



**Strengthening of HIV/STI interventions
in sex work in Ukraine and the Russian Federation**



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EXECUTIVE REPORT OF THE CONFERENCE

Addressing HIV in the context of sex work



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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CIS	Commonwealth of Independent States
CSO	Civil society organisations
FSW	Female sex workers
GO	Governmental organisation
HIV	Human immunodeficiency virus
IDUs	Injecting drug users
MARP	Most-at-risk populations
MSM	Men who have sex with men
NGO	Non-governmental organisation
PLHIV	People living with HIV
PLWHA	People living with HIV/AIDS
PWID	People who inject drugs
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SW	Sex workers
UNAIDS	The joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations Special Session on HIV/AIDS
WHO	World Health Organisation



The Conecta Project

The European project **Strengthening of HIV/STI Interventions in Sex Work in Ukraine and the Russian Federation** (hereinafter **Conecta**) was implemented jointly by three partners:

- **TAMPEP International Foundation** | The Netherlands
- **Humanitarian Action** | The Russian Federation
- **SALUS Charitable Foundation** | Ukraine

The **main objective** of the project was to reduce the vulnerability of sex workers to HIV/STIs through the development of a model of integrated services based on human rights, and also by addressing the negative effects of HIV/STIs among sex workers. The challenges tackled by the action can be divided into three groups:

- Increasing the capacity for the dissemination of information and the development of a network of sex work projects;
- Improving the quality of services in response to the needs of sex workers; and
- Promoting an enabling legal and policy environment to enhance access of sex workers to HIV prevention, care, and treatment.

Further information about the project is available through the link:
www.conectaproject.eu

Regional Context

Conecta was born from the knowledge that the Russian Federation and Ukraine account together for almost 90% of all people living with HIV in Eastern Europe and Central Asia.



In this context, female, male, and transgender sex workers are particularly vulnerable to HIV/STIs infection. Criminalization of sex work, abusive law-enforcement practices, violence, stigma, discrimination, and human right violations against sex workers increase severally their vulnerability to HIV/STIs and limits sex workers' ability to access vital health and support services, including medical and social care and harm reduction.

Across Ukraine and the Russian Federation, Conecta evidenced that sex workers experience serious human rights violations that impact on their vulnerability to HIV/STIs. Hence, protecting the human rights of sex workers is imperative for HIV prevention, treatment, and care.

The project also reviewed legal and policy barriers that continue to hamper the efficacy of HIV responses and the affirmation of sex workers' human rights, as they continue to be heavily affected by violence, stigma, and discrimination.

The Conference

The conference **Addressing HIV in the Context of Sex Work** was organised by the three partners of Conecta project, following preparations by, and in close consultation between, **UNFPA Eastern Europe and Central Asia Regional Office**, including the **Russian Federation** and **Ukraine Country Offices**, **Sex Workers Rights Advocacy Network** (hereinafter 'SWAN'), and the **Lviv AIDS Centre**.

It was funded by the *European Union*, with additional support of UNFPA, and closed a two-year program in the region. In the aftermath of a consultation with community representatives in Ukraine (**Legalife**) and the Russian Federation (**Silver Rose**), the conference permitted a meaningful participation of sex worker-led organisations in the design and implementation of the event, including specific panels by sex workers.

The OBJECTIVES of the conference were to:

- Promote, raise awareness, and cooperate with different stakeholders in Ukraine and the Russian Federation and highlight the structural determinants that put sex workers, their clients and other sexual partners at greater risk of HIV infection;
- Strengthen rights-based approaches to HIV and sex work, by sharing good practices and developing evidence-based recommendations collected throughout the two-year program with state and non-state actors from both countries; and
- Identify the next steps and future actions to further progress responses to HIV infection in the context of sex work within Russian Federation and Ukraine.

See full-program of the conference in Annex 1.

Background

This conference was the first of its kind after several initiatives to strengthen sex work projects, separately, in Ukraine and the Russian Federation, particularly because it adds a multi-stakeholder approach to HIV/STIs interventions in the context of sex work. Thus, through a participatory model, public and private organisations could articulate, throughout several of the conference's panels, common strategies and cooperation to support sex workers in overcoming the barriers in accessing health and rights services, and advocate among national policy-makers for sex workers to be considered a vulnerable group in need of rights-based services. The conference further tackled legal and policy barriers to the affirmation of sex workers' right to health and life.

Hence, it consolidated a key moment of gathering of the best expertise active in the field of HIV/STI and sex work in the two countries, from different sectors and perspectives. It created an integrated platform for policy dialogue between the different stakeholders involved, such as governmental institutions, non-governmental organisations, international organisations, and most importantly, representatives of the sex worker communities, voiced by **Silver Rose** and **Legalife** members.

Therefore, the intention was to create an opportunity for networking based on a participatory model. The outcomes envisaged by this event reflect the knowledge, capacity, and experience of those who are active in the field of HIV/STIs and sex work. Finally, a **call for action** was endorsed by more than 82 participants from different regions of Ukraine and Russia, including members of international organisations. This report is composed both of the contents and outcomes of this policy-relevant event.

Preparations

As in the case of Conecta's capacity building meetings, held in Lviv (Ukraine) and Saint Petersburg (Russia), in 2012, the aim of the Kyiv conference was to bring together, and share information among, expert projects that provide services to sex workers in Ukraine and the Russian Federation.

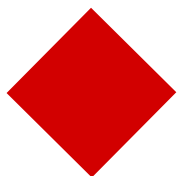
The conference also emphasised the need of a multi-stakeholder approach and that is the reason why, for this event, members of governmental institutions, international organisations, and community representatives were selected. Particular attention was given to synergy with regional networks and projects, SWAN, UNFPA, and UNDP, to name a few.

Conecta carefully selected, for the conference, those projects which collaborated with the program in its several activities, particularly expert organisations active for many years in the field of HIV/STI prevention, treatment, and care among sex workers. Sex worker-led organisations selected their community representatives, and international organisations facilitated the connection with national and local governmental representatives.

Invitation letters were sent out, following endorsement of the organisers of the event. The capacity of each organisation was dully reviewed, for the goal of eligibility to the conference by the members of Conecta's Steering Committee. National distribution of the participants was seeked throughout the selection process.¹

Few weeks before the conference, a pre-meeting was also organised with and by sex worker communities in Ukraine, voiced by Legalife and SWAN, in dialogue with the UN representatives, particularly from UNFPA Ukraine. The goal of this pre-meeting was to systematize sex workers' demands and positions, as a form of consultation.

Finally, a press release² was prepared in three languages – English, Ukrainian, and Russian – and sent to the Ukrainian media and other stakeholders, process of which was dully assisted by the **International Renaissance Foundation's** office in Kyiv. During the event, experts and community representatives were interviewed by the media.



¹ See full-list of participants in Annex 2.

² See press release in English in Annex 3. The Ukrainian and Russian versions are available through Conecta's website.

DAY 1

Opening Sessions

OPENING

The Director of Humanitarian Action, **Mr. Sergey Dugin**, officially opened this conference and welcomed the participants.

The work of the field workers helps to improve the everyday lives of sex workers and foster the enjoyment of their human rights on a daily basis. Mr. Dugin noted that the multi-stakeholder representation at this conference can make a difference and help find an effective response to the existing problems of sex workers. Mr. Dugin wished the participants a successful meeting.

The Executive Director of SALUS Charitable Foundation, **Ms. Oleksandra Sluzhynska** welcomed the participants on behalf of the hosting partner of the conference. Briefly, she highlighted the multi-sectorial character of the conference, as well as the importance in dealing with the issue of sex work. Thus, Ms. Sluzhynska invited all the participants to make use of this unique opportunity and be open to dialogue and partnerships.

Ms. Natalia Metelytsia welcomed the participants on behalf of the Ukrainian State Agency on HIV/AIDS and other socially dangerous diseases, and on behalf of National Council on TB and HIV/AIDS. She stated that the existing comprehensive services on HIV prevention and treatment provided by the government includes sex workers. The Council is committed to collaborate and further elaborate policies that benefit this target group.

Ms. Nuzhat Ehsan, UNFPA Representative for Ukraine, UNFPA Ukraine office, Kyiv welcomed this conference as the initiative of the civil society that enabled different stakeholders to have a constructive dialogue on the issues discussed, come to a common vision and find solutions to the difficult situation of the most vulnerable groups. UNFPA promotes reproductive

rights, improves the lives of youth and women by advocating for human rights and gender equality and seeks response to problems among young people and marginalized groups. One of the most important responses to the problem of HIV/STI is the creation of an enabling environment. She addressed the participants of the conference with the invitation to present their best practices, highlight structural answers and work together for finding responses and solutions to the problem of HIV/STI.

Regional perspectives and context

Introduction to the main regional issues

SPEAKER

Ms. Alla Scherbynska

Deputy Head of Ukrainian Centre for Control of Socially Dangerous Diseases of the Ministry of Health of Ukraine

The HIV/AIDS epidemic and the history of the disease in Ukraine was elaborated. The first cases of HIV infection were detected in the country in 1987. Epidemic spread of HIV happened in 1995 due to an outbreak of HIV among injecting drug users (IDUs).

As of **1st of October 2013**, cumulative data were the following:

- Number of HIV-infected persons: 230,993
- Number of persons with AIDS: 59,935
- Number of persons who died from AIDS: 29,745

Patients who are under observation at the AIDS Centres:

- Number of HIV-infected persons: 134,302 (294.8 per 100,000 people among the population)
- Number of persons with AIDS: 27,181 (59.7 per 1000 people among the population)

Estimated number of PLWHA:

- 238,000 persons: persons of 15 years old and older

She has also presented the regional concentration of the epidemic in Ukraine where there could be clearly seen that the region most affected by HIV/AIDS was the south (Kherson Oblast, Mykolaiv Oblast, Odessa Oblast, Sevastopol city, Autonomous Republic of Crimea), whereas northern (Zhytomyrs'ka oblast, Kyivs'ka oblast, Chernihivs'ka oblast, Sums'ka oblast) and western parts (L'vivs'ka oblast, Ivano-Frankivs'ka oblast, Ternopil's'ka oblast, Volyns'ka oblast, Rivnens'ka oblast, Zakarpats'ka oblast, Khmel'nyts'ka oblast, Chernivets'ka oblast) were not so affected.

As for the **epidemic situation in 2013**, the following national data was presented:

- There were 15,880 new cases of HIV, 7497 of persons with AIDS registered, whereas 2,581 patients died from AIDS
- The prevalence of HIV numbered to 294.8 per 100,000 among population, AIDS - 59.7. Patients under observation at the dispensary - 134,302 HIV-positive persons, including 27,181 diagnosed with AIDS
- Rate of transmission of HIV from mother to child amounted to 4.7% (2011).

As for the dynamics of the registered new cases of HIV, during the period of 2005-2012 the decrease by 2.3 times the percentage of persons aged 15-24 years among HIV-infected patients aged 15 years and older could be observed. The predominant way of transmission of HIV infection in Ukraine observed since 2007 was sexual, by heterosexual contacts. However, currently a change in the ways of transmission of HIV can be noticed in homosexual contacts.

The dynamics in the changes of the number of HIV-positive women of reproductive age and children born to HIV-infected women was also presented. According to the data available, the percentage of transmission from mother to child is high. Currently this percentage amounts to 3.5-4.5 %, as opposed to the planned 2 % by the National Program.

Next, the **results of estimates of the number of most-at-risk populations (MARPs) in 2013** were outlined:

- IDUs: 310,000 persons
- SW: 80,000 persons
- MSM: 176,000 persons
- PLHIV: 234,000 persons

The speaker also noted that the number of IDUs as the most-at-risk population has decreased in 2011 as compared to 2002, for instance. The situation is different, however, with MSM, which has increased a lot in the last years and is a trend that is believed to be increasing in the future.

Actions already in place in order to strengthen the system of counteraction to the epidemic of HIV/AIDS in Ukraine include:

- National programs on the provision of HIV prevention, treatment and care for periods of 2004-2008, 2009-2013, 2014-2018 have been introduced into the laws of Ukraine.
- A governmental body has been created to address these issues - the State Committee on HIV/AIDS prevention and other socially dangerous diseases under the Cabinet of Ministers of Ukraine (2011)
- In order to strengthen the coordination of AIDS services in the country, Ukrainian Centre for Prevention and Control of AIDS was reorganised (2012).

It was mentioned that strengthening state leadership in overcoming the socially dangerous diseases in Ukraine should be fostered by integration of leading institutions in the field of combating socially dangerous diseases and the creation of the Ukrainian Centre for Control of Socially Dangerous Diseases of the Ministry of Health of Ukraine in 2012.

The presentation was concluded by listing the **key performance indicators of the National Program** such as:

- Stabilization of the spread of HIV in the country
- Antiretroviral therapy (ART) is received by 53,059 patients, including 3335 children
- 134 sites created for methadone maintenance treatment (MMT) for 8048 IDUs
- Due to the reform of health care system, decentralization and integration of care for HIV-infected persons is being done
- Governmental AIDS service in the country extensively interacts with international and national NGOs.

As for **the financial provision for HIV/AIDS prevention in Ukraine**, the general budget constituted 678,628 hryvnas: 336,924 (state budget), 46,146 (local budget), 263,096 (state financing) and 33,361 (others).

SPEAKER

Mr. Ilya Zhukov

Program Manager, UNFPA Russia Office,
Moscow, the Russian Federation

An overview of HIV and sex work in the Russian Federation was provided. The number of PLHIV in the Russian Federation according to the data of the Federal AIDS Centre in 2011 was: adults (aged 15-49)-1 248 431; PLHIV who are women (aged 15-49 years) – 442,425. The percentage of transmission among adults (aged 15-49) constituted 1.7 %; percentage of transmission among female PLHIV - 35.4%, general percentage of PLHIV who are IDUs-65.1%.

Attention was drawn to the fact that among the general structure of HIV-infected people, men prevailed with 64 %. However, since 2009 among persons aged 15-19 and 20-24 an increase in cases of infection among women in comparison to men is observed. As of 31st of December 2012, 260,000 HIV-positive women were registered, which amounts to 36 % of the number of total HIV-infection among citizens of Russia.

Furthermore, it was noted that, in comparison with the data of Ukraine, reduction of the number of the new cases of HIV in the Russian Federation could not be observed. In 2012 the number of the new cases of HIV infection amounted to 69,849 cases.

As for the situation in the group of sex workers, due to the harsh legal and social environment against sex work in general that exists in the Russian Federation today, including administrative offence and criminal procedures, sex workers avoid contacts with service providers, which is why it is hard to evaluate the situation of this group in terms of numbers. According to the data of the Federal AIDS Centre, there is an estimated 300,000-620,000 SW in the Russian Federation. However, the data varies.

The peculiarities of sex work in the Russian Federation were then laid out. Sex work in the country comes hand in hand with HIV and drug use and thus **the characteristic features of HIV infection among SW** have the following features:

- FSW (female sex workers) have low level of knowledge about HIV and STIs, practice unprotected sex (data of behavioural and social research polls from Russian Public Opinion Centre (VCIOM), WHO, UNFPA)

- 47.1% correctly identify ways of transmission of HIV and reject major misconceptions about the ways of transmission of HIV

- 27.7% had been tested for HIV during the past 12 months and know the result

- Low coverage of preventive interventions: 22% in 2009, 3% in 2011 (according to the UNGASS report).

Persons involved in sex work are sex workers, pimps, clients, law enforcement officials, criminal organisations. The prevalence of HIV among sex workers amounts to an average of 4.5% (in some areas more than 50%) according to the epidemic surveillance data of 2003-2008.

The **problems of SW in Russia** were then identified:

- Societal stigma and discrimination, including on behalf of the medical staff
- Restriction of access to health services
- Violence and abuse

According to the experience of implementation of programs related to HIV and sex work in the Russian Federation: "Women who were not left out: experience of implementation of programs in Russia in 2001-2011", the programs should be implemented on continuing basis, permanently; there should be obligatory cooperation between GOs, NGOs and SW communities; financial support from governmental and municipal budgets should be provided.

It was concluded, that nowadays, in the Russian Federation an integrated and united policy of solving the problem of efficient response to SW needs is missing. During the past 15 years, most of the work has been done in terms of separate projects that were financed by both international organisations and state budget of the Russian Federation. Thus, the elaboration of a complex and

integrated strategy on HIV prevention among SW is very topical and urgent in order to ensure adequate planning of measures to fight against HIV infection in the Russian Federation.

SPEAKER

Mr. Tim Sladden

HIV Adviser of United Nations
Population Fund (UNFPA),
Eastern Europe and Central Asia
Regional Office

Mr. Sladden laid out a holistic vision of HIV in the context of sex work, both at global and regional levels. A clear definition of “sex work” was first provided. Sex work is consensual (voluntary), contractual (exchange of money/goods) work that involves adults (from 18 years old). Sex work includes female, male or transgender sex workers. Sex work, however, excludes young people selling sex (younger than 18 years old) as this will be sexual exploitation of children and it excludes trafficking which is involuntary/forced paid sex for example via threat, coercion, deception.

Initial epidemics occur in behaviourally-linked key populations, HIV then spreads to lower-risk sexual partners and then infants. Prevention of HIV in key populations leads to protection of the broader community, as “HIV does not discriminate, it is like flu”. The changing mode of HIV transmission in Eastern Europe and Central Asia in the years 2004–2010 was presented.

The following characteristics were mentioned: the epidemic was originally concentrated with IDUs, but was now shifting to more sexual transmission, particularly from PWID to their sexual partners; strong links between drug use and sex work were identified; risk of MTCT (Mother-to-child Transmission) follows from sexual transmission; the rates of transmission by MSM remained low, but increasing and high rates were recorded in some health centres.

Overall rate of HIV prevalence amounted to 11.8% (among SW), which was 13.5 times higher than in non-sex worker females; prevalence varied (for example, 30.7% in 26 high prevalence countries).

Sex workers were said to experience high rates of STIs (which means increase in HIV transmission) and unintended pregnancy and abortion.

Illegality and stigma related to sex work lead to increase of HIV and other STIs, as well as to decrease of sex workers’ capacity to negotiate condom use with clients. Illegality also increases violence against sex workers and decreases access to SRH/HIV/STI services. It was noted that HIV risks were associated with mobility and migration. Very concentrated epidemics in Eastern Europe and Central Asia region, primarily among PWID, but also sex workers, and MSM were identified. Risks of HIV transmission also concerned sexual partners of these groups.

According to the recent research on HIV in the context of sex work in Russia and Ukraine (in particular, Decker et al. 2012, 2012, 2013, 2013; John Hopkins Bloomberg School of Public Health) such conclusions were drawn: in 2005 in Moscow there was 4.8% HIV prevalence among sex workers and 31.3% STI prevalence. HIV/STI risks included anal sexual intercourse and having three or more clients per day, so-called “Subbotnik” and violence against sex workers. The estimated abortion rate was 58%.

Other three cities were included in the research - Kazan, Krasnoyarsk and Tomsk - where in 2011 there was an average of 3.9% HIV prevalence (varying from 1.6% to 6.4%). HIV risks here included injecting drugs, as well as physical/sexual violence. In comparison with the Russian Federation, Ukraine had 4,700 fewer HIV cases over 5 years (25% reduction) in accordance with modelling of reduced violence against sex workers (2012).

Another issue mentioned during the presentation was sex work and drug use. People who inject drugs often have sex worker partners, whereas they often have unprotected sex with regular partners. With regard to women who inject drugs, they often provide sexual services (mostly street-based): In Eastern Europe: 20-50%; in Central Asia: 10-25%; in St Petersburg: 28% of women who inject drugs were sex workers; in Kaliningrad: 82% of HIV positive women who inject drugs were sex workers; in total in Eastern Europe and Central Asia 10-30% of PWID are female, which is proved to be

a very high rate. The group of sex workers who sometimes inject drugs are estimated to be of more than 30% in the Russian Federation and 10-30% in Central Asia. (Thus, HIV among sex workers who inject drugs is approximately 10 times higher). The situation in the region is characterised by the fact that HIV is spreading beyond drug using populations.

Overview of the Global Policy on HIV/AIDS was then given by first naming the Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS, a Resolution adopted by the UN General Assembly on 10th of June 2011; UNAIDS Guidance Note on HIV & Sex Work: Human rights based approaches (2009). The latter provided information on the universal access to comprehensive HIV service through information, commodities for example male/female condoms, lubricants, contraceptives etc., HIV testing and counselling. It has also drawn attention to the importance of supportive legal environments, the need of empowering sex worker communities, and scaling up multi-sectorial partnerships.

The Guidance Note also emphasised the importance of addressing structural barriers to reduce vulnerability to HIV/STIs for example, gender inequality, including reducing male demand for unprotected sex; poverty, housing, discrimination and social exclusion.

The economic empowerment of sex workers, including continued sex work if preferred and not just rescuing/saving sex workers were mentioned.

Human rights approach to sex work was highlighted. Human rights are critical for an effective HIV response. Key populations most affected by HIV receive the least support. Thus, it is important to understand what human rights involve sex work. According to the Political Declaration on HIV (2006), human rights relevant to sex workers are the following: Right not to be discriminated against; Right to security and to live free of violence; Right to privacy; Right to liberty and freedom of movement; Right to education/information; Right to health; Right to equality before the law; Right to freedom from cruel, inhuman & degrading treatment; Right to safe and healthy working conditions; Right to participate in public life.

