The Smart Sex Worker's Guide

WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations

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

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SEX WORK IS WORK:
Only Rights Can Stop the Wrongs

The Global Network of Sex Work Projects (NSWP) exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights-based health and social services, freedom from abuse and discrimination and self-determination for sex workers.

The Global Network of Sex Work Projects uses a methodology that highlights and shares the knowledge, strategies, and experiences of sex workers and sex worker-led organisations. Smart Guides are the result of desk research and a global e-consultation with NSWP member organisations, including case studies from some members.

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

Contents

What is this Smart Guide? 2

What are the WHO Consolidated Guidelines? 3

How were Sex Workers Involved in the Development of these Guidelines? 4
Values and Preferences Study 4

Introduction 5
Structural Barriers 5
HIV, Viral Hepatitis, and STIs in Key Populations 5
Responding to HIV, Viral Hepatitis and STIs in Key Populations 6

Critical Enablers 7
Key Populations' Values and Preferences Related to Structural Barriers and Critical Enablers 7
Essential Interventions to Address Structural Barriers 8

Recommended Interventions for Sex Workers 14
Enabling Interventions to Address Structural Barriers 15
Health Interventions for HIV, Viral Hepatitis and STIs 16
Health Interventions for Broader Health 17
Supportive Interventions 17

Service Delivery 18
Community-Led Services, Task-Sharing, and Involvement of Sex Worker Peers 18
Virtual Interventions 20
Self-Care 21

Programme and Service Considerations for Young Key Populations 22
Background 22
Changes to the Legal and Policy Environments 22
Elements of Successful Programming for Young Key Populations 23

Developing the Response: the Decision-making, Planning, and Monitoring process 25
Situational Analysis 25
Planning and Implementing the Response 25
Monitoring and Evaluating the Responses 26
Ongoing Planning and Development of the Response 26

What is this Smart Guide?

This Smart Guide summarises and discusses the guidelines' key recommendations for sex workers in plain English. The Smart Guide can be used as a tool when advocating for rights-based services. For more in-depth information on any of these topics, you can refer to the full WHO Consolidated Guidelines document. WHO has also produced a policy brief on the guidelines, for each key population, which summarises newly added recommendations and lists recommended interventions.

What are the WHO Consolidated Guidelines?

In 2022, the World Health Organization (WHO) published the *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations*. They provide guidance for public health and rights-based responses to HIV, viral hepatitis, and sexually transmitted infections (STIs) for key populations. Key populations are defined as men who have sex with men, sex workers, people who use drugs, trans and gender diverse people, and people in prisons and other closed settings. They are defined as "key" given they are disproportionately impacted by HIV, and 70% of new infections in 2021 occur amongst key populations and their partners.[1] This is due to structural barriers, including criminalisation. which increase vulnerability and limit access to services. The key populations are also disproportionately affected by STIs and viral hepatitis, and have broader health needs.

The 2022 guidelines are an update to WHO's previous 2012, 2014 and 2016 *guidelines on HIV prevention, diagnosis, treatment and care for key populations* and include existing, updated, and new recommendations and good practices. New recommendations were informed by reviews of scientific evidence and a community values and preferences study conducted by four global key population-led networks: Global Action for Trans Equality (GATE), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), and MPact Alliance for Gay Men's Health and Rights (MPact).

These guidelines gather the most recent guidance and recommendations related to HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations. They promote evidence- and rights-based interventions to improve sex workers' and other key populations' access to health and human rights.

The guidelines can be used by sex worker and other key population-led organisations to advocate for rights and evidence-based HIV, STI, and hepatitis programmes, and by managers, policymakers, donors, and others to inform rights and evidence-based HIV, STI, and hepatitis policies and programming.

1 UNAIDS, 2022, "In Danger: UNAIDS Global AIDS Update 2022," p. 17.

How were Sex Workers Involved in the Development of these Guidelines?

These guidelines were developed by WHO, in collaboration with academics and researchers, programme and policy experts, civil society representatives, and four global key population-led networks: GATE, INPUD, MPact, and NSWP, who represent and advocate for the needs of trans and gender diverse people, people who use drugs, men who have sex with men, and sex workers, respectively.

The four key population networks contributed to the guidelines at multiple stages. GATE, INPUD, MPact, and NSWP were all members of the Guideline Development Group – the group responsible for formulating and approving the new and updated recommendations. Representatives from the key population networks also participated in the External Review group, which reviewed the guidelines.

In addition, WHO commissioned GATE, INPUD, MPact, and NSWP to design and conduct a study of key populations' values and preferences surrounding HIV, viral hepatitis, and STI services amongst their communities.

Values and Preferences Study

In 2021, GATE, INPUD, MPact and NSWP conducted community-led research exploring their communities' values and preferences surrounding HIV, viral hepatitis, and STI services. Due to the lack of networks of people in prisons and logistical issues, no community consultation was conducted with people in prisons, although given the criminalisation of key populations, people with experience of incarceration were included in key population consultations.

Data was collected by community consultants engaged by the global key population-led networks. The research included virtual semi-structured interviews and focus group discussions conducted with community members, including key informants and grassroots community members. From the NSWP network, 26 interviews and 8 focus group discussions were conducted with cisgender female, male, and trans and gender diverse sex workers across all 5 NSWP regions. More information can be found in **Chapter 2** of the guidelines.

