

Open Society Institute (OSI) - Sexual Health and Rights Program (SHARP)

Sex Work Policy Meeting

Vilnius, Lithuania – July 22-24, 2005

Meeting Report

About OSI

The Open Society Institute's Public Health Program works globally to strengthen the participation of civil society to promote public health policies grounded in scientific evidence, social inclusion, human rights and justice. The Public Health Program supports local, national and international efforts to combat the stigma and discrimination that lead to poor health and social marginalization. By working closely with civil society organizations and building their capacity to monitor public health efforts, the OSI Public Health Program facilitates an informed citizenry to access information, foster debate and enable dialogue with their governments to advance greater government accountability, transparency and healthier, open societies.

For more than two decades, the Open Society Institute and the Soros Foundations Network have supported health and human rights-related projects in Eastern Europe and Central Asia. In 2000-2004, in partnership with the Soros-affiliated national foundations and UNDP partners in each country, OSI focused directly on sex work and drug use, funding 32 harm reduction projects in eleven countries in Eastern Europe and Central Asia.

In 2005, OSI established the Sexual Health and Rights Program (SHARP) to provide international health policy grants to improve sexual health and protect the rights of socially marginalized populations as related to HIV/AIDS.

Meeting objectives:

Beginning in January 2005, seven organizations were provided with small project grants by the Open Society Institute (OSI) to focus on advancing policy and advocacy related to sex worker health and rights in Eastern Europe and the NIS. OSI supported a conference in Vilnius in July 2005 to allow participants to share their experiences and perspectives, provide updates on their progress, and exchange resources and best-practice information.

In total, 14 people from the seven OSI-funded sex work policy projects came together with 10 additional experts. Participants discussed sex worker needs and shared program innovations and achievements. Participants challenged each other regarding conceptual assumptions and approaches toward sex worker health and rights, and regarding methods for evaluating and documenting program outcomes and impact.

Recommended actions included:

- At a project level:
 - Provide funding and network support for self-help organizations of sex workers
 - Encourage harm reduction and social service organizations to increase programmatic support for sex worker participation as peers and leaders, including programs to help women who could be involved in projects to have access to health care, crisis care, and health care and education for their children.
 - At a national and regional level:
 - Provide training for journalists, police and militia, healthcare professionals, and policymakers.
 - At a national and international level:
 - Involve legal researchers in creating analyses of the implementation and effect of laws and treaties related to sex worker health and rights
 - Create resources for advocates related to law and policy, including law and policy on sex work, women's health, migration, drug use, and human rights.
 - Support working groups on the issues related to decriminalization and legalization.
 - Support exchange of information across all countries about current work and challenges.
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Open Society Institute - Sexual Health and Rights Program (SHARP)
Sex Work Policy Projects (funded January-December 2005)

National Center for AIDS Prevention (Armenia) -- "Creation of environment that reduce stigma, discrimination, violence against sex workers in the Republic of Armenia"

This project plans to launch an awareness campaign of sex workers' needs through targeted trainings of health care workers, police, and mass media. They also plan to create an NGO alliance of groups working on behalf of vulnerable populations and groups of affected communities. Sex workers themselves will also be trained through peer education on their legal rights.

Tais Plus (Kyrgyzstan) -- "Ninevia"

This project will analyze the legislation and policies on sex work and present this analysis to community representatives. They also plan to raise the level of awareness among police about sex workers, and to establish a peer training program among sex workers about their own rights.

Vulnerable Groups Coalition "I Can Live" (Lithuania) -- "Sex workers advocacy project in Lithuania"

This project will undertake an analysis of many factors of sex workers' lives: their quality of life, legislation that applies to them, their social security, and other aspects. Once this analysis is completed, the report will be published and recommendations forwarded to local government. A mass media campaign is also planned, in addition to a public presentation of the results of the analysis.

Poltava Charity Public Health Foundation (Ukraine) -- "Commercial sex workers interest advocacy by way the local legal policy base development and realizations social, medical, legal support program" This proposal aims to initiate and pass legislation at the local level which guarantees sex workers' rights to social, medical and legal assistance. The second part of the project intends to launch a social and medical assistance program for sex workers, implemented by a rights protecting agency.

All Ukrainian Harm Reduction Association (Ukraine) -- "Right to have a profession"

Led by a coalition of NGOs from 14 regions/cities of Ukraine, this project aims to provide an analysis of the situation affecting the health and rights of sex workers, to document the risks that threaten sex workers, and to organize public discussions in order to raise awareness and foster a more tolerant attitude among society towards local sex workers.

CISR Saint Petersburg (Russia) -- "Combining efforts to provide Occupation Safety of sex-workers. (The case of Saint Petersburg)"

This project is twofold: the project's first goal is to investigate the array of risks faced by sex workers and determine opportunities to improve the occupational safety of sex workers. The second aspect is to organize a forum in Saint-Petersburg, at which questions of sex workers' safety and health will be discussed amongst professional researchers and sociologists, public activists, representatives from the Legislative Assembly, the media, and others.

The Russian Harm Reduction Network (Russia) -- "Joint Advocacy Project for Harm Reduction and Sex Work in Russia"

This project is also a coalition of NGOs. They will seek to raise the level of awareness among sex workers about their civil rights, and to promote positive public opinion on developing harm reduction services for sex workers. They also plan to advocate for a pragmatic approach to the issue of sex work through launching an educational campaign for legislators and the public.

Summary of meeting proceedings

Friday morning, July 22

Goal of morning session: To review and discuss the current status of sex worker health and rights. For example, what are key factors of vulnerability? How do current policy environments either harm or protect sex worker health? What are the opportunities for advancing sex worker health and human rights?

