

# Advancing **Sex Workers'** Health and Welfare **Programming** in East and Southern Africa

A Joint United Nations, Sex Workers and Civil Society Advocacy Framework



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# Acronyms

**AKPEG** African Key Population Experts Group

**ARASA** AIDS and Rights Alliance for Southern Africa

**ASWA** African Sex Workers Alliance

**CSO** Civil society organization

**EAC** East African Community

**GBV** Gender-based violence

**GFATM** Global Fund to fight AIDS, TB and Malaria

**ILO** International Labour Organization

**IOM** International Organization for Migration

**MP** Member of Parliament

**NHRIs** National human rights institutions

**PAP** Pan-African Parliament

**PEPFAR** United States President's Emergency Plan for AIDS Relief

**REACT** Rights, Evidence, Action

**SADC** Southern African Development Community

**SDG** Sustainable Development Goal

**STI** Sexually transmitted infection

**SWAA** Sex Worker Academy Africa

**UNAIDS** Joint United Nations Programme on HIV/AIDS

**UNDP** United Nations Development Programme

**UNFPA** United Nations Population Fund

**UNHCR** United Nations High Commissioner for Refugees

**VAC** Vulnerability assessment committee

**WFP** World Food Programme

# Foreword

There is a global consensus to end inequalities if ending AIDS as a public health threat is to be achieved by 2030. Both the *Global AIDS Strategy 2021–2026* and the *2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* emphasize the urgency of tackling inequalities as a pathway to ending AIDS. There is also increasing evidence that marginalized populations tend to suffer most when confronted with emergencies and humanitarian situations.

Sex workers are among the most marginalized and underserved groups. The recent COVID-19 pandemic in East and Southern Africa amplified the challenges faced by sex workers and the need to address structural barriers to accessing services. Sex workers also remain the most at-risk population with HIV in the region. Reversing this situation will require a united front of partners.

In October 2021, UNFPA and the ASWA in collaboration with a number of United Nations agencies, civil society organizations and development partners, convened a virtual regional consultation meeting to reflect on the challenges faced by sex workers. The meeting also sought to identify synergistic areas and leverage existing institutional strengths to inform an advocacy framework for the region.

The regional consultation meeting made several recommendations among them to develop a regional advocacy framework for strengthening sex work programming. The recommendations centred around three themes: livelihood and social protection, human rights, and access to health services. This framework captures the sentiments of more than 100 participants who participated in the regional consultation.

We hope that this framework, co-created by multiple stakeholders, will guide the region to execute a more coordinated and inclusive response to the many challenges faced by sex workers in the region. The framework will also contribute to the acceleration of the HIV response and assist the region in meeting the 2025 HIV targets and ultimately ending AIDS as a public health threat by 2030.

We urge all partners to play their role to ensure that sex workers are supported to live fulfilling lives. As a region, we would like to be counted among the success stories of ending unjustified inequality and making sure that no one is left behind.

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# Background

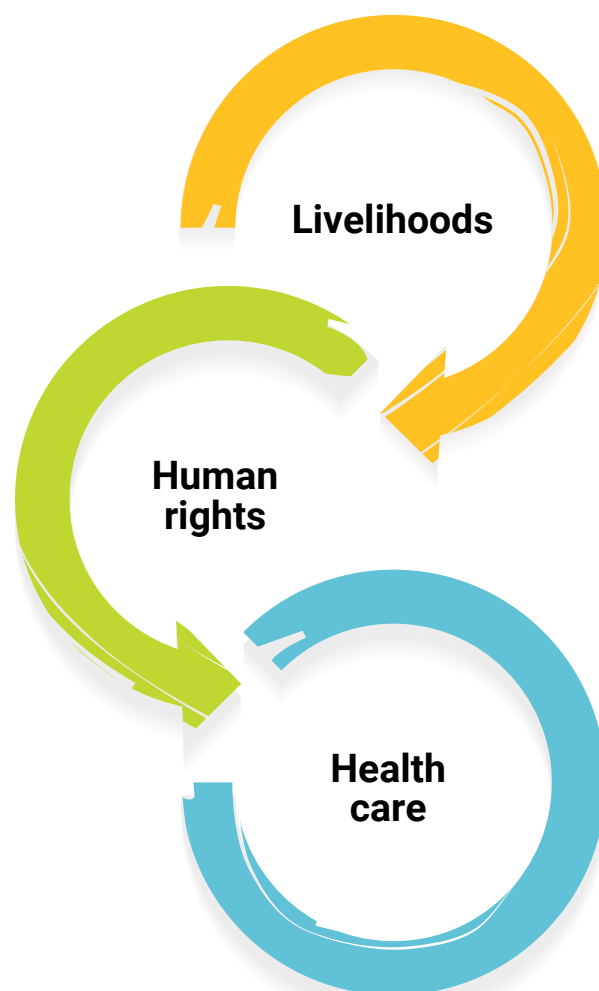
The COVID-19 pandemic has had a wide-reaching impact on all populations and on human mobility. For already marginalized groups, such as sex workers<sup>1</sup>, it has seriously affected their ability to work, feed their families, and contribute towards the informal sector and national economies.

In 2020, the UNFPA Regional Office for East and Southern Africa undertook a rapid assessment of the impact of COVID-19 on sex workers' programmes in the region<sup>2</sup>. The highlighted disproportionate effects of the pandemic on sex workers' livelihoods, human rights and their right to health. COVID-19 has left many sex workers, especially migrant sex workers, struggling and/or unable to work in the same way they did before COVID-19. This has impacted their survival and ability to provide for themselves and their families.