Results of the research were used to inform the development of the guidelines.

Introduction

Chapter 1 of the guidelines discusses structural barriers which impact sex workers' access to health services. It also explains why it is important to address HIV, viral hepatitis, and STIs among key populations.

Structural Barriers

Social, legal, structural, and other barriers increase key populations' vulnerability to HIV, viral hepatitis, and STIs, and restrict their access to essential services. Sex work and sex workers are widely criminalised and subjected to punitive laws and policing practices. Sex workers also face high levels of stigma and discrimination from law enforcement, health care workers, and the general population. Criminalisation, stigma, and discrimination promote violence and other human rights abuses, which sex workers are less likely to report due to structural barriers. Structural barriers make it harder for sex workers to consistently use HIV and STI prevention methods (like condoms and lubricant), get diagnosed, and enter and stay in treatment.

Sex workers can be members of more than one key population group simultaneously. For example, a sex worker may also identify as being trans, or be a gay a man or other man who has sex with men, or a person who uses drugs may also sell sex. Factors such as gender, disability, education, race, religion, and socioeconomic status can intersect and exacerbate structural barriers.

HIV, Viral Hepatitis, and STIs in Key Populations

Sex workers and other key populations are disproportionately affected by HIV in almost every setting. Viral hepatitis infections also disproportionately affect key populations, with the highest burden being among people who inject drugs, people in prisons, and men who have sex with men. Sex workers may also be affected by viral hepatitis, particularly if they also belong to another key population group. STIs also affect all key populations disproportionately, and sex workers and their clients face a higher risk of STIs in almost all settings.

Epidemics of HIV, viral hepatitis, and STIs may also interact and reinforce one another, heightening negative impacts and health outcomes for all key populations.

Responding to HIV, Viral Hepatitis and STIs in Key Populations

Prioritising the prevention, diagnosis, and treatment of HIV, viral hepatitis, and STI infections in key populations is critical to achieving global health targets, including:

- **United Nations Sustainable Development Goal 3, target 3.3:**
  - By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.[2]
- **The Joint United Nations Programme on HIV/AIDS (UNAIDS) Global Strategy to end AIDS:**
  - By 2025, 95% of people use combination prevention; 95% of people living with HIV know their HIV status; 95% of people living with HIV who know their status initiate treatment; 95% of people on HIV treatment are virally suppressed and 95% of women access HIV and sexual and reproductive health (SRH) services.
  - By 2030, 90% of people living with hepatitis C (HCV) or B (HBV) are diagnosed and 80% treated (HBV) or cured (HCV).
  - By 2030, >90% of priority populations are screened for gonorrhoea or syphilis and >95% are treated if positive.
  - By 2025, less than 10% of countries have punitive laws and policies that deny or limit access to services; less than 10% of people experience stigma and discrimination and less than 10% experience gender inequality and violence.[3]

In line with these goals, the guidelines centre sex workers' and other key populations' needs and priorities and promote person-centred approaches to health, which include:

- Reducing structural barriers
- Community empowerment, sustainable community-led services, and self-care
- Differential service delivery approaches
- Evidence-based, people-centred, quality interventions
- Funding for priority, impactful, and sustainable packages of interventions

These approaches will be described in more detail later in the Smart Guide.

2 "Goal 3: Ensure healthy lives and promote well-being for all at all ages," United Nations Department of Economic and Social Affairs.

3 UNAIDS, 2021, "Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS."

Critical Enablers

Chapter 3 of the guidelines discuss "critical enablers," which are strategies, activities, and approaches that aim to respect and realise the human rights of all key populations and improve the accessibility, acceptability, uptake, coverage, effectiveness, and efficiency of health services. They operate at all levels, requiring collaboration across multiple sectors (e.g. health, justice, and labour) and between multiple actors (e.g. key population communities, civil society, government, and others). The meaningful involvement of sex worker- and other key population-led organisations is essential.

Key Populations' Values and Preferences Related to Structural Barriers and Critical Enablers

Research conducted by the global key population networks found that all four key populations experience persistent criminalisation, stigma, and discrimination, which reduce access to health services and perpetuate vulnerability, human rights abuses, and poor health outcomes.

Participants recommended the following critical enablers for their communities:

- **Legal and policy reform**
  - Decriminalise sex work, drug use and possession, same-sex relations, and gender expression
  - Promote policies supporting legal gender recognition
- **Community empowerment**
  - Promote peer outreach, peer-led services and drop-in centres
  - Conduct advocacy and awareness-raising campaigns
  - Promote capacity-building and resource mobilisation for key-population led organisations
  - Conduct key population-led sensitisation trainings for health care staff, law enforcement, NGO workers, and the wider community
- **Anti-violence interventions**
  - Implement violence prevention measures as part of a holistic wellness approach
- **Increased funding for community-led initiatives**
  - Prioritise funding for key population-led programming and initiatives

Essential Interventions to Address Structural Barriers

In this section, WHO outlines structural barriers and identifies measures to overcome them.