Presentations:

Dmitry Anatoljevich Butenko, CISR, Russia
“Occupational risks in brothels of large city. The case of Saint-Petersburg, Russia”

Key points:

- In early 2005, CISR conducted interviews with sex workers and militia about the current status of sex worker health and rights in St. Petersburg. In St. Petersburg, there are many different groups of female and male sex workers, including independent escorts working at high rates with wealthier clients, individuals working through organized businesses, and street workers. At the wealthier end of sex work and in more organized businesses, there is less violence, drug abuse, and human rights violations, and greater autonomy related to protecting oneself against HIV and seeking health care. The women who operate at the wealthiest ‘freelance’ end of the business see sex work as an economic stepping stone and as a way out of poverty. On the street, there is more violence and drug use.
- Among street workers, most are young, with lower education, and come from poor parts of the city and from poor rural areas and from Belarus. Many women interviewed describe starting sex work because of economic pressures. Once engaged in sex work, many women seem to stay due to need for money and housing, lack of other economic options, threats or blackmail from pimps, and addiction to drugs. Many women are single mothers and need to provide housing, food and education for their children. Women are afraid of both pimps and prosecution by law enforcement, and become ‘trapped’ by the explicit and implicit rules of both.
- Brothel owners and pimps can be abusive or protective or both. There is overlap of this business with drug trafficking and other mafia businesses. Militia and security staff can be involved in facilitating sex work businesses. Clients include militia, security staff, and also men from mafia and the criminal world. Members of the militia who interact with sex workers are often indifferent or hostile to these women, and see them as a problem rather than victims. Health care workers often refuse to help sex workers.
- Some brothels are factors of stability in sex workers lives. For example, recently, CISR has documented some brothels established for sex workers who do not use drugs.

Discussion:

- What is practical to change in the short term: corruption in government, stigma and negative attitudes by militia and health care workers, or pilot healthcare and education programs that provide access for sex workers and their children?
- Corruption in government, particularly in law enforcement agencies, is a major factor in militia abuse and lack of protection of sex worker rights. Would advocacy against corruption be a good strategy to advance the health and rights of sex workers?
- More comprehensive and detailed data is needed. For example, to tackle corruption by militia, advocates would need specific examples and strong evidence of corruption, violence, and violations of human rights. More data on populations are needed, to provide the basis for advocacy about medical services, legal services, and social and psychological services.

Veena Lakhumalani, HIV and Human Rights Advisor, British Council, Ukraine
"Building knowledge among sex workers about legal and human rights"

Key points:

- The needs and opportunities exist at three levels: sex workers themselves, those directly around them, and the legal and human rights environment.
- Sex workers need to organize and learn their human rights. Yes, women are faced with abuse and violence, intimidation, threats, and economic and social hardship. But too often this is compounded by a lack of knowledge about their rights, and an unwillingness to go to court to seek justice. The challenges are about more than condoms and clean needles. Women need to be able to represent their entire needs for health and social and economic well-being. Advocates should work to reduce the inhibitory factors of fear and lack of response from the medical, judicial, and law enforcement sectors, but ultimately sex workers need to speak for themselves. What are the defined models for sex worker organizing?
- Advocates must work to change the attitudes and practices of clients, militia, and NGOs who claim to serve sex workers. Too often, sex workers are seen as commodities, vectors of disease, and passive clients. No. This is a market. There is a demand for paid sex, and so there will always be a supply. The challenge is to involve both the buyers and sellers in changing the rules of the market and making the market safe and respectful of human rights.
- Advocates must work to advance human rights. TAMPEP and other organizations have defined the necessary human rights treaties that most countries have signed, but many service providers and advocates don't know the details. These treaties and national laws define the rights of women against discrimination and violence. These laws are the basis for fighting for de-criminalization of sex work. For example, in the Ukraine, sex work was criminalized in 2001, with the support of some women's groups. But no laws cover the behavior of clients. This criminalization allows police to threaten women and extort women for bribes and sex. Sex workers have less access to health services, and less recourse against violence by pimps and mafia.

Discussion:

- What are the defined models for sex worker organizing? How do advocates and NGOs support sex workers in organizing themselves?
- There has not yet been an organized movement in the Ukraine to push back against the 2001 criminalization of sex work. How can advocates work with local media and local politicians to get the public and political leaders to work for the rights of sex workers.

Dr. Arshak Papoyan, Head of Epidemiological Surveillance Department, National Center for AIDS Prevention, Armenia

"Update on environment affecting legal rights of sex workers in Armenia"

Key points:

- In Armenia, concerns about the health and rights of sex workers are linked to concerns about HIV transmission, but also linked to concerns about general public health, social services, medical services, health insurance coverage, law enforcement, and human rights.
- There is a need to be strategic. What are we fighting for? What are the unified messages? Who are we allied with? We need to work simultaneously with politicians and public opinion (through the media), and be careful to change and apply laws only where this makes the most sense.
- An important goal should be to advance the autonomy of women who are engaged in sex work. Too often, the debates are about trafficking, humiliation, crime, dignity, but the terms of debate should be changed.

- Administrative laws exist against brothels, trafficking, and pimping. Some of these laws are being re-examined because it is recognized that these laws can allow police to violate sex worker rights. There is some momentum in government, particularly among police and local authorities, to recognize that sex work will always exist, and the best approach is to regulate the business and create a framework that protect women's health and rights and prevents illegal activity. Clarity is needed about exact legal and administrative language, and the nuances of de-criminalization, legalization, and regulation. What preserves women's civil liberties and also their safety and health?
- Health and HIV are important concerns. Would abolition of administrative penalties encourage sex work, and encourage HIV transmission? How can laws reduce the likelihood of HIV transmission? What about laws about drug use and harm reduction, and their impact on sex workers? There must be documentation of what laws do or don't impact.
- What are the international experiences and models on these issues? In Kyrgyzstan, for example, there has been policy dialogue about sex work in the context of controlling HIV. In Russia, sex work is not legalized but is decriminalized. In Slovakia and Hungary, there are criminal codes and some prosecutions against the transmission of HIV.

Discussion:

→ How can advocates have structured dialogue about comparative laws and administrative codes for advancing the health and rights of sex workers? For example, can we have a structured international discussion about the models for decriminalization and/or legalization and regulation? Can we have a structured international discussion about the criminalization of HIV transmission?