UNESCAP (UN Economic & Social Commission for Asia & the Pacific), of which All Central Asian countries are members, plus Russian Federation, Turkey, Armenia, Georgia and Azerbaijan was mentioned. Ukraine is, however, not a member of UNESCAP. Its Resolution 67/9 (2011) called upon its Member States to (a)...establish partnerships between public health, law enforcement, civil society and key populations, to scale up high-impact HIV prevention, treatment, care and support to achieve 80% coverage for key populations,...(b)...review national laws, policies and practices,... to eliminate all forms of stigma and discrimination against PLHIV and key populations etc. The following year UNESCAP members went further by calling for high-impact HIV prevention, treatment and care for PWID, Sex workers, MSM and transgender people. This was a step to ensuring again an end to discrimination against PLHIV and key populations.

Global Commission on HIV and the Law (www.hivlawcommission.org) has also made recommendations relating to sex work in 2012 which consisted in repealing laws that prohibit consenting adults buying or selling sex; repealing laws against immoral earnings "living off sex work"; enacting laws to ensure safe working conditions for sex workers; eliminating police harassment and violence against sex workers; prohibiting mandatory HIV and STI testing of sex workers; targeting anti-human-trafficking laws to exploiters; enforcing laws against child sexual abuse and sexual exploitation: clearly differentiating from consensual, adult sex work; ensuring civil/administrative law is not used to penalize/harass SWs, for example "loitering", "public nuisance/morality", "move on" powers; providing evidence-based, voluntary, community services and others.

With regards to decriminalization, the 10 reasons to decriminalize sex work were suggested. Decriminalization reflects respect for human rights and personal dignity; leads to a reduction of violence and abuse by police; increases sex workers' access to justice; promotes a safer working environment; increases access to health care; reduces vulnerability to HIV infection; reduces stigma and discrimination; stops filing of a criminal record; does not increase the

number of sex workers; assists combatting human trafficking. Decriminalization is a step towards recognising the right to private life and freedom of choice.

The importance of “user -friendly” services was then highlighted. In order to ensure that services are user-friendly, it is essential to have supportive, accepting, non-judgmental providers (including choice of male and female providers, peer involvement); it is essential to keep the information of sex workers confidential (including stopping mandatory reporting of drug use); it is essential to make sure that services are free in terms of cancelling the requirement for local registration/ID.

Flexible opening times should be ensured, as well as the services should be discrete but accessible. It is crucial to provide comprehensive/holistic services (so-called “One-stop shop”). An example of the so-called “one-stop shop” is Kyiv AIDS Centre

Supermarket (One-Stop Shop), which encompasses as many services as possible in one place (testing, ART, prevention, support services etc.) and **Community-led approaches** (Fixed site + Outreach) should be taken into account. It was then concluded that we know what works and/or what should be done today to have a more comprehensive response to HIV: and these are human rights and evidence based approaches. These also include: change of legal/policy environments; decriminalization of sex work; end of violence, stigma and discrimination; strengthening health systems by ensuring reproductive rights of sex workers (access to/HIV/STI and other services making it an informed choice of sex workers); primary health care focus: integration of SRH, HIV/STI, harm reduction services; ensuring sex worker-friendly services. Partnership between Government and NGO is crucial in this regard.

It is also essential to strengthen civil society by empowering sex worker networks and thus taking community-led approaches. Behaviour change should be incorporated by reducing client demand for unprotected paid sex.

Mr. Sladden asked all of the participants to answer the following questions to be

presented on the 3d day of the conference:

How do we reduce violence against sex workers?

- How do we create supportive policies and laws?
- How do we empower sex worker networks/organisations?
- How do we increase government–NGO/CSO partnerships (increase government investment in HIV prevention)?

These questions were used as a basis for the Multi-stakeholder panel discussion that was conducted on the 3d day of the conference.

Introduction to the meeting

SPEAKER

Dr. Licia Brussa

TAMPEP International Foundation

A ccording to Dr. Brussa, the high number of distinguished participants present at this conference highlighted both a strong interest in HIV/AIDS in the context of sex work, and its human rights implications, and a shared concern that the region has unresolved problems in this area.

There is an urgent need to overcome stigma, discrimination and violence that affect sex workers, which are the major barriers in the fight against HIV/AIDS. To answer this question, it is crucial to have an understanding of what "stigma, discrimination and violence" really mean in the daily lives of sex workers. They can mean social exclusion and discrimination – in health care and in the society. It can mean risk of sex workers' lives every day, as well as high vulnerability to HIV/STIs. In order to overcome this hurdle, it is essential to effectively reach key population groups so as to both prevent HIV transmission and stimulate adequate levels of support from health care and social services. Protective legal and social environments for sex workers are unfortunately not yet established across the two countries. Promoting the rights of

the most vulnerable must therefore remain at the centre of HIV policy and be a priority of the national AIDS Programs. Defending and promoting human rights of the most vulnerable groups, means building upon the core values of democracy and the rule of law; the respect of fundamental rights; the principles of equality and solidarity; and respect for human dignity in the interest of all citizens. The presenter then welcomed the broad experience and knowledge of all the participants that would serve to reach the purpose of the meeting. She also noted that participants' dedication and the broad multi-stakeholder representation at the conference was a strong anchor for setting up programmatic lines for the future as an alliance, as well as for the common understanding of the key issues and priorities.

The agenda of the conference was then reviewed in brief. The first day was fundamentally about providing an input to the debate of the second day based on the results of the two-year program of Conecta, community representatives, and experts.

The second day was mainly devoted to a high level debate by an expert delegation on the key obstacles that impede a human rights-based response to HIV in the context of sex work and the identification of alliances between stakeholders. Then, participants split in two working groups according to their countries (the Russian Federation and Ukraine respectively) to work out the responses on building and strengthening partnerships.

The last day was dedicated to the Multi-stakeholder panel for the design of the responses of the participants. The design and organisation of the Multi-stakeholder panel was then announced.

Multi-stakeholder panel is an opportunity for a stakeholder sector to be represented and share its contributions to the HIV response. The panel members are the representatives of the stakeholders sectors at the conference. In a practical way, the participants will be the ones to take the leadership over the outcome of the conference and ownership of its results. A final conclusion will be drawn to summarize the collection of all that was discussed and designed during the conference.

It was concluded that the conference dynamics were based not only on getting inputs from all the participants, but also on active participation and dialogue, since only through understanding and strengthening the effort, a difference can be made. Such dynamics required an open spirit, knowledge of all expertise present in the plenary room and focus on the common interest. This meeting was an opportunity to identify areas where there is a need to intensify common efforts in the future: to "reach the unreachable" amongst key population groups in sex work; to establish access to treatment where barriers still exist; to promote evidence-based prevention, including prompt treatment; to strengthen the role of civil society, and involve sex workers with HIV/AIDS in policy development and implementation. Finally, this meeting gave an opportunity to identify the social and legal determinants that provoke the vulnerability of sex workers and the way to address existing barriers.

Conecta project Goals and achievements

SPEAKER

Mr. Dennis van Wanrooij

TAMPEP International Foundation

Mr. van Wanrooij gave an overview of the contents of the project Conecta and its main achievements in the 2-year program that came to its finish line at this conference. The speaker welcomed their involvement and cooperation.

Conecta project, as reflected in its official name, sought to strengthen HIV/STI interventions in sex work in Ukraine and the Russian Federation. Hence, the main aim of the project was to reduce vulnerability of sex workers to HIV/STI transmission, while developing an example of comprehensive and right-based service approach to HIV and sex workers, based on the experience and knowledge of the sex worker projects and



organisations in the region. This conference provided for an opportunity to connect different stakeholders in the two countries and reformulate together better strategies for future integrated and targeted interventions in the context of sex work. It was also emphasised that all actions of Conecta Project happened in parallel in both Ukraine and the Russian Federation. A common working methodology throughout the project was developed and, as a result, a transnational HIV intervention with a broad number of stakeholders was created.

Some of the **achievements of Conecta Project** were then highlighted:

- The development of two national mapping reports on sex work (one for Ukraine, one for Russia);
- The development of one regional trend report on sex work which was currently being finalised

By means of these three reports, public and private organisations could assess the main situation of sex work and sex workers in both countries, as well as compare the different and similar trends between them.

In order to create a **supportive network structure for NGOs**, the following outcome was developed:

- Two national capacity building training meetings – one in Lviv, another in Saint Petersburg, in 2012 were conducted;
- This conference Addressing HIV in the Context of Sex Work, which includes delegations from both countries and a wide list of different stakeholders; and
- The issuance of the two newsletters as a result of Conecta project events.

These events are a fundamental pillar of Conecta, as effective HIV responses demand cooperation and networking.

In order to achieve a **comprehensive model and tools for an interdisciplinary prevention and care projects based on the principle of outreach work, health and social promotion**, the following **outcomes** were developed:

- Multi-faceted programs in Lviv and St. Petersburg;
- Educational materials and resources;
- Peer education trainings and reports; and

- a Good Practices Manual was currently being finalised.

The model developed by Conecta project, including its tools, could be used by other organisations in Ukraine and the Russian Federation, as they were based on internationally recognised standards of efficient HIV response in the context of sex work and provided a framework for efficacy in national HIV responses.

It was stressed that human rights were also a fundamental issue of this project and conference. **The idea lied in bringing in legal knowledge and inspirations on how to advocate for sex workers' human rights, as a means of reducing their structural vulnerability to HIV.** For that purpose, the following **outcomes** were developed:


- Two briefing papers that analyse the legislation and situation of sex workers in Ukraine and the Russian Federation;
- One policy paper called 'Laws and Policies Affecting Sex Workers' Vulnerability to HIV/STIs in the Russian Federation', which is focused on the need of reviewing laws and policies regarding sex work in the Russian Federation and one that might be possibly developed for Ukraine;
- A booklet called 'How Violence Affects Sex Workers in Ukraine and the Russian Federation' which assesses and analyses the negative impact of violence on sex workers, increasing their risk to HIV, and posing severe human rights constraints; and
- Services that address violence against sex workers, as well as human rights campaigns.

All Conecta's final publications were evidence-based and focused on the reality of sex workers. The Conecta team opposes criminalization of sex work and condemns violence against sex workers. The aim of Conecta project during the past two years was to think further on how we can actively engage in a positive change on sex work and reduce their vulnerability to HIV/STIs. By addressing structural barriers to sex workers accessing health and legal services, Conecta has tackled a fundamental component of any HIV response: **human rights**. As a human rights-based project that recognises sex workers' self-determination and autonomy, the presenter emphasised his appreciation of the possibility to have

worked in cooperation with and for sex workers at all levels of the project. Conecta team was particularly satisfied with the opportunity to bring in sex workers voices to this conference, together with other important stakeholders.

This conference was the conclusion of a two-year program and a process of consultation that took place one month ago with sex workers from Ukraine and UNFPA. Mr. van Wanrooij strongly promoted dialogue between the organisations as it could greatly benefit common efforts and open new ways in dealing with HIV interventions in the context of sex work.

In conclusion, the speaker thanked all of the participants for their efforts and knowledge shared with Conecta project, since it would have been impossible to effectively access the situation of sex work and sex workers in two countries without available resources. He invited the participants to visit the Conecta Project website (www.conectaproject.eu) for the purpose of accessing Conecta's publications.



Sex workers in the Russian Federation Community voices

SPEAKER

Ms. Irina Maslova

Silver Rose

This presentation was dedicated to the situation, trends and project activities of sex workers in the Russian Federation

The situation around sex work in the Russian Federation was characterised by the following features: criminalization of sex work; institutionalised discrimination, raids and repressions; violence and impunity; discriminatory law; high levels of migration and mobility among sex workers; high prevalence of HIV; lack and non-disclosure of information; lack of

state HIV prevention program; withdrawal of major donors; and the growing influence of the church and "moralisation" of the society, to name a few.

An overview of the history of the development of the organisation "Silver Rose" (<http://www.silver-rose.org/>) was then outlined. The organisation started in 2005 with only 4 people as members of "Silver Rose". During years 2006 – 2010 these members worked in NGOs, cooperated with SWAN, took part in conferences and gave interviews to the media. A Group of mutual aid was initiated. A UNFPA project was implemented in the regions. Silver Rose worked with LGBT, MSM, IDUs, and HIV positive groups, as well as interaction with governmental bodies was initiated during this period. In 2011 leadership training with the UNFPA support was conducted and the representatives of "Silver Rose" were present at the National Conference on HIV in Suzdal.

In 2012-2013 "Silver Rose" cooperated closely with the Foundation "Astra" through various means, for example, development of mutual support and online counselling; involvement of new leaders (168 leaders-volunteers in the regions and 78 in St. Petersburg); interdepartmental meetings on HIV and sex work with the support of UNFPA were conducted; strategic planning of the "Silver Rose" was developed; cooperation with human rights activists and "trusted doctors"; development of legal response to abuses of SW.

A research study was conducted by "Silver Rose" in cooperation with St. Petersburg AIDS Centre and Regional charity organisation "Sodeistvie". The study was on the "Assessment of prevalence of HIV infection among women in the sex industry with the usage of rapid saliva tests". As the results of the research showed, within 62 of the 479 women who had undergone voluntary testing, a positive result was identified on 12.9 % HIV prevalence. The nationalities of women with positive result varied from citizens of the Russian Federation and the neighbouring countries to the citizens of African countries. As a result, "Silver Rose" considers absolutely necessary to take active measures to prevent HIV infection in order to provide an opportunity for early treatment.

Particular attention should be paid to women from African countries.

Among other activities of “Silver Rose”, documents for official registration of the organisation were submitted on 24th of May 2013. However, the registration was denied by the Ministry of Justice. One of the explanations given by the authorities stated that “the Charter of “Silver Rose” did not expand on the notion of “sex workers”, as well as the criteria for inclusion of persons into this category and their sphere of activity”.

Ms. Maslova then shared information about the website www.whatworksforwomen.org mentioning that this project was funded by the Open Society Foundations for the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR program and UNDP and was conducted in the framework of USAID. She noted that this website contains 4000 citations from scientific sources with the participation of more than 100 experts in the review of the literature used in the website, as well as it covers 641 project on HIV monitoring and evaluation. The data presented at the website comes from 94 countries, including Eastern Europe and Central Asia.

Scientific data on what works for sex workers was presented. Among others, attention was drawn to the following:

- Comprehensive prevention programs that include peer counselling, medical services and support groups which can be effective in acquiring safe sex practices by sex workers;
- Interventions based on outreach work can be effective in increasing condom use and HIV-testing among sex workers;
- Peer education can increase condom use;
- Creating a strong SW community, building capacity and leadership among sex workers can contribute to effective HIV prevention.

Successful perspective strategies that currently are in place include:

- Policies that involve sex workers, brothel owners and clients in the development and implementation of projects on the distribution of condoms showed an increase in condom use;

- Providing voluntary, confidential quality health services on HIV/STIs, which include the promotion of condoms, can be successful in reducing risks among sex workers;

- Interventions aimed at male clients may increase condom use and thus reduce the risk of HIV for sex workers.

Finally, the presenter thanked for the support of “Silver Rose” of the participants present at this conference.

Questions

There were a couple of questions that followed from the audience after Ms. Maslova’s presentation.

1. A Ukrainian participant from the city of Mykolaiv asked whether attention is paid to the involvement and preparation of new SW and SW leaders in “Silver Rose”.

Ms. Maslova answered positively, adding that a series of trainings in different countries on HIV and violence were held with the involvement of SW leaders, however the problem is that active leaders work with the community for 2-3 years and then they find another job.

2. Another question came from Mr. Pavel Kostin, from the Fund of social initiatives and public health support “Krasnaya Lenta” (St. Petersburg). He was interested whether “Silver Rose” worked with MSM, transgender and LGBT sex workers. Ms. Maslova answered that MSM, LGBT and transgender sex workers seek help from “Silver Rose” and they provide it but generally “Silver Rose” redirects these clients to other organisations that work or have more experience in treating these particular groups of sex workers.

3. The last question addressed to Ms. Maslova concerned the situation of sex workers from Central Asia and whether “Silver Rose” was familiar with their situation. The question was made by Ms. Anna Potomova, Fund “Public Health Institute” (Moscow).

Ms. Maslova said that 30 % of sex workers in St. Petersburg come from Central Asia (mainly from the former Soviet Union republics). Most of them work without condoms and experience high level of violence.



Sex workers in Ukraine Community voices

SPEAKER

Ms. Olena Tsukerman

All-Ukrainian League "Legalife"
(hereinafter Legalife), Ukraine

It was observed that the structure of the sex industry in Ukraine has not changed that much during the past years and that the estimated number of sex workers in Ukraine at the moment was approximately 70,000 or more. The **legislation of Ukraine** that dealt with sex work and was in place included:

- Article 181-1 of the Code of Ukraine on Administrative Offences (prostitution);
- Articles 302 and 303 of the Criminal Code of Ukraine (pimping or involvement of persons into prostitution);

In 2010, sex workers were called "persons of sex business" in governmental documents and were for the first time introduced in the Standard on provision of social services for the prevention of HIV infection among individuals at high risk of HIV infection through sexual contact as a target group.

NGOs were able to officially work with sex workers, among them Legalife that was officially registered as an NGO. Unfortunately, governmental activities remained only on a declarative level as the state did not fulfil its obligations as to enjoyment of the rights of sex workers. The issue of the impact of existing legislation on well-being of sex workers in Ukraine was then raised.

Firstly, **law enforcement authorities are abusing existing laws and use SW powerless position to cover their own illegal actions** such as:

- economic violence, extortion;
- physical and sexual violence, torture;
- humiliation, verbal violence;
- involvement of SW in false criminal cases;

- illegal investigations, detentions and arrests, raids;
- coercion to perform unpaid and forced sexual services;
- psychological pressure, threats
- disclosure of health status;
- infringement of legal procedures during the detention of SW, during lodging claims on human rights violations in relation to SW etc.

Secondly, the **existing legislation provokes:**

- marginalized and stigmatized position of sex workers;
- increase of the rates of spread of HIV and STIs among sex workers and their clients;
- limited access of SW to services (medical, social, legal);
- impunity of domestic and other forms of violence and abuse against sex workers;
- reduced capacity to claim rights and access justice;
- self-stigmatization;
- social degradation;
- restriction of freedom of movement;
- economic and civil lawlessness of sex workers;
- inclusion of sex work in the sphere of interests of corrupted police and criminal activities.

Together with this, there are frequent attempts of the government to toughen the legislation. Permanent incapacity of the state to punish or prosecute police officers who commit violent acts towards SW is equivalent to recognising the existence of hidden or evident policy of tolerance towards such violations. This is also reflected in the constant attempts of the state to tighten legislation on sex work.

The increase of the fines for sex workers or people involved in sex work was such example. In November 2011 the Prime Minister submitted a Draft Law on Amendments to the Code of Administrative Offences to the Parliament in order to stiffen the penalties for prostitution and related matters of jurisdiction (№ 9406 from 03.11.2011). This included attempts to increase and make mandatory administrative penalties for sex work from 85-170 hryvnas to 340-1700 hryvnas (the latter being the

equivalent of what a SW earns per one week).

Another issue raised by the presenter was the criminalization of clients. In 2010 Ukrainian feminist organisation FEMEN urged the Parliament to consider the bill on criminalization of clients of sex workers (thus calling to follow the so-called Scandinavian model). The existing legislation and the attempts to toughen it, has a negative impact on the well-being of sex workers by deterring the ability of sex workers to refuse "dangerous" clients; the existence of more serious risks to health and safety of SW; additional physical and moral judgemental burden.

Fortunately, none of these draft laws or attempts has found support in the majority of Members of Parliament of Ukraine; however these trends are very alarming.

As the Research of Legalife "Identifying barriers that limit access of sex workers to social, preventive and medical services" (2011) had shown, 75% of SW (from the total number of sex workers that were drawn to administrative responsibility in 2011) was subjected to various kinds of illegal actions and abuse by police officers; 68.5% of SW noted that illegal actions against them were performed regularly; 88.5% of SW believed that such illegal actions were performed due to the fact that they provided sex services.

Another data based on the Research of AFEW 2010, conducted by the Kyiv International Institute of Sociology, showed that 47.6% sex workers do not consume psychoactive substances, whereas 36.1% do; 4.6 % are in the process of remission; 11.7% did not provide an answer to this question.

Afterwards, the history of the creation of the sex worker-led organisation Legalife was presented. In 2007, upon the initiative of the All-Ukrainian Harm Reduction Association, the first General Meeting of sex workers and related NGOs was conducted. During this meeting it was decided to create the first self-organisation of sex workers in Ukraine.

On 29th of December 2009, the Charitable Organisation "All-Ukrainian League "LEGALIFE" was registered.

The mission of the organisation stands for the following: "We, All-Ukrainian self-

organisation of sex workers with the support of interested stakeholders, mobilize the community of SW in order to convey to the society objective information, and through understanding bring the society to the recognition of sex work as work and sex workers as equal members of society". Legalife is a platform for sex workers and former sex workers and their supporters to work together within the country to support and encourage one another, and learn together. In the regions of Ukraine, there are initiative groups of sex workers united under the League "LEGALIFE". Legalife continues to support the development of the initiative groups of sex workers in other regions of Ukraine.

