



## 12th International Congress on AIDS in Asia and the Pacific: ICAAP12

### SEX WORKER COMMUNITY SESSIONS REPORT

This document captures the essence of various discussions by members of the sex worker community, held during the twelfth International Conference on AIDS in the Asia Pacific organized in Dhaka, Bangladesh from 12<sup>th</sup> – 14<sup>th</sup> March 2016.

#### **COMMUNITY MEET**

On 11<sup>th</sup> March 2016, around 600 persons including sex workers, people living with HIV (PLHIV), injected drug users (IDU's), men who have sex with men (MSM's), transgenders (TG's), youth, migrant workers, women and other communities from various countries met for a day to in Dhaka to discuss and highlight their realities regarding HIV prevention and care. Some of these people participated in ICAAP12 over the next three days.

#### **Inaugural session**

Habeeba Akhtar, ICAAP12 co-chair and member of the PLHIV community, welcomed everyone. This session was largely in Bangla with minimal translation.

Karthini Islama, a transwoman from Malaysia and an APTGN member stated, “We want to end HIV/AIDS by 2030 and will discuss funding, rights apart from prevention and care. Please do not be ashamed of yourself. I did not know I would be speaking at the plenary but I am one of the few community members here”. She requested each community group to stand and welcomed them saying “Let us make it a safe space for all. Can we make a change in ICAAP12 by voice our challenges and suggestions?”

Professor Nabi, also an ICAAP12 co-chair had introduced HIV studies in the Dhaka university curriculum. He mentioned that there is 0.5% TG quota in schools after the Bangladesh government recognized TG's. Thanking the government and university for supporting ICAAP12, he observed, “When we discuss community people, we must have them. It must be of, by and for them. The community is also a part of larger society. We must know why they are ostracized, beg, do sex work and discontinue school. We request community members to be brave and open and raise their voices at the right time”.

He added that 165 countries pledged to end AIDS by 2030 and that UN agencies must be accountable and participate in such discussions which the government is supporting. The UN must know and respect the rights and realities of community members. Thanking all those who respected and supported ICAAP12 despite its postponement from 2015, he apologized for the delay in starting this session. He mentioned that the organizers had prepared for the previous 6 months through community meetings.



Heena Akthar, president, Bangladesh sex workers network, remarked, “We consider sex work as work. and also do HIV/AIDS prevention and care”.

Shamir-ul-Islam, a representative of migrant workers mentioned that they are a cross-cutting population. He thanked the organizers for inviting them by recognizing their issues.

An MSM speaker said that they are born that way do not become on their own. He added, “We must not be stigmatized as it is not our fault.”

An STI network member said that they include 300 persons from various communities.

CSO representative Yusuf Chowdary said that CSO’s work with the community and will co-operate with all groups.

International youth coalition for family planning members stated, “We need everyone to support and vice versa. We do not fear Hijras and will share information from here on other platforms”.

### **Group discussion**

During this session that lasted around 2 hours, the participants formed nine groups as per their specific community namely, PLHIV’s (Habiba), sex workers (Kathy), MSM (mahamud), transpersons (Karthini), PWID (Sakina), migrants (Shafirul), youth (Saikat), women (jasmeen), CSO’s (Abu Yusuf). They opted to discuss the first three themes among four given: access to treatment, human rights violations, financing community work as and new generation prevention and outreach strategies. These are common across the communities.

The groups discussed the challenges specific to each theme and recommendations (that would be used while presenting the community statement). The objective was to project the community voice articulated around these themes. Rajesh from the organizing team suggested having a rapporteur who would present to the larger community later that afternoon. He requested designated participants to handles translations and everyone to treat others with dignity and take consent before taking photos.

The presentation had to include group name, key issues related to that theme, main recommendations for relevant organizations, donors and the government with around 5 minutes per group for the oral presentation. The groups were request to finish all their discussions within 1.5 hours to maximize presentation time. Flip charts and markers were provided to all groups.



