

ALL WOMEN, ALL RIGHTS, SEX WORKERS INCLUDED:

U.S. Foreign Assistance and the Sexual and Reproductive Health and Rights of Female Sex Workers

Report Summary

Too often, female sex workers (FSWs) are excluded from policymaking conversations about their own sexual and reproductive health and rights (SRHR). FSWs experience significant unmet sexual and reproductive health and rights (SRHR) needs related to HIV/AIDS, family planning, sexual health, maternal health, and gender-based violence. Yet, the global response to the health of FSWs has focused largely on HIV, at times to the exclusion of other vital SRHR needs.

Data show that the health and human rights of FSWs are significantly undermined by the criminalization of sex work. Laws that criminalize sex work make FSWs disproportionately vulnerable to police harassment, violence, and human rights abuses and operate to exclude FSWs from health systems. The past several years have witnessed a scaling up of international efforts to address the health and rights of FSWs, as well as an intensifying call for the decriminalization of sex work, including from key multilateral organizations such as the World Health Association (WHO), UNAIDS, and UNFPA. Respected independent bodies like the Global Commission on HIV and the Law and many civil society organizations have also recognized decriminalization as necessary to protect the fundamental rights of FSWs and essential for an effective global HIV response.

This report provides an overview of best practices to advance the SRHR of FSWs, highlights some of the most urgent knowledge gaps that should be addressed by the international community, and assesses how U.S. foreign assistance can better conform with these best practices to support the SRHR of FSWs. The report also provides concrete recommendations on ways in which the U.S. government can and should take action, including supporting the decriminalization of sex work globally, eliminating the Anti-Prostitution Loyalty Oath (APLO) and the Helms Amendment, and ending the conflation of voluntary sex work and trafficking.

FSWs face a range of challenges in fully realizing their SRHR and they may have particular or more complex SRHR needs than women who do not sell sex. This report captures the current data on the health and human rights of FSWs including:

- **HIV prevention, treatment, and care**
- **Community empowerment approaches and sex worker-led interventions**
- **Women-controlled prevention methods**
- **Family planning and contraceptive services**
- **Safe pregnancy and maternal health**
- **Safe abortion care and post-abortion care**
- **Gender-based violence (GBV)**
- **Substance use and harm reduction**
- **Hard-to-reach populations**

While the U.S. has made important strides in foreign assistance directed toward FSWs, it must act to reform current policies which prohibit sex worker-led organizations from receiving U.S. funds, thus discouraging woman-centered, community empowerment approaches that are necessary to promote the health and rights of FSWs.

RECOMMENDATIONS

In order to enable sex worker-led, community empowerment interventions to more effectively promote the health and rights of FSWs, the U.S. government should take the following steps:

- ◆ The President should rescind NSPD-22, a Presidential directive that conflates sex work and trafficking. Government agencies and offices should adopt uniform usage of the term “sex work (er)” in order to promote a coherent global health response for FSWs. The definition should ensure a clear distinction between voluntary sex work and trafficking.
- ◆ The U.S. Department of Health and Human Services and USAID should issue guidance that is clear, precise, and narrow on how organizations are to comply with the APLO. The guidance should clarify that using non-U.S. funds to advocate for the decriminalization of sex work does not violate U.S. law.
- ◆ When the Global AIDS Act is reauthorized, the APLO and other provisions that undermine an evidence-based public health response should be removed.

In order to more fully recognize the comprehensive SRHR needs of FSWs, and encourage better integration between HIV and SRHR, the U.S. government should:

- ◆ Develop a needs-assessment tool to be used by all U.S. agencies to more effectively promote integration across the full range of FSWs’ SRHR needs including HIV, family planning, safe pregnancy, GBV, and substance abuse.
- ◆ The President’s Emergency Plan for AIDS Relief (PEPFAR) should produce guidance specific to FSWs on family planning and HIV integration and explore ways to meaningfully monitor the quality and accessibility of family planning services tailored to FSWs needs.

In order to ensure that rollout of Pre-Exposure Prophylaxis (PrEP) and HIV testing and counseling promote the rights of FSWs, the U.S. government should:

- ◆ Encourage communications around PrEP and emphasize FSWs’ right to protect themselves from HIV – as opposed to PrEP as a tool that FSWs use for the benefit of the general population.
- ◆ In ongoing consultation with FSWs and civil society, ensure that the scale-up of HIV testing and counseling is accessible and respects human rights. Encourage the development of PEPFAR Country Operational Plans that are responsive to the particular barriers faced by FSWs along the HIV care cascade.