The advocacy activities of Legalife during 2009-2013 included:

- Conducting surveys among sex workers in Ukraine on human rights violations in relation to the violations by law enforcement officials and forwarding this information for the analysis of the data and recommendations to the Ministry of Internal Affairs of Ukraine;
- Creation and distribution of information materials and advocacy videos;
- Petition to the President of Ukraine and members of the Government of Ukraine on the need to abolish the article on administrative responsibility for individual sex work;
- Conducting the study "Identification of barriers that limit the access of sex workers to social, preventive and medical services", the development and dissemination of the results and recommendations of this study;
- Participation in round tables, press conferences etc.;
- Annual advocacy activities devoted to the 17th of December (International Day against violence towards SW);
- Building partnership with the media;
- Creation and maintenance of the website of Legalife;
- Publication of open letters and petitions in the Internet media;
- Conduction of trainings on advocacy;

- The official registration and active advocacy activities of Kirovograd Regional Branch "LEGALIFE";
- Participation in monitoring human rights violations in the work of law enforcement officials;
- Systematic work on fundraising for advocacy and human rights activities;
- Implementation of the project on documenting human rights violations by the police in relation to SW;
- Providing Legalife activists with technical means of documenting and providing trainings on techniques of documenting human rights violations by the police in relation to SW;
- Organisation of partnership work with non-governmental organisations;
- Work on cooperation with governmental bodies (including the Ministry of Internal Affairs and Ministry of Health);
- Ensuring the participation of members of the SW community in the International SW trainings, seminars, conferences, workshops;
- Issuance of the Newspaper "Lilit", which is the voice of sex workers in Ukraine;
- Adoption of the Strategic Plan for 2013-2016.

As for the work of Legalife in the regions, new leaders and activists are identified and mobilized; support and technical assistance is provided to the new initiative groups; consultative support is provided by specialists and leaders; training events are held for sex workers where trainers are professionals and community leaders; cooperation with LGBT groups is conducted; transgender sex workers are involved in trainings and joint activities.

Questions

There were a couple of questions that followed from the audience after Ms. Tsukerman's presentation.

1. The first question came from Mr. Vladimir Zazhmlin, Commissioner at the Fund "Policliya npravov", Moscow. He asked whether Legalife would want complete legalisation of sex work in Ukraine and if there was such an initiative, what was the reaction of the Parliament to it?

Ms. Tsukerman answered that a referendum on this matter was not conducted, however as everywhere, there are citizens that abide by the law and who don't. Many SW fear that the confidentiality of their work would not be kept in case of legalisation.

2. Another participant then added that there was a draft law on legalisation, but it was not even admitted to the hearing of the Parliament. The draft suggested imposing an 80% tax, as prostitution was likened to gambling.

On this matter, Dr. Licia Brussa also added that legalisation is more than the payment of taxes; it is the acceptance that there are different working conditions in sex work. As a first step, society should accept sex work as a normal phenomenon, she said.

Ms. Natalia Isaeva, Legalife, Kirovograd spoke in favour of legalisation. She said she was ready to pay taxes, but not more than other citizens pay. She saw it as a better option than paying extortionists who in theory should protect sex workers. Sex workers pay police officers every week. And once the complaints against them are filed, the answer that sex workers receive is that there were "no violations towards SW" recorded.

Human rights, sex work and HIV

SPEAKER

Mr. Dennis van Wanrooij

TAMPEP International Foundation

This presentation focused on the human rights framework in sex work and HIV. All sex workers are entitled to human rights. Thus, any sex worker living within the borders of a state that signed and ratified human rights treaties is entitled to them, even when

his/her work is criminalized or not recognised by national laws. Migrant sex workers are also beneficiaries of these rights. One of the challenges around human rights is that they are broad statements of principles meaning that human rights, as other rights, are always under construction. As a matter of fact, there is a clear connection between the development of human rights and the actual HIV policy framework that relates to sex work.

Although the right to choose sex work as your work and have agency over what you do with your body is not a clearly settled matter in international human rights law, it is widely recognised that sex work involves a number of human rights: i) the right to be free of trafficking, ii) the right to be free from slavery, iii) the right to have a choice regarding decent work, iv) agency over your own body, and v) the right to health, life, privacy, association, equality and others.

These rights have been recognised by Ukraine and the Russian Federation through their ratification of the following human rights treaties:

- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social, and Cultural Rights (ICESCR)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR)
- European Social Charter (ESC)

Nevertheless, there is also soft law that says that states should not interfere in consenting sexual acts between adults, and that includes sex work. Several United Nations specialised agencies, most of them present at this conference, support this approach.

More than 100 countries criminalize some aspect of sex work. Laws in many countries deny sex workers fundamental civil entitlements, increasing their HIV vulnerability. Criminalization of sex work is opposed by UNDP's Global Commission on HIV and the Law, World Health Organisation, and UNAIDS. A statement from UNAIDS Guidance Note on HIV and Sex Work (2012) establishes: "States should move away from criminalising sex

work or activities associated with it. Decriminalization of sex work should include removing criminal laws and penalties for purchase and sale of sex, management of sex workers and brothels, and other activities related to sex work. To the degree that states retain non-criminal administrative law or regulations concerning sex work, these should be applied in ways that do not violate sex workers' rights or dignity and that ensure their enjoyment of due process of law."

The HIV epidemic in Ukraine and the Russian Federation is a concern not just because of the high numbers of people with and at risk of acquiring HIV, but also because of environmental factors that oppose to efficient HIV response among MARP. In Ukraine and in the Russian Federation sex workers experience a legal and social environment that fails to safeguard their right to health, right to life, and right to be free from discrimination, harassment and abuse, association, and many others. Conecta's reports underscore that criminalization of sex workers fosters different forms of human rights violations, increases social stigma, exacerbates violence, and erodes new HIV infections in both countries. Criminalization of sex work, behaviours, sexual orientation, gender identity or other status has an impact not only on those whom these laws wish to suppress; it affects society as a whole, as it infringes on the health, sanitary and epidemiological welfare of the population.

In the context of rights-based responses to sex work and HIV, human rights laws support public health objectives; they also provide guidelines on how this can be done. They increase the efficacy of laws and policies focused on public health issues and clarify the most appropriate manner for intervening in this sector.

There are a couple of ways with in which governments together with civil society can use human rights to scale up rights-based responses to sex work and HIV. One of them is the creation of enabling legal environments. State laws have the duty to protect sex workers' rights by creating enabling legal environments in which they are able to fulfil their fundamental rights, and be free from practices that put them at risk of violence and HIV infection. Various human rights bodies and reports have held that states must establish laws to protect against discrimination and

violence, and other violations of rights faced by sex workers in order to realise their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Vulnerability is a phenomenon that can be reduced by applying good practices in governance and law-making, which are in line with international standards of health, safety, and well-being. Where sex workers are more vulnerable, they normally have less access to justice, and face institutional repression instead of protection. Creating enabling legal environments stands for promoting safe working spaces for sex workers, enhancing community empowerment among sex workers, encouraging correct and consistent condom use among sex workers and their clients, training law enforcement officials and public health agents, monitoring abuse, and proposing legal and policy reform to decriminalize sex work. In order to achieve this, sex workers should be consulted in all matters that concern them, as it is their right to self-determination. Evidence has shown that it is possible to decrease risk of violence and HIV infection among sex workers through police education and empowerment of sex workers. In Kolkata, India, such interventions helped reduce HIV prevalence among sex workers from 11% in 2001 to less than 4% in 2004. It is the responsibility of the state that the police or other state authorities do not violate sex workers human rights and protect sex workers from human rights violations by third parties.

Another way to scale up rights-based responses to sex work and HIV by both governments and civil society is comprehensive targeted programs for sex workers. Providing human rights is also guaranteeing comprehensive programs for all sex workers, without discrimination, and meeting all their needs, including access to justice. It is important to make sure that most vulnerable and affected sex workers are not left out, such as sex workers who inject drugs, male and transgender sex workers; to make sure that they are empowered to claim their rights; and also to make sure that governments are empowered to be able to realise rights.

Comprehensive health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination


and the right to health. Legal services need to be encouraged at the community level, as well as increased awareness about human rights. They must be able to address violence and guarantee redress to victims. This combination of targeted and non-discriminatory services is a practical example of how human rights can be promoted in project management and community empowerment.

Advocating for human rights is not an easy task, because it is not easy to ensure that states will uphold these rights, even when they are duly recognised at international level. This means that the process might take a long time and not all human rights violations will lead to reparation of victim's rights but, in a long-term, it contributes to the change of the situation of those who are more affected by violence, stigma, and discrimination. Nevertheless, evidence on human rights violations against sex workers and its relation with sex workers' vulnerability to HIV/STIs is a serious issue to be considered by the states. There is no way to halt the epidemic without putting human rights at the centre of this debate, without acknowledging the implications of punitive approaches towards sex workers and other MARP. Considering the difficulty and complexity of this task, it is fundamental that different stakeholders, such as NGOs, sex worker communities, governmental institutions, and international organisations come together to challenge not just the ongoing HIV epidemic, but also the human rights violations committed against sex workers.

Questions

A participant asked Mr. van Wanrooij on how much time did the Netherlands need to change the situation with sex work and whether it has ever been the same as in the region of Ukraine and the Russian Federation.

Mr. van Wanrooij stated that situation has never been the same, as sex work was never criminalized in the Netherlands. In 1998 the article on managing sex work activities has been abolished and since that time the situation more or less has changed and improved.



National Mapping on sex work in the Russian Federation

SPEAKER

Ms. Anna Chihacheva

Humanitarian Action

A mapping report on the Russian Federation, its key findings, gaps and recommendations in the context of sex work in the Russian Federation were presented. The aim of the mapping was to study the current situation among sex workers, trends in the development of sex scenes and programs to reduce sex workers' vulnerability to HIV infection, implemented by the state and public organisations in Russia. Mapping was implemented by 37 organisations working with sex workers (men, women, transgender) directly or indirectly. It should be noted that the mapping results are not exhaustive, but rather indicate the main trends and challenges in the area of sex work in Russia.

The mapping was done in several stages:

- Development of methodologies and techniques, testing methods
- Identifying specific research respondents
- Gathering of information
- Processing and analysing of the results
- Writing a report and recommendations for professionals based on the information received
- Discussion of the results with experts in the sex industry

The main obstacles that Humanitarian Action encountered while conducting the mapping were the lack of reliable information about the whole sphere of sex work and its structure; small amount of NGOs providing services to sex workers, working indoors; minimum information about male sex work; complete lack of information about transgender sex workers.

The results of the mapping gave an idea of who is a sex worker in the territory of the Russian Federation by gender (women, men, transgender) and origin (migrants, citizens), including regions from which sex workers migrate to Russia, as well as their experience in other countries and key vulnerabilities of sex workers.

The mapping showed that HIV prevention programs should be more sensitive to the diverse gender identity of sex workers to have an impact on the HIV epidemic in Russia.

64 % of sex workers work outdoors, whereas 36 % are indoor sex workers according to the mapping. Bearing this in mind, NGOs should complete new tasks, such as development of new strategies on how to enter the target group, how to work with third parties involved in SW. Modelling of new services and involvement of peer counsellors into the programs should be done.

According to the mapping, 72 % of outdoor sex workers are also IDUs, whereas 26 % of SW who are also IDUs work indoors.

With regard to migration and the mobility of sex workers, the mapping revealed that the three regions, from which sex workers migrate to Russia are Europe (51%), Central Asia (44%) and Africa (5%). The top 10 countries of origin of migrant sex workers in Russia are Ukraine, Belarus, Moldova, Uzbekistan, Tadjikistan, Kazakhstan, Azerbaijan, Armenia, African countries, Kyrgyzstan. The top 5 reasons for the mobility of sex workers were also identified. The fact that indoor sex workers work away from home, the fact that an increase in income can be observed, the fact that there are disadvantaged conditions and sexual slavery and thus the desire to escape constitute 5 top reasons of the mobility of indoor sex workers. As for the 5 top reasons for the mobility of sex workers in the outdoor settings, they are: legal problems, fear of clients, anonymity, disadvantaged conditions, and increase in income.

The issue of the vulnerability of sex workers was also raised. Sex workers are largely experiencing stigma and discrimination in Russia. Stigma and discrimination severely affects the safety of sex workers and their welfare, and they often find themselves in social isolation.

Overcoming stigma and discrimination is one of the tasks of the Russian government to respect human rights, in particular the right to health of vulnerable groups.

The top 5 factors of the vulnerability of sex workers to violence were violence on behalf of the police; violence on behalf of the client; unsafe sex with clients and the risk of HIV/STI; drugs, alcohol; stigma and discrimination.

With regard to the control of sex workers over their working situation varies from 27 % of control by indoor SW to 30 % of outdoor SW.

The next key issue raised by the presenter was the issue of the **division of the income of sex workers with third parties**. This issue is characterised by the following factors:

- sex workers consistently pay a certain percentage of their earnings to third parties;
- regular payment of sex workers to third parties in the sex industry is a systemic phenomenon;
- sex workers do not have the opportunity to be independent workers, as they are in a weak legal position and cannot insist on autonomy;
- criminalization of sex work supports the existing corruption in Russia increasing all kinds of violence against sex workers in order to receive part of the earnings of sex workers by third parties;
- need to share part of the earnings with third parties leads to the fact that sex workers have little funds to purchase quality prevention materials, purchase of medicines, nutrition, legal services, and a direct connection with the vulnerability to HIV/STI.

In order to reduce vulnerability of sex workers, there is a need to decriminalize sex work, educate the general public, extend services for sex workers and develop the SW community and mobilize sex workers.

An estimated number of sex workers in Russia were ranging from 500 thousands to 1-3 million (according to the expert evaluation). Russian organisations coverage of the target group of the estimated number (an average of 1 million) in 2011 was only 2.8%.

HIV prevalence varies among sex workers in various sectors of sex work and Russian cities, from 4.5% in Moscow (indoors) to 61% in St. Petersburg (outdoors).

Working conditions of sex workers are very tense due to widespread violations against their human rights; stigma, discrimination and an obstacle to equal access to essential services. Sex workers usually meet tolerant and sympathetic attitude only in public organisations working with vulnerable groups within the community and in their families. For this reason, many sex workers are in a limited range of social relations and have barriers in accessing traditional services.

Lack of human rights protection in the context of HIV, violence and dangerous regulations interfere with the social transformation needed to reduce the rate of HIV infection and reduce morbidity and mortality due to HIV.

In conclusion, sex workers have the right to determine their own lives and seek to have their human and civil rights to be protected on equal terms with other citizens. Sex workers are able to change when they take meaningful participation in public health programs and the political system, aimed at protecting rights.

Questions

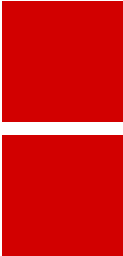
1. The first participant wondered why the mapping in Russia did not cover IDUs.

Ms. Chihacheva answered that they were covered by the mapping, however not mentioned in the presentation.

2. The next question concerned the issue of whether SW from small cities in the Russian Federation were involved in the mapping.

Ms. Chihacheva answered that the mapping was conducted in 25 regions in cooperation with 37 organisations working with SW. Some of the cities covered were: Moscow, St. Petersburg, Barnaul, Tomsk, Chelyabinsk, Irkutsk, Samara, Voronezh, Tolyatti, Krasnoyarsk, Rostov-on-Don, Kazan and Orel.

She noted that they understand that there is lack of coverage of SW in small towns. Foundation "Humanitarian Action" is a large platform of research and they eagerly share their information upon request. Unfortunately, other organisations rarely publish their research findings. Requests to take part in this mapping were sent to 100 organisations, 37 of them responded, thus leaving 12 cities out of the mapping.



National Mapping on sex work in Ukraine

SPEAKER

Ms. Oleksandra Sluzhynska

SALUS

The mapping report, key findings, gaps and recommendations in the context of sex work in Ukraine were presented next.

The history of the activities aimed at providing services to sex workers in Ukraine was outlined first. Prevention aimed at preventing HIV/AIDS among SW in Ukraine started in 1995. This was made possible thanks to the international consultants who assessed the situation and organised trainings for representatives of governmental and non-governmental organisations that have shown interest in working in this direction.

The implementation of **the first behavioural survey among sex workers in 1997-1999 in Ukraine** revealed the following results:

- 30% SW had regular sex with IDUs;
- 44% SW worked on highways;
- 12% of those who had permanent work place were IDUs, which increased the risk of infection by double;
- 70% of SW's clients were married;
- 37% of SW who worked on highways, were married.

In the period of 1996-1997, UNAIDS organised three workshops for service providers among NGOs. These trainings mobilized NGOs that provided services to SWs, and gave them an overview of the SWs' needs. Charitable Foundation SALUS was one of the pioneers in providing comprehensive services to SWs.

In 2000 with the assistance of UNAIDS and the Ukrainian Institute of Social Research, a network of NGOS working with female sex workers was established. It included 11 Ukrainian NGOs from different cities of Ukraine. In 2003 UNDP and the State Committee of Ukraine for

Family and Youth jointly published a book about the initiatives and good practices that have been later introduced in more than 21 NGOs that, at that time, were working in the field of HIV / STI prevention among sex workers.

The establishment of the organisation "International HIV / AIDS Alliance in Ukraine" in 2000 has become yet another important event. In 2008, 15 NGOs from 14 different cities in Ukraine launched outreach activities using mobile clinics. At the same time, with the assistance of Alliance some organisations have created communities centres for SW.

As a result of the growing number of organisations that provided services to SW, the coverage of sex workers to HIV prevention measures, treatment and care has gradually increased. At the end of the second half of 2012 22,978 SW were covered by prevention programs conducted in all regions of Ukraine by 43 NGOs that worked with the International HIV/AIDS Alliance in Ukraine.

With regards to the current total number of sex workers in Ukraine, it is estimated to vary from 50,000 to 70,000 persons.

According to other data, as of 2012 the estimated number of SW in Ukraine reached from 66 to 80 thousand people.

As for the **territorial coverage of SW in terms of prevention programs**, it is distributed unevenly, for instance:

Mikolaev	100% coverage
Simferopol	100%
Lviv	99%
Kharkiv	98%
Lugansk	7%
Zaporizhya	5%
Uzhhorod	5%
Ternopil	1%
Chernihiv	0%

According to the analytical report (2011-2012), 25 regions of Ukraine, Kyiv and the Autonomous Republic of the Crimea are covered by the prevention programs for SW and 54 organisations are implementing these prevention programs.

Prevention programs include providing sex workers with access to a comprehensive package of services that includes:

- the distribution of male/female condoms, lubricants, antiseptics, pregnancy tests and other materials, exchange and distribution of syringes for SW who are IDUs;
- the dissemination of information materials;
- counselling (social, health), as well as peer counselling;
- targeted referral of clients to other special projects of other organisations and the treatment, of diseases;
- voluntary counselling and testing for HIV, STI diagnosis and testing for viral hepatitis; and
- referral to free STI treatment.

This was a more general overview of the situation of sex work and services provided to sex workers in Ukraine. The presentation then outlined the results of the mapping. The aim of the mapping was to collect information on the situation of sex workers from Ukrainian NGOs that conduct outreach activities and provide services to SW. This gave a possibility to: improve the knowledge needed to further improve service quality, increase coverage, including gap analysis and more information on the status of sex workers in Ukraine.

Mapping tools were distributed among 50 HIV-service organisations from different regions that provided services to SW. As a result 22 completed questionnaires were received from NGOs working in 20 regions of the country. Two regions were represented by two NGOs. The following regions were not covered by the mapping: Volyn, Zhytomyr, Kirovohrad, Dnipropetrovsk, Sumy and Chernihiv regions.

The Mapping has identified approximately 46,800 SW, who worked in Ukraine in 2012. The Mapping on sex work in Ukraine was conducted with regard to the gender of sex workers (women, men, transgender) and origin (migrants, citizens of Ukraine), as well as characteristics of regions and countries of origin. The Mapping pointed out the sector of work - a place where sex workers worked (indoor, outdoor) and their working conditions. The questionnaire contained information on

the relationship between IDUs, sex workers and the gender of the SW.

In Ukraine, the main groups of sex workers are women who make up about 88% of the whole population. In addition, the mapping also revealed that male sex workers constitute 11% and transgender sex workers amount to 1%. This assessment indicated that sex work is mainly performed by women and that the coverage of sex workers who are men and transgender people in the country is limited. Only one of the NGOs in Lviv declared to be working with male sex workers, and one NGO from Kyiv declared to be working with both male sex workers and transgender sex workers.

The Mapping revealed that the majority of sex workers work indoors (approximately 54%, the rest of SW (approximately 46%) work outdoors. Despite the fact that the majority of SW work indoors, outreach work is conducted mainly among those who work outdoors. This means that a large percentage of SW (those who work indoors) rarely meet with service providers. Thus, the statistics may underestimate the actual number of SW, working indoors, as their coverage by services is insufficient.

The Mapping confirmed that the number of SW working indoors is increasing in Ukraine. This is due to several factors, including violence and repressive legal environment towards SW, particularly to those working outdoors. In this regard, establishing and maintaining contacts with sex workers becomes increasingly difficult, especially if they work in the "hidden places". Thus, a large number of sex workers remain uncovered by information, prevention services and/or care.

Evidence was received that among sex workers who work indoors, the majority of them (approximately 32%) work in small groups (less than 3 women together) or individually (apartments, escort agencies). These forms of labour of SW (apartments, escort agencies) are less organised than the clubs and bars (approximately 26%). Among sex workers who work outdoors, the majority of them (approximately 22%) work on the streets, but a significant number of SW (approximately 15%) work on the highway outside of the city.

Another characteristic is that in **Central and Eastern Ukraine** a higher percentage of **sex workers work outdoors**:

- Kyiv, Luhansk and Odessa: 80%

The same as in some cities of **Western Ukraine**:

- Ivano Frankivsk: 90%

- Ternopil and Uzhhorod: 80%

Injecting drug use is a strong indicator of the vulnerability of sex workers to HIV. The Mapping showed that the prevalence of injecting drug use was approximately 26.3% among female sex workers and 8.5% among male sex workers. Mapping also researched injecting drug use by sex workers, depending on the sector in which they work. The results show that the majority of sex workers who are IDUs work outdoors (approximately 81%). It was established that 19% of sex workers who are IDUs work indoors.

