



Global Network of Sex Work Projects
Promoting Health and Human Rights

GOOD PRACTICE IN

Sex Worker-Led HIV Programming



REGIONAL REPORT:

Latin America



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Identifying and Documenting Case Studies in HIV Programmes Led by Sex Workers in Four Latin American Countries

Introduction

The Global Network of Sex Work Projects (NSWP), implemented a global project to identify and document best practices undertaken by sex workers in carrying out programmes related to sex work and HIV; to identify and document issues of sex workers and their access to HIV-related treatment and the impact of free trade on this access; and to identify and document the impact of programmes relating to HIV directed at sex workers which fail to include a human rights-based approach.

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Study Objectives

- 1 To document the experiences of sex workers, through examples of best practices that serve to share the development of politically influential tools; to strengthen sex workers' group efforts to become effectively involved in the development of policies and programmes that help to amplify their voices both at regional and international levels.
- 2 To document the access of sex workers to treatment, as well as the impact of HIV programmes which fail to include a human rights-based approach, such as highly coercive or mandatory HIV programmes, as well as the lack of access to affordable and effective treatment for HIV and STIs.

Methodology

This study was conducted in four countries in Latin America in which the NSWP has members: Brazil, Ecuador, Mexico and Peru.

A Regional Advisory Group whose main function was to supply feedback during the design, implementation and final revision of the project oversaw the study. This group was made up of a representative from each participating country in the study.

- ▮ **Brazil** – Cida Viera – APROSMIG
- ▮ **Ecuador** – Karina Bravo – COLECTIVO FLOR DE ASALEA
- ▮ **Mexico** – Alejandra Gil – APROASE, A.C.
- ▮ **Peru** – Angela Villon – MILUSKA VIDA Y DIGNIDAD

The organisations conducting activities were recommended by the members of the Regional Advisory Group of each individual country who confirmed that they have the capacity and experience to deal with sex workers.

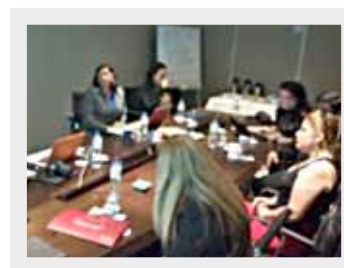
The study has two main components: a study to analyse the situation of diagnosis, care and prevention services which target sex workers in these four Latin American countries, and a collection of case studies to document best practices in the provision of diagnosis, treatment and prevention services targeting sex workers in these four countries and/or advocacy strategies for changes in public policy related to sex work.

Case studies

The case studies highlight successful experiences of the sex worker organisations in the implementation of programmes or advocacy to promote public policies that have contributed to improvement of living conditions of sex workers in the four Latin American countries.

The preparation of case studies with best practices was carried out through the following activities:

- ▮ Identification of sex worker organisations in each participating country that have a programme or achievements in advocacy which have contributed to improving sex workers' living conditions at a local or national level.
- ▮ Use of a survey with key questions to help to establish the elements for case study.
- ▮ Conducting of interviews with sex workers to clear up any doubts and to fill in any gaps in information and other relevant points.
- ▮ Return to the first draft to verify the accuracy of information.
- ▮ Presentation of case studies to the Regional Advisory Group during a regional meeting validating projects.
- ▮ Incorporation of the case studies in the body of the final report of the study.





The reading, analysis and selection of case studies was carried out by the Regional Advisory Group, held during the regional meeting in Lima, Peru, on 8–10 November 2013, and the best ones were chosen by consensus for having contributed to improving the working conditions and health of sex workers in the four countries. It was ensured that studies were included on sex workers of all genders.

A result of the meeting was the formation of a new group of sex workers of all genders in Latin America: the Latin American Platform of Sex Workers (PLAPERTS).

Its aim is the visibility of all populations of sex workers in Latin America in policy making and advocacy for the human, labour and health rights of sex workers.



Access to Treatment

A questionnaire was designed to evaluate access to treatment and health services targeting sex workers from this region, with open and closed questions. Once the questionnaire was applied, a matrix of information was developed whereby the results of the survey, which served as the basis for defining the conclusions for both country and region, were collected.