## Sex workers group

Community members from India, Bangladesh, Myanmar, Cambodia and Nepal participated actively in this discussion and provided vital inputs on the themes and aspects decided above. Aarthi Pai, SANGRAM, Katy, APNSW, the rapporteurs, assisted with the translations and summary with support from Kabir Singh, APA and Hameed, APNSW. Kathy suggested that since the time was limited the participants should talk sharply precisely, identify key issues in their country and give recommendations and solutions.

### 1. Human rights

#### Key issues

- Sex work is not considered as work
- Government treats us as criminals and denies equal opportunity in decision making
- As a consequence we are not provided safe working conditions
- Government is conflating sex work and trafficking
- Clients are being criminalised which is affecting our livelihood and lives
- Social discrimination must be stopped
- Eviction of brothels must be stopped
- Decriminalisation of sex work is essential for our survival
- Equal rights for children of sex workers – their safety and education must be guaranteed
- Poor access to legal and social justice
- Judgmental attitude from society, law enforcement, judiciary, health professionals
- Non-implementation of policies
- Police harassment of sex worker since the law is not clear
- Sex workers are denied rights to property of their parents since they are in sex work
- Sex workers are indicted under anti-trafficking and drug laws
- Sex workers are denied burial rights after death
- When sex workers try to do other jobs, they are denied access
- Sex work is seen as immoral and laws are used to enforce that morality
- Traditional practices are criminalising sex work
- Though sex workers are coming forward to reform laws, parliament and civil society are denying / blocking their efforts. (Bigamy and adultery are made offence – Myanmar)
- Constitution provides Rights to Choice but the government constantly denies these rights



## Why are we not able to do something?

- Because sex work is not recognised as work
- Protection of laws is not available for us – we are criminalised and hence no one wants to listen to our voice
- We don't have money / resources
- We lack leadership and solidarity
- No supporters – stakeholders at each level block us from reaching leaders. – need support to do advocacy at the higher levels.

## Recommendations

- Update laws that are negatively impacting lives of sex workers (Myanmar: 1947 laws – state is using it and not clear about it – soliciting is an offence and sex workers are picked up at bus stops)
- Sex workers must be included in all discussions on policy change and laws (meaningful participation)
- Sex workers must understand their rights
- Demand full Decriminalisation
- Representatives of sex workers should be allowed political participation
- Violence on sex workers must stop
- Sex work must be considered as work
- Provide all sex workers safe working conditions
- Punish all acts of stigma and discrimination
- Stop client criminalisation
- Eradication of moral and immoral social attitudes
- Sex work should be separate
- Comprehensive packages of services
- Address impact of forced marriage on all parties involved

## 2. Funding for community response

### Issues

- Lack of funding for sex worker communities
- Funding support are not tailored to meet the specific needs of the communities
- Policy makers make funds to NGOs and not for the community
- Though donors are meant to fund community groups – the funds are not reaching CBOs.
- Proposal writing skills are not there and their perceptions and opinions are not reflected in the proposals – their confidence is broken
- There is no trust on the community for funds and hence it is routed to “technical resources”



- Reporting systems are not community friendly and they are driven by donor agencies.
- There is limited support for networking and networks
- CBOs are driven by the mandates of donor agencies.
- Limited opportunities and choices for donors.
- Lack of technical support to networks and community representatives.
- Only large MNGOs and NGOs have the capacity and skills to receive funds
- Donors require numerous legal compliances which community groups do not possess and hence do not receive funds – legal documents are required
- Biased norms are applied to select community groups for funding – selected groups are repeatedly given funds.
- Sex workers have no access to donors or knowledge of funding cycles.
- Sex workers' groups do not have funds to appoint core staff to raise funds
- NGOs provide skills to CBOS till the funding cycles exist – once funds are withdrawn all assistance is withdrawn
- NGOs don't want CBOs to develop and hence the CBOs are not sustainable in the long run
- Bribes are required to receive funds and sex workers don't have the money
- Funding information is not disseminated to communities – they don't have complete information about funding.

