SEX WORK AND HIV IN EUROPE

ADVOCACY TOOL KIT

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INTERNATIONAL COMMITTEE ON THE RIGHTS OF SEX WORKERS IN EUROPE

ICRSE International Committee on the Rights of Sex Workers in Europe
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European Red Umbrella Academy

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RESOURCE 1:
BRIEFING PAPER

One Step Forward, Two Steps Back

Critical overview of the European context and the impact of repressive laws and policies on sex workers' vulnerabilities to HIV

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Sex workers are recognised globally as a 'key population', a term used in the HIV field to describe marginalised and criminalised communities who are at greater risk of HIV and whose involvement in HIV responses is critical to end the epidemic. International public health and human rights communities have recognised that the criminalisation of sex work, including the criminalisation of clients (known as the 'Swedish Model'), negatively impacts sex workers' health and recommend the decriminalisation of sex work and the empowerment of sex workers and their communities to lessen their vulnerabilities to violence and HIV. However, this evidence- and rights-based approach, promoted by the World Health Organisation (WHO) and Amnesty International, to name the most preeminent, have been increasingly rejected by European governments who have, over the last two decades, favoured a criminalisation approach to 'abolish prostitution'.

In 2020, the International Committee on the Rights of Sex Workers in Europe (ICRSE) developed a programme in partnership with the European Aids Treatment Group (EATG) with the financial support of Gilead Science. The 'European Red Umbrella Academy: Sex Work and HIV Training Programme' was an exciting and collaborative programme between two regional networks of sex workers and people living with HIV. The programme had two main objectives:

1. Strengthening partnerships between sex workers and HIV activists, and
2. Building their capacities to advocate for the inclusion of sex workers in HIV and public health responses at the national and international level through the development of several resources such as briefing papers and videos.

A few days after announcing the call for participants for the core training of the programme, the WHO declared the coronavirus outbreak a public health emergency of international concern. A few weeks later, lockdowns, curfews, and border closures were implemented across Europe to contain the virus. Sex workers were suddenly left without income and many health services shut down, making it necessary for sex worker-led organisations to provide round-the-clock emergency support.

Sex workers and their organisations, including regional and global networks such as ICRSE and the Global Network of Sex Work Projects (NSWP), advocated for the inclusion of sex workers in COVID-19 responses, much in the

same way that our organisations have historically called for the inclusion of sex workers in HIV responses. More than a year into the pandemic, very few countries have realised the critical necessity to work in partnership with sex workers and their organisations to end the COVID-19 pandemic, even though the Joint United Nations Programme on HIV/AIDS (UNAIDS) called for the inclusion of community-led organisations in the response to COVID-19. **(1)** Whilst some countries in Europe have moved in the right direction by recognising the role of sex worker-led organisations and providing them with support, the vast majority of countries not only continue to refuse to engage with community-led organisations but also propose a further criminalisation of sex work, increased policing, and even the deportation of migrant sex workers. Meanwhile, many sex workers, left out of economic or social measures, continue to work—often at greater risk, of both COVID-19 and HIV, for themselves and their communities. **(2, 3)**

In light of the pandemic, ICRSE had to adapt its work, including the Red Umbrella Academy programme, and is publishing a series of resources on 'Sex Work and HIV Prevention'. These resources, available as a tool kit or as separate documents, aim to provide key information to sex workers and HIV activists as well as policy makers, and to re-affirm community and international recommendations. We hope these resources will enhance the knowledge of our communities and allies to advocate for evidence- and rights-based policies that truly and meaningfully include sex workers.

Although, at the time of writing, the COVID-19 crisis is far from over, one clear lesson can already be learnt: no matter how forbidden or criminalised sex work is, no matter how serious the pandemic or another crisis, people of all genders will continue to sell sex or exchange sexual services for basic necessities and accommodation. It is high time that European governments and institutions recognise the urgency to include sex workers in any decisions that will affect them and develop policies and health services based on international evidence and human rights standards.

1. Introduction: Sex Workers as key populations to end HIV

This document was developed by ICRSE during the 'European Red Umbrella Academy: Sex Work and HIV Training Programme'. It aims to give an overview of various issues related to sex work and HIV in Europe and Central Asia and is intended for sex workers and HIV advocates as well as policy makers. It is accompanied by a technical note focusing on community-leadership and meaningful involvement and cases studies of community-led services in Scotland, Macedonia, and Poland.

The resource, based on a literature review, explores sex workers' vulnerability to HIV and the 'backstage' of HIV prevention, treatment, and care access for sex worker communities in the European and Central Asian region. It examines sex workers' needs with respect to HIV and challenges to the implementation of effective HIV programming for the sex worker community. Furthermore, it looks at social and legal factors contributing to sex workers' vulnerability to HIV, including laws and bylaws that criminalise sex work and HIV; the intersections of communities' vulnerabilities; violence, stigma, discrimination, abuse, and marginalisation, all of which sex workers experience on a daily basis; the lack of reliable, comprehensive data and statistics; the scarcity of accessible, affordable, and acceptable health services; and the necessity of meaningful community involvement in the design, implementation, and evaluation of HIV programmes.

Key populations are defined as groups who, due to their vulnerabilities, are at increased risk of HIV infection, regardless of the epidemic type or local context. They include men who have sex with men, people who inject drugs, people in prisons (and other closed settings), sex workers, and transgender people. Members of those populations often live or work at the intersection of many different legal, social, or economic forms of oppression and exclusions that increase their vulnerability to HIV. In 2019, members of key populations and their sexual partners accounted for more than 60 percent of new adult HIV infections globally, and sex workers alone for 8 percent. **(4)** Key populations' expertise makes them essential partners in effective HIV responses. **(5)** In Europe, as in other regions of the world, key populations lack access to the HIV services they need. As reported by UNAIDS in 2019, the Eastern Europe and Central Asia region (EECA) has the world's fastest growing HIV epidemic. Between 2010 and

2019, the number of people newly infected with HIV in EECA increased by 72 percent. This trend adversely affects especially members of key populations. **(4)**

"Despite expanded HIV testing services, antiretroviral therapy coverage in the region is lower than in most other regions. (…) Most new infections in the region are among key populations, who must contend with punitive legal environments, social ostracization and discrimination." – UNAIDS, 2019 **(6)**

Meanwhile, global spending on HIV prevention programmes designed specifically for sex workers stood at 3,8% of the total spending on prevention in the years 2010 to 2014 (with 3,1% coming from international funds and 0,7% from domestic funds and public donations, respectively). **(7)**

2. What is the latest data on sex work and HIV in Europe?

> *"Few countries have accurate population size estimates and most available data are from surveys that are based on variable sample sizes and use different methods. This means that there are little nationally representative data on HIV prevalence, HIV testing, condom use or treatment coverage, and that data cannot be compared over time or across countries. In addition, there are little data on new HIV diagnoses or late diagnosis in sex workers, and since most countries report data for female sex workers, there is a lack of data on male, transgender, or other subgroups of sex workers who may be at increased risk of HIV."*
>
> ***European Centre for Disease Prevention and Control (ECDC), 2014 (8)***

As noted by the ECDC in its above cited 2014 thematic report on sex workers, where the implementation of the 'Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia' was concerned, "the lack of data makes it difficult to present a clear picture of the situation concerning HIV and sex workers in Europe and Central Asia, to monitor trends and to assess whether or not the response

to HIV for sex workers is adequate or effective." The same report points out that condom use was generally high and HIV prevalence relatively low, in particular where cis female sex workers were concerned. However, these findings are contentious. How could they not be when data was collected from governments that, in the majority of European countries, ideologically oppose and criminalise sex work? Furthermore, these same governments, which are responsible for collecting and providing data to the ECDC, are also in denial about the impact of their laws on sex workers' vulnerabilities to HIV: "In 90% of EU/EEA countries (27/30), governments report that they do not have laws that are barriers to prevention, treatment and care for sex workers." **(8)**

Several other reasons contribute to the limitations of the data on sex workers' vulnerability to HIV. First of all, many sex workers do not disclose their occupation in health care settings, as the disclosure of that fact might leave the person stigmatised and discriminated against. Criminalisation and other forms of repression towards sex workers, especially repressive migration policies, are an equally important factor.

Data collection often does not take into consideration the many intersections of the different minorities within the sex worker community and the complex realities of sex workers' everyday lives and work. **(8, 9)** By default, sex workers are usually all grouped within the 'high risk heterosexual sex' and 'cis-female' categories. Sex workers belonging to other key populations (men who have sex with men, transgender people, or people who inject drugs) might not be included as sex workers but under another category—if said category is included at all in the data collection. **(10)**

Until community-led organisations are included in data collection, the data on HIV prevalence in sex workers' communities will remain unreliable. In turn, this lack of data will continue to hinder the prioritisation of sex workers in HIV responses, leading to inadequate services that fail to understand and address their diverse needs and thus leave them behind.

