

HIV AND SEX WORK



HUMAN RIGHTS FACT SHEET SERIES

2021

OVERVIEW



IN 2019 FEMALE SEX WORKERS HAD A 30 TIMES GREATER RISK OF ACQUIRING HIV THAN THE GENERAL FEMALE POPULATION.

In 2019 approximately **8%** of new adult HIV infections globally were among sex workers of all genders (1).

Intersecting forms of structural and societal stigma and discrimination, including punitive laws, policies and practices, create significant inequalities and prevent sex workers from being able to protect their health, safety and well-being.

Sex workers include female, male and transgender people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally.

Sex work may vary in the degree to which it is "formal" or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities.



Countries should implement evidence-informed responses to HIV and sex work that reduce inequalities and protect and promote human rights and public health. They include ensuring **access to HIV services, supportive and enabling environments and removal of structural barriers** in full partnership with sex worker-led organizations (2).



Critical actions include ending the criminalization of all aspects of sex work, including the purchase, sale and management of sex work; extending labour protections; protecting sex workers against state and private actor violence; and ending stigma and discrimination.

THE DATA

In 2019 approximately **8%** of new adult HIV infections globally were among sex workers of all genders (1). In countries with data, the prevalence of HIV is significantly higher among transgender sex workers than cis-gendered sex workers, in some cases more than 20 times higher (3).

Criminal laws, law enforcement practices, stigma and discrimination increase risks of violence for sex workers such that

45% to 75%

of adult female sex workers are assaulted or abused at least once in their lifetimes (4).



In 2019
**SEX WORKERS
HAD A
30x**

greater risk of acquiring
HIV than the general
female population.

Intersecting socio-structural contexts of racism, transphobia, economic insecurity and migration status can also serve to increase vulnerability to violence for different groups of sex workers (5).



Among sex workers,
32.8%
do not know their
HIV status.

Less than half of female sex workers stated that they were able to access at least two HIV prevention services in the past three months in 16 of the 30 reporting countries in recent years (1).

GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of countries have laws criminalizing any aspect of sex work.

Less than 10% of sex workers report experiencing stigma or discrimination.

Less than 10% of health workers and law enforcement officers report negative attitudes towards sex workers.

Less than 10% of countries lack mechanisms for sex workers to report abuse and discrimination and seek redress.

Less than 10% of sex workers lack access to legal services.

Less than 10% of sex workers experience physical or sexual violence.

LINKING RIGHTS AND HEALTH OUTCOMES

Criminalization of sex work increases both the risk of sex workers acquiring HIV and their vulnerability to violence perpetrated by clients, police and other third parties.

The criminalization of the clients of sex workers has also been repeatedly shown to negatively affect sex workers' safety and health, including reducing condom access and use, and increasing the rates of violence (6–10). The criminalization of any aspect of sex work has similar negative public health, violence and well-being outcomes (6–9).



Criminalization has been proven to impede access to health-care services, including effective HIV prevention, treatment, care and support services (7, 8, 11, 12). A study in 10 countries in sub-Saharan Africa found that the **odds of living with HIV were**

7.17 times higher for a sex worker in a country that criminalizes sex work compared with a country that partially legalized sex work (9).

According to one study, decriminalizing sex work could avert between **33% to 46%** of HIV infections among sex workers and their clients over 10 years (8).



Not recognizing sex workers as legitimate workers also denies sex workers the basic health and social safety nets provided to other workers—an exclusion that is especially harmful during economic downturns and the COVID-19 lockdowns (13). During COVID-19, sex workers reported increased harassment and discrimination, as well as exclusion from financial support measures (1). Sex work criminalization thus contributes to other rights violations, including denial of the right to life, to housing, security, privacy and access to health services (14, 15).

INTERNATIONAL RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

Every person has the right to liberty and security of the person, the highest attainable standard of health including treatment and prevention in the context of epidemics, the right to safe working conditions, and to autonomy over one's own body and sexuality, without discrimination.

International human rights bodies and experts, and United Nations (UN) agencies have made clear that states must end direct and indirect criminalization of sex workers, including administrative penalties and other measures used against sex workers and clients, and licensing schemes that impose penalties on sex workers who fail to register (2, 6, 12, 16–24).