The report also showcased the power and resilience of sex worker movements in East and Southern Africa as they mobilized themselves to provide emergency response services, including in new areas such as comprehensive mental health. Within the same breadth, the report recommendations highlighted the limited opportunities to support economic justice programmes. These remain critical areas needing urgent coordinated action.

To translate the recommendations of the report into action, UNFPA and ASWA in collaboration with other United Nations agencies and civil society partners operating in the region, jointly convened a regional three-day stakeholder consultation. The virtual consultation took place from between 26 and 28 October 2021 and was attended by more than 100 participants, including sex workers from across East and Southern Africa. The consultation's aim was to identify synergistic areas and leverage existing institutional strengths to inform a joint framework for advocacy action and road map for future preparedness.<sup>3</sup>

This consensus-building space focused on the three strategic thematic areas for joint interventions: livelihoods, human rights and health, which form the basis for this advocacy framework.



<sup>1</sup> The UNAIDS Guidance Note on HIV and Sex Work defines sex workers to include female, male and transgender adults, over the age of 18, who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not self-identify as sex workers. In terms of this definition, three elements are worth highlighting: a) sex work and sex workers involve adults only; b) sex work involves *consensual* acts between adults; and c) acts involving deceit, fraud, coercion, force or violence do not fall under the definition of sex work.

<sup>2</sup> UNFPA East and Southern Africa (2020). Rapid scoping assessment on the impact of COVID-19 on sex workers' programmes in East and Southern Africa.

<sup>3</sup> The assessment and the regional multi-stakeholder consultation report are available upon request.

# State of sex workers before and during the pandemic's hard lockdowns



Sex workers in East and Southern Africa are confronted with many socio-economic challenges. They are disproportionately affected by HIV compared with the general population and they suffer from stigma, discrimination and violence in almost all countries, often leading to serious physical and emotional harm and, in some cases, death.

Prior to the COVID-19 pandemic, sex workers were already a marginalized and vulnerable population. Sex work is criminalized in every country except for Mozambique in East and Southern Africa.<sup>4</sup> Research shows that many sex workers face pervasive and persistent physical, sexual, psychological and structural violence. Perpetrators of violence are clients, police, criminals, intimate partners, health care workers, the general public, and other sex workers. Violence is excessive, even where rates of violence, including gender-based violence (GBV), are high in the general population.<sup>5</sup> Sex workers also experience widespread stigma and discrimination, including by health care providers, which act as a barrier to health care access.

These structural drivers, combined with sex workers' occupational health risks, have resulted in very high HIV prevalence in the region, with rates as high as 57.7 per cent in South Africa, 60.5 per cent in Eswatini and 71.9 per cent in

<sup>4</sup> Joint United Nations Programme on HIV/AIDS (2020). *Seizing the Moment: Tackling entrenched inequalities to end epidemics*, Global AIDS Update 2020. Available at: [www.unaids.org/en/resources/documents/2020/global-aids-report](http://www.unaids.org/en/resources/documents/2020/global-aids-report)

<sup>5</sup> African Sex Workers Alliance (2019). *Every sex worker has a story to tell about violence: Violence against sex workers in Africa*. Available at: [www.nswp.org/resource/member-publications/every-sex-worker-has-got-story-tell-about-violence-violence-against-sex](http://www.nswp.org/resource/member-publications/every-sex-worker-has-got-story-tell-about-violence-violence-against-sex)





Lesotho.<sup>6</sup> Female sex workers are likely to be at higher risk of maternal morbidity and mortality compared to women in the general population as a result of HIV. They are also at greater risk of unintended pregnancies and unsafe abortions, resulting in substantial health disparities.<sup>7</sup> Research indicates that stigma and discrimination in health care settings is not limited to those presenting with HIV and other sexually transmitted illnesses (STIs), but also with all other health issues.<sup>8</sup>

Despite experiencing common challenges, sex workers are not a homogenous group. Marginalization, discrimination and inequality may be compounded by sex workers being part of other marginalized groups. For example, sex workers, who are primarily female, are also affected by gender inequalities. They may also be migrants, transgender, gay, living with disabilities, living with HIV, or people who use drugs.<sup>9</sup>

Humanitarian crises, including pandemics, natural disasters, wars and conflicts, affect different groups of people in different ways, highlighting structural inequalities, and typically disproportionately affecting groups who were

already excluded, marginalized or discriminated against.<sup>10</sup> The COVID-19 pandemic has also had similar effects. Humanitarian crises also exacerbate gender inequality and disproportionately impact women in multiple ways, including an increase in sexual and GBV and in unwanted pregnancies, disruptions in sexual and reproductive health and rights services, an increased burden of care for dependents; and greater economic vulnerability.<sup>11</sup> <sup>12</sup> Many of the same effects were seen with the COVID-19 pandemic.

COVID-19 containment measures, which included social distancing, restrictions in movement, and the closure of many businesses in most countries, impacted sex workers uniquely. The study of the impact of COVID-19 on sex workers programmes in East and Southern Africa made several observations. First, it highlighted the impact on livelihoods. The study noted that almost 80 per cent of respondents in the online survey identified loss of income as the greatest challenge to livelihoods. About 54 per cent linked loss of income to food insecurity for themselves and their dependents, while 52 per cent cited loss of housing as having the biggest impact. Many sex workers faced eviction

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6 <https://kpatlas.unaids.org/dashboard>

7 Willis, B., Welch, K. and Onda, S. (2016). Health of female sex workers and their children: a call to action, *The Lancet*, vol 4, No. 7, July 2016, DOI: [https://doi.org/10.1016/S2214-109X\(16\)30071-7](https://doi.org/10.1016/S2214-109X(16)30071-7)