3. Sex workers' vulnerability to HIV

"It was last August (2018) and I hadn't had a client for a week. I didn't trust the man on the phone because he asked me if I was alone. He called with a hidden number which I would have refused to answer prior to the law change, but then I thought maybe he was too scared because of the law and I eventually agreed to meet him. Once he arrived at my apartment, he seemed very anxious and quite quickly asked me for money. I told him that I had no money which was true because I had no clients for a week, so he attacked me and raped me. After the attack I didn't report it to the police because I don't want them to warn my landlord that I am a sex worker and lose my flat."

Testimony by Anais in French case study, NSWP, 2020, p.5 (11).

Stigma, discrimination, violence, marginalisation, and criminalisation are at the forefront of the reasons why many HIV programmes do not reach the sex worker community the way they were designed to and thus do not have the desired effect. At the same time, the legal, structural, social, and economic injustices experienced by sex workers lead to heightened vulnerability to HIV and other sexually transmitted infections (STIs) among the community. **(12, 13)** To underestimate the barriers those mechanisms create is to keep the sex worker community underserved by the European HIV response.

"For members of … key populations, many factors that influence a person's risk are largely outside that person's control … [S]ocial, legal, structural and other contextual factors both increase vulnerability to HIV and obstruct access to HIV services. Such factors include **punitive legislation** and **policing practices**, **stigma** and **discrimination**, **poverty**, **violence** and **high levels of homelessness in some sub-populations**. These factors affect how well individuals or populations can protect themselves from, and cope with, HIV infection; they can limit access to information, prevention services and commodities [materials, products], and care and treatment.."

WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update (5)

A. Criminalisation and Legal Oppression of Sex Work

Academic and community research has consistently shown that laws that criminalise sex work negatively impact sex workers' health and their ability to access HIV-related services, HIV prevention

programmes, and other health care services. **(14-17)** A recent meta-analysis by a research team at the London School of Hygiene and Tropical Medicine, which synthesised evidence of 40 quantitative and 94 qualitative studies from 33 countries, concluded that repressive policing such as arrest and imprisonment lead to poorer health outcomes for sex workers: in these contexts, sex workers are three times more likely to experience sexual or physical violence and twice as likely to contract HIV or another STI. **(18)** Punitive laws contribute to and legitimise violence, abuse, stigma, and discrimination against sex workers and deprive them of agency.

Provision of sexual services can be illegal and penalised in accordance to either criminal (e.g. Albania) or administrative laws (e.g. Armenia, Belarus, Bosnia and Herzegovina, Russia, and Serbia). These laws subject sex workers to punishments ranging from heavy fines to incarceration. The criminalisation of the purchase of sexual services, as adopted in Sweden, Norway, Ireland (both Northern Ireland and the Republic of Ireland), or France, often combined with other penalising laws, leaves sex workers vulnerable and isolated; exposed to harassment, violence, and abuse both from the clients, the police or other people they are in any way dependent on (e.g. landlords). In countries where laws criminalise sex workers' clients, sex workers are forced to offer less safe services, and in more perilous, uncertain, and rushed circumstances. Many sex workers have to resort to offering services without condom to earn a reasonable amount of money—or anything at all. Under these laws, sex workers' negotiating position is far worse compared to that of their clients or third-party actors.

Impact of municipal bylaws

Across Europe and Central Asia, sex workers are systematically charged with different state and municipal laws or bylaws—including for loitering, hooliganism, vagrancy, or public indecency— that intend to eliminate sex work from public spaces. However, the actual effect of such laws and bylaws is that sex workers who are charged with, at times, heavy fines have little choice but to return to work the next day. In that way, sex workers who fear being subjected to such penalties are driven into even more precarious conditions, which, in turn, contributes to their further marginalisation and poverty, while also creating obstacles for them to access health and HIV prevention services. Police interventions and raids drive sex workers away from potentially life-saving support services, including HIV prevention, treatment, and care. **(19)** Studies focusing on the link between sex work laws and sex workers' health

show that punitive and non-protective laws against sex workers contribute to the increase of HIV risks for sex workers. **(20)** In particular, it has been shown that repressive laws, including the criminalization of sex workers' clients, negatively affects sex workers' health by deprioritising sex workers' safety and access to health. **(21)** These laws and bylaws are also known to be used by the police and other law enforcement agencies to extort, harass, and abuse members of sex worker communities, as regularly reported by members of sex worker collectives across Europe. **(22)** As a result, a large number of United Nations (UN) agencies—including UNAIDS, the UN Refugee Agency, UN Women, and others—signed a call for the decriminalisation of sex work as a step towards ending discrimination in health care settings. **(23)** Furthermore, in order to safeguard the rights of sex workers, governments must ensure that municipal bylaws do not contradict national laws decriminalising sex work. **(24)**

BOX 1

The impact of the 'Swedish Model' on sex workers' vulnerability to HIV (French case study) (11)

Extract from French community organisations' response to the ongoing assessment of the Law from 13 April 2016 Against the 'Prostitution System' in France

"An overall decline in sex workers' health"

The law has diminished sex workers' access to health care. Increased health risks have been observed, including decreased condom use and therefore increased exposure to the risk of HIV and other STIs. Le Bail and Giametta's study on the impact of the 2016 law against the 'prostitution system' showed that 38 percent of sex workers find it harder to make clients use condoms. **(25)** Clients' increased scarcity has given them more negotiating power to demand risky sexual practices from sex workers. Sex workers cited the criminalisation of clients as the main reason for their loss of power, given that 78.2 percent of respondents reported decreased revenues. The reduced negotiation time resulting from the criminalisation of the purchase of sexual services hinders sex workers' ability to impose conditions to protect their health. A decline in the number of clients has forced sex workers to adapt to this new context, much to their detriment. (...)

This isolation and greater mobility make accessing prevention measures a challenge. Meanwhile, organisations that support sex workers must constantly identify their new working locations. These factors all prevent our organisations from delivering appropriate risk-reduction messages and working closely and effectively with sex workers by offering a sexual health plan as part of comprehensive care. This makes it even harder to ensure proper treatment compliance. Some sex workers we spoke with said they had experienced disruptions in their treatment, care, and rights because of poor working and living conditions.

The figures for new infections are unequivocal and worrisome. In the entire Île-de-France Nord COREVIH (Regional Coordinating Committee Combating HIV infection) area, where the organisation Acceptess-T [advocates for transgender rights, sexual health, and social integration] is based, HIV tests have revealed a significant increase in the number of trans people testing positive. Newly tested trans people represented 0.1 percent of cases in 2015, 0.3 percent in 2016, and 7.4 percent in 2017. Thanks to Acceptess-T's work in the field, we know that most of these people are also engaged in sex work. Data from the annual report of the French non-profit organisation AIDES also show this high prevalence.

(...)

Lastly, this law has devastating consequences on sex workers' overall health. The 2018 study by Le Bail and Giametta showed that 63 percent of sex workers reported a deterioration of their living conditions. 37.6 percent reported an increase in their working hours, due to time spent waiting or searching for clients. Increased economic insecurity, stigmatization, violence, and risk-taking, along with longer working days to get enough clients to earn a living, have led to a degradation in sex workers' overall health. Many sex workers reported experiencing stress, anxiety, and psychosomatic problems. These consequences all have a strong impact on sex workers' mental health and their ability to take care of their health.

These repressive laws present clear obstacles to a comprehensive approach to health—i.e., prevention, treatment, social support, and community-based action—and go against the recommendations listed in the 2010 report of the French National AIDS and Viral Hepatitis Council (CNS).

