

Sex work, HIV and Access to Health Services in Namibia:

National meeting report and recommendations



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Summary of Recommendations

This report describes the process and outcomes of a national meeting on Sex work, HIV and Access to Health Services that took place in Windhoek on 2-3 November 2011. The meeting, which was co-hosted by UNFPA, UNAIDS, SFH (Society for Family Health) and ASWA (African Sex Worker Alliance), was the culmination of a set of activities aimed at strengthening HIV programming with sex workers. The report concludes with the following recommendations and action points:

Recommendation 1: Ensure that programmes are comprehensive and that effective referral mechanisms exist to link different aspects of service provision

1. Come to an agreement among the relevant stakeholders (NGOs, MOH, donors, UN agencies, sex worker organisations) on the content of the comprehensive package of services and activities that should be made available to sex workers. Develop guidelines outlining this package and emphasising the principle of voluntary and consensual access for sex workers.
2. Identify the organisations and institutions that will provide each service at town/project location level; identify any training, financial or technical support needs that they require to do this.
3. Ensure training, financial and technical support needs are addressed in programme plans; if there are gaps, develop a plan to mobilise resources/funding to fill financial and technical gaps.
4. Assess coverage of sex workers in the ten focus towns of the SFH programme, and identify means of developing programmes in other towns.

Recommendation 1: Ensure that programmes are comprehensive and that effective referral mechanisms exist to link different aspects of service provision

Recommendation 2: Ensure that all service providers, including health care workers, civil society organisations and outreach workers, have received adequate training in relation to values and attitudes toward sex workers (including male and transgender sex workers)

5. Develop plans and modules for training on attitudes and values toward sex workers (including male and transgender sex workers).
6. Develop disciplinary procedures and strategies for dealing with individuals who stigmatise sex workers.

Recommendation 3: Address violence, abuse and stigma toward sex workers

7. Develop processes and tools to document human rights violations and other instances of abuse and violence against sex workers; support sex worker groups at local level to conduct this documentation.
8. Develop systems to provide legal support to sex workers wishing to make official complaints.
9. Conduct advocacy with key stakeholders at local level to address different forms of stigma, discrimination and abuse against sex workers.
10. Provide human rights and citizenship education for sex workers.
11. Ensure that economic empowerment programmes do not inadvertently aggravate vulnerability.
12. Identify sources of funding and technical support for this area of work.
13. Monitor the results of this area of work.

Recommendation 4: Understand and address the ways in which the legal context affects sex workers and their safety

14. Investigate the impact of the current legal framework on sex workers and the potential changes that could help to improve the situation.

Recommendation 5: Strengthen the capacity of emerging sex worker organisations to play an active role in the response to HIV and AIDS

15. Support strategic planning and leadership development among existing sex worker organizations.
16. Develop and implement a plan of capacity building for sex worker organizations
17. Support emerging local sex worker organizations
18. Monitor the results of this area of work.

Recommendation 5:
Strengthen the
capacity of emerging
sex worker
organisations to
play an active role
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HIV and AIDS



1. Background

Sex workers are identified as a priority population in Namibia's National Strategic Framework for HIV and AIDS 2010/11 - 2015/16. However, the information base on the needs and challenges faced by sex workers in Namibia is weak and there are currently no national guidelines for effective, rights-based programming with this population.

A number of important initiatives aimed at improving the information available on sex work and HIV in Namibia were initiated in 2011. They include:

- A literature review summarising existing information, conducted by UNFPA¹
- Community assessments conducted by sex workers in five towns with the support of UNFPA²
- Formative research on young people in the sex trade conducted by African Sex Workers Alliance (ASWA)
- Mapping of health service provision for sex workers, conducted by Society for Family Health
- Integrated biological and behavioural surveillance survey (IBBSS) and population size estimate on sex work to be carried out by CDC in 2011-12

In addition, a number of initiatives have recently been launched which will create a platform for strengthening programmes with sex workers. SFH in collaboration with a consortium of partners is initiating a 3 year programme aimed at scaling up HIV related services for sex workers across Namibia, with funding from USAID. At the same time, a number of sex worker groups are emerging in Namibia, each of which has important perspectives on the challenges faced by this

marginalised population. These organisations have been pivotal in the creation of a national coalition on sex work and many are members of ASWA. Finally, the recent creation of the multi-sectoral Technical Working Group (TWG) for Key Populations under the National Prevention Technical Advisory Committee, whose role is to provide technical advice to the National AIDS Executive Committee (NAEC) also reflects an increasing commitment by the Namibian Government to strengthening targeted and coordinated HIV prevention programmes for these groups.

Against this background, UNFPA, UNAIDS, ASWA-Namibia and SFH decided it would be useful to bring together the findings and plans from these different initiatives, in order to build commitment to better responding to the needs and protecting the rights of sex workers in Namibia, enhance coordination among the different partners, and ensure programmes with sex workers are human rights-based and informed by evidence of what works. These organisations therefore convened the National Meeting on Sex work, HIV and Access to Services in Namibia which is the subject of this report.

The following chapters of this report describe the objectives of the meeting (chapter 2), summarise the presentations and discussions that took place during the meeting (chapter 3), and provide overall recommendations for advancing programmes in Namibia based on the UNFPA-supported literature review, community assessments, and the national meeting (chapter 4).

¹ The literature review is available on request from UNFPA Namibia.

² The report of the community assessment is available on request from UNFPA Namibia.



2. Meeting Objectives and Agenda

The aims of the National Meeting on Sex Work, HIV and Access to Services, which was held at the Safari Hotel in Windhoek from 2-3 November 2011, were as follows:

- To analyse the current situation in relation to sex work, HIV and human rights in Namibia
- To agree on principles and priorities for strengthening programmes for sex workers based on evidence and best practice

The meeting was attended by stakeholders including representatives of sex workers from different parts of Namibia, Ministry of Health officials, civil society organizations involved in providing services to sex workers and in promoting human rights, and other technical and development partners. Representatives of ASWA (based in Cape Town) and of a sex worker leadership development programme (Fahamu, based in Nairobi) also participated. A list of participants is included in Annex 1.

Following the official opening, the meeting was divided into four sessions:

1. **Presentation session : review of existing information on HIV and sex work in Namibia**, including presentations on the literature review, community assessments and other sex worker led initiatives
2. **Presentation session: current and forthcoming initiatives on HIV and sex work**, including presentations of different aspects of the SFH programme and the forthcoming behavioural and biological surveillance study
3. **Presentation session: global standards and best practice in programming for sex workers**, including presentations on the UN response to HIV and sex work, the evidence for comprehensive programmes, and the African Sex Worker Alliance
4. **Discussion and recommendations session:** Identifying principles and priorities for future programming on sex work, HIV and access to health services in Namibia

The presentation sessions were interspersed with question/answer sessions, small group and plenary discussions. A copy of the detailed programme, including names of speakers, is included in Annex 2. This report provides short summaries of the presentations given during the meeting. Copies of the complete presentations are available on request from UNFPA Namibia.