8 The Open Society Initiative for Southern Africa (2018). Unpublished baseline assessment on sex workers' access to comprehensive health care in 5 SADC countries

9 Count me In Consortium (2020). COVID-19 and Sex Work (fact sheet). Available at [www.mamacash.org/media/cmi/cmi\\_sw\\_covid19\\_final\\_20\\_july.pdf](http://www.mamacash.org/media/cmi/cmi_sw_covid19_final_20_july.pdf)

10 Handicap International and Humanity and Inclusion (2020). A principled and inclusive response to COVID. Available at: <https://humanitarianism.org/covid-19-2/a-principled-and-inclusive-response-to-covid-19/>

11 World Economic Forum (2018). Why do humanitarian crises disproportionately affect women? Available at: <https://www.weforum.org/agenda/2018/12/why-do-humanitarian-crises-disproportionately-affect-women/>

12 Joint United Nations Programme on HIV/AIDS (2015). Women and girls face extraordinary burdens in humanitarian crises across the world, says UNFPA. Available at: [www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151207\\_UNFPA\\_SOWP](http://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151207_UNFPA_SOWP)

from their homes, either through venue closures that provided accommodation or because they could not pay rent. Others migrated to rural and peri-urban areas to stay with family or search for clients in areas with fewer lockdown restrictions. Where social protection measures or humanitarian relief was available, sex workers struggled to access it due to stigma and discrimination. The lack of information, identity documents or proof of address compounded their difficulties. The illegal nature of sex work also made it difficult to access formal unemployment insurance in countries where it exists.

Second, the study assessed human rights violations. About half of the respondents (49 per cent) reported being a victim of police violence (including, assault, rape, harassment and extortion) during lockdown. In some cases there were reported cases of murder. Respondents also noted an increase in stigma and discrimination towards sex workers (42 per cent) and an increase in arrests, including arbitrary or unlawful arrest (36 per cent). In total, sex workers experienced the following human rights violations:

- the right to life
- the right to liberty and security of person
- the right to freedom from discrimination
- the right to freedom from GBV
- the right to social security
- the right to an adequate standard of living, including adequate food, clothing and housing
- the right to physical and mental health.

Lastly, the report focussed on access to health services, particularly HIV and sexual and reproductive health services. Access to health care for non-COVID conditions proved the biggest challenge for 49 per cent of respondents, specifically as they related to HIV treatment services (52 per cent), HIV prevention services (21 per cent), and sexual and reproductive health services (21 per cent). Stigma and discrimination in health services were also reported by 12 per cent of sex workers, with sex workers labelled as vectors of the coronavirus. Additionally, hunger impacted the ability of HIV-positive sex workers to adhere to antiretroviral therapy.

The report concluded that the widespread hardship, disruption and violations of health and human rights were attributed more to the containment measures imposed on communities than the pandemic itself. This observation is similar to the outcome of the Ebola outbreak. The most marginalized populations tend to suffer most under emergencies.

The challenges experienced by sex workers during the pandemic and their historical marginalization in the region led to the common agreement to develop a joint advocacy framework that addresses the triple challenges of livelihoods, human rights and health faced by sex workers.

# Rationale for the advocacy framework

The Sustainable Development Goals (SDGs) are based on the principle of leaving no one behind. Sex workers are one of the most marginalized populations in East and Southern Africa. Their situation becomes even more magnified during humanitarian emergencies. A joint advocacy framework is considered critical to addressing the huge inequality between sex workers and the general population.

The advocacy framework is intended to help mobilize partnerships and more resources to close the documented gaps in programming for sex workers. These gaps were amplified during the COVID-19 hard lockdowns, signifying an urgent need to address challenges associated with access to livelihoods, human rights and health, including in emergency and humanitarian settings.

The framework builds upon existing sex worker-led and partner-focused sex worker programmes and interventions. It considers existing entry points to systemic and systematic drivers, which contribute towards the marginalization of

sex workers, only to exacerbate the inequalities that they suffered.

The framework also aims to catalyse regional and national advocacy actions, which will contribute towards bridging existing gaps in sex worker programming, especially in emergency as well as humanitarian settings. It aspires to achieve this mandate by leveraging the collective strengths of the United Nations family, sex worker movements, Members of Parliament (MPs), national human rights institutions and civil society organizations in East and Southern Africa. This joint effort hopes to support collective action in the region.

Additionally, the framework serves as a source of advocacy to leverage the necessary financial resources and technical support. This includes linking sex workers to financial literacy, vocational and entrepreneurship training, and access to start-up funding opportunities to promote economic justice.

The framework upholds the importance of access to rights-based comprehensive health services (physical and mental). This includes access to HIV, sexual and reproductive health and mental health services. It includes taking advantage of various approaches and platforms including digital services and sex worker-led service delivery, for example, for counselling and psychological services.

It also highlights the need for legal and policy reforms to address marginalization and barriers including to the *right to work* and *rights at work* for sex workers. Broader advocacy will also be conducted for national-level implementation of International Labour Organization (ILO) policies, which will grant sex workers equal protection under employment and labour laws.