## Recommendations

- Change policies to enable sex workers' organisations to register (Myanmar)
- All funding opportunities and information must be transparent and open to all communities.
- Funding compliance requirements (legal documents) must be reduced for community organisations
- In the event that large NGOs are to be selected for funding – community preference on NGO must be given priority
- Resources should be aimed at fulfilling community requirements
- Government should support community led programmes – based on community needs and not just HIV
- Collectivisation efforts must be supported by the government
- There must be assurance of continued funding for effective programming.
- Funding must be focused on communities and not just on projects
- Communities should be given consistent and repeated training on funds, finance and management to build their skills over a long term
- Strategic planning must be focussed on building community leadership and not just focused on HIV prevention
- Capacities of community organisations need to be built
- Need to include overheads in project funding cycles
- 100% funds should be given to community organisations



- Sex workers' organisations must be run by sex workers
- Funds must be routed through sex worker networks, organisations, CBOs.

### 3. Access to treatment

#### Issues

- No DIC or treatment for sex workers (led and implemented by sex workers)
- No prevention and treatment facilities in brothels (funding guidelines prevent support to brothels)
- No clinics for sex workers
- Stigma and discrimination in clinical settings for treatment
- No treatment for children of sex workers
- No condoms in Bangladesh leading to high abortion rates – lack of resources leading to infection
- No TB services
- No treatment for other diseases apart from STI
- No medical services after suffering physical abuse
- Lack of quality services for sex workers – no comprehensive services
- Sex workers faced with stock out of general drugs, ART and condoms
- Major surgeries are denied / delayed for sex workers.
- CD4 machines are not working regularly
- Doctors are not available to provide regular treatment
- Viral load machines are not available at the local level leading to delay in diagnosis and deaths
- HIV positive sex workers face double discrimination
- Sex workers who are not financially strong are not able to travel and seek services.
- Consent not obtained for line of treatment.
- Children of sex workers, MSM's, transgender sex workers face more stigma and discrimination

#### Recommendations

- Need right to access medical services
- All services should be easily available and affordable for sex workers and their families irrespective of their age, gender, location, caste, religion

A summary of the above points were presented orally before everyone after all the groups finished their internal discussions.



## ICAAP12 DAY 1

### Inaugural

The President of Bangladesh inaugurated the conference in the presence of the minister of health and family welfare, government officials, UNICEF and other UN agency representatives, ICAAP12 organizer and participants that included members of various communities, civil society organizations and academic institutions in the Asia Pacific and other countries.

### Highlights

All the speakers reiterated their commitment to end AIDS by 2030. Further, these were the salient points that they made:

- Recommendations from the conference are vital to strengthen prevention and care.
- India, Indonesia and China bear 78% of the HIV/AIDS burden while Pakistan's numbers are rising.
- There has been 50% reduction of HIV/AIDS in South Asia.
- Interventions among expectant HIV positive mothers and youth must be enhanced.
- Advocacy and activism for the rights of vulnerable population is key.
- HIV/AIDS prevention and treatment must be included under healthcare programs
- Mainstream response to HIV/AIDS
- Reach the unreached
- Drug pricing must be patient friendly
- Eliminating stigma and discrimination is vital
- Vulnerable population must participate in framing solutions
- Utilize the extensive knowledge base available
- Ensure health rights of all communities
- Provide equal access to care for all
- Many children aged below 15 years have HIV/AIDS and are stigmatized
- Some east Asian countries are still struggling to run basic prevention and care programs
- South-south co-operation is essential
- Even though many countries have made significant progress in combating HIV/AIDS, they must not be complacent and none must be excluded
- Children with or without HIV who have lost their parents to HIV are facing stigma
- Ending HIV/AIDS is a significant in the SDG's
- Show the world that AP is determined to eliminate HIV/AIDS by 2030



## Plenary: Interventions in low prevalence countries

This session had presentations on how HIV/AIDS prevention and care programs in various countries have helped in reducing its prevalence, despite high incidence. Dr. Swarup Sarkar, listed the following reasons why Bangladesh response to HIV is a pathfinder. As per him, these steps are required to meet the 2030 target of eliminating HIV/AIDS. The first case of HIV was found in 1989 which made the difference to effective large scale intervention.