The report on this region covered the health situation as well as access to treatment. In all countries there are free services aimed at addressing sexual health, HIV/AIDS and STIs, but these are aimed at the general public. We can see that an example of services available in Brazil, where there are not frequent complaints about medicine shortages, differs from the specific case of Mexico where a strategy was developed to institutionalise outpatient centres (known as CAPASITS) for the prevention and care of AIDS and other STIs. These are centres that provide information about prevention of HIV and STIs and offer care at a state level throughout the Mexican Republic for people who don't have social security. Another example is the specialised Condesa Clinic, which is run by the government in Mexico City and cares for those living with HIV who do not have social security; however, as in other countries, because of bureaucratic breakdowns in the health services these do not comply with the needs of sex workers and there is a great need not only to be closer to these specific communities but also to offer flexible schedules and quality care. Sex worker organisations are now attending to their peers and offering information about health centres where they can go without facing stigma or discrimination. In the case of Mexico, APROASE uses the COLSAVI clinic which specialises in AIDS and STI prevention and targets sex workers but has a focus on the general public in order to reduce the stigmatisation of being a centre exclusively aimed at sex workers.

Although HIV care programmes exist to deal with AIDS and STIs, the sex workers surveyed about health services felt that these do not cover their specific needs as they do not have a gender-specific perspective that is respectful of their rights, and there is a lack of sensitive, warm and respectful care programmes. The study included interviews with those responsible for health and HIV and STI programmes who agree that a programme should not be specific to sex workers, but it was only sex workers themselves who mentioned prejudice, stigma and specific needs such as opening hours, provision of information on prevention and comprehensive health care, availability of contraceptive methods and a comprehensive service to treat transgender sex workers. The stigma magnifies the idea that the profession is something illicit, and there is still plenty of ignorance and a general lack of information on the part of health care professionals, which contributes to homophobia, discrimination and aggression. This can compromise sex workers' safety, health, and access to rights. Health professionals often make value judgments in the sense of encouraging sex workers to abandon their profession because of moral or religious concepts, and, even worse, this means that they may stop going for medical and follow-up care in an HIV/AIDS or STI case.

With respect to free trade agreements and the evolution of a donor environment in the Latin American region, access to antiretroviral drugs as well as access to contraceptive methods has been more flexible and more of them have reached this group. However, demand still remains high and sex workers in the region reported shortages of medication and a lack of access to rapid testing, as well as to male and female condoms. 80% of countries, with the exception of Brazil, specify and clarify that they have universal access to drugs, and although there is access to treatment, transgender female sex workers are still the most stigmatised group, for which strategies need to be generated.

Health services and tests are free, but sometimes the costs vary depending on the location, rules or norms. In the case of Mexico, this depends on the available services in each individual city or state.

In Mexico, access to prophylactic programmes is only granted in the case of rape. In Ecuador female sex workers did not know if there is an access programme for post-exposure prophylaxis and within the health services there are no programmes available to anyone. In Peru there are none while in Brazil there is access for the whole population.



Adherence to HIV treatment and health services was discussed, but this can vary according to those who access them. If we review the fact that there are services that stigmatise and show prejudice, this can vary because the female sex workers are aware of the importance of access to health care, even though the quality may not be the best for the sex worker population. In the cases of Mexico and Peru there was discussion of slow bureaucratic processes and medicine shortages, which make it more difficult to access services and care.

In Mexico, as recommended by UNAIDS, transgender women are separated from the MSM group and the process of acquiring specific statistics is currently underway. Meanwhile in other countries data and epidemiological strategies were not considered to be sufficient by those questioned, because of a lack of specialised and detailed information. Real numbers and an improvement in public policy are needed for the benefit of this group.

CASE STUDY

1

ECUADOR



La Sala ('The Room')

Project Period

April 1998 to May 2005

Project leader organisations

- 'June 22' Association of Autonomous Women Workers
- Foundation for Studies, Action and Social Participation (FEDAEPS)

Background

Given that one of the main problems that sex workers were going through at the time was stigmatisation by a society that exposed them to a hostile environment, police persecution, exclusion from health care services and an inability to negotiate the use of condoms with clients, La Sala (The Room) was created under the premise that work empowerment and self-care for sex workers could contribute to the prevention of HIV/AIDS and reduce its incidence in the province of El Oro. Its aim was therefore to build and design methodologies for HIV/AIDS prevention and condom use with the active participation of female sex workers in enclosed places, streets or city squares.