Key outcomes and recommendations:

- Define models and approaches for sex worker organizing, to inform advocates and NGOs in projects to support sex workers in organizing themselves.
- Build capacity for comprehensive and detailed policy research. For example, collect specific examples and strong evidence of corruption, violence, and violations of human rights, and collect detailed population needs for medical services, legal services, and social and psychological services.
- Create an international forum for structured dialogue about strategies and comparative laws and administrative codes for advancing the health and rights of sex workers. Create opportunities to discuss decriminalization and/or legalization and regulation of sex work. Create opportunities to discuss criminalization of HIV transmission. Create opportunities to discuss corruption in government, stigma and negative attitudes by militia and health care workers, stigma and negative attitudes in the media and general public, and pilot healthcare and education programs that provide access for sex workers and their children.

Friday afternoon, July 22

Goal of afternoon session: To review and discuss the current status of laws and policies related to sex worker health and human rights. What are opportunities, obstacles, and priorities for policy work?

Presentations:

Raminta Stuikyte, Central and Eastern European Harm Reduction Network, Lithuania
“Overview of 2005 CEE-HRN report on sex worker policy and advocacy needs”

Key points:

- A new publication reviewing sex worker policy and advocacy needs has just been produced by the Central and Eastern European Harm Reduction Network (CEE-HRN). This publication will be mailed to all meeting participants and will be posted on the CEE-HRN web site.
- International conventions that can support sex worker health and rights are those related to rights of women, rights of minorities, protection against violence, control of trafficking, and control of drug trade and use. International conventions are non-binding and voluntary only, and act as statements of international legal norms. However, advocacy about national law can use these conventions.
- Nationally, there are three broad legal approaches related to sex work:
 - direct prohibition or criminalization,
 - direct allowance or legalization (which allows regulation), or
 - an absence of laws either criminalizing or regulating the trade.
- National and local laws attempt to regulate both sex work and/or negative social and economic issues related to sex work, such as pimping and control of sex workers, violence against sex workers, economic or social coercion, extortion, trafficking, drug trafficking, drug abuse or addiction, HIV and STI transmission, or other problems. The legal system can treat sex work and these related issues as either criminal acts or administrative violations. This makes a difference in the manner and severity of legal regulation and enforcement. For example, sex work can be seen not as a criminal act but as a violation of the health code.
- Underlying all of this are the ‘moral standards’ of the country and community, which influence both the laws and enforcement. In many cases, there are larger societal norms that influence the attitudes of lawmakers and police about the value of sex worker health and rights. There are also political opportunists, such as parliament members who will create a controversy only to gain media attention, but who don’t care about the issue or its solutions.
- We need to change the terms of debate. For example, trafficking is often the focus of debate, but then no one cares what happens to the women who are not trafficked but are still trapped in sex work, vulnerable to abuse, and without access to healthcare or education for their children.
- In most cases, the existing legal frameworks and practices are not efficient in protecting sex worker health and rights. When authorities attempt to use penalties or force to prevent criminal or administrative violations, sex workers are more vulnerable to these penalties than their pimps or clients. Street sex workers consistently report that members of the police and militia are a group that most often violates their human rights.
- Internationally, laws vary widely. In Albania and Romania, sex work is a criminal offense. In Ukraine, sex work is an administrative offense. Slovakia and Croatia have no regulations on sex work. Hungary has created tolerance zones where some behaviors are tolerated within limitations but without legal recognition. Lithuania is the only EU country where sex workers are penalized. In Latvia, sex work is not legal but nor is it penalized, and there are tolerance zones. In Estonia, sex work is legal.
- There tends to be less reported violence against sex workers where government have stepped in to define the rights and protections of sex workers, or where governments explicitly regulate sex work.
- The CEE-HRN report collected extensive data from NGO service programs that work with sex workers, and then verified that information against data from other sources. The CEE-HRN report identified common themes and priorities for action across the region. The report also identified inconsistencies and extremes in the region, which could serve as focal points for action.
- Ultimately, the voices and advocacy of sex workers are needed, since it is they who know their situations the best. In our poll of sex workers, a vast number didn’t know their rights.

- CEE-HRN will work to integrate the recommendations of this report into the advocacy of allied communities, and will seek to inform and mobilize a range of advocates on these topics.

Discussion:

→ How will advocates implement recommendations in the CEE-HRN report? What are the common international priorities and positions on issues such as legalization vs. decriminalization, or criminalization of HIV transmission? What are the common priorities across all of the potential actions, such as national legal change, change in law enforcement and corruption, promotion of targeted NGO service programs, or work with media to change public attitudes and debates?

→ Are there ways to use the harm reduction networks and methods for advancing sex worker health and rights? The dynamics are similar in terms of simultaneous needs for immediate service interventions, changes in public attitudes, and evidence-driven policies.

Sergey Oleynik, Russian Harm Reduction Network, Penza, Russia

"Successes and barriers faced by the RHRN related to sex worker health and rights"

Key points:

- In Russia, there has been direct experience of these policy challenges around decriminalization, legalization and regulation.
- In 2004, national lawmakers suggested a state regulation to legalize sex work. The Russian Harm Reduction Network created an advocacy compendium as a policy document to support this action. Our brochure provided background definitions of ‘decriminalization’ and ‘legalization’, and discussed the legal options in terms of what would benefit the health and rights of sex workers. Unfortunately, the regions were generally negative about the proposed legislation, mostly because the awareness was low and public attitudes were negative.
- Currently, sex work is not criminalized in Russia. But it is not legal or regulated. Some regions, such as Saratov, Penza, Vernzh, or St. Petersburg, have considered or attempted some changes, but no one region will change the country.
- We believe that legalization will not happen in Russia. First, there is a popular perception that this represents permissiveness of uncontrolled sex work, which would be opposed by those who are morally conservative. Legalization is also not favored by sex workers, who are concerned about the state demanding taxes and individual registration. This means that registration of sex workers or brothels, mandatory health inspections and certifications, or other regulations that could improve public health and human rights are unlikely. Official tolerance zones are disliked by conservatives, communities and sex worker advocates, who see this as creating ghettos.
- So, what is happening now is a default situation – sex work happens in places that are ignored by police (such as on certain highways) or in places that are protected by police (such as in brothels that pay bribes). The power of the police and militia are arbitrary, and the rights of sex workers in relation to pimps and clients are undefined. Payments for safety and protection are paid to criminals and to police taking bribes, instead of being paid as taxes for law enforcement. Money is the biggest factor – sex workers and brothels that work at the top of the business have fewer problems with health access and violence; individual street workers who are paid the least have the biggest problems.