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Linkages with HIV/AIDS National Strategic Framework (2010/11 – 2015/16)

- Outcome 13: More SW use condoms
- Outcome 14: More clients of SW use condoms
- Outcome 15: More MSM use condoms
- Outcome 16: More MEARPs have correct prevention knowledge
- Outputs 20, 22, 26

3. Summary of Meeting Sessions

Opening

The official opening was chaired by Lavinia Shikongo, Country Director of SFH, and included remarks from Fabian Byomuhangi, UNFPA country representative and Frieda Katuta, National HIV Prevention Coordinator in the Ministry of Health and Social Services. Mrs Katuta underlined the emphasis placed on working effectively with sex workers in the National Strategic Framework for HIV, the need to refocus prevention activities accordingly, and not least the importance of addressing stigma and discrimination as part of these efforts. Mr Byomuhangi reminded participants of the rationale for the meeting, and the fact that it came at a critical juncture. He also discussed UNFPA's role as the UNAIDS cosponsor taking the lead on sex work issues, and of the role that sex workers themselves had played in making this meeting happen.

Session 1: Review of existing information on HIV and sex work in Namibia

The first presentation session opened with a presentation of a recently completed **Literature review on sex work and HIV in Namibia**, commissioned by UNFPA and conducted by consultant Matthew Greenall. The review provides an exhaustive analysis of all of the available studies and research dealing with sex work in Namibia since 2000, with the aim of making this information accessible and available in one place. The review reveals that the volume and quality of data on sex work and HIV in Namibia is very limited. Very little research has been conducted, and the studies that have taken place have been with very small samples and have focussed primarily on Windhoek, with some data also available from Walvis Bay and Oshakati. As such, estimates of the numbers of sex workers, and of HIV prevalence rates among sex workers in Namibia, are unreliable. Although HIV prevalence among sex workers appears to be very high, it is impossible to know how important sex work is to the dynamics of the HIV epidemic in Namibia. Descriptions of the characteristics of sex workers reveal a very heterogeneous population, suggesting that programmes need to be carefully

designed to ensure that the different profiles are reached. On the other hand, studies consistently report high levels of stigma, discrimination, and violence against sex workers – all of which are problems in their own right and which, moreover, increase the vulnerability of sex workers to HIV. According to the literature review, a small proportion of sex workers are reached by programmes, and while condoms are available in most locations they are not always free or easy to access, and water-based lubricant is very scarce. The programmatic response to issues such as violence and discrimination is very limited. The legal framework, according to which sex work is essentially criminalised, aggravates the situation since it makes it hard for sex workers to effectively demand their rights.

Following the presentation of the literature review, Dr Tomas Zapata of UNFPA presented the background and methodology of the recently conducted **community assessments on sex work, HIV and human rights** which was supported by UNFPA and UNAIDS, in collaboration with ASWA and SFH. The overarching principle of the approach was to enable sex workers themselves to carry out assessments and draw conclusions. Eighteen sex workers from 5 towns (Kalkrand, Katima Mulilo, Oshikango, Walvis Bay, and Windhoek) were trained in facilitation and documentation techniques, and subsequently supported to undertake focus groups with sex workers in each town. Each team was provided with a short toolkit which included guides for facilitating discussions on three topics: how sex workers are treated in the community and by the authorities; safety at work; and health. The toolkits also contained planning guides and forms for recording the outcomes of each discussion as well as guidelines on how to ensure confidentiality and on ensuring participants had consented to be involved.

The facilitation team conducted 29 focus group discussions in the five towns, which were attended by a total of 212 sex workers, and immediately after

these activities were completed, the facilitation team reassembled to evaluate the process and analyse the findings.

The **preliminary findings of the community assessments on sex work, HIV and human rights** were the subject of the third presentation, which was delivered by a sex worker representative from each of the five towns.

In **Kalkrand**, where the team met with one group of male sex workers and two groups of female sex workers, participants stated that the main source of stigma and discrimination was the community, and that the fear of stigma means sex workers are reluctant to attend health services in the town. On the other hand, relatively high levels of solidarity within a fairly small sex worker community have meant that sex workers support each other and share tips for avoiding violence; they have also led to sex workers beginning a dialogue with the village council with a view to tackling stigma and discrimination.

The team in **Katima Mulilo** ran four focus group discussions, all with female sex workers. What most stood out from their work was that in the town, children as young as 10 are involved in the sex trade. Participants also talked about the lack of confidentiality in health care settings, systematic police abuse and lack of effective responses to complaints. Priorities for the town included health education for sex workers, interventions aimed at health care workers and police officers to improve their behaviour toward sex workers, and the implementation of effective child protection measures to tackle exploitation of minors in the sex industry.

In **Oshikango town**, four focus group discussions were conducted, and all participants were female. Commonly reported problems included regular police abuse – including arrests on the basis of inappropriate clothing and condom possession – and discrimination by the state hospital in the neighbouring town. One

of the groups in Oshikango was made up of women who had other employment as well as sex work, and the findings indicated that this group was generally at less risk of violence. Among the priorities cited by participants were the need to strengthen sex worker organising in the town, and to enable sex workers to develop and lead actions to improve health and human rights.

The **Walvis Bay** team spoke with a total of 47 sex workers (all but one of whom were women), over the course of eight focus group discussions. As in other towns, police abuse and extortion were frequently highlighted. There is also a particular problem in Walvis Bay which is the level of harassment from private security guards. Participants reported poor treatment in health care settings as the cause for high levels of treatment default among sex workers taking ARVs. Participants called for more efforts to improve the behaviour of police officers and health care workers toward sex workers, and for support for sex worker-led projects. The team also noted that further efforts would be needed to reach out to male sex workers in Walvis Bay, given their low level of participation in the discussions.

Finally in **Windhoek**, ten focus group discussions were conducted, of which 6 were with female sex workers, 3 with male sex workers and one with transgender sex workers. Severe levels of abuse by police officers were reported as being common, with male and transgender sex workers being particularly vulnerable and also suffering from discrimination in health care settings. Perhaps surprisingly for the capital city, it was found that participants had generally low knowledge of how to keep safe from HIV, STIs and unwanted pregnancies. As such, education of sex workers as well as advocacy with community leaders, health care workers and police officers emerged as some of the main recommendations.

Abel Shinana's presentation of the **UNFPA/ASWA regional project on young people and sexuality**

discussed the progress so far in this ongoing piece of research. The aim of the project is to improve understanding of young peoples' sexuality and the pathways leading them to become involved in sex work. The project will also identify hotspots where young people are involved in sex work and attempt to estimate the numbers involved. Preliminary findings suggest that young peoples' vulnerability is often closely linked to issues of sexuality and sexual identity, as well as alcohol abuse, poverty, and violence in domestic settings. The project will be completed by the end of 2011.

The final presentation of the first session was delivered by Nelson Goagoseb of ASWA. His overview of the **emerging sex worker movements in Namibia** provided a brief description of three organisations (Rights Not Rescue Trust, The Red Umbrella, and King's Daughters), as well as of the ASWA coalition which brings them together with the aim of providing a common voice for the sex worker rights movement in the country.

