



TAMPEP 8

Regional Commission Meeting

MINUTES

23 – 25 February 2009

Amsterdam
The Netherlands

TAMPEP 8 Regional Commission Meeting

**Amsterdam
Netherlands**

23 to 25 February 2009

PROGRAMME

Monday | 23 February 2009

Time	Activity	Content	Facilitators & Speakers	Comments	Place
09.30 – 09.45	Welcome and Introduction	Review of the agenda and purpose of the RCM	Ruth Morgan Thomas		Plenary room
09.45 – 10.45	WP 4 Mapping	Results and Discussion	Licia Brussa	Overview of the European Mapping	Plenary room
10.45 – 11.00	Coffee & Tea				
11.00 - 12.00	WP 5 Policy	Results and Discussion	Faika Anna El-Nagashi	Overview of the European Survey	Plenary room
	Comfort Break				
12.05 - 13.00	WP 6 Manual	Results and Discussion	Veronica Munk	Overview of the Manual, agreement on the general part.	Plenary room
13.00 – 14.30	Lunch				
14.30 - 15.30	WP 7 Website	Results and Discussion	Pia Covre	Overview of the service directory	Plenary room
	Comfort Break				
15.35 - 16.45	WP 8 Cross Border	Results and Discussion	Licia, Faika, Pia + Veroni	Overview of the pilot projects	Plenary room
16.45 - 17.00	Coffee & Tea				
17.00 - 18.00	WP 3 Evaluation	Results and Discussion	Ruth Morgan Thomas	Overview of Matrix & Interim Evaluation	Plenary room
18.00 - 18.30	Network's announcements and exchange				Canteen
19.00	Dinner				

Tuesday | 24 February 2009

Time	Activity	Content	Facilitators & Speakers	Comments	Place	
09.30 – 09.45	Introduction	Review of agenda and purpose of each session	Veronica Munk		Plenary room	
09.45 - 13.00	Work in the 4 RC	WP 4	Four Regional Coordinators, plus co-facilitators	Overview of the prostitution mapping from a regional perspective	Plenary room + 3 other rooms	
		Coffee & Tea – time to be decided by group				
		WP 8	Four Regional Coordinators, plus co-facilitators	Overview of the cross border situation from a regional perspective	Plenary room + 3 other rooms	
		Comfort Break – time to be decided by group				
	WP 5	Four Regional Coordinators, plus co-facilitators	Overview of the legal framework from a regional perspective	Plenary room + 3 other rooms		
13.00 - 14.30	Lunch					
14.30 - .00	Work in the 4 RC	WP 6	Four Regional Coordinators, plus co-facilitators	Discussion about the implementation of good practice examples	Plenary room + 3 other rooms	
15.00 - 15.30	Work in the 4 RC	WP 7	Four Regional Coordinators, plus co-facilitators	Discussion on further development of the directory, criteria for updates, national coverage and diffusion	Plenary room + 3 other rooms	
15.30 - 15.45	Break					
15.45 - 16.45	Reports RC	North + South	Veronica + Pia	Overview of the regions	Plenary room	
16.45 - 17.00	Break					
17.00 - 18.00	Reports from RC	East + West	Faika + Licia	Overview of the regions	Plenary room	
18.00 - 18.30	Network's announcements and exchange				Canteen	
19.00	Dinner					

Wednesday | 25 February 2009

Time	Activity	Content	Facilitators & Speakers	Comments	Place
09.30 - 09.45	Introduction	Review of agenda and purpose of each session	Jaana Kauppinen		Plenary room
09.45 – 10.15	Clarification	Outline responsibilities for the diffusion of the deliverables and finances	Licia Brussa	Guidance for NCs about recording dissemination of deliverables and Final Financial Report	Plenary room
10.15 – 11.00	Deadlines	WP 4, 5, 6, 7 and 8	Licia, Faika, Pia + Veronica	Deadlines for final Work Package clarification	Plenary room
11.00 – 11.15	Coffee & Tea				
11.15 – 12.30	Corner consultation	Finances, WP4 - mapping, WP5 - policy, WP6 – manual, Evaluation	Licia, Hanka, Faika, Veronica + Ruth	Individual clarifications	Plenary room
12.30 – 13.00	Final remarks and closing the RCM		Pia Covre & Licia Brussa		Plenary room

Participants TAMPEP 8 | Regional Commission Meeting Amsterdam | the Netherlands | 23 – 25 February 2009

Country	Participants	Organisation
AUSTRIA	Faika Anna El-Nagashi	LEFÖ Kettenbrückengasse 15/4 1050 Vienna tel : +43 1 58 11 881 fax : +43 1 58 11 882 office@lefoe.at
BELGIUM	Isabelle Jaramillo	ESPACE P... Rue des Plantes, 116 1030 Bruxelles tel: + 32 2 219 9874 fax:+ 32 2 217 02 15 espacebpxl@hotmail.com
BULGARIA	Rayna Dimitrova	Health and Social Development Foundation 17, Macedonia Blvd. 1606 Sofia tel: + 359 2 952 1296 fax: + 359 2 953 34 55 prohealth@hesed.bg
CZECH REPUBLIC	Hana Malinova	Rozkoš bez Rizika Bolzanova 1 11000 Prague tel: + 420 22 42 34 453 fax: + 420 22 42 36 162 rozkos@rozkosbezrizika.cz
DENMARK	Trine Mygind Korsby	The National Board of Social Services Åbenrå 5 1124 København K tel: + 45 3317 0900 fax: + 45 3317 0901 anm@servicestyrelsen.dk
ESTONIA	Yuri Kalikov	Aids-I Tugikeskus Kopli 32 10412 Talinn tel/fax: + 37 2 64 13 165 aids@tugikeskus.ee
FINLAND	Jaana Kauppinen Minna Huovinen	Pro-tukipiste Prostitute Counselling Centre Vilhonkatu 4 B 20 00100 Helsinki tel: + 358 9 7262 877 fax: + 358 9 7231 0250 toimisto@pro-tukipiste.fi
FRANCE	Gentiana Malo	P.A.S.T.T. 94, rue la Fayette 75010 Paris tel: + 33 1 53 24 15 40 fax: + 33 1 53 24 15 38 pastt@hotmail.fr
FRANCE	Lucile Favet	Association Autres Regards 3, rue de Bône 13005 Marseille tel: + 33 4 91 42 42 90 fax: + 33 4 91 42 75 23 contact@autresregards.org autres.regards@numericable.fr
GERMANY	Veronica Munk	Amnesty for Women Grosse Bergstr. 231 22767 Hamburg tel: + 49 40 38 47 53 fax: + 49 40 38 57 58 info@amnestyforwomen.de
ITALY	Pia Covre	Comitato per I Diritti Civili delle Prostitute Casella Postale 67 Pordenone 33170 tel/fax: + 39 0434 551868 luciole@iol.it

LITHUANIA	Svetlana Kulsis	Lithuanian AIDS Centre/ Demetra 14D Nugaletoju St. LT-10105 Vilnius tel: + 370 523 001 25 fax: + 370 523 001 23 demetralt@gmail.com
LUXEMBURG	Carmen Kronshagen	Dropin Croix Rouge Luxembourgoise 31, rue de Bonnevoie L-1260 Luxemburg tel: + 352 48 90 01-1 fax: + 352 48 90 01-20 dropin@croix-rouge.lu
THE NETHERLANDS	Licia Brussa Hanka Mongard	TAMPEP International Foundation Obiplein 4 1094 RB Amsterdam tel: + 31 20 624 71 49 fax: + 31 20 624 65 29 tampep@xs4all.nl
NORWAY	Arne Randers-Pehrson Björg Norli	Pro-Sentret Tollbugt. 24 N- 0157 Oslo tel: + 47 23 100200 fax: + 4722410544 liv.jessen@sby.oslo.kommune.no arne.randerspehrson@sby.oslo.kommune.no
POLAND	Tatiana Duklas	TADA Ul. Malkowskiego 9/2 70-305 Szczecin tel/fax: + 48 91 433 44 58 info@tada.pl
PORTUGAL	Maria Cecília Eira	Autoestima/ARS Norte Rua do Godinho, 769 4450 Matosinhos tel./fax + 35 1 229379222 autoestima_mato@sapo.pt
ROMANIA	Veronica Broasca	ARAS Intrarea Mihai Eminescu, nr. 5 020079 Bucuresti tel: + 40 21 210 07 71 fax: + 40 21 210 20 77 aras@arasnet.ro
SLOVAKIA	Lubica Tornoczyova	C.A Odysseus Ukrajinska 10 83 102 Bratislava 3 Tel/fax: + 421 2 52494344 podchod@ozodyseus.sk
SLOVENIA	Jurij Popov	CARS Mestni trg 8 1000 Ljubljana Tel/fax +386 425 1495 evita.leskovsek@ivz-rs.si
SPAIN	Silvia Garcia Menendez	HETAIRA C/ Fuencarral, 18, 4º F 28004 Madrid tel: + 34 915 232 678 hetaira@collectivohetaira.org
UNITED KINGDOM	Ruth Morgan Thomas	SCOT- PEP 70 Newhaven Road Edinburgh EH6 5QG tel: + 44 131 6227550 fax: + 44 131 622 7551 ruth.morganthomas@scot-pep.org.uk

TAMPEP 8 | Regional Commission Meeting

23- 25 February 2009
Amsterdam
The Netherlands

Sunday | 22 February 2009

Arrival day

Informal welcome, registration and distribution of the meeting's working material. Assistance provided by the TAMPEP staff.

Monday | 23 February 2009

Chair: **Ruth Morgan Thomas**

The chair of the first day, Ruth Morgan Thomas, provided an overview of the agenda and presented the purposes of the Regional Commission Meeting.

The general coordinator, Licia Brussa, provided a general overview of the TAMPEP 8 Prostitution Mapping statistic results, part of which included the statistic data of the four regions as divided in the regional commissions (Work Package 4). The presentation of the figures, tables and first analytical data of this study was the first detailed presentation of the meeting, which was followed by a lively, interactive discussion.

After the break, Faika Anna El-Nagashi presented an overview of the European results of the policy and legal assessment (Work package 5).

Veronica Munk presented the draft of the manual *Work Safe in Sex Work* (Work package 6).

The presentations of the WP's coordinators were followed by discussions and clarifications on the contents of the draft results.

The exchange and conversations continued informally during lunch.

The afternoon session consisted of further presentations: an overview of the website Services Directory, by Pia Covre (WP7) and the overview of the four Cross Border Pilot Projects (WP 8) by the four regional coordinators for the four regions: Veronica Munk (North Region), Faika Anna El-Nagashi (East Region), Pia Covre (South Region) and Hanka Mongard/L. Brussa (West Region).

At the end of the afternoon session, Ruth Morgan Thomas presented an overview of the Interim Evaluation.

The first day meeting was close by a session on Network's announcements and the exchange among the partners.

PROPORTION OF NATIONAL AND MIGRANT SEX WORKERS

- West, North, South Europe (old EU): 70% migrants (up to 90% Italy + Spain)
- Central Europe (new EU): 16% migrants (CZ 40%, Ruman. + Bulg. 2%)
- More than 60 different nationalities

Comparing to the 2005 mapping, there was an increase of migrants in the 15 old EU countries and a decrease in the 5 new EU countries in Central Europe, with the exception of the Czech Republic (37% migrants in 2005, 40% migrants in 2008). There are very few migrants in Romania and Bulgaria (2%). These two countries are still origin countries rather than destination countries.

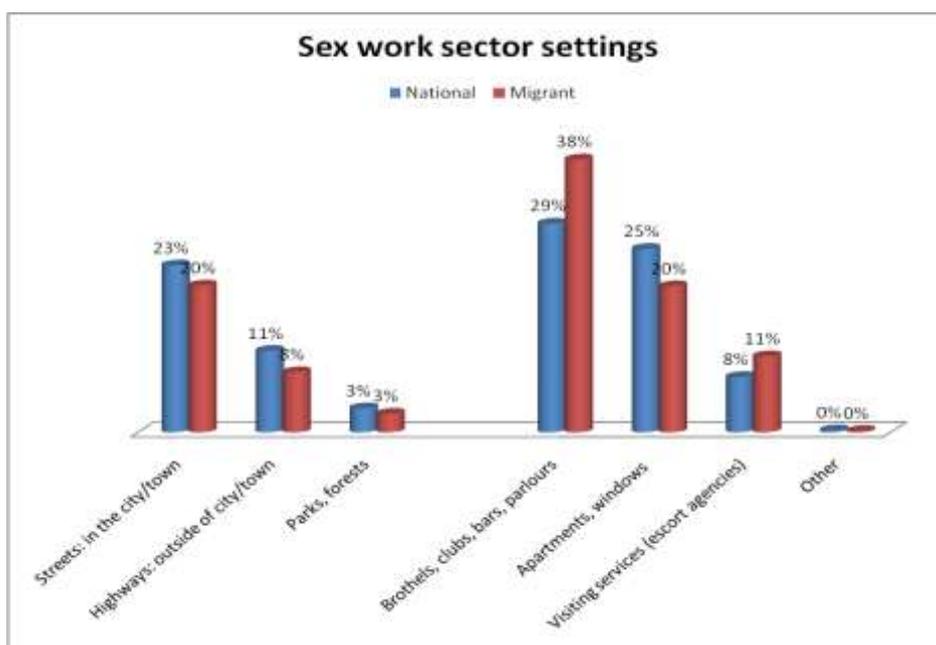
- Within the EU: 36% are EU citizens, 64% are from outside the EU
- From the 36% EU countries: 32% are from Central Europe (new EU), 4% Western Europe (old EU)
- From the 64% outside EU: 37% are from Eastern Europe (34% Eastern Europe + 3% Balkan, 12% Africa, 11% Latin America, 4% Asia)
- **Clear trend: East -> Centre -> West Europe**

DEMOGRAPHICAL DISTRIBUTION | TOP 10 ORIGIN COUNTRIES

- 2008: top 10 origin countries were Romania, Russia, Bulgaria, Nigeria, Ukraine, Brazil, Belarus, Moldova, Hungary, Poland
- 2005: top 10 countries of origin were Russia, Ukraine, Romania, Bulgaria, Nigeria, Poland, Belarus, Brazil, Thailand, Lithuania

WORK SECTORS

- 65% indoor brothels and private flats
- 35% outdoor mainly national sex workers, including drug users
- 69% of migrant sex workers work in the indoor setting
- There were no major changes comparing to the 2005 mapping.