BOX 2

Precarity and condom negotiation

When clients fear being prosecuted, i.e., when their participation in the exchange of sexual services for money or goods is criminalised and penalised, they push for the services to take place in remote places, in unknown, unsafe, and rushed conditions. Punitive laws equal a higher risk for clients and usually means less local clients, as many decide to seek out services in neighbouring countries where laws can be more lenient towards them. This reduction in the overall number of clients gives the remaining clients who decide to purchase sexual services more bargaining power, which results in declining prices. Additionally, clients often not only push for lower prices but also for a wider range of services. Due to the shortened negotiation time, to avoid being detected by the police, and their weakened negotiating position, sex workers are often unable to negotiate the consistent condom use. **(26)** As a result, they are not only forced to accept unprotected sex, but many must even offer it to have any work and income at all. A migrant sex worker in Ireland, where a law criminalising clients was introduced in 2017, describes her experiences as follows:

"[I]t makes it hard for us to train clients too because of the way the law is set up, there's always going to be a set of girls that are doing really dangerous behaviours, like maybe not using condoms, because they feel that they don't have a choice, they have to have unprotected sex. And these guys are pushing the escorts to do unprotected sex, like it is not uncommon to be asked to do things that you absolutely would never do. – Cassandra, Galway **(27)**

Mandatory testing

"Mandatory, compulsory and, in some circumstances, routine testing and treatment approaches fail to address the effects of stigma, discrimination, violence and power imbalances on a sex worker's ability to negotiate protection during sex or seek health services. Rather than changing or even challenging the subordinate position of sex workers, mandatory testing and treatment can reinforce their stigmatization." – Anand Grover, Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health **(28)**

In Austria, Greece, or Hungary, where sex work is legalised and regulated, sex workers must undergo mandatory health checks,

including HIV and STI testing, in order to work legally. This practice is recognised as a human rights violation by the WHO and UNAIDS. **(29)** Sex workers can also be targeted for forced testing during police raids, such as in Macedonia (2008), Greece (2012), and Azerbaijan (2017). **(30, 31)**

Condoms as evidence

The police practice of confiscating or using condoms as evidence is still widespread in the European region. In some countries, e.g. Greece, Macedonia, Norway, Russia, and Serbia, carrying condoms can be incriminating, as reported by 60 percent of sex workers in Russia. Police uses condom possession to link it to charges related to sex work and justify sex workers' arrest or detention. It is also reported that police harass, threaten, and extort sex workers and confiscate and destroy condoms, leaving sex workers vulnerable and their health at risk. As a result, some sex workers decide not to carry condoms altogether for fear of the consequences. **(32)**

B. Stigma, discrimination, abuse, and violence

Laws that criminalise sex work impede sex workers' fundamental human and civil rights and leave them at the risk of experiencing violence from state officials, law enforcement, partners, family, and exploitative clients and third parties. Two-thirds of female sex workers in the Russian Federation reported rape during sex work, and more than one third reported sexual coercion by police. Laws marginalizing sex workers leave them more vulnerable to sexualised and physical violence, as perpetrators are aware that they will face few, if any, consequences, leading some of them to specifically target this population. Violence against sex workers is indeed often neither reported nor monitored, and there is little support to the victims of violence. **(33)** Violence perpetrated against sex workers increases their risk of contracting HIV and limits their access to health. **(33, 34)** Mathematical modelling estimates that HIV infections could decrease by 25 percent if physical and sexualised violence were effectively reduced. **(33)**

Due to stigma and discrimination, policymakers and societies in many countries tolerate violence being perpetrated against people based on their sexual orientations and gender identities or their engagement in sex work.

Together with the stigma attached to sex work, punitive and non-protective laws synergistically increase the risk of HIV infections. **(20)** Stigma and discrimination

against sex work severely limit sex workers' access to health. Due to the fear of being discriminated against, sex workers are less likely to get tested for HIV and to report their occupation to health services. **(35)** Many sex workers report cases of discrimination not only due to their sex work experience, but also because of their gender identity, sexual orientation, and ethnic background. Some health services even attach the condition to exit the sex industry in order to receive health treatment, which is a violation of human rights, restricts sex workers' agency, and effectively denies treatment and care to sex workers. **(20)**

C. Intersecting vulnerabilities: Migrant sex workers

Sex workers belong to various marginalised and discriminated social groups: women; (undocumented) migrants; ethnic minorities, including Romani people; transgender people; injecting drug users; or people in precarious housing situations, including homelessness. As noted above, data on sex workers rarely reflect the diversity of these situations, and many members of already stigmatised or criminalised groups will not disclose their involvement in sex work to any official authorities, which, in turn, leads to flawed and inconsistent data.

Migrant sex workers are estimated to comprise the majority of the sex worker population in Western Europe, and a significant segment of the community in Central and Eastern Europe. Additionally, in recent years, sex work has increasingly become an income-generating activity for asylum seekers and refugees fleeing to Europe. Research suggests that between 3.9 and 4.9 million undocumented migrants live in the European Union and the European Economic Area. An estimated 44 percent of all new HIV infections is recorded among migrants, many of whom contracted HIV after arriving in their respective destination countries. The proportion of migrants among all newly-recorded HIV cases vary greatly between countries, with Sweden, for instance, recording 75 percent of new cases among migrants. Very limited data exists regarding HIV prevalence among migrant sex workers. In countries where such statistics exist, migrant sex workers face higher levels of HIV prevalence. Portugal, for instance, had an HIV prevalence rate among undocumented female migrant sex workers of 13.6 percent, compared to 8 percent among domestic sex workers. **(36)**

Leading migrants' and sex workers' rights organisations have documented how the criminalisation of sex work as well as repressive laws and policies on sex work and migration negatively

impact migrant sex workers' access to health, and called for universal access to healthcare for all migrants. The continued conflation of sex work with human trafficking for the purpose of sexual exploitation also increased migrant sex workers' vulnerabilities to policing, raids, and deportations, diminishing their trust in authorities, including health officials and service providers.

4. Conclusion

Although recognised by eleven UN agencies, including the WHO and UNAIDS, as a key population critical to ending the HIV epidemic, few countries in Europe recognise sex workers as legitimate partners, and an increasing number opt for a punitive approach through criminalisation of sex workers' clients and third parties.

The impact of the criminalisation of sex work, including that of clients, affects sex workers at the personal, community, and political level: precarity, difficulties in negotiating condom use, and the exclusion from policymaking processes all result in poorer health outcomes for sex workers in particular and society as a whole. Discrimination and fear of legal repercussions also impact comprehensive data collection, which limits both knowledge of and responses to the HIV epidemic in the region. Worryingly, the abolitionist approach to sex work is also promoted at international levels and in various countries around the world, with Sweden and France in particular pushing for the criminalisation of clients in joint diplomatic efforts, disregarding the impact such laws have on sex workers.

In this context, sex worker-led organisations continue to provide essential services. Often with limited or no resources, these organisations ensure that sex workers have access to condoms, testing, and care, including mental health and social support. The need to advocate for a rights-based approach and against criminalisation is another burden on those often precarious organisations.

As highlighted in this document and documented in international guidelines and academic research, the meaningful participation of marginalised communities, including sex workers, and their inclusion in policy-making is critical to end HIV. Until this has become a reality in Europe, sex workers and the wider community will remain vulnerable to violence and poor health outcomes

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RESOURCE 2:
TECHNICAL PAPER

Community-led services and meaningful participation

Sex workers are recognised as a key population whose meaningful inclusion is critical to end HIV.

This technical note, intended for sex workers' rights advocates and other stakeholders, summarises key definitions and principles of community leadership and meaningful involvement.

A. Definitions

The definitions in this part have been extracted from the 2020 "Progress Report of the Multistakeholder Task Team on Community-led AIDS Responses" and the 2019 "Progress Report on Barriers to Effective Funding Of Community-LED Responses by International and Private Funders as well as Better Understanding of the Challenges Faced by National Governments in Allocating Funding to Communities' Responses" by UNAIDS as well as the "Smart Sex Worker's Guide to SWIT" by the Global Network of Sex Work Projects (NSWP).

- **Community-led organisations**, groups and networks, irrespective of their legal status (whether formally or informally organised), are entities for which the **majority** of governance, leadership, staff, spokespeople, membership, and volunteers reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their **constituencies**. Community-led organisations, groups, and networks are **self-determining** and **autonomous**, and not influenced by government, commercial, or donor agendas.

Not all community-based organisations are community-led.

"Community-based" refers to *where* a response happens, irrespective of whether communities, governments, or the private sector conducts the response. **"Community-led"** refers to who it is that leads and implements the response. Community-led responses are frequently community-based, but they are not necessarily so.

- **Community-led responses** are **actions** and **strategies** that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them.

