

## Best Practice for HIV Prevention, Policy and Affirmative Action

Respect endorses the following best practices for HIV Prevention. We seek to empower sex workers in order to prevent HIV transmission. Through the provision of information, peer education, support, advocacy and referral services sex workers are encouraged to be aware of, and in turn educate peers and clients about HIV risks, prevention strategies, available support and healthcare services.

### **Utilise a Diverse Peer Based Approach to HIV Prevention**

Through sharing of experiences and practical knowledge of the unique interactions between sex workers and clients, peers educate and provide information on occupational health and safety to fellow sex workers.

### **Recognise that “One Size Does Not Fit All”**

Prevention programs are most effective when they acknowledge diversity and incorporate sexual orientation, racial and ethnic differences and lifestyle choices that contribute to HIV risk amongst the sex worker community. Specific prevention programs are required to address the increased risk, issues of stigma and discrimination that are specific to sex workers.

### **Ground Your Work in the Community**

Sex worker community involvement ensures acceptability, relevance and appropriateness of initiatives, programs and services to the sex worker community. It is also important to develop partnerships with people and organisations in the wider community to reduce stigma and create and grow referral programs, education and support services for sex workers.

### **Get the Facts! Assess, Evaluate, & Enhance**

Develop resources and programs through needs assessments, evaluations and by being responsive to the changing trends and emerging needs within the sex worker community. Peer educators are encouraged to identify, plan and implement improvements and disseminate information in formats that are effective.

### **Looking in All the Right Places**

Recruitment and retention strategies should consider the unique needs and circumstances of priority populations and target groups so promotion goes beyond what is convenient and bring education and services to sex workers in their own communities and environments.

### **Increase Access to Health Care for Sex Workers**

Seek to ensure that sex workers have access to providers who understand barriers and provide them with opportunities to recognise sex work as work and challenge stereotypes and myths. Promote appropriate services so as to increase the sex worker community's knowledge of sex worker friendly service providers by sharing information about where they are, what services they provide and how to access them.

### **Invest In Developing and Supporting Our Peer Information Sharers (Peer educators)**

Staff development, ongoing internal training, mentoring and creating opportunities for advancement are key to increasing our team's knowledge. Building capacity and assisting sex workers in being actively involved in the organisation is necessary for the organisation's growth and relevance. Ensure our information sharers (peer educators) are capable of providing adequate information and support to sex workers within a community development approach.

### **Advocate for Structural and Systemic Change without Bias**

Respect Inc does not advocate for change that will lead to financial benefits for any section of the

industry but which will benefit the health and safety needs of all sexual service providers. We advocate for the following key policies as consistent with the Internationally acknowledged best practice sex worker HIV prevention strategies:

1. *Decriminalisation with appropriate regulation informed by sex workers,*
2. *Nothing About Us Without Us ; regulatory frameworks designed without sex worker participation and consultation inevitably fail*
- 3 *Sex Work is WORK – recognition of sexual services provision as legitimate work is the first step in reducing stigma.*

## Supporting Policies

### Australian Federal Government, 6<sup>th</sup> National HIV Strategy 2010-2013

Priority populations 5.5 Sex workers (Page 16)

*Despite the occupational risks, the incidence of HIV in sex workers in Australia is among the lowest in the world. This is largely because of the establishment of safe-sex as a norm, the availability of safe-sex equipment, and community-driven health promotion and peer-based interventions. However, the potential for an increase in HIV in sex work populations' remains. Continuing support of prevention initiatives are therefore required to minimise transmission of HIV.*

*Sex workers are a priority population because of their significantly higher number of sexual encounters than other community members leading to an increased potential for transmission of HIV if safe practices are not adopted.*

*Other contributing factors are relative youth, discrimination, mobility and migration, and barriers to control over the occupational health and safety conditions of their work and to health service access. High priority subpopulations require specifically tailored and targeted interventions. This includes transgender sex workers, street based sex workers, Aboriginal and Torres Strait Islander sex workers, CALD sex workers, sex workers who inject drugs, and male sex workers.*