## THEORY OF CHANGE

Gaps	Interventions	Outputs/Outcomes	Objectives	Overall goal
<ul style="list-style-type: none"> <li>• Loss of livelihoods and lack of alternative means of livelihoods due to humanitarian crisis.</li> <li>• Restrictive access to social protection and humanitarian relief mechanisms.</li> <li>• Lack of decent working conditions due to restrictive laws and policies.</li> <li>• Punitive laws and policies restricting, with limited access to legal support.</li> <li>• Sexual violence and rape incl. GBV by clients.</li> <li>• Brutality and harassment by law enforcement.</li> <li>• Systematic exclusion of grassroots and emerging sex worker leaders.</li> <li>• Poor linkages to healthcare, incl. mental health.</li> <li>• Lack of resilience funding for sustained sex workers programmes Interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for inclusive social protection mechanisms, incl. in humanitarian relief programmes.</li> <li>• Address violence against sex workers through funding of community-based empowerment and rights literacy programmes.</li> <li>• Improve data collection and analysis of the vulnerabilities as well as inclusion of food security indicators into routine assessments for evidence to the Vulnerability Assessment Committees.</li> <li>• Support resource mobilization efforts to establish a resilience fund for the sustainability of sex worker network building.</li> <li>• Scale-up internet-based sex work services, (paying attention to privacy, confidentiality and the digital divide).</li> <li>• Improve documentation of human rights violations and increase legal support to generate evidence for recourse and to foster police accountability.</li> <li>• Train judges and human rights bodies on leveraging HR commitments to perform annual audits esp. during humanitarian crisis.</li> <li>• Advocate for decent working environments for sex workers by removing punitive laws and policies.</li> <li>• Decentralise and de-medicalise health services, incl. mental health services; to support community-based and community-led service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced cases of violations and death reported on the sex workers death monitoring tool.</li> <li>• Reduced cases of police brutality reported by June 2025.</li> <li>• Improved food and nutrition security situation of sex workers, as supported by routinely collected and analysed in FNS vulnerability assessments by vulnerability assessment committee (VAC) in # of ESA countries by 2025.</li> <li>• # human rights violation cases reported through data collection tools such as the Rights, Evidence, Action (REACT) tool by June 2025.</li> <li>• # human rights bodies undertaking annual audits of violations against sex workers by June 2025.</li> <li>• # of strategic litigation cases on sex worker violations by 2025.</li> <li>• # of ESA countries ratifying ILO Conventions by 2025.</li> <li>• % of robust and resourced national sex networks by 2025.</li> <li>• % of sex worker leaders represented on SDG and other regional and global platforms.</li> <li>• # of countries decriminalising sex work by 2025.</li> </ul>	<ol style="list-style-type: none"> <li>1. To strengthen the inclusion of sex workers in food security and social protection mechanisms through strengthening of data systems, for inclusion in vulnerability assessments and food security programmes.</li> <li>2. To advocate for enabling policy and legal environments to decriminalize sex work, reduce sex worker human rights violations, sexual violence and brutality at the hands of law enforcement, and promote recognition in development planning processes.</li> <li>3. To strengthen sex worker access to comprehensive and differentiated health services, including both communicable and non-communicable diseases, as well as including HIV and tuberculosis (TB), sexual and reproductive health and rights, and mental health interventions.</li> <li>4. To strengthen gender-responsive economic transformation programmes in development, emergency and humanitarian settings as a bridge to long term realisation of entrepreneurial programmes for sex workers in the ESA region.</li> <li>5. To support the resourcing of vocational and financial literacy sex workers training programmes for increased access to capital loans and alternative livelihoods.</li> <li>6. To enhance relationships between sex workers and organised labour to promote ratification of ILO conventions.</li> </ol>	<ul style="list-style-type: none"> <li>• Reduction of socio-economic barriers to livelihoods, human rights and access to healthcare and social protection for sex workers including in humanitarian settings in the ESA region by June 2025.</li> </ul>



# Goal

Reduction of socio-economic barriers to livelihoods, human rights, health-care access and social protection for sex workers, including in humanitarian settings, in the East and Southern Africa region by June 2025.

## Objectives



1. Advocate for enabling policy and legal environments to decriminalize sex work, reduce sex worker human rights violations, sexual violence and brutality at the hands of law enforcement, and promote recognition in development planning processes.



2. Strengthen sex workers' access to comprehensive and differentiated health services, including sexual and reproductive health, mental health interventions and care and treatment services for communicable and non-communicable diseases such as HIV and TB.



3. Strengthen the inclusion of sex workers in services , including food security programmes and social protection mechanisms through the strengthening of data systems.



4. Strengthen gender-responsive economic transformation programmes in development, emergency and humanitarian settings as a bridge to sustained implementation of entrepreneurial programmes for sex workers in East and Southern Africa.



5. Support the resourcing of vocational and financial literacy training programmes for sex workers, in order to increase access to capital loans and alternative livelihoods.



6. Enhance relationships between sex workers and organized labour to promote the ratification of ILO conventions.

# Advocacy interventions

## OBJECTIVE 1:

Advocate for enabling policy and legal environments to decriminalize sex work, reduce sex worker human rights violations, sexual violence and brutality at the hands of law enforcement, and promote recognition in development planning processes.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
MPs (Southern African Development Community – SADC, East African Community – EAC, Pan-African Parliament – PAP)	Advocate for legal reform on draconian laws that do not protect sex workers' rights (this is a move towards the decriminalization of sex work).	United Nations Population Fund – UNFPA, United Nations Development Programme – UNDP, AIDS and Rights Alliance for Southern Africa – ARASA, International Labor Organization – ILO, World Food Programme – WFP, International Organization for Migration – IOM, Joint United Nations Programme on HIV/AIDS (UNAIDS) and African Sex Workers Alliance – ASWA
MPs (SADC, EAC, PAP)	Advocate for legal reform on draconian laws that impede access to sustainable and adaptable social protection programmes.	UNFPA, UNDP, ARASA, ILO, WFP, IOM and ASWA
National human rights institutions – NHRIs, ministries of justice, health, and labour	Advocate for and train NHRIs to undertake annual audits of sex workers' access to social protection programmes and report human rights violations experienced by sex workers to Member States.	UNAIDS, UNFPA, UNDP, ARASA, ILO, WFP, ASWA
NHRIs, ministries of justice, health, and labour	Civil society organizations (CSOs) working on the shadow report to the African Commission on Human and Peoples Rights on discrimination and human rights violations suffered by sex workers at the hands of law enforcement and state actors.	UNAIDS, UNFPA, UNDP, ARASA, ILO, WFP, ASWA