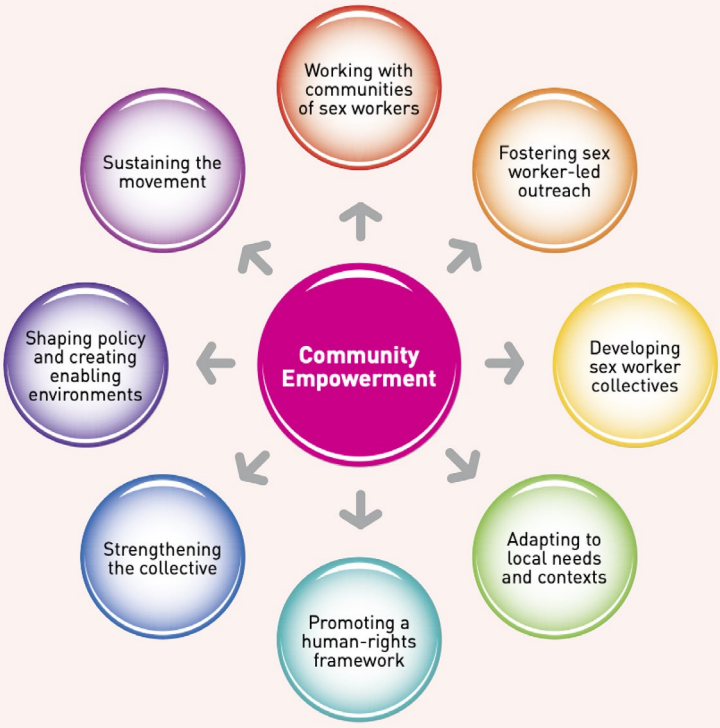
- **Meaningful participation** means that sex workers:
  - Choose how they are represented and by whom
  - Choose how they are engaged in the process
  - Choose whether to participate
  - Have an equal voice in how partnerships are managed
- **Community empowerment** is a process where sex workers take individual and collective **ownership** of programmes. In the values and preferences survey, sex workers agreed that community empowerment is an **'absolutely necessary component' of health and rights interventions**. (SWIT)

Community empowerment for sex workers means:

- Sex workers coming together for mutual assistance.
- Removing barriers to full participation.
- Strengthening partnerships between sex worker communities, government, civil society, and local allies.
- Addressing collective community needs in a supportive environment.
- Leading the process: sex workers know best what their priorities are and how to address them in a context-appropriate way.
- Meaningful participation and inclusion of sex workers in all aspects of programme design, implementation, management, and evaluation.
- Providing money and resources directly to sex worker organisations and communities

As identified in the SWIT, the eight key elements of community empowerment are:

1. Working with communities of sex workers
2. Fostering sex worker-led outreach
3. Developing sex worker collectives
4. Adapting to local needs and contexts
5. Promoting a human rights framework
6. Strengthening the collective
7. Shaping policy and creating enabling environments
8. Sustaining the movement



Community-led interventions do not have to take place directly under the HIV banner, but under social determinants of health that are crucial to a successful HIV response. Such interventions could include women's and youth empowerment, prevention of gender-based violence, and other structural interventions that reduce stigma and promote human rights.

B. How to measure meaningful involvement and strong community-led organisations?

Some indicators of sex worker community empowerment include:

- Inclusion in policies and programmes at all levels
- Amount of funding allocated to sex worker-led group(s)
- Recognition of sex worker-led organisations at all levels
- Number of health care providers, police, and social service agents trained in sex worker rights
- Level of sex worker involvement in design and delivery of services
- Changes in attitudes and level of discrimination experienced from health care providers, police, and social service agents
- Amount of sex worker participation in public life
- Degree of social acceptance of sex workers
- Number of safe spaces and sex worker-led groups created
- Number of meetings, marches, or rallies to promote sex worker rights

C. How to strengthen meaningful involvement and reinforce community-led organisations?

Strategies that can be used to strengthen the community empowerment process include:

- Develop sex worker collective
- Adapt to local needs and contexts: flexibility is important; goals must align with sex worker needs, even if these needs change over time
- Promote a human rights framework: governments should establish laws that respect the

human rights of sex workers and protect them against discrimination and violence.
- Strengthen the collective through transparency in finances and decision-making processes, ensure sex workers are in control, support the growth of membership, and build leadership and skills
- Shape policy and create enabling environments: promote sex workers' rights to government, law enforcement, and other policy makers
- Sustain the movement by operating in solidarity with other movements that advocate for human rights
- Monitor progress: access to technology for reporting and implement standardized indicators and tools that can be used at different levels to monitor the work done by communities

Dos and Don'ts checklist by the Sex Workers' Rights Advocacy Network (SWAN)

DO	DON'T
Respect community nomination processes.	Invite only one sex worker.
Ask regional and national sex worker organisations to nominate representatives.	Always choose the same sex worker(s) who you know and are comfortable with.
Use accessible language.	Assume we understand your abbreviations.
Allow for minimum one month to consult our communities before your event.	Invite us in the last minute and expect that we have extensively consulted our communities.
Provide scholarships and honoraria to those sex workers who are not in paid jobs in professional NGOS.	Assume that sex workers are well-off.
Guarantee confidentiality.	Identify sex worker participants as sex workers in your communications.
Realise that we are experts. Include sex workers as facilitators, employees and contractors in paid positions.	Think that sex workers cannot do more than participate in a meeting.
Adopt a position that supports the human, health, and labour rights of sex workers.	Talk about your support in private conversations over coffee.
Organise events in venues that are accessible and provide harm reduction and health services.	Expect sex workers who are disabled, living with HIV or use drugs to participate in your meeting if their basic needs are not met.
Provide translation.	Assume that we all speak English/Russian (colonial/official languages).

D. References and resources on community-based organisations and meaningful involvement

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RESOURCE 3

Case Study of Community-led Services

Umbrella Lane (Scotland),
STAR-STAR (Macedonia),
and Sex Work Polska (Poland)

Contents

1. Introduction

This resource by the International Committee on the Rights of Sex Workers in Europe (ICRSE) documents three examples of community-led organisations in Europe that are members of ICRSE. These organisations, led by sex workers, provide a variety of services to their respective communities in different contexts: Umbrella Lane, despite the Scottish government's policy that defines prostitution as "violence against women", has developed community-led services for sex workers in need and creative methods to strengthen sex workers' community and resilience. STAR-STAR, the first sex worker-led collective in the Balkans, exists since 2008 and is an implementer of Macedonia's national HIV programme, with several branches across the country. Finally, Sex Work Polska is an informal (non-registered) collective of sex workers and allies in Poland who, despite a lack of funding, offer outreach, services, and unconditional support for sex workers in various settings.

2. Umbrella Lane, Scotland

Sex Worker Wellbeing Project
Based on interview with Umbrella Lane's founder, Dr Anastacia Ryan

Origins and aims

Umbrella Lane started as a volunteer-led project that was started in 2015 by a "group of friends and supportive allies, both in sex work and in life." The group offers reliable access to peer support and stigma-free services throughout Scotland. The project is run by and for the benefit of sex workers through the offered support and community. The way the group operates stresses the importance of focusing on the individual — the sex worker — and the quality of their life and greater wellbeing. Umbrella Lane does so "through growing a community which provides connection and positive conversation", offering community-led services and support that are tailored and specifically available to sex workers in a stigma-free, sensitised, and supportive environment that enables sex workers to get help whenever they need it.

umbrellalane.org

"We have established Umbrella Lane in 2015, and we did so because I had just been working with groups globally, but also within Europe, about how to implement the recommendations from the Sex Worker Implementation Tool (SWIT). This tool speaks about comprehensive HIV- and STI-related programming with sex workers — but not just with sex workers, actually — and encourages sex workers to take on leadership roles in their respective communities. So I was doing this great work with groups from Macedonia and Serbia about how we could implement those recommendations as sex worker-led groups, and then I came back to Scotland where no such programmes exist. The issues that sex workers face here are very similar, but not in terms of HIV prevalence or statistics, so they are not recognized as a key population. However, the data is skewed and the sex workers here employ what we call "strategic invisibility". They do not access services at all, particularly if they are migrants or have insecure residency statuses, if they are single mothers or fathers, if they are non-binary or transgender persons, or if they do not want to be exposed in some way to the authorities. So they either access mainstream services, or if they do [access programmes], they do not disclose that they are sex working. For us, the data here around HIV, STIs, or any other public health-related issue is therefore skewed in a sense that sex workers are not recognised as key population. Perhaps, if people would feel more comfortable with disclosing it [their work experience], they would be recognised as such. **Therefore, when we started Umbrella Lane, we particularly focused on how to implement the SWIT guidelines and recommendations in a high-income country setting, where**

sex workers have access to the National Health Service but are either not engaging with particular services or engaging with them without disclosing that they are sex workers. We were trying to take those recommendations or the pillars from the Sex Worker Implementation Tool and adjust them to our setting here in Scotland." – **Umbrella Lane founder, Dr Anastacia Ryan**

Programmes

Three HIV- and health-related key strategies -community empowerment, addressing violence and health service provision - were fundamental in the beginnings of creating Umbrella Lane, and they remain the group's core services.

The very first strategy was built around community empowerment. Umbrella Lane started by running peer support drop-in spaces as a way to bring people together to create knowledge, encourage shared learning, and exchange safety strategies with one another. That was a community empowerment process which Umbrella Lane members saw as fundamental to any sex worker-led health programme.