The **discussion** that immediately followed this series of presentations focused primarily on the findings of the community assessments, in particular acknowledging the appropriateness and timeliness of enabling sex workers to conduct research themselves. It was emphasised that the findings presented were preliminary and that more detailed analysis was required before a final report is produced. Nonetheless it was clear that sex workers face a number of serious challenges which cannot be dissociated from their vulnerability to HIV: indeed they aggravate this vulnerability, and while these challenges exist it will be very difficult to implement effective HIV programmes. Addressing these challenges therefore needs to be a core component of any HIV programme. It was also emphasised that some of the problems mentioned most often – for instance in relation to the behaviour of police officers and health care workers – could not be justified on the basis of the legal status of sex work. Beatings, bribes and discrimination, whoever they are

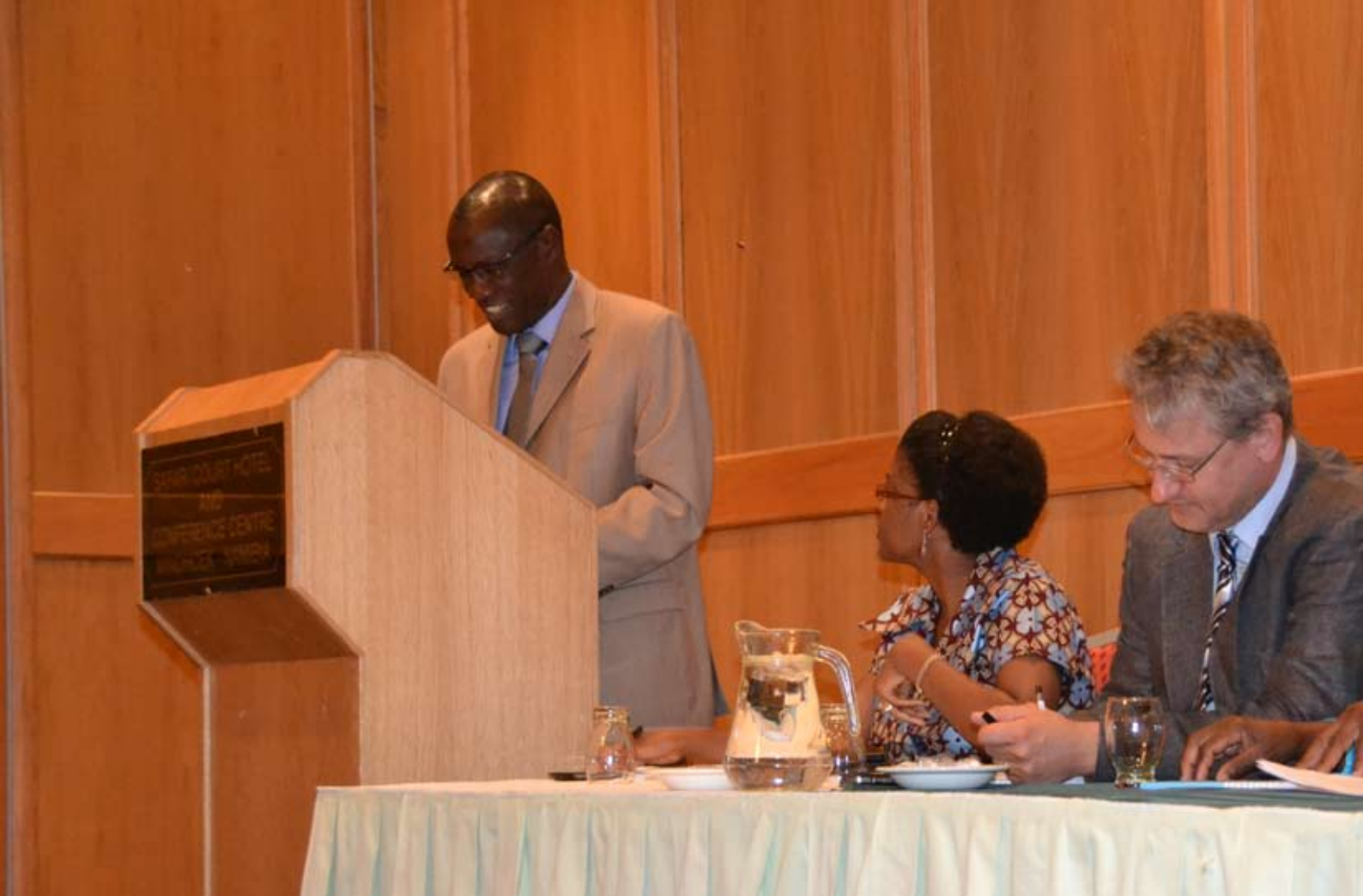
committed against, are themselves illegal activities which need to be challenged using legal means. Similarly, the problems faced by sex workers should be understood as a manifestation of high levels of societal stigma against sex work, not dissimilar to the stigma faced by LGBTI communities.

Summing up, the session chair **Lavinia Shikongo** underlined the importance of ensuring sex workers can effectively document and complain about human rights violations and other abuses that they suffer. Doing so effectively would require strong collaboration and coordination among sex worker organisations.

Session 2: Current and forthcoming initiatives on HIV and sex work

The first presentation of the session (which was chaired by **Henk van Renterghem and Sarita Sehgal of UNAIDS**) was given by Linda Baumann, in her capacity as co-chair of the national **Technical working group on key populations**. The Working Group was set up in 2011, with the purpose of improving coordination and the allocation of resources to programmes with key populations. The group has a wide-ranging mandate, which includes advising the national technical advisory committee on HIV prevention on issues related to key populations, ensuring key populations are represented in all aspects of programming, promoting human rights based approaches to HIV programming, as well as a number of other specific technical roles. The group, which meets monthly, has open membership and will in particular work to be inclusive of key population representatives.

The remaining presentations in the session covered different aspects of the **United States government's support to HIV programmes with key populations** in Namibia, beginning with an overview by Brad Corner of USAID. The presentation described the history of President's Emergency Plan for AIDS Relief (PEPFAR), its considerable investment in Namibia (over US\$600 million to date, primarily in support of HIV treatment programmes), and its commitments over the current



period (around US\$350m between 2010-2015). As well as increasingly emphasising local capacity building and sustainability of programmes, PEPFAR has shifted its priorities for HIV prevention toward an evidence-based, combination prevention approach. Part of PEPFAR's current commitment to Namibia is the recent US\$5 million award to SFH to provide targeted HIV prevention to sex workers.

Johannes Haufiku provided an outline of SFH's USAID-supported programme to **strengthen HIV prevention for most at risk populations**. The programme, which is currently in its inception phase, aims to create an enabling environment to reduce HIV transmission among "most at risk populations" (MARPs according to the project terminology) through comprehensive HIV prevention services and linkages to care and treatment for Men who have Sex with Men (MSM); Sex Workers (SWs) and Clients of Sex Workers, i.e. truckers, seafarers and miners. The programme will be implemented by a consortium of partners such as Lesbian Gay Bisexual Transgender and Inter-Sex (LGBTI) Namibia, Outright Namibia (ORN), Walvis Bay Corridor Group (WBCG), Walvis Bay Multipurpose Centre (WBMPC), Institute for Capacity Development (ICD), the Legal Assistance

Centre (LAC) and Sex Workers Organisations. One of the key start up activities to be undertaken as part of the SFH programme is the **Mapping of services currently available for sex workers**. Harriet Kagoya of SFH described this process, which will aim to identify hotspots, condom distribution sites, health centres and services that provide adequate HIV and sexual and reproductive health services to sex workers. The mapping will also identify current referral and reporting mechanisms. All of the information collected will inform implementation of the SFH programme and will be available for use by other stakeholders.