Results 2008

The major setting within the sex work industry is the indoor one, with brothels, clubs, bars and massage parlours, with usually more than three sex workers working together. Particularly migrants work in the indoor setting, because considered a “safer” work place. In comparison with the 2005 mapping, in 2008 the percentage of sex workers working in apartments and other settings with only two sex workers has decreased.

Regarding outdoor settings, the 2008 mapping showed that there are more migrant sex workers working on the streets, particularly those from Romania and Bulgaria.

CONTROL OF WORKING CONDITIONS

- Nationals 60%
- Migrants 40%

There were not many changes comparing to the 2005 mapping regarding the control of working condition and safer sex practices. A minority of migrant sex workers are able to have control of their working conditions and the safer sex practices.

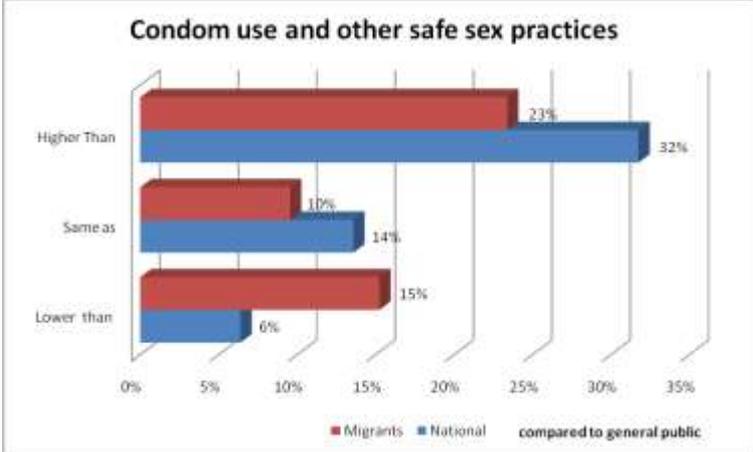
Percentages of sex workers that share their income with organizers of the sex industry:

- Nationals 43%
- Migrants 57%

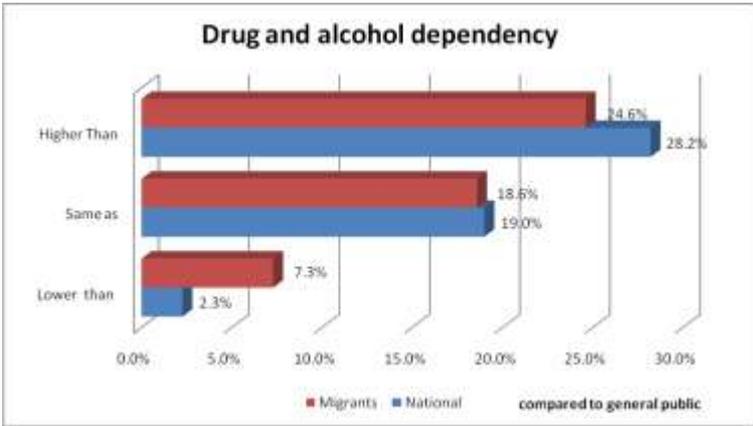
Percentage of what sex workers keep of their earnings:

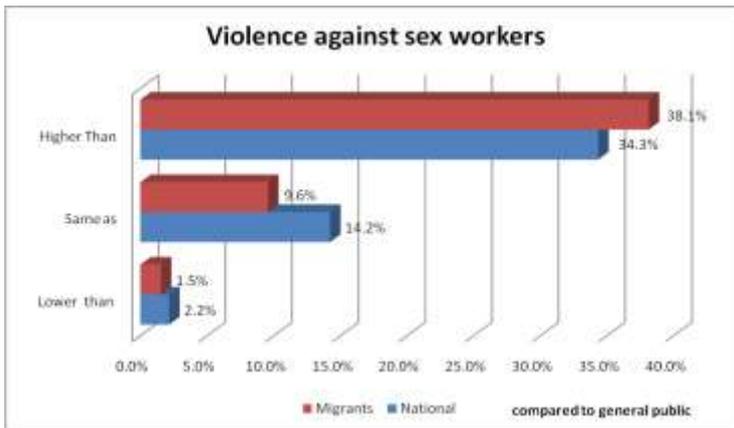
- Nationals 61% of their earnings
- Migrants 39% of their earnings

CONDOM USE, DRUG and ALCOHOL DEPENDENCY, VIOLENCE



Results 2008





Results 2008

MOBILITY

- 2008 transnational nationals 30% migrants 70%
- 2006 transnational nationals 37% migrants 63%
- 2008 in-country nationals 47% migrants 53%

Top 5 factors influencing national sex workers mobility

1. Protection of anonymity 17 %
2. Economical necessity 16 %
3. Better working condition 13 %
4. Better living condition 9 %
5. Required by the management 7 %

Top 5 factors influencing migrant sex workers mobility

1. Economical necessity 17 %
2. Coerced by “organizer” in the sex industry (trafficking) 13 %
3. Law enforcement actions and clampdowns 12 %
4. Protection of anonymity 11 %
5. Better working condition 8 %

VULNERABILITY

Top 5 vulnerabilities for nationals

1. violence
2. social exclusion and stigma
3. alcohol and drug dependency
4. lack of labour rights
5. lack of access to HSC

Top 5 vulnerabilities for migrants

1. violence
2. legal status
3. social exclusion
4. lack of access to health/social care
5. discrimination

Changes in vulnerabilities comparing to the 2006 mapping

Changes in vulnerability around social isolation and exclusion among national sex workers

- Decrease 8 %
- Same 73 %
- Increase 19 %

Changes in vulnerability around social isolation and exclusion among migrant sex workers

- Decrease 5 %
- Same 55 %
- Increase 40 %

IMPACT OF POLICY CHANGES | Comparing to the 2006 mapping

Impact on national sex workers regarding changes in policy or legislation at municipal level

- Positive 10 %
- No change 59 %
- Negative 31 %

Impact on national sex workers regarding changes in policy or legislation at regional level

- Positive 9 %
- No change 69 %
- Negative 22 %

Impact on migrant sex workers regarding changes in policy or legislation at regional level

- Positive 7 %
- No change 70 %
- Negative 23 %

Impact on national sex workers regarding changes in policy or legislation at regional level

- Positive 10 %
- No change 62 %
- Negative 28 %

Impact on migrant sex workers regarding changes in policy or legislation at national level

- Positive 12 %
- No change 58 %
- Negative 30 %

TRENDS

- No shift from outdoor to the indoor setting. The indoor sector is still the largest one within the sex industry in Europe (65%)
- Migrant sex workers are the majority in the old EU countries: 70% (68% in 2006)
- There was an increase in the number of nationalities (Romanians are in first place)
- There was an increase in the diversity of the geographical spread of sex workers: national sex workers form the majority in Central and East European countries, while migrant sex workers form the majority in North, South and West European countries.
- There are new migration patterns across Europe

- The mobility is higher, internal as well as cross-border
- Factors of vulnerabilities: 1) Violence, 2) Social isolation and exclusion, 3) Legal status by migrants
- There is an increase on the level of drug use and dependency, particularly among outdoor-based sex workers, and local and/or foreign criminal elements seeking to control the sex work sector.

The interactive discussion following the presentation was lively and dealt with the following points:

Interactive discussion on the 2008 European Mapping Report

- The discussion raised key issues regarding the percentages of migrants in different countries.
- Importance of analysis of the national statistic reports and provision of a good narrative and additional information (national mapping reports) on the situation of sex workers.
- It is important to provide practical recommendations.
- Participants stress the importance of using TAMPEP's data to increase knowledge on the impact of social and working conditions on the specific HIV/AIDS vulnerability sex workers face.
- A heightened intimidation (harassment) by the police means that not only sex workers, but also organizations and service providers do their work in a less public, open way, which makes them even harder to reach (for those who need the services) and increases their invisibility for policy-makers and the civil society.
- The instrumentalisation of the outcome of our research should not be used as a means of control, but instead as a basis for advocating better policies and services that respect sex workers' rights.
- The verification and comparison of the data in the regional commission groups and sub-regional comparison of the trends.

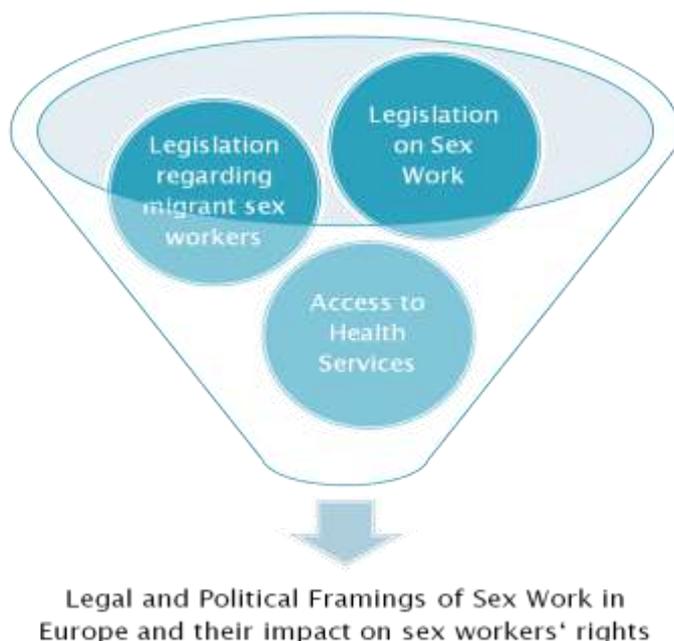
Juridical and Policy assessment | Work Package 5

Following the program, Faika Anna El-Nagashi presented the overview of the juridical and policy assessment results and the contents of the draft report on the legal and political framing of sex work in Europe.

BASE OF THE REPORT

A research conducted by TAMPEP network members (26 members/25 European countries), in 23 EU-member countries: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France (2x), Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, United Kingdom (+ Norway and Switzerland, and an additional research on Sweden)

FOCUS OF THE ANALYSIS



ELEMENTS OF THE ANALYSIS

- How is sex work perceived within the national context?
- Who is targeted by the legislative measures?
- What actions are regulated?
- How are the measures implemented and what are the consequences on the Human Rights of sex workers, including migrant and mobile sex workers?

ASSESSMENT (Simple overview, comparable data)

What is targeted?	How? By what regulation?
Selling of sexual services	
Buying of sexual services	
Sex work without registration	
Sex work without medical certificate	
Soliciting (active, passive)	
Kerb-crawling	
Loitering	
Advertising/publicity	
Work in prohibited zone	
Work during prohibited time	
Pimping	
Other (specify)	
Who is targeted?	How? By what regulation?
National sex workers and (EU) citizens who are equated with nationals	
Migrant sex workers	
- non-EU citizens /non-equated citizens	
- asylum seekers	
Minors	
Clients in general	
Clients of minors, trafficked persons	
Pimps	
Other (specify)	

DRAFT STRUCTURE OF THE REPORT

Legal Approaches to Sex Work [Working Definitions]

- Legalisation
- Tolerance
- Regulation
- Regulation w/ Health Control
- Implicit Abolitionism
- Explicit Abolitionism
- Prohibition

Migrant Sex Workers

- Inclusive Approaches
- Exclusive Approaches

Health Policies (approaches, barriers)

National Regulations

Annex: National Summaries

COMMON ELEMENTS

- Unclear and ambiguous legislations (e.g. sex work is considered immoral but is taxed)
- No common (national) ways of implementation (different implementation in different regions, cities, municipalities)
- No respect for and protection of sex workers' rights
- Explicit or implicit criminalisation through a number of measures in every country!
- Exclusion of migrant and mobile sex workers through restrictive immigration legislation (in addition to criminalisation as sex workers).