Umbrella Lane has an advisory group of currently eight sex workers. They support the staff team and Board with wider community consultation and ensuring all the operations of Umbrella Lane are in line with community needs. The advisory group members also take part in many structured workshops around sex worker-led programming. Outside of that, Umbrella Lane encourages lived experience in hiring staff, supporting opportunities with skills building and training. In the wider Umbrella Lane's community are people who access project services, or attend drop-ins and take part in Umbrella Lane activities. "We try to give as many opportunities for training and skills development as we can to the community, a lot of what we do is facilitating peer knowledge-exchange." – **Umbrella Lane founder, Dr Anastacia Ryan**

Prior to COVID-19, Umbrella Lane's central drop-in space was in Glasgow (a big hub, although not the capital city), and the group was also developing a drop-in space in Aberdeen, another one of Scotland's key cities. In the past, the group had managed to secure funding to provide travel and childcare support to enable people to attend drop-in-related events and activities, but due to the COVID-19 pandemic, services had to be moved online. Currently, all of Umbrella Lane's existing services are provided through discord servers so people can still get the help they need online. The group also runs WhatsApp and email groups and sends out weekly text messages. This way, they are able

to stay in touch with the community, and sex workers in need of help can text back to get further support. "We do our best to stay in contact with people throughout the COVID-19 pandemic and it actually seems to be more appreciated than the standard drop-in service because you're accessible to people all the time, and all that support from peers is always there, which is nice." – **Umbrella Lane founder, Dr Anastacia Ryan**

The second strategy the group has implemented is related to violence and the documentation of violence against sex workers. Umbrella Lane started by partnering with victim support agencies such as National Ugly Mugs, the United Kingdom's national violence reporting scheme for sex workers. They aim to document violence experienced by sex workers and engage in advocacy against that violence. They also try to visibilise the barriers encountered by sex workers who experience violence, such as the fact that they cannot approach justice agencies, health agencies, or any sort of state-based agencies or mainstream service provides for support. **The main factors that deter sex workers from seeking such help are the criminalisation of multiple aspects of sex work and fear of stigma and secondary victimisation.**

The third strategy involves provision of condoms, lubricant, and other sexual health-related programming. In order to implement this programme, Umbrella Lane became an officially registered condom distributor. The group mapped out the locations of saunas, brothels, and other places where sex work may be initiated and created connections of trust, so that group members could seek out sex workers there and create a sense of peer support and community empowerment. A postal sexual health supplies service was started during the pandemic, a service that Umbrella Lane have decided to continue following lockdown measures.

"In Scotland, you can access condoms for free, but the issue for sex workers is that, if you go to your local pharmacy and ask for a high number of condoms every week, people are going to start asking questions. And so people much prefer to come to our space to get them, and then we also send out condoms. We also have dental dams, we now have gloves and masks, and sponges. We were able to purchase them a while ago with some funding through an independent trust. Where we can access things for free, we will utilise them and develop a relationship there and then; but where we feel that we would have to compromise our positionality or politics, we will try to access grant funding to purchase things." – **Umbrella Lane founder, Dr Anastacia Ryan**

The programme around HIV/STI testing as well as access to further sexual health and reproductive services that Umbrella Lane has always wanted to provide has proven the most difficult to develop. Over the years, the group has tried multiple different partnerships with HIV and AIDS programming services in an effort to develop the programme. The lesson learnt from these efforts was that the best way for Umbrella Lane to establish and operate such a programme would be for the group to work with another programme that is better funded than Umbrella Lane. That would mean access to testing kits and training for people to become peer testers. Such a cooperation would also provide resources for members of Umbrella Lane to train the programme's service providers on how to be inclusive and non-judgmental towards sex workers. Such partnerships with other organisations would then enable the group to run in-house sex worker clinics.

"We are trying to develop a relationship with the National Health Service. The issue is, they sign up to Scotland's official definition, because they have to, that 'prostitution is violence against women'. Healthcare workers are taught to treat sex workers as victims and encourage people to exit sex work. They generally work in a way that sex workers dislike and, as a result, they disengage with such service providers. We have done a bit of training with just one of their nurses who has been willing to train with us, here in Glasgow. But through COVID-19, we have established a better relationship with them. They have seen a drop in people accessing their services, so there is, I guess, a desire to have people across the country get themselves tested more frequently and access sexual and reproductive health services. These relationships, if anything, are bettering and improving through COVID-19, and through the need to prioritize health and ensure that people are still accessing the day-to-day or month-to-month testing. Once we secure a new space for our drop-in services, which we hope to do as soon as we know what exactly we are able to do in light of COVID-19-related restrictions, we hope to run an in-house clinic within our Umbrella Lane space. A nurse trusted by sex workers will hopefully come and attend and deliver sexual health testing and some other basic sexual reproductive health services from there." – **Umbrella Lane founder, Dr Anastacia Ryan**

A core goal of Umbrella Lane is to build sustainable partnerships. Although there are many organisations in Scotland that work in the field of HIV/AIDS, sexual health, and harm reduction, the barriers for sex workers to access their services remain a key issue. That is why Umbrella Lane found that the

more effective approach was for the group to educate and influence service providers. The group is doing so by training providers to become more inclusive of and adaptable to sex workers. Beginning with sexual health, the group has now extended that to partnership services around counselling and therapeutic approaches, and also established partnerships focused on breaking down barriers for sex workers around housing and police-related engagement. Through Umbrella Lane's core services, which are based on peer support and community empowerment, the group is responding to violence reported by their community, by documenting violence experienced by sex workers and supporting sex worker victims of violent attacks. Currently, the services the group provides are more intermediary in nature, with group members training other service providers to become more inclusive towards the sex worker community. "That impacts on the way we do advocacy around policy. Our advocacy is focused on how policy in and of itself excludes sex workers and how that policy environment has to shift as well. And by shifting that policy environment, you also shift the 'mind set' of service providers, who can then be harm-reductive in their approach and value things like safety, health, and inclusion rather than criminalisation ideology." – **Umbrella Lane founder, Dr Anastacia Ryan**

Barriers

Scotland's national policy requires anyone working within an organisation or project that receives government funding to sign up to the definition of sex work that all women involved in prostitution are victims of commercial sexual exploitation and treat them accordingly. For an organisation like Umbrella Lane, which obviously does not come from that perspective and whose work goes against that principle, it has been impossible to access government funding or cooperate with government-related organisations. However, COVID-19 has somewhat changed that situation. Umbrella Lane is now able to have conversations about how to work pragmatically, and for the benefit of sex workers, regardless of political views. It seems like lessons were learnt through COVID-19, and it is now possible to establish relationships with organisations that previously would not engage with Umbrella Lane. Nevertheless, Umbrella Lane is still excluded from government funding due to their refusal to sign up to the aforementioned definition of sex work, so the group works with very limited resources, for example when training sex workers as peer volunteers or peer staff members. The lack of resources impacts Umbrella Lane's volunteers, and due to the COVID19-related situation, sex workers are struggling financially right now. On top of that, Scotland's

strong prohibitionist ethos across services results in people influencing policy and service provisions in a very anti-sex work way. They create programmes and train, for example, police officers, nurses, or school teachers on how to see sex workers as victims of male violence who have no agency. Umbrella Lane and other sex worker-led advocacy initiatives are battling against a strong, well-resourced, and mobilised group of people who are influential and do not want to see sex worker-led programming happening and thriving.

On the other hand, even if people or organisations do engage with Umbrella Lane as partners, or engage with the group's members in a conversation, it tends to take a long time for them to actually recognize Umbrella Lane as an equal partner. The group's members often feel that they can have all the conversations they want, but until the partnering group sees Umbrella Lane as a professional service provider and the group's members as professionals in their field, there is no chance for an actual cooperation among equal partners. "You almost have to adapt to this third sector professionalism in order to compete and be partners. And that, in itself, it is not good for sex worker-led programmes, in my experience, because it may actually create a distance to your community. The whole point of us working as a sex worker-led service is that we are not detached and not difficult to reach, and sex workers are therefore not hard to reach for us either."

While there are many challenges to establishing programming, the biggest one proves to be the policy backdrop. The sex worker community in Scotland is now facing yet another public consultation that is seeking views on how to continue reducing demand for sexual services and promote women's exit from sex work (the so-called "Swedish Model"). Together with the government policy, this is all in line with an ideology that is not based in sex workers' empowerment, agency, or resilience, but rather in their assumed victimhood. "At the same time, we are constantly fighting an uphill battle in terms of policies and against well-funded organisations that often replicate or try to replicate what we do and pass it off as their own ideas. And that is always extremely frustrating." If the policy was changed, then Umbrella Lane could apply for government funding for their work, whereas at the moment, they are left scraping through and having to compete with other sex worker-led groups around the world for very limited funding to sustain and grow their services. "There is enough governmental money to cover various projects but we cannot apply for that funding because of that policy being in place. So I would say that probably the policy would

have to go first. And then, if that was changed, it would enable Umbrella Lane to secure government funding and be part of a landscape of services where the importance of the work we do would actually be recognised."