Discussion:

→ What would be considered success in Russia? How would that change happen?

→ How do the two coalitions CEE-HRN and RHRN coordinate their policy analyses and advocacy work on these issues?

Mayya Prokhorova, Orchidea, Ukraine

“The challenges and opportunities for sex worker health and rights, from perspective of a harm reduction project in Nikolaev, Ukraine”

Key points:

- In Nikolaev, work has been done to organize sex workers around health and rights.
- The Nikolaev region has a population of only about 500,000 people, but has 1,125 people registered as HIV+ and dramatic increases in reported rates of sexually-transmitted infections. More than 25% of sex workers might be already infected with HIV.
- In 2001, a group of sex workers organized to support each other and to regularly share information about clients who were violent or dangerous. The first activities included regular support meetings, the creation of a list of women support providers who could help on issues of violence and coercion, and a printed booklet to share this type of information.
- In 2003, after much effort, this group registered as a women’s trade union. The larger goals of the organization are to change public awareness and attitudes, improve sex worker knowledge and empowerment, and to advance sex worker health and human rights.
- The organization began to do outreach to sex workers on the region’s highways, and began to do research to collect data about who is engaged in sex work and what the attitudes, needs, and opinions of sex workers and their clients are. In recent research, 545 sex workers were interviewed, including 326 street and highway workers. This research effort found similar patterns about health care access as our international colleagues: such as the fact that call-girls working with wealthier clients can afford to go to doctors, but street workers have less access to health care and medicines. The project also interviewed many clients and militia, and found that in general, clients of sex workers wanted legalization because they believed that it would bring a safer and cleaner environment.

Key outcomes and recommendations:

- The Nikolaev example provides a model for sex worker organizing, where sex workers began to support themselves and also began to do research to inform regional and national policy change.
- There are opportunities and networks where advocates across all of the countries in the CEE and NIS can work together, and can discuss and focus on specific topics and potential areas for change.

Working group discussions

Participants divided into four small groups to discuss priority laws and policies to address, and priority actions during the remainder of 2005 and 2006?

Key points in subsequent presentations and discussion:

Group #4:

- Decriminalization can be a common goal, even as a general concept.
- Advocates can work together to change laws in their countries. The CEE-HRN report provides a basis for identifying which laws and which countries provide the best opportunity for action and change. Clearly all of the advocacy work can be based on:
 - strong arguments,
 - locally-derived research data and evidence,
 - models and best-practices from other countries,
 - relationships with policy-makers, lawyers, court officials, and others,
 - changes in public opinion and political support,

- work with key networks who influence public opinion, such as media and clergy,
- involvement and support of sex workers,
- evaluation of all efforts, to know how we are succeeding and where we need to change strategies.

Group #3

→ We believe that there needs to be continued discussion about decriminalization and legalization, so that there is common understanding and support among advocates in all countries about a common strategy.

→ For the goal of decriminalization, it should be understood that this means an end to harassment and persecution of sex workers by legal and law enforcement authorities, and also increased access to legal protections and health and social services.

→ About legalization, the positive aspects should be understood as far as allowing full rights and responsibilities of sex workers. But the challenges should also be understood, such as regulations that could diminish economic freedom, discriminate against non-citizens, or increase penalties or laws related to drug use or HIV. Legalization and regulation could bring in more state involvement in registration and control, without diminishing the problems of violence or coercion. Right now, sex workers in countries such as Russia or Kyrgyzstan are saying that they don't want legalization. We should listen to them.

Group #2

→ We believe that the first priority should be changing of public opinion and debate, as a basis for changing law and social policy. This should be done by working with media and also by working to train advocates and leaders who can represent these issues well.

→ A second priority should be changing national laws, in favor of de-criminalization. This should be done by documenting the current international and national expert opinions, by researching policy-maker opinions and understanding who can be allies and who are targets, and by creating model laws and administrative rules that can be adapted to each country.

→ Coalitions can be created, across many different stakeholders, advocacy partners, and geographic regions.

→ A core strategy should be to humanize the issues, to let people understand that this is about individual stories and the fate of people in their communities. This is especially important at a local level in building relationships between militia and sex workers. In both professions, individuals are struggling with difficult forces.

→ We should work at many levels, and think of our strategy at many levels. We should work to change policies at the highest executive and legal levels, but at the same time, these policies must be accepted and supported by the public, by law enforcement, and by sex workers.

Group #1

→ Yes, we support the goal of decriminalization.

→ A first priority should also be to improve access to health care and education, and access to broader economic and social opportunity, because this underlies a lot of the problems of the poorest sex workers. For example, we should work in coalition with others to advance the rights of non-citizens and non-residents to access health services.

→ Public opinion is another priority, since change in legislation needs to have the support of public attitudes and mobilization of people who lawmakers listen to. There needs to be a change in the terms of debate about sex workers, HIV, and sexually-transmitted infections. Sex workers should be a part of this debate, as empowered advocates and representatives of their own issues and concerns.

→ Legal initiatives could focus not only on decriminalization, but on eliminating discrimination in places like healthcare settings, creating standards for businesses such as brothels that might be sponsoring sex work, combatting violence by police and militia, and working with health and law enforcement authorities to better respect and protect human rights.

Saturday, July 23

Goal of day: To review and discuss specific case studies of legal and legislative environments and actions related to sex worker health and human rights.