## OBJECTIVE 2:

Strengthen sex workers' access to comprehensive and differentiated health services, including sexual and reproductive health, mental health interventions and care and treatment services for communicable and non-communicable diseases such as HIV and TB.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
National ministries of health, NHRIs, multilateral partners and donors funding mental health support programmes and the Mental Health Information Centre of Southern Africa	Promote access tailored to sex worker's needs, for instance adapted opening hours of health facilities to communicable and non-communicable disease interventions, including HIV, TB, sexual and reproductive health and mental health services for sex workers through training peer-to-peer health providers and promoters.	<b>UNFPA</b> , ASWA, ARASA, UNAIDS, United Nations High Commissioner for Refugees – UNHCR, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the United States President's Emergency Plan for AIDS Relief (PEPFAR), ministries of health (HIV/sexual and reproductive health programmes) WFP and ASWA
Donors, philanthropies, foundations, ministries of health	<p>Advocate for access to comprehensive mental health and psychosocial support services for sex workers in emergency and humanitarian setting (this also applies to migrant sex workers).</p> <p>Advocate for person-centred public health programmes through the training of health care workers to reduce stigma and discrimination.</p> <p>Create partnerships with digital services providers for provision of free mental health services for sex workers.</p>	<b>UNFPA</b> , UNAIDS, ARASA, Frontline AIDS, ASWA, PEPFAR, GFATM

### OBJECTIVE 3:

Strengthen the inclusion of sex workers in sustainable food security and social protection programmes through strengthened data systems and a post-COVID-19 evidence base that will inform programming.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
Secretariats SADC and EAC	Advocate for the development of a concrete action plan (ending 2025) to adapt programming on human rights, health, and livelihoods through the East and Southern Africa regional platforms.	UNFPA, <b>UNDP</b> , ARASA, ILO, – WFP – IOM and – ASWA
National government departments (ministries of labour, health, public services and social welfare, justice, law and order)	Sex work not recognized as legitimate work; law enforcement actors exploit this to harass sex workers.	UNFPA, UNDP, ARASA, <b>ILO</b> , WFP, IOM and ASWA
National government departments (ministries of labour, public services and social welfare, justice)	Sex workers are excluded from social protection programmes because they are not defined as a population requiring assistance.	UNFPA, UNDP, ARASA, ILO, <b>WFP</b> , IOM and ASWA
National government departments (ministries of labour, health, public services and social welfare, justice)	Advocate for data on sex workers' vulnerabilities within vulnerability assessment committees (VACs) and disaster risk management authorities.	UNFPA, UNDP, ARASA, ILO, WFP, <b>IOM</b> , ASWA



#### OBJECTIVE 4:

Strengthen gender-responsive economic justice programmes in humanitarian settings as a bridge to sustained implementation of entrepreneurial programmes for sex workers, including alternative means of work, vocational and financial literacy training and access to loans for capital for sex workers in East and Southern Africa.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
MPs (SADC, EAC, PAP), SADC/EAC secretariats, national ministries of health, women and gender affairs	<p>Advocate for the mainstreaming of gender-responsive programming through legal reform to include sex workers.</p> <p>Advocate with MPs to pass laws on GBV and femicide.</p> <p>Increase CSO and sex worker collaborations to advance peer-to-peer sexual, reproductive, maternal, newborn, child and adolescent health and GBV services.</p> <p>Include sex worker movements in the Generation Equality Forum at national level.</p>	UNFPA, ARASA, UNAIDS, ASWA, <b>UN Women</b>
SDG regional and local sectors, national governments,	Advocate for the inclusion of sex workers in SDG dialogues.	UNFPA, African Key Population Experts Group - AKPEG, UNDP, ASWA, ARASA, <b>UN WOMEN</b>

**OBJECTIVE 5:**

Support the resourcing of vocational and financial literacy training programmes for sex workers, in order to increase access to capital loans and alternative livelihoods.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
Southern and East African business sectors, IOM, donors and multilateral partners, small business investors, ministries of gender	Advocate for a resilience fund and ensure enabling policy and legal environments that will serve as an emergency response mechanism for sex workers in humanitarian or emergency settings.	All partners, led by UNFPA and IOM
	Advocate for access to vocational training and financial literacy training.	
	Advocate for new business models, including entrepreneurship and access to capital loans for sex workers.	

**OBJECTIVE 6:**

Enhance relationships between sex workers and organized labour to promote the ratification of ILO conventions.