The final presentation of the session, delivered by a Ministry of Health representative (Mr. Dumeni) described the forthcoming **Integrated Biological and Behavioural Sentinel Surveillance (IBBSS) study** which will be undertaken in partnership with the US Centers for Disease Control and University of California at San Francisco (UCSF). As well as assessing, for the first time in Namibia, levels of HIV and other sexual reproductive health indicators with a representative sample of sex workers, the study will also provide an estimate of the numbers of sex workers, based on data collected in five towns (Katima Mulilo, Oshakati,

Oshikango, Walvis Bay and Windhoek). The study will focus only on female sex workers over the age of 18, and will be conducted throughout 2012 meaning that initial findings are unlikely to be available until 2013.

A number of sex workers and other participants made comments during the **discussion** following the series of presentations, emphasising that it seemed many of the key human rights related needs may not be met through existing programmes; specifically, services for victims of violence and abuse are lacking – a crucial point since the risk of violence is such a major factor affecting vulnerability to HIV. Questions were also asked about the level of financial support and capacity building that is likely to be provided to sex worker organisations. It was recognised that limited funding has been provided to SFH, and consequently that while some of these needs may be met by SFH, it will also be necessary to identify additional sources of support.

Following the presentation session, a short breakout session was conducted to discuss initial conclusions from the day. Because the conclusions from this session were added to and refined during the second day, they are not documented here.

Session 3: Global situation and standards and best practice in HIV and human rights programming for sex workers

The final presentation session, chaired by **Frieda Katuta from MOHSS**, sought to provide some international perspective and context to the meeting, in particular in relation to lessons learned from programmes on HIV and initiatives to support the sex worker movement.

UNAIDS Country Coordinator Henk van Renterghem opened the session with a presentation on the **HIV strategic investment framework and UNAIDS guidance on sex work and HIV**. The investment framework, published earlier in 2011³, is an attempt to bring together conclusions from recent scientific

advances in the field of HIV prevention, as well as realistic estimates of the levels of funding needed to turn the HIV epidemic around in the coming years. The framework argues for investing in six core programme areas (PMTCT; Condom promotion and distribution; Programmes with key populations – including sex workers; Treatment, care and support for people living with HIV/AIDS; Male circumcision; Behaviour change programmes). At the same time it recognises that a number of critical environment/policy actions are needed to ensure programmes are effective. These include community mobilisation, stigma reduction, and enabling laws, policies and practices. It calls for a significantly more targeted approach to HIV programming and for increased funding commitments from donors. The UNAIDS guidance note on sex work and HIV, published in 2009⁴, recommends that programmes dealing with sex work and HIV focus on three interdependent pillars: 1. Ensuring universal access to HIV prevention, treatment, care and support; 2. Building supportive environments, strengthening partnerships and expanding choices; 3. Reducing vulnerability and addressing structural issues. These pillars form the basis of the UN system's support to countries in this area of work. UNAIDS and WHO are in the process of developing detailed programming guidance to accompany the note.

The second presentation, delivered by consultant Matthew Greenall, provided a review of **Global and regional evidence and best practices for programmes with sex workers**⁵. Research and experiences in many countries show that a combination of services and activities can help significantly reduce risk for HIV infection among sex workers. This combination includes: risk reduction and safer sex support via peer and outreach education, including in the form of group discussion work; consistent, reliable access to male condoms, female condoms, and water-based lubricant; and voluntary, non-stigmatising access to STI diagnosis and treatment, family planning services, HIV testing, HIV treatment, and trauma care.

3. The paper is available on the Lancet journal website: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60702-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60702-2/abstract)

4. http://www.unicef.org/aids/files/UNAIDS_Sex_Work_Guidance_Note_2009.pdf

5. The paper on which this presentation was based is available here: <http://epidemiology.postersous.com/review-of-hiv-and-aids-programming-with-femal>



At the same time, the realities that many sex workers face are such that programmes which focus solely on providing these services are unlikely to succeed.

Stigma and discrimination, at one level, often discourage sex workers from accessing services. However, making services non-stigmatising is not sufficient since the discrimination and violence faced by many sex workers is often a far greater challenge than HIV and sexual health. Dealing with these human rights issues is an essential part of making HIV services effective, but programmes often fail to address them altogether. Moreover, it is common for HIV programmes with sex workers to invest resources in “economic empowerment” approaches aimed at reducing numbers of sex workers, even though there is no evidence to show that such approaches can benefit large enough numbers of sex workers to have an impact on HIV.

Also particularly problematic are coercive actions to reduce or control sex work, since studies have

shown that they lead to even higher risks of violence and ill-health. These, and the negative effects of criminalisation of sex work, need to be addressed. The presentation concluded that particular attention needs to be paid to *how* programmes are designed and delivered. Active involvement of sex workers in design and delivery is a core principle, and as much as possible services should be implemented by sex worker organisations. Programmes should be prepared to recognise that broader issues such as violence and social stigma have as much impact on HIV vulnerability as education or access to services, and should address them accordingly. Given that a “combination” approach is required, the different organisations involved in programmes need to work closely together with sex workers to plan and implement their activities. Finally, any service should be delivered in a permanent way since evidence shows that the effect of interventions often drops sharply very soon after implementation is halted. This is an important finding since educational or legal interventions are often delivered as one-off approaches.

The final presentation of the session, from Regional ASWA Coordinator Maclean Kyomya, discussed **Sex work, human rights and the regional sex worker movement**. The African Sex Worker Alliance (ASWA) is a regional movement of sex worker leaders, women's activists and civil society organisations which support the rights of sex workers that was formed in 2009. Its vision is "To mobilize and capacitate African sex workers so as to advocate for their health and human rights through the removal of structural and legal barriers and creating safe spaces where sex workers find a voice and act as leaders and agents of change." The alliance currently works in 8 countries in sub-Saharan Africa, primarily by strengthening leadership and by supporting the development of country-level coalitions in support of sex worker rights. These coalitions address a range of issues, including: decriminalisation of sex work; strengthening sex worker-led leadership and organising; ensuring sex work is accepted as work; human and civil rights; access to HIV treatment and other health services; the high incidence of violence experienced by sex workers including from law enforcement officers; and ensuring the inclusion of male and transgender sex workers.

The **discussion** of these presentations covered a number of issues: the necessity of addressing human rights concerns to achieving an impact on HIV; questions over the extent to which the SFH programme will include capacity building for sex worker organising; and the importance of building and supporting solidarity among sex workers. Rehabilitation and economic empowerment of sex workers were discussed at length. It was acknowledged that many sex workers would welcome the opportunity to do different work, provided the opportunities are realistic and financially viable. At the same time, a number of sex worker participants stated that they had participated in such programmes but that stopping sex work had not become a viable option for them. In some cases part of the problem was that they had been issued with certificates which described them as "rehabilitated sex workers", a phrase

which was seen as stigmatising of sex work and while also discouraging potential employers.

