices and policies that form major barriers to universal access

In order to address the challenges posed by laws, law enforcement practices and policies against universal access for sex workers, the Global Commission on HIV and the Law has recommended that countries take the following actions:

- repeal laws that prohibit consenting adults from buying or selling sex, as well as laws that otherwise prohibit commercial sex, such as laws against immoral earnings, living off the earnings of prostitution and brothel keeping;
- take complementary legal measures to ensure safe working conditions for sex workers;
- stop police harassment and violence against sex workers;
- prohibit mandatory HIV and STI testing of sex workers;
- ensure that the enforcement of anti-human-trafficking laws is carefully targeted to punish those who use force, dishonesty or coercion to procure people into commercial sex, or who abuse migrant sex workers through debt bondage, violence or by deprivation of liberty;
- use anti-human-trafficking laws to prohibit sexual exploitation and not against adults involved in consensual sex work;
- enforce laws against all forms of child sexual abuse and sexual exploitation, clearly differentiating such crimes from consensual adult sex work;
- ensure that existing civil and administrative offences, such as loitering without purpose, public nuisance and public morality, are not used to penalize sex workers and that administrative laws, such as move on powers, are not used to harass sex workers;
- close all compulsory detention or so-called rehabilitation centres for people involved in sex work or for children who have been sexually exploited;
- repeal punitive conditions in official development assistance that inhibit sex workers' access to HIV services or their ability to form organizations in their own interests;
- take decisive action to review and reform relevant international law.

Additionally, programmatic activities should aim to:

- reduce stigma and discrimination;
- provide legal services;
- reform and monitor laws relating to HIV;
- promote legal literacy (e.g. know your rights and laws campaigns);
- include issues relating to sex work in generic programmes to reduce harmful gender norms and violence against women and to increase women's legal, social and economic empowerment in the context of HIV.

6. Key indicators

To obtain accurate and high-quality data, indicators need to be carefully tailored to the countries' monitoring and evaluation systems and capacities, especially concerning outcome and impact indicators. When setting targets for service coverage as a percentage, reliable population size estimates for sex workers must be used as the denominators. To help address the known monitoring and evaluation challenges relating to sex workers, countries are also encouraged to consider:

- a clearly defined comprehensive package of services based on the information provided in this document;
- improvements to epidemiological surveillance systems where needed, and research to further expand knowledge on HIV, sex work, service coverage, impact and need;
- systems to avoid the double counting of individuals in services (such as unique identification codes).

When setting targets, it is recommended that programmes aim for high service coverage for sex workers (e.g. more than 60% being regularly reached with condoms and lubricants, and more than 75% of sex workers with an HIV status of negative or unknown having received an HIV test in the past 12 months and knowing their results). It is important to note that sex worker community validation of the data is essential.

Suggested impact, outcome and coverage indicators for HIV programmes at the subnational or national level for sex workers

Impact measures

- HIV prevalence among sex workers
- HIV incidence among sex workers
- HIV-related mortality among sex workers

Outcome measures — biological determinants

- Percentage of female and male sex workers reporting the use of a condom with their most recent client
- Percentage of sex workers reporting at least one symptom of an STI in the past 12 months

Outcome measures — contributing factors and enabling environments

- Percentage of sex workers who report experiencing at least one act of stigma in the last 12 months
- Percentage of sex workers who have experienced suboptimal service access as a result of stigma and discrimination
- Percentage of sex workers reporting physical violence within the last 12 months
- Number of sex work organizations funded in a country
- Number of sex worker-led organizations or NGOs working with sex workers
- Number of sites and locations providing services for sex workers

Coverage measures

- Percentage of sex workers with an unknown or negative HIV status that have received an HIV test in the last 12 months and who know their results
- Percentage of sex workers reached by condom promotion and distribution programmes in the past 12 months
- Percentage of sex workers reached by HIV prevention programmes¹⁹
- Percentage of sex workers screened for STIs in the past 12 months
- Percentage of sex workers currently receiving ART
- Percentage of sex workers who received prevention for opportunistic infections
- Whether or not the national monitoring and evaluation plan includes all of the components for monitoring and evaluating HIV prevention programmes for sex workers
- Percentage of sex workers known to have completed a course of hepatitis B vaccination

Funding

- Total funds expended on programmes for sex workers
- Percentage of funds provided from domestic resources
- Percentage of funds provided from international sources
- Percentage of funds directed to organizational capacity building of the different sex worker organizations

19 As defined in World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf, accessed 27 July 2014).

7. Information on cost-effectiveness

More work is needed to arrive at reliable costing data to support planning and programming for sex workers. Joint report by the World Bank, UNFPA and the Johns Hopkins School of Public Health uses an analysis of the cost-effectiveness of a community-based empowerment and comprehensive HIV prevention programme to determine costing data in four countries (i.e. Brazil, Kenya, Thailand and Ukraine).²⁰ This programme also expanded the earlier initiation of ART (CD4 < 350 cells/mm³) on trends in new HIV infections among female sex workers and the general population. The report includes further modelling on the impact of reducing violence against sex workers on new HIV infections among both sex workers and the adult general population.²¹ It concludes that empowerment-based, comprehensive HIV prevention among sex workers is cost-effective, particularly in higher prevalence settings where it becomes cost-saving.