Legal and Policy Barriers and Enablers

Most countries have laws, regulations, or policies that restrict access to HIV, viral hepatitis, STI, and other health services for key populations.

Legal and policy barriers include:

- Criminalisation of sex work, drug use and possession, gender identity or expression, and same-sex relations
- De facto criminalisation of gender identity via the criminalisation of cross-dressing or 'impersonation of the opposite sex'
- Lack of legal gender recognition for trans and gender diverse people
- Parental or legal guardian consent requirements for adolescents under the age of 18 to access health care
- Criminalisation of possessing needles/syringes
- Use of condoms as 'evidence' of sex work as a basis for arrest
- Forced anal examinations to 'investigate' or punish same-sex behaviour between men or trans women

The criminalisation of sex work increases sex workers' vulnerability to HIV, and repressive policing has been associated with an increased vulnerability to HIV and other STIs, as well as physical and sexual violence.[4] The criminalisation of sex workers' clients and third parties has also been shown to reduce condom access and use and increase violence.[5]

Good practices and guidance on removing punitive laws, policies, and practices:

- Governments should work towards the decriminalisation of drug use/injecting, drug possession, sex work, same-sex activity, and nonconforming gender identities, and stop the unjust use of laws and regulations against key populations
- Laws, policies, and practices should be reviewed and revised where necessary, with meaningful engagement from key population groups, to increase key populations' access to services

4 Platt et al., "Associations between sex work laws and sex workers' health: a systematic review and meta-analysis of quantitative and qualitative studies," PLOS Medicine 15,12 (2018).

5 Lyons et al., "The role of sex work laws and stigmas in increasing HIV risks among sex workers," Nature Communications 11, 773 (2020).

Stigma and Discrimination

Key populations face high levels of stigma and discrimination. Many key populations also face intersecting forms of discrimination due to their age, sex, race or ethnicity, health status, disability, nationality, asylum or migration status, or criminal record. Stigma and discrimination are exacerbated by a lack of training and education for health workers and law enforcement officers on the needs and priorities of key populations.

Stigma and discrimination in health services lead to:

- Stigmatising and discriminatory treatment from health workers, and refusal of services
- Delayed testing, missed diagnoses, and obstacles to staying in treatment
- Fear of disclosing one's health status
- Poor uptake of health services

Different aspects of stigma and discrimination can be addressed by:

- Providing information about health and health-related stigma
- Conducting sensitisation and other training for health care workers, law enforcement officers, and others
- Offering counselling and support services for key populations
- Promoting engagement between key populations and health care workers, law enforcement officers, and others
- Putting anti-stigma and anti-discrimination policies in place, with procedures for key populations to report discrimination
- Ensuring universal health care and professional, non-discriminatory care for key populations

Good practices and guidance on addressing barriers related to stigma and discrimination:

- Implement and enforce anti-discrimination and protective laws
- Promote collaboration between key population-led organisations and policymakers
- Make health services available, accessible, and acceptable to key populations, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health

Community Empowerment

Key populations often cannot control structural and contextual factors which make them more vulnerable to HIV, STI, and viral hepatitis. These constraints not only increase risks of HIV, viral hepatitis, and STIs, but create barriers for key populations to available services, and make them unaware of their fundamental human rights. Rather than receiving adequate, rights-based information, key populations (particularly young people within key populations), often receive negative and confusing messages about gender, drug use, pregnancy, sex work, homosexuality, STIs, and HIV.

Community empowerment is the process by which sex workers can work together to gain and increase control over their health and lives. Community empowerment enables sex worker communities to address the structural barriers to their health and human rights while promoting positive social, economic, safer sex and health seeking behaviour and improving access to services.