Session 4: Discussion of principles and priorities for programmes in Namibia

During the final session of the meeting, participants were split into groups and asked to continue the discussions initiated on the first day, with a view to identifying priorities for addressing sex work and HIV in Namibia. Groups began by identifying issues that are currently insufficiently addressed in programmes with sex workers in Namibia, and went on to identify priorities to be addressed in the near future. Given the overlaps between the group work from the first day as well as the overlap between the work produced by each group, the findings of the four groups have been summarised below.

Participants acknowledged that there are a number of good models currently operating in Namibia. For instance, some NAPPA clinics are providing a range of linked sexual and reproductive health services to sex workers, including STI treatment, family planning, ante-natal care, pap smears, condoms, and sexual health advice (including for HIV prevention). In addition, the NAPPA clinic in the Khomas region employs sex workers as peer educators in order to make the link between health education/promotion and clinical services. This **integrated approach helps to ensure a broader range of health needs is addressed**. Some roadside wellness centres (RWC) and New Start centres have taken a similar approach. NAPPA has also ensured that health care personnel and outreach staff have been properly trained in how to work with sex workers, which has helped to ensure services are "sex-worker" friendly and that sex workers do not face stigma and prejudice. From the point of view of service provision, participants noted that the NAPPA model is a valid one, but also that at present it is not a model that is widely used in Namibia, since most facilities do not provide integrated services or an environment that is conducive for sex workers. It was



- ### What we did
- Three focus groups conducted
 - 25 sex workers participated in total
 - One group of male sex workers, two groups of female sex workers
 - Aged between 18-40

also noted that health facilities are often ill-equipped to provide support to sex workers who are victims of violence, including post-exposure HIV prophylaxis but also trauma care and counselling.

Although these models provide a good indication of how to improve health service provision for sex workers, participants also noted that **improved service provision alone is not sufficient to effectively address HIV among sex workers**. The biggest barrier to sex workers protecting themselves from HIV and to adhering to HIV treatment is the way they are treated in their communities. Stigma and discrimination against sex work push sex workers to the margins of society, and the high prevalence of violence from a variety of sources is often cited by sex workers as the biggest problem affecting them. However, HIV programmes aimed at sex workers often fail to address these broader issues, and this compromises their rights and also the effectiveness of the health communication and health care services that they provide.

Participants discussed ways in which these issues ought to be addressed, and identified strategies that are required at different levels. At local level, as well as

ensuring access to sex worker friendly clinical services as described above, it was noted that **programmes should provide not only comprehensive health education, but also spaces within which sex workers can share information and tips on how to stay safe and healthy**. Although HIV education is typically delivered via peer educators or outreach workers, it was suggested that other forms of interaction should also be used, in particular safe spaces or drop in centres where sex workers can go to get information, advice, condoms and lubricants whenever they require them. Consistent, reliable supplies of male and female condoms as well as condom-safe lubricant were also seen as essential. In addition, it was recognised that sex worker friendliness is not just an issue within clinical settings, but also needs to be addressed within other organisations working with sex workers such as providers of social services, civil society organisations, human rights organisations, ministries and UN agencies.

Also in relation to the local level, **participants discussed ways of addressing the abuses faced by sex workers and the general inaction of authorities when asked to respond to these problems**. Training

of law enforcement officers was discussed as one way of reducing police abuse of sex workers and ensuring better protection of sex worker rights. At the same time it was acknowledged that police officers are almost certainly already aware that abuses are illegal, so more needs to be done to hold them to account for their behaviour. Systematically documenting and reporting problems with police officers as well as other human rights violations was an option discussed by most of the groups. Linked to this is the recognition that mistreatment and abuse of sex workers at community level also comes from other sources; so efforts are also needed to tackle these abuses and to get the support of local authorities to address them.

Because the situations faced by sex workers are also influenced by factors at national level such as policies, laws, and the way HIV programmes are designed, participants also discussed **actions that need to be taken at national level**. Many participants emphasised that as long as the law criminalises the practice of sex work, it will be impossible for sex workers' human rights to be fulfilled – not only because it criminalises their means of earning an income, but because it makes them more vulnerable to the power of law enforcement officers and forces them to work in more risky situations in order to avoid being detected. At the same time it was recognised that legal reform, in particular on such controversial issues which have little popular support, will take time to achieve. In the shorter term, it might also be possible to achieve some improvements in the situation, for instance: by ensuring that health policies include rights-based approaches to programmes with sex workers; by ensuring adequate resources are allocated for comprehensive programmes with sex workers; by advocating for a relaxation of the ways laws are applied against sex workers; and by demanding redress for sex workers who are victims of abuse and appropriate punishments for the perpetrators.

While identifying these specific actions, participants also noted that a core principle needs to be applied: the

meaningful and active participation of sex workers.

Practically speaking this means ensuring sex workers have an active role both in the provision of services and in efforts to improve the environment. Sex workers are already involved as peer educators in many towns in Namibia; however, participants also discussed ways in which sex workers can also become involved in other services such as counselling, running drop-in centres or safe spaces, and by becoming involved in treatment adherence support roles. Similarly, local advocacy efforts and documentation and reporting of human rights violations ought to be carried out by sex workers themselves, as should national advocacy efforts.

Finally, participants acknowledged that for meaningful participation to be achieved, **considerable resources need to be allocated toward strengthening sex worker organisations**. A number of national-level sex worker organisations have emerged in recent years, and these organisations require continued support in the form of funding and capacity building to enable them to play their roles. At the same time, support needs to be provided to the emergence of local sex worker organisations which can take on the different local level roles described above. Some participants stated that closer coordination and joint action by the different sex worker organisations could help them to more clearly articulate their needs and advocate for change.

Close

The meeting was closed by **Henk van Renterghem of UNAIDS** and **Mama Africa of Rights Not Rescue Trust**. Both speakers emphasised the value of active sex worker involvement in this meeting, while also underlining that this initiative is merely the beginning of a process that aims to improve the lives of sex workers. While acknowledging that this process will take time, they called on partners to remain committed to following up on the recommendations emerging from the meeting.

GROUP

High +



4. Next steps: Recommendations for moving forward

This chapter presents overall recommendations for next steps to take forward efforts on sex work and HIV in Namibia. While the content is based on the discussions that took place during the meeting, the ideas put forward by participants have been reorganised into a convenient framework. In addition, some of the ideas proposed have been expanded by the author, based on impressions, and on experiences and practices from other countries. As such it brings together the results not only of the national meeting but of the other two components of the UNFPA project: the literature review and the community assessment initiative.

Overall impressions of the current situation in Namibia

The recognition of sex workers as a priority population in Namibia's National Strategic Framework for HIV and AIDS has provided an impetus for increased attention to effective and scaled up programming with sex workers in Namibia. It is encouraging that the NSF commitment has been backed up by an increase in financial and technical support from various sources, including the US Government, the Global Fund to fight AIDS, Tuberculosis and Malaria, UNAIDS and UNFPA. At the same time, sex workers themselves are articulating their needs and expectations, through organisations such as The Red Umbrella, Rights Not Rescue Trust, King's Daughters and ASWA.