- Early response before incidence of HIV reached 5% in any group
- Prioritized key population
- Tolerant and enabling environment
- Nationwide coverage by location prioritization
- Bold national policy and economic investment
- CBO's led and monitored intervention

Dr. Sarkar also said that HIV/AIDS interventions succeeded mainly because they involved the affected communities such as sex workers. The programs started with sex workers in Mumbai and Cambodia which went to clients, partner(s), children and IDU's in Manipur. 25 years ago, though approaching key population like sex workers IDU and getting funds for that was tough, we obtained some support. Peer education in Bangladesh was first through sex workers and IDU's. The US recommends that street outreach worker program was successful. Bangladesh did similar initiatives without any pilot study. However, Thailand still cannot do it.

Dr. Sarkar disclosed, "When I visited a brothel, sex workers declared that they need dignity and want to wear shoes like others. Addressing such needs is important. Similarly, we organized biryani parties and requested the police not to harass sex workers. The most important reason for our success is peer education by sex workers. They monitored themselves. There was change in knowledge and intent".

Interventions were scaled up nationwide as they were done in Delhi previously. There was 60% coverage. Bangladesh and perhaps Indonesia were the first in the region not to service the general population. In 1995-'96, Bangladesh was the first to have HIV/AIDS policy in region. It focussed on ground realities and dignity. A 40 million USD loan was received from the World Bank for this. There are 4 countries in this region where HIV is an epidemic. In Bangladesh, HIV has reduced incidence to 0.001%, consistently. Anywhere, HIV can be handled through early interventions, bold policy decisions and peer education by key population.





## Plenary: Decriminalization of sex work helps reduce HIV/AIDS

Julies Kim, CEO Scarlet Alliance, a sex workers group in Australia talked about how decriminalizing sex work helps reduce HIV/AIDS among them through timely interventions. She said:

- Sex workers are 30-40% at a greater risk of getting HIV.
- Decriminalization of sex work, our workplace and clients is essential to reduce HIV. Its impact has been 33-46%.
- National laws criminalize sex workers which gives them less access to treatment.
- HIV prevention programs are sometimes meaningless to sex workers if they do not involve the community. There is ample evidence to show how sex workers can do HIV prevention.
- Reducing violence by clients can help alleviate HIV.
- Getting sex workers on HIV policy committees is also necessary.
- Eradicating police corruption and developing a positive attitude and behaviour towards sex workers helps too.
- In a decriminalized environment, sex workers feel safe to do HIV prevention. Training and peer education of sex workers is quite effective.
- Reducing stigma, discrimination and decriminalization are important to end AIDS by 2030.

Jules added, “Bankers do not represent medical professionals’ issues and vice versa. But many speak for sex workers without recognizing their expertise. Sex workers have told me that when they stand up for their rights, it is tough. But it is effective and necessary. Lawyers whom sex workers approach for cases presume their guilt. Sex workers struggles are financially and emotionally draining. We ask for your support. An Australian sex worker is fighting unconstitutionality of criminalization has been arrested and fin drained. We must challenge wrong stereotypes about sex workers who are considered evil, wrong, immoral, shameless, desperate, diseased, etc. to eliminate AIDS by 2030”.

## Symposium and satellite session by SANGRAM and APNSW on sex workers’ rights

At this session, sex workers from India, Nepal, Australia, Myanmar and Cambodia talked about how the decriminalization of sex work and the involvement of sex workers in anti-trafficking initiatives are vital to ensuring their rights. NNSW, India chaired the session with Katy, member, APNSW as the co-chair.

Aarthi introduced all the speakers and their organizations. She was only a translator for the community members from India as they do not speak English. She stated that sex workers designed this session and that everyone would get time for translation.



Mukta: All sex workers are the same if you believe that sex work is work whether women, male, transgender sex workers. In NNSW, we are working for the rights of sex workers, full decriminalization and against violence.

Sudhir: I am a male sex worker. We have NNSW in 5 districts for women, MSM, transpersons and PLHIV

Jules: We work for decriminalization of sex work as I said in the previous session. The main objective of legalization is control while decriminalization upholds human rights. The government can collect taxes but must give sex workers sexual health and other services. India has a great slogan saying: "Stop trafficking, decriminalize sex work". Decriminalization helps sex workers in New South Wales, Australia to access services without fear without disclosing their location. NSW had high police corruption rates but decriminalization which is a low cost model has resulted in sex workers having low STI than the general population. Thus sex workers can also access high level services. Other Australian states lack decriminalization despite its success and have legalization giving police much control.. Sex workers rights are unimportant as it is not an election issue. Jules showed a picture of a banner saying "no bad whores, just bad laws", which was used for a protest in front of the Australian parliament.