Presentations:

Ludmila Vasilievna Jahontova, Lawyer, CISR, Russia

"The legal regulation of sex work in Russia, opportunities and obstacles"

Key points:

- In developing strategies for legislative changes, it is helpful to analyze the implementation and effect of current legislation, to see what is currently effective and not effective. Although there is literature to describe the law, there is very little research or literature to document its practical application and effect. Legal researchers have not dedicated much attention to sex worker health and rights.
- In Russia, the national legislation does adhere to international treaties and conventions, including those on trafficking, exploitation through prostitution, and children's rights. Relevant national laws include:
 - Criminal Code - Article 240 – enticement into sex work
 - Criminal Code - Article 240(1) – assisting in engagement in sex work
 - Criminal Code - Article 241 – organization of the activity of sex work
 - Administrative Code - Article 6.11 – providing for administrative fines for both minors and adults for engaging in sex work
 - Administrative Code - Articles 6.12 – providing for administrative arrest or fines for deriving an income from engaging other persons in sex work
- There are many other laws related to sex worker health and rights, such as:
 - Criminal Code – Article 121 (infecting with venereal disease); Articles 127 and 228 (related to drug trafficking); Articles 131-135 (crimes against sexual freedom and inviolability); Articles 150-157 (crimes against family and minors, including human trafficking).
- These existing laws do not provide an adequate framework for action by either the authorities or sex workers to advance health and rights. Last year, only one criminal case related directly to sex work proceeded through to sentencing, and only five administrative cases proceeded to the stage of fines. Why?:
 - cases often need evidence and witnesses to proceed.
 - cases often need the consent and participation of the victim and of others.
 - sex workers are sometimes not able to escape and report..
 - sex workers are not trusting the authorities.
 - sex workers are sometimes not wanting the publicity and involvement of authorities, or the possibility that the mass media will learn of the issue and bring publicity.
 - authorities, including law enforcement and prosecutors offices, need to be willing to dedicate time and resources to the prosecution of these cases. Those offices are overwhelmed with other work and priorities, and don't see a high volume of actionable cases with evidence coming to them. Investigating cases is expensive, complicated and time-consuming. They therefore show some tolerance and lack of effort for these issues.
 - societal attitudes allow this inaction.
- Another important question is about the preventive effect of the laws. Are they viewed as a joke or a threat? Do they serve as a threat to prevent abuse and harms? Further qualitative

research is needed to document the perceptions of sex workers, pimps, clients, and law enforcement, to see if they think that these laws are a factor in their behavior. Even if no legal action has been taken, perhaps the existence and threat of the law is enough to create a standard of what is acceptable in terms of pimping and control of sex workers, violence against sex workers, economic or social coercion, human trafficking, drug trafficking, HIV and STI transmission, and other problems. On a negative level, perhaps the threat of the law creates an incentive for bribes, where militia are paid off to not enforce the law.

- Our preliminary evidence is that the threat of the law enforcement does not have enough effect. For example, the number of minors involved in sex work is high, but this is ignored.
- Another challenge is that the legal codes against the organization of sex work businesses can be used against organizations of sex workers. If women are organizing into a self-help union, without violating each others' or others' rights, why should they be penalized?
- How do we fix this situation? What is needed?
- Further research, situation analysis, and data are needed about the implementation and effect of current laws.
- International comparisons and models are needed, to find positive examples from other countries of what could be done here in Russia.
- Further analysis is needed about potential counter-advocacy or related issues. For example, what are the arguments about abolition? What are the arguments about access to health insurance, access to care, medical reporting of infectious disease to authorities, or contact tracing of infectious disease? What will be the likely positions of the media or the moral police?
- Involve a variety of experts in roundtable discussions to discuss and prioritize strategies. These discussions should include expertise in many legal issues, and also from many regions and districts because there might be a reason to have a specific geographic focus in early efforts.
- Demonstrate where and how current laws fail, and where and how new laws might improve the situation of public health and human rights.
- Propose new draft laws.
- At the same time, pilot programs are needed at the frontlines to demonstrate the potential for change and to involve spokespeople and advocates at a local level. For example, programs to integrate non-resident or non-citizen sex workers, or programs to work with local militia.

Discussion:

- It was stated that there is limited legal research to analyze the implementation and effect of current legislation, to see what is currently effective and not effective. Who can do this work? Which legal policy institutions exist in Russia to take on this effort?
- How can NGOs assist in collecting documentation of the way laws are and are not implemented? Can disseminated data collection be supported?
- What are the possible links to current advocacy about access to reproductive health, and to those in the medical profession advocating for human rights?
- Are there actions that can be taken now? For example, with the media, can there be a lawsuit against the media when there is a breach of confidentiality? Perhaps targeted actions can help to educate the public and policy makers.

Kristina Mahnicheva, Tais Plus Dva, Kyrgyzstan
“Update on policy and advocacy strategies in Bishkek, Kyrgyzstan”

Key points:

- In Kyrgyzstan now, sex work is not legally a criminal activity for adults. Under the current law, sex workers are ‘supervised’ by the police and medical establishment. There is a lot of social stigma about sex work, which influences the behavior of police and health workers. The

law enforcement and health institutions still have a lot of arbitrary power, and so it is dangerous to try to hold them accountable.