It was observed that the prevalence of injecting drug use among SW varies in different parts of Ukraine. It is significantly higher in the eastern and southern regions of Ukraine (according to the mapping conducted: in Mykolayiv- 70% SW are IDUs, and in the cities of Donetsk and Cherkassy - 60%). The lowest percentage of female sex workers who are IDUs was found in the cities of Chernivtsy (1%) , Ternopil (2%), Lviv and Uzhgorod (3%).

According to the mapping, migrant SW prefer to work outdoors (approximately 62%). Only 38% of migrant SW work indoors. The origin of migrants working in Ukraine varies. Most migrant SW (about 94%) come from European countries (Russia, Moldova , Belarus and Romania), 5% come from Central Asia (Azerbaijan, Uzbekistan, Kazakhstan) and only 1% come from the Baltic region and African countries. The list of countries mentioned includes the top ten countries of origin of migrants. Mostly, these are post-Soviet European countries.

Mapping showed the vulnerabilities of sex workers and assessed and determined the ability to control SW working conditions, percentage of income that they are left with, condom use and safe sex practices, violence against sex workers and their dependence on alcohol and drugs. It singled out five risk factors that most

frequently affect sex workers who work in different sectors – indoors and outdoors.

Negative legal environment together with the negative attitude of the public towards sex workers provoke several factors of the vulnerability of sex workers. The level of vulnerability of sex workers in Ukraine may increase also due to other factors such as: age (the majority of the SW in Ukraine are young), low level of education, low economic level. The vulnerability is significantly different depending on the sex work sector and setting. Therefore, it is important to identify which sector of work is more vulnerable and to which factors. Working and living conditions of sex workers vary depending on their ethnic origin, social status, place of residence and sector and setting of work.

The most common factor of vulnerability of SW that work indoors, is the risk of worsening their health conditions and exposure to HIV/STIs. Given the fact that the risk of HIV/STI is higher where sex workers do not have full control over the conditions of their employment or work in harmful conditions, the results of the mapping should be interpreted as the need to ensure sex workers who work indoors with autonomous and safe working conditions.

As for the SW, working outdoors, the violence from people posing as clients was named by respondents as the most frequent factor of vulnerability. Due to the fact that the sex industry is regarded as an activity that deserves punishment, according to the Ukrainian legislation, clients often feel that no one will charge them for acts of violence against sex workers.

Mapping data indicates a weak legal position of sex workers, lack of their legal protection and the environment of impunity, in which they find themselves. In addition, working outdoors often puts sex workers at risk, and is associated with risk, including HIV/STIs. Given the high level of violence in the country, Ukrainian NGOs often conduct trainings on self-defense for SW, as well publish tips on how to avoid situations of violence.

Approximately 42% of SW, working outdoors, and 74% of SW, working indoors, control their working conditions. This means that, in the view of respondents, outdoor SW in Ukraine have

less ability to control their working conditions, as compared to SW, who work indoors. The ability to control their working conditions and to use safe sex practices depend on the place of work of SW and the sector in which they work. Sex workers who work in different types of indoor settings have more freedom of choice. This is because of better conditions of life and work, better economic situation and better awareness of the issues of protecting their health.

Approximately 83% of SW, working indoors and 58% of SW, working outdoors, have to share their income with third parties, including the organisers of sex business, security guards, drivers and other persons involved in the sex industry. Mapping results indicate that the majority of SW, working indoors, shares their profits with third parties, while among SW who work outdoors, less sex workers do that. According to respondents, SW, working outdoors, can leave 69% of their earnings for their needs, whereas SW who work indoors – only about 58%. Thus, SW working outdoors, leave most of their income for their needs, compared to the SW who work indoors. The organisation of sex work indoors compared with outdoor sex work requires more investment and operating costs.

A large number of NGOs work with sex workers and implement programs aimed at HIV/AIDS and STIs. This means that many sex workers in Ukraine have access to information and services related to their vulnerability to HIV/STI prevention, care and treatment.

Despite the great efforts of NGOs who work with sex workers, a favourable legal environment for the SW in Ukraine has not been created yet. Policy and legislation on sex work are very strict and do not contribute to creating a safe working environment for them.

Experience has shown that sex workers in Ukraine are often subjected to violence, which is directly related to unsafe working conditions. Sex workers in Ukraine are vulnerable to many kinds of violence, which are dominated by psychological, physical and sexual abuse. They are often subjected to threats, blackmail, extortion, abusive attitude towards themselves and violations on behalf of the police (before and during detention). These phenomena are

violations of human rights and the fight against such violations should be a priority of the government. Both indoor and outdoor sex workers suffer disproportionately from high levels of physical violence. According to the respondents, sex workers who work outdoors are more vulnerable to physical and economic violence than those who work indoors. Both indoor and outdoor sex workers are equally exposed to psychological violence. The level of psychological violence against sex workers is much higher than towards general population. Alcohol abuse and drug use are considered to be factors that increase vulnerability of SW to HIV/STI, as this reduces their ability to negotiate condom use. Also, generally, sex workers consume alcohol along with the clients, which greatly increases the risk of aggression and sexual violence of the latter towards sex workers.

The prevalence of drug use among sex workers is very different depending on the region in which they work. Typically, in the western part of Ukraine, sex workers do not use drugs, but in central and southern Ukraine, many sex workers inject drugs.

When considering mobility issues, it is important to distinguish between transnational (cross-border) and internal (within the country) mobility. Sometimes SW change city of residence while seeking for more favourable occasions and opportunities to lead a social life. It happens that the austerity measures force street sex workers to move to be able to work; SW go to other areas of the city (often more isolated) or move to work to other cities. Many sex workers because of the fear of stigma seek to hide their involvement in sex work; sometimes the reduction of the number of clients is forcing women to move or relocate to another city in search of work.

After processing the data of the Mapping, the following **recommendations on improving the situation of SW and reducing their vulnerability to HIV and STIs** were developed:

- Decriminalization of sex work and elimination of stigma and discrimination against sex workers.
- Adoption of anti-discriminatory laws by the Government, which are based on

respect for human rights. Preventing violence against sex workers.

- Strengthening and improving the efficiency of the fight against HIV / AIDS / STI among SW by means of information.

- The use of Internet resources (development of specialized websites providing educational messages through the Internet), primarily for SW, working indoors.

- Promoting education and support network for sex workers based on the principle of peer education.

- Increasing the number of services and expanding them for MSM and transgender sex workers.

- Funding of events aimed to prevent and combat violence.

- The use of effective measures to combat corruption among law enforcement bodies.

- Promotion of cooperation between UN agencies and health organisations of Ukraine and NGOs to provide support and assistance in the implementation of programs to prevent HIV / AIDS among SW.

- Change of intolerant social attitude towards sex workers.

- Preventing the involvement of minors to work in the sex industry.

Questions

1. The question concerned the time frame of the Mapping.

Ms. Sluzhynska stated the mapping was done during 1-3 months in total.

2. The next one concerned the issue of whether there was information on how much money SW earned and how much money they gave to third parties.

Dr. Licia Brussa answered that estimates vary. However, what is really important is to understand who are these third parties (does the taxi driver or the owner of the sex work premises, for example, count as a third party. For us the most important thing is to define the role and position of the third parties in the sex industry, making a differentiation in working relationship and involvement. It is also important to know the relationship between sex workers and those who provide facilitation services.

Russian Federation and Ukraine Similarities and differences

SPEAKER

Dr. Licia Brussa

TAMPEP International Foundation

One of Conecta's program activities included a comparative mapping of the prostitution scene in the Russian Federation and Ukraine. While identifying the key-trends based on the two last years of assessment and conclusions, attention should be drawn to sex workers' vulnerabilities to HIV.

SW in the Russian Federation and Ukraine are highly vulnerable to HIV/STIs infection. Sentinel epidemiological study of HIV in the framework of integrated bio-behavioural research in 2011 among MARP in Ukraine estimated a rate of HIV prevalence of 9% (ranged from 38,2% to 2% 1-0%) among Female SW and the estimate prevalence of HIV among sex workers in 2012 in various cities of the Russian Federation ranged from 3.8% to 11.6%. HIV prevalence varied greatly among sex workers in various sectors of sex work and the cities of the Russian Federation, from 4.5% in Moscow to 61% in St. Petersburg. The same could be observed in Ukraine. These differences demonstrate that the vulnerability of sex workers to HIV depended heavily on the political situation, level of access to HIV prevention, care, and treatment, as well to additional factors such as drug use and working environment.

Available data also revealed that the prevalence rates were higher among sex workers who inject drugs. Therefore, injecting drug use was likely to be considered a key factor that drives the high rates of HIV prevalence reported among female sex workers in Ukraine and in the Russian Federation.

However, it should be noted that these estimations were not representative as the number of sex workers that have access to testing and care was very

limited, particularly in the Russian Federation. Moreover, in this country sex workers' coverage was extremely low. The mapping report estimated that less than 3% of the estimated 1 to 3 million sex workers in Russia are covered by prevention and services (including testing).

In Ukraine, due to the Global Fund's grant and the national coordination of the Ukrainian International HIV/AIDS Alliance's key population program, the coverage of female SW is around 40%; however it is unevenly distributed across the country, primarily reaching female sex workers in outdoor settings.

Coverage (meaning the proportion of the population at risk reached by an intervention, ideally with sufficient intensity to have probable impact) emerged as a critical determinant of HIV prevention effectiveness in sex work.

In both countries the epidemic was driven by key populations, which included people who inject drugs and their sexual partners, sex workers. Evidence indicated that HIV epidemic is emerging among young men who have sex with men. In this context, it was important to underline that there were practically no services for male and transgender people in sex work. Another gap was the difficulty to reach sex workers working in closed settings. Thus, the majority of data available was related to street sex workers in both countries.

Reaching the unreached groups required attention to equity in programmatic coverage, overcoming discrimination, replacing punitive laws with protective ones, enabling and empowering those who are affected and tailoring services to meet their needs. It is further required to strengthen or create social and legal environments that protect and support all people to seek and access HIV prevention, testing and treatment. Although both states have made great effort in making antiretroviral therapy widely available, antiretroviral treatment coverage rates overall remain alarmingly low. Providing treatment for all, particularly for the most affected, is a challenge but also a solution that should be addressed urgently, as the benefits of this intervention both at the individual and public health levels are have been proved.

Other challenges requiring immediate attention were also identified. These included:

- high rates of late diagnosis of HIV status;
- the increase in new infections in both countries;
- underinvestment in HIV prevention, and uneven availability of harm reduction services in the context of injecting drug use and sex work.

Key populations, including sex workers, were not receiving political and programmatic attention they needed. HIV-related stigma and discrimination remained at high levels across the region.

Sufficient domestic and international financial resources for HIV should have been allocated, and investments should have been better, including programs that were evidence-informed and focused on key populations at higher risk. Increased policy coherence and strengthened capacity were said to be needed across sectors, including health, legal (legislative and judiciary), education, and communities. Therefore, reaching public and private sector was essential. In practice, this meant detailing how different sectors can contribute to an effective national HIV response. Across the region, legislation, policies and practices should be reviewed in light of HIV-related human rights obligations and commitments. Punitive laws, policies, and practices involving criminalization of sex work and mandatory testing should be removed. Instead, laws should be amended in order to protect sex workers against discrimination and violence and to ensure everyone has access to HIV prevention, treatment and care services.

To ensure full coverage, disaggregated data collection and monitoring should be expanded. Sex workers living with HIV, sex workers who inject drugs and their sexual partners, men who have sex with men, transgender sex workers and migrants/mobile sex workers require focused attention and programs tailored to address their needs. For this, better data is needed, but privacy and confidentiality of sex workers must be maintained. Moreover, sex workers should be involved actively as partners in any intervention, legal and policy reform. This requires sustained and strong support by active and open civil society

engagement in the AIDS response. Finally, there is a need to strengthen collaboration and cooperation for evidence-informed and human rights-based responses to HIV.

Despite many limitations of the mapping, examining environmental factors and other social determinants that outline vulnerabilities of sex workers, Conecta review found out that gender, situation in different sex work settings, unsafe working conditions, barriers to negotiate consistent condom use, impact of violence, and contact with law enforcement agencies should be associated with their vulnerability to HIV.

The complex interplay between the environment and individual behaviour and situation of sex workers is not fully understood and further emphasis on understanding the social determinants on vulnerabilities to HIV and rights in this group is needed.

Picture of sex work and sex workers in recent years, as well as **the context of prostitution has changed considerably**. In both countries there has been a rapid expansion of sex industry, an increasing diversity and territorial spread among sex workers, with the tendencies of involvement of third parties in the business and high level of violence, both institutional and societal, which includes violence from people posing as clients and law enforcement officials. **Migrant sex workers are particularly present in the major cities** and concentrated in indoor sex work settings. These developments contribute to varying degrees of vulnerability among sex workers, especially among people who use drugs and migrant sex workers, who frequently experience situations of dependency, abuse by third parties, lack of documents, drug or alcohol dependency, condemnation on behalf of the society, work in violent and abusive environments etc. All these factors undermine sex workers' chances of implementing a self-protection strategy for their health, well-being, bodily integrity and autonomy. The response to this reality by national governments has been increasingly repressive. This trend has resulted in even greater vulnerability and less safety for sex workers.

With regards to general trends of sex work **gender-wise**, it has been found that sexual services were offered

predominantly by women. Only about 10% were men and 2% transgender in both countries. Despite their specific needs, there were, however, the minimal coverage of services targeting male and transgender sex workers. This gap should be acknowledged and overcome. HIV prevention programs should be more sensitive to the various and diverse gender identities of sex workers to better meet the specific needs of these populations. Reproductive and sexual health services need to be complementary.

As for the **sex work settings**, in the last years there was a shift from street-based to indoor sex work in Russia and Ukraine. In Russia 64% of sex workers work indoors, in Ukraine 54%. In Russia it is estimated that 36% of sex workers are street workers, and in Ukraine this amounts to 46%. The percentage of street workers can be overestimated and the indoor workers underestimated as the majority of the outreach programs target outdoor SW.

This trend is related to the level of improvement of the organisation and conditions of work in closed settings as opposed to working on the street, where on the contrary there has been increasing criminalization and liability for engaging in sex work and drug use.

Development of internet technologies has allowed sex workers, including those working individually, to offer services through the Internet and media, without having to offer services on the streets.

Experience of the existing prevention programs shows that both numbers of sex workers and the kinds of places of sex work are flexible. The processes occurring in the sex industry are very sensitive to different factors, such as the economic situation and client's behaviours, seasons of the year, the attitude of the society towards sex workers, behaviour of the law enforcement structures, and legislative initiatives. Tightening of the laws against sex workers and drug use leads to sex workers having to work underground, affecting particularly the most vulnerable ones.

Due to the fact that sex work is criminalized in Russia and Ukraine, the sex workers' fear of disclosure of the HIV status and involvement in sex work is

stronger than the need for services of public and governmental organisations.

The evolving scene of sex work poses new challenges for public organisations and civil society: identification of new ways to reach the target group, training (how to work with third parties involved in sex work), modelling of new services that meet the changing needs of sex workers, involvement in programs of peer counsellors from the community and involvement of the sex worker-led organisation in the development of outreach strategies and services. These measures increase the possibilities of successful interventions for the indoor sex workers.

The indoor settings for sex workers are mostly organised businesses, such as clubs, bars, hotels and saunas. The second form is sex work in apartments and the last -organised or independent escort services.

The differentiation of sex work settings and specific working conditions can be used for better understanding of the impact of each environment on the working conditions of sex workers and safety conditions. Each sex work program needs to take into account these specificities.

Another **indicator of sex workers' vulnerability to HIV in injecting drug use**. The Ukrainian mapping report estimates a prevalence of approximately 26% of injecting drug use among female SW and 8.5% among male SW. In Russia this number increases to 35%. The prevalence of injecting drug use among sex workers is associated with place work. Significantly higher percentages of injecting drug use are observed among outdoor sex workers: 72% in Russia and 80% in Ukraine.

The distribution of drug users in sex work by regions is uneven in both countries. Despite the still high number of injecting drug users engaged with sex work in both countries, there is a trend of changing drug use behaviour. Particularly, in the indoor sector, sex workers prefer occasional chemical substances and cocaine, instead of injecting ones. Alcohol and cocaine are considered in some settings (clubs, call girls/escort) as the part of the job for entertainment of clients. Addiction to drugs is considered to be a form of vulnerability for

negotiation with client, including condom use.

The **necessity of including harm reduction programs in sex work outreach interventions** is still a priority in both countries.

With regards to **mobility and migration** and particularly, cross country mobility, sex workers are a very mobile population. The mapping results show that in Russia 15% of street sex workers and 17% of indoor sex workers move for permanent or temporary work to other cities. In Ukraine the mobility across the countries is even higher: 36% indoor sex workers have worked in another city of the country, whereas approximately 19% outdoor have also done so. Most sex workers choose to work in metropolitan areas with high economic status of the population, where there is an increased demand for sexual services, where it is easier to remain anonymous, and where it is easier to escape from police controls or crackdowns which often force street-based sex workers to move to other settings.

As for the migration of national sex workers abroad, the mapping estimates that about 30% of national Ukrainian SW have worked abroad. The majority of sex workers have Russia as a main destination followed by the EU or bordering countries of Ukraine. In the Russian Federation, about 10% of Russian sex workers have working experience in other countries. Sex workers prefer to work in countries with less stringent conditions of entry and stay, increased demand for sexual services and less repressive policy in respect of sex work.

Another category of migrant sex workers concerns migration of non-national sex workers into Russia and Ukraine. Thus, in the Russian Federation around 15% of sex workers are migrants coming from the Ukraine, Belarus, Moldova and three countries of Central Asia. In Ukraine around 9% are estimated to be migrants from Russia, Moldova, Armenia, Belarus, and Romania. Small percentages of SW come from Central Asia.

The concentration of migrant sex workers is particularly noticed in indoor sex work settings in big cities, reaching percentages of 50% of the sex workers in St. Petersburg, for example. The situation of sex workers in the migration process

needs to be targeted in a particular way as many migrants are highly vulnerable to violence and exploitation, and few have access to health and services. The measures with compulsory testing for migrant sex workers and deportation need to be reviewed.

One of the most significant factors regarding sex workers' vulnerability was the **high level of violence and abuse** identified across both countries. This violence can be institutional (from the police and public authorities), or related to exploitative working conditions (from pimps, brothel owners or people posing as clients). The main reasons for these vulnerabilities are the level of dependency and the weak legal position of many sex workers. Those working for themselves are more likely to insist on condom use or refuse abusive clients. However, only about 40% among outdoor sex workers and 70% among indoor workers in Ukraine and only about 27% of outdoor workers and 30% among indoor sex workers in Russia have control over their working conditions and safer sex practices. This is a strong indication of a high level of vulnerability regarding HIV/STIs. Escalating state repression, criminalization of sex work, stigma and discrimination has made sex workers more vulnerable to HIV/STIs and has resulted in several human rights violations.

It has **forced them to work in clandestine spaces**, reduces their access to health care, prevention measures and undermines their dignity. Societal homophobia, laws against homosexuality and the absence of legal protection from discrimination are serious barriers for transgender and male sex workers to access sexual health services and information. These problems are usually heightened for migrant sex workers, particularly if they are undocumented. IDUs is the most vulnerable community of SW. Access to treatment of HIV, tuberculosis, viral hepatitis and STIs is more difficult for those sex workers who are IDUs.

Laws that criminalize sexual transmission of infections pose a particular threat to sex workers. One of the biggest barriers in the last years is the lack of political commitment and governmental responses focused on reducing sex workers' vulnerability to

HIV/STIs and the absence of adequate public health approaches.

As the result, it is clear **that there is an urgent need to develop different and comprehensive policies and vision on sex work and health.** An open dialogue with the different social actors and the sex workers themselves is extremely important in this process. It requires a rethinking of the issue of sex work and a complex system of factors that provoke different forms and levels of vulnerability. There is a need for implementing comprehensive support and empowerment programs without any "rescue" attitude.

Evidence across the region reveals that repressive policies deeply undermine sex workers' ability to implement strategies of self-protection and self-determination.

Although the situation differs in both countries, there is an equal need to develop comprehensive strategies that include HIV/STI interventions, health promotion and a legal and social framework to deal with prostitution as well as a human rights approach.

Forces should be combined in order to promote a holistic strategy underpinned by principles of respect and inclusion of sex workers.

This should be based on such basic principles:

- A non-repressive approach to sex workers and sex work;
- Inclusion of sex workers in the development, implementation, and evaluation of prevention activities and policy;
- Provision of health and social services corresponding to sex workers' needs, based on reducing health inequalities and reducing violence;
- A multi-disciplinary approach to HIV/STIs prevention, which addresses the needs identified by sex workers;
- Promoting legal and policy reforms, as well as society's awareness about sex workers' rights and enhancing human and civil rights of sex workers; and
- Cooperation and networking on local, regional, and international levels and allocation of national adequate resources.

Laws and policies affecting sex workers in Ukraine and the Russian Federation

SPEAKER

Mr. Dennis van Wanrooij

TAMPEP International Foundation

The purpose of the next presentation was to highlight how laws and policies affect sex workers by providing results of Conecta's policy and advocacy work. Due to the similarities of the legal frameworks on prostitution in Ukraine and the Russian Federation, only the main contents of the Russian policy paper were presented.

A policy paper was developed within the framework of Conecta project for two reasons:

- to inform stakeholders about the legal and policy environment in the Russian Federation and its impact on sex workers' vulnerability to HIV/STIs; and
- to call on public authorities to put human rights at the centre of the HIV response, particularly on matters that affect sex workers in the country.

Different Russian legal documents were analysed in the light of the right to health, which is key for understanding the framework on national public health laws and responses developed by states.