Financing

HIVOS

Goals

- Participatory training and activities.
- Prioritisation of sex workers experiential and reflective learning, facilitated by peers (sex worker volunteers, trained as promoters), in an atmosphere of trust.



- ▶ Learning as part of a process aimed at behavioural change, starting with the volunteer sex workers, to spread information to their colleagues.

Based on a holistic health model, the following key factors were considered for positive changes in prevention:

- ▶ Strengthening unity and organisation among sex workers, who lack these due to both isolation and an absence of solidarity amongst themselves, along with discrimination, abuse and violence closely related to those with HIV/AIDS.
- ▶ Generating more information on HIV/AIDS and safe sex, broadening sex workers' knowledge of safe sex practices but building on their own knowledge, beliefs and myths, among other things.
- ▶ Tackling internalised feelings of rejection, through building self-esteem and expressing feelings; looking at ways to address negative social messages that cause sex workers to love themselves less and consequently take less care of themselves.
- ▶ Providing tools to empower sex workers, focused on a gender perspective, starting with negotiation skills for female sex workers to use with clients and partners, reducing their biological, socio-economic and cultural disadvantage and greater risk of contracting HIV.
- ▶ Favouring a comprehensive, holistic health approach that emphasises prevention and personal responsibility for one's own health and well-being.

Methodology

The project had three components, considered as general strategies:

- ▶ Development of Human Resources – Train staff to become leaders.
- ▶ Development of informational and communicational material – Creation of alternative means of information that could serve to empower female sex workers, for both local and national circulation.
- ▶ Institutional strengthening of technical and administrative capacity of the areas responsible for the programme, in order to coordinate, manage and optimise efforts.

Achievements

On average 400 to 500 female sex workers are served monthly.

A consistent group of volunteer sex workers and facilitators has developed their empowerment capacity, currently handles disagreements, and provides resources for successful negotiation of condom use with clients and partners.

Service users were informed and taught to manage their knowledge of HIV/AIDS. They know they need to be protected with clients, friends and partners, and can handle arguments in favour of prevention.



Service users have acquired tools for interactions with their peers and for strengthening solidarity. They are willing to change and to propose unions and strategies.

Service users have obtained reliable information on the practice of safe sex and ways to negotiate with clients, demystifying misconceptions about condom use and its practices.

A positive change has been noted in terms of service users' prioritisation of their health and their immediate future (financial need).

Service users have incorporated health care, higher self-esteem and a spirit of solidarity.

Multidisciplinary and inter-sectoral work as a strategy is useful in dealing with the onslaught of brothel owners, members of the public, officials and corrupt authorities.

Assessments of the current situation of HIV/AIDS in the sector is made in coordination with the health services and proposals are drafted to address the epidemic where sex workers are impacted.

There is an increased presence of female sex workers in public and political spaces.

Solidarity has been achieved with women's and feminist organisations, as well as other civil organisations.

The female sex workers organised changes to public policies and health care service policies, regarding the regime of control of so-called 'prostitution' in the country, and the abandonment, dehumanising conditions and precariousness of attending health services.

'June 22' The Association of Autonomous Women Workers and 'The Room' programme have seen local, national and international positioning.

The programme has been replicated in other cities and other countries.

Barriers

It can be difficult to convince female sex workers of the benefits of participating and being part of the project, because of mistrust and stigma about sex work.

Replication

The promoters were invited to several international spaces such as, among others, the International Forum of HIV-AIDS in Barcelona (Spain), a discussion group on sex workers in Montreal (Canada) and the Human Rights Forum in Lima (Peru).



CASE STUDY

2

MEXICO



Male Sex Workers

Project Period

February 2010 to December 2012

Project leader organisation

Men's Collective in Community Action (CHENACA.C), is an organisation working in Monterrey, Nuevo Leon. Located in the northeast of the country, Monterrey is Mexico's second most important city. CHENACA.C's headquarters is in the city centre, and its projects have also been implemented in other municipalities such as Cadereyta, Juarez, Montemorelos and Garcia. It is linked with the National Coalition of Sex Work and is a member of the NSWP.