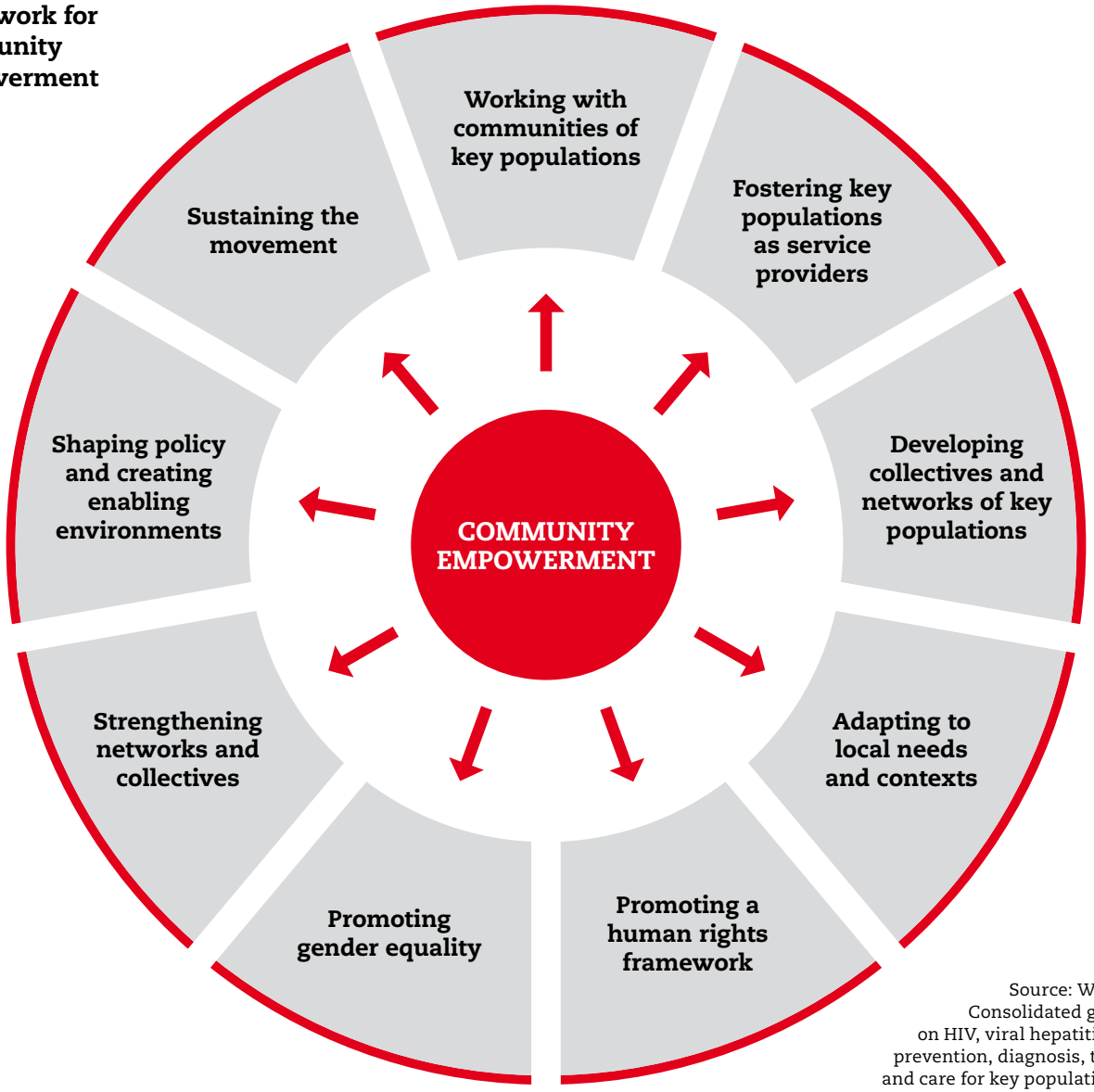
Community empowerment can take many forms:

- Supporting sex worker-led groups and sex worker-led programmes and services
- Meaningful participation of sex workers in designing and implementing services
- Peer education or peer navigation (support and accompaniment from peers for health services)
- Task shifting to sex workers (delegating tasks to community members which are traditionally done by health care professionals)
- Self-care
- Implementing legal literacy programmes
- Ensuring safe civil spaces for sex workers

These guidelines present a framework for community empowerment. The same framework has also been published in *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions* – also known as the Sex Worker Implementation Tool, or the 'SWIT.'[6]

6 WHO, UNFPA, UNAIDS, NSWP, World Bank & UNDP, 2013, "Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions."

Framework for Community Empowerment



Source: WHO, 2022, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, p. 22

Key population-led services, facilities, and research must be supported. Sex worker-led organisations, collectives, and networks can play a key role in training staff who work in healthcare, law enforcement, and social services.

Sex workers must be meaningfully involved and have a voice in decision-making, as well as in the development, implementation, monitoring, and management of services and programming for their communities. This will ensure that services are appropriate and acceptable, and will help foster partnerships between the community and service providers.

Meaningful involvement means that key populations:

1. Choose whether to participate;
2. Choose how they are represented, and by whom;
3. Choose how they are engaged in the process; and
4. Have an equal voice in how partnerships are managed

Good practices and guidance on community empowerment:

- Sex worker-led groups and organisations should be made essential partners and leaders in designing, planning, implementing, and evaluating health services
- Programmes should implement a package of interventions to enhance community empowerment among sex workers

Violence

Violence against sex workers is common and can be physical, sexual, or psychological. It can be perpetrated by law enforcement and others in positions of power, clients, family members, intimate partners, and others. Violence can be fuelled by power imbalances and prejudices. Structural factors – including laws, punitive policing, and stigma and discrimination – also perpetuate violence. Violence negatively impacts on sex workers' physical and mental health, reduces access to health services, and increases risks for HIV and STI infection.

The health sector can play an important role in addressing violence by:

- Providing comprehensive health services, including for sexual and reproductive health
- Providing referrals to other support services
- Gathering evidence through data and research
- Promoting prevention policies in other sectors
- Advocating for violence to be recognised as a public health problem and for resource allocation

People who experience violence need access to:

- Post-rape care, including emergency contraception
- Safe abortion
- Post-exposure prophylaxis for HIV and other STIs
- Hepatitis B immunisation
- Psychosocial care and support
- Referrals to legal services

HIV, viral hepatitis, and STI services for sex workers should include clinical and psychosocial care and support for survivors of violence. Treatment for physical injuries and longer-term mental health care may be needed. Trained peer counsellors can offer psychosocial support and crisis response interventions to link survivors to services and safe spaces.