Several important human rights documents shed light on the importance of the right to health as a core human right, such as the World Health Organisation Constitution and the Universal Declaration of Human Rights. The first binding international document in relation to the right to health was the International Covenant on Economic Social and Cultural Rights. The Russian Federation is party to this treaty. The International Covenant on Economic Social and Cultural Rights provides the most comprehensive article (12) on the

right to health in international human rights law and establishes a Committee for monitoring the implementation of this article, among others.

ICESCR | Article 12

- (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
- (b) The improvement of all aspects of environmental and industrial hygiene;
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

In accordance with Article 13 (c), states which ratify the ICESCR are committed to prevention, treatment and control of epidemic, endemic, occupational and other diseases. A fundamental characteristic of the right to health is that it is universal and non-discriminatory. Due to its socio-economic dimension states are obliged to respect, protect, and fulfil the right to health of every person, including sex workers. Each of the four obligations was then outlined in detail.

Respect means that the state should refrain from interfering directly or indirectly with the right to health.

States have the duty to respect sex workers' rights by enabling an environment in which they are able to fulfil their fundamental rights, and be free from practices that put them at risk of HIV/STI infection.

Protect means that the state should prevent third parties from interfering with the right to health.

States need to proactively ensure that sex workers within their jurisdiction do not suffer from right to health-related violations at the hands of third parties.

Fulfil means that the state should adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realise the right to health.

States need to engage in political actions to fulfil the right to health of sex workers, particularly the most marginalized.

The human rights framework of the right to health was examined through selected documents of the Russian legislation that impact negatively on this right. The first attempt was to comprehend in which way criminalization of sex work impacts negatively on the right to health of sex workers. It was found that the actual prostitution legal framework is the result of a combination of administrative and criminal law. Although sex work is not regarded as a crime under the Criminal Law, it is outlawed by the Administrative Law. The same findings apply to Ukraine.

With regard to the **administrative liability**, people who engage in sex work in the Russian Federation are liable to administrative prostitution charges, according to Article 6.11 of the Code of Administrative Offences. Thus, prostitution is punishable by an administrative fine in the amount of one thousand five hundred to two thousand rubles.

Although there is no definition of prostitution in the law, the majoritarian jurisprudence and doctrine understands that, for the recognition of the offence, the sexual service needs to be carried out for a certain fee more than two or more times. Thus, carrying out sexual services once is not to be considered an offence. As a consequence, systematically providing sexual services is regarded to be an administrative offence under the Russian legislation. Sex workers are not permitted to work, nor tolerated by the state. There is a clear state prohibition of their economic activity.

The Code of Administrative Offences in its Article 6.12 states: "Getting income from prostitution, if that income is associated with the occupation in prostitution of another person" is an offense subjected to an administrative fine of two thousand to two thousand five hundred roubles or administrative arrest for a term of ten to fifteen days in the case of its infringement."

In principle, Article 6.12 of the Code of Administrative Offences applies to any person who is getting income from prostitution of others; however this same matter can be considered under Criminal Law (when it is committed more than

once). To date, no judgments were considered under this article.

From the sex workers' experience, prohibition of sex work increases violence and abuse against them, as it reduces their ability to claim rights. It results in lack of access to justice, undermines right to association, and creates an environment which disempowers sex workers before the police and clients. Impunity and lack of redress to victims of serious crimes committed against sex workers are common. Unsafe working environment also increases sex workers' vulnerability to HIV/STIs.

However, the law itself is not to be considered the only reason for these violations, but the arbitrariness in its application. Those who enforce this law are the police. Some sex workers denounce the discretion of the police in the application of the administrative charges. When arrested, many sex workers are blackmailed and forced to undergo unpaid sexual services. Some sex workers also complain of false accusation of possession and commercialization of drugs.

As far as the **criminal liability** is concerned, the Criminal Code in its **Article 240 "Engaging in prostitution"** states:

"1. Involvement in prostitution or forced continued engagement in prostitution are punishable by a fine of up to two hundred thousand roubles or the salary or other income for a period of eighteen months, or restraint of liberty for a term not exceeding three years, or by compulsory works for a term of up to three years, or imprisonment for the same term.

2. The same acts committed: a) with the use of violence or threat of violence; b) moving the victim across the state border of the Russian Federation or illegally keeping him/her abroad; c) by a group of persons by prior conspiracy, - shall be punished by imprisonment for a term not exceeding six years from the restraint of liberty for a term up to two years, or without it.

3. Acts stipulated by the first or second paragraph of this Article, if committed by an organised group or against a minor - shall be punished by imprisonment for a term of three to eight years, with

deprivation of the right to occupy certain positions or engage in certain activities for a term of fifteen years, or without it, and with the restriction of freedom for up to two years, or without it". ■

Article 240 of the Criminal Code intends to combat the conduct of those who seek to involve sex workers in the sex industry and take economical advantage of them. It is otherwise known as "pimping" article, which is found in several criminal codes across the world.

Considering the different legal approaches to those who manage sex businesses, one can be an employer (with clear obligations under labour law) or an offender (with no obligations towards sex workers due to the illegality of the business). This differentiation depends on the legal framework adopted by each country. Evidence reveals that sex workers are working more unsafe in regimes that criminalize the managers of the sex industry.

The Criminal Code in its **Article 241 "The organisation of prostitution"** states:

“1. Acts aimed at organising prostitution by others, as well as maintenance of brothels for prostitution or systematic provision of premises for prostitution shall be punished by a fine of one hundred thousand to five hundred thousand rubbles or the salary or other income for a period of one to three years, or hard labour for a term not exceeding five years, or imprisonment for the same term.

2. The same acts committed: a) by a person using his official position; b) with the use of violence or threat of violence; c) using minors for prostitution, - shall be punishable by imprisonment for up to six years, with deprivation of the right to occupy certain positions or engage in certain activities for a term not exceeding ten years, or without it, and with the restriction of freedom for up to two years, or without it.

3. Acts stipulated by the first or second paragraph of this Article, committed with the use of prostitution of persons under the age of fourteen, - shall be punishable by imprisonment for a term of three to ten years with deprivation of the right to occupy certain positions or engage in

certain activities for a period of up to fifteen years or without it, and with the restriction of freedom for a term of one to two years, or without it". ■

The Article 241 of the Criminal Code refers to running a sex business. There is no permission to set up sex businesses in Russia. All those who run a sex business are offenders under criminal law, including those who search for premises, select sex workers, security guards, etc.

Sex workers are guilty under the Criminal Law only if they fulfil the requirements of Articles 240 and 241. For instance, a sex worker that rents an apartment to provide sexual services and later invites other sex workers to work in such apartment s/he can be prosecuted under Criminal Law.

Other legislations such as AIDS Law, Migration Law, LGBT Law, and Public Health regulations play a key role in defining the situation of sex workers in Russia. The policy paper describes in detail how this interplay takes place.

Special attention should be given to the AIDS Federal Law on the prevention of the spread in the Russian Federation of diseases caused by HIV virus due to its relevant contents that can be used for advocacy work.

In relation to the legal framework of prostitution in the Russian Federation the policy paper found that:

■ The current legislation in the Russian Federation does not favour nor protects labour and civil rights of sex workers.

■ Sex workers cannot openly advocate for their rights. There is neither a right for association of sex workers, nor participation in the policy development.

■ Lack of political commitment in supporting sex workers against violence and combating their vulnerability to HIV/STIs.

■ Marginalization, stigmatization, and discrimination against sex workers are reinforced by the legal environment.

■ Criminalization of sex work is
i) spreading the negative attitude of different actors towards sex workers; ii) creating unsafe working conditions for sex workers, increasing their vulnerability to violence and HIV/STIs; iii) resulting in lack of access to justice for sex workers;

iv) allowing police to confiscate condoms and use them as evidence for prostitution; and v) is in conflict with public health goals.

■ Decriminalization and depenalization of sex work is needed in order to increase efficacy of HIV/AIDS education and prevention programs by enhancing sex workers' access to public health interventions, reducing in this way their fear of police harassment, violence, stigma, and discrimination.

■ Sex workers who inject drugs face national anti-drugs strategy and laws (including prohibition of harm reduction) instead of prevention, care and treatment for HIV.

■ Migrant and mobile sex workers face adverse immigration law and regulations, as additional barriers for accessing health-related services.

■ Sex workers who are LGBT face national anti-LGBT strategy and laws instead of health support for this key population.

■ The current response to HIV among key populations at higher risk of infection is insufficient and hindered by multiple environmental barriers, including restricted access to services and adverse policy and laws or social environment, stigma and discrimination.

Finally, the policy paper contains some recommendations for specific stakeholders regarding the issues discussed above.

Before the closing comments of the first day,

Mr. John Macauley, UNDP Regional Office, Slovakia gave a brief presentation of the UNDP project: HIV, Rights and Universal Access in Eastern Europe. The project is financed by the European Commission in the same program framework (EuropeAid) as Conecta project. The regional HIV legal network, which is run and implemented by UNDP's project, is based in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, and Ukraine.

The project helped to establish the Eurasian Coalition on Male Health (ECOM), as well as provided grants from

MSM-GF to the Network. It also promoted regional civil society consultations on HIV, rights and legislative developments and initiatives in the region in November 2013. Legal empowerment trainings of PLHIV and people affected by HIV were conducted. One of the tools developed by the project is a web-portal for NGO services and a mechanism for e-monitoring of rights violation.

The **Regional HIV Legal Network** was established in September 2012 with support from UNDP and the EU. Legal aid organisations from project countries are involved in it. The Network works with PLHIV and key populations through providing legal aid services, monitoring of human rights violations and capacity building of lawyers. The gaps in legal and specialized experts who work on sex workers' cases can be fulfilled via the focus points in the project countries named above. This is an important basis for cooperation between Conecta and this project.

The website of the Network allows sending requests for help –for that please follow <http://hiv-legalaid.org/>. The Coordinator of the Network is Ms. Aigul Mukanova (based in Kharkiv). She can be reached by e-mail: aigul.mukanova@gmail.com

Closing comments of DAY 1

SPEAKER

Ms. Aliya Rakhmetova

SWAN

The first day of the conference was dedicated to familiarization of participants with the general situation of HIV in both the Russian Federation and Ukraine, as well as with specific issues dealing with sex work in both countries. Both countries have also presented their Mapping results in order to give participants an overview of the facts and figures of sex work in Ukraine and the Russian Federation. The overview

of the epidemiological situation in Russia and Ukraine showed the difference in two countries by demonstrating stable decline in the number of HIV cases registered in Ukraine and increase in Russia. However, these countries were similar in the indicators of data reflecting STI cases among female, male and transgender sex workers clearly showing the gap of coverage and services among sex workers. In particular, there is a lack of services targeted at male and transgender sex workers. The results have also showed that stigma, discrimination and violence against sex workers on behalf of police, medical staff and society in general affected sex workers to a great extent. Moreover, migrant sex workers are particularly affected by violence and are vulnerable to HIV/STI.

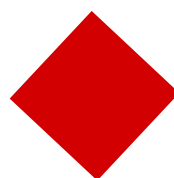
During the presentations of the 1st day of the conference the following issues were mentioned: lack of comprehensive data on transgender and male sex workers in the Russian Federation and Ukraine, repressive laws around sex work, repressive law enforcement practice and lack of access to legal protection leading to violence by law enforcement officials. Participants have also noted the shrinking of donor sources and the absence of united national HIV prevention strategy in Russia, as well as reluctance of decision-makers to have a direct dialogue with sex workers.

Participants also voiced their concerns on little and uneven coverage of sex workers by prevention programs, for example geographical coverage or outdoor vs. indoor sex work. The fact that needs and access of migrants and mobile sex workers are not considered in HIV prevention programs was also observed. Low level of literacy among sex workers around HIV and STI and no control over sex workers' working conditions, as well as the use of drugs make sex workers more vulnerable to violence and prevent them from accessing health care.

The following **recommendations** relevant to the issues listed above have been concluded during the 1st day of the conference. There is a need to:

- create enabling legal environment and reform the existing legislation on sex work;
- ensure safe access to mechanisms for equal protection by law;

- introduce or/and strengthen approach based on peer education and counselling;
- strengthen outreach work to reach the "unreached" groups (such as indoor sex workers, male sex workers, transgender sex workers and others);
- conduct studies on the needs of migrant, male and transgender sex workers;
- provide equal access to quality health services for sex workers, sex workers who are drug users, male and transgender sex workers and migrants;
- promote, support and practice the idea of meaningful involvement of sex workers in planning, implementation and evaluation of programs and legislative initiatives;
- support empowerment of sex workers' community;
- build partnerships with NGOs, SW community and the government;
- view sex workers needs outside of sexual and reproductive health perspective, but in the framework of safe working conditions and human rights;
- make information on health, services and rights more available and accessible for SW;
- include sex workers' clients into prevention programs;
- ensure implementation of Russia's and Ukraine's obligations according to international treaties ratified by respective countries;
- include sex workers into national programs for public health;
- ensure coverage of all types of sex work (including indoor sex workers) in HIV prevention programs.



DAY 2

The second day was an opportunity for participants to deepen their knowledge about the experience and achievements of both Russian and Ukrainian NGOs on providing multi-faceted services for sex workers, as well as learn from the good practices of each other. Another topic discussed was violence against sex workers and access to justice.

After these presentations the participants were divided according to their country delegation (Ukraine and the Russian Federation) and two parallel workshops were conducted.

Lastly, the results and outcomes of both workshops were presented in plenary.

INTRODUCTION

Before **Ms. Aliya Rakhmetova**, SWAN, the Chair for this day, proceeded to the review of agenda and purpose of the sessions, a video from the Member of the European Parliament, **Mrs. Ulrike Lunacek** (also Vice-President of the Greens/EFA (Austria); Co-chair of the LGBT inter-group and a Member of the Committee on Women's rights and Gender equality), where she addresses the participants of the conference, was presented.

Mrs. Lunacek emphasised in the video-conference the concern of European Parliament members about the criminalization and stigmatization of sex workers, particularly because it does not lead to better access to health service and ultimately to a safe working environment, but rather tend to lead to abuse, violence and poor access to health care.

Sex work is a fact and therefore it must not be ignored and pushed into illegality, because that would mean marginalizing and pushing sex workers to the margin of society. Legal regulation of sex work is crucial in order to safeguard sex workers equal treatment at their work place, to prevent any form of discrimination and to improve their access to health care. It was concluded that access to proper health care is a basic human right and no one, including no sex worker should be excluded from that.



The video can be found following this link: <http://www.youtube.com/watch?v=OpWPUFJBEFE>

Multi-faceted services for sex workers

Experiences and achievements

SPEAKER

Dr. Licia Brussa

TAMPEP International Foundation

During this presentation Dr. Licia Brussa made a short overview on the multi-faceted services and need of quality services for sex workers.

HIV/STI service provision for sex workers must be comprehensive and responsive according to their diversity and needs.

The experience and capacity of NGOs to develop and implement comprehensive services for sex workers is available in Ukraine and the Russian Federation.

Conecta considers a model of cooperation between governmental institutions and civil society aimed at improving the situation of sex workers in different regions to be a good practice.

This relates to the fact that, despite their efforts and professionalism, they are not able to provide all services that sex workers need without a good referral system, sensitization and action from governmental agencies. Thus, the task of supporting non-governmental organisations and the sex worker-led organisations on behalf of the governments is fundamental for sensitization and promotion of human rights and equality in public social and health policies and accessibility for migrant and national sex workers to human rights and health care. This can be done with a comprehensive offer of services but also with advocacy action, training and partnership. However, the positive impact of the sex workers-led organisation in carrying out anti-violence programs and access to justice in Russia and Ukraine should also not be underestimated.

The **basic principles for human rights-based services for sex workers** are the following:

- There is an existing gap in service provision, particularly to male, transgender, and HIV positive sex workers. Non-discriminatory services must be available and accessible to sex workers from all genders, indoor and street-based sex workers, and those who are living with HIV/AIDS.
- Accessible harm reduction services are also needed for sex workers who use drugs. Strengthening the capacity of multi-sectorial services is imperative for reducing the vulnerabilities of sex workers to HIV/STIs. There must be a combination of rights-based services and policies tailored to each particular sex work setting. Service providers should cooperate across the countries, especially with sex workers, particularly in a situation of mobility.

- Information for male, female and transgender sex workers on STI, HIV, TB, Hepatitis, human rights, sexual and reproductive health, condom use, safer work and health services should be provided. This information is usually better disseminated by peer educators.

- Information on HIV, STIs and safer sex for clients and others in the sex industry, including establishment staff, taxi drivers, police and local authorities should be provided.

- Access to appropriate condoms, lubricants, medication, and contraceptives needs to be established.

- Access to a full range of sexual and reproductive health services for men, female, and transgender people including diagnosis, treatment and care of HIV/STIs, and post-abortion care.

- Programs to promote rights awareness and reduce abuse and discrimination.

- Assist and support sex workers to work safely, as well as to find adequate housing and child support.

- Health and social services for mobile and migrant sex workers

- MSM-friendly services

- Drug and alcohol harm reduction programs.

- Support to access justice and combat violence.

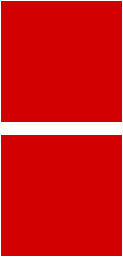
- Cultural, educational and community activities that promote solidarity among sex workers.

- Psychological support, including sexual assault counselling.

- Voluntary access to HIV/STIs testing.

- Social support, care, and treatment for HIV positive sex workers

- Involve sex workers in design and implementation of services.



Examples of needs of sex workers

Challenges and barriers in responding to them

SPEAKER

Ms. Anna Ivanova

Humanitarian Action

The speaker addressed the issue of the needs of sex workers and the challenges that service providers encounter with while trying to respond to those needs.

Programs should be targeted at the needs of different groups of sex workers: migrant sex workers, female, male and transgender SW, as well as MSM. Each of this group of sex workers has different needs. For instance, the needs of migrant sex workers include regularization of residence permit; medical insurance; translation services; information about service providers; social housing; building links with other migrant sex workers from the same origin; peer counselling; availability of literature in their languages.

The needs of transgender SW include: access to safe hormone treatment; online counselling; support during their "transit" period; consultations of surgeons and endocrinologists.

Sex workers who are IDUs require: access to harm reduction programs; assistance in the renewal of documents; access to medical services; assistance related to their physical condition; household services (clothing, food).

A number of obstacles to an effective response to SW needs were identified, but first the definition of an obstacle in this context was given being any kind of costs (economic, costs related to time, emotional, etc.) which are related to reaching and receiving the services. Obstacles can be objective, subjective, and cultural. Other types of obstacles include threshold obstacle, which is for example

the distance of the institution where the services are provided.

The main obstacles in providing services to sex workers identified were the moral and economic obstacles. Ways to overcome these obstacles include reducing stigma and the development of the system of financing health programs for sex workers.

In accordance with different types of obstacles, there are different types of interventions. For instance, institutional obstacles involve legislative changes, structural reforms, whereas individual obstacles involve changing attitudes regarding individual health behaviours and values.

There are also obstacles in accessing HIV prevention programs, such as the lack of coverage in prevention programs; lack of information about the existing prevention programs; fear of sex workers to disclose their health and HIV status both as to be identified as sex worker and thus be criminalized; poor quality and insufficient quantity of materials (safe sex supplies and educational materials) that are at the disposal of NGOs providing prevention programs; fear of repressions by the police and others.

The obstacles in accessing justice include: fear of discrimination from the police; lack of sex worker-friendly lawyers/attorneys; corruption of the judicial system.

It was concluded that the ways to overcome the above listed obstacles were not only a creation of a network of sex worker-friendly doctors, but also a network of sex worker-friendly lawyers.

It is important to strengthen the enforcement of protective laws and regulations. There is a need to look for resources to be able to meet the needs of the sex workers from different groups. It is crucial to develop and adopt a system of financing of health programs for sex workers at a governmental level, as well as the legislation should be amended.



Sex workers' needs

Gaps and obstacles

SPEAKER

Ms. Maryana Sluzhynska

SALUS and Lviv AIDS Centre

The speaker presented the existing situation in the Ukrainian context. An accessible range of services for sex workers in Ukraine was laid out and included distribution of condoms (male/female) and lubricants; counselling with specialised professionals (social workers, medical workers); distribution of information materials; voluntary counselling and testing for HIV; diagnosis and treatment of STIs and Hepatitis B and C; early detection of tuberculosis (in place since 2013); the system of “case management”³ to relevant professionals (in place since 2013).



The additional service for SW who are IDUs included distribution of syringes; overdose prevention and others.

In order to provide services to sex workers, the following actions should be carried out: providing access to comprehensive prevention and treatment of HIV, as well as providing the right to receive appropriate medical care; creating an enabling environment for the affirmation of sex workers' rights. The latter in turn involves such actions as reducing stigmatization, sensitising clients of sex workers; promoting safety and freedom from violence; avoiding prosecution by law enforcement authorities; getting proper legal assistance and social services; preventing sexual and economic exploitation; promoting economic empowerment of sex workers (especially guarantying fair and adequate payment for the service

³ Case management is the process of cooperation, during which assess, planning, implementation, coordination and carrying out, monitoring and evaluation of options for services that are necessary for SW is done in order to meet their needs in health and social welfare.

provided); promoting human rights of SW.

A number of suggestions on how to overcome these barriers were suggested. There is a need to change political and legal environment by combatting violence, stigmatization and discrimination, as well as a need for decriminalization of prostitution. There is also a need to enforce the existing health care system, which should be done by HIV/ STI prevention, protection of maternal and child health, including prevention of vertical transmission. This can also be achieved by cooperation of governmental bodies and NGOs, development of “friendly” services for sex workers. The development of the civil society in terms of empowering sex workers and involving them into planning and management of programs was pointed out.