While much progress has been made, the initiative of UNFPA and UNAIDS has helped to identify a number of areas where more efforts are needed in order to ensure that programmes designed to protect sex workers are effective. Priority issues relate specifically to the comprehensiveness of programmes and the coverage of sex workers by programmes; the attitudes and values of individuals involved in delivering services to

sex workers; the issue of violence, abuse and stigma toward sex workers from different sources; the legal context and how it affects sex workers and their safety; and the capacity of emerging sex worker organisations to play an active role in the response to HIV and AIDS. Recommendations for addressing each of these issues are discussed below, along with suggested action points in each case.

➤ *Recommendation 1: Ensure that programmes are comprehensive and that effective referral mechanisms exist to link different aspects of service provision*

It is now well recognised that to be effective, HIV prevention efforts need to be based on a combination of different services and activities that address the structural as well as the behavioural drivers of the epidemic. At the minimum, this should include making sure sex workers have access to:

- STI prevention, diagnosis and treatment
- Reproductive health services, including contraception
- HIV testing
- HIV treatment, care and support
- Post-exposure HIV prophylaxis
- Trauma care
- Male and female condoms, and condom-safe (water-based) lubricant
- Health education, including but not limited to HIV prevention and treatment, sexual and reproductive health
- Skills building for safer working (including safer sex)

These are all services or activities that contribute directly to HIV prevention and effective treatment for sex workers. It is unlikely that one organisation



or facility can provide all of these services – indeed, some of them are best provided outside of health facilities (e.g. condom availability, health education and skills building). It is therefore also important to identify, in each town where programmes are being developed, the different organisations and facilities that will be responsible for providing each service, and to establish effective links between them so that they can make referrals.

Innovative ways of enabling sex workers themselves to deliver services should be supported: including placing trained sex workers within facilities in counselling and treatment support roles, and supporting sex worker organisations to set up drop-in/safe spaces which can be used for health education, skills building, and distributing information, condoms and lubricant. It is also essential that all of the services and activities be provided on a voluntary basis, since making them mandatory not only violates human rights but

it can also force sex workers to work in a more hidden and isolated way. Similarly, services and activities should be available in a continuous way, and attention needs to be paid to addressing the risk of stock-outs of items such as drugs and condoms.

The level of coverage of sex workers by programmes also needs to be taken into consideration. Under its current funding agreement, SFH plans to implement activities in ten towns across Namibia.

Programming should aim to ensure as many sex workers as possible in each town have access to the full range of services. Measures should be put in place to assess the proportion of sex workers in each town that have access, so that programming can be expanded over time if necessary. In addition, measures should be taken to ensure that the needs of sex workers in other towns are also addressed.

Action points	Additional notes	Lead organisation
1. Come to an agreement among the relevant stakeholders (NGOs, MOH, donors, UN agencies, sex worker organisations) on the content of the comprehensive package of services and activities that should be made available to sex workers. Develop guidelines outlining this package and emphasising the principle of voluntary and consensual access for sex workers.	This exercise should take place at national level. It should also involve identifying the criteria / qualifications for organisations / institutions providing each service or activity. This activity may also include revision of clinical protocols, e.g. ensuring protocols for STI diagnosis address anal STI symptoms.	TWG on Key Populations
2. Identify the organisations and institutions that will provide each service at town/project location level; identify any training, financial or technical support needs that they require to do this.	This exercise should take place at the level of each town or “project location”, since the conclusions will differ in each place. The SFH mapping of services will provide a basis for this, with respect to the 10 towns of the SFH programme.	SFH local offices; sex worker organisations (with TWG support)
3. Ensure training, financial and technical support needs are addressed in programme plans; if there are gaps, develop a plan to mobilise resources/funding to fill financial and technical gaps.	It is likely that current funding will not cover all the needs, and it will therefore be necessary to identify ways of filling these gaps. Particular attention should be paid to funding for a reliable supply of drugs and commodities.	TWG on key populations; Sex Workers Organisations, SFH (within the parameters of its MARPs program)
4. Assess coverage of sex workers in the ten focus towns of the SFH programme, and identify means of developing programmes in other towns.	Regular surveys and community assessments to assess the level (%) of coverage of sex workers in SFH’s ten focus towns; needs assessments and development of funding proposals for expanding programming to other towns.	TWG on key populations; SFH; sex worker organisations

➤ **Recommendation 2: Ensure that all service providers, including health care workers, civil society organisations and outreach workers, have received adequate training in relation to values and attitudes toward sex workers (including male and transgender sex workers)**

The literature review and community assessments, as well as experience from other countries, show that the attitudes of providers are one of the major factors influencing sex workers attendance of health care and other social services. This is the case not just for health care providers (e.g. doctors and nurses) but also for other actors that come into

contact with sex workers, such as outreach workers, and programme managers within civil society organisations. On the one hand, this happens as a result of sex workers being discriminated against and being refused services. Just as often, however, sex workers are mistreated or insulted in ways that discourage them from returning; this is also psychologically damaging. Stigma against sex workers is often deep-seated, linked to values and perceptions. Male and transgender sex workers often face additional forms of stigma related to their gender identity or sexual orientation.



Training can help address these attitudes to an extent, and can help health care workers and other actors de-link their attitudes from their professional roles. On the other hand, it is

important to recognise that some people may not be able to do this. It is important to identify such cases and make sure that people in this situation are not involved in working with sex workers.

Action points	Additional notes	Lead organisation
5. Develop plans and modules for training on attitudes and values toward sex workers (including male and transgender sex workers).	Modules should be developed in collaboration with sex workers, and sex workers should participate in delivering training. Plans and modules should be developed at national level but training should be delivered at local level.	TWG, and all organisations implementing with sex workers
6. Develop disciplinary procedures and strategies for dealing with individuals who stigmatise sex workers.	Sex workers should be enabled to report in confidence any problems they come across with health care workers or other partners. Organisations working with sex workers should put in place mechanisms to ensure anyone stigmatizing sex workers is disciplined and removed from working with these populations.	TWG, and all organisations implementing with sex workers

➤ **Recommendation 3: Address violence, abuse and stigma toward sex workers**

While the previous recommendation relates to stigma and abuse against sex workers *in the context of HIV programmes and health care services*, this recommendation relates to the violence, abuse and stigma sex workers face in their communities, including from clients, law enforcement officers and local leaders. It also includes efforts to ensure that law enforcement officers and courts take any complaints made by sex workers seriously.

Although training programmes for individuals who are likely to come into contact with sex workers may be considered, it is important to recognise that abuse or violent conduct from police officers are generally illegal acts: in other words, police officers

should already be aware of the rules governing their behaviour. It is therefore also essential to increase the likelihood of perpetrators being identified and held to account for their actions. Possible strategies for achieving this include documenting the problems faced by sex workers at the hands of police officers or from other sources, and advocating with local and national authorities for increased attention to complaints made by sex workers. This advocacy should be conducted not just with law enforcement authorities but also with community leaders, religious leaders, and other social service providers; they should also address not just issues of violence but also of stigma and discrimination in different spheres of community life. Sex workers should take the lead in these activities.