PRIMARY TARGET	POSITION OF ISSUE	PARTNER WITH AVENUES TO INFLUENCE TARGET
Ministries of labour, trade unions, human rights institutions	1. Advocate for the ratification of Convention no. 190 and the corresponding Recommendation no. 206 of international labour laws.	ILO, UNDP, UNWOMEN
	2. Advocate for reform labour laws and policies that pose as barriers to the right to work and rights at work.	ILO, UNDP and UN Women
	3. Engage trade unions at regional and national levels to consider sex work as work and address other employment concerns including harassment and social protection	ILO

# Advocacy messaging under the three thematic areas

<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>• Sex workers are in a ‘constant’ humanitarian crisis, not just as a result of the COVID-19 humanitarian emergency. <b>Sex workers have a right to social protection.</b></li> <li>• A strong sex worker movement requires sex worker leadership. <b>Collaborate with us to build resilient, visible and strong movements.</b></li> <li>• Enhancing entrepreneurship and financial literacy programming leads to greater financial security for sex workers. <b>Economic justice and rights are only possible by promoting sex workers’ right to work and labour rights.</b></li> <li>• It is important to enhance digital/technology training and access to e-learning platforms, data and the Internet for sex workers. <b>Sex workers have a right to access digital spaces and economies.</b></li> </ul>
<b>Human rights</b>	<ul style="list-style-type: none"> <li>• Intersectionality between sex worker programming and other programmes such as the SDGs and climate change agendas should be prioritized. <b>Sex workers have the right to meaningful participation in shaping global, regional and national public health priorities.</b></li> </ul> <p>Structural barriers such as the criminalization of sex work in East and Southern African countries persist. The training for national human rights institutions, police and judges should be enhanced. <b>Sex work is work!</b></p>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Blended mental health approaches must be devised for face-to-face, telemedicine and digital services for sustainable and comprehensive mental health support, and donors need to invest in programmes beyond psychosocial support services. <b>Access to mental health is key to sex workers’ right to health.</b></li> <li>• <b>Support community-based and community-led comprehensive health care through decentralized and de-medicalized health services.</b></li> </ul>



# Partnerships, roles and responsibilities

PARTNER	AREA OF EXPERTISE/ CONTRIBUTION
<b>ASWA</b>	<p>Technical support to national-level members, supporting peer-to-peer programming and education (through the Sex Worker Academy Africa – SWAA), provision of up-to-date information on COVID-19 responses (and other disasters) to members, engagement with donors, multilateral partners, and government officials to create an enabling environment for sex workers, collaboration with human rights lawyers and institutions to ensure legal support provision, advocacy for mental health and psychosocial support provision to members, mobilize for establishment of sustainable funding for sex work programmes, work with trade unions/ organized labour to promote rights at work.</p>
<b>UNFPA</b>	<p>Technical lead and convenor of regional bodies in East and Southern Africa and programming support through the establishment of bilateral and multilateral structures (involving governments, CSOs and technical partners) to advance the policy advocacy agenda.</p> <p>Provision of comprehensive sexual and reproductive health and rights and HIV prevention services.</p>
<b>WFP</b>	<p>Resilience building, food and nutrition security and social protection.</p> <p>Inclusion of key populations in food and nutrition security programmes through data collection and analysis and food distribution.</p>



The partners mentioned below will collaborate to jointly implement this advocacy framework. These entities all appreciate the complexities and vulnerabilities faced by sex workers, especially during emergencies and humanitarian disasters. They understand the devastating impact that crises have on sex workers' abilities to work and contribute towards national economies as entrepreneurs.

The partners all have existing sex worker support programmes that focus on strengthening sex worker programming in human rights, livelihoods and health. They have all made commitments to pool together their individual value propositions and to collaboratively ensure that sex worker movements at national and regional levels are stronger and more resilient for future emergencies and humanitarian crises.

## WORKSTREAMS TOWARDS THE JOINT ADVOCACY AGENDA

1. Develop comprehensive mental health and psychosocial programmes that help sex workers overcome substance abuse and depression.
2. Mobilize and provide resilience funding for national partner peer-to-peer support during emergencies and humanitarian crises and advocate for the establishment of a regional resilient fund.
3. Develop programmes to build the organizational capacity of ASWA members and support the organic growth of national movements through continuous capacity development, including through SWAA.
4. Integrate GBV programming into sex workers rights advocacy programming at the national level.
5. Strengthen support programmes for sex workers who are parents.
6. Build collaborative and sustained relationships with national law enforcement agencies to support safe working environments for sex workers.
7. Scale up work with human rights lawyers and institutions to ensure sex workers' access to legal support.
8. Engage with health-care providers for non-judgmental, confidential and friendly health services, tailor-made for, and informed by, the sex workers' community.

1. Convene the joint working group to ensure implementation of advocacy activities as identified within the framework.
2. Provide guidance to countries and United Nations agencies to provide rights-based programming including during emergencies and humanitarian crises.
3. Support United Nations agencies with operational guidance to respond to the health and protection needs of people selling or exchanging sex in humanitarian settings.
4. Contribute to the development, institutionalization and delivery of community-led health and HIV prevention, treatment and care services that are accessible, people-centred, and inclusive of sex workers.

1. Strengthen data collection and analysis of the vulnerabilities faced by sex workers.
2. Advocate for the integration of food and nutrition security indicators into routine assessment done amongst sex workers.
3. Advocate for the inclusion of sex workers' vulnerabilities with VACs, disaster risk management authorities, CSOs, sex worker movements and donors.
4. Advocate for the inclusion of sex workers as a vulnerable group in social protection mechanisms.

PARTNER	AREA OF EXPERTISE/ CONTRIBUTION
<b>ILO</b>	Promotion of right to work and rights at work ('world of work', social protection, convenor of collaboration between sex workers and labour unions).
<b>ARASA</b>	Right to bodily autonomy, engagement of sub-regional mechanisms, advocacy for the removal of draconian laws and policies.
<b>UNDP</b>	Build capacity of NHRIs, judges and law enforcement officials, work with Member States to remove draconian laws and policies, and address human rights violations.
	Advocate for establishment of sustainable financing mechanisms for sex workers programmes.
<b>GFATM</b>	Addressing human rights and gender-related barriers, including sexual violence against sex workers, access to sexual and reproductive health services, and community-led monitoring.
<b>UNAIDS</b>	Advocacy for the removal of draconian laws and policies, establishment of sustainable financing mechanisms for sex work programmes , access to rights-based HIV/TB/sexual and reproductive health services, support to economic justice and comprehensive mental health care.