- We agree with our colleagues from CISR in St. Petersburg that there needs to be better research about the implementation and effect of laws, and build an evidence base from which to suggest actions. For example, we believe that working with younger street-level law enforcement officers would help in improving the way that laws are understood and carried out, but it would be good to have proof of this. What are the actual knowledge levels and attitudes of police, pimps and clients? Do they need to be educated? Will working with them help to find solutions to health and rights?
- Sex workers generally don't know their rights, and have a lot of misunderstandings.
- Many sex workers in Bishkek are not locals, and do not have proper identity documents. This is a big problem.
- There is a strong policy link between sex work, drug use, and HIV. We calculate that more than 10% of HIV+ are sex workers and more than 80% of HIV+ are injection drug users. Therefore, for example, a law existed on HIV prevention and transmission, and any identified sex worker had to undergo obligatory HIV testing. This obligatory testing was ended. The Ministry of Health wants epidemiological data on sex workers, partly to support international funding, and so there is regular medical and legal surveillance.
- Decriminalization doesn't necessarily mean reduced abuse and harms. Involuntary trafficking of women still happens, because it carries a profit, and the authorities look the other way. Abuse still happens – for example, a sex worker recently brought a lawsuit against a police officer, and she was immediately detained and locked in a cell, where no one could reach her.
- What do we do in response?
 - We have begun to work with local law enforcement during the past six months, and we believe that street-level police are willing to cooperate to address the problems of health and well-being of sex workers.
 - We are working to increase awareness and knowledge among sex workers, including creation and distribution of a leaflet and a booklet for sex workers explaining their rights.
 - We are conducting surveys, and trying to identify where involuntary trafficking of women is happening.
 - We have four lawyers doing outreach and providing on-site legal counsel to sex workers. As a result of this, three sex workers were able to successfully complain through the legal system without our direct support.
 - We are beginning to be able to work with the government. Although the government generally ignores evidence collected by NGOs and turns down requests for meetings, we recently helped draft a law for the Ministry of the Interior and helped support a meeting of outreach workers with the White House.
- The dynamic of changing a policy or a practice requires work on several fronts. For example, we learned from a nurse at a major health center that women were being tested for HIV without their knowledge or consent. We took three actions:
 - We wrote a letter and established a relationship with the director of the AIDS Center, who then acted with a formal reply to us, a letter of warning to healthcare providers, and an educational seminar for providers.
 - We did outreach to potential patients to inform them of the current laws and rules, and to inform them of their right to not give a blood test without their consent.
 - We made the information publicly accessible by announcing it on our web site.

Mavluda Toktosunovna Joldoshova, Podrug, Kyrgyzstan
“Update on policy and advocacy strategies in Osh, Kyrgyzstan”

Key points:

- Our approach has been a combined effort to prevent HIV and TB, to advance harm reduction related to drug use and drug trafficking, and to help the affected populations. We work in Osh, a city of 50,000.
- Our work includes outreach by five staff, research and data collection about needs of people, and trainings on safer sex, advocacy, work with media, and work related to the law, human rights, and legal advocacy. We provide free treatment for STIs, free condoms and syringes, and free legal consultations.
- Self-empowerment is not simple; if a woman states that she knows her rights, the police will just tear up her identity papers.
- We find that sex workers have many challenges related to client violence, police violence, and police detainment. Our project lawyers can help women who are not detained, but cannot always reach women if they are controlled by pimps or detained by authorities.
- Some work has been done from Podruga to advise and draft changes to laws submitted to the Ministry of Justice.

Discussion:

- How can projects document and expand work with local-level police and militia?
- How do organizations like Podruga best document their work, and define the scientific evidence, theory of change, and justification for their activities, specifically in terms of public health and human rights outcomes?

Igor Vassilanko, OSI Technical Advisor, Kazakhstan

"Experiences of NGOs in working with police, doctors, and others to improve laws and law enforcement related to sex workers"

Key points:

- We have developed a model program for establishing good relationships between law enforcement officials and community organizations. Our effort has been guided by the idea that establishment of good knowledge, attitudes and relationships can help prevent problems and can help build solutions.
- Our program developed four training modules:
 - A training for NGO projects about law enforcement and how to work with police
 - A training for police about HIV, drug use, and NGO activities. Trainings can be conducted with high-level law enforcement leadership, with mid-level police, and with street-level police.
 - A training to bring people together and establish partnerships
 - A training of trainers (TOT) to allow the model to be expanded.
- Our trainings have been conducted in Moscow (June 2004), Dushanbe (October 2004), and Lithuania (December 2004). People from eight countries have been involved.
- Ultimately, these trainings should be conducted to influence people at a ministerial level, at a local programmatic level, and on the street with study visits to allow people to see success in action.
- International exchange of experience is very useful.
- NGOs need to learn how to establish formal agreements with police, while maintaining their trusting relationship with sex workers.
- Police and other law enforcement officials face a number of challenges:
 - Law enforcement officials work within organizational hierarchies and across agencies, and so require support from above and below to institute changes. For example, it can be difficult for street police to get official permission to work cooperatively with sex

- worker groups, because this would mean ignoring or permitting activities that are technically illegal. Therefore these decisions must be made at a high leadership level.
- Police are responsible for enforcing laws in tough environments, and therefore learn to be aggressive and intolerant. Many NGOs don't know how to make relationships or communicate through this attitude.
- We believe that this training model will work with other professionals as well, such as medical professionals. Doctors and nurses need training to overcome stigma, change policies of health care institutions, and to work collaboratively with NGOs.

Dr. Arshak Asmaryan, Consultant, Armenian National AIDS Foundation, Armenia
 "Update on policy education and advocacy tools being used in Armenia to advance sex worker health and rights"

Key points:

- Our project in Armenia has worked on trainings for health and rights. Our goal has been to reduce stigma and discrimination, and to increase knowledge about good practices related to public health and human rights. We are also aiming for greater knowledge about HIV/AIDS. We recognize the dual challenge of improving national laws and also improving the way that laws are enforced.
- Currently in Armenia, there is social discrimination related to sex work, and also to HIV. We are focusing on eight cities in Armenia. We calculate about 9,500 sex workers in Armenia. The concentration of sex work is in Yerevan, as is the concentration of documented HIV cases. At the same time, we see strongest progress and efforts to address social needs in and around Yerevan.
- Sex workers generally don't know their rights or options for health, and want information about HIV prevention.
- In 2002, the government issued a memorandum of support, which provided a framework for trainings. Our activities began in 2004, supported by the Global Fund and also by OSI. We have conducted trainings on existing legislation, legal systems, and human rights, as well as training about HIV prevention, and efforts to increase involvement and advocacy of marginalized populations such as sex workers. So far, we have trained 15 current or former sex workers as peer educators, 20 sex workers as counselors, and have engaged 20 members of the police and 20 members of the media in trainings. And we have trained more than 100 other staff and volunteers.