Critical enablers to address violence include:

- Documenting and monitoring violence
- Training sex workers and other stakeholders to understand human rights
- Holding law enforcement officials accountable to prevent and respond to violence and human rights violations

Programmes that engage sex worker communities and other stakeholders have been shown to be effective against violence. Law enforcement officials are often perpetrators of violence against sex workers and other key populations.

Work can be done to train law officers on the human rights of sex workers and promote accountability. Advocacy for law and policy reform can also help prevent violence and promote the rights and safety of sex workers.

Efforts to prevent violence can be promoted by:

- Conducting advocacy for law and policy reforms that protect the rights and safety of sex workers
- Increasing awareness of violence reporting mechanisms and disciplinary action
- Conducting sensitisation workshops for government officials, law enforcement, prison staff, media, health care workers, and others
- Creating safe spaces
- Creating early warning and rapid response mechanisms (such as hotlines and online platforms) with involvement from sex workers, health workers, and law enforcement

It is also important to monitor and document incidences of violence as evidence for advocacy and to inform programme design.

Good practice in addressing violence:

- Violence against key populations should be prevented and addressed in partnership with key population-led organisations. All violence against key populations should be monitored and reported, and mechanisms should be put in place to ensure justice.

Recommended Interventions for Sex Workers

The next two chapters of the guidelines (**Chapters 4 and 5**) provide recommendations for key populations, with specific packages of interventions recommended for each key population group. Most recommendations are the same as WHO guideline documents for the general population, and some are taken from the 2014/2016 consolidated key populations guidelines. Sex workers and other key populations are also members of the general population, and these guidelines reaffirm that recommendations aimed at the general population also apply to them.

Sex workers are disproportionately affected by HIV and STIs due to structural factors which foster unsafe working conditions and poor health. Criminalisation, stigma, and discrimination also reduce access to health services, promote harassment and violence towards sex workers, and make it more difficult for sex workers to negotiate condom use.

WHO prioritises implementing enabling interventions to address structural barriers, including the full decriminalisation of sex work. Removing all offences that criminalise sex workers, their clients, and third parties will promote sex workers' human rights and have a positive impact on HIV, STIs, and viral hepatitis.

Due to health and ethical concerns, and growing treatment resistance to antibiotics, these guidelines **do not** recommend the use of periodic presumptive treatment (PPT) of STIs for sex workers. This means that health providers must not force or coerce sex workers to regularly take antibiotics as means to prevent STIs. Instead, WHO recommends offering voluntary periodic screening for HIV and STIs to sex workers.

Concerns about viral hepatitis in sex workers are emerging, and these guidelines also include recommendations for viral hepatitis prevention, testing, and treatment for sex workers.

Enabling Interventions to Address Structural Barriers

The guidelines outline good practices and guidance statements for addressing structural barriers. They include interventions for removing punitive laws, policies, and practices; addressing stigma and discrimination; promoting community empowerment; and addressing violence. More details can be found within **Chapter 4** of the guidelines.

Removing punitive laws, policies, and practices

- Decriminalise sex work
- Stop the unjust use of laws and regulations against sex workers
- Ban compulsory treatment
- End the practice of using condoms as 'evidence' to arrest sex workers

Stigma and discrimination

- Implement anti-discrimination laws
- Promote collaboration between sex worker-led organisations and policymakers
- Make health services available, accessible, and acceptable to sex workers, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health
- Provide sensitisation training for health care workers

Community empowerment

- Make sex worker-led groups and organisations essential partners and leaders in designing, planning, implementing, and evaluating health services
- Implement a package of interventions to enhance community empowerment
- Put sex worker-led legal literacy programmes and services in place

Addressing violence

- Prevent and address violence in partnership with sex worker-led organisations
- Provide health and support services to sex workers who experience violence
- Train law enforcement, health, and social care providers to recognise and uphold sex workers' human rights, and hold them accountable if they violate them

Health Interventions for HIV, Viral Hepatitis and STIs

WHO provides recommendations and guidance statements for preventing, diagnosing, and treating STIs, HIV, and viral hepatitis among sex workers. These include the following:

Prevention of STIs, HIV, and Viral Hepatitis

- Ensure adequate supply of condoms and lubricant
- Offer a range of pre-exposure prophylaxis (PrEP) for HIV as a prevention choice for sex workers at substantial risk of HIV infection, including oral pre-exposure prophylaxis and long acting injectable cabotegravir for all sex workers, and the dapivirine vaginal ring for cisgender women sex workers.
- Make post-exposure prophylaxis (PEP) for HIV and STIs available to sex workers
- Offer PEP, emergency contraception, and presumptive STI treatment to women sex workers who have been raped
- Test for and treat HIV, syphilis, and hepatitis B tests during pregnancy to prevent vertical transmission
- Address chemsex[7] through a comprehensive, non-judgmental approach

Diagnosis

- Offer HIV testing services to all sex workers
- Support community-based HIV testing that is linked to prevention, treatment, and care services
- Trained lay providers (including sex workers) can conduct HIV testing services
- Offer HIV self-testing
- Screen and diagnose STIs for sex workers as part of a comprehensive response
- Offer period testing for asymptomatic STIs
- Make self-sampling for STI testing available
- Offer hepatitis C testing, including to sex workers with prior cleared infections
- Offer hepatitis B testing

Treatment

- Offer ART initiation to all sex workers living with HIV at any CD4 cell count
- Diagnose and treat STIs in a timely manner
- Offer hepatitis C treatment to all sex workers diagnosed with the virus
- Offer pan-genotypic DAA hepatitis C treatment to sex workers with recently acquired infection and ongoing risk

7 Chemsex refers to engaging in sexual activity while taking drugs (most commonly stimulants). Chemsex may take place with multiple partners at the same time, and over a prolonged period.