Key Population

Male sex workers

Background

The lack of recognition of sex work as work has been an obstacle to the acceptance of sex workers, preventing them from being open, accepting their right to health and therefore attaining a better quality of life by demanding their rights as individuals.

Needs and priorities for sex workers were identified, such as access to condoms and water-based lubricants. Since they have a right to health, the state is obliged to provide these supplies for them, but it claims a lack of resources, and it is believed that a lack of political will is also to blame. During this assessment a need for basic information was identified and the next step was to hold HIV/AIDS and STI workshops, providing educational materials with scientific evidence for sex workers.

Financing

The project was funded by the National Centre for the Prevention and Control of HIV/AIDS (CENSIDA) by the Ministry of Health.

Goals

- ▮ To reduce the number of new infections, as well as the effects of HIV/AIDS and other STIs, through the development and implementation of strategies and preventive actions, based on scientific evidence specific to male sex workers and their clients in metropolitan areas and citrus-producing areas in the state of Nuevo Leon.
- ▮ Training with a practical theoretical methodology with content based on scientific and accurate information.

Achievements

The main strategy is the recognition of sex work as work, first by the sex workers once they have come out of hiding and accepted that they have the right to health and can therefore attain a better quality of life by demanding rights as individuals. This is achieved by working in pairs, talking as equals, sharing experiences, and talking about their problems. They discuss who to go to, where to make a complaint in case of mistreatment, discrimination or any abuse of power by public officials, and appropriate channelling for medical care free of discrimination.

STI rates among male sex workers were reduced and awareness about STIs increased, as well as correct use of condoms and water-based lubricants.

Provision of HIV and STI prevention tools to male and female sex workers and their clients is complemented by access to scientific information, educational material, brochures, sex work manuals, and photo-comics.

Sex workers were approached with offers of HIV testing with pre- and post-test counselling free of charge, and information was given about accessing Popular Insurance, affording them access to free health services.

Barriers

The most difficult aspect of the project was gaining the trust of male sex workers. It is very difficult for them to be open or become visible as people who have important needs to be met and convincing them was a lengthy, but ultimately successful, process.



Replication

Funding has still not been obtained for the replication of the project in other states of the Mexican Republic.

Evaluation

Sex workers' and their clients' knowledge about sexual health and prevention of HIV and STIs was increased through the use of workshops.

By now people already identify the team as sex workers and ask them for condoms and water-based lubricants, request information on Popular Insurance or ask about where to go to get a HIV test.

The project has not been replicated in any other region but could perhaps have potential depending on the location and local STI rates. The political situation could however cut short the project.



CASE STUDY

3

MEXICO



Improving HIV/AIDS and STI Programmes for transgender sex workers

Project Period

January to December 2005

Project leader organisation

Tamaulipas Diversity VIHDA Trans A. C.

Background

Through direct intervention with this target group and the conduction of surveys and interviews, a diagnosis was made of specific needs, concluding that transgender sex workers suffer from stigma, discrimination, rejection, police violence (motivated by transphobia), sexual exploitation and exposure to risks on a daily basis just by leaving home to go to work, including but not limited to sex work. It was discovered that 100% of transgender people never went to the doctor when beginning their transition with hormones, and some experienced complications or side-effects due to the improper use of oils. Additionally, all information was passed on by word of mouth, and the interviews revealed that the average age for starting physical transition was 17.

The goal of a female appearance can compromise both body and health through the injection of all kinds of oils, carried out by non-professionals in unfavourable conditions. Only some have the economic resources for quality health care and the opportunity for facial surgery or silicone buttock or breast implants, etc. Few have sufficient economic resources to access gender reassignment surgery and therefore post-operative transsexuals are not identified in this group.

For these reasons, there is a need to strengthen the target group, raise awareness and give specific follow-ups, empowering them to negotiate and use condoms, as well as target the health care authorities to advocate for integral health care for transgender people that encompasses advice and support.

Financing

Activities were planned and developed to acquire resources within the association. Local health authorities supported in kind by offering space for meetings and discussions as well as whatever else was necessary to carry out these meetings.

Goals

- The main objective was to promote responsible sexuality, free of sexually transmitted infections; human rights empowerment; and respect rather than discrimination and violence against transgender people living with HIV/AIDS and sex workers. An additional goal was to achieve integral health care for transgender people who use public health services.