A Lancet article said that decriminalization helps prevent or reduce HIV/AIDS as it increases access to care. At a UN conference all sex workers demanded full decriminalization of sex work, workplace clients. At ICAAP10 in Busan in 2011, sex workers did a simultaneous protest demanding decriminalization by covering their mouths with a cloth. Sex workers face barriers in accessing HIV prevention. Some radical feminists also oppose sex work though I do not think they should be called feminists

Sudhir thanked Jules saying that if sex work is decriminalized we can focus on sex workers' health rather than fear police always.

Sangita: I am a sex worker from VAMP, SANGRAM based in Sangli, Maharashtra, India. SANGRAM works in 5 districts of with around 5000 people (women, men, transgender and PLHIV) in sex work and children of sex workers in India. It is also a part of the Sex Workers' Global Alliance (SWAG).

We believe that anyone in sex work or other trade has a right to choose. If women or others in sex work are decriminalized, we are the best in fighting trafficking. I want to share my experience and through a small story that is shown in visuals here. An agent married a girl in Nepal under the guise of giving her a better life. But he took her to Sangli and left her in a brothel. Noticed her unhappiness, Guravva, the *gharwali* (brothel owner) enquired. The young girl revealed that she was trafficked and forced into sex work but disliked it.



Guravva is a member of VAMP's Thanta Mukti Samiti (Conflict Resolution Committee) where she took the girl for a possible resolution. The Samiti understood the girl's wish to return home but since it involved many international laws and procedures which they did not know, we consulted SANGRAM, our associated NGO. We also approached Jagruti Mahila Maha Sangathan (JMMS) in Nepal which has relevant knowledge. Two of us including Guravva accompanied her. I emphasize this as many believe that brothel owners are bad. We also respected her request to keep her India work confidential before her family. Handling trafficking should be left to sex workers.

Sudhir thanked Sangita for reiterating that sex work is work and emphasizing that we can tackle trafficking or other issues ourselves.

Dany from Cambodia who works with sex workers said, "Education about gender human rights not only for sex workers but others too. Sex work is not considered as work in Cambodia. Further, women do not have sex before marriage. In Cambodia sex work is not accepted and regarded as bad. In some cases government is trying to reduce HIV by giving condom to sw. But some police are taking it from them as they may be soliciting. Hence a conflict between sex workers and implementers exists. Sex workers are worried about their livelihood. They cannot easily eat or take HIV medicines. So, their condition worsens.

Sex workers are considered worse than criminals sometimes and imprisoned without rights. Some sex workers work immediately after pregnancy due to poverty. When my colleagues and I meet the police to help detained sex workers, the former ask me why we support them when it is not work. What is wrong if we sell our body for service? We are not stealing, forcing anyone or being violent. The police arrests sex workers because they believe that soliciting disrupts the social order. I have told the police that sex workers are not creating problems but their customers are arguing with them. When they go elsewhere in Cambodia too, police harass and rape them. They do not arrest gangs who trouble sex workers.

Young sex workers can work in costly restaurants but older ones like Dany earn less. Policemen chase them day and night whether they are soliciting or doing something else. Many organizations are working to empower sex workers. This is a good but small change. The problem is complex. When sex workers question police about arrest, they say the government orders them. When sex workers ask government officers about this, they feign ignorance. So no one is responsible for sex workers rights. It is great that WNU is representing them especially during arrest. She wants to say more but stopping due to less time. I request funders and CSO's to keep supporting us.

Sudhir introduced Katy who was translating. She invited Bijaya from in Nepal to speak.

Bijaya of JMMS mentioned:



"I am the president of the only national organization for women in sex work in Nepal. It is a network of women and sex workers organizations launched in 2010. We work in HIV prevention, well being of women in sex work and children of women sex workers, rights of women in sex work, addressing violence against sex workers. We also does capacity building of CBO's, create enabling environment, resource mobilization, co-ordination of network members and sustainability of JMMS. We established 27 CBO's in 23 districts mainly in west and east Nepal that are run under by and for women in sex work.