Best practices

Connection, community and conversation

Umbrella Lane creates a sense of community empowerment via outreach services, through inter-personal connections, and compassionate conversations. Anastacia believes that to be a good service provider or to be in a trusted position to provide services to a traditionally stigmatised, marginalised, and criminalised group, you first have to start by empowering your community. "It is something that Umbrella Lane has definitely done but has never been celebrated for here in Scotland, as it is not considered as something you need to do. People want to keep people stigmatised, marginalised, and dis-empowered." **Owing to the training and workshops provided within the group, sex workers are now acting more confidently. They challenge the nurse if the nurse speaks to them in a judgmental way, they challenge doctors who deny them access to hormone therapy, and they challenge those who do not take their experiences of violence and rape seriously. Whilst Umbrella Lane is training other organisations, they are still empowering members of the sex worker community to stand up for themselves and challenge such people on an individual level.**

"I think for us in Scotland, given that we have such a great National Health Service, Umbrella Lane's approach towards partnership-building and promoting inclusivity, creating connections, compassion, and conversation, and reducing stigma is one that is quite unique to this context of community-led initiatives. It would be so easy for people here to say sex workers do not need to use SWIT or set up sex worker-led programmes, because they have access to health services and free counselling. That's why we have adjusted our approach to be around partnerships, where we help create an environment that's inclusive, non-judgmental, and non-stigmatising, so that sex workers can safely access other organisations' services, rather than us having to do everything ourselves. I think that aspect is what is most important to us: our focus on building partnerships, the fact that we have adjusted to be a sex worker wellbeing project, and the recognition that not everybody needs support there and then, but everybody needs to be well within their work and lives and have that sense of community and empowerment behind them. I think those are our key messages.

I hope that one day, when we can document it better, we can talk about how you can adapt those SWIT recommendations and that tool to the different [groups'] contexts. You get the lay of the land, you speak to your workers, you speak to your community and then you adjust it. So this SWIT tool is not a one-size-fits-all approach. It is in fact very adaptable" **– Umbrella Lane founder, Dr Anastacia Ryan**

3. STAR-STAR, North Macedonia

The First Sex Workers Collective in the Balkans
Based on interview with STAR-STAR's founder, Borche Bozhinov

Origins and aims

STAR-STAR is the very first sex workers' collective in the Balkans. It was founded in 2008 by a group of cis and trans male and female sex workers. Until 2010, STAR-STAR was functioning as an informal sex worker group. In 2010, after one-year battle with the state institutions refusing to recognize 'sex workers' as a legitimate term in the official organization's name, the group decided to convert into an NGO and registered as "Association for the Support of Marginalised Workers". That decision was dictated by the fact that most donors at the time did not provide funding to informal groups. In 2020, STAR-STAR celebrated its 10th anniversary.

STAR-STAR advocates for sex workers, aiming to protect their rights and fight violence through active cooperation with state

institutions, the civil society, and the media. The group actively mobilises and integrates sex workers into the process of building their advocacy and organisational growth and development, by providing a diverse and inclusive environment. STAR-STAR members strive to build a sense of belonging among the members of their community.

starsexwork.org/en

Programmes

So far, STAR-STAR has established two community programmes within the organisation. One is a health programme and the other the advocacy programme. STAR-STAR is the only sex worker community-led service provider in North Macedonian that also serves as a link between sex workers and other healthcare providers.

Since 2012, STAR-STAR has been the one of the twelve NGO-implementers of the national HIV programme within the Ministry of Health. From 2012 to 2017, group members were implementing the programme with support of the Global Fund. The programme is now fully financed from the government's budget, owing to advocacy and protests that STAR-STAR participated in, which pushed the government officials towards that decision. Now, all of STAR-STAR's outreach work — which includes distribution of condoms, lubricants, and educational materials, as well as peer education in the group's drop-in centre and mobile HIV and STI testing — is covered through funding from the Ministry of Health.

For the last three years, STAR-STAR has been partnering with the Ministry of Health, and within the HIV prevention programme they do outreach work among indoor sex workers, since other partner organisations already do outreach among outdoor sex workers. Therefore, STAR-STAR focuses on indoor sex workers. That does not mean that the group excludes outdoor sex workers from their community, but it is a factor when it comes to the distribution of condoms and lubes. At the same time, whenever STAR-STAR offers peer education, trainings, or community strengthening, they do include both outdoor and indoor sex workers.

The group also offers STI and HIV testing as part of their services owing to a collaborative action between STAR-STAR and HERA (Health Education Research Association). HERA is one of the partners in the national HIV programme and responsible for managing the mobile clinic. Twice a month STAR-STAR has access to the mobile clinic and is able to do outreach testing among indoor sex workers. In the past, the mobile clinic team consisted of the driver, a lab worker, a counsellor, and

one stakeholder from within the sex worker community. In order to make the services more relatable, sensitised, and sex worker-inclusive, STAR-STAR partnered with HERA and provided training for counsellors, designed for members from within STAR-STAR's community. Now STAR-STAR has five sex worker members who work within the mobile service as HIV counsellors.

This illustrates that STAR-STAR does not only provide direct services but also successfully advocates for changes that increase the meaningful involvement and wellbeing of the sex worker community in North Macedonia. "Before that happened, I kept hearing that the position of the counsellor is not within the capacity of members of our community. So we decided to show the opponents otherwise. STAR-STAR managed to get some funding and offer this training opportunity, which we designed together with HERA and the Clinic for Infectious Diseases, to a few members of our community. Thanks to that, those sex workers got certified by HERA, partner organization that manages the mobile clinic within the Ministry of Health. Five sex workers out of seven got certified at that time. This is the kind of advocacy and the change that we bring." – Borce Bozhinov, STAR-STAR's founder

STAR-STAR members also accompany sex workers during visits to clinics that are managed by the group's partner organisations. The services provided include: HIV testing, gynaecologic check-ups, and STI check-ups. When sex workers need support during such visits, one or two group members accompany them. During conversations, members are trying, through different activities, to raise awareness about HIV- and STI-related issues. However, access to such services remains limited. In Skopje, one can get a free and comprehensive STI test through HERA's clinic, which serves the key populations. In other cities, people only have access to free HIV testing.

STAR-STAR is running two offices. The main office is located in Skopje, the capital of North Macedonia. Another drop-in centre is in Gostivar, a smaller town in the west of North Macedonia, where there is a substantial migrant sex worker community. STAR-STAR has established the drop-in centre about two years ago, with the support of the Red Umbrella Fund. The group has mapped out which part of the country has sex workers who encounter the biggest obstacles in accessing services. The western part of North Macedonia was recognised by the members of STAR-STAR's community as one where they should invest the group's resources. There are two types of activities that are offered at the drop-in in Gostivar that aim to both mobilise and educate

the community. STAR-STAR offers creative activities like cooking, where sex workers meet up at the drop-in centre to cook and have lunch together. The time spent together during these lunches creates a safe, casual space and an opportunity to talk about different, more and less everyday subjects, exchange experiences, share ideas and make plans. There are also members of Gostivar's sex worker community that offer make-up and hair styling tutorials at STAR-STAR's western drop-in centre.

Barriers

The biggest issue for STAR-STAR and its community members is the access to resources and that most of the funds aim at health-related issues, not other types of advocacy. STAR-STAR experiences this right now, too, as the group is trying to shift its focus further towards advocacy, instead of limiting itself on health-related activities. Unfortunately, however, all accessible funding is for efforts related to health and service provision.

In the past, STAR-STAR has worked tirelessly to obtain funding. Once the Global Fund left the country, it was very hard for the group to get funding. They were facing a situation where all services had to be shut down because of the lack of financial stability and sustainability. They attended many meetings with the Minister of Health and organised protests and attended many demonstrations organized by the HIV Platform that Star is a member of. STAR-STAR was striving to make the services for sex workers more sustainable. They created an informal national platform for sustainable HIV services that comprises the twelve NGO-implementers of the national HIV programme. Being a partner in the national HIV programme has helped STAR-STAR to strengthen its capacity, to learn from other organisations and their experiences, and to implement some of what they have learned. STAR-STAR, as a member and co-founder of the coordinating body of the National Platform for HIV services sustainability, constantly pushes for funding to get the necessary money for these programmes and reminds the Ministry's officials not to forget about securing the funding for the services in the context of COVID-19 programming. Although the funding is the Ministry's obligation, it is often paid out with delays — and with issues along the way — which causes disruptions in delivering the services as well as difficulties with the implementation of the programmes.