8. Addressing gender, human rights and equity issues

Sex work is work. As such, addressing gender inequality among all women, men and transgender people has relevance to sex workers; sex workers are workers like others in the community. Sex workers are also ordinary members of the community; yet, they are subject to stigma, discrimination, arrest, incarceration, rape, violence, abuse and extortion with little recourse to justice. Given that most violence against sex workers is a manifestation of gender inequality or hostility to gender nonconformity, efforts to promote gender equality will have important benefits for sex workers.

Countries should take steps to address the specific health needs of women, men and transgender people that are relevant within and beyond the context of sex work. Sex workers often need mental health services, voluntary evidence-based treatment for drug and alcohol dependency and care and treatment for health conditions other than HIV, such as TB and hepatitis. Like other people, sex workers need access to high-quality, non-judgmental sexual and reproductive health services. Female sex workers have the right to prevent unintended pregnancies with access to contraceptive services (e.g. family planning services) and commodities and to safe abortion where it is legal; where abortion is illegal, sex workers should be informed about the risks of informal abortion methods. Sex workers should have access to appropriate post-abortion care to reduce related morbidity and mortality and to services to prevent cervical cancer. Male sex workers should have access to affordable and accessible men's health services, including those that promote anal health. Transgender sex workers have a particular need for health services related to hormonal treatment in addition to anal health care.

20 Kerrigan D, et al. The global HIV epidemics among sex workers. Washington DC: The World Bank; 2013 (<http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf>, accessed 27 July 2014).

21 It should be noted that the NSWP was unable to endorse the final report due to concerns with the modelling methodology.

9. Additional information

Linkages with other interventions including those delivered in the same package and for the same populations

Sex workers are not a homogenous group. When delivering services for sex workers, it is important to recognize that sex workers may require specific additional interventions or be referred to services offered to meet their broader needs. These may include, but are not limited to, the following:

- other health care services;
- child care services;
- the issuing of identity cards;
- literacy education;
- employment;
- accommodation.

Implementing partners

National AIDS programmes need to work in close consultation and with the robust participation of sex worker-led networks and organizations, as well as with technical partners, to ensure that comprehensive programmes are based on the best available local intelligence and to ensure that community needs are adequately addressed in programmes.

Work in this area is sometimes challenging and can be controversial in many parts of the world. Civil society organizations and in-country technical partners can provide advice on which approaches will work best depending on the context.

In keeping with this agenda, it is important to ensure care during the planning and implementation of programmes in order to secure a do no harm approach, such that the communities, particularly in countries where they are criminalized, are able to engage safely and with confidence. Partnerships should be established between sex workers, health services and law enforcement to reduce violence. It is also vital that investments reinforce community efforts and strive to ensure that sex worker communities and sex worker-led networks and organizations are at the heart of decisions from programme development through to implementation. Sex worker networks and organizations should be provided with proper training or capacity development support to effectively participate in national processes.

Technical assistance options

In addition to national and international civil society organizations, technical assistance can also be provided through a number of United Nations organizations including the United Nations Population Fund, the United Nations Development Programme, the UNAIDS Secretariat and WHO country and regional offices.

Reference materials and related tools

Asia Pacific Network of Sex Workers, United Nations Population Fund Asia-Pacific Regional Office, Joint United Nations Programme on HIV/AIDS. Building partnerships: report and recommendations from the 1st Asia and the Pacific regional consultation on HIV and sex work. Bangkok: United Nations Population Fund Asia-Pacific Regional Office and Joint United Nations Programme on HIV/AIDS; 2011 (<http://asiapacific.unfpa.org/public/pid/7491>, accessed 27 July 2014).

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The Global Fund strategy in relation to sexual orientation and gender identities. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009 (http://www.theglobalfund.org/documents/core/strategies/Core_SexualOrientationAndGenderIdentities_Strategy_en/, accessed 27 July 2014).

Inter-Agency Task Team on HIV and Young People. Guidance brief: HIV interventions for most-at-risk young people. New York: United Nations Population Fund; 2008 (<http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf>, accessed 27 July 2014).

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Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men and transgender people. Volume I for national and subnational levels. Chapel Hill: MEASURE Evaluation; 2012 (<http://www.cpc.unc.edu/measure/publications/ms-11-49a>, accessed 27 July 2014).

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UNAIDS guidance note on HIV and sex work. Geneva; Joint United Nations Programme on HIV and AIDS; 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf, accessed 27 July 2014).

UNAIDS/WHO resource kit for high-impact programming. Geneva: Joint United Nations Programme on HIV/AIDS; 2014 (<http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>, accessed 27 July 2014).

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World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva: World Health Organization; 2013 (http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/, accessed 27 July 2014).

What is new?

A package of resources is now available to support gender-responsive HIV programming,

including the following:

- UNAIDS. 2014. *The UNAIDS Gender Assessment Tool for National HIV responses* (<http://www.unaids.org/en/resources/documents/2014/name,93584,en.asp>)
- UNDP: On Course: *Mainstreaming Gender into National HIV Strategies and Plans- A Roadmap*. New York, NY: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/roadmap-on-mainstreaming-gender-into-national-hiv-strategies-and/>

- UNDP. 2014. *Checklist for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria*
- <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/checklist-for-integrating-gender-into-the-new-funding-model-of-t/>
- UNFPA and Harvard School of Public Health. 2010. *A Human Rights-Based Approach to Programming: Practical Information and Training Materials* <http://www.unfpa.org/public/op/preview/home/publications/pid/4919>
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- WHO. 2013. 16 Ideas for addressing violence against women in the context of the HIV epidemic: http://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/index.html
- Gay, J et al. *What works for women and girls: Evidence for HIV/AIDS interventions*. New York, Open Society Institute, 2010.

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