The principles of good practice

THE MANUAL

SPEAKER

Dr. Licia Brussa

TAMPEP International Foundation

The presentation on **Good Practice** by Dr. Licia Brussa addressed the fundamentals or the pillars over which the work with and for sex workers are based on, or should be based on. These pillars are also referred to as ‘good practices’. ‘Good practices’ are those actions that have already been carried out, have been evaluated, and proved to have brought positive results for the target group.

However, not only practical activities determine what a ‘good practice’ is. The most important thing is the attitude applied towards the target group.

In the context of sex work, this attitude has to stand for non-discriminatory, non-stigmatizing and non-criminalizing ways of dealing with sex workers.

In order to offer human rights-based services, following the principles of good practice, it is essential to adapt to sex workers' realities and needs. Attention should be paid to such factor as **respect**, not only respect for SW spaces and choices, but respect as a human right's principle.

The **World Health Organisation** identified the **definition of a good practice** as that including attitudes and actions. They are the following:

- Adopt a non-judgemental attitude;
- Ensure that sex workers' rights to privacy, confidentiality and anonymity are respected;
- Respect sex workers' human rights and accord them basic dignity;
- Respect sex workers' views, knowledge and life experiences;
- Involve sex workers, and, where appropriate, other community members at all stages of the development and implementation of interventions;
- Recognise that sex workers are usually highly motivated to improve their health and well-being;
- Recognise that sex workers are part of the solution;
- Build capacities and leadership among sex workers in order to facilitate effective participation and community ownership;
- Recognise the role of clients and third parties in HIV transmission. That means: to target the whole sex work setting, including clients and third parties, rather than only sex workers.

UNESCO (United Nations Educational, Scientific and Cultural Organisation) **defines good practices from a more practical point of view:**

- Good practices is innovative activities that create solutions to problems that are consequences of immigration, poverty and/or social exclusion;
- They demonstrate a positive impact on the living conditions of the individuals;
- They contribute to the eradication of social exclusion by involving the participants;

- They are models for generating new policies and initiatives.

According to the **CONECTA project**, **good practice in the context of sex work** should consider the following four core values:

- 1.** Promoting the empowerment of sex workers and increasing their knowledge on rights and choices
- 2.** Recognising the necessity of involving sex workers into the design and implementation of projects
- 3.** Acknowledging the legitimate self-representation of sex worker-led organisations and their spoke persons
- 4.** Accepting the diversity of sex work sectors, settings, and working situations which impact differently on sex workers' safety, rights, and well-being

A number of reasons for identifying good practices were established. Firstly, activities which are considered to be a good practice can be a useful tool to learn new methods and consequently, to improve the work and services offered to sex workers. Secondly, activities considered as a good practice can disseminate knowledge and positive experiences, as well as offer the practical means for building up partnerships between communities, organisations or institutions.

For this reason one of the activities of the Conecta was the collection and systematization of Good Practices examples.

With this in mind, **the Good Practices Manual has three main objectives:**

- 1.** To present examples of good practice for health and social service providers offering care for sex workers, leading to adequate health and social promotion activities carried out with a non-prejudiced attitude, and operating from a human rights' perspective.
- 2.** To present examples which systematize different experiences on HIV/STI prevention strategies, introducing and facilitating implementation of different targeted methods.

3. To increase and spread good practice actions targeting sex workers in Ukraine and the Russian Federation.

The manual explains what good practices on sex work projects are and exemplifies some selected initiatives in Ukraine and the Russian Federation.

The selected good practices come from a wider range of initiatives (more than 60) collected through a questionnaire, which was nationally distributed among organisations working with and for sex workers in both countries.

The manual presents **39 examples of good practice** reflecting the components of comprehensive services. Each good practice is a summary of specific initiatives carried out within a wider range of services offered to sex workers in Ukraine and the Russian Federation.

The examples reported in this manual acknowledge the available knowledge and capacity of organisations working with and for sex workers in the two countries; yet they also clarify the need of building up further the capacity of quality services for sex workers, particularly addressing the gaps and barriers in service provision. They provide examples of how comprehensive services can be combined and formulated as a response to the actual needs of sex workers.

Sex work projects must provide comprehensive services that encompass:

■ **Promoting dignity** – dignity, defined as ‘a high opinion of oneself’ and ‘self-esteem’, is critical to achieving an integral health and social structure. This requires a non-judgemental and supportive environment, promoting sex workers rights and challenging the stigma and discrimination experienced by sex workers.

■ **Promoting empowerment** – within a community development and participation framework and defining empowerment as the process of gaining confidence, self-esteem, understanding and power to articulate concerns, ensure actions are taken to address them and more broadly to gain control over one’s life.

■ **Promoting peer education** – involving current and former sex workers

at every level and in particular encouraging sex workers to share health promotion and personal safety information with other sex workers.

■ **Providing support** – within a person centred approach, responding to needs presented and providing support through the provision of appropriate in-house services and referrals to external agencies.

Presentations of good practices in Ukraine and the Russian Federation

This presentation was given by three selected organisations on their good practices in Ukraine and the Russian Federation, which focused on cooperation between government and civil society.

PRESENTATION 1 | Good practices

Mr. Evgeniy Karnaukhov

Chief of the medical unit of the Botkin hospital in St. Petersburg

The first organisation to share its experience was the Clinical infectious diseases hospital named after Botkin (the Hospital), Saint Petersburg.

One of the key elements of the successful model of services for sex workers created was the low-threshold Hospital Centre (for HIV / AIDS prevention).

In order to implement a successful model in practice, the model should be adequate, accurate, universal and efficient. The model presented is adequate and accurate because there is a regular monitoring group that controls the outcomes of the model by providing periodic surveys, questionnaires, feedback; regular evaluation of the quality of services is done; constant correction on the range

and volume of services rendered to SW is conducted.

The model presented is universal because there is a possibility of applying the model to both NGOs and governmental sectors.

There is also a possibility to use core components of the model to provide services to other target groups. Similar models are used in various cities of Russia and CIS. It is an efficient model, because the resources of the NGO ("Humanitarian Action"), both human and financial, are subject to constant change, however this has no significant effect on the efficiency and capabilities of the current model.

The main components of the model include:

- Low-threshold approach
- Tolerance and pragmatism
- Involvement of the target group (peer counselling)
- Customer-oriented integrated approach to providing services
- Involvement of state resources
- Constant monitoring of the needs of the target group.

In a nutshell, the low-threshold Medical Centre for HIV (prevention of HIV / AIDS) was opened in January 2003. It is a subdivision of the Hospital named after Botkin. The target groups of this Centre include: persons who are most vulnerable population to HIV/STI; all residents of St. Petersburg.

This Centre was established in the framework of the city Anti-AIDs program. The staff members of this Centre are the staff of the Hospital. Financing of the main activities is carried out from the budget of the Hospital.

The Humanitarian Action actively participated in the creation of this Centre. The employees of the Centre are also the employees of Humanitarian Action.

In the first 2 years (2005-2007) multidisciplinary services were set up and are carried out until today. During the years 2005-2007 there was a formation and active implementation of a multidisciplinary service delivery model for server users. This was done with active participation of the employees of Humanitarian Action due to on-going and

successful cooperation between the Hospital and NGO.

PRESENTATION 2 | Good practices

Ms. Iryna Novikova

Sevastopol City Centre for Social Services for Families, Children and Youth, Sevastopol, Ukraine

Ms. Olena Voronova

Youth Organisation "Youth Centre of Women's Initiatives", Sevastopol, Ukraine

The next presentation was done by Ms. Iryna Novikova, Head of the organisation, Sevastopol City Centre for Social Services for Families, Children and Youth, Sevastopol, Ukraine and Ms. Olena Voronova, Project Coordinator, Youth Organisation "Youth Centre of Women's Initiatives", Sevastopol, Ukraine.

Their presentation focused on the interaction of NGOs with governmental bodies in the context of the provision of services to sex workers in the city of Sevastopol. In terms of general information, an estimated number of SW in Sevastopol is 2000 of female sex workers, 648 of them being covered by services. Thanks to the funding opportunities provided by the international donors, such services could be provided by NGOs in Sevastopol: outreach work, including providing condoms, lubricants, personal care products, disinfectants; peer education, informational material; examination on the basis of Mobile Ambulance using rapid HIV tests, tests on STI viral hepatitis; providing consultations from infectious diseases specialists and venereologists; case management services; vaccination against hepatitis B in the city's AIDS Centre; examination for tuberculosis.

Governmental bodies that provide social services in the city of Sevastopol and in the area around it are: Centres of social services for families, children and young people; Centre for Social and psychological assistance; Social Centre of mother and child; housing for orphans.

The legal basis for cooperation between the government and NGOs was based on the Law of Ukraine "On the social work with children, families and youth", Law of

Ukraine "On Social Services", Law of Ukraine "On Citizens' Associations", Law of Ukraine "On Prevention of Human Trafficking", Law of Ukraine "On Prevention of Domestic Violence", Civil Code of Ukraine and others.

The services provided at the expense of the municipal budget included: information and consultation; psycho-social support; socio-pedagogical help; social and medical assistance; socio-economic (help in renewing documents, employment assistance, assistance to temporary placement of children in institutions of various types); legal aid; socio-medical services (youth-friendly); assistance in cooperation with the authorities (for example, for housing).

The Centre for socio-psychological help provided assistance to women and women with children who experienced various types of violence such as abuse, economic violence, psychological violence, economic violence etc. There are also Centres that provided such services (during the time of up to 3 months): accommodation and food, household services, psychological help, help in renewing the documents; socio-medical services; assistance in finding employment.

The Social Centre of mother and child prevents young mothers giving up their new-born babies by teaching skills and providing trainings on childcare and the formation of responsible parenthood.

Other forms of partnerships between NGOs and the government in order to improve the services include:

- Referring service users to other organisations and centres;
- Better access to services;
- Testing of new services and improvement of existing services;
- Methodical support of specialists working with SW;
- Mutual control of services provided;
- Promotion of services for SW at the regional level (round tables, workshops etc.)
- Preventing child abandonment.

It was concluded that interaction and cooperation of organisations creates a more stable platform and promotes the development of services for sex workers.

PRESENTATION 3 | Good practices

Mr. Oleksiy Kravchenko

Kharkiv City Charitable Foundation
"Welfare", Kharkiv, Ukraine

Ms. Tetiana Kozub

Kharkiv City Student Hospital, Kharkiv,
Ukraine

The last presentation was done by participants from Kharkiv – Mr. Oleksiy Kravchenko, Project Coordinator, Kharkiv City Charitable Foundation "Welfare", Kharkiv, Ukraine and Ms. Tetiana Kozub, Gynecologist, Kharkiv City Student Hospital, Kharkiv, Ukraine.

In the city of Kharkiv, there are around 5.000-6.000 of SW, among them 3.000-3.5000 are covered by the services. Services are provided, among others, by the AIDS Centre, a clinic for drug users, on the basis of Mobile Ambulance. Specialised community centres are necessary for sex workers' integration and socialization, creating a safe and friendly environment for counselling and service provision. In 2009 Kharkiv Charitable Foundation Welfare created Social Center ORION. The Center targets female sex workers and MSM in crisis situations. It seeks to provide support and assistance to these two vulnerable groups.

By means of collaborative work of partner organisations (working as a referral system), sex workers and MSM receive professional psychological, legal, social, and medical services. In 2011 catalogue of services provided by ORION has been published, and was distributed among participants of the project. Sex workers of the ORION centre have possibility to leisure (use internet, watch films, etc.), and receive informational materials, prophylaxis materials (condoms, lubricants), and other materials. Because the Center targets MSM, it is an important reference point for male and transgender sex workers as well.

At the moment the City Hall has provided them with building of the TB clinic. It is planned to have a day care center for children there.

It was also noted that in Kharkiv, there are 130 thousand students, of whom 60.000 were women and many of whom are also sex workers. Thus, it is important

to have mutual cooperation between governmental institutions and NGOs and that is why the Kharkiv City Student Hospital refers clients to the NGOs when needed.

Violence against sex workers and access to justice

Violence is an integral component of sex work projects, including preventive ones, as both sex workers are vulnerable and heavily affected by structural violence. Under this theme, sex workers-led organisations share their experience on violence and knowledge on how their organisations combat violence and increase access to justice for sex workers.

PRESENTATION 1 | Violence

Ms. Anastasiya Pterova

Psychologist, peer educator, Silver Rose, St. Petersburg, the Russian Federation

Mr. Igor Mogilev

Lawyer, Silver Rose, St. Petersburg, the Russian Federation

The criminalization of prostitution in the Russian Federation was discussed, as well as the different directions of work in order to assist sex workers who experienced violence. For example, Silver Rose conducts litigation in cases of violence against SW; motivates SW to appeal to law enforcement authorities about violations of their human rights; provides counselling on human rights of SW, to name a few.

The **strategy of Silver Rose** includes such points:

- SW should know their rights;

- Collect data on violence and document cases of violence;

- Litigation on cases on human rights violations of SW in the court;

- Psychological assistance to SW

Considering that violence is a tough psychological trauma, peer education is a good way to deal with it, but it is not enough. Silver Rose further highlights the importance of psychological services for sex workers who have experienced violence and who seek assistance. Self-help groups can be motivated, by considering the different experiences of sex workers on violence and lead to community solidarity and support.

PRESENTATION 2 | Violence

Ms. Natalia Isaeva

Legalife, Kirovograd, Ukraine

The speaker elaborated on the Research on the patterns of violence affecting sex workers conducted within the project Conecta and carried out with the support of the Open Society Institute.

In Kirovograd region there were 33 cases of violence recorded (from January to September 2013), 90% of them took place in Kirovograd city. Legalife provided support to SW with filing claims and as results state after 3 month of intervention, in the 2nd and 3rd quarter of 2013 the number of violations has decreased.

Types of **violence mentioned** in the research were the following:

- 38.2% - threats, intimidation, psychological pressure;
- 29.4% - extortion of money;
- 16.6% - physical violence;
- 14.7% - unlawful detention.

There is a necessity for engaging with civil society to overcome the negative effects of violence on sex workers, and assist them to access justice and support. It is crucial for SW to receive the support (legal, psychological, social), including support in writing petitions to the governmental bodies.

Questions

1. The first question concerned the place where SW can file their complaints in Ukraine. Ms. Isaeva answered that 75 % of complaints are filed to Public Prosecutor's office of Ukraine. 25 % of the claims are forwarded to the police and local high level governmental officials. It is crucial to give publicity to such complaints and share this information through the mass media sources.

2. The next was a comment by Ms. Irina Maslova, who stated that not all NGOs have lawyers, but every NGO staff member who does outreach work can inform sex workers about 4 key points in Russia:

- According to Article 51 of the Constitution of the Russian Federation, SW have the right not to give evidence concerning them;
- according to Article 2 of the Constitution of the Russian Federation SW should strongly object to the disclosure of confidential information and filming;
- SW should disagree with the accusations;
- It is necessary to read all the documents before signing them and never write that she/he is a prostitute.

Key Findings

Booklet on violence against sex workers

SPEAKER

Mr. Dennis van Wanrooij

TAMPEP International Foundation

An assessment of violence against sex workers in the Russian Federation and Ukraine and its patterns, was presented.

In order to highlight the negative impact of violence on sex workers and provide a better understanding of how violence experienced by sex workers infringes their civil and human rights and increases risk to HIV/STI infection, Conecta project developed the booklet 'How Violence Affects Sex Workers in Ukraine and the Russian Federation'.

The booklet is inspired in the actual HIV Policy Framework that considers tackling violence key to reduce sex workers' vulnerability to HIV/STIs. It seeks to call on states to recognise human rights obligations, especially the right to health and right to life. It is the duty of the states to respect, protect, and fulfil human rights, which includes sex workers' protection from violence and health-related violations.

The following **definitions of violence** were reviewed:

Physical violence includes any violence that affects the physical integrity of the person. Physical violence includes sexual violence. Sexual violence includes a wide variety of abuses, including rape, sexual threats. Sexual abuse is any kind of physical intrusion of a sexual nature, perpetrated whether by violence, under coercion, threat or surprise. It can also include sexual behaviour that the victim finds humiliating and degrading.

Psychological violence includes any kind of violence that aims to destabilise the victim, to affect and/or destroy the victim's self-confidence and mental health. Psychological violence may also be used in order to maintain control over the victim and to intimidate her. It may include threats, bullying and intimidation; harassment, persecution and terror; control, harassment and psychological terror; stalking.

Economic exploitation includes, at a minimum forced labour, servitude and slavery. However, there is no international definition of exploitation. The only reference in the international level is a non-exhaustive list of forms of exploitation, given in the Palermo Protocol.

Verbal violence includes any violence that takes the form of insults, humiliation, and defamation. All types of violence are linked to stigma and discrimination experienced by sex workers. Discrimination against sex workers is rooted in stigmatization of sex work, as well as in its position as an illegitimate occupation. Violence does not affect sex workers evenly; it depends heavily on the working conditions, settings, and the structural conditions of sex work in each country.

Therefore, stigma and discrimination are results of different social processes that are related, but not limited to legal environment and criminalization of behaviours. There are also multiple forms of stigma and discrimination (women, transgender, men who have sex with men, people living with HIV/AIDS, people who inject drugs, etc.).

The levels of violence experienced by sex workers, albeit high, are likely to be underreported, due to the reluctance of some sex workers to report violence in contexts where they are criminalized and face stigma and discrimination instead of protection. The criminalization and legal oppression of sex work and activities relating to sex work make it difficult for sex workers to report violence and abuse to the police.

Conecta's booklets highlights the experiences of sex worker-led organisations Silver Rose (Russia) and Legalife (Ukraine) as particularly relevant for acknowledging the key role of sex worker communities in the struggle against violence and abuse. Their strategies and good practices should be promoted among other HIV programs for sex workers in the country.

The booklet also presents the results of a survey on violence against sex workers, which was carried out in Ukraine and the Russian Federation during Conecta project. Evidence was gathered in order to examine in which way violence affects sex workers and violates their human rights, and increases their vulnerability to HIV/STIs.

In Ukraine, data was collected by 7 NGOs from such cities: Kyiv, Lviv, Zaporizhzhia, Kirovohrad, Ternopil, Irpin, and Brovary. 87 sex workers were interviewed. 84 were female and 3 transgender sex workers. It was found that 92% of all respondents answered that they have experienced violence in the last year. 85% of these reported that they have experienced violence from time to time, and 7% often.

The results on typology of violence that most affects sex workers resulted in the following: 89% reported having experienced economical violence in the last year (in the majority of the cases sex workers had to perform unpaid sex, or amount of received payment was less than agreed – 83,9%); 86% psychological

(in the majority of the cases sex workers were insulted – 85,5%); 64% physical (in the majority of the cases sex workers were beaten – 42,2%), and 6% other abuses (all abuses reported referred to deprivation of documents).

Perpetrators were most commonly persons posing as clients (89%) and law enforcement officials (66%). In fewer cases violators were partners, relatives, and acquaintances (8%), pimps (5%), and drug dealers (3%).

In Russia, data was collected in St. Petersburg, Russia, by Humanitarian Action. 102 female street-based sex workers were interviewed. All sex workers interviewed reported having experienced at least one form of violence.

The results on typology of violence that most affects sex workers resulted in the following: 100% reported having experienced economical violence in the last year (in the majority of the cases sex workers had to perform unpaid sex, or amount of received payment was less than agreed – 100%); 100% psychological (in the majority of the cases sex workers were insulted – 100%); and 82% physical (in the majority of the cases sex workers were beaten – 80%).

100% of respondents have reported that perpetrators of violence are generally persons posing as clients and policemen, and the frequency of violence against sex workers from their clients and from policemen is approximately the same.

Interesting to notice is that the prevailing forms of violence that most affect sex workers both in Ukraine and Russia are the same. Moreover, both countries had high levels of violence against sex workers reported to Conecta project.

Having to work in risky environment, for instance, had a frequency of 50-365 times in one year in St. Petersburg. This form of psychological violence experienced by sex workers is aggravated due to the fact that most interviews in Russia were carried out among street-based sex workers. Unsafe working environment increases highly vulnerability to different types of violence.

Some **conclusions** in relation to the evidence of **high levels of violence** encountered **in both countries** were:

- Violence is a key factor to sex workers' vulnerability to HIV/STIs. It must be considered a structural determinant that impacts negatively on sex workers' right to health and life;
- Stigma and discrimination against sex workers often results in episodes of violence and abuse, but also in lack of social and health care support and access to justice;
- Criminalization of sex workers and repressive legal environment pressures sex workers work under dangerous conditions, most of the times in isolation, factors which contribute to sex workers being targeted for acts of violence;
- Tackling violence needs a pro-active and coordinated measure from the side of the governments, responsible authorities and civil society; and
- Sex workers have the right to be free from violence and to be protected by the law.



Enabling legal and policy environments for effective HIV response in sex work

SPEAKER

Mr. Ilya Zhukov
UNFPA Russia

The presentation focused on the introduction of 5 key obstacles that impede a human rights-based response to HIV in the context of sex work.

Before listing the 5 key obstacles, Mr. Zhukov first named some reasons for

the existence of these obstacles. He named the following **barriers** reasons:

- In order to be attended at any public health facility (in Russia) an ID document and health insurance is necessary. And many of the SW are undocumented and/or do not have health insurance, which makes it virtually impossible for them to receive medical treatment.
- Medical care in private health facilities is unavailable for SW because of its high cost.
- An important factor is also the timetable of the medical institutions – for sex workers the available time does not suit, for them the most convenient time is the evening and night time.

There is also some **individual behaviour that creates obstacles**, as follows:

- Low adherence of SW to be examined or treated in medical institutions;
- STI treatment is associated with the costs of treatment, which most SW cannot afford;
- SW often consume alcohol and/or drugs, which is related to low control of their working environment and marginalized status of SW;
- Doctors in the public health facilities are reluctant to treat and/or be associated with patients that are street-based SW;
- Attempts to deliver street-based sex workers by the police for compulsory treatment by the dermatovenereologist, there is little effect as patients often leave the hospital without permission.