Methodology

A strategy was outlined for transgender people who are also HIV-positive to access a mobile centre for the care and prevention of HIV/AIDS and STIs (CAPASITS).

The process is simplified if the group is constituted as an NGO, comprised of transgender sex workers, most of them living with HIV.

Strategic alliances were formed with other NGOs in the community to support processes, as well as with the health care authorities in order to make this group visible and achieve the intended results.

Achievements

More than 30 transgender female sex workers were trained and empowered about human rights issues and negotiation and use of condoms with clients.

Thanks to political advocacy an integral and differential care programme was put together in accordance with the needs of transgender people living with HIV.



Police authorities signed agreements that they would not arrest transgender women in the course of sex work.

The first organisation of transgender women in the region was legally constituted, positioning itself as one of the most important in the country through the achievements obtained with this intervention.

Currently it continues working with the authorities in order to obtain the recognition of sex work in the state of Tamaulipas.

Barriers

Little support was received from the head of the state HIV programme or from the Tamaulipas Secretary of Health, since they form part of the Centre of Comprehensive Care for the Reduction of Sexual Risks (CAIRS), which controls sex workers in Tamaulipas, and organised crime is highly involved in this organisation. For this reason access to the transsexual labour group was very limited.

Replication

This intervention was presented in Monteux, Switzerland, during a meeting about violence in sex work in the context of HIV, in a presentation about the benefits achieved by working with transgender female sex workers in Tamaulipas.



CASE STUDY

4

PERU



Sex Work and HIV/AIDS in Peru: Looking at the future

Project Period

February 2008 to December 2011

Project leader organisations

Miluska, Life and Dignity Association of Sex Workers; Association of the Rights of Trans People; Cayetano Heredia University.

Background

In December 2007 a national sex work and human rights inquiry took place in Peru, which brought together sex workers of all genders, representatives of central and regional government authorities, civil society and international cooperation agencies, with more than 270 participants from 12 regions of the country.

The objective of the inquiry was to encourage broad debate on stigma, discrimination, violence and the vulnerability associated with sex work and its links to HIV and AIDS, with the participation of sex worker organisations as key players.

The inquiry made a special effort to look at human rights, sexual and reproductive rights, stigma, discrimination, vulnerability to HIV and the obstacles to achieving universal access to prevention, treatment, care and support for HIV for sex workers of all ages and genders.

As a result of the inquiry, political commitments were made by authorities at the regional level, resulting in statements containing practical measures to be taken for an effective programme of sexual and reproductive health and prevention of HIV in sex work and human rights protection for this group in particular.

From the results of the evaluation and the needs of the sex workers, key information was obtained on the major challenges to be addressed in the context of the AIDS pandemic. At the same time, the results underscore that violence, stigma and discrimination are ongoing problems within the context of sex work and have to be dealt with.

Financing

UNFPA

Goals

- ▶ To build solutions with local and regional authorities with the participation of the public sector, civil society and professional sex worker organisations, in a well coordinated manner designed to guarantee human rights.
- ▶ To promote changes in the health sector and within the context of HIV and AIDS, in order to ensure that health services provide sensitive support, with training and information on sexual diversity and in relation to the complexity of the environment of sex work.
- ▶ To reduce violence against sex workers, with special attention to law enforcement officials and security forces at the local government level.
- ▶ To improve sexual and reproductive health and HIV prevention services including condoms, universal access to STI treatment, information on STIs and HIV and prevention methods, as well as to decrease stigma and discrimination by health care providers.
- ▶ To advocate for changes in the municipal laws and in particular standards which attempt to regulate sex work but result in the violation of sex workers' human rights.
- ▶ To train government authorities, including the health sector, about the sexual rights and human rights of sex workers, since their lack of understanding of how to deal with this group results in more violence and stigma within their social environment.

Methodology

The proposal was designed and carried out jointly with organisations of sex workers and transgender people, as well as academic institutions.



Achievements

Improved care and treatment services for female sex workers, including transgender women, by updating standards and protocols and sensitising healthcare personnel.

Consolidation and strengthening the capabilities of women leaders, including transgender women, identified in the regions of Piura, Pucallpa, Arequipa and Junín.