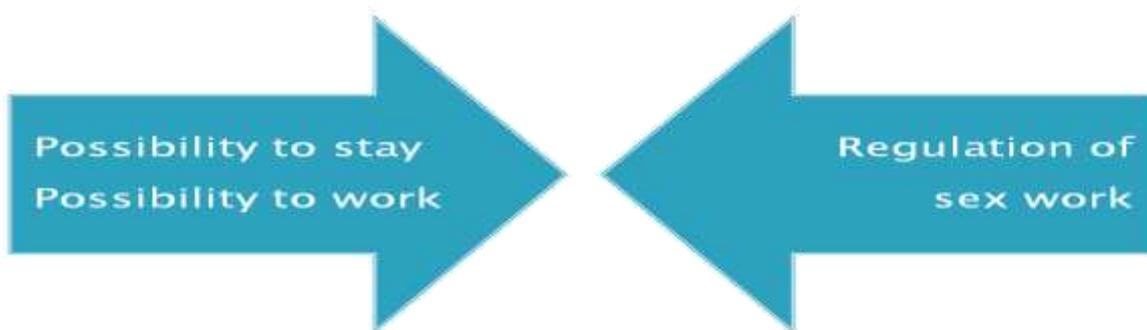
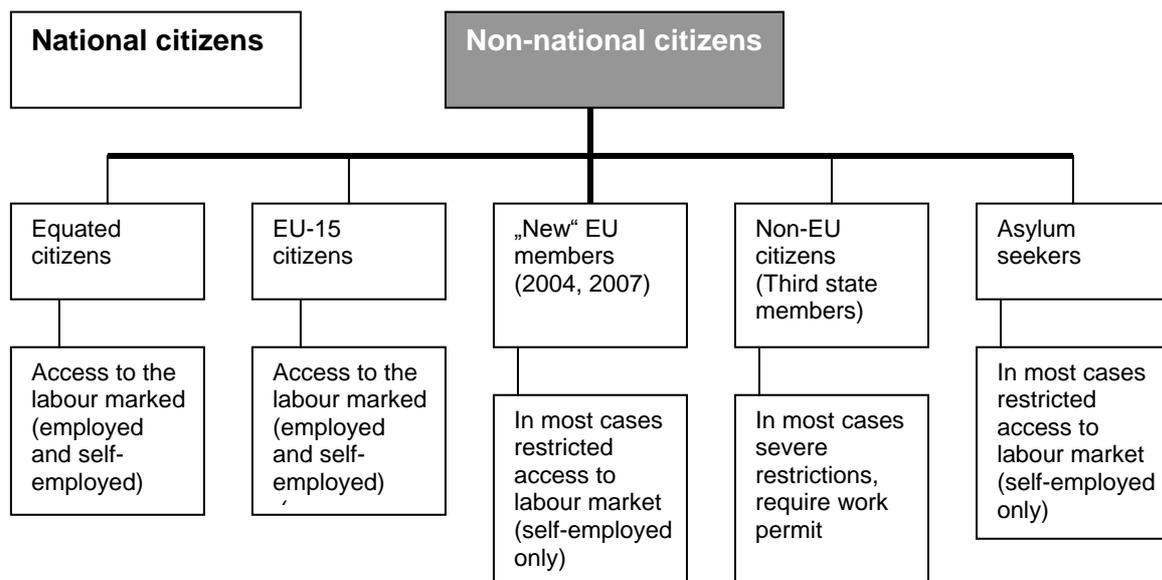
FRAMES: NATIONAL APPROACHES

- Sex work as a „social problem“
- Sex work as a threat to gender equality
- Sex work as a source for state income (taxing)
- Sex work as threat to public morality
- Sex work as threat to public health
- Sex work as threat to public order
- Sex work as threat to public security
- Sex work as criminality/organised crime
- Sex work as violence and force
- Sex work as trafficking
- Sex work as threat of increased migration
- Sex work as work

EUROPEAN TRENDS

- Abolitionist tendencies
- Prohibitionist tendencies
- Increased criminalisation
- Increased control
- Increased taxing

MIGRATION AND SEX WORK



MIGRANT AND MOBILE SEX WORKERS

- Increasingly restrictive immigration legislations throughout Europe
- Different categories of migrants (EU-15-citizens, EU-members since 2004/2007, non-EU-members, asylum seekers)
- Affected by regulations on sex work and by immigration legislation
- Increases vulnerability
- Legal status and restrictive legislation as access barrier to health services

HEALTH AND SEX WORK

- Mandatory provisions for sex workers re: health
- Access to public health care
- Access to HIV/AIDS treatment
- Access to harm reduction programmes
- Protection (from deportation)
- Barriers
- Difficulties in practice

HEALTH

- access to public services that offer prevention, treatment, care, support (PTCS)
- free of charge, anonymous, non-compulsory

MANDATORY PROVISIONS

- In the majority of the countries: no mandatory health exams for sex workers
- Mandatory provisions in Austria, Greece, Hungary, Latvia
- Regular health check-ups (STI, HIV)
- Medical certificate necessary for sex work
- Sex workers have to pay the costs of the mandatory examinations in some countries/regions/cities (e.g. Hungary, Austria)
- in Slovakia: club owners request a health control from sex workers twice a month; this is in practice mandatory testing that includes agreements between club owners and doctors

ACCESS

- Ambivalent regulations and implementations
- Different groups are covered: general population, all residents, national citizens, legal migrants, population who work/are insured
- In some countries: a federal health system exists regardless of one's insurance status
- In some countries: health PTCS is only available to population with insurance
- In some countries: specific provisions exist for undocumented population or population with no income/low wages and no insurance
- In most countries: very difficult to receive health PTCS if one is not insured
- Leads to an ambiguous situation (e.g. Czech Republic: doctors would be obliged to treat everyone regardless of insurance status but in reality population are rejected)

AIDS OR SEVERE CHRONIC DISEASES

- Big gap between theoretical provisions and practical implementation
- Often decisions are being made case by case
- Health services are offered if there is threat to life
- In some countries: everybody can access treatment (e.g. Denmark)
- In many countries access to ARV-treatment is very restrictive (e.g. bound to a registered address; Spain)
- Sex workers have to belong to a group that in general has access to treatment (e.g. legal/insurance status)
- Usually: treatment is possible if paid for privately

HARM REDUCTION PROGRAMMES

- In general, it is possible for (undocumented, migrant) sex workers to access harm reduction programmes
- In general, the majority of harm reduction programmes is carried out by NGOs
- Most programmes do not have sufficient resources and can only offer basic services (e.g. short-term shelter)
- Access becomes a question of resources of the respective NGOs

PROTECTION FROM DEPORTATION

- Often there are no clear guidelines, individual decisions are being made in each case
- In general, it should be possible to be protected from deportation if one can prove that s/he will not receive treatment for HIV in their country of origin
- No clear standards on how to prove this
- In some countries it is possible to get a permit of stay or to apply for asylum

- In almost every country there is protection from deportation in case of emergency if there is immediate threat to one's life

BARRIERS / DIFFICULTIES

- Many similarities throughout Europe
- If there is a general health system then sex workers are included as part of the population
- Sometimes access is bound to legal status and insurance
- Services are only guaranteed in cases of emergency
- Difficulty to prove that services/treatment is not accessible in one's country of origin

ACCESS BARRIERS FOR SEX WORKERS, INCLUDING MIGRANTS AND MOBILES, TO HEALTH SERVICES

- Legal status and restrictive legislation on migration as access barriers
- Restrictive legislation on sex work as access barrier
- Insurance status as access barrier
- Stigmatisation and social exclusion as access barriers
- Lack of information (about rights and about services) as access barrier
- Racism and discrimination as access barriers
- Lack of trust as access barrier
- Language barriers
- Financial status as access barrier

NEXT STEPS

February 2009	Presentation and discussion of draft report (RCM)
March-May 2009	NCs provide additional feedback and analysis to WPC
June-July 2009	WPC compiles final edition of the report
August 2009	Production of the report
September 2009	Presentation and evaluation of the report (GM2)
October 2009	Dissemination of the report

DEADLINES

Send national report summary until	15th March 2009
Review/amend country input until	15th March 2009
Complete country table until	1st April 2009
Provide feedback on overall report until	1st April 2009

The interactive discussion following the presentation dealt with the following points:

With regard to categories of juridical systems concerning prostitution

France: why this system is called in France "tolerance" – it should be abolitionist. The correction will be incorporated. Most of the countries use the term "tolerance".

Explanation: Explicit abolitionism: Sweden

Implicit abolitionism: other countries

Norway: there should be a very exact definition of abolitionism. Norway is moving towards "prohibition".

UK: what are the criteria for the definitions of the systems? There should be a common definition. Suggestion: to add an EU legal framework of health, human rights, trafficking and prostitution.

Gender specific law

Law is not gender specific, but in majority of cases the policies on prostitution refer to female sex workers. The advice is: to refer also to male and transgender prostitution.

Manual of Good Practice | Work Package 6

Following a short break, Veronica Munk presented an overview of the draft of the manual **Work Safe in Sex Work**. The national coordinators have received the draft before the meeting as preparation for the discussion.

She presented the design of the manual and the contents page by page. She underlined that particular attention was given to the layout in order to produce an attractive publication, what would valorise the good practices selected for the manual.

Discussion remarks on the draft report:

- cover: agreeing on taking the symbol of suns from the faces on the cover photo
- appreciation of the layout of the Manual
- confidentiality: what does it mean in various situations
- discussion about the role of cultural mediators: the right definition will be elaborated
- discussion about the role of uniform during outreach work: the most important is to protect the anonymity of sex workers

Online Directory | Work Package 7

Following the lunch break, Pia Covre presented an overview of the services already entered in the Website www.services4sexworkers.eu. The overview of the content of the directory was show to the participants direct from the website. The possible gaps in the services directories were reviewed; particularly harm reduction services and sexual health are important services that must be additionally contact by the National Coordinators for a comprehensive directory.

SERVICES ENTERED IN THE DATABASE UNTIL FEBRUARY 2009

Services

- Public activities
- Non governmental organisations
- Private Services*

**NCs need to verify if the services listed as private are truly so; some of these seem to be NGOs.*

Character of the services

- | | |
|--|-----|
| ▪ NGOs offering social information | 188 |
| ▪ NGOs offer HIV prevention and HP | 136 |
| ▪ NGOs offer HIV test | 72 |
| ▪ Public offer HIV prevention and HP | 78 |
| ▪ Public offer HIV test | 79 |
| ▪ Public offer abortion | 10 |
| ▪ Private services offer HIV testing | 9 |
| ▪ Private services offer HIV prevention and HP | 11 |
| ▪ Private services offer abortion | 5 |
- It is notable that the services available fail to widely satisfy all potential needs
 - In some countries the adverse impact of missing services is significant

HIV/AIDS

▪ Total HIV tests services	163
▪ Quick HIV tests	55
▪ HIV treatment services	39
▪ Pre- and post-HIV counselling	183

The WP7 coordinator stress the need to particularly focus on the services that offer HIV prevention and harm-reduction services because they are among those that we consider most important for the health and well-being of sex workers and the public at large.

- There are many services that test for sexually transmitted infections but not all of them treat and cure STIs.
- The services for important infections, like hepatitis and tuberculosis, are also few in numbers.

Transgender

Generally, there are very few services for transsexuals; indeed, in some countries the presence is zero

For the partners

- The partners were requested to consider, wherever possible, adding new or other services that cover those missing.
- 15 countries inserted already information regarding the legal framework.
- Pia Covre presented the statistics showing the number of visits to the website so far.
- All NC will get the link in order to access the statistics.
- The website is useful for both sex workers crossing borders and for service providers looking for a service in another country.
- To find a service that provides a specific service, use the “*Advanced search*” in the recommended tool.
- “Fill in the gaps”. Partners were asked to review the national coverage: are all regions in the country covered? Is there a reasonable good coverage of services? Have in mind service provision for vulnerable groups. On the basis of this analysis, invite more services to be presented in the website.
- Review the presentation of the national legislation. Is it comprehensive and up to date? Changes must be sent to Pia Covre and she will include them.
- Reconsider all information from your country: is it correct and does it make sense?
- Reconsider the practical user-friendliness of the website, taking into account for whom this website is designed.
- By inviting services to be presented in the website, the national coordinator has to consider if it is a service that comply with TAMPEP standards and methodology. The presentation will be made by the service itself, but the NC needs to check if it is consistent and makes sense.
- If there are local regulations, conditions etc, that should be highlighted, put it in the “Remark” box.

After a short break the four regional Coordinators presented a short overview of cross border pilot projects (work package 8)

Cross Border Pilot Projects | Work Package 8

The four Cross Border Pilot Projects were carried out according to a 10 points structure. These points were the themes which were to be touched and assess during the exchange activities.

1. The prostitution scene
2. Nationalities
3. Mobility
4. Dependency
5. Drug use
6. Violence
7. Working conditions
8. EU enlargement
9. Services
10. Cooperation

Region NORTH

Germany & Poland

NEEDS ASSESSMENT

Germany

- *BellaDonna*: coverage in the 2 countries
- Low educational level in general

Poland

- Difficult access to health
- Lack of support for migrants

RECOMMENDATIONS

Poland

- Make health services accessible for migrants
- Advocacy campaigns

Germany & Poland

- Campaigns for clients
- Information material for less educated
- Medical mobile units to cover large area
- More financial support
- More cooperation between countries



Region EAST

Austria & Czech Republic

TRENDS IN THE BORDER REGION

- Increased presence of migrant sex workers from Africa and Latin America
- Increased mobility within the border area (between different clubs and venues) due to the structure of the sex industry (advertising for changing/„new“ offers)
- Czech Republic as a transit country for citizens from „new“ EU-countries (e.g. Bulgaria) to migrate further towards Western Europe



NEEDS IN THE BORDEN REGION

- Further assessment of the prostitution scene and of the services available in the border region
- Assessment of the available health and social services
- Need for information material in additional languages
- Need for cultural mediators
- Co-operations, projects

NEXT STEPS

Exchange Meeting: Bliss without Risk + LEFÖ, April 2009

Region WEST

Belgium & the Netherlands

ASSESSMENT RESULTS

Zuid Limburg (NL)

- High presence of male sex workers: 15% in comparison of 5% (national data)
- High presence of migrant male sex workers: 11% in comparison with national data (2%)
- Setting: 10% outdoor (mainly migrants), 90% indoor (same as national)
- High presence of German and Thai sex workers
- Control of working conditions and safe sex practices: nationals 30%, migrants 12%
- Have to share their income: nationals 20%, migrants 80%
- Earnings kept for themselves: nationals 80%, migrants 20%
- Condom use: nationals: higher than general population; migrants: lower than general population
- Transnational mobility: nationals: high level of mobility towards Germany and Belgium; migrants: low level of mobility



Liège (BE)

- 30% of male sex workers (street prostitution) in comparison of 5% (national data)
- No migrant male sex workers
- Setting: 10% outdoor (mainly migrants), 90% indoor (same as national)
- High presence of sex workers from neighbouring countries and Africa (street)
- Control of working conditions and safe sex practices: nationals 91%, migrants 89%
- Have to share their income: nationals 30%, migrants 30%.
- Earnings kept for themselves: nationals 70%, migrants 50%
- Condom use: nationals: higher than general population; migrants: high than general population
- Transnational mobility: nationals: low level of mobility; migrants: high level of mobility

NEEDS IN THE BORDEN REGION

- Further assessment of the sex workers needs and of the services capacity in outreach
- Assessment of the available health and social services and referral system
- Need for information material in additional languages
- Need for cultural mediators in the Netherlands border region
- Co-operations of the services across the border

NEXT STEPS

Exchange Meeting: TAMPEP and the Public Health Services (GGD) Limburg + Espace P... and ICAR, Liège, March and April 2009

Region SOUTH

Italy & Slovenia

The sex work scenario along the frontier comprises an area of roughly 50 kilometres in a linear sense. In Slovenia, the official policy and rules assert that sex work is permissible, but it is not officially recognised as work. This interpretation excludes all migrant sex workers from accessibility to the public health services, which are available to only those persons who possess a sojourner's permit and a valid work contract. There are no outreach projects specifically aimed at sex workers, and there are no public or private organisations involved in activity that would result in the social inclusion of migrant sex workers.