Health Interventions for Broader Health

The guidelines provide guidance and recommendations for additional interventions to support sex workers' broader health. These include the following:

- Offer screening for anal cancer in sex workers who are more likely to engage in anal sex
- Provide sex workers with the same support and access to pregnancy planning and care as people who are not members of key populations
- Sex workers can use and should be offered all methods of contraception to choose from
- Provide regular mental health screening and management of mental health issues for sex workers
- Make self-sampling for cervical cancer available to sex workers
- Fully decriminalise abortion and ensure that abortion laws and services protect the health and human rights of all women, including sex workers

Supportive Interventions

WHO recommends additional measures to support all the above types of interventions. These include behavioural interventions, counselling, providing information and education, and interventions to increase demand for services. Peer-led counselling was preferred by the majority of key populations in the values and preferences study. Counselling which aims to change key populations' behaviours – such as counselling to reduce the number of clients or increase sex workers' condom usage – has not been shown to be effective, and therefore this type of counselling is **not** recommended.

Behavioural Interventions

Counselling behavioural interventions that aim to change key populations' behaviours have not been shown to have an effect on HIV, viral hepatitis, and STI infections, nor on key populations' behaviours, such as condom use.

Counselling and information-sharing which is *not* aimed at changing behaviours can be valuable for sex workers. It should be provided in a non-judgmental manner and with community involvement. Structural barriers should be addressed to support this type of counselling.

Counselling interventions aimed at 'rehabilitating' sex workers and forcing them to stop sex work are **not** recommended, and only exacerbate barriers to services. Compulsory and involuntary treatment and 'rehabilitation' programmes violate sex workers' human rights and medical ethics.

Service Delivery

Chapter 6 describes recommended strategies for HIV, viral hepatitis, and STI service delivery. To ensure sex workers' fundamental human right to health, services must be available, accessible, acceptable, and of high quality. The COVID-19 pandemic revealed gaps in health systems and exacerbated sex workers' and other key populations' vulnerability to poor health outcomes. The COVID-19 pandemic also showed how sex workers can effectively respond to help their communities' needs. To strengthen health responses in current and future pandemics, WHO recommends involving key population communities in the health response and addressing inequities and the disproportionate impact of COVID-19 on key populations.

To address structural barriers to health services, WHO recommends community-led service delivery strategies. When sex workers and other key populations provide services for their own communities, it can help address structural barriers and promote person-centred care, ensuring their right to health. Mainstream health services which are not targeted towards sex workers should still be accessible to sex workers, although stigma, discrimination, and restrictive policies often make them less accessible. Youth-friendly services should be accessible to young key populations. Some community-based services (which may or may not be sex worker-led) provide integrated care for HIV, STIs, and viral hepatitis, along with other health and social services, in a "one-stop-shop" model.

Community-Led Services, Task-Sharing, and Involvement of Sex Worker Peers

Sex workers should play a central role in leading programmes and services aimed at their communities. "Community-led" means that the majority of governance, leadership, staff, spokespeople, members, and volunteers are members of the communities which they are serving. Research conducted by the four global key population networks found that community-led services were unanimously preferred by participants.

Sex workers have described community-led services as being critical for promoting sex workers' health and human rights, and for counterbalancing stigma and discrimination experienced in mainstream health settings. Sex workers who participated in this research advocated for the scale-up of community-led interventions, and for more resources to support sex worker-led services.

Sex worker-led responses can include:

- Advocacy
- Campaigning and holding decision-makers accountable
- Monitoring policies, practices, and service delivery
- Sex worker-led research
- Education and information-sharing by and for sex workers
- Capacity-building
- Funding sex worker-led organisations, groups, and networks

Non-medical staff, including sex workers and other key population members and community outreach workers, can also provide health services to communities. This is called task-sharing and task shifting, and it can help make services more accessible for communities.

Peer navigation

Peer navigators are community members who are trained to support their peers to access and stay in treatment. WHO recommends that peer navigators support sex workers and other key populations to start HIV, viral hepatitis, and STI treatment, and to remain in care. Sex workers who are peer navigators should receive adequate payment, recognition, training, and other support to fulfil their role.

WHO has published additional guidelines related to task-sharing and peer navigation for the general population, which also apply to sex workers and other key populations.

Integration

Integration refers to the management and delivery of health services so that people can receive a range of prevention, testing, and treatment services more easily. WHO recommends integrating HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health and mental health.

Integration occurs at multiple levels. At the organisational level, national programmes for HIV, STIs, viral hepatitis, and other health programmes can work together to develop strategies, budgets, and guidelines for sex workers and other key populations. At the service level, service managers can work together to ensure sex workers' access to health services through referrals or linkage. At the facility site level, managers of health clinics can provide multiple health care services at one location in a "one-stop-shop" model.