States should also immediately **cease the practice of detaining sex workers in "rehabilitation centres"** (6, 25).



The Committee on the Elimination of Discrimination against Women (CEDAW) has

held that mandatory health tests for sex workers is a breach of human rights and must end, including for HIV tests (26). Rather, states must ensure the provision of accessible, acceptable, available and quality voluntary integrated HIV services, made available through sex worker-led outreach (2, 27).



States have an obligation to ensure access to HIV and sexual and reproductive health services in line with the principles of equality and non-discrimination, which includes improved access to HIV services, including through targeted prevention services for sex workers (2, 12, 28–33). CEDAW has further called for special attention to be given to sex workers' health and human rights (34).

States must take action, including in law, to remove stigma and discrimination against sex workers (18, 35–37).



Sex workers have the right to safe working conditions and labour protections, including for all migrant sex workers

(6, 36, 38). Sex workers should be included in social protection and financial support schemes (39).

States must adopt legislative, administrative, social, economic and other measures necessary to prevent, investigate, prosecute and punish all acts of violence against sex workers, whether perpetrated by the state or by private individuals, and to ensure reparations for victims (22, 37, 40). Law enforcement officers must be trained on their obligations toward sex workers and protecting sex workers from violence (20, 36). States must take care not to conflate sex work and trafficking in legislation because it leads to the implementation of inappropriate responses that fail to assist either sex workers or victims of trafficking in realizing their rights, and, at worst, to violence and oppression (40). States should ensure the meaningful engagement and participation of sex workers in all their diversity in all legal, policy and programmatic implementation activities.

KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS, [Guidance Note on HIV and Sex Work](#), 2012
- WHO, UNFPA, UNAIDS, NSWP, The World Bank and UNDP, [Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions](#), 2013
- WHO, UNFPA, UNAIDS and NSWP, [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](#), 2012
- WHO, [Consolidated Guidelines on the HIV Prevention, Diagnosis, Treatment and Care for Key Populations, 2016 Update](#)
- Global Commission on HIV and the Law, [HIV and the Law: Risks, Rights & Health, 2012](#), and [2018 supplement](#)
- ILO, [Recommendation Concerning HIV and AIDS in the World of Work, No. 200](#), 2010

This policy brief is produced by UNAIDS as a reference on sex work, human rights and HIV. It does not include all recommendations and policies relevant to the issue covered. Please refer to the key resources listed above for further information.

REFERENCES

1. UNAIDS. Seizing the moment: tackling entrenched inequalities to end epidemics – global AIDS update. Geneva: UNAIDS; 2020.
2. UNAIDS. Guidance note on HIV and sex work. Geneva: UNAIDS; 2012.
3. UNAIDS, AIDSInfo, 2019 data. (<https://aidsinfo.unaids.org>, accessed 7 May 2021).
4. Deering KN, Amin A, Shoveller J, Nesbit A, Garcia-Moreno C, Duff P, et al. A systematic review of the correlates of violence against sex workers. *Am J Public Health*. 2014;104(5):e42–54.
5. Lyons T, Krüsi A, Pierre L, Kerr T, Small W, Shannon K. Negotiating violence in the context of transphobia and criminalization: the experiences of trans sex workers in Vancouver, Canada. *Qual Health Res*. 2017;27(2):182–190.
6. Global Commission on HIV and the Law. Risks, rights & health, 2012 and 2018 supplement.
7. Platt L, Grenfell P, Meiksin R, Elmes J, Sherman SG, Sanders T, et al. Associations between sex work laws and sex workers' health: a systematic review and meta-analysis of quantitative and qualitative studies. *PLOS Med*. 2018;15(12):e1002680.
8. Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet*. 2015;385(9962):55–71.
9. Lyons CE, Schwartz SR, Murray SM, Shannon K, Diouf D, Mothopeng T, et al. The role of sex work laws and stigmas in increasing HIV risks among sex workers. *Nat Commun*. 2020;11(1):773.
10. Argento E, Goldenberg S, Braschel M, Machat S, Strathdee SA, Shannon K. The impact of end-demand legislation on sex workers' access to health and sex worker-led services: a community-based prospective cohort study in Canada. *PLoS One*. 2020;15(4):e0225783.
11. World Health Organization (WHO), UNFPA, UNAIDS and NSWP. 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: WHO; 2012.
12. WHO. Consolidated guidelines on the HIV prevention, diagnosis, treatment and care for key populations, 2016 update. Geneva: WHO; 2016.
13. Shih E, Thibos C. The fight to decriminalize sex work. In: Open Democracy [Internet]. 5 May 2020. (<https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/fight-decriminalise-sex-work/>, accessed 12 June 2020).
14. Amnesty International. The human cost of "crushing" the market: criminalization of sex work in Norway. London: Amnesty International Ltd.; 2016.
15. UN Human Rights Committee. General Comment No 36. The Right to Life (Article 6) (CCPR/C/GC/36), 2019.
16. UN Committee on the Elimination of Discrimination against Women. Background paper concerning article 6 of the Convention on the Elimination of All Forms of Discrimination against women (CEDAW/2003/II/WP.2), 2003.
17. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined third to seventh periodic reports of Senegal (CEDAW/C/SEN/CO/3-7), 2015.
18. UN Human Rights Council. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, Addendum: Mission to Viet Nam (A/HRC/20/15/Add.2), 2012.