"During these last months of the pandemic, nobody from within the government called us to set up a meeting or to ask what they can do for the key populations in order to protect them. Nobody! So, as a

community-based organisation what we did is we gathered some emergency funds for COVID-19 prevention. We did campaigns, we set up online auctions, and we collected some money to buy protective gear, disinfectants, food, cosmetics, and detergents. And it was like a contribution to the national HIV prevention programme. During the last meeting with the Ministry of Health, I said that I'm going to put all those funds and resources in the reports, as it all should have been part of the programme." – **Borce Bozhinov, STAR-STAR's founder**

Right now, STAR-STAR feels the need to develop their own statistics and their own database that can prove useful in seeking funding; how many sex workers is the group in contact with every week, how many of them are cis or trans male or female, what are the most regularly used services. The group does have a database it uses for reporting to the Ministry of Health, but it does not meet its particular needs.

The other barrier that STAR-STAR is facing is access to acceptable methods for HIV prevention, aside from condoms and lubes distribution. They have no access to home-testing or self-testing kits. The group is currently advocating for that as well as for introducing pre-exposure prophylaxis (PrEP) among cis male and transgender sex workers, which is still all very new to North Macedonia.

Best practices

Inclusivity and meaningful participation

Virtually all of STAR-STAR's members are sex workers, with just one non-sex worker member. All others are current or former sex workers. 50 percent of STAR-STAR's members are cis female, 45 percent are transgender, and 5 percent are cis male. "I believe that if you come from the community, it is easier to reach the community." – **Borce Bozhinov, Star-Star's founder**

STAR-STAR has faced challenges in reaching out to the sex worker community when it established its second drop-in space in Gostivar. "In Skopje, it was a lot easier. I was a sex worker here for 15 years, I used to work with many people, sharing the work space. We are here and we live here, but when it comes to other cities we have very few connections." In order to reach the community in the west, STAR-STAR has started a project that is currently being implemented. Every month, four different sex workers serve as gatekeepers during the implementation of the project. Each of them is encouraged to bring a new person to the drop-in centre. STAR-STAR offers them incentives for their work (50 euros). The members of the group aim to form connections with new sex workers brought to the centre, and the following month, newcomers are asked to reach out to their network and bring new

people in. “This is how we try to get the word out and reach as many sex workers as we can — with the help of our community.” – **Borce Bozhinov, STAR-STAR’s founder**

STAR-STAR has three members who do regular outreach work in Skopje. The outreach group in Skopje is diverse, comprised of one cis female, one trans*, and one cis male sex worker. “Trans sex workers are in contact with other trans sex workers, [cis] females with [cis] female, and [cis] males with [cis] males. So that offers us a wide reach when it comes to outreach. For example, one of our members is a drag queen that is also a member of the Roma community. He lives in Shutka, which is the biggest Roma municipality in Europe. Because of that, he has contacts within the sex worker group from that community. In our group, there are Macedonians, Albanians, and Roma people of all genders. It took a lot of time for us to get where we are now and was very difficult in the beginning. A lot of time was spent on thinking how to establish an inclusive and diverse group and on forming plans and approaches on how to reach sex workers from many different groups. We’ve spent a lot of time figuring things out and that has led us to where we are now.” – **Borce Bozhinov, STAR-STAR’s founder**

4. Sex Work Polska (SWP), Poland

Unconditional support and radical empathy provided by the only group offering actual help to sex workers in Poland
Based on interviews with SWP’s members

Origins and aims

Sex Work Polska (SWP) is an informal group founded in 2014 as part of a European-wide mobilisation of sex workers’ rights groups to challenge the so-called “Honeyball Report” by then-MEP Mary Honeyball, which was adopted as a resolution by the European Parliament and encouraged EU member states to criminalise sex work. SWP is a sex worker-led informal collective that, through outreach and advocacy, strives to provide unconditional support to sex workers working in

different settings and are from different sub-groups, including single mothers, students, members of the LGBTQ+ community, migrants, people without housing, people with mental health issues, people who use drugs, and former inmates. The group is non-hierarchical and makes all decisions by collective consensus. It advocates for sex workers' visibility and recognition, against whorephobia, whorearchy, and stigma, and against the policing and criminalisation of sex work, migration, and HIV. Guided by radical empathy and community care, members of SWP stand and work together with feminist, LGBTQ+ rights-centred, pro-choice, and anti-fascist movements in Poland.

swpkontakt.org

Programmes

SWP provides direct outreach services to both indoor and outdoor sex workers working in and around the capital city, Warsaw, and indirectly to all sex workers in Poland. The group distributes condoms, lubes, menstrual sponges, and wet wipes; offers peer-to-peer education; and currently also distributes masks and disinfectants to help curb the spread of COVID-19.

SWP provides free-of-charge psychological and legal support, helps in accessing medical care, and partially subsidises doctor's services and medical check-ups, since sex workers, both Polish and those from migrant backgrounds, frequently lack instant and free access to medical care. Since Poland does not recognise sex work as work, sex workers in Poland have no access to medical insurance and public healthcare, as it is directly bound with employment status. Prior to the outbreak of the COVID-19 pandemic, SWP had a working relationship with an organisation that provides free testing within mobile clinics, and used to do outreach in and around Warsaw together with the clinic's team. During the pandemic that changed, however, and SWP can now no longer offer such testing as neither the clinic's services nor the self-testing kits are currently available to the group. During outreach, group members educate peers about current testing opportunities, opening hours for clinics that offer free testing, and self-testing options available in the context of COVID-19 pandemic.

Last year, thanks to a grant for peer outreach and HIV/STI prevention, the group organised two workshops for community peer educators in Warsaw. They were centred around HIV/STI prevention, provision of sensitised and tailored outreach, and harm reduction, including trip sitting, i.e., ensuring the safety of persons who use drugs. Aside from the opportunity to share the group's knowledge, the workshop offered a safe space and platform for 24 sex

workers to exchange experiences, ask questions, network and bond with each other (incl. sex workers working in different settings), and join the collective.

One of the biggest achievements of the sex workers' community in Poland is the publication of "Doswiadczalnik" — an experience-based toolkit for sex workers working in Poland. This resource represents the first sex work-centred publication of its kind in Poland. It was self-published by a group of sex workers called Informal Group of Sex Workers who are also members of the SWP coalition, and in cooperation with SWP. It fights stigma, misconceptions about sex work, and alienation by offering knowledge on full-body contact work, striptease, and massage work directly from practitioners, as it is based on interviews with both indoor and outdoor sex workers. It contains chapters on occupational health and safety, sexual health, (preventive and emergency) contraceptive methods, and HIV/STI prevention, among others.

The group also educates peers through its social media channels, which became a somewhat default and necessary method, as the measures to curb the spread of COVID-19 made in-person gatherings difficult.

Barriers

The main challenge sex workers in Poland face is the criminalisation of sex work. Although the provision of sexual services itself is not illegal, sex workers are being targeted by municipal by-laws, and third parties are being criminalised. Hence, sex workers' working environment and all labour relations are criminalised, which pushes sex workers underground and exposes the sex worker community to risk of violence both from violent clients, exploitative third parties, the police, and other offenders. Since sex work is not recognised as work, migrant sex workers face problems when trying to regularise their stay in Poland; as a result, they usually do not have access to healthcare or other public services.

The collective's everyday struggle stems from the lack of visibility and recognition, and from constantly having to deal with the sex work stigma that runs deep in Polish catholic society, where anti-sex work and sex-negative approaches are the norm. There is little understanding of what sex work is and little willingness to educate oneself in order to understand it; at the same time, it is a subject that frequently evokes strong and even aggressive emotions. Discourses across the political spectrum are usually centred around morality, from the most conservative to liberal and even leftist people. In addition,

the current right-wing parliament and president are frequently breaching established civil and human rights standards for several years now. For these reasons, the group experiences significant barriers when it comes to advocacy on the municipal or national level, as there are very few who are willing to "be associated with the subject," as it is usually framed or hinted at. That is why SWP sees its strength in continuing as an informal collective to continue to offer its members the opportunity to provide actual help to their community, for as long as formalising the group's status and being recognised as partner organisation by government (or government-affiliated) organisations remains unlikely or would potentially force the group into accepting limits and restrictions — especially in the current political climate. For that reason, the group has limited access to funding, which is almost exclusively available to formally registered organisations or at least requires a fiscal sponsor. Funding that can be obtained by informal groups is extremely limited, most definitely in Poland but also internationally, as there are many groups applying for the same grants. In addition, these grants are usually project-focused and not designed to cover an informal group's everyday needs and ensure its long-term survival. In cases where numerous applicant organisations work within the same field, their respective visibility and recognisability plays a great role to successfully obtain a grant. Members of the group also feel that their geographic location works against them, as grant decisions seem often based on false assumptions about the social, economic, and generally — quality-of-life related status of people in Poland, including sex workers. While at the very least the current geopolitical climate and the uproar of Polish society should paint a significantly different picture.