According to the survey "Stigma Index" among 660 people with HIV in 11 cities of Russia:

- 36% of respondents confirmed that health care staff showed discrimination against them;
- 21% of the women were forced to abortion by gynaecologists because of their HIV-positive status;
- 4% of women with HIV were forced to undergo sterilization by doctors.

The following **conclusions** in terms of **access of sex workers to medical treatment** can be made:

- SW do not have access to medical care, including maternal and child health services;
- By not having access to medical and social services, sex workers are virtually isolated from the society, which leads to further criminalization of sex work;
- In recent years, Russia has paid attention to work with this group. Attention has been paid by both international organisations and the state in line with its national project. However, in 2010 the state has ceased to allocate funds to work with vulnerable groups, including SW, and international funds are leaving the country due to the fact that Russia has officially moved from being a recipient country to being a donor country.

The issue of such a **vulnerable group as migrant sex workers** has also been touched upon. This vulnerability is caused by a number of factors:

- lack of personal documents;
- unfavourable working conditions;
- lack of knowledge about the health care system;
- lack of support from the community;
- the language barriers;
- regular change of residence to avoid contact with the police and Migration Service.

Finally, the speaker presented the 5 key obstacles that impede human rights-based response to HIV in the context of sex work, which were suggested for discussion to the participants during further workshops in order to think on the possible ways of overcoming these obstacles.

They **key obstacles** are the following:

- Legal obstacles of target access to comprehensive services;
- Repressive environment reduces the effectiveness of outreach work, including condom promotion and health services;
- Negative impact of criminalization on key populations, especially on those who

are engaged in sex work, their health conditions and safety;

- Sex workers are disproportionately affected by social and institutional violence and abuse;
- Social rejection, isolation, stigma and discrimination

All of the above mentioned are obstacles to equal access to health care and justice mechanisms.

Building and strengthening partnerships

Workshops by country delegations

The participants were divided into two country groups: Ukrainian delegation and Russian delegation, respectively. They discussed the above mentioned 5 key obstacles and suggested solutions to them.

However, everyone agreed that the list given by Mr. Zhukov was not exhaustive, thus anyone could add other obstacles that have not been mentioned. After 2 hours of fruitful discussions on “Building and strengthening partnerships”, both groups came together to the plenary room for sharing the results.

Ukrainian delegation

FACILITATOR

Mr. Pavel Skala

Senior Program Manager on Policy and Advocacy, International HIV/AIDS Alliance in Ukraine, Kyiv

RAPPORTEUR

Mr. Andrey Poshtaruk

Project Assistant, UNFPA Ukraine Office, Kyiv

Participants of this group have identified three **main obstacles**:

1. Legal barriers
2. Stigma and discrimination against sex workers
3. Self-stigmatization of sex workers

Firstly, the group addressed the legal barriers in the Ukrainian **legislation**, which impact negatively on sex workers.

They are the following:

- Article 181-1 of the Code of Ukraine on Administrative Offences (prostitution);
- Articles 302 and 303 of the Criminal Code of Ukraine (pimping or involvement of someone else into prostitution);
- Articles 130 and 133 of the Criminal Code of Ukraine (infection with HIV or any other incurable contagious disease; infection with venereal disease accordingly).

According the Ukrainian delegation, the existence of the administrative offence results in:

- Psychological violence and pressure against SW
- Corruption among law enforcement bodies
- Societal stigma and discrimination
- Self-stigmatization
- Unsafe work conditions that hamper sex workers' access to services

The existence of Articles 302 and 303 of the Criminal Code of Ukraine results in:

- Worsening the situation and working conditions of sex workers
- Obstacles for outreach work and service provision
- Prohibition of collective forms of sex work, in pairs or in groups
- Reduced agency and self-determination of SW

The suggested solutions to the above mentioned obstacles were the following:

- Eliminate Article 181-1 from the Code of Ukraine on Administrative Offence
- Engage with the Cabinet of Ministers of Ukraine and other Ministries for legislation and policy reform
- Identify and create allies: NGOs, Media, Ombudsman, International Organisations.

As far as Articles 302 and 303 of the Criminal Code of Ukraine are concerned, awareness should be raised among SW and legal protection and support should be provided to them.

The second major obstacle outlined by the participants of the Ukrainian delegation was **stigma and discrimination** against sex workers. As a result of this obstacle, the following was listed:

- Violence and abuse against sex workers
- Self-stigmatization
- Lack of access to health care services
- Reduced access to social and legal services
- Limited funding to projects addressing the needs of sex workers, and difficulty to access and sensitize international donors

The suggested **solutions** to the above mentioned obstacles were the following:

- Awareness rising on sex workers' rights and community mobilization
- Increasing cooperation with different stakeholders, including the media and international organisations

The last obstacle in stake was **self-stigmatization of sex workers**. In this respect, participants agreed that processes of self-stigmatization are results of weak legal protection,

stigmatization, marginalization, and discrimination against sex workers. Thus, this form of stigmatization, which results ultimately in reduced access to justice, advocacy for rights, and preventive programs' capacity, should be considered as a structural barrier related to multiple socio-economic factors, never to the profession itself. Sex work *per se* does not provoke self-stigma, but society, as it structures sex work and its industry, can be the main cause for this phenomenon.

The Russian delegation

FACILITATOR

Ms. Ekaterina Dvorak

Project Coordinator, Irkutsk regional Department of the "Russian Red Cross", Irkutsk

RAPPORTEUR

Mr. Ilya Zhukov

Program Manager, UNFPA Russia Office, Moscow

The discussions focused on three **main pillars**:

1. Legal obstacles in the Russian Federation for the affirmation of sex workers' rights
2. Violence as a key fact that impacts on right to health and life of sex workers. It was recognised that unfavourable legal environment for sex workers leads to evidence of high levels of violence across the country.
3. Migration as an obstacle for HIV/STIs prevention, care, and treatment.

The issue of **criminalization** of sex work was underscored as one of the main barriers for the affirmation of sex workers' rights, and reason for most of sex workers' vulnerabilities. Criminalization results in a process of social disempowerment of sex workers, reducing their ability to claim for fundamental and human rights, as well as civil and labour ones. Impunity and lack of access to justice accompany this phenomenon, as one of its main

consequences. On top of that, it diminishes service providers' capacity to intervene in HIV/STI prevention programs, as sex workers become less reachable and accessible. To tackle criminalization of sex work, much needs to be done in terms of advocacy and sensitization of policy-makers, by highlighting the negative impacts of this legal framework on sex workers. Sex worker-led organisations have a key role to play in advocacy and building up partnerships with NGOs and GOs.

The second obstacle to be addressed was **violence** against sex workers, which is accompanied by an increased evidence of extremist groups who deliberately cause harm to sex workers. Participants admitted that:

- Law against domestic violence is lacking in Russia, which could be used by sex workers in specific situations of violence coming from intimate partners
- Lack of trained specialist lawyers on issues around sex work and the specific forms of violence that impact on them
- Lack of resources to create new services on violence
- Media should be sensitized on the situation of sex workers and how violence is affecting them, as well as the sources – institutional and societal – of the different forms of violence experienced by SW
- Creation of specific training courses on sex workers' needs would be helpful for medical, legal, and psychological staff of NGOs and GOs, particularly on how violence should be addressed in health, social, and legal services
- Strengthening the capacity of sex workers' community

Discussions on the **rights** of migrant sex workers lead to the identification of migration as one of the key obstacles for sex workers accessing rights and services in the country. In contrast with Ukraine, the Russian Federation hosts many migrant sex workers coming particularly from ex-soviet states.

The **solutions** to tackle the three main obstacles i) unfavourable legislation, ii) violence, and iii) migration were:

- Elimination of Article 6.11 and 6.12 of the Code of the Russian Federation on Administrative Offences (prostitution)

- Decriminalization of sex work

- Diagnostics and treatment of STIs should be covered by state insurance, including for undocumented migrants

- Increase sex workers' community participation at the regional level in order to influence local level policy and situation

- Undocumented and unregistered migrant sex workers should have a human rights-based treatment and approach, particularly because their right to health and life (as many are target of violence), and others, are often limited or excluded. NGOs can support migrant sex workers at the individual level, by finding possible solutions for overcoming vulnerability. GOs should include migrants in HIV/STIs prevention, care, and treatment budgetary planning and control.

DAY 3

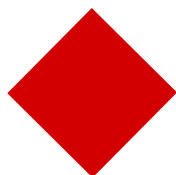
The third day of the conference was a moment for building up efficient multi-stakeholder strategies to overcome the barriers and problems discussed during the second day.

The conference organisers assume that it is imperative to have a multi-stakeholder approach to efficiently address HIV in the context of sex work, and assist sex workers in affirming their rights.

Multi-stakeholder panel



Tim Sladden, UNFPA and
Aliya Rakhmetova, SWAN



FACILITATORS

Mr. Tim Sladden

UNFPA

Ms. Aliya Rakhmetova

SWAN

Participants to the panel were requested to reflect upon three questions, which were presented in the first day of the conference. The questions were the following:

HOW DO WE

1. Reduce violence against sex workers?
2. Empower sex worker networks/organisations?
3. Increase GO and NGO partnerships? And increase government investment in HIV prevention?

The representatives on the Multi-stakeholder panel:

On behalf of NGOs

RUSSIA | **Ms. Evgenia Maron**, Foundation "Astra", St. Petersburg

UKRAINE | **Mr. Andriy Pilyayev**, Project Coordinator, Public Organisation Union "Amicus", Makiivka

On behalf of SW communities

RUSSIA | **Mr. Irina Maslova**, Head of Silver Rose, Saint Petersburg

UKRAINE | **Ms. Natalia Isaeva**, Member of LegaLife, Kirovograd city

On behalf of GOs

RUSSIA | **Mr. Evgeny Karnaukhov**, Chief of the medical unit, Clinical infectious diseases hospital named after Botkin, Saint Petersburg

UKRAINE | **Ms. Valentina Pavlenko**, Head of the organisation, Donetsk AIDS Center, Donetsk.

On behalf of the International Organisations (IO)

Mr. Constantin Calancea, Rights, Gender, Country Community Mobilization Adviser, UNAIDS Ukraine Office, Kyiv

1. How do we reduce violence against sex workers?

The NGO response

NGO representatives dwelled on four major responses to the problem of violence against sex workers.

- Sensitise people (public, offenders, police) to change attitudes to more accepting. Use media to raise awareness of violence against SW
- Provide crisis services/temporary housing for SW who experienced violence
- Provide moral and social support to SW who experienced violence
- Provide legal aid and advice to SW who are arrested or subjected to violence

Due to the complexity and different sources of violence against sex workers that usually comes from clients and law enforcement officials, the need for cooperation and partnerships with mass media was noted. These should seek giving visibility to the high levels of violence experienced by sex workers. Moreover, advocacy measures, as well as NGOs' support in raising awareness on the issue of sex work to the government and society was mentioned. NGOs contribute to prevent violence by conducting trainings on human rights for law enforcement officials.

Immediate response to the problem of violence against sex workers should be implemented by providing crisis services and temporary housing for sex workers who experienced different forms of violence. Furthermore, a full range of treatment and aid should be provided to sex workers who experienced violence ranging from moral and social support to medical treatment and legal aid.

The sex workers response

The response of sex workers communities mainly focused on the empowerment and raising awareness among sex workers in terms of providing information on laws and behaviour in case of possible arrest, as well as on reporting and documenting cases of violence and making sure the general public is aware of such cases through mass media channels.

Thus, both Ukrainian and Russian sex workers communities outlined the following response to reducing violence against SW:

- Document and report violence and violations of SW rights
- Make information on legal situation of sex work available for sex workers, as well as consequences of (and how to act in) possible arrest
- Provide legal trainings to empower sex workers in terms of filing complaints to governmental bodies
- Provide legal assistance to sex workers who have experienced violence
- Approach SW as human beings with human rights and thus guarantee them a human rights-based approach in providing legal aid
- Promote solidarity among the sex worker
- Articulate with the media strategies to make violations visible to the general public and international community.

The Governmental response

Governmental institutions can play key role in combating violence against sex workers and should be sensitized to act in three ways:

- Ensure offenders are apprehended and prosecuted. The law should be upheld in order to protect people from violence
- Ensure policies to prevent violence by police officers
- Repeal punitive laws which lead to corruption and violence from law enforcement officers.

The IO response

International Organisations have been continuously highlighting the impacts of violence on the enjoyment of sex workers' human rights, particularly regarding their right to health, which includes HIV prevention, care, and treatment. The panellists underscored the following action to be taken:

- Engage and seek support from community leaders to change attitudes to SW (for example, faith based organisations, parliamentarians, civil leaders etc.).

2. How do we empower sex workers' networks/ organisations?

The NGO response

In order to empower sex workers' networks/organisations, NGO representatives suggested supporting initiatives and SW community leaders, and providing discussion platforms in which sex workers can voice their opinions.

In order to overcome existing language barriers of SW, the provision of English courses to the SW community leaders was mentioned in order to ensure SW ability to communicate with other SW communities and international organisations.

NGOs can support sex workers in getting in touch with international organisations, including but not limited to the United Nations system, and refer leaders to relevant policy making forums and debates. Further necessity of recognition of NGOs' key role by the UN was noticed.

In conclusion, in order to empower sex workers' networks/organisations, NGO representatives suggested to:

- Provide support for SW initiatives and SW community leaders
- Involve new leaders from SW community
- Conduct English courses for SW community leaders
- Provide discussion platforms within NGOs, respecting sex workers voices and opinions
- Practice the principle of meaningful community participation
- Provide assistance to sex worker organisations regarding official registration and fundraising support.

- Build leadership of networks, identify new leaders and train in leadership skills to ensure sustained networks
- Increase communication, share and exchange experiences and information
- Ensure meetings to build consensus and agreed position/policy
- Secure funding for sustained networks.

HIGHLIGHT OF THE PANEL

“Stop considering us as clients, accept us as partners.”

Natalia Isaeva, Legalife, Ukraine

The sex workers response

SW community representatives suggested such ways of empowering their networks as exchange of information on existing supportive NGOs and between SW communities with each other, involvement of new leaders of SW communities in different regions, self-help groups that provide support within SW community, support from the United Nations and other international organisations by, for example, conducting joint trainings together with IO representatives and SW peer consultants.

SW community representatives have emphasised the importance of empowering SW communities themselves by, for instance, drafting their own law proposal as a response to the repressive existing laws, as was done by the Russian sex workers' organisation “Silver Rose”. Networking is fundamental to facilitate and articulate national advocacy strategies.

Lack of partnerships with lawyers across the countries was seen as a gap to be filled in order to empower sex workers networks. The idea of creating a hotline for sex workers where legal and psychological help would be provided was introduced by one of the NGO representatives.

In conclusion, SW response to the question on how to empower sex workers' networks/organisations included the following:

The Governmental response

Governmental institutions are not isolated organisations, therefore a continuous effort to be connected to community representatives should be promoted. This connection can benefit both governmental institutions and sex worker communities, as exchange of knowledge and capacity is fundamental for efficient public policies on health and rights. The following two actions were highlighted:

- Formally register SW networks as official representative organisations. Institutionalise networks
- Engage networks in strategic planning processes.

The IO response

The International Organisations representative called for active mobilization and participation of SW community, for instance through involvement in expert groups within a National Programme on HIV prevention. A call for the strengthening of SW network leadership, building capacity of SW leaders to make sure SW voice their needs, especially on a regional level was also noted. Action on a regional level is also one of the main United Nations priorities at the moment. The necessity for partnerships with NGOs was also

emphasised, especially in term of providing legal support. Further attention must be given to HIV prevention, by involving sex worker communities and empowering them to actively engage in HIV prevention efforts. Finally, the suggested action from the IO panellist was to:

- Support strengthening of SW network leadership and build capacity of SW leaders.

3. How do we increase GO and NGO partnerships? And increase government investment in HIV prevention?

The NGO response

NGO representatives came up with five major responses in order to increase the partnerships between governmental and non-governmental sectors, as well as to increase governmental investment in HIV prevention:

- Creation of multi-stakeholder platform (NGO/GO) for assessing the situation and needs of SW
- Involvement of NGOs in multi-stakeholder consultations at the international level
- Need of further development of comprehensive services that are based on NGO/GO cooperation
- Provide information and knowledge on the work of NGOs to GOs, particularly through targeted and comprehensive trainings
- Provide SW friendly services on behalf of the government (government contracting out of services for PLHIV, SW and other key populations).

The representatives of NGOs have also mentioned that GOs have to include programmes for vulnerable groups not only at the local level, but also on a federal level (in case of the Russian Federation) to have a better and proportionate coverage of sex workers' needs on the whole territory of the country.

The sex workers response

SW communities receive grants through NGOs, thus NGO-SW community partnership is essential, the following partnership being the one of the NGOs with GOs, where NGOs would share their experience of work and vice versa.

SW community emphasised that it is crucial to include concrete measures reflecting the needs of SW into the state budget. Moreover, SW community leaders should be trained and prepared to present partnerships with GOs, as well as be in open dialogue with such institutions.

In conclusion, sex workers' community response to increase GO-NGO partnerships was to:

- Self-organise and formalize SW networks in order to ensure there is a formal representative organisation with whom the government can communicate
- Provide knowledge/advice on community wishes to the government
- Input community requests to government processes, meetings/ consultations
- Be a useful link to the community for the government on social issues, community needs.

The Governmental response

GOs noted the need for getting experience from the work of HIV prevention and AIDS treatment services and adapt them to other medical services, as well as share best practices on provision of services and feedback on quality of services.

In Ukraine, for instance, MARP were included into the National Strategic Planning Programme on HIV prevention

for 2014-2017, however it was still necessary to develop the regional programmes, where NGOs and SW communities' participation was essential.

In conclusion, the governmental response to the above stated question was to:

- Engage SW organisations in decision-making processes, for example, National Strategic Planning (NSP)
- In the case of Ukraine: engage SW in the regional planning processes, under Ukraine's new NSP on HIV prevention (2014-2017)
- Ensure partnerships with NGOs to extend coverage of services for SW. Roll out best practices into other regions (for example, replicate St. Petersburg and Sevastopol examples of Government – NGO partnerships that were discussed during the “Good practices” presentation on Day 2)
- Ensure quality standards of services for SWs, upholding/meeting service-user rights
- Train health care workers in promoting acceptable, accessible, non-judgemental and professional services to SW and their clients (sensitization as part of HCW education courses)
- Scale-up/roll-out SW friendly services via primary health care services.

introduced. NGOs and SW communities should also get engaged with developing regional programmes 2014-2018. This would also allow NGOs and SW community to participate in the development of standards in the provision of services and their implementation. NGOs and SW communities should also look for opportunities of finances from the governmental budget.

In conclusion, IO response to increase government-NGO partnership was to:

- Introduce UNAIDS transition strategy (investment framework) to encourage priority resource allocation by government (ensure sex worker networks are engaged in this process)
- Engage SW in social contracting processes for defining provision of social services
- Dialogue between government and sex workers supportive services

The IO response

International Organisations are in the process of developing a “Post-2015 Development Agenda” - a process led by the United Nations that aims to help define the future global development framework that will succeed the UN Millennium Development Goals (MDGs). One of the main points of the Post-2015 Development Agenda is health care and health, including fight against HIV, which should be taken into account in terms of future planning. Thus, there is also a need of the development of a strategy of the transit period once the donations will be withdrawn from the countries.

In this regard, UNAIDS transition strategy (investment framework) to encourage priority resource allocation by government (ensure sex worker networks are engaged in this process) has to be

The following common conclusion was agreed by the participants and multi-stakeholders panel members

Action Plan

Call for Action

Noting that for three days community, civil society, international organizations, and governmental organization representatives recognized sex workers' health and social needs,

Noting that all recognized stigma and discrimination, as well as violence and human rights abuses, as fundamental barriers in the affirmation of sex workers human rights, as well as barriers for social inclusion and acceptance,

Convinced that human rights are critical for an effective HIV response, as well as for the well-being and dignity of sex workers,

Concerned, however, with the lack of tailored, comprehensive, and holistic services which are available and accessible to all sex workers,

Affirming that the strengthening of HIV/STI interventions depends on a broader coalition of multi-stakeholders in order to effectively address all needs,

The attendees of the Conference 'Addressing HIV in the Context of Sex Work' have agreed on the following:

- Need for an urgent action to increase information and targeted services, including HIV/STI responses to male, female, and transgender sex workers;
- Need to implement inclusive politics that reaffirm protection of the human rights of all sex workers, including migrant and mobile sex workers;

- Adopt a stance that actively seeks to protect the human rights of sex workers and is based on non-discrimination and inclusion;
- Abolish laws and policies that criminalize sex workers, as a priority, in particular, all punitive measures that violate sex workers' human rights;
- Reinforce the negative implications of criminalization laws and policies on the right to health of sex workers, by increasing their vulnerability to HIV/STIs;
- Recall the negative implications of criminalization laws and policies on the safety of sex workers, by putting them at greater risk of violence and abuse, and risk of HIV/STIs infection;
- Recall the negative implications of criminalization laws and policies on the social inclusion of sex workers, by increasing stigma and discrimination against them, and risk of HIV/STIs infection;
- Call on partnerships and review of the laws and policies that hamper sex workers' access to health and rights services;
- Empowerment of sex workers and community mobilization as key to human, civil, and labour rights advocacy, as well as for reduction of violence against them;
- Need of comprehensive services, need to include combating violence and provision of access to justice and legal support to sex workers as an integral component;
- Involve sex workers in design and implementation of service, but also in policy-making and decision-making processes;
- Increase of coverage of different groups of sex workers, and sex work settings, as a priority to better assist and address the diverse needs of the community;
- Call on governments and international donors to increase funding for public and private sex work projects, overcoming the actual trend of reduction of programme budgets and closing of projects;
- Develop a structural HIV intervention within the consideration of the environmental factors that impact upon HIV risk, by understanding and removing structural barriers.

