



Australian Sex Workers Association

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To the 20th Meeting of the Programme Coordinating Board (PCB), UNAIDS, 25 – 27 June 2007

RE: “Three Pillars”

Scarlet Alliance, The Australian Sex Workers Association Inc, is the peak body representing sex workers and sex worker organisations in Australia. Formed in 1989, we have affirmative action policies and a strict community based membership, ensuring sex worker representation at all levels. Scarlet Alliance was a founding member of the Asia Pacific Network of Sex Workers. We work closely with sex worker groups from developing countries in the Asia Pacific Region, and since 2005 have received aid funding to support the formal development of a sex worker representative body in Papua New Guinea. Our experience of HIV, development issues and policies in relation to sex work spans two decades. We write to you today to express our concern in regards to the “Three Pillars,” the recent re-formulation of the UNAIDS approach to sex work.

The “Three Pillars” is a new approach to sex work within the UNAIDS, currently being discussed at the 20th meeting of the Programme Coordinating Board (PCB), Geneva, Switzerland, 25-27 June 2007. The “Three Pillars” does not reflect or include the voices of sex workers, and is in direct opposition to evidence based approaches to HIV prevention. Sex workers request a serious re-evaluation of UNAIDS approaches to sex work, an inclusion of sex workers as part of that process, and the prompt recall of the “Three Pillars” while these consultations occur.

1 Evidence Based Approaches to HIV and Sex Work

“...we know how HIV/AIDS is transmitted and we know how to stop it.” Australian Foreign Minister Alexander Downer, July 2004¹

1.1 Australia’s Evidence Based Approach

“Australia has the lowest rate of HIV/AIDS among sex workers in the world, due to the work of community-based sex worker organisations and projects conducted in partnership with State and Territory and Australian Governments, and with other agencies. Peer education has been a significant focus of the work of community-based sex worker organisations and has included the provision of information on safe sex practices, up-skilling new workers to implement these practices, and outreach services.”² “[Low HIV seroprevalence] is testament to sex workers’ prompt and effective response to the

¹ AusAID, MEETING THE CHALLENGE: AUSTRALIA’S INTERNATIONAL HIV/AIDS STRATEGY, Commonwealth of Australia 2004 pg ii [http://www.ausaid.gov.au/publications/pdf/aids_strategy.pdf viewed 21 June 07]

² Commonwealth Department of Health and Aged Care, National HIV/AIDS Strategy 03 - 08, Commonwealth of Australia 2005, pg 4 [http://www.scarletalliance.org.au/library/5th_nat_stat_hiv_aids viewed 21 June 07]

HIV/AIDS epidemic, and it demonstrates the importance and effectiveness of peer-based initiatives in HIV prevention and health promotion.”³

1.2 Peer Education ~ the missing factor of the “Three Pillars”

Peer education, the sharing of information and skills among sex workers, is the basis of sex worker responses to HIV. Peer education has been funded in Australia since the late 1980’s, and is the backbone of our HIV prevention work. This work is a key factor contributing to low rates of HIV transmission within sex worker communities in Australia. Why has peer education been overlooked within the “Three Pillars”? To dismiss this factor would be to reject a quarter of a century of evidence from existing successful sex worker organisations and HIV prevention internationally.

Peer education, harm reduction, community engagement and the centrality of affected communities is the basis of all 5 National HIV Strategies in Australia. Community engagement also a key element of the Ottawa Charter, upon which much successful HIV/AIDS health promotion work is founded. This work has proven time and time again to effectively prevent HIV among affected communities, and must be included in any successful UNAIDS response.

The Australian Government is committed to peer-based approaches at all levels of international aid work: “AusAID will continue to support development and dissemination of peer-based targeted information, education and communication materials and activities, including outreach programs and peer counselling with home visits.”⁴

1.3 Successful sex worker HIV prevention programs recognise sex work as legitimate employment

If UNAIDS wishes to address barriers and vulnerabilities in relation to HIV and sex workers, sex work must be recognised as work. There are people all over the world, in all economic situations, for whom sex work is their choice of income at some time in their lives. For these affected communities their sex work must be recognised within a human rights framework as neither more or less legitimate than other forms of work. Understanding the proactive choices that people make about sex work, and that sex work is understood as work by people participating in sex work, are important factors in the development of successful HIV prevention policy.

1.4 Health Promotion and Harm Reduction are proven successful in reducing incidents of HIV⁵

Peer led prevention, using health promotion and harm reduction strategies, have been funded in many countries and have proven again and again to deliver sustainable reductions in HIV. Investment in community development to increase knowledge about HIV transmission, and health promotion of condoms to give people the tools to prevent transmission, have been found to be cost effective and highly successful.

2. The “Three Pillars” will lead to increased vulnerability to HIV

1.1 Microfinance that is aiming to have sex workers leave the industry will actually entrench existing economic discrimination within the particular sex work communities that it targets.