Promotion of multi-sector workspaces on the subject of sex work and its incidence in Piura, Pucallpa, Arequipa and Junín, in order to incorporate a training module for police officers.

A debate took place and advocacy was carried out to develop a legal proposal to recognise the right to transgender identity. A legal proposal on sex work was also advocated.

Barriers

Several obstacles were identified. Some fundamentalist authorities saw this as criminal work. Some authorities with whom agreements had already been made subsequently changed. In some provinces the non-transgender female sex workers could not work with the transgender sex workers because of different interests, although the operative plans were met with success. There was also ignorance about internet use, which made it difficult to make arrangements. The dates of some activities in the provinces had to be changed due to the political situation which resulted in regional miners' shutdowns and strikes closing highways and airports in Arequipa and Junín.

Replication

The experience from this work and the feasibility of its replication in other countries has been published as a case study of the Consortium Network TRANS, Miluska Life and Dignity, IESSDE: Sex Work, Human Rights and HIV by Manuel Contreras of the CSW (Commission for Women's Status) for the AIDSTAR project. It is on the USAID page in English:

http://www.aidstar-one.com/focus_areas/gender/resources/case_study_series/peru_csw#tab_7



Conclusions

Sex workers believe the following should be done on the subject of health services in sex work in the Latin American region:

- ▶ Each country should have specific data on the subject of sex work, profile more groups, carry out more research specific to sex workers, and, especially, keep data updated. Further, they should maintain a congruent relationship with services assisting these groups which understand the reality of what is actually happening in terms of sex workers' health issues.
- ▶ Improve research infrastructure, use methodologies that include the sex workers themselves, and focus not only on cities but take into account places that are less accessible. Local authorities should invest in resources to generate strategic information on these groups through studies, and these resources should be consistent. Information should be arranged systematically and there should be increased use of strategies to disseminate information through discussion boards and use of technology (websites, Twitter, Facebook), bringing the general public closer to the realities and helping to reduce the stigma and prejudice experienced by sex workers.
- ▶ Train health care professionals responsible for care and prevention. While efforts have been made in Brazil and Mexico, more awareness raising is thought to be needed in Ecuador and Peru to educate those responsible for bringing these services to sex workers.
- ▶ Provide materials within health services and even form alliances between HIV/AIDS groups and government.
- ▶ Set up a training system to promote alliances between organisations, authorities, and sex workers so that they not only receive condoms but also become promoters and agents of change in their own right.
- ▶ Build comprehensive programmes that provide free and confidential HIV testing, not only in hospitals or health programmes and authorities, but reaching all areas where there is sex work. A prophylaxis programme that takes into account the particular needs of sex workers is also felt to be hugely important.



HIV programmes for sex workers do not appear to reflect an approach based on rights, as evidenced by compulsory or highly coercive HIV programming, and there is a lack of access to affordable and effective treatment for HIV.

A review of the resolutions found that in these four countries a clear vulnerability exists in the health services, not only because of poor structure, general shortcomings and a lack of professionalism, but also because of the stigma and prejudice that persist when dealing with sex workers. In Mexico, Peru and Ecuador it appears that double standards driven by religious beliefs and prejudice, as well as fundamentalist attitudes, permit those in charge of services to violate the rights of users. It is safe to say that sex worker groups have specific scheduling needs as well as needs for easily accessible information on contraception and prevention methods. Brazil's progress on rights deserves recognition, but unfortunately this progress is not widespread and does not reach all communities or municipalities where sex work takes place.

If the interviewed sex workers recognised that their rights had been violated in the health services, that they were subjected to double standards and that they were treated with prejudice because they are sex workers, clear complaints about these violations were not made. There is no systematic follow-up to cases, and in the case of complaints, there is no clear response or changes in health policy.

We conclude that not only is information lacking, but sex workers need to be accompanied and empowered to make complaints, and to know which authorities to go to, how to follow up, where to seek support and how to make sure their complaints do not just become paperwork but clear proposals for changes to the structure within the health services.

The next step should be to train the sex workers in these countries to empower themselves and bring to justice all cases of rights violations within the health services. This could fundamentally contribute to awareness as well as training tools so that they can continue defending, promoting and exercising their rights.





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