The main barriers experienced by both SWP and the community are either money-, resource-, and/or stigma-related. Meanwhile, the unwillingness of state officials to discuss sex work-related issues - as well as issues faced by many other socially marginalised groups - create overwhelming obstacles that stand in the way of any institutional and sustainable change.

"Several months after the outbreak of the COVID-19 pandemic, and for the umpteenth time since 2016, the Polish government launched yet another attack on the reproductive rights of people living in Poland. Just a few months earlier, the government further criminalised HIV by tightening the rules that penalise anyone who exposes others to the risk of an infection with HIV, STIs, and other infectious diseases, including, implicitly, COVID-19. The rule was hidden among others included in the government's "anti-crisis

package". In October, the so-called (as it's not been that for a while now) Constitutional Tribunal, Poland's constitutional court, ruled a law unconstitutional that had allowed abortions in cases where foetuses are irreparably damaged, thereby further tightening the country's abortion law that was already one of the strictest in Europe. Hundreds of people gathered spontaneously outside the court in Warsaw, as well as in other cities and towns, to protest against the decision. During the following days, mass protests took place all over Poland, even in the smallest towns of only a few thousand inhabitants. Most of those were organised spontaneously and from the bottom up by people from all walks of life. Although deemed illegal by the government and the police, those protests were, in fact, legal and protected by the right to protest granted in the Polish Constitution — even during the pandemic. Five months later, both protests and repressions are currently continuing. All these events seem to have fundamentally transformed the way we think, talk, and act as a community in Poland. The Polish public, dominated for a long time by conformist and neoliberal views and oblivious to its privilege, now finally seems to realise what sex workers have known and spoken out about for decades: that empathy, unconditional support, and solidarity; grassroots communities and self-organising; resistance and what Dr Carol Summers coined "radical rudeness" are what we need to exercise our rights and achieve social justice and change. They are our strength." – **Sex Work Polska members**

Best practices

Connecting. Building a strong, confident community

Sex Work Polska's main goal is connecting with and within its community and building a strong and confident sex worker community and leadership as most sex workers in Poland live in great isolation. The group recognises this as the greatest need and as most beneficial to sex workers in Poland. **Together with the advocacy they do for the visibility and recognition of sex workers in Poland, and to fight stigma and dehumanisation, it strengthens the community and instils self-awareness and agency in the community. SWP is non-judgemental in its work and connects members of the sex worker community through shared experiences, radical empathy, understanding, unconditional support, and compassion.** The group constantly extends its network by forming new connections within the community through their outreach services, via phone, email, and social media, and by being always available and within reach in times of crisis, through workshops, events, and meetups, and the aforementioned "Doswiadczalnik" resource. Last but

not least, the group also helps its community through an emergency fund it established at the beginning of the COVID-19 pandemic in Poland. This fund has helped reaching new members of the community, raising awareness within and outside of the community, and creating connections on a new level. The group has so far supported over 200 sex workers with money transfers that enabled many of them to seek medical help and cover health-related expenses.

"In the beginning of the pandemic, we started an emergency fund to support our community. So far, we have managed to raise over 10,000 Euro and support over 200 persons with direct money transfers as well as other forms of assistance. Our support was instant and unconditional: no application forms and no certificates were necessary to receive help. We have managed to support persons who we meet regularly during outreach, both outdoor and indoor sex workers. Once the news of the emergency fund spread, in part thanks to somewhat sensationalist media coverage, a lot of people emailed us to get financial support. This action allowed us to support persons who faced very difficult situations during lockdown, lost income and ways to provide for themselves and their loved ones in the most basic sense, or were fined by the police and experienced human rights abuses. It also became an opportunity to get in touch with a large number of sex workers who had previously been unaware of SWP and the types of work we do. The emergency fund has thus strengthened the sense of community among sex workers. There were spontaneous actions from within the community as many sex workers supported the emergency fund through their work, offering videos, photos, art, and services in exchange for donations or by helping to spread the news of the fund via social media. Our emergency fund is still active and currently supported by donations from a community-led auction group on Facebook as sex workers in Poland are in as much need of support as ever." – **Sex Work Polska members**

The group also forms connections outside of the community; it stands together and cooperates with numerous other grassroots movements and informal groups in Poland, whose work and aims overlap with those of SWP. As contraceptive rights and the access to safe abortions and morning after pills became critically restricted, the group offered access to these preventive measures as the lack thereof marginalises sex workers and pushes community members into even more precarious conditions. The group builds alliances and acts together with feminist and LGBTQ+ movements, since prostitution abolitionist, whorephobic, and transphobic

sentiments are currently especially strong in Polish society. SWP also cooperates with antifascist groups and those opposing police violence and overreach, as state-sponsored abuse and police violence — so well known to sex worker communities — increasingly affect civil society and peaceful protesters in Poland. The collective has working relationships with groups supporting people who use drugs, people without housing, and migrants (including from Belarus and Ukraine), and with groups fighting menstrual poverty as the sex worker community in Poland also experiences these forms of exclusion.

SWP forms these connections and engages in these shared struggles in Poland as the group sees its strength in grassroots activism (as experienced during the COVID-19 pandemic when first responders were mostly grassroots actors) and sees its potential to engage the Polish civil society, shift its views, and bring about change.
"We need support on so many fronts right now. In 2021, in the heart of Europe, we are fighting for our basic rights. Stand in solidarity with us. Where's oppression, there's resistance. Resist, act up, and fight back together with us!" – **Sex Work Polska members**

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RESOURCE 4

Sex Work & HIV in Europe - Community Recommendations

GOVERNMENTS:

1. **Decriminalise sex work**. Sex workers, clients and non-exploitative third parties must be decriminalised.
2. **Eliminate the unjust application of laws** and regulations used against sex workers.
3. **Implement a firewall between immigration authorities and health services**.
4. **Address and combat violence** against sex workers in partnership with sex worker-led organisations.
5. **Recognise sex work as work** and support the self-organisation and unionisation of sex workers.
6. **Meaningfully involve sex workers** and their organisations in the development of laws and policies that impact them.
7. **Include sex workers and their organisations in the development of HIV/AIDS national action plans**.
8. **Financially support sex worker-led organisations and community-led services**.
9. **Support implementation of UNAIDS strategy**.

EUROPEAN COMMISSION:

1. **Include sex worker-led organisations and networks** in policy-making and consultations in all policy areas affecting sex workers..
2. **Fund sex worker-led and other key population-led organisations** at national and regional level.

EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS (FRA):

1. **Document impact of repressive laws and policies** on the human rights of sex workers.
2. **Research, draft, and publish an Opinion** on sex workers' human rights in the European Union.

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC):

1. **Include civil society organisations** in the collection of data.
2. **Develop a thematic report** on sex workers as part of the monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia.

FUNDERS:

1. **Fund sex worker-led national organisations as well as regional and global networks**. Funding must not be limited to services and projects but include general support and advocacy funding.
2. **Consult sex workers** and their organisation on the needs of their communities. Adapt to those needs instead of expecting community organisations to adapt to yours.

HEALTH AUTHORITIES AND SERVICE PROVIDERS, INCLUDING HIV SERVICE PROVIDERS:

1. **Meaningfully include sex workers i**n the development, delivery and evaluation of services.
2. **Ensure that all health-related services are comprehensive, available, accessible, affordable, and acceptable.**
3. **Recognise the diversity of sex workers' communities** and develop services inclusive of these communities.
4. **Develop anti-stigma and anti-discrimination trainings** for healthcare professionals.
5. **Roll-out the Sex Worker Implementation Tool** (SWIT).

RESEARCHERS:

1. **Develop research proposals in partnership with sex worker-led organisations** to ensure that community priorities are reflected in research designs.
2. **Hire sex workers** as peer-researchers and interviewers.
3. **Pay sex workers** for their labour, including as interviewees.
4. Ensure the dissemination of the research findings in partnership with sex worker-led organisations and beyond academic circles.

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International Committee on the Rights of Sex Workers in Europe
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EATG
European AIDS Treatment Group

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