In Italy, there are a number of projects specifically aimed at sex workers, especially migrant sex workers; however, prostitution is considered in a prohibitionist manner. The current policy of law enforcement officials dictates the stringent application of very repressive and prohibitionist measures, especially against migrant sex workers. This intolerance risks rendering the vast network of public health services accessible to migrant sex workers useless because they are afraid to make use of what is available to them, fearing further repression or repercussions.

The negative aspects for migrant and mobile sex workers on either side of the border are similar: they are socially excluded in both countries. Despite cuts in social spending that threaten the stability of many projects, there is need for greater effort to conserve the continued participation of public health services within the network of available services.



After the presentation of the four Cross Border Pilot Projects, additional points were underlined in the discussion:

- Border of **Germany and Poland**. This project has focused upon two parts of the border: at Frankfurt/Oder and at Szczecin. Partners have been *Amnesty for Women*, *BellaDonna* and TADA. This project is completed.
- Border of **Austria and Czech Republic**. The bilateral outreach visit is planned and will be carried out by LEFÖ and *Rozkos bez Rizika*. There is an increase of Latin American and African sex workers in the Czech Republic. There is also an increase in the mobility and the Czech Republic seems to be more like a transit country for sex workers than a destination country.
- Border of **Netherlands and Belgium**. The bilateral meeting is planned and will be carried out by TAMPEP-Netherlands, GGD and Espace...P, focusing upon the Limburg–Liege area. From the mapping we know that this area has great number of male sex workers and also drug users.
- Border of **Italy and Slovenia**. The bilateral outreach visit and meeting is planned and will be carried out by TAMPEP-Italy and CARS. The focus will be the area around Trieste, questioning if there is a decrease of migrant sex workers and, if so, why. The problem so far is the lack of documentation on sex work on the Slovenian side.

Evaluation | Work Package 3

The last session of the day was the overview of Interim Evaluation (WP 3). Ruth Morgan Thomas presented the process and steps.

The evaluation of TAMPEP 8 will examine **process, outputs, and outcomes**. Methodology, management and transnational cooperation will be reviewed, within a specific framework and with tools agreed at the start of the project, to enable all partners to understand and participate fully in the evaluation process.

PROCESS

- The interim evaluation report looked at the performance of the evaluation tool and timetable agreed at the first General Meeting.
- Recording activities is an essential element of the evaluation process!!!
- The final evaluation report will also examine the performance of the evaluation tool and timetable.

OUTCOMES

The evaluation matrix enables us to measure changes within countries in relation to the desired outcomes of TAMPEP 8. The final evaluation will compare the national responses from the first General Meeting with those provided at the second General Meeting in September 2009.

After the presentation there was a Q+A session with Ruth Morgan Thomas.

- Timetable and evaluation tools are present on the memory stick disseminated at the GM1.
- The evaluator will send out the evaluation matrix from GM1 and EM to each national coordinator. Looking at the differences in the matrix one can reflect upon the national changes (or lack of changes) in the areas covered by the matrix and the meaning each and everyone has put into the elements of the matrix. The same matrix will also be filled out at GM2.

- The national coordinators have to fill out a national evaluation narrative report, also providing documentation of dissemination on the reports of WP 4, 5 and 6 + WP7 publicity materials (Activity report). A list of members of the national TAMPEP network is also required.
- The interim report of TAMPEP 8 will be published on the TAMPEP website soon.
- The chair of the day closed the meeting with an invitation for the reception and network exchange.

TUESDAY | 24 February 2009

Chair: **Veronica Munk**

The chair of the second day, Veronica Munk, proceeded by providing a review of the agenda of the day and an introduction of the working sections at the four regional Commission groups.

Purpose of the four Regional Commission Groups is the analysis of the situation in the four regions in parallel meetings

- Overview of the prostitution mapping from a regional perspective
- Overview of the cross border situation from a regional perspective
- Overview of the legal framework from a regional perspective
- Discussion about the implementation of good practice examples and comments on the draft Manual
- Discussion on further development of the directory, criteria for updates, national coverage and diffusion.

The discussion in the parallel groups was facilitated by the four regional Coordinators and a co-facilitator. The discussion was guided by a common template.

The presentation of the Regional Coordinators on the overview of the four regions was followed with discussion and clarifications on the contents of regional trends in plenary.

The meeting day was closed with announcements regarding the Network and the exchange between partners.

NORTH Region

Estonia, Denmark, Finland, Germany, Lithuania, Norway, UK

The content of this section was the revision of the mapping results in the countries of the Regional Commission East. The comparison of the data from 2006 and 2008 formed a main topic throughout the review of this WP. The procedure was to first discuss the national situation and afterwards to discern the common trends and to formulate conclusions.

Percentage of migrant sex workers and regions of origin

- UK: No changes regarding migrants in general, but an increase in London and a decrease in other parts of the country.
- Norway: No changes regarding migrants sex workers, stayed the same as in 2006, about 70% are migrants. There was an increase of Nigerian sex workers.
- Estonia: No change, as there is no economical motivation to work in Estonia

- Lithuania: there was a decrease of migrants also because there is no economical interest. Migrants come from Russia, Belarus and Ukraine.
- Finland: No changes in numbers, but more nationalities. Apart from Thai, Brazilians.
- Denmark: Increase of about 15% of migrants, mainly from Rumania and Nigeria.
- Germany: Increase. About 70% come from CEE countries, Asians are the second biggest group.

No specific regional trends because of differences in countries situation

- 3 are origin/transition, 5 are destination countries
- Norway + Denmark: increase due to law enforcement in Italy and France
- NO, DE, DK, FI, UK: increase
- Lithuania: decrease

Prostitution sector (indoor – increase or decrease)

- UK: Slight increase because of police actions targeting clients and sex workers.
- Norway: Increase in number of sex workers both in street prostitution and indoor.
- Estonia: Street prostitution is not very common. Truck drivers from other countries at the border.
- Lithuania: Increase in the street – more drug users. A social problem.
- Finland: Slight decrease in indoor. Only outdoor prostitution in Helsinki.
- Germany: Small increase in indoor.
- Denmark: General increase in number of sex workers – outdoor has increased.

Work setting

- UK: No change. Increase in defining brothels with only 2 people. Increase from 100-400% in some cities in people advertising. More working in the internet.
- Norway: No big changes. Mobility is increasing. More escorts. Spreading out to smaller cities.
- Estonia: Majority of brothels were closed in 2007 – only 20% work in brothels today. Migrants work in the brothels.
- Lithuania: Generally 50% in the streets. Migrants: the majority works in apartments.
- Finland: Majority works in apartments. No changes.
- Germany: Majority works in brothels/apartments (2-3 women work together).
- Denmark: No changes.

Prostitution Sector in the region

- 2006 Indoor: 75% Outdoor: 25%
- 2008 Indoor: 70% Outdoor: 30%

Setting

- More internet ->more invisible but isolated

Vulnerability

- UK: No change
- Norway: No change
- Estonia: No change
- Lithuania: No change
- Finland: Increased vulnerability because of new law (Finnish Model).
- Germany: No change
- Denmark: No change

Common factors on Vulnerability: effects of stronger law enforcement and new legislation mainly regarding migrants, worse working conditions, more vulnerability

Mobility

- UK: In stead of criminalisation, it should say law enforcement
- Norway: More stressful, a more unstable market.
- Estonia: Changes because of changes in legislation in e.g. Norway and Finland. Law enforcement outside Estonia influenced the way of working.
- Lithuania: No change
- Finland: No change
- Germany: No changes
- Denmark: No change

Common factors on Mobility: effects of stronger law enforcement and new legislation in Norway and Finland to Estonia

Situation regarding the borders

- Norway: Not an issue anymore (at the Russians border) – clients from both countries across the border.
- Estonia: Russian border: not a big flow of sex workers, but the clients cross the border. No NGOs work on the Russian side of the border. Latvian border: temporary flow of sex workers – depends on the economical situation. Finnish border: Finnish clients going to Estonia.
- Lithuania: Borders with Latvia, Poland, Russia, Belarus. Lithuanian sex workers go to Latvia and Poland. Some sex workers come to Lithuania from Kaliningrad for the weekends. No outreach work in the border areas.
- Finland: Long border area. Cooperation with Estonia works well. Need to do something at the border to Russia – e.g. the truck drivers crossing the border. Very sensitive subject in that area because of the truck drivers (long queues). The citizens are already angry about the issue. Have considered starting some training programs in order to do outreach in the area.
- Germany: Different projects.
- Denmark: No new projects.

Factors of cross border prostitution in the region

- Border truck jams: Baltic countries + Finland
- Big markets: many travellers + cash flow

Legal framework

- Estonia: there were discussions a few years ago about the Swedish and the Finnish models. The legislation issue will be raised again, after Norway has adapted it, but fortunately the minister who said that Estonia doesn't need this kind of law is still in charge, what means that Estonia will not adopt it now.
- Denmark: Lots of discussions around the legal framework of prostitution, but there were no political hearings until now. Denmark was always the most tolerant country among the Scandinavian countries. Used to be gateway to other Nordic countries. Lots of debate on trafficking, but no changes in the legal framework.
- Norway: Reason of the law: sex workers became more visible because there was more street prostitution.
- Finland: Next week the first clients will appear in court, accused of abusing a victim of trafficking/target of pimping (young Estonian girl who were pimped by two Estonian

men): 41 clients who admitted their guilty. If clients are convicted, it is a big victory for the Ministry of Justice – it means that it can be separated who are victims who are not.

- UK: England/Wales the bill is in Parliament: Finnish model (broader definition, advertising), clients have to prove that they are not guilty (big shift in UK). Scotland: don't know yet.

How accessible are in reality the health services to (national & migrant) sex workers?

- Germany: Many groups in Germany are talking about regulations like taxation, license of brothels, work contracts, etc. The legalisation of prostitution tends to bring more control around the prostitution scene, as the discussion is about how prostitution should be regulated. In order to be able to do more advocacy work for sex workers' rights, there will be created an umbrella Foundation composed of NGOs dealing in Germany with prostitution, with sex workers.
- In Denmark: sex workers pay taxes but don't get services.

What impact has the legal framework in reality on sex workers' access to health services?

- Two levels: a theoretical access and the real access.
- UK: Anybody in the UK can get services on STI. Migrants don't use the services because they are state run and they are afraid that the police would know, they don't know the structure of the health services and they therefore do not access the services. Nationals don't access the for fear of stigma.
- Germany: Same situation as in the UK.
- Norway: National insurance scheme: hard to understand how the system actually works. One has to apply for voluntary membership of national health care system. With money all services are available. Migrants have many problems: access depends of the legal status. Some STI communicable diseases like syphilis (prevention and testing), are open for everyone, anonymously and free. Many health care workers don't know that people have right to access to these services. Implementing the new law means more raids. Condoms are used as an evidence of selling sexual service.
- Estonia: No big changes in the legal framework. If sex worker is health insured it is sometimes still easier to get services from NGO, which is free of charge and without any bureaucracy. There are however many persons without an insurance. There are not much health services outside and Narva. HIV and syphilis are tested free of charge within the public system.
- Lithuania: No changes. Other acts and laws impact more. Because of the economical situation: no money for STI tests for sex workers, only HIV for free. People have to pay for tests and treatment, and doctor visits should also be paid. No distribution of condoms at the moment. Women cannot use the services anymore when they return to Lithuania: they should use the services in the countries they work in.
- Finland: National insurance scheme like in Norway: access to services depends of the residence status of the person. Students' residence permit doesn't cover all services. STI are tested free of charge.

WP 6 | The Manual

- Norway: Comment on: "*Is sex work work?*" (page 9). It will be used as in WP 5 (page 91): "*We recognize sex workers' right to choose sex work as work*".

Has anybody implement client campaigns? Or new outreach strategies?

- Norway: No client campaigns. There is a need to development new outreach strategies for indoor prostitution because of new law.
- Estonia: plan to continue client campaigns through funding from the *Bordnet Project* to so that service providers in the Russian side could do it themselves. Planning internet outreach and invitations by mobile phones.
- Lithuania: Kaunas-> Caritas project plans lectures by social workers for sex workers. Internet site of the AIDS-centre: e-counselling about HIV/AIDS.
- Finland: No client campaigns (if something, with *Salli*, the sex workers' organisation). Plan-> advocacy campaign on how the law impacts sex workers' rights. New outreach strategies in Tampere in strip clubs & sex shops, and internet outreach among female sex workers.
- Germany: Clients campaigns are an on going activity in the red light district in Hamburg. No plans at the moment regarding outreach strategies.
- UK: No plans to do new outreach. There is a campaign against criminalization of clients done by clients themselves.
- Denmark: No client campaigns. No new outreach strategies.