## WORKSTREAMS TOWARDS THE JOINT ADVOCACY AGENDA

1. Revisit the advocacy strategy to fast-track the ratification of Convention no. 190 and the corresponding Recommendation no. 206.
2. Increase collaboration with CSOs and sex worker movements to enhance national policy advocacy to reform labour laws and policies that pose as barriers to the right to work and rights at work.
3. Strengthen collaboration between sex worker organizations and trade unions at regional and national levels.
4. Reach out to World of Work Actors to address sex workers' concerns regarding employment and labour concerns, including harassment.

1. Work with NHRIs to document violations of sex workers' rights and support the integration of national audits of violations under the guise of public health protection.
2. Work with MPs to identify laws and policies that negatively impact sex workers beyond the criminalization of sex work.
3. Target advocacy beyond policymakers and governments to include other organizations and funders who set the agenda on rights-based sex worker programming.

1. Train and work with NHRIs to document violations of sex workers' rights and support the integration of national audits of violations under the guise of public health protection.
2. Support NHRIs to document and submit reports to national justice ministries on violence suffered by sex workers at the hands of law enforcement.

3. Advocate for and support the establishment of a sex workers' resilience fund that could be tapped into during emergencies and humanitarian crisis.

1. Ensure rapid programme adaptation is applied to sex worker programming and that key population programming is funded and implemented at scale.
2. Ensure that sex workers continue to be engaged and can benefit from the implementation of Global Fund grants.
3. Ensure alignment and efforts in addressing human rights and gender-related barriers, including violence against sex workers.
4. Ensure alignment and support in strengthening sex worker groups in-country as part of community systems strengthening.

1. Leverage joint partnerships to implement the new UNAIDS strategy as it relates to sex workers, gender equality and breaking structural barriers.
2. Work with ASWA and other partners to mobilize resources for a resilience fund.
3. Support the development, institutionalization and delivery of community-led health and HIV prevention, treatment and care services that are accessible, people-centred and inclusive of sex workers.
4. Work with the media to shift the narrative around sex workers to showcase their social capital.
5. Work with partners and advocate for the removal of draconian laws to create an enabling legal environment.

PARTNER	AREA OF EXPERTISE/ CONTRIBUTION
<b>UNHCR</b>	<p>Equitable access to health and protection services, including protection, sexual and reproductive health and HIV services among the persons who sell or exchange sex during the different stages of humanitarian response, focusing on GBV and child protection prevention, mitigation and response, prevention of sexual exploitation and abuse, social economic empowerment, and promotion of economic justice for sex workers, people selling or exchanging sex.</p>
<b>PEPFAR</b>	<p>Provision of HIV and TB services to high burden sites at country level.</p> <p>Provision of differentiated service delivery models, community-led services and monitoring, demand creation and outreach, and health-care worker education.</p> <p>Addressing structural barriers by working with partners, including sensitizing and training policymakers, law enforcement officials and key populations-led or key populations-competent organizations.</p>
<b>UN Women</b>	<p>Promotion of intersectionality and mainstreaming of gender-responsive programming for sex workers, investing in data to advance ending inequality in sexual, reproductive, maternal, newborn, child and adolescent health, addressing demand and supply-side factors for sex workers' access to sexual, reproductive, maternal, newborn, child and adolescent health.</p> <p>Convenor of the Gender Equality Forum and global acceleration plan to address GBV.</p>

## WORKSTREAMS TOWARDS THE JOINT ADVOCACY AGENDA

1. Advocacy and support to ensure health and protection services access among people who sell or exchange sex during all stages of humanitarian settings
2. Support United Nations agencies with UNHCR-UNFPA joint operational guidance to respond to the health and protection needs of people selling or exchanging sex in humanitarian settings. (<https://www.unhcr.org/protection/operations/60dc85d74/responding-health-protection-needs-people-selling-exchanging-sex-humanitarian.html>).
3. Support sexual and reproductive health, HIV, GBV, child protection and maternal health service delivery in all stages of humanitarian settings.
4. Work with partners to ensure quality services are provided with no discrimination.
5. Enhance data collection and analysis that informs programming.
6. Strengthen community structures as a safety network for the protection of women and girls, including sex workers.
7. In collaboration with all stakeholders, ensure the 'Zero Tolerance' policy on sexual exploitation, abuse and harassment is adhered to and promote accountability to affected populations.
8. Support socio-economic activities to build resilience and wellbeing of sex workers.
9. Strengthen peer educators and means of prevention, including condom promotion, PreP, contraception, etc.

1. Ensure PEPFAR programmes continue to create multiple service delivery models to ensure greater access to services, including community services, public and community testing modalities, and public and community health services,
2. Support linkages to clinical and community-based services that are led by sex workers and health promoters.
3. Train outreach workers to leverage in-person and virtual platforms, provide referrals to a facility of choice, and support cadres of choice.
4. Promote sex worker-led, community-led monitoring programmes to ensure better and targeted health access planning for sex workers, their families and children.