Decentralisation

Decentralisation is when health services are moved out from specialised health care facilities into more local health facilities. For example, this can mean moving HIV and STI services away from central hospitals and into primary care clinics, as well as community-based and community-led settings.

Decentralisation of services can make services more accessible and acceptable for sex workers. It can reduce barriers such as transportation costs and long waiting times, as well as stigma and discrimination, by offering services in community-based settings which may be targeted towards sex workers. However, some sex workers may still prefer to receive services in central hospital settings due to greater anonymity.

Differentiated Service Delivery

Differentiated service delivery is an approach to health service delivery which simplifies and adapts services to better meet the needs of patients and increase the efficiency of health systems. Implementing a differentiated service delivery approach for key populations means that changes can be made in terms of:

- Where services are provided;
- When services are provided; and
- By whom services are provided

For example, differentiated service delivery models could allow sex workers who are diagnosed with HIV to immediately initiate antiretroviral therapy (ART) in a community-based setting, rather than having to travel to a specialised hospital. It can also reduce the frequency of hospital visits, and allow sex workers to receive testing and treatment services in community-based settings. WHO has previously published recommendations related to differentiated service delivery for ART, which also apply to sex workers.

Virtual Interventions

Services aimed at sex workers and other key populations are increasingly being offered through online platforms, such as social media, as well as other apps and websites. Online services can include:

- Internet outreach
- Sharing information about available services
- Providing self-test information and tests
- Appointment booking for testing
- Linking people diagnosed with HIV, viral hepatitis, or STIs to treatment providers

Online interventions can potentially help reach more people and improve the convenience and efficiency of services for some sex workers. At the same time, due to criminalisation and the sensitive nature of information shared online, sex workers may have concerns surrounding data privacy and anonymity when using online services. Sex workers may also face additional barriers, including costs associated with internet use, limited access to smart phones and computers, literacy level, and language barriers. Efforts must be made to protect safety and anonymity. Meaningfully involving sex workers in the development of apps and other online tools and services will ensure that these tools are more relevant, secure, and acceptable to communities.

WHO recommends offering online HIV, viral hepatitis, and STI services to sex workers and other key populations as one of many service options, while ensuring that data security and confidentiality are protected. This means that online services should *not* replace face-to-face services, but rather be part of a menu of services from which to choose. Efforts should also be made to increase access to the internet and improve digital literacy for key populations.

Self-Care

Self-care is the ability of individuals, families, and communities to promote health and cope with health issues on their own, or with the support of health care workers. Self-care includes:

- Health promotion (supporting people to increase control over and improve their health)
- Seeking health care if necessary
- Rehabilitation (for health conditions and disabilities)
- Palliative care (care to improve quality of life for people with serious and terminal illnesses)

Self-care should be recognised at the health policy level. Practicing self-care can be empowering for sex workers and other key populations in the face of ongoing structural barriers. It can make health services more accessible by allowing sex workers to take more control over their health and lives.

The following health interventions can be delivered and managed as part of a self-care approach:

- Emergency contraception
- Abortion and post-abortion contraception
- HPV, chlamydia, and gonorrhoea self-sampling (self-administering swabs)
- Self-care after sexual assault and violence
- Pregnancy testing
- HIV and hepatitis C self-testing

Programme and Service Considerations for Young Key Populations

Chapter 7 summarises and updates information from existing WHO HIV technical briefs for young key populations. It provides recommendations for providing health services, programmes, and support for young sex workers (aged 18–24) and young key populations and people who sell sex (under the age of 18).

Background

Multiple structural factors and vulnerabilities, including criminalisation, stigma and discrimination, and the use of international human rights treaties to marginalise young people who sell sex reduce young people's access to services and increase their risk of HIV, STI, and viral hepatitis infection. Service providers often lack training and skills to deliver services for young key populations. Requirements for parental or guardian consent to access services is an added structural barrier. Countries should consider revising age of consent policies to reduce age-related barriers to services.

Changes to the Legal and Policy Environments

The rights of young people under 18 years of age are protected by the United Nations Convention on the Rights of the Child (CRC), which includes the right to health. The CRC also recognises that children have the evolving capacity to make decisions about matters that concern them. However, Article 34 of the CRC, which requires that states "undertake to protect the child from all forms of sexual exploitation and sexual abuse,"[8] has been used by states to implement laws and policies which harm or limit the access of young people who sell sex to essential health services and information. The rights of young people under the age of 18 who sell sex are violated and their evolving agency is undermined when they are excluded from health services and information that enable them to protect themselves.

8 United Nations General Assembly, 1989, "Convention on the Rights of the Child," Art. 34.

Elements of Successful Programming for Young Key Populations

All WHO recommendations for key populations also apply to young key populations, including young sex workers and young people who sell sex. Services for young key populations should be high quality, friendly, affordable, and easy to access. They should also be comprehensive, age-appropriate, and take individual needs into account. Service providers should be trained to work with young sex workers and young people who sell sex. Lastly, services for young sex workers should make use of peer-led initiatives.

Meaningful involvement of young people

Young sex workers should be meaningfully involved in the planning, design, implementation, monitoring and evaluation of services. Power should be shared between sex workers, including young sex workers grounded in mutual respect and partnership.