WP 7 | www.services4sexworkers.eu

- See where the gaps are, review geographical coverage, coverage of services and the quality of services.
- Check what is missing & send questionnaires of missing services to Pia. It is possible to put in the directory the information on the legal framework in the different countries language. The partner should translate the information regarding their country, send to Pia and she will add it to the site.
- Estonia & Lithuania: control about abortion possibilities.
- Norway: control about methadone clinics
- Denmark, Lithuania, Estonia: control about HIV treatment. Correction: Lithuania has treatment. Estonia: remarks that it is possible to get information.

Overview of countries

DENMARK

	2006	2008
Legal framework SEX WORK	Tolerance	Tolerance
% Migrants	50%	65%
Region of Origin	Thailand, Baltic, Nigerian	CEE, Thailand, Nigeria
Prostitution Sector	85% indoor	75% indoor
Work Setting	General: Migrants:	General: Brothels, massage parlours Migrants: Brothels, massage parlours
Vulnerability		General <ul style="list-style-type: none"> ▪ Alcohol and drug dependency ▪ Social isolation and exclusion ▪ Violence of clients Migrants <ul style="list-style-type: none"> ▪ Social isolation and exclusion ▪ Easier victims of crime + exploitation ▪ Legal status
Mobility		General <ul style="list-style-type: none"> ▪ Unfavourable working conditions ▪ Economical necessity ▪ Protection of anonymity Migrants <ul style="list-style-type: none"> ▪ Trafficking ▪ Economical necessity ▪ Protection of anonymity

ESTONIA

	2006	2008
Legal framework SEX WORK	Tolerance	Tolerance
% Migrants	5%	5%
Region of Origin	Russia, Baltic	Russia, Baltic
Prostitution Sector	95% indoor	98% indoor
Work Setting	General: Migrants:	General: Apartments Migrants: Brothels, clubs
Vulnerability		General <ul style="list-style-type: none"> ▪ Lack of access to health and social ▪ Criminalisation of the sex industry ▪ Police violence and harassment Migrants <ul style="list-style-type: none"> ▪ Legal status ▪ Mobility ▪ Police violence and harassment
Mobility		General <ul style="list-style-type: none"> ▪ Law enforcement ▪ Economical necessity ▪ Need to support dependants Migrants <ul style="list-style-type: none"> ▪ Economical necessity ▪ Need to support dependants ▪ Law enforcement

FINLAND

	2006	2008
Legal framework SEX WORK	Tolerance	Criminalisation of Clients
% Migrants	60%	75%
Region of Origin	CEE, Asia	CEE, Baltic
Prostitution Sector	95% indoor	90% indoor
Work Setting	General: Migrants:	General: Apartments Migrants: Apartments
Vulnerability		General <ul style="list-style-type: none"> ▪ Stigma ▪ Alcohol and drug dependency ▪ Social isolation and exclusion Migrants <ul style="list-style-type: none"> ▪ Legal status ▪ Mobility ▪ Violence
Mobility		General <ul style="list-style-type: none"> ▪ Mobility of clients ▪ Protection of anonymity ▪ Aspiration for social changes Migrants <ul style="list-style-type: none"> ▪ Economical necessity ▪ Mobility of clients ▪ Law enforcement

GERMANY

	2006	2008
Legal framework SEX WORK	Legalised	Legalised
% Migrants	60%	65%
Region of Origin	CEE, Asia	CEE (Poland), Asia (Thailand)
Prostitution Sector	80% indoor	85% indoor
Work Setting	General: Migrants:	General: Brothels Migrants: Brothels
Vulnerability		General <ul style="list-style-type: none"> ▪ Financial problems, debts ▪ Violence and abuse ▪ No professional identity Migrants <ul style="list-style-type: none"> ▪ Legal status

		<ul style="list-style-type: none"> ▪ Financial problems, debts ▪ Little knowledge of German
Mobility		<p>General</p> <ul style="list-style-type: none"> ▪ Better working conditions ▪ Economical necessity ▪ Protection of anonymity <p>Migrants</p> <ul style="list-style-type: none"> ▪ Better working conditions ▪ Economical necessity ▪ Coerced by organisers

LATVIA

	2006	2008
Legal framework SEX WORK	Compulsory health control & regulation on prostitution	Compulsory health control & new Provisions Restrictive of Prostitution
% Migrants	15%	15%
Region of Origin	Russia, Belarus, Ukraine, Baltic	Belarus, Moldova, Russia
Prostitution Sector	50% indoor	60% indoor
Work Setting	General: Migrants:	General: Clubs, Brothels, Apartments Migrants: Brothels, clubs
Vulnerability		<p>General</p> <ul style="list-style-type: none"> ▪ Alcohol and drug dependency ▪ Social isolation and exclusion ▪ Violence from organisers <p>Migrants</p> <ul style="list-style-type: none"> ▪ Lack of access to health and social ▪ Legal status ▪ Social isolation and exclusion
Mobility		<p>General</p> <ul style="list-style-type: none"> ▪ Better working conditions ▪ Better living conditions ▪ Mobility of clients <p>Migrants</p> <ul style="list-style-type: none"> ▪ Better working conditions ▪ Better living conditions ▪ Need to support dependants

LITHUANIA

	2006	2008
Legal framework SEX WORK	Prohibited	Prohibited
% Migrants	15%	10%
Region of Origin	Russia, Ukraine	Russia, Poland, Belarus
Prostitution Sector	70% indoor	45% indoor
Work Setting	General: Migrants:	General: Street Migrants: Apartments
Vulnerability		<p>General</p> <ul style="list-style-type: none"> ▪ Lack of access to health and social ▪ Criminalisation of the sex industry ▪ Police violence and harassment <p>Migrants</p> <ul style="list-style-type: none"> ▪ Legal status ▪ Mobility ▪ Police violence and harassment
Mobility		<p>General</p> <ul style="list-style-type: none"> ▪ Economical necessity ▪ Better working conditions ▪ Law enforcement <p>Migrants</p> <ul style="list-style-type: none"> ▪ Economical necessity ▪ Criminalisation of prostitution ▪ Protection of anonymity

NORWAY

	2006	2008
Legal framework SEX WORK	Tolerance	Criminalisation Clients -> Prohibition
% Migrants	70%	70%
Region of Origin	Bulgaria, Rumania, Thai, Nigeria	Nigeria, Thai, Bulgaria
Prostitution Sector	60% indoor	55% indoor
Work Setting	General: Migrants:	General: Street, (apartments) Migrants: Street, (apartments)
Vulnerability		General <ul style="list-style-type: none"> ▪ Stigma ▪ Drugs and alcohol dependency ▪ Lack of access to health and social Migrants <ul style="list-style-type: none"> ▪ Stigma ▪ Migration laws ▪ Social isolation and exclusion
Mobility		General <ul style="list-style-type: none"> ▪ Law enforcement ▪ Protection of anonymity ▪ Better working conditions (- stress) Migrants <ul style="list-style-type: none"> ▪ Law enforcement ▪ Protection of anonymity ▪ Better working conditions

UNITED KINGDOM

	2006	2008
Legal framework SEX WORK	Tolerance	Criminalisation of Clients
% Migrants	40%	40%
Region of Origin	CEE, West EU, Asia	CEE, Thailand
Prostitution Sector	70% indoor	77% indoor
Work Setting	General: Migrants:	General: Brothels Migrants: Brothels
Vulnerability		General <ul style="list-style-type: none"> ▪ Lack of access to health and social ▪ Violence of clients ▪ Alcohol and drug dependency Migrants <ul style="list-style-type: none"> ▪ Social isolation and exclusion ▪ Lack of access to health and social ▪ Legal status
Mobility		General <ul style="list-style-type: none"> ▪ Law enforcement ▪ Economical necessity ▪ Better working conditions Migrants <ul style="list-style-type: none"> ▪ Criminalisation of prostitution ▪ Economic necessity ▪ Better working conditions

SOUTH region

Bulgaria, Italy, Portugal, Romania, Slovenia, Spain, Greece

The goal of the meeting was to discuss, compare and discern common trends/similarities and/or differences and to complete the information where needed with regard to the contents of the WP4, WP5, WP6, WP7, WP8 in the countries of the Regional Commission South.

WP4 | Prostitution Mapping

The content of this section was the revision of the mapping results in the countries of the Regional Commission South. The comparison of the data from 2006 and 2008 formed a main topic throughout the review of this WP. The procedure was to first discuss the national situation and afterwards to discern the common trends and to formulate conclusions.

Percentage of migrant sex workers

COUNTRY	2006	2008
Bulgaria	10%	2%
Italy	80%	90%
Greece	80%	73%
Portugal	60%	56%
Romania	5%	2%
Slovenia	No data	30%
Spain	70%	90%

Regions of Origin

COUNTRY	2006	2008
Bulgaria	Internal Roma Turkish minority 50% Eastern Europe 5% Balkan 5%	Roma e Turkish 50% Eastern Europe 99% Moldova, Russia Central Europe 1%
Italy	Africa 35% Latin America 25% Eastern Europe 20% Balkan Country 10% Central Europe 10%	Africa 40% Central Europe 24 % Latin America 15% Eastern Europe 7% Balkan 6%
Greece	Eastern Europe 40% Africa 25% Balkan 20% Central EU 10%	Eastern Europe 48% Central Europe 22% Africa 15% Balkan 11%
Portugal	West Europe 45% Africa 20% Latin America 15%	Latin America 65% Africa 17% Eastern Europe 8% Central Europe 7%
Romania	Moldavia	Central Europe 87% Eastern Europe 13%
Slovenia		Eastern Europe 90%
Spain	Latin America 70% Eastern Europe 14% Africa 14%	Latin America 49% Central Europe 24% Africa 18%
Regional Results		Eastern Europe 34% Central Europe 27% Latin America 19% Africa 13% Balkan 4% Asia 1% Baltic 1% Rest of Europe 1%

Comments: The overall view of the Southern regional area does reflect the differences in national situation of the countries that are grouped in this area. There are extreme differences between the new countries that have been admitted in Europe as emigration countries (Rumania and in Bulgaria) and the other countries in South Europe as major destination countries. Even though the regional data is representative of the other countries in the region, this has to be interpreted carefully (1). For e.g. there is partial information on the prostitution scene in Slovenia and the low number of migrant sex workers in Bulgaria and Romania. Influx from Africa has increased although limited towards Italy and Spain where there is a greater presence of migrant sex workers, who are absent in some countries while there is a fall in arrivals from the Balkan countries.

The regional data on arrivals from Eastern Europe is strongly influenced by the Slovenian data although it has low numbers considering the dimensions of the sex market in Slovenia. In other countries of the South Region arrivals from Eastern Europe do not rank first. Latin Americans rank first in Spain and Portugal. Moreover, the possibility to migrate legally has contributed to the increase of sex workers from central Europe to Italy, Greece, Portugal and Spain.

Prostitution Sector | indoor – outdoor

COUNTRY	2006	2008
Bulgaria	55% indoor	67% indoor 80% of migrants indoor
Greece	40% indoor 30% migrants indoor	40% indoor 40% of migrants indoor
Italy	45% indoor	40% indoor 40% of migrants indoor
Portugal	30% indoor	41% indoor 55% of migrants indoor
Romania	45% indoor	36% indoor
Slovenia	no data	100% indoor 100% migrants indoor
Spain	90% indoor	58% indoor 54% migrants indoor
Regional Results		54% indoor 58% of migrants indoor

Work Setting | 2008

COUNTRY	ALL SEX WORKERS	MIGRANT SEX WORKERS
Bulgaria	51% brothels, clubs 10% apartments	72% clubs Bar 10% apartments
Greece	20% brothels, clubs	25% brothels clubs
Italy	28% apartments 10% clubs	26% apartments 12% clubs parlour
Portugal	27% brothels, clubs 14% apartments	29% brothels, clubs 25% apartments
Romania	15% brothels, 10% clubs	18% clubs, brothels 10% apartment
Slovenia		clubs + massage parlours
Spain	39% clubs, bar 16% apartments	35% brothels, clubs, bars

Comments: On the whole indoor work in the South Region is stable with slight variations in SR countries and does not go beyond 50%. As it appears, there has been a sharp fall of sex work in clubs and bars in Spain due to worsened working conditions imposed by managers to sex workers. This is due to the excess buying powers managers have gained thanks to the new laws in particular in bigger cities. However, it seems that the tendency to work indoor is on the increase among migrants everywhere as a result of the increased presence of legal aliens from central Europe who can easily organize themselves to work in flats or in clubs.

Vulnerability factor | 2008

COUNTRY	NATIONAL SEX WORKERS	MIGRANT SEX WORKERS
Bulgaria	Discrimination Social isolation and exclusion Violence from the organizers	Social isolation and exclusion Legal status in the country Mobility
Greece	Social isolation and exclusion Stigma Discrimination	Legal status in the country Lack of access to health and social care services Police violence and harassment
Italy	Social Isolation and exclusion Alcohol and Drug Dependency Client violence	Violence from organizers of sex industry Legal status in the country Social isolation and exclusion
Portugal	Alcohol and Drug Dependency Social isolation and exclusion Discrimination	Legal status in the country Lack of access to health and social care services Social isolation and exclusion
Romania	Criminalization of sex workers Violence from organizers of sex industry Police violence and harassment	Criminalization of sex workers Violence from organizers of sex industry Lack of protection from the law enforcement agencies
Slovenia	Stigma Social Isolation and exclusion Lack of access to health and social services	Stigma Social isolation and exclusion Legal status in the country
Spain	Lack of recognition of labour rights of sex workers Social isolation and exclusion Stigma	Legal status in the country Stigma Lack of recognition of labour rights of sex workers

Comments: Migrants 'vulnerability' is often determined by immigration laws which render them illegal and consequently render criminal nets more violent and increase social exclusion while it is impossible for local sex worker's to improve their conditions due to the by-effects of social exclusion and repressive policies.