Discussion:

- The Armenian government does see the need to involve law enforcement as partners in advancing sex worker health and rights. Because of government support and the organized nature of police and military institutions, the ability to systematically train police and militia is fairly strong. However, there is still a question of how to work with the police so that they see this issue as a priority and to gain systematic cooperation. International experience shows that the countries that have highly centralized police systems can be easier to work with, because the leadership can simply approve of the project and issue an order about work schedules and trainings.
- What outcomes are seen? Have the trainings of police, media, and healthcare workers resulted in measureable improvements in services and decreased instances of violence and discrimination? This evaluation remains to be done.
- Now that the program activities are established, is the program acknowledged as useful and important by the leaders inside the law enforcement and health care institutions? There is still work to do on ensuring this longterm interest and commitment.
- What is the sustainability of this effort? There is work being done at a national and also municipal level to make sure that the trainings and training of trainers are integrated into larger

programs. We see a need for this effort to be part of a broader focus on health and human rights.

Jurga Poskeviciute , Open Society Lithuania
"Laying the foundation for sex worker health programs in Lithuania"

Key points:

- We calculate that there are between one and three thousand sex workers in Lithuania, mostly in their early 20's. Many are from Russia, Belarus, and other former Soviet countries, and 80% are injection drug users.
- In Lithuania, as described earlier, sex work is not a criminal act, but is subject to an administrative fine (and therefore is the only EU country to have this penalty). Women are the targets for these penalties; clients and pimps are better able to protect themselves.
- Social and institutional ignorance and stigma related to sex workers are high. Officials do not place a priority on these issues, and do not have a great deal of information or awareness. Health care providers don't know very much about the overall situation, and have no clear organizational protocols or policies. Police see sex workers as voluntary criminals. Service organizations treat sex workers as involuntary and powerless victims. Health workers see sex workers as both criminals and victims.
- There is little communication or coordination between agencies, and everyone points blame and responsibility to others. There is also no shared official vision about what health and rights could be, but instead a sense that poor health and violence are inevitable. Very few medical professionals or law enforcement officials are willing to be leaders and stand up publicly for sex worker health and rights. The result is good consistent HIV prevention, health services, or protection by law enforcement is not being done across Lithuania.
- Sex workers are difficult to work with. They are slow to trust and engage. And not enough programs are paying former sex workers as staff or consultants, even those these women could be good experts about the work.
- Our project for sex worker health and rights has begun, and is gaining initial experience and data. Our focus has been on street-based sex workers, focused on the cities of Vilnius, Klaipeda, and Aleytus. We are interested in expanding our research to:
 - include better quantitative data about all sex workers, not just street workers;
 - to have better data about immigrants, migrants who come through Lithuania on their way to other EU countries, and the different issues of voluntary migration vs involuntary trafficking;
 - to understand more about how national and municipal laws are implemented and affect sex worker health and rights; and
 - to continue to link these issues into other work being done within the "I Can Live" coalition.

Dr. Virginija Ambrazeviciene, Open Society Lithuania
"A case study from Lithuania: Recent challenges to harm reduction programs"

Key points:

- We present a recent case study to show the need to prepare for political attacks, and the need for building broad alliances for cooperation and advocacy in advance.
- Harm reduction efforts began in Lithuania in 1995, but only in the past year (2004) was harm reduction included in national program priorities. We created a new harm reduction coalition of thirteen NGOs called the "I Can Live" coalition.

- Entering the European Union raised new challenges for harm reduction in Lithuania. The politics in our Parliament became much more polarized, with aggressive debates and sensationalized media on many topics.
- Suddenly, in early 2005, harm reduction became the target for some politicians, who didn't really care about the issues but who saw some political gain in posturing. Some of the media saw a story and amplified the attacks. Parliament responded defensively and ordered a review, deciding to temporarily close harm reduction projects.
- We were forced into responding at a number of levels. We collected and presented data to show the effectiveness of harm reduction in reducing rates of HIV and drug use. Organizations representing patients and marginalized populations wrote letters to politicians and to the media. We organized press conferences with medical experts and injection drug users, so that media could hear the voices of both professionals and those in need. Coalition members held meetings with government officials. At an international level, UNAIDS and WHO communicated their support for harm reduction, and many international organizations wrote letters and e-mails of support. Ultimately, the attacks stopped, the Parliamentary review found nothing wrong, and the harm reduction programs resumed.
- One lesson was that we benefitted from international experience. There was no need to completely reinvent the wheel, and recreate documents that already existed from similar fights in other countries.
- Another lesson was that the diversity of our coalition was a great help to us, allowing us to bring many different voices forward into the public spotlight.
- A third lesson was the need to promote inter-governmental communication, so that the Department of Drug Control is having consultations with Parliament and has relationships of support there.
- We anticipate that this type of political challenge could happen again, because Lithuanian politics will continue to produce new politicians and new coalitions, all seeking issues on which they have an advantage.

Working groups/discussion

Participants divide into four small groups to discuss effective policy and advocacy strategies, and strategies that could be shared and implemented during the remainder of 2005

Key points in subsequent presentations and discussion:

Group #1: Change public opinions and attitudes

- Projects need to start with a good awareness of current opinions and attitudes, and what messages and arguments are likely to be understood by the public.
- Projects should develop relationships with individuals working in media.
- Projects need allies who are respected experts and politicians.
- The goal should be to raise awareness of a problem and also provide solutions and alternatives, and a reason for change, especially in the context of benefitting people (a human face).
- Projects should have evidence to support their arguments, and be prepared to answer all objections and questions.
- Projects should train staff and develop alliances with other groups to help move the effort forward.
- Internationally, projects can compare experiences and share lessons learned about what works in communicating through the media and influencing public opinions and the terms of debate.

Group #2: Improve laws and policies

- Projects need to start with a good awareness of current laws and policies.

- Projects need to understand what has happened (successes and failures) in attempting to change laws and policies.
- Projects should develop relationships with lawmakers.
- The effort requires broad alliances and related actions. For example, addressing access to care can mean working on national resources for healthcare, accessibility of individual facilities, access to health insurance, quality of professional care, the confidentiality of medical data, or the rights of immigrants and those without appropriate identification papers.
- Alliances should include community organizations, professionals, religious groups, and the media.