Action points	Additional notes	Lead organisation
7. Develop processes and tools to document human rights violations and other instances of abuse and violence against sex workers; support sex worker groups at local level to conduct this documentation.	While tools and processes should be developed at national level in order to ensure there is a “standard” approach, actual documentation should happen at local level.	Sex worker organisations, support from TWG and human rights organisations
8. Develop systems to provide legal support to sex workers wishing to make official complaints.	One of the reasons sex workers complaints are rarely taken seriously is that they have no access to legal expertise. Providing legal support can help ensure “test cases” go to court and form a basis for advocacy. (Local level).	Sex worker organisations and human rights organisations
9. Conduct advocacy with key stakeholders at local level to address different forms of stigma, discrimination and abuse against sex workers.	In each town, sex workers should identify the different types of stigma, discrimination and abuse and the actors who may be able to address this, (e.g., discrimination by churches might be addressed by speaking to church authorities etc.) as well as deciding on clear advocacy “messages”. The results of documentation activities should be used to provide evidence for advocacy work. (Local level).	Sex worker organisations, support from TWG and partners including human rights organisations



Action points	Additional notes	Lead organisation
10. Provide human rights and citizenship education for sex workers.	Sex workers are often not well informed about their rights and the current legal situation in which they operate. Adding “Know your rights” training to the health education curriculum is a straightforward intervention. National level for guidelines, local level for implementation.	TWG, sex worker organisations, other organisations implementing with sex workers
11. Ensure that economic empowerment programmes do not inadvertently aggravate vulnerability.	There is currently no evidence economic empowerment and “exit” programmes have an impact on HIV transmission or on the volume of the sex industry. However, some sex workers would welcome the opportunity to have different sources of reliable income. The research does indicate that there are some bad practices in this area of work, such as branding it “rehabilitation” (thus further stigmatising sex work) and providing microloans for businesses which are not viable, thereby endebting already vulnerable people. Programmes in this area need to ensure they are rights-based and viable.	Economic development, microfinance organisations.
12. Identify sources of funding and technical support for this area of work.	Although the activities described in this section are important for HIV programmes, they seldom receive the same amount of support as “classic” health interventions. If current budgets do not allow for these activities, additional sources of funding should be sought. National level.	TWG, sex worker organisations, UN partners, organisations implementing with sex workers

Action points	Additional notes	Lead organisation
13. Monitor the results of this area of work.	The recommendations above represent a fairly new area of work. It is important to closely monitor their effect and continue to demonstrate why these activities are important for HIV and human rights programmes. Local and national levels.	Sex worker organisations, TWG, UN partners

➤ **Recommendation 4: Understand and address the ways in which the legal context affects sex workers and their safety**

The impact of laws relating to sex work is very often cited by sex workers as one of the main challenges they face. Although selling sex is not itself illegal, the criminalisation of soliciting and the existence of various administrative and public order rulings enables law enforcement officers and local authorities to mistreat sex workers and forces sex

workers to work in more dangerous situations. Sex workers have called for reform of these laws, while recognising that such reform may be controversial and is likely to take a long time to achieve. Initial steps can be taken to investigate how laws affect sex workers and what long term changes might improve their situation. The national working group on punitive laws and HIV may provide a useful starting point for this work.

Action points	Additional notes	Lead organisation
14. Investigate the impact of the current legal framework on sex workers and the potential changes that could help to improve the situation.	The documentation and legal support activities described above under recommendation 4 will be an important input to this process. One option could be to set up a commission made up of different actors (including sex workers) with the mandate of examining the situation and reporting on recommendations after a sufficient period of time.	TWG, Human rights organisations, sex worker organisations; Working Group on punitive laws

➤ **Recommendation 5: Strengthen the capacity of emerging sex worker organisations to play an active role in the response to HIV and AIDS**

As noted above, one of the clearest messages to emerge from the national meeting was the importance of meaningfully involving sex workers in programmes and other relevant initiatives. Each of the action points above points to ways in which sex workers should be involved in processes. However, it is important not just to invite sex workers and sex worker organisations to

participate in ad-hoc ways, or by means of one-off payments to individuals on an activity by activity basis. Rather, support should be provided that can enable sex worker organisations to develop in an autonomous way, and to develop and implement programmes by themselves. Recognising that the sex worker organisations that currently exist have “national” mandates, support should also be available to sex workers planning to set up local/ town-level organisations.



Action points	Additional notes	Lead organisation
15. Support strategic planning and leadership development among existing sex worker organizations.	Capacity assessments and strategic planning can help organizations to clearly position themselves according to their strengths and aims, and can improve their ability to develop proposals and negotiate with partners.	UNFPA, TWG and other partners working with sex workers; capacity building organisations
16. Develop and implement a plan of capacity building for sex worker organizations.	Based on capacity assessments and strategic planning, capacity building programmes should be developed for each organisation, and support provided to identify funds and providers of support.	UNFPA, TWG and other partners working with sex workers; capacity building organisations
17. Support to emerging local sex worker organizations.	During the UNFPA supported community assessments sex workers from some towns discussed the possibility of setting up local organizations. Advice on organizational structures and challenges should be provided, and support for organizational start-up.	UNFPA, TWG and other partners working with sex workers; capacity building organisations
18. Monitor the results of this area of work.	As with the documentation and legal support activities, the action points above represent a fairly new area of work that should be monitored and built on over time.	Sex worker organisations, TWG, UN partners



Concluding remarks

Although important progress has been made in ensuring sex workers are involved in and reached by HIV programmes in Namibia, and the national meeting described in this report has been a significant achievement, it is essential that the momentum be kept up.

As the recipient of funding from both the Global Fund and USAID for sex work programming, SFH is looked upon as a leader in the effort to turn commitments into effective programmes. At the same time, it is important to recognise that the financial resources and mandate that have been provided to SFH by the Global Fund and USAID will not suffice to address all of the needs or to implement all of the action points described above.

The United Nations is also a critical partner with regard to facilitating participatory and inclusive approaches to programming and supporting the documentation of any human rights violations or abuses. Sex worker organizations should be supported to take the lead,

especially in terms of advocating for their rights and voicing their needs.

All partners involved in programming for the protection of sex workers need to work together to assess what existing programmes can achieve and to fill gaps in order to ensure adequate service provision. More importantly, the partners will need to identify any areas of work that are not covered by existing programmes, and to identify further resources that are required to cover this work.

It is suggested that the TWG on key populations take the lead in interpreting and planning for the implementation of the Action Points described above. All of the relevant actors, including sex worker organisations, are represented on the TWG. It is unlikely that all of the recommendations and action points can be addressed immediately, so it is suggested that, once Action Points have been agreed upon, the TWG develop a timeline and assign roles and responsibilities for addressing each point.