Reason for Mobility | 2008

COUNTRY	NATIONAL SEX WORKERS	MIGRANT SEX WORKERS
Bulgaria	Economic necessity Protection of anonymity Required by the management	Economic necessity Protection of anonymity Coerced by 'organizer' in the sex industry (trafficking)
Greece	Better social protection Law enforcement actions and clampdowns Better professional mobility	Economic necessity Coerced by 'organiser' in the sex industry Law enforcement actions and clampdowns
Italy	Economical necessity Better social protection Law enforcement actions and clampdowns	Coerced by the 'organiser' in the sex industry Law enforcement actions and clampdowns Mobility of clients
Portugal	Protection of anonymity Mobility of clients	Protection of anonymity Better living conditions

	Economical necessity	Mobility of clients
Romania	Better working conditions	Better working conditions
	Criminalization of prostitution	Better living conditions
	Better living conditions	Criminalization of prostitution
Slovenia	Better professional mobility	Economical necessity
	Economical necessity	Better working condition
	Mobility of client	Coerced by organizers in the sex industry
Spain	Economical necessity	Economical necessity
	Better living condition	Better working condition
	Criminalisation of prostitution	Network of friends and relatives available
Mobility in EU	33% national	66% migrants
Mobility inside countries	43% national	56% migrants

Comments: Economic reasons and the search for better working and living conditions are obviously the main causes of mobility and migration between countries. However, terrible conditions like repressive policies and coercion also cause mobility especially within a given country.

Summaries

BULGARIA

Sex work is neither regulated nor prohibited although it is under the strong control of criminal networks which pushes sex workers into vulnerable conditions. As said, long-lasting precarious working conditions for sex workers have induced several young women to migrate to western EU countries (e.g. in Austria, majority Romanian migrant sex workers have working permit B). Compared to 2006, although there is a drop in the presence of the Roma minority in the sex market, that of the Turkish minority has grown. Both minorities, which constitute 50% of the sex market, are socially discriminated and strongly stigmatized. Indoor work is on the increase and even though services and outreach units destined to sex workers have increased, they are not enough.

GREECE

There is a remarkable increase in numbers of migrant sex workers, men and minors included who transit to this country (Athens from 3000 to 10000) and work while waiting to continue their journey to other European countries. In fact mobility towards the EU and other countries has increased as a result of the violent repressive tactics that are enacted by the police and deportation policies. In addition, internal mobility is also high in Greece due to tourism. Although the legalization of prostitution in brothels and its control has conferred modest advantages to local sex workers who can accede to health services, migrant sex workers are marginalized as they cannot enter the regulated system nor have access to health services. They are rendered illegal both as sex workers and as migrants.

ITALY

Although it appears that prostitution on the streets has increased since 2006, this data should be considered carefully because actually some (not all) outreach services work indoor and possess accurate records whereas in the past they possessed estimated records. Repressive tactics against sex work are actually been implemented all over the country. This on the whole has increased internal mobility and several sex workers are considering migration to more ‘welcoming’ European Countries. Immigration from Africa and Central Europe has increased. Health services are still available on a large scale to migrant sex

workers but thanks to the recent bill of law that criminalizes illegal aliens, access to these centres has drastically fallen.

PORTUGAL

The new data should be considered carefully with respect to the 2006 report that referred mostly to South Portugal. Actually, the present data on migrants (56%) is the most accurate. There is an increase of sex workers from the Latin America, the Caribbean and Central Europe. There is also an increase in indoor work for all. There is also a discreet swap at the Spanish frontier between local sex workers and migrant sex workers who move within Europe. Available social and health services for migrant sex workers are too bureaucratic and hardly accessible, but efforts have been made to increase outreach work all over the country.

ROMANIA

Its entry in the EU in 2007 had an influence on the migration of sex workers from East and Central European countries (Moldavia and Ukraine). Just as in Bulgaria migration has dropped to 2% in contrast to 5% in 2006.

Sex work being penalized in Romania and the recent entry in the EU favoured the mass departure of sex workers towards Western Europe. In fact the Romanian sex workers rank first in several countries (Austria, Italy, etc). Mobility is therefore elevated towards the European capitals. Health services are not accessible because the public service is only for workers. Moreover, both social and health services lack assistance policies, services and infrastructures.

SLOVENIA

This country's situation is peculiar. Although the law does not contemplate sex work, it is a reality, and is openly advertised even beyond the frontier (at the Italian border). The restrictive immigration policies do not prevent migrant sex workers from Eastern Europe to work in clubs. Approximately 30% of migrant sex workers work in clubs and massage parlours, which represent the major indoor setting. Available data cannot be analysed as no research was carried out previously. Nevertheless, sex work has always been practiced 100% indoor. Working conditions appear to be good but information on how the work is organized within clubs and the levels of autonomy is lacking. Whoever works in clubs is subject to change club every quarter. Only those who live and work legally in the country have access to the health service.

SPAIN

Compared to all member countries of the South Region, this is the country that has registered a 20% increase of migrant sex workers with respect to 2006. The major arrivals are mostly from Latin America (there is a fall compared to 2006) and Central Europe which has replaced and surpassed by 24% Eastern European countries' position in 2006. Sex workers from Africa are also present in significant numbers. Sex workers present on the Spanish territory come from 185 nations and the most represented ones are Brazil, Nigeria and Rumania. The legal situation does not recognize nor protect sex work, which renders sex workers vulnerable. Actually some changes are being slowly made but there is still a situation of dependency for work and migration reasons. The situation has not improved since 2006. Policies in force and campaigns against sex workers and clients have had a negative influence on their working conditions in many cities. Mobility is high among migrants, 77% have worked in other countries before going to Spain.

WP5 | Legal Framework

Bulgaria: – the legal situation in 2006 – sex work it is not regulated, it is not criminalized. And in 2009 the situation is the same. There was very intensive public discussion in the government. Sex work attracts sex tourism; on the seaside you can find many sex workers. On the other hand, tourist companies don't like this kind of tourism and prefer to have a non-visible prostitution. So the control of the police in the tourist areas is increasing.

Spain: Public administration made campaigns against sex work and clients. In Madrid they put cameras in the city centre. The city centre is a traditional place for sex workers to work. All these campaigns are incongruent because of the lack of social programs. In some cities in Catalonia – some sex workers have been fined. The law has not changed, but some local administrations have decided to “clean” the street and they forced the SW to work indoor. Working in clubs the sex workers are under the control of the manager.

Slovenia: the prostitution is not regulated. In public there were just a few occasions when we could talk about. The sex work is practices 100% indoor. The migrant sex workers are ALL working indoor because they are under control of the organizers of the sex industry. There are apartments, clubs, bars and massage saloons. There is no estimation on how many sex workers there are; e.g. women stripping in bars. There are many newspapers with sex workers advertisements as on the internet.

Portugal: In 2006 there was another NGO who collected the data and they were established in the south – there are differences between south and other parts of the country. We don't know how many sex workers there are in Portugal. Sex work is not in the political agenda; it is not regulated, it is not criminalized.

Italy: the laws are the same, event if the parliament is trying to change them. At local level, administration through local ordinances criminalizes and fines clients and sex workers on the street. This is a national trend that follows also the proposal of the minister – the law is the same with the ordinance. They want to forbidden prostitution in the street. The result is a big mobility and increasing of indoor prostitution.

Romania: law the same, sex work is criminalized.

Greece: the same. It is regulated with mandatory testing; only a small number work officially. Indoor/outdoor percent is the same 2006/2008.

OVERVIEW

- Bulgaria not regulated
- Slovenia the prostitution is not regulated.
- Portugal not criminalized, not regulated
- Italy no regulated, tolerated, criminalized clients and sex workers in the street
- Greece regulated
- Spain not criminalized but new local prohibitions
- Romania criminalized

Access to public health services

Bulgaria: health insurance system, if you are not health insured you can't access the public health system. Irregular sex workers don't have access to health care system. Emergency and HIV treatment are free for everybody.

Slovenia: sex workers are insured but not as sex workers – same as in Bulgaria but the emergency and HIV treatment are NOT free

Romania: same as Bulgaria

Italy: migrants have access to health care/ public health for everybody. Now the situation is very critical because of the migrant persecution. Due to a new decree, staff of services are not obliged but they can be denounced migrants without permit and they can be arrested, with the result that irregular migrants are discouraged to go to the services.

Spain: similar to Italy. The migrants need to be registered in order to have access to free health system.

Portugal: it is necessary to have a card and a document of residence and after that can have access to health care. If you don't have a job – you have to pay the health services except emergency, woman and child vaccination, HIV and TB treatment is free

Greece: sex workers have mandatory examination – free treatment while she/he should abstain from work.

WP6 | The Manual

Bulgaria: want to start internet “outreach”; we plan to work a consulting centre (drop-in) for sex workers. There is no such centre in Bulgaria for sex workers. Clients' campaigns: it is not possible in Bulgaria at this point.

Italy: in Genoa there are small rooms on the small streets where sex workers used to work. The municipality want to close these rooms and will send the police to close these places. We made a protest against the municipality with a red umbrella campaign, and asked to have a meeting with the municipality.

WP7 | Services Directory | Websites

- See where the gaps are, review geographical coverage, coverage of services and the quality of services.
- Check what is missing & send questionnaires of missing services to Pia. It is possible to put in the directory the information on the legal framework in the different countries language. The partner should translate the information regarding their country, send to Pia and she will add it to the site.
- **Slovenia**: control about HIV treatment possibilities.
- **Greece**: control about methadone clinics
- **Bulgaria and Romania**: control about sexual health services

WP8 | Cross Border situation

In Italy we have border with Austria, Switzerland. There are no problems with Switzerland and Austria borders. The border with France: migrant women (African and eastern European) they cross the border to work in France and back in Italy. The crossing border is just to escape the police. Both countries have services and programs in this area. Slovenia is a very important transit border for the immigration and even for transit of trafficking, need assessment and observation will be done together with Slovenian partner finalized to exchange good practices experience.

In Spain border with France there are many clubs on the highways → there is an area with a lot of car traffic. At this point there are no projects here. There is a presence of sex workers.

Bulgaria: no Greek sex workers in Bulgaria, most of the sex workers in Greece are migrants. There are many Bulgarian women travelling to Greece for sex work. Many Greek men come for sex tourism. The outreach team here is funded by the Global Fund for Tb, HIV and Malaria.

Slovenia: there is no prostitution problem at the border with Croatia and Austria. The border between Slovenia and Italy is a transit border for sex workers coming from Eastern and Balkan countries. Small number of Slovenian sex workers crossing the border to Italy for working. It seems to be an outreach team in Ruse – next to Maribor (a very touristy area) next to the border with Croatia and Hungary. The number of sex workers is not so high – Bulgarian 50-60. There are signs about indoor places in Ruse – clubs probably.

Romania: nothing happening at the Serbian border. All the Romanian sex workers go to Italy/Spain etc through Hungary border. The Ukraine and Moldova borders are “closed” since Romania entering EU. It used to be a lot of human trafficking at these 2 borders but not anymore.

EAST region

Austria, Czech Republic, Poland, Slovakia, Hungary

The goal of the meeting was to discuss, compare and discern common trends/similarities and/or differences and to complete the information where needed with regard to the contents of the WP4, WP5, WP6, WP7, WP8 in the countries of the Regional Commission East.

WP4 | Prostitution Mapping

The content of this section was the revision of the mapping results in the countries of the Regional Commission East. The comparison of the data from 2006 and 2008 formed a main topic throughout the review of this WP. The procedure was to first discuss the national situation and afterwards to discern the common trends and to formulate conclusions.

Percentage of Migrant Sex Workers

COUNTRY	2006	2008
Austria	80%	78%
Czech Republic	35%	41%
Hungary	20%	20-25%
Poland	30%	34%
Slovakia	5%	2%

Regions of Origin

COUNTRY	2006	2008
Austria	Central Europe 70% Latin America 15% Africa 15%	Central Europe 50% Latin America 12% Africa 12%
Czech Republic	Eastern Europe 70% Central Europe 20% Latin America 7%	Central Europe 50% Eastern Europe 33,5% Latin America 7%
Hungary	Balkan 50% Eastern Europe 35%	Eastern Europe 50-60% Central Europe 35-40%

	Central Europe 10%	Balkan 10%
Poland	Ukraine, Russia, Belarus, Bulgaria, Moldova, Romania	Eastern Europe 91% (Ukraine, Russia, Belarus)
Slovakia	Ukraine, Russia	Central Europe 50% Eastern Europe 50%
Regional Results		Eastern Europe 46,6% Central Europe 37,2% Latin America 4% Africa 3,8% Balkan 2,8% Asia 2,6% Baltic 2,2%

Comments: The regional result is not representative of the national situation especially in Austria and in Slovakia. Even though the regional data is representative of the other countries in the region, this has to be interpreted carefully: (1) Poland lacks information on the situation in the eastern part of the country, especially regarding the border with Belarus. (2) Slovakia lacks information regarding the indoor prostitution scene. There is an explicit need in both countries to develop (outreach) strategies to assess the prostitution scene in the respective area and/or work sector.