Group #3: Improve implementation of laws and policies

- Projects need to start with a good awareness of current implementation and effect of laws and policies.
- Projects should develop relationships with law enforcement.
- More has been said about this area in previous presentations.

Group #4: Involve sex workers as leaders and partners

- Outreach and involvement: Projects should be structured to allow for regular contact with sex workers, easy access by them to the project's activities and people, and ownership and belonging by sex workers. Where sex workers already are beginning to self-organize, projects should link with these efforts. Projects can hire sex workers as outreach workers and advisors.
- Accommodation: Involving sex workers means being able to address biases, such as getting people to work across different levels of education and backgrounds, accommodating inexperience, low-literacy, poverty and income needs, transience and lack of official residency, and problems of drug addiction or threats of violence and incarceration.
- Investment: Projects should educate and train their staff, volunteers and clients, and set up structures for peer education, recognizing that this education happens formally and informally. Trainings should be supported with good curricula or training tools.

Sunday, July 24

Goal of day: To connect participants to several existing coalitions and networks, and to identify follow-up actions.

Working in coalitions; making coalitions work

Hanka Mongard, TAMPEP, Netherlands

"Experience of TAMPEP, including October 2004 sex work policy training in Lviv"

Key points:

- TAMPEP is a coalition of 25 member organizations, including members from Bulgaria, Romania, and Ukraine. Each member is itself a coalition or network, responsible for being a focal point and convening organization on sex worker rights in their own country.
- Our approach is one of international cooperation among peer organizations. TAMPEP brings all members together for a general meeting twice each year. TAMPEP links with other networks, such as Fenerete, Femmigration, Sex Worker Europe, et al.
- Our priorities are the protection of human rights of sex workers. Our goals are greater inclusion of sex workers, reduction of health inequalities, and improvement of social and economic rights, all through a multisectoral response involving both governments and non-governmental organizations. Our common strategies include reducing social and political

exclusion of sex workers as people and as an issue; working to combat repressive policies; working for change in the sex industry, addressing criminal elements involved in sex work; and addressing mobility related to sex work.

- We are particularly interested in working with governments and NGOs from across Eastern Europe and the NIS to build recognition of this work as a pan-European challenge and effort.
- We invite organizations to attend a three-day conference in Brussels on 15-17 October.

Ksenya Shapoval, All-Ukrainian Harm Reduction Association, Ukraine

"Work of the UHRA to advance laws and policies to improve sex worker health and rights"

Key points:

- The Ukrainian Harm Reduction Network was started in 2004 as a network of 13 organizations and is now a coalition of 41 member organizations, all working on a range of issues related to drug-related harm reduction, HIV prevention, and other health and human rights work. A new coordinating mechanism has recently been established.
- Ukraine is in political transition as a country and as an EU neighbor, and is a transit point for many people heading west. Sex workers and others face the same challenges described by others earlier in this meeting, including low access to health care, risk of HIV, violence from clients and pimps, violence and arbitrary detention by police and militia, and the need to pay fines and bribes to law enforcement and health care. Rates of injection drug use and HIV infection are very high among sex workers in Ukraine. Sex work businesses are heavily controlled by criminal elements. Our goal is to support our coalition of NGOs in combatting this situation.
- At a policy level, Article 203 describes fines and imprisonment for sex work, and liability for pimps and trafficking. However, in practice, laws are not enforced, partly because of corruption and payment of bribes, and partly because law enforcement is involved directly in this industry. We believe that we can document this, as a way of arguing that stricter penalties are not a solution, but instead there needs to be work against corruption, combined with harm reduction programs.
- We are interested in helping to create or support a new network of sex worker organizations, and we recognize that the initiative must come from sex workers themselves. There is experience of sex worker organizations in Ukraine, such as the organization Maria formed in Odessa in 1996. We're interested in the legal issues about how these organizations can be protected against the laws that prosecute sex work businesses.
- We are interested in the discussion about de-criminalization vs legalization, and also by the case study from Lithuania about preparing for political fights.

Dasha Ocheret, National Drug Policy Alliance, Russia

"Links to harm reduction advocacy and changes in drug policies in Russia"

Key points:

- There is great potential to learn from the experience of drug user organizing and work to change drug policy in Russia. At the Drug Policy Alliance, we are an organization that is guided by an open committee of about 30 people, working from the perspective of drug users who need harm reduction efforts, and focused on access to clean syringes, access to substitution therapy, access to HIV treatment and care, and access to rehabilitation services for those newly released from prison. We work in partnership with other networks and coalitions, including those working for women's health, greater democracy, and for economic development.
- In Russia, we succeeded in 2003 and 2004 in amending the criminal code, Articles 228 and 230, to eliminate forced drug treatment and criminality of HIV. It took five years of effort, and even now, our work is threatened with potential reversal and so requires continual effort.

- Our lessons learned are similar to those of the Lithuanian “I Can Live” coalition – the benefit of a broad coalition, the need for many diverse voices, and the need to work at many levels.
- There is a good opportunity to build work related to sex worker health and rights within the Russian harm reduction movement.

Next steps and future directions for project and networks

Prior to the last day, on Saturday evening, participants posted their recommendations for topics that needed further discussion and follow-up. On the last day, participants reviewed these items and briefly reiterated strategies that could be shared and implemented during the remainder of 2005. These recommendations included:

- At a project level:
 - Provide funding and network support for self-help organizations of sex workers
 - Encourage harm reduction and social service organizations to increase programmatic support for sex worker participation as peers and leaders, including programs to help women who could be involved in projects to have access to health care, crisis care, and health care and education for their children.
- At a national and regional level:
 - Provide training for journalists, police and militia, healthcare professionals, and policymakers.
- At a national and international level:
 - Involve legal researchers in creating analyses of the implementation and effect of laws and treaties related to sex worker health and rights
 - Create resources for advocates related to law and policy, including law and policy on sex work, women’s health, migration, drug use, and human rights.
 - Support working groups on the issues related to decriminalization and legalization.
 - Support exchange of information across all countries about current work and challenges.