Work with trusted partners and existing infrastructure to design and deliver services

It is important to partner with and meaningfully engage youth-led and sex worker-led organisations to design and provide services for young sex workers.

Provide quality, comprehensive and adolescent-friendly services

Health, welfare, justice, protection, education, and social protection services should be integrated and linked. A comprehensive range of services (including online services) should be offered.

Improve access to and retention in services

Young sex workers and young people who sell sex should be allowed to access services without consent from a parent, guardian, or partner. Services should be affordable, confidential, and safe, and offered in convenient locations and at convenient times.

Provide developmentally appropriate information and education

Services should provide age-appropriate, accurate, and inclusive information and education. Information and comprehensive sexuality education should focus on building skills to reduce vulnerabilities.

Build capacity in the health sector and beyond

Capacity should be built amongst workers in the fields of health, social welfare, justice, and education to work with young sex workers and young people who sell sex. Professionals should be trained to provide respectful, non-judgemental services.

Implement peer-driven models

Peer-led models are important and valued strategies for engaging young sex workers in the health response. Peer navigators can help young key populations access services. Training, support, and mentoring help young sex workers advocate within their communities and access services.

Strengthen protection and welfare for families

Parents and families should be supported to protect and support young key populations.

Update national policies

Evidence-based services for young sex workers and young people who sell sex should be included in national strategic plans for health.

Monitoring and evaluation

Monitoring and evaluation should be strengthened to inform policies and programmes for young sex workers and young people who sell sex.

Addressing additional needs and rights of young key populations

Additional needs should be considered when designing and implementing programmes and services for young sex workers and young people who sell sex, including:

- Protecting young people from all forms of violence and exploitation, including by law enforcement officials
- Providing access to sensitive and comprehensive sexual and reproductive health services
- Psychosocial support (e.g. therapy, counselling, and peer support services)
- Access to education and vocational training
- Access to housing
- Access to social services and state benefits
- Access to free or affordable legal information and services

Developing the Response: the Decision-making, Planning, and Monitoring process

Chapter 8 is targeted towards national policymakers and programme managers and provides specific guidance for planning, implementing, monitoring, and evaluating HIV, viral hepatitis, and STI interventions for key populations. It reaffirms that sex workers must be meaningfully involved in all decision-making, planning, and monitoring processes, and that policymakers should take into consideration sex workers' intersecting identities and vulnerabilities.

Situational Analysis

To ensure that national health responses for sex workers are appropriate, acceptable, and effective, local risks and needs must be assessed by gathering information as part of a "situational analysis." Sex workers who belong to national and local sex worker-led organisations and networks must be consulted and actively involved in this process. This will help policymakers better understand sex workers' specific needs, as well as factors which can help or hinder their efforts.

Sex workers can engage with policymakers to:

- Raise awareness of sex workers', in all their diversity, specific health needs and priorities
- Identify structural barriers to implementing HIV, viral hepatitis, and STI responses
- Conduct surveys, size estimates, and mapping exercises within their communities
- Identify gaps in knowledge and information for future research

Planning and Implementing the Response

Once information has been gathered on the local context, planning processes should go forward with participation from sex workers. The guidelines provide a list of questions that can be asked to guide decision-making when developing and implementing national responses to HIV, viral hepatitis, and STIs for sex workers and other key populations. They include questions surrounding:

- Developing and revising strategies, legislation, policies, and guidelines
- Sex worker leadership within the response
- Priority interventions
- Integrating services
- Modes of service delivery
- Roles and responsibilities of different stakeholders
- Financial and human resources required (including for sex worker-led responses)
- Monitoring and evaluation

Monitoring and Evaluating the Responses

Monitoring and evaluation are an essential part of the HIV, viral hepatitis, and STI response, in which sex workers should also be meaningfully involved. WHO has previously developed frameworks for monitoring the response to HIV in the general population and key populations, which also apply to sex workers. The monitoring and evaluation process involves collecting data from a variety of sources, including community-led monitoring.

Ongoing Planning and Development of the Response

It is essential to set clear and achievable targets when planning interventions for HIV, viral hepatitis, and STIs. Sex workers and other key populations should be involved in the national target-setting process to help ensure that targets are realistic and that data can be collected. The guidelines provide a list of indicators which can be used by policymakers to assess how well a response is working. They include indicators on structural factors, availability, coverage, quality, and outcome and impact.

Policymakers and programme managers can review data, including community data, from surveys, programmatic and administrative data, desk reviews, consultations with experts (including sex workers), and population size estimates to assess progress.

nswp

Global Network of Sex Work Projects
Promoting Health and Human Rights

SOLIDARITY IN ACTION

Even before the HIV epidemic, sex workers were organising themselves. NSWP, as a global network of sex worker-led organisatons, has strong regional and national networks across five regions: Africa; Asia-Pacific; Europe (including Eastern Europe and Central Asia); Latin America; and North America and the Caribbean.

NSWP has a global Secretariat in Scotland, UK, with staff to carry out a programme of advocacy, capacity building and communications. Its members are local, national or regional sex worker-led organisations and networks committed to amplifying the voices of sex workers.

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