Nepal is confused if sex work is legal or not. There is much discrimination, stigma, violence (sexual, psychosocial, physical) against sex workers, trafficking, forced sex work, rape as in other countries. Violence by police is high. Despite study data, the issue has disappeared. This is the situation of women in sex work. Supposedly, there are 31,000 women in sex work in Nepal. Many are hidden. Only 1300 of them are shown as HIV positive which is very low. The government cannot reach them. Due to unclear law and arrest under specific laws, we have no human rights, healthcare access or other services. Daily, we face violence from clients, lovers, health workers, friend, police, hotel or brothel owners".

Bijaya thanked Aarthi and the SANGRAM team specifically for giving her the chance to participate and present. Katy appreciated Bijaya's work.

Yu yu from Ama (meaning sister), a sex work organization in Myanmar discussed a study called the Rights Evidence. It was a rights based study done on sex workers in 4 countries (Myanmar, Indonesia, Sri Lanka) out of 8 as decided at a consultation in Pattaya in 2010. She thanked the sex worker community, UN, APNSW and the government for supporting it. Sex workers were involved at country level in technical process and actual study itself. The study also trained sex workers and ensured safety of surveyor and responder.

Yu Yu added, "We want to change sex workers' lives, empower them, address the violence against them and their lack of rights. There is a need for a study on the violence on sex workers. Advocacy is being done for government officers who do not know sex workers' realities and harass them. The government performs studies on sex workers by supposed experts who do not know about sex workers fully, do not do proper research, do not approach us or take our views. In our study, 1300 male, women transgender and PLHIV sex workers participated.

Sex workers face the real pain and violence. To change their situation, they need laws that protect the rights of sex workers. The government must know sex workers and their problems completely. We must work together with the government to remove understanding gaps, strengthen laws and give rights for sex workers".



## Questions/Comments

Bangladesh: How can research be done in our country?

Aarthi acknowledged the courage and determination of Andrew Hunter to push research. Sex workers with training and technical support can easily do such research as proved by 4 countries. Sex worker groups in each country must demand this so that UN and other bodies are forced to notice.

Heena: Whom and where to approach for support for research?

Katy: APNSW will support with technical help from CASAM.

BSWN: The presentations were insightful. We are sad about the situation in Cambodia slightly and happy about what the Myanmar group is doing. Similar too sex workers worldwide

Selvi: The VAMP approach to trafficking seems realistic. I support Australia's advocacy for decriminalization. Myanmar sounds very strong.

Jules: What VAMP does is great. Is that common? How do you do and is there funding.

Sangita: We have TMS representatives in all streets. Weekly meets happen to discuss diff issues. If a new girl comes, we ask her for support docs like birth cert or other age proof. Our policy is that if we find a girl below 18, we say that it affects our business and ensure that she leaves the brothel area and returns to her original place. Recently, a girl forced into sex work and wanted to marry, we conducted her wedding grandly. In VAMP, a woman's consent is vital to remain or leave sex work. A happy sex worker will satisfy customers and earn good money. There is no funding for this. In fact, the support for HIV prevention and care programs has also for 6 months but they are running.

Selvi: Very important issues about raids police violence were raised. These must be handled at the country level.

Mukta: We are strong and united women across countries. All issues discussed here are real and common especially violence which we face oppose highlight and address due to our courage. Others may not be able to survive this much violence perhaps. We must continue as our issues remain.

The following words of sex workers were displayed:

"If we want to leave sex work also, our identity follows us. So what if I must sell my body, if my daughter can live well".



## Satellite session: Innovative approaches towards creating an inclusive environment for sex workers

At this session, Jules Kim of the Scarlet Alliance of Sex Workers in Australia, talked about recognizing, valuing and accrediting sex workers as peer educators. She also presented highlights of a peer educator training diploma program offered in Australia.