REFERENCES

19. UN Human Rights Council. Report of the Working Group on the issue of discrimination against women in law and in practice, on its mission to the United States (A/HRC/32/44/Add.2), 2016.
20. UN Human Rights Council. Report of the Special Rapporteur on extreme poverty and human rights, Ms. Magdalena Sepúlveda Carmona, Report Mission to Namibia (A/HRC/23/36/Add.1), 2013.
21. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined seventh and eighth periodic reports of Viet Nam (CEDAW/C/VNM/CO/7-8), 2015.
22. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the fourth periodic report of Fiji (CEDAW/C/FJI/CO/4), 2010.
23. UN Human Rights Council. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, Addendum. Mission to Ghana (A/HRC/20/15/Add.1), 2012.
24. UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, et al. Joint United Nations statement on the elimination of discrimination in health care settings, 2017.
25. UN Human Rights Council. Report of the Special Rapporteur on trafficking in persons, especially women and children on her mission to Cuba (A/HRC/38/45/Add.1), 2018.
26. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the seventh and eighth periodic reports of Austria (CEDAW/C/AUT/CO/7-8), 2013
27. UN Committee on Economic, Social and Cultural Rights. General comment No. 14: The right to the highest attainable standard of health (Art. 12) (E/C.12/2000/4), 2000.
28. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the second and third periodic reports of Cameroon (E/C.12/CMR/CO/2-3), 2012.
29. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined sixth and seventh periodic reports of Ethiopia (CEDAW/C/ETH/CO/6-7), 2011.
30. UN Committee on the Rights of the Child. Concluding observations on the combined fourth and fifth periodic report of the Republic of Moldova (CRC/C/MDA/4-5), 2017.
31. UN Human Rights Committee. Concluding observations on Swaziland in the absence of a report (CCPR/C/SWZ/CO/1), 2017.
32. UN Human Right Council. Report of the Working Group on the issue of discrimination against women in law and in practice on its mission to Chad (A/HRC/38/46/Add.2), 2018.
33. International Labour Office (ILO). Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200). Geneva: ILO; 2010.
34. UN Committee on the Elimination of Discrimination against Women. General recommendation 24: Article 12 of the Convention (Women and Health) (A/54/38/Rev.1, chap. I, para. 6), 1999.
35. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the first, second and third periodic reports of Djibouti (CEDAW/C/DJI/CO/1-3), 2011.
36. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined seventh and eighth periodic reports of Hungary (CEDAW/C/HUN/CO/7-8), 2013.
37. UN Human Rights Committee. Concluding observations on the fourth periodic report of Paraguay (CCPR/C/PRY/CO/4), 2019.
38. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the seventh periodic report of Angola (CEDAW/C/AGO/CO/7), 2019.
39. UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the initial report of Turkey (CMW/C/TUR/CO/1), 2016.
40. UNAIDS. Social protection: A Fast-Track commitment to end AIDS — guidance for policy-makers, and people living with, at risk of or affected by HIV. Geneva: UNAIDS; 2018.
41. UN Human Rights Committee. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover (A/HRC/14/20), 2010.