



HIV AND SEX WORK IN HUMANITARIAN SETTINGS

A TECHNICAL NOTE

---field testing version---



Why this technical note?

OBJECTIVE: address HIV and sex work in humanitarian settings in a practical and systematic way

- Emerging evidence that conflicts and disasters may lead to sex being sold or exchanged for accommodation, protection, food, gifts and other items or services.
- Women and others may openly identify as sex workers, or more often practice sex work in a covert, occasional or part-time manner. Some would readily give it up if they had other livelihood opportunities, while some will choose to continue.
- In humanitarian settings, there may be increase pressure to engage in sex work and sex worker itself is often riskier (low condom use, increased violence, etc.)
- HIV programmes tend to adopt “blanket approaches”, with insufficient attention to most vulnerable groups.
- It is critical to work on multiple levels to reduce risk and vulnerability related to HIV and other STIs while protecting the safety and human rights of affected populations.

The 3 Pillars of an effective response to HIV and sex work in humanitarian settings:

UNAIDS Guidance note on HIV & sex work

1) Assure universal access to comprehensive HIV prevention, treatment, care & support

2) Build supportive environments, strengthen partnerships and expand choices

3) Reduce vulnerability and address structural issues

In humanitarian settings, priorities are to...

Prepare ahead to maintain services, implement basic services in emergency phase and build more comprehensive services as conditions stabilize

Work in partnership with sex workers to build supportive environments and to ensure that anyone engaged in sex work can access needed health and social services

Ensure protection, access to food, shelter and other basic needs, and related measures to prevent GBV and minimize pressure to enter sex work

Rapid Response: 10 steps to implementation

PREPAREDNESS PHASE

1) Integrate HIV and sex work into contingency planning...

EMERGENCY PHASE

- 2) Expedite registration, risk identification and protection...
- 3) Ensure safe shelter and access to food and basic necessities...
- 4) Provide basic SRH and HIV services...
- 5) Start outreach...

STABILIZED PHASE

- 6) Build supportive environments and partnerships...
- 7) Reinforce protection...
- 8) Expand to comprehensive HIV and SRH services...
- 9) Expand targeted services...
- 10) Provide social/economic/legal services...

“Most activities are extensions of other health or protection services that are normally implemented as part of the humanitarian response. Additional attention to sex work may involve little extra effort but can yield important results in terms of protecting the rights of the population and averting HIV morbidity and mortality.”

Field Testing

On-going:

- Direct comprehensive validation with populations in humanitarian situations - detailed focused discussions with the relevant populations
 - ✓ Refugee populations and surrounding communities in Uganda, Djibouti, Yemen, Nepal
- Review by UNHCR and UNFPA country offices
 - ✓ Ghana, Kenya, Chad, Sudan, Côte d'Ivoire, DRC, Sierra Leone, Zambia, Colombia, Haiti, Ecuador, Bangladesh, Indonesia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Sri Lanka, Bosnia, Serbia, Albania, Macedonia
- Please send any feedback to mazzacurati@unfpa.org

THANK YOU!