Priority areas of action 6.1.7 Sex workers (Pages 31-32)

*Ensuring sex workers are equipped to maintain safe sex practices, while adapting to a changing industry, requires complex education and community development approaches by sex worker organisations within the context of occupational health and safety in the sex industry. Support for community-based sex worker organisations to provide peer education and outreach—particularly to those who work individually and to migrant and CALD sex workers—should continue to be provided. Innovative access, education and community development approaches are required to engage with this diverse and highly transient community, which includes males (gay-identified and otherwise), people from CALD backgrounds, people who inject drugs, Aboriginal and Torres Strait Islander peoples and street-based workers.*

### World Health Organisation, Prevention through Empowerment, (2013)

*“Interventions aimed at empowering sex workers and providing them with HIV prevention, treatment and care, and support services have proven effective in a wide range of formal and informal sex work settings.*

*Sex workers should be proactively involved in programme design and delivery. The needs and*

*vulnerabilities of sex workers should be considered. Legal and social frameworks, consistent with human rights principles, are also needed.”*

## **New guidelines to better prevent HIV in sex workers, 12 December 2012**

*The World Health Organization (WHO) in partnership with UNFPA, UNAIDS, and the Global Network of Sex Work Projects, have developed new guidelines to better protect sex workers from HIV and other sexually transmitted infections (STIs).*

*Preventing infection among sex workers has the potential to both improve the health of individual sex workers as well as to slow HIV and STI transmission among wider populations. Early actions in countries as diverse as Brazil, India, Kenya and Thailand have succeeded reducing STI transmission in sex work by increasing condom use, leading to improved health outcomes for sex workers and rapid control of HIV and STI epidemics.*

*The new WHO guidelines recommend that countries work towards decriminalization of sex work and urge countries to improve sex workers’ access to health services. They also outline a set of actions to empower sex workers and emphasize that correct and consistent condom use can reduce transmission between female, male and transgender sex workers and their clients.*

*Evidence indicates that where sex workers are able to negotiate safer sex, HIV risk and vulnerability can be sharply reduced. The guidelines call for voluntary periodic screening and treatment of STIs for sex workers to both improve their health and control the spread of HIV and STIs.*

## **Queensland Government, HIV Prevention Strategy 2013**

This list is not comprehensive or complete

### **Outcomes**

- *Implement a comprehensive preventive approach to reduce HIV transmission*
- *Increase voluntary testing for HIV*
- *Increase treatment uptake by people with HIV to 90 per cent*
- *Increase awareness of HIV transmission, stigma and discrimination*

### **The target populations include**

- *Men who have sex with men, Aboriginal and Torres Strait Islander people, Culturally and linguistically diverse people, People who inject drugs, Sex workers, Young People, People in custodial settings, People living with HIV*
- *Medicare locals, general practitioners and authorised s100 prescribing GPs, Hospitals and Health Services*
- *Whole of population*

### **Priority actions include**

- *Increase access to and promote the use of preventive equipment, such as condoms and sterile injecting equipment*
- *Implement peer education projects and outreach strategies to target populations*
- *Address barriers to testing through targeted marketing activities and clinical engagement including reducing stigma*
- *Implement other programs to increase awareness of HIV transmission, address stigma and discrimination and provide support for people living with HIV*

## Ottawa Charter

The principles of health promotion are defined in *The Ottawa Charter for Health Promotion* (WHO/HPR/HEP/95.1), which was formulated and adopted at the First International Conference on Health Promotion in Ottawa on 21 November 1986.

*Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.*

*The fundamental conditions and resources for health are:*

- *peace,*
- *shelter,*
- *education,*
- *food,*
- *income,*
- *a stable eco-system,*
- *sustainable resources,*
- *social justice and equity.*

*Improvement in health requires a secure foundation in these basic prerequisites.*

### **Advocate**

*Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.*

### **Enable**

*Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.*

### **Mediate**

*The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health*

*Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.*