Prostitution Sector | indoor – outdoor

COUNTRY	2006	2008
Austria	75% indoor	85% indoor 80% of migrants indoor
Czech Republic	70% indoor	81% indoor 92% of migrants indoor
Hungary	65% indoor	60% indoor 98% of migrants indoor
Poland	85% indoor	60% indoor 80% of migrants indoor
Slovakia	30% indoor	27% indoor 6% of migrants indoor
Regional Results		59% indoor 59% of migrants indoor

Work Setting | 2008

COUNTRY	ALL SEX WORKERS	MIGRANT SEX WORKERS
Austria	60% brothels, clubs	60% indoor, brothels, clubs
Czech Republic	52% brothels, clubs	72% brothels, clubs
Hungary	45-50% apartments	85-90% clubs
Poland	40% brothels, clubs	43% brothels, clubs
Slovakia	56% highways	84% highways

Comments: Throughout the East region, the majority of sex workers work in indoor settings, mostly in brothels and clubs. In Hungary, the majority of work settings are in apartments. In the Czech Republic, this trend is directly related to repressive legislation regarding outdoor prostitution. Municipal authorities can either create tolerance zones for street prostitution or expel street prostitution from the city limits. Most often, the second option is applied. In Austria, increased controls regarding street prostitution increase the number of sex workers working indoors. Though street prostitution is not per se illegal, a

number of regulations is applied and often implemented in a repressive manner (e.g. prohibition time, prohibition zone etc.).

Reasons for Mobility | 2008

COUNTRY	NATIONAL SEX WORKERS	MIGRANT SEX WORKERS
Austria	Better working and living conditions Economic reasons Anonymity	Better working and living conditions Legal frame Social network
Czech Republic	Job opportunities Better earnings Anonymity	Job opportunities Better earnings Force (organizers of sex industry)
Hungary	Economic reasons Law enforcement Better living conditions	Economic reasons Law enforcement Better living conditions
Poland	Better living conditions Better working conditions Economic reasons	Better living conditions Forced b/c legal repression, organizers Social/economic reasons
Slovakia	Economic necessity Anonymity Better working conditions	Economic necessity Anonymity Better working conditions

Comments: The improvement of working conditions does not only relate to a pure economic improvement but includes better work conditions relating to the work sector and the work setting, e.g. better indoor working conditions. The improvement of working conditions, economic reasons and better protection of one's anonymity are main reasons for mobility throughout the region. Repressive legislation and law enforcement activities are an additional factor for mobility, as well as the re-organisation and re-structuring of the sex industry that affects the mobility of sex workers.

Summaries

Austria: There is a clear influence of restrictive policies in the country regarding sex work and migration. There is hardly any new migration from Latin America or from other non-EU-countries due to legislative changes in 2005 that are in effect since 2006. An exception to this is the group of sex workers from Nigeria who often have a legal stay in Austria as asylum seekers and may legally work in the sex industry. The majority of migrant sex workers in Austria are Romanian and Bulgarian women.

Czech Republic: In the Czech Republic, there is an increasing number of sex workers from Nigeria, Ghana and Brazil. Still, the majority of sex workers originate from Central and Eastern European countries (e.g. Ukraine, Slovakia). The Czech Republic experiences an increased trend of mobility – opposed to actual migration – of sex workers due to the EU-enlargements. The Czech Republic is transforming into a country of origin, transit and destination at the same time. One of the impacts of restrictive legislation in the Czech Republic is visible in the increased number of sex workers working indoors in 2008.

Hungary: missing

Poland: Migratory trends in Poland changed. Poland became a transit country for sex workers from Romania and Bulgaria. The biggest group of sex workers in Poland is from

the Ukraine. There is also a considerable regional spread regarding migration and sex work within the country. The data of the Eastern part of the country is well assessed but there is a lack of information regarding the Western part and especially the border regions with the Ukraine and with Belarus.

Slovakia: The data for Slovakia is not representative as it only includes information regarding outdoor prostitution. There is a big need to develop adequate outreach strategies for indoor prostitution. This depends on financial resources but also on staff training and the resources of the service providers to carry out additional outreach activities.

WP8 | Cross border projects

Austria – Czech Republic

LEFÖ and *Bliss without Risk* will carry out the cross border project 2-3 April 2009. This will involve team members of LEFÖ and the staff of various branches of *Bliss without Risk*. The following trends in the border region have been assessed through previous mappings:

- Increased presence of African and Latin American sex workers
- Increased mobility within the border area (between different clubs and venues) due to the structure of the sex industry and changing demands
- Czech Republic as a transit country for citizens from „new“ EU-countries (e.g. Bulgaria) to migrate further towards Western Europe

The following needs in the border region have been assessed through previous mappings:

- Further assessment of the prostitution scene and of the services available in the border region
- Assessment of the available health and social services
- Need for information material in additional languages
- Need for cultural mediators
- Co-operations, projects?

Poland – Ukraine and Poland – Belarus

There is explicit need for the implementation of cross-border activities in Poland, especially at the border between Poland and Belarus. The first priority of an activity would be to assess the situation in the border region and to then develop adequate outreach activities. To implement this kind of co-operation project there is need for data regarding the border area and for contacts with service providers or networks of organizations working in Belarus.

Other countries/areas

No new information or activities.

WP5 | Juridical and policy mapping

- How accessible are health services to national and to migrant/mobile sex workers?
- What impact does the legal framework have on sex workers' access to health services?
- What are regional trends?

Austria

There is regulatory approach connected with strong and strict controls and a focus on health controls. Sex work is regulated by national laws that regulate compulsory health

controls (STI-law, AIDS-law) and the payment of taxes; as well as by provincial laws. There is a brothel system and regulations regarding prohibition zones and prohibition times. At the same time, sex work is considered immoral and is not recognized as a work. Sex workers may work as self-employed entrepreneurs and are required to undergo mandatory registration. Registration is only possible with a permit of stay which in practice means for EU-citizens and for equated citizens (also for asylum seekers with a permit of stay based on asylum legislation). The outlook for the next years suggests that sex work would no longer be considered immoral and that at the same time increased controls would be implemented (e.g. regarding taxes).

Czech Republic

Sex work is not regulated and the trends surrounding sex work are abolitionist. Existing regulations focus on street sex workers. Municipalities can create tolerance zones or expel street sex workers behind city limits. This has an impact on the increased vulnerabilities of sex workers. The Czech Republic has been in the process of preparing a law on prostitution since 1994. The main elements would be: sex workers have to pay taxes, compulsory health examinations each month, mandatory registration of sex workers. This is still not implemented. These legal trends suggest more control regarding sex work. The Czech Republic has signed the 1949 UN-convention which is in some interpretations regarded as obstacle to legalizing sex work.

Hungary

Sex workers are obliged to undergo compulsory health controls. In general, Hungary has a tendency towards implementing an abolitionist model but has a strong focus on health control. There is a system of tolerance zones and prohibition zones. Hungary signed the 1949 UN-convention which in some interpretations impedes a legalization of sex work.

Poland

Sex work is not regulated by the law and the trends surrounding sex work are abolitionist. There are also no regulations on a local level. Sex workers working indoors usually work as dancers and strippers. Sex workers working on the streets are tolerated. In the public debate, sex work is usually covered as „scandal“. Sex work is considered immoral and is strongly connected with trafficking. Migrants, including migrant sex workers, without a permit of stay are deported from the country.

Slovakia

Sex work is not regulated by the law. There are local regulations in Bratislava which penalize offering of sexual services in public places. The trends in public debate are abolitionist and prohibitionist approaches. In a long-term perspective, prohibitionist regulations are most probable.

Conclusions

- sex workers with health and social needs are not visible within the system of public health services
- health services are only universally accessible in cases of emergency
- preventive services are often not universally accessible
- services that are accessible are usually basic services offered by NGOs (e.g. testing) that always depend on the resources of the NGOs
- in most cases, health services are accessible only with insurance or private payment
- if sex work is not considered work then insurance coverage cannot be obtained through one's work (exception: in Austria, registered sex workers are obliged to obtain health

insurance coverage as self-employed entrepreneurs – but only a minority of sex workers is registered!)

- mandatory health controls (as in Austria) view sex workers as carriers of disease and do not represent holistic health prevention, treatment, care and support services
- if there is no possibility to officially declare sex work as work then either other occupations are declared (e.g. dancer) or another status has to be declared (e.g. unemployment)
- this often leads to high debts due to medical costs or insurance debts
- access to health services depends on financial status, insurance status and legal status
- there is a general lack of information regarding rights and services
- stigmatization and discrimination of sex workers in general and within the public health system have a considerable impact on sex workers' access to public health services

WEST region

The Netherlands, Belgium, France (*Autres Regards* + PASTT)

The goal of the meeting was to discuss, compare and discern common trends/similarities and/or differences and to complete the information where needed with regard to the contents of the WP 4, WP 5, WP 6, WP 7, WP 8 in the countries of the Regional Commission West.

WP 4

The content of this section was the revision of the mapping results in the countries of the Regional Commission West. The comparison of the data from 2006 and 2008 formed a main topic throughout the review of this WP. The procedure was firstly to discuss the national situation and afterwards to discern the common trends and to formulate conclusions.

Sectors and settings of prostitution

Belgium

- 2006 indoor prostitution 90%
- 2008 indoor prostitution 66%

The difference in figures can be explained by the difference in the trends of prostitution in different areas of Belgium, the changes in the country's policy regarding outdoor prostitution and to the (possible) lack of knowledge of outdoor prostitution in other regions of Belgium by the former partner. The data presented by the former partner came mainly from Antwerp, where the outdoor prostitution has been prohibited lately. The difference in the trends of prostitution has been explained in the 2008 report. The 2008 estimation is correct.

Setting

- 2006 25% of prostitution is escorting
- 2008 the number is not so high, the most common form are small escorting services and small cabarets and apartments. There is specially growth of prostitution in apartments.

Percentage of migrants

- 2006 75%
- 2008 51% mainly indoor working

France

- 2006 indoor prostitution 35%
- 2008 indoor prostitution 39%

Autres Regards: the organisations working in the field of prostitution have become more aware of the indoor prostitution but there is still no much insight into it – and all what is mentioned is only a rough estimation. Otherwise there isn't much difference in the situation between the two years.

Setting

The major change is the dropping percentage of street prostitution in comparison with 2006 - 60% of prostitution on the street has decreased mainly due to the law on inner security enforcement. The sex workers are mostly concentrated in the town surroundings and highways.. The majority of sex workers work in apartments and there are new ways of contacts either through internet or through escort agencies.

PASTT: there aren't many sex workers in Paris city - also called *Paris intramurals*: these are mostly transgender in place Pigalle and Chinese place Belleville that are very discreet. Due to the new law known as Sarkozy law the prostitution has been pushed towards the forests in Paris surroundings.

Percentage of migrants

- 2006 80%
- 2008 61% mainly indoor working

Luxembourg

The trend is that indoor prostitution is growing steadily as a result of the situation on the prostitution street: there are too many sex workers working in the streets and the situation gets even more difficult due to the municipality regulations on working hours that allow prostitution only between 20.00 and 3.00, which all doesn't leave much space in terms of territory and time for work. That's why the sex workers are keener to work in apartments. The contacts are being made more and more often by phone.

During the last years there was a decrease of drug users on the street and there's less needle exchange. The places once occupied by the drug users are being taken over by the migrant sex workers. The situation has been inversed with regard to indoor-outdoor prostitution for the above mentioned reasons.

Setting

The prostitution is mostly concentrated in coffee shops and bars. Prostitution in cabarets is prohibited by law. Often sex workers live and work together in apartments usually 4-5 of them, women and transgender persons (mainly of Brazilian origin). They earn more money this way.

Percentage of migrants

- 2006 70%
- 2008 92% mainly indoor working

The Netherlands

- In 2006 75% indoor prostitution
- In 2008 92% indoor prostitution

The shift from 75% to 92% shows the impact of the new organisation of prostitution in this country. The tendency is to prohibit outdoor prostitution that is now allowed only in two tolerance zones where only registered women can work. All (other) forms of outdoor prostitution are illegal.

Setting

The number of sex workers working in escort service has gone up. Nowadays the work is being oriented towards smaller forms of organisation. The legalisation is accompanied by a repression process.

Percentage of migrants

- 2006 70%
- 2008 60% mainly indoor working

Analysis of the regional situation WEST

Sector

- 72 % indoor
- 28 % outdoor

In comparison with 2006

- Netherlands more indoor
- Luxembourg more indoor
- France the same (mainly outdoor)
- Belgium more outdoor
- In the region, France is the only country where outdoor is predominant.

The major trend is: in comparison with 2006 two countries have more indoor (NL, LX), Belgium more outdoor, in France the proportion is the same – probably the indoor prostitution is underestimated due to the lack of contact with sex workers that work indoor. A better assessment is needed. In Netherlands the shift is towards smaller forms of organisation: less than 3 women working together. This shift is a common trend in the 3 countries, which is mainly due to the policy changes and in the case of Luxembourg also because of high level of competition due to the big number of sex workers. Another trend is also the wider geographic spread.

Another shift is the indoor work of migrant sex workers, with an exception of estimation in France, but the trend exists.

Percentage of migrants

In all countries except for Luxemburg (92% in 2008 in comparison of 70% in 2006), the percentage of migrants in prostitution has diminished. In the region 66% of sex workers are migrants in 2008.

Regions of origin

- Africa 25 %
- Central Europe 24 %
- Latin America 20 %

The trend is that there are less Latin American and Asia Pacific which is mainly China and Thailand. Another trend is more internal mobility between old EU countries, mostly from neighbouring countries.

Big trend is also the shift in the countries of origin: from Eastern to Central Europe. The main reason seems to be the enlargement of the EU, as the new EU countries do not need visas in order to be able to travel in EU and that the stricter conditions for getting visas for non-EU citizens are applied. It's also due to the EU policy of strengthening the control for illegal immigrants in the border countries.

Countries of origin

- Romania 11%
- Nigeria 11%
- Bulgaria 11%

The percentage of French sex workers in Luxembourg is the highest which is a direct result of the French policy change. France has the highest spread of nationalities: 44.