As per Jules:

- Sex worker peer educators are considered valuable for HIV prevention.
- Their work is not just condom distribution. It needs many complex skills, knowledge and expertise.
- Peer educators are good at negotiation due to their other work.
- Results of peer educator training are very positive.
- Sex workers are present across gender, race, faith and other socio-cultural identities. Sex work is also done virtual/online.
- Peer educators are supposed to know about safe sex, preventing STI at the workplace and training sex workers.
- Sex workers are expected to comment on and interpret the law, represent themselves in the media, write proposals and reports, etc.
- Sex workers are unsupported, undervalued and misunderstood. They face violence and harassment regularly. Hence sex work must be decriminalized.
- Sex workers lack formal training. But they have informally developed skills.
- Sex workers do workplace assessments and need a sex positive environment.

Australia has vocational educators training. Usually, carpenters, construction workers, plumbers et al are not formally recognized or trained but learn on the job. Sex workers are enrolled in a national institution without their identity being revealed. It is called a diploma in community education. People who have 12 months peer educator experience are trained for the diploma. It has no pass or fail. Some finish quickly while others may take longer. It has been very satisfying as many are the first in their family to obtain a tertiary diploma.

### Questions/Comments

Pushpa A: Are experienced peer educators, the trainers?

Jules: Experienced peer educators of sex workers with a diploma train the newcomers.

Pakistan has around 50,000 women in sex work. Many of them now use mobile phones for their work. They are tough to access for HIV prevention and care programs. There are attempts to meet sex workers at their cruising spots.

In Bangladesh there is no clarity on the legality of sex work. However, no sex worker should be left behind in accessing social entitlements, policy making et al.



## ICAAP12 DAY 2

### Satellite Session: Making the SDG's accountable to key affected women and girls

This was a discussion on making the SDG's accountable to key affected women and girls with inputs from CSO and community representatives. It included an introduction to Unzipping the Lips, an initiative to ensure that the voices of key affected women and girls are heard.

Kabir Singh of the Asia Pacific Alliance introduced it as a network of national CSO's in AP for SRHR accountability. It aims to increase access to SRHR for girls and women. He highlighted the merits and demerits of SDG's as below:

- The roadmap of the 17 SDG's is not clear yet.
- The target to eliminate AIDS by 2030 is applicable to all countries
- There are important targets for key affected women and girls in sections 3.3, 3.7, 5.6 of the SDG's
- SDG's have excluded sexual health of girls and women
- Talks about promoting and achieving gender equality but sexual and gender diversity, CSE, human rights, SRHR are missing

Kabir suggested that communities and CSO's that work with them to ensure the following:

- Accountability of the respective governments by monitoring and reviewing pertinent policies and their implementation at national, regional, global levels
- CSO's could monitor that annual country reports and shadow reports are submitted
- Organize and attend national and sub-national consultations and advocate for using data that they collect
- Raise SDG awareness and build solidarity between constituencies
- Link SDG's and targets related to community to other commitments especially UPR and CEDAW.

Katy, APNSW summarized Unzip the Lips as below:

- It captures the voices of the community
- Aims to develop policy changes for marginalized women and girls using government, inter government agencies
- Represents key affected women and girls in policy and process for reducing GBV and increasing SRHR
- Identifies affected persons like fsw, transpersons, women in prison, women with disabilities and other vulnerable groups
- Must have equal access to opportunities, service, voice their issues, advocate for rights like decriminalization of sex work



## CEDAW

- Must submit country level report, 4 year status report to UN and include in UPR
- It helps to address issues of key affected women and girls who are likely to be excluded but is silent on transpersons, intersex and sex workers
- Article 6 is negative towards sex work
- But more discussion on sex workers has made them and other vulnerable groups advocate for their rights. Also, they have had their issues included in the status report.
- NGO's are best equipped to provide key information to the national CEDAW commission on vulnerable groups but with their voices. From CEDAW, women and girls can learn how they can use their national laws.

Selvi, APNSW: My name is Fatima but I am called Selvi and am a woman in sex work. Sex workers do not know what the UPR is. Initially, even I did not know it. Being marginalized, we do not know about accountability, recommendations, response, commitments. Thank Unzip the Lips which told us about rights of key affected women and girls. There must be NGO's and CBO's of key affected women and girls which link us with governments as we are at risk of HIV. Our realities must enter the UPR. Criminalization of sex work affects us adversely. In Malaysia, when we got involved in the UPR, human rights defenders were absent unlike in India and Bangladesh.