**The attendees of the conference
'Addressing HIV in the Context
of Sex Work' have
committed to the following:**

- Review and reform legislation and regulations that present obstacles to effective HIV prevention, treatment, care and support to sex workers, as well as provide sexual and reproductive health, and reduction of violence programmes
- Strengthen the enforcement of protective laws and regulation
- Strengthen civil society's involvement in the HIV response for vulnerable populations
- Ensure equality in access to HIV and health-related services
- Combat stigma and discrimination and guarantee equal access to justice for sex workers
- Recognize and involve sex worker-led organisations and empower sex worker leadership and voices
- Enable sex workers to openly access prevention services with dignity, as part of every national HIV programme

Closing

Dr. Licia Brussa in her closing comments stated that the participants of this conference have recognised the needs of SWs, the barriers in overcoming these needs, and the possibilities in tackling them.

The conference was an opportunity to reaffirm that sex work projects in Russia and Ukraine know the barriers that impede sex workers to access health services, and are committed to solving this issue. It recalled that the right to health, as other human rights, is inherent to sex workers, as to other citizens. Everyone agreed upon the need for action to affirm sex workers' rights and improve their access to health, legal, and social services. To implement such plan and to overcome vulnerability to HIV/STIs, participants called on decriminalization of sex work through repealing punitive laws and policies.

Dr. Brussa reinforced the need of partnerships in order to tackle the different fronts to ensure equitable access to health and rights services, with dignity and respect.

Criminalization was reaffirmed as the principal source of vulnerability. High level of violence is the result of stigma and discrimination. Violence in turn increases vulnerability to HIV/STIs. All efforts to reduce violence should include community mobilization of SW. Legal support should be included in all programmes. SW needs should be listened to and heard. There is also a need for the development of a structured approach to HIV. In order to reduce the level of HIV, there is a need to remove structural barriers such as:

- Revision of the legislation, which creates obstacles;
- Existing inequality of access to services;
- Non-involvement of SW in the development of SW programmes;
- No representation of the interests of SW in national programmes;
- Low level of access to reproductive health
- High level of violence against SW

Dr. Brussa closed the Conference by thanking everyone for their participation and contribution.



Annexes

1. List of Participants
2. Press Release
3. The Agenda of the Conference

Annex 1

List of Participants

CONNECTA Conference

Addressing HIV in the Context of Sex Work

11 to 14 November 2013

Kiev, Ukraine

International delegation

1. **Brussa Licia**, Director, project coordinator, TAMPEP International Foundation, The Netherlands
2. **Cherednichenko Valeriia**, Facilitator, TAMPEP International Foundation, The Netherlands
3. **Macauley John**, KM HHD Analyst, UNDP Regional Office, Slovakia
4. **Rakhmetova Aliya**, Director, project coordinator, SWAN Foundation, Hungary
5. **Sladden Tim**, HIV advisor, UNPFA Regional Office, Turkey
6. **Van Wanrooij Dennis**, Policy officer, project assistant, TAMPEP International Foundation, The Netherlands

Russian delegation

1. **Chikhacheva Anna**, Project assistant, Humanitarian Action Foundation, Saint Petersburg
2. **Dudnikova Vera**, Peer, Silver Rose, Saint Petersburg
3. **Dugin Sergey**, Director, Humanitarian Action Foundation, Saint Petersburg
4. **Dvorak Ekaterina**, Project coordinator, Irkutsk regional Department of the «Russian Red Cross», Irkutsk
5. **Filippov Dmitry**, Project Manager, Project for MSM «LaSky», Moscow

6. **Godunova Julia**, Director, Non-commercial Partnership «E.B.A» (Unity. Loyalty. Advocacy), Saint Petersburg
 7. **Gorsunova Tatyana**, Project assistant, Humanitarian Action Foundation, Saint Petersburg
 8. **Ivanova Anna**, Project coordinator, Humanitarian Action Foundation, Saint Petersburg
 9. **Karnaukhov Evgeny**, Chief of the medical unit, Clinical infectious diseases hospital named after Botkin, Saint Petersburg
 10. **Kostin Pavel**, Assistant Manager, The Fund of social initiatives and public health support «Krasnaya Lenta», Saint Petersburg
 11. **Kryuchkova Alexandra**, Peer, Silver Rose, Saint Petersburg
 12. **Lipin Elena**, Leading expert, Federal Scientific and Methodological Centre for the Prevention and Control of AIDS, Moscow
 13. **Maron Evgenia**, Chief of Charitable Foundation «Astra», Moscow
 14. **Maslova Irina**, Head of organisation, Silver Rose, Saint Petersburg
 15. **Mangilev Igor**, Lawyer, Silver Rose, Saint Petersburg
 16. **Ogurtsova Svetlana**, Doctor epidemiologist, North-Western regional centre of the MoH of Russia for prevention and control of AIDS, St. Petersburg
 17. **Petrova Anastasiya**, Psychologist, peer counsellor, a volunteer and leader of the Silver Rose, Silver Rose, Saint Petersburg
 18. **Potomova Anna**, Executive director, Fund "Public Health Institute", Moscow
 19. **Rodionova Anna**, Peer, Silver Rose, Saint Petersburg
 20. **Rozhkov Aleksey**, Outreach worker, legal adviser, Autonomous non-commercial Organization «Novaya Zhizn», Orenburg
 21. **Ryabtsova Oksana**, Peer, Silver Rose, Saint Petersburg
 22. **Sasarov Andrey**, Project Manager, Regional non-commercial charity Fund «TomskANTI-AIDS», Tomsk
 23. **Starostenko Aleksey**, Program director, Regional Public Organization «Sibirskaya iniciativa» | SWAN, Barnaul
 24. **Tsunik Vyacheslav**, President, Regional Public Organization «KovchegAnti-AIDS», Rostov-on-Don
 25. **Veremeyenko Larisa**, Peer, Silver Rose, Saint Petersburg
 26. **Vershinina Natalya**, Administrator, Autonomous non-Profit Organization for Social support of the population «The Project April», Toliatty
 27. **Zaripov Alik**, Coordinator of outreach programs, Public Organization "Profilaktika i Initsiativa"Kazan
 28. **Zarubina Irina**, Executive Director, Non-commercial partnership in support of socio-proilakticheskikh programs in the field of public health, "ESVERO", Moscow
 29. **Zazhmlin Vladimir**, Commissioner Foundation, Police, "Squad", Moscow
 30. **Zhukov Ilya**, Program manager, UNFPA Russia Office, Moscow
- Ukrainian delegation**
1. **Baluta Alesia**, Project coordinator, Charitable Foundation "Hope", Zaporizhzhia
 2. **Bubulich Elena**, Member, Legalife, Kirovograd
 3. **Calancea Constantin**, Rights, Gender, Country Community Mobilization Adviser, UNAIDS Ukraine office, Kyiv
 4. **Demydova Olga**, Project coordinator, Khmelnytsky Regional Association for the Solution of Problems of Drug Addiction and AIDS "Victoria", Khmelnytsky
 5. **Ehsan Nuzhat**, UNFPA Representative for Ukraine, UNFPA Ukraine office, Kyiv
 6. **Gevdi Angela**, Member, Legalife, Vinnitsa
 7. **Grytsiuk Lilia**, Member, Legalife, Rivne
 8. **Halushchak Khrystyna**, Project assistant, Charitable Foundation "Salus", Lviv
 9. **Hmelnitskaya Irina**, Member, Legalife, Kirovograd
 10. **Iryna Nerubaieva**, Project manager, AFEW, Kyiv
 11. **Isaeva Natalia**, Member, Legalife, Kirovograd
 12. **Kolesnykova Nadya**, Programme assistant, Open Society Foundations | Public Health International Renaissance Foundation, Kyiv
 13. **Koltko Maryana**, Project coordinator, Center of Spiritual and Psychological Support "Resources", Ternopil
 14. **Kovalchuk Olena**, Project assistant, Charitable Foundation "Salus", Lviv
 15. **Kozub Tetiana**, Gynecologist, Kharkiv City Student Hospital, Kharkiv

16. **Kravchenko Oleksiy**, Project coordinator, Kharkiv City Charitable Foundation "Welfare", Kharkiv
17. **Matiukh Lilia**, Project coordinator, All-Ukrainian Charitable Organization "Convictus", Kyiv
18. **Metelytsia Natalia**, Chairwoman, State agency on HIV/AIDS and other socially dangerous diseases, and vice-chair of National Council on TB and HIV/AIDS, Kyiv
19. **Mitseruk Galina**, Head of the organisation, Office of Human Rights Defender (Ombudsman), Kyiv
20. **Nemchenko Ella**, Member, Legalife, Mariupol
21. **Novikova Iryna**, Head of the organization, Sevastopol City Center for Social Services for Families, Children and Youth, Sevastopol
22. **Oliynyk Andriy**, Lawyer, Charitable Foundation "Salus", Lviv
23. **Pavlenko Valentyna**, Deputy head, Donetsk AIDS Center, Donetsk
24. **Pchelnikova Oksana**, Project coordinator, Public Movement "Faith, Hope, Love", Odesa
25. **Pilyayev Andriy**, Head of the organization, Public Organization Union "Amicus", Makiivka
26. **Poliantsev Petro**, Chairman of the coordinating council, Ukrainian Network of people living with HIV/AIDS, Kyiv
27. **Poliukhovych Larysa**, Project coordinator, Charitable Foundation "Future without AIDS", Rivne
28. **Poshtaruk Andrey**, Project assistant, UNFPA Ukraine office, Kyiv
29. **Potapova Iryna**, Head of the organization, Youth Organization Youth Centre of Women's Initiatives, Sevastopol
30. **Prokhorova Maiya**, Head of the organisation, Charitable Foundation "Orchid", Mykolaiv
31. **Shestak Natalia**, Member, Legalife, Rivne
32. **Scherbinskaya Alla**, Deputy head, Ukrainian Center for Control of Socially Dangerous Diseases of the Ministry of Health of Ukraine, Kyiv
33. **Skachko Viktoria**, Project coordinator, Charitable Foundation "Anti-AIDS", Lugansk
34. **Skala Pavel**, Senior Programme Manager on Policy & Advocacy, International HIV/AIDS Alliance in Ukraine, Kyiv
35. **Sluzhynska Maryana**, Director, Charitable Foundation "Salus", Lviv
36. **Sluzhynska Oleksandra**, Director, Charitable Foundation "Salus", Lviv
37. **Tiupina Iryna**, Head of the organisation, Charitable Foundation "Way Home", Illichivsk
38. **Tokar Anna**, Technical Support Manager SW, International HIV/AIDS Alliance in Ukraine, Kyiv
39. **Tolopylo Andriy**, Member, SBI-Ukrainian public organization "Association of Ukrainian monitors human rights in law enforcement" (Association UMDPL), Odesa
40. **Tsukerman Elena**, Director, Legalife, Kyiv
41. **Vaschenchuk Oksana**, Member, Legalife, Kyiv
42. **Vanenkov Sergiy**, Project coordinator, Charitable Foundation "Unitus", Mykolaiv
43. **Voronova Olena**, Project coordinator, Youth Organization Youth Centre of Women's Initiatives, Sevastopol
44. **Yatsiuk Oleksandr**, Chairman of the board, Charitable Foundation "Hope and Salvation", Simferopol
45. **Zalata Oleh**, Head of the organisation, AIDS Centre, Simferopol



Annex 2 | Press Release

Addressing HIV in the Context of Sex Work

Kyiv, 11 November 2013

Across Ukraine and the Russian Federation sex workers experience serious human rights violations that impact on their vulnerability to HIV/STIs. Protecting human rights of sex workers is imperative for HIV prevention, treatment, and care.

In spite of that, policy and legal barriers continue to hamper effective investments in the national HIV responses and sex workers are heavily affected by stigma and discrimination.

“Shifting demographics of the AIDS epidemic in the Russian Federation and Ukraine demands a new focus to reach sex workers—a population currently underserved by HIV services and highly affect by stigma and violence”.

The European Union’s **CONECTA project** | **Strengthening of HIV/STI Interventions in Sex Work in Ukraine and the Russian Federation** presents the results of a two-year programme in an International Conference to be held in **Kyiv, Ukraine, from 12 to 14 November 2013**.

Joint Russian and Ukrainian delegations representing civil society organisations, governmental institutions, international organisations, and community representatives will discuss problems and solutions in addressing HIV in the context of sex work.

Purpose of the conference

- Promote, raise awareness, and cooperate with different stakeholders in Ukraine and the Russian Federation and highlight the structural determinants that put sex workers, their clients and other sexual partners at greater risk of HIV infection; and
- Strengthen rights-based approaches to HIV and sex work. Conecta project will share good practices and develop evidence-based recommendations collected throughout the two-year program with state and non-state actors from both countries. Next steps and future actions will be identified to further progress responses to HIV infection in the context of sex work within Russian Federation and Ukraine.

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The press is invited to interview experts and sex worker representatives during the conference upon schedule.



Silver Rose



Annex 3

With the support of

- **UNFPA | Eastern Europe and Central Asia Regional Office**
Russian Federation Country Office
Ukraine Country Office
- **Sex Workers Rights Advocacy Network (SWAN) | Silver Rose | Legalife**
- **Lviv AIDS Centre**

AGENDA OF THE CONFERENCE

Addressing HIV in the context of sex work

11 to 14 November 2013
Kiev, Ukraine

Hotel Ukraine

4 Instytutska Str., Kiev 01001

Tel: +380 44 279 03 47

www.ukraine-hotel.kiev.ua/en

Across Ukraine and the Russian Federation sex workers experience serious human rights violations that impact on their vulnerability to HIV/STIs. Protecting the human rights of sex workers is imperative for HIV prevention, treatment and care in sex workers.

Meanwhile policy and legal barriers continue to hamper effective investments in the HIV response, and sex workers are heavily affected by stigma and discrimination.

The purpose of the conference is to:

- Promote, raise awareness, and cooperate with different stakeholders in Ukraine and the Russian Federation and highlight the structural determinants that put sex workers, their clients and other sexual partners at greater risk of HIV infection; and
- Strengthen rights-based approaches to HIV and sex work. Conecta project will share good practices and develop evidence-based recommendations collected throughout the two-year program with state and non-state actors from both countries. Next steps and future actions will be identified to further progress responses to HIV infection in the context of sex work within Russian Federation and Ukraine.

Monday | 11 November 2013

18.00 – 20.00

Arrival day. Informal welcome and registration.

Staff from Conecta will assist you.

Tuesday | 12 November 2013

Time	Activity	Content	Facilitators & Speakers	Place	
CHAIR FOR THE DAY: Maryana Sluzhynska , SALUS and Lviv AIDS Centre; Sergey Dugin , Humanitarian Action					
09.00 – 09.20	Opening	Welcome	Sergey Dugin , Director of Humanitarian Action Oleksandra Sluzhynska , Executive Director of SALUS Charitable Foundation Natalia Metelytsia , Chairwoman of State agency on HIV/AIDS and other socially dangerous diseases, and vice-chair of National Council on TB and HIV/AIDS Nuzhat Ehsan , UNFPA Representative for Ukraine	Plenary room	
09.20 – 10.00	Regional perspectives and context	Introduction to the main regional issues	Alla Shcherbynska , Deputy Head of Ukrainian Center for Control of Socially Dangerous Diseases of the Ministry of Health of Ukraine Natalia Ladnaya , Senior Researcher of the Federal Scientific and Methodological Centre for the Prevention and Control of AIDS, Russia Tim Sladden , HIV Adviser of United Nations Population Fund (UNFPA) Eastern Europe & Central Asia Regional Office	Plenary room	
10.00 – 10.25	Introduction to the meeting	Review agenda and purpose of the meeting	Licia Brussa , TAMPEP	Plenary room	
10.25 – 10.45	CONECTA project: goals and achievements	Overview of the contents of the project and main results	Dennis van Wanrooij , TAMPEP	Plenary room	
10.45 – 11.15	Break				
11.15 – 12.00	Sex workers in the Russian Federation: community voices	Situation, trends, and project activities of sex workers in the Russian Federation Questions	Irina Maslova , Silver Rose	Plenary room	
12.00 – 12.45	Sex workers in Ukraine: community voices	Situation, trends, and project activities of sex workers in Ukraine Questions	Olena Tsukerman , Legalife	Plenary room	
12.45 – 14.00	Lunch in the hotel				
14.00 – 14.30	Human rights, sex work and HIV	The human rights framework in sex work and HIV	Dennis van Wanrooij , TAMPEP	Plenary room	
14.30 – 15.15	National Mapping on Sex Work in the Russian Federation	Presentation of the mapping report, key findings, gaps and recommendations Questions	Anna Chihacheva , HA	Plenary room	
15.15– 16.00	National Mapping on Sex Work in Ukraine	Presentation of the mapping report, key findings, gaps and recommendations	Oleksandra Sluzhynska , SALUS	Plenary room	

		Questions			
16.00 – 16.30	Russian Federation and Ukraine: similarities and differences	Presentation of the regional report: similarities and differences	Licia Brussa, TAMPEP	Plenary room	
16.30 – 17.00	Break				
17.00 – 17.30	Laws and policies affecting sex workers in Ukraine and the Russian Federation	Presentation of the policy paper and legal analysis on prostitution in Russia and Ukraine	Dennis van Wanrooij, TAMPEP	Plenary room	
17.30 – 18.00	Closing comments	Summary of the meeting day	Aliya Rakhmetova, SWAN	Plenary room	
18.00	Dinner				

Wednesday | 13 November 2013

Time	Activity	Content	Facilitators & Speakers	Place
CHAIR FOR THE DAY: Aliya Rakhmetova, SWAN				
09.00 – 09.15	Introduction	Review of agenda and purpose of sessions	Aliya Rakhmetova, SWAN	Plenary room
09.15 – 10.00	Multi-faceted services for sex workers: experiences and achievements	Presentation on multifaceted services and need of quality services for sex workers Didactical presentation on practical examples of needs of sex workers, gaps/barriers and solutions	Licia Brussa, TAMPEP Anna Ivanova, HA Maryana Sluzhynska, SALUS and Lviv AIDS Centre	Plenary room
10.00 – 11.15	Good Practices for the Russian Federation and Ukraine	Presentation of the Manual Presentation of 4 examples of good practices on partnerships, municipal approaches and examples of good collaboration with public service providers in Ukraine and the Russian Federation	Licia Brussa, TAMPEP Four selected organizations will present their good practices	Plenary room
11.15 – 11.45	Break			
11.45 – 12.25	Violence against sex workers and access to justice	Sex workers talk about experiences on violence and how sex worker-led organisations combat violence and increase access to justice for sex workers	Oksana Ryabtsova, Silver Rose Anastasiya Petrova, Silver Rose Nataliia Isaeva, Legalife	Plenary room
12.25 – 12.45	Key findings Booklet on Violence against Sex Workers	Presentation of assessment on violence against sex workers in the Russian Federation and Ukraine and its patterns	Dennis van Wanrooij, TAMPEP	Plenary room
12.45 – 14.00	Lunch in the hotel			
14.00 – 14.30	Enabling legal and policy environments for effective HIV response in sex work	Introduction to the key obstacles that impede a human rights-based response to HIV in the context of sex work	Ilya Zhukov, UNFPA Russia	Plenary room
14.30 – 16.00	A. Open dialogue on key obstacles & challenges	Dialogue with the participants on the key obstacles and identification of allies	Facilitators: Pavel Skala, International HIV/AIDS Alliance in Ukraine Irina Zarubina, ESVERO Russia	Plenary room
16.00 – 16.30	Break			
16.30 – 18.00	B. Building and	Ukrainian delegation	Russian	Two

	strengthening partnerships	Workshop 1 Facilitator: Pavel Skala, International HIV/AIDS Alliance in Ukraine Rapporteur: Andrey Poshtaruk, UNFPA Ukraine	delegation Workshop 2 Facilitator: Irina Zarubina, ESVERO, Russia Rapporteur: Ilya Zhukov, UNFPA Russia	parallel workshops
18.00 – 18.30	C. Results	Outcomes of the workshop. Rapporteurs: Andrey Poshtaruk, UNFPA Ukraine, Ilya Zhukov, UNFPA Russia		
18.30	Dinner			

Thursday | 14 November 2013

Time	Activity	Content	Facilitators & Speakers	Place
CHAIR FOR THE MORNING: Sergey Dugin, HA				
09.00 - 09.15	Introduction	Review of agenda and purpose of each session	Sergey Dugin, HA	Plenary room
09.15 - 09.30	Introduction of the Multi-stakeholder panel	Explain the activity	Tim Sladden, UNFPA	Plenary room
9.30 – 10.30	Multi-stakeholder panel on cooperation and action	Scaling up a multi-stakeholder cooperation platform Representatives from: NGO, sex worker communities	Facilitators: Tim Sladden, UNFPA Aliya Rakhmetova, SWAN	Plenary room
10.30 – 11.00	Break			
11.00 – 12.30	Multi-stakeholder panel on cooperation and action	Scaling up a multi-stakeholder cooperation platform Representatives from: GO, IO	Facilitators: Tim Sladden, UNFPA Aliya Rakhmetova, SWAN	Plenary room
12.30 – 13.00	Closing	Final remarks and closing	Licia Brussa	Plenary room
13.00 – 14.00	Lunch and departure			