Vulnerability factors regional

1. Stigma
2. Social isolation and exclusion
3. Client violence

The situation of national sex workers is more stabilised in comparison with migrants.

The first trend is the augmentation of stigma together with social isolation and exclusion that causes violence (augmentation of violence by 30% in comparison with 2006). Outdoor sex workers suffer more from these phenomena. This goes along with the policy changes and law enforcement. The main reasons are the repressions towards the street prostitution and also the criminalisation effects that are picked up by the media, especially in the connection with trafficking.

The migrants are affected by their (il)legal status in the country that makes them less able to get access to health care and makes them more vulnerable to violence from the organisers of the sex industry and/or clients. Another factor that is not mentioned in the top 5 list is the violence among the sex workers themselves.

The situation is very much similar in all countries, with the exception of Luxemburg that has the highest rate of drug addicted sex workers.

In the whole region the working conditions are similar; the percentage of condom use is the same among migrants as among nationals, which has changed from before where there was a noticeable difference. This is mainly because the groups of migrants stay longer in one place and have better knowledge and control of their working situation in terms of sex work techniques and also probably because of the outreach work that is still effective.

Mobility factors

Migrant sex workers are very mobile. The big change in comparison with 2006 is the higher international mobility of migrant sex workers.

Transnational mobility	2006	2008
Nationals	37%	17%
Migrants	78%	82%
National mobility		2008
Nationals		43%
Migrant		57%

From all sex workers 52% have worked in another city.

There's no much change in these figures, which shows that the nature of searching a good place of work is the same as in 2006.

Reasons for mobility

There's a difference between the reasons of mobility between nationals and migrants.

In the case of nationals the main reasons are: anonymity (19%), economical reasons (16%) and better working conditions (16%), as for the migrant sex workers is the economical necessity (22%), law enforcement actions and clampdowns (19 %) together with the criminalisation of prostitution and protection of anonymity in the same rate 11%.

The trend is that there is more violence against sex workers in general due to the above mentioned reasons as they increase their vulnerability.

There is an impression that the character of the category "coercion by organisers in the sex industry (trafficking)" is changing and there's a kind of reorganisation in relation to the work and money distribution.

WP 8 | Cross border projects

Cross border the Netherlands - Belgium

There's a specific situation in Zuid Limburg - the border between Belgium, Netherlands and Germany that is very characteristic for this region. The sex workers come mainly from Germany, France and Belgium and work predominantly in indoor prostitution.

In the Maastricht area the indoor prostitution is more spread, German women are moving to Maastricht from street prostitution and have more drug addiction problems. The same case scenario is also in Liege related to drug use, which is particular to the region. In other cross border areas, the mobility is more directly related to the sex work.

Cross border France - Belgium

There's quite lot of mobility from Metz and Lille in France towards Belgium, that is directed to Mons and Courtrai.

Cross border Italy - France

Lately there are a lot of migrant sex workers moving from north Italy to south France and to Paris.

Cross border Belgium - Luxemburg

In Arlon – Belgian border city with Luxemburg there is a lot of demand for sex work, and there's cooperation between the NGOs in Luxemburg and Belgium. There used to be active movement of national and migrant sex workers across the border before, but it has diminished lately due to police control.

Since there is a lot of information on this issue from the Belgian and Luxemburg partners, the General Coordinator asks them to prepare a document with more developed and detailed information in order to be able to consider it in the cross border project discussion.

Athus - Belgian city in vicinity of the border with Luxemburg - another good example of cooperation between the NGOs in Luxemburg and Belgium.

There is also a migration of gay men from Luxembourg towards Liege where historically the male prostitution is predominant.

Cross border France- Spain

Good cross border cooperation is the one on the French-Spanish border in the Basque area between two Spanish and French organisations that carry out HIV prevention on both sides of the border in the setting of street prostitution. This French-Spanish border is a good example of the mobility system of migrant sex workers in Europe.

In this group of countries that are all cross border areas, there a regional specific trend - high number of sex workers cross border mobility, especially to and from neighbouring countries that is strong of push-pull mechanism. For example of the region of Netherlands, Germany and Belgium the overlapping of drug users an sex workers is a push-pull factor; in other border areas (LX and Belgium) it is the impact of repressive policies that lead to push- pull effect. There are other identified factors, specific for the French situation with a trend of receiving expelled women from Italy (as a result of prohibition of street prostitution) who have many connections with their own community in France. Another factor specific for France is the migration flux from North and sub –Saharan Africa that have an impact on the border areas in South France and in Pays Basque (Spain) and South West France.

WP6 | The Manual

The examples of good practices from the Manual that will be adopted by the partners in their work as innovative method:

- **France:** *Autres Regards*: the research on indoor prostitution started by *Autres Regards* that includes: Germany, Italy, Bulgaria, Portugal – they all are TAMPEP member countries. PASTT: French courses for migrants transgender and women in 2009
- **Belgium:** Birthday (perpetual) calendar, in order to change the image of sex workers and remove the stigma with the help of positive message.
- **Luxembourg:** Indoor outreach project started in 2008. Integration of well-being/relaxing/health activity as Fitness for sex workers starts in 2009.
- **Netherlands:** assistance and advice on creation of multi-functional drop-in centre run by public health services in Alkmaar.

WP 7 | Online Directory

The directory can and should be updated regularly. There will be an update before the GM2 and the international launching. We should be able to find, analyse and fill in the gaps in the services in different areas of our country. The sustainability of the directory after finalisation of TAMPEP 8 programme is very important: the higher the quality of the directory, the higher the possibility of reaching all groups.

The main step is to review the entries, to verify the accuracy of the data and to consider and reflect on what the person that answered the questionnaire meant. In order to add the specification about the nature of services one should use the item “other” or “remarks”. The juridical part of the directory should be also updated and completed.

- Belgium 16 services
- France 13 services
- Netherlands 19 services
- Luxembourg 12 services

France

It is very important to state properly the character/status/typology of an organisation as there are various interpretations of some of the terms: for example in case of France “association” is equivalent with NGO.

In France there is a gap, since this big country has only 13 services entered. This gap concerns especially the north region. It is due to non-willingness of the services to answer, including public (health) services who have preferred not to complete the questionnaire. The solution would be to resend the questionnaire with a particular attention to the community based services and organisations, and also to ask them to check with their network. Afterwards - check the entries and make the necessary changes/adoption.

STI/HIV testing services are almost missing in the directory. One of the solutions is to include them in the space for remarks under the list of associations and/or to include addresses of services with whom we have a partnership programme and that offer services to sex workers. The remarks should be short and simple and whenever possible written in the country language and in English.

Netherlands

The gap is the lack of service providers for other services as only NGO's and health services that work with sex workers were asked to fill in the questionnaire.

Belgium

Only organisations and services that work with sex workers in the Francophone area and with whom “Espace...P” cooperates and knows the quality of their services have been included. So the gap consists mainly of the services in the Flemish area. The questionnaire will be resent to the already known partners that could afterwards send it to the services they are acquainted with.

Luxemburg

HIV treatment clinics do not accept to be on Internet since they are afraid of getting more immigrants who might request to be treated in their services. Out of 60 services that answered to the questionnaire only 12 agreed to be displayed in the directory. In Luxemburg the persons coming from countries that have no treatment for HIV are allowed to reside legally. That is why clinics do not agree to be publicised. There is also a question who is really the target of the website as pimps may use it. Of course the networks of services can use them, but even in the case of pimps using it whenever it improves the situation of SW - it has reached its goal.

WP5 | Policy Framework

Netherlands

In order to need to identify how the services are accessible to sex workers and how is the legal framework in the region we should prepare an analysis on what is the impact of the legal framework in the access of sex workers' to their rights.

In the Netherlands there's a big difference between the insured and not insured persons. The nationals and legal migrants are in principle insured. For uninsured persons the services are closed, and it depends only on the policy of the hospital if it uses the emergency funds. Every hospital is meant to have them, but it doesn't respond positively to the demands most of the time. But the prevention is better covered than any other aspect of sex workers' health. The most problematic area is the general health care. This is with the exception of two cities (Amsterdam and Alkmaar), where they combine general health care with STI services. In principle, the undocumented persons can buy the insurance but it is

very expensive therefore they depend on the will of the clinic or the doctor that can see them.

Particular vulnerable group are homeless where in order to get a treatment a residence address and a name are necessary - there are attempts to solve this situation and there is a lobby for this but it is not yet possible to fill in this gap. The fact is that a person can be deported even if he/she is HIV positive, once the services consider that there exist a treatment in their country but they don't consider the quality of services or the situation in the home country, for example in the situation related to the identity/gender change in case of transgender persons etc.

There are no mandatory tests, but during the last two years the abolitionist efforts have made difficult the social interaction of the sex workers, so they are more isolated and more difficult to be reached. The number of sex workers has diminished in the Netherlands due to the policy changes, which doesn't mean there are less of them but probably they have moved into other countries or went into hiding.

The law of criminalisation of the clients of the unregistered sex workers, or of the ones who are illegal, or trafficked has been proposed. There's a big control, more regulations and a non-recognition of labour rights of sex workers that lead to their further isolation.

The massif policy attack of the media on the picture of trafficking influenced the capacity and willingness the services offered, so one service in Amsterdam has already started an exit programme for sex workers.

Belgium

There's insurance for all nationals and for illegal persons - since 1996 there has been a law that gives them basic emergency health care named "Help Medical Emergency" that includes all health services except plastic surgery. The administration procedure of getting the coverage is a bit long and complicated but it is effective. The insurance is accepted by all public hospitals, but not by the private ones.

It is possible to receive residence permit for health reasons – again it is a long procedure that it is not always approved, but the possibility of being regularised exists. The initial permit is for one year, then 5 then indefinite. The fact of being a sex worker might influence the process of the regularisation. Officially it does not affect it but in case of arrest as a result of being considered a threat to a public order (such as active soliciting) - there exist such a possibility. Next to this, it is quite difficult for Belgian national sex workers to have access to health insurance, if they haven't had a declared job in a long time.

France

There's a very good law, but what makes it difficult is the practice and there are restrictions in the way it is practiced. For this the cooperation among the NGO's is crucial in order to get the social security coverage.

The situation is worsening with regard to receiving the residence permit: one can be deported even if she/he is HIV positive and in case the service exists in the country of origin, but there is no control on the accessibility or the quality of those services.

Luxemburg

The same National Health System as in France. It is possible to buy it a private insurance but it is very expensive. In order to get access to the service one must prepay and get reimbursed afterwards. Several clinics accept to overtake the charge of the sex workers and then get reimbursed from the state in the extent up to 80%. These costs sometimes may be covered by the NGO's. The HIV treatment is free of charge, but the doctor consultation and the blood screening are not.

REGIONAL SITUATION

With exception of the Netherlands a national health system is in place in all of the countries. There are however very many conditions to be observed in order to get full access.

Sometimes the situation is difficult for the national sex workers, because of the stigma and non-recognition of the sex work and the lack of health and social insurance.

There are many barriers of various natures for the migrant sex workers: technical, legal. In the case of Luxemburg there is one particular exception: the NGO's can intervene in the health system.

The illegal status is a barrier to access to health care.

WEDNESDAY | 25 February 2009

Chair: **Jaana Kauppinen**

The meeting was open by the chair with the introduction and the review of agenda and purpose of each session.

The plans for the morning included the presentation of Licia Brussa that outlined responsibilities for the diffusion of the deliverables and finances and guidance for NCs about recording dissemination of deliverables and Final Financial Report.

The deadlines for the final Work Package clarification were presented.

Outline responsibilities for the diffusion of the deliverables

The NC will have to prepare diffusion strategy with regard to the following products:

- Manual
- Legal Report
- Newsletter
- Report
- Second launching of directory
- The Report on diffusion will be included in the evaluation report.

Deadlines

WP 4

- Complete the narrative – especially the last box of narrative (conclusions) is very important. Do not forget the comparison with 2006.
- 15 March – updating National Mapping Report
- Some countries experienced recently big changes in the prostitution policies that had big influence on the results of the mapping - in this case, given that our timeframe of the mapping was 2008 and therefore no more mapping data can be added – it will be very relevant to have a country Annex/report with the changes. The Annex can be sent from now on until 1 June.

WP 5

- 15 March – missing summaries sent, all summaries reviewed
- 1 April – complete the table and give feedback on the report

WP 6

- 20 March – add comments, changes

WP 7

- until May – add/update the services
- 30 June – directory closing

Information about important events and the news on participation of the National Coordinators in the meetings relevant to TAMPEP programme should be sent to TAMPEP Coordination Centre and spread through the mailing list.

After the break was a working time for each of the national coordinator to discuss the further tasks for the Work Package with the opportunity of individual consultations with the WP's coordinator.

CLARIFICATION CORNERS

Individual and small group consultations

WP4 | Prostitution mapping

Hanka Mongard

Review and discussion of each draft national mapping report, clarification on the require analysis and narrative

WP5 | Legal framework mapping

Faika Anna

Review and discussion on each country summary of the legal and policy framework, clarification on gaps and additional information for the final version

WP6 | Capacity building manual

Veronica Munk

Clarification on which additional good practices descriptions are needed and discussion on the contents and templates

FINANCIAL REPORTS

Licia Brussa

Consultation on the state of affair of the financial recording and expenditure, using the interim financial report as discussion points

EVALUATION

Ruth M. Thomas

Individual consultations with the evaluation coordinator, clarification on the interim evaluation report and the interim matrix data. Moreover the NCs had the time for complete the Evaluation Matrix for the next phase.

The afternoon session in plenary was dedicated to a closing discussion on the possible location and cities for the next general meeting in September 2009. From different countries that offered to guest the GM2, Porto, Portugal was choose as location by the network members.

After network communication on news and events, the Regional meeting was close by the chair and the general coordinator.