Microfinance creates a debt relationship between individual sex workers and the microfinance service provider. If unable to pay back the loan via other means, sex workers will turn to sex work to raise the money to pay back the debt. If the relationship with the

³ Commonwealth Department of Health and Aged Care, *National HIV/AIDS Strategy 1999–2000 to 2003–200*, Commonwealth of Australia 2000, pg 20 [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-metadata-hivstrat_4.htm/\$FILE/hivstrat_4.pdf viewed 21 June]

⁴ AusAID 2004, p 15

⁵ Commonwealth Department of Health and Aged Care 2005, pg 4

microfinance service provider is linked to an expectation that sex workers will leave the sex industry as a result of receiving loans, then entire sex worker communities will be excluded from such services.⁶

1.2 Demand reduction policies in relation to sex work increase vulnerability to HIV.⁷

Demand reduction (ie laws that criminalise clients) has the unintended consequence of forcing drastic change in work habits and work conditions. These drastic changes are out of sex workers control, as they are in response to the changing behaviour of clients who are avoiding the laws. An increased vulnerability to HIV and STI's due to negatively altered work patterns is one of the negative outcomes of demand reduction policies.

1.3 Linking Service Delivery to 'exiting' programs is problematic and creates discrimination

In Australia, programs designed to encourage sex workers to 'exit' the industry have incredibly low success rate.⁸ Linking service delivery to 'exiting' programs can have a devastating effect on sex workers who need to access such services. If a provision of service is provisional on a person no longer doing sex work, then those people are faced with a choice between feeding their families with their sex work income, or accessing programs that may or may not have positive effects on their income in the future. If poverty is a driver to sex work, as credited in the opening paragraphs of the Guidance note, sex workers would be compromised if they were only able to access services if they left the sex industry. Scarlet Alliance asserts the lack of evidence of the success of 'exiting' programs, and points to the Australian experience of low success rates.⁹

3 Sex Work itself is not a human rights abuse

3.1 The positioning of sex work as exploitation leads to a lack of clarity in policy development

Sex work is work. Forced labour, exploitation, and trafficking against a person's will in any industry, are human rights abuses. UNAIDS should not conflate activities and policies relating to sex work, with human rights abuses.

3.2 Sex work is a non-criminal, regulated activity in many jurisdictions around the world.

In most of Australia, as with many countries, sex work is decriminalised, legalised, tolerated and/or regulated. Industrial Occupational Health and Safety regulations apply to sex work. People access industrial relations arbitration and anti-discrimination protections in regards to sex work. Test cases in both of these fields have led to huge advances for sex workers in Australia. In many countries around the world sex work is not criminal and civil

⁶ For more discussion of experiences of sex workers with microfinance see Qurratul-Ain-Tahmina and Shishir Moral "Livelihood: At What Price, Sex-workers in Bangladesh", Society for Environment and Human Development, Dhaka

⁷ Petra Ostergren, Sexworkers Critique of Swedish Prostitution Policy, [http://www.petraostergren.com/content/view/44/67/ viewed 29 May 07]

⁸ "Exiting Programs" are part of Queensland's approach to sex work, but have resulted in repeatedly low results, reported by the Crime and Misconduct Commission in their interim report: only 7 individuals in a 2002 – 2003 successfully 'exited' the sex industry, 64% of those who participated in the funded exiting program were still working in the sex industry 6 months after participation in the program, a third of those were proactively happy to stay in the industry after the range of options presented to them by the Exiting Program. Queensland Crime and Misconduct Commission, "Regulating Prostitution", Queensland Government, December 2004, pg 54 – 56 [http://www.cmc.qld.gov.au/data/portal/00000005/content/39465001129618636127.pdf viewed 29 May 07]

⁹ Ibid

institutions protect the rights of these workers. UNAIDS policies should reflect the domestic rights granted to people who work in the sex industry.

The Australian Government through international aid supports affected communities to create enabling environments within civil society: “AusAID will foster and support community organisations to develop and implement programs aimed at establishing safe behaviours as the community norm.”¹⁰

3.4 Not conflating sex work with exploitation has important policy benefits

Sex work should be covered by appropriate domestic industrial, health and safety standards. The exploitation of a person, no matter what setting, is a human rights abuse and should be dealt with appropriately. The singling out of sex work as an “exploitive industry” is incorrect and politically dangerous, potentially supportive of repressive policy approaches to sex workers and will increase sex workers’ vulnerability to police violence, HIV and discrimination.

The Australian Government, through its international aid program, recognises the negative impact of oppressive and criminal approaches towards sex work: “Certain groups have increased vulnerability to HIV infection and its consequences. Vulnerable groups are often denied basic human rights including fair representation and equality before the law, access to education and health services, including HIV treatments, and the right to privacy.... Many sectors of the community are subject to stigmatisation and discrimination owing to the illicit nature of their behaviour and/or societal judgements regarding their lifestyle. This may include ... sex workers.... High-risk behaviour combined with secrecy and isolation from mainstream society place these groups at risk.”¹¹

Many thanks for the time and consideration of these issues. If you have any questions about the Australian approach, please contact Scarlet Alliance, The Australian Sex Workers Association. Broader questions should be directed them to the Asia Pacific Network of Sex Workers representative, Andrew Hunter, at the meeting next week.

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¹⁰ AusAID 2004, p 15

¹¹ Ibid, p 16