Norlela, ICWAP Malaysia: As a community, we did not know or understand UPR, human rights, etc. easily but they are important. Our low education level is also a deterrent. The UPR must be submitted in different cycles. UPR and SRHR during 1st cycle, 21000 recommendations submitted. Selvi and I are the Asia Pacific chairpersons for our respective networks, currently. Only last year UNDP invited us to learn about UPR. Our issues are not included in UPR and CEDAW despite their provisions. But now we will ensure that does not repeat. Unzip the lips is creating a guide on CEDAW and UPR.

Salil an evaluator from UNAIDS, Geneva mentioned the following:

- There will be a UN high level meet (HLM) on HIV/AIDS from June 8-10 2016 in New York.
- A 1-day informal interactive civil society hearing (CSH) will happen in April 15 (tbc) which UNGA president will chair where 10-15 civil society speakers will participate.
- Incidentally, Latin America and Africa are learning about rights and empowerment from us. So their declarations could seem dated to us.
- If NGO has no consultative status you could link with one like PPD.
- 5 civil society representatives at HLM and CSH will be sponsored.
- If your country has UNAIDS office please ensure that you are in the HLM.
- There will be national and regional consultations including one for youth





- CS representatives can also participate electronically, telephonically or similar means

Salil added, “UNAIDS perspective sees success as a transformative political declaration that has funding commitments especially for vulnerable population for the next 5 years. Please frontload your issues. We are about community, so let us ensure that your issues are not opposed by other countries. CBO’s and CSO’s should lobby in their countries to oppose discriminatory language. Some countries do not support including key affected women and girls”.

### Questions/Comments

Bangladesh: Are 15 people enough to decide future of HIV/AIDS funding? Each country needs representation and views are varied irrespective of its. Civil society is different from the government which has other agenda.

Salil: All suggestions are good. Usually, civil society is very vocal at such forums.

Kabir: There is an Asia-Pacific Regional Civil Society Engagement Mechanism (APCREM) which is with the UN Non-Governmental Liaison Service (UNNGLS). You can do it through them and also with your country.

Physician, Bangladesh: Voices from the grassroots may be heard. But do you have remote connectivity?

Kabir: We and other organizations translated community voices in 2011. Please be engaged with us.

### Oral Session: Strengthening Community and Health Systems

This discussion consisted of presentations on studies done on various interventions and programs run by government agencies and NGO’s in South Asia to fight HIV/AIDS in which sex workers played a major role as peer educators.

Comparison between National Strategy Plan (NSP), Bangladesh and Songachi Project for HIV prevention

Sonagachi

- An example of a community focussed approach that can lead to structural changes
- A model UNAIDS project
- Relevant to women in sex work in Bangladesh although it is based in Kolkata, India



## NSP

- Lacks a community approach
- Lacks plans for reducing poverty, ensuring constitutional, human, workers or women's rights
- Is a top down model

## Conclusion

- The government should support NGO's
- National AIDS control program staff must be non-political appointees

## Impact of Avahan program in Andhra Pradesh, 2014-15

- HIV prevalence among women in sex work is 6.3% and 2.2% among other women
- There are 42 CBO's of women in sex work
- Focus on social inclusion, protection, reducing stigma and discrimination.
- Studied 2400 women in sex work aged above 18 years
- 17% of the study participants were unaware of social entitlements or rights.
- Most of the participating women know about health entitlements. This increases their access to HIV prevention and treatment services
- The women surveyed demand their dignity.
- Paralegal persons are also not very effective
- Community mobilization program CBO's are effective for key population to access entitlements, rights

## Questions/Comments

Selvi, Malaysia: Why are community members not speaking here? Did they do the study?

Pushpa A: You state that community programs would succeed only if the community is involved. It is disappointing that no community members are presenting.

Listener: This is a good presentation but Sonagachi is not the only community level intervention.

Mohammed Abdul, session chair: Ensuring the participation of the community is a million dollar question for all. We worked for over 20 years with the community and must bring their leaders here.