Annexe 1: Participant List

Name	Organization/location
Mrs. Sarah Tobias	Ministry of Health and Social Services, Directorate of Special Program (MOHSS/DSP)
Mrs. Esme Kisting	King's Daughters Organization
Ivy Rutize	Namibia Women's Health Network (NWHN)
Inkeri Von Hase	UNAIDS
Tomas Zapata	UNFPA
Zinha S. Simon	Walvis Bay
Luise Haunit	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Lavinia Shikongo	Society for Family Health (SFH)
Frieda Katuta	Ministry of Health and Social Services (MOHSS)
Purity Namatama	Katima Mulilo
Anna Jonker	Kalkrand
Sigrid Shitana	Oshikango
Harriet Rachel Kagoya	Society for Family Health (SFH)
Abel Shinana	African Sex Worker Alliance (ASWA) Namibia
Daughtie Ogutu	FAHAMU (Kenya)
Scholastica Goagoses	The Red Umbrella (TRU)
Carmen Samaneigo	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Katherine Richards	Namibia Network of AIDS Services Organization (NANASO)
Henk Van Renterghem	UNAIDS
Kendelela Kapapelo	Namibia Planned Parenthood Association (NAPPA)
Dean Wadeson	Legal Assistance Centre (LAC)
Mama Africa Nikodemus Aoxamub	Right Not Rescue Trust (RNRT)
Kakula Braster	Society for Family Health (SFH)
Felicita Hikuam	AIDS Right Alliance for Southern Africa (ARASA)
Trudy Sibeso Masilani	Katima Mulilo
Priscillah Sibanga Lunza	Katima Mulilo
Annety Mulonga Balwizi	Katima Mulilo
Sarah Packwood	UNFPA
Hilya Shaanika	Walvis Bay
Emilie T. Michael	Society for Family Health (SFH)
Aina Venessa Shikolo	Oshikango

Monica Uulenga	Desert Soul
Edith Ingutia	Global Youth Coalition on HIV/AIDS (GYCA)
Nelson Goagoseb	The Red Umbrella, African Sex Worker Alliance (TRU / ASWA)
Florian Rhode	Communication for Change, Family Health International (C-Change FHI 360)
Grace Hidinua	UNFPA
Johannes Haufiku	Society for Family Health (SFH)
Linda R. M. Baumann	Out Right Namibia (ORN)
Andrew Maher	CDC
Sarita Sehgal	UNAIDS
Krysta Gerndt	University of California San Francisco (UCSF)
Kaeno Mujoro	UNODC
Kyomya Macklean	African Sex Worker Alliance (ASWA)
Cathline Neels	UNFPA
Stephaniè. Van der Walt	Communication for Change, Family Health International (C-Change FHI 360)
Moreen Gaweses	Windhoek
Shirley Gaeses	Windhoek
Ingrid K. Ochurus	Walvis Bay
Kaanduka Nickodemus Nghipandulwa	Society for Family Health (SFH)
Jacobus Witbooi	UNAIDS
Mareya D. Shupura	Namibian Women's Association – Girl Child is a project (NAWA Girl Child)
Jennifer Gomes	Right Not Rescue Trust (RNRT) Windhoek
Francina Rusberg	Ministry of Health and Social Services, Directorate of Primary Health Care (MOHSS, PHC)
Rachel Gawases	The Red Umbrella (TRU) Walvis Bay
Toini Angula	Namibia Women's Health Network (NWHN)
Teopolina Emvula	Society for Family Health (SFH)
Efraim Dumeni	Ministry of Health and Social Services (MOHSS)
Julies Mudabeti	National Social Marketing Program (NASOMA)
Ingemarry Shikangala	National Social Marketing Program (NASOMA)
Efraim Shivute Shilongo	International Training Education Centre for Health (I-TECH)

Annexe 2: Programme

Day 1: Wednesday 2 November

Time	Item
8.30 am	Registration
9.00 am	Opening and introductions. Chair: Lavinia Shikongo, SFH <ul style="list-style-type: none"> Official opening: Fabian Byomuhangi, UNFPA and Frieda Katuta, MOHSS Introductions and aims of the meeting: Matthew Greenall
9.30 am	Presentation session. Sex work and HIV in Namibia: review of existing information. <i>Session chair: Lavinia Shikongo, SFH</i> <ol style="list-style-type: none"> Review of the literature on sex work and HIV in Namibia: Matthew Greenall, consultant (UNFPA) Community assessments on sex work, HIV and human rights (background and methodology): Tomas Zapata, UNFPA Community assessments on sex work, HIV and human rights (findings): sex worker representatives UNFPA/ASWA regional project on young people and sexuality: Abel Shinana, ASWA Emerging sex worker movements in Namibia: Nelson Goagoseb, Coalition of sex work organisations
11.15 am	<i>Morning tea break</i>
11.45 am	Questions and answers on presentations. Session chair: Lavinia Shikongo, SFH
12.30 pm	<i>Lunch break</i>
13.30 pm	Presentation session. Sex work and HIV in Namibia: Current and forthcoming initiatives. <i>Session chair: Henk van Renterghem, UNAIDS</i> <ol style="list-style-type: none"> Working group on key affected populations and HIV: Linda Baumann, Outright Namibia US Government support to key affected populations in Namibia: Brad Corner, USAID SFH programme: Strengthening HIV prevention for most at risk populations: Johannes Haufiku, SFH Concept: Mapping of services for sex workers: Harriet Kagoya, SFH Ministry of Health / CDC BSS : Anna Jonas Questions and answers on presentations
15.30 pm	<i>Afternoon tea break</i>
16.00 pm	Break-out session: Identifying priorities on sex work and HIV for the short and medium term
17.00 pm	<i>Close</i>

Day 2: Thursday 3 November

Time	Item
9.00 am	Recap of Day 1. Facilitator, Matthew Greenall
9.30 am	Presentation session. Global situation and standards and best practice in HIV and human rights programming for sex workers. Session chair: Frieda Katuta, MoHSS 11. HIV investment framework and UNAIDS guidance on sex work and HIV: Henk van Renterghem, UNAIDS 12. Global and regional evidence and best practice for programmes with sex workers: Matthew Greenall, consultant (UNFPA) 13. Sex work, human rights, and the regional sex worker movement: Macklean Kyomya, ASWA Coordinator <i>Questions and answers on presentations</i>
11.00 am	<i>Morning tea break</i>
11.30 am	Break-out session: Facilitator, Matthew Greenall Assessing Namibia's response to sex work in the context of global standards
12.30 pm	<i>Lunch break</i>
13.30 pm	Plenary feedback from break-out session. Facilitator, Matthew Greenall Identifying principles and priorities for future programming on sex work, HIV and human rights
14.00 pm	Break-out session. Facilitator, Matthew Greenall Identifying principles and priorities for future programming on sex work, HIV and human rights in Namibia. Plenary feedback.
15.30 pm	<i>Afternoon tea break</i>
16.00	Plenary discussion on next steps. Facilitator, Matthew Greenall
16.30	Close Henk van Renterghem, UNAIDS Sex worker representative



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UNESCO
WHO
WORLD BANK

Contacts:

UNFPA Namibia & UNAIDS Namibia

UN House

38 Stein Street

Klein Windhoek

Private Bag 13329

Windhoek, Namibia

Tel: +264 61 204 6278