1. Promote intersectionality and mainstreaming of gender-responsive programming for sex workers.
2. Ensure that the humanitarian response is a bridge to long-term development that progressively addresses sex work, especially in countries with both humanitarian and development issues.
3. Mainstream gender and include sex workers in the response to any humanitarian crisis, with explicit measures for inclusion and adequate data to ensure effective planning for sex workers.
4. Explore alternative approaches for sexual, reproductive, maternal, newborn, child and adolescent health interventions in humanitarian settings so that services are not disrupted by restrictions of movement or gatherings.
5. Include migrant/refugee sex workers in national systems so that their needs can be addressed in a more effective and sustainable manner.
6. Ensure continuous advocacy to make funds available for sexual, reproductive, maternal, newborn, child and adolescent health interventions in humanitarian settings.

PARTNER	AREA OF EXPERTISE/ CONTRIBUTION
<b>IOM</b>	Provision of sexual and reproductive health and rights and HIV services for migrant sex workers in migration-affected communities (especially along transport corridors and land border areas), financial literacy, vocational training and linkage to employment opportunities, entrepreneurship training, and promotion of economic justice for migrant sex workers.
<b>AKPEG</b>	Provision of strategic guidance and information for key populations, articulation of alignment and enabling of SDGs within sex worker programming.
<b>SADC Parliamentary Forum, East Africa Parliament, PAP</b>	Advocate for the reform of legislative measures that criminalize sex work, as well as those that impede decent working conditions for sex workers.
<b>Frontline AIDS</b>	<p>Exploit the REACT (Rights, Evidence, Action) platform that promotes a community-led monitoring and response mechanism through the documentation of human rights barriers to HIV services, leveraging the DHIS 2 data collection system that links data and evidence to health ministries.</p> <p>Technical assistance provider and partner support for convening collective action.</p>



## WORKSTREAMS TOWARDS THE JOINT ADVOCACY AGENDA

1. Enhance approaches that encourage the social mobilization of sex workers to improve sex worker sexual and reproductive health, HIV, TB and other health outcomes and quality of life.
2. Promote the choice to alternative livelihoods and financial literacy and ensure improved economic outcomes for sex workers and their family members.
3. Improve policy and programmatic interventions to decriminalize sex work and reduce stigma and sexual abuse.
4. Collaborate with regional, national and local sex worker networks to increase the demand and supply of HIV and sexual and reproductive health services.

Sex worker programme linkages to reach the SDGs are as follows:

1. Advocate for economic empowerment programme for sex workers to end poverty, as outlined under SDG 1.
2. Advocate for sexual and reproductive health services for key populations and engage sex workers in health financing consultations at all levels to achieve SDG 3.
3. Enhance quality education for sex workers to strengthen their capacity and quality of life through programmes such SWAA, to contribute towards the achievement of SDG 4.
4. Ensure that sex workers operate under decent working conditions, receive protection under labour rights, have equal pay and that equal value for work is enhanced to achieve economic growth. This is in alignment with the longer term vision of advocating for decriminalization through strategic litigation, which would contribute towards the achievement of SDG 8.
5. Advocate for the reduction of inequalities, including non-discrimination and gender-reaffirming laws, as well as social integration and promotion of opportunities for all, which would contribute to reaching SDG 8.
6. Advocate for improving access to justice and promotion of the rule of law in a non-discriminatory environment, meaningful participation, access to information and fundamental freedoms. This includes reviewing draconian laws and policies that criminalize sex work, sexual orientation and gender identity. These would contribute towards SDG 16 to ensure peace, justice and strong institutions.
7. Work with partners under this advocacy to ensure that sex workers are included in feminist networks, in order to address GBV and link with national strategic plans, to contribute towards SDG 17.

1. Train and work closely with MPs on sex workers' human rights and the systematic human rights violations suffered by sex workers.
2. Train and work with MPs to identify laws and policies that negatively impact sex workers beyond the criminalization of sex work.
3. Implement the Minimum Standards for the protection of the sexual and reproductive health and rights of key populations in the SADC region.
4. Support the Model Law on Gender-Based Violence, which deals with issues such as confidentiality in GBV reporting and GBV in all its forms, including cyberbullying, economic violence and stalking, as well as adding new concepts to the regional norms on GBV.

1. Promote REACT (or a similar platform/tool) to allow national sex worker organizations to document human rights violations and barriers to HIV and sexual and reproductive health services.
2. Provide technical support to sex worker organizations to use the REACT tool and engage in community-led monitoring.

# Joint partnership principles

- Coordination and collaborative efforts between partners: This includes the meaningful engagement of sex workers and civil society as equal partners in other stakeholders' coordination and collaboration efforts.
- Leverage partner platforms, exploit spheres of influence for joint action, and catalyse partners' unique strengths to achieve results faster through a united voice.
- Communication and information sharing: open communication lines, consensus on common message concepts, and regular progress updates.
- Mutual accountability to track progress of targeted outcomes through bi-annual interactions.



# Joint accountability

Partners will jointly track this advocacy framework's implementation progress, focusing on achievement of output and outcome results by the end of 2025 below:

- **50 per cent reduction in cases of violations and death** reported on the sex workers murder monitoring tool.
- **50 per cent reduction in cases of police brutality** reported by June 2025.
- **Improved food and nutrition security for sex workers**, as supported by routinely collected and analysed data from VAC food and security vulnerability assessments in 50 per cent of East and Southern African countries by 2025.
- **Number of human rights violation case cases reported** through data collection tools such as the REACT tool by June 2025.
- **Number of human rights bodies undertaking annual audits of violations against sex workers** by June 2025.
- **Number of strategic litigation cases** on sex worker violations by 2025.
- **Number of East and Southern African countries ratifying ILO conventions** by 2025.
- **Per cent of robust and resourced national sex worker networks** by 2025.
- **Per cent of sex workers in leadership positions represented on SDG** and other regional and global platforms.
- **Per cent of countries decriminalizing sex work** by 2025.







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