August 2025

IMAP Statement on Sex Worker-Centred Sexual and Reproductive Health Services

Purpose and intended audience of this statement

This statement is intended to provide guidance to Member Associations and Collaborative Partners across the Federation on delivering comprehensive, evidence-based sexual and reproductive health (SRH) services tailored to the needs of sex workers. It is grounded in a rights-based approach, emphasizing accessibility, acceptability, and the respect of sex workers' agency, bodily autonomy, and dignity.

The statement is aligned with IPPF's *Client-Centred Clinical Guidelines* (CCCGs) published in 2022 and is grounded in the same guiding principles and values, namely: rights-based, client-centred, gender transformative and inclusive (1).

The statement aligns with the *Come Together: IPPF Strategy 2028*, Pillar 1, Centring Care on People with emphasis on expanding the reach of services to marginalized communities; Pillar 2, Move the Sexuality Agenda while using ground advocacy to amplify community voices and Pillar 3, Solidarity for Change with the aim of supporting social movements and building strategic partnerships.

Background

Sex workers face myriad barriers in exercising their rights, including their right to health, with particular emphasis on their sexual and reproductive health. Widespread criminalization, stigma and discrimination not only violate their human rights to live free from violence and discrimination, the right to health, and sexual and reproductive rights, but also limit sex workers' capacity to self-organize, access funding for service provision and advocacy, and meaningfully engage with civil society organizations (CSOs) (including unions) and policymakers.

In October 2022, IPPF published the *IPPF Policy on Sex Work*, outlining its position and commitments (2). The Policy emphasizes human rights-based values and principles that apply broadly across contexts, without being prescriptive about approaches or actions. The Policy provides a framework to guide IPPF's and MAs' programming, service delivery, and advocacy, based on the lived experiences of sex workers, in all their diversity. The Policy is grounded in positions taken by sex worker-led organizations and networks across the world, and in resources that IPPF has discussed and published, particularly *Sexual Rights: An IPPF declaration* (3).

This statement is intended for service providers and programme implementers and is designed to complement and build on the previous *IPPF Policy on Sex Work* (2) by translating its values and ambitions into practical actions. It supports IPPF providers in delivering services that meet the needs of sex workers while identifying and addressing barriers to access.

Who are sex workers?

In the *UNAIDS Guidance Note on HIV and Sex Work*, sex workers are defined as "female, male, and transgender adults who receive money or goods in exchange for sexual services, either regularly or occasionally." It is important to recognize sex work as legitimate work and to consider it a valid labour option. Sex work can take many forms and can vary in the degree to which it is formal or organised (4).

Sex workers are not a homogenous group and have diverse needs and priorities. Various factors – such as type and frequency of sex work, age, gender identity, sexual orientation, HIV status, drug use, migration status, race/ethnicity, disability status, and socioeconomic background – can influence sex workers' health needs, access to services and experiences of stigma, discrimination, and criminalization.

Many sex workers experience intersecting forms of stigma and discrimination based on these characteristics, which must be considered when developing and implementing sexual and reproductive health and rights (SRHR) programming to address their needs. Migrant sex workers (5) may face higher level of healthcare exclusion due to language barriers whilst LGBTQI, in particular transgender, sex workers (6) often face higher vulnerability to violence and HIV.

Globally, sex workers experience social marginalization and lack of access to safe services resulting in high rates of HIV infection, sexually transmitted infections (STIs), unintended pregnancies, unsafe abortion (7), and gender-based violence, yet are often excluded from mainstream SRHR programming (8). Research also indicates high levels of maternal mortality among sex workers due to lack of access to safe abortion (9).

The terms "prostitute" and "prostituted women" perpetuate stigma and undermine sex workers' rights. These terms have been widely rejected by leading health and human rights authorities, as well as the majority of sex worker-led organizations worldwide. Instead, these organizations advocate for the terms "sex work" and "sex worker" to emphasize autonomy, agency, and the recognition of sex work as legitimate work.

What SRH services do sex workers need?

Sex workers' SRH needs are diverse and shaped by multiple, intersecting factors. Stigma, discrimination, and criminalization often restrict access to care, with compounded impacts on those facing multiple forms of marginalization. This underscores the need for safe, non-judgmental, and rights-based SRH services.

Traditional public health models often focus narrowly on HIV and STI interventions, reinforcing harmful stereotypes of sex workers as 'vectors of disease' while overlooking their broader SRHR needs. Like all individuals, sex workers require care that is respectful, holistic, comprehensive, person-centred and inclusive of their diverse realities.

Comprehensive, respectful and equitable SRH care for sex workers should include the full range of services (10), including:

- HIV and RTI prevention including HPV vaccination, testing, and treatment
- Contraceptive counselling
- Pregnancy care
- Abortion and post-abortion care
- Fertility care
- Reproductive tract cancer screening (e.g. cervical, ano-rectal and prostatic cancers)
- General gynaecology

- Gender affirming care for trans and gender-diverse sex workers
- Clinical care and psychological support for survivors of sexual and gender-based violence (SGBV)
- Mental health services

Some of these services are already recommended as part of the IPPF's Integrated Package of Essential Services (IPES+).

Mental health care is essential to sex workers' overall wellbeing and can significantly affect SRH service access and health outcomes. The World Health Organization (WHO) has recognized mental health as an essential intervention for sex workers' broader health, prioritized by sex workers themselves (11, 12). Sex workers' family members may also encounter stigma and discrimination and should also be considered in health interventions for sex workers, when possible (13).

Promising Practice

Reproductive Tract Cancer Screening for Sex Workers – PPAT, Thailand

The Planned Parenthood Association of Thailand (PPAT) is committed to ensuring that sex workers have equitable access to life-saving reproductive health services, including reproductive tract cancer screening. Recognizing the heightened vulnerability of sex workers to cervical and other reproductive tract cancers due to multiple barriers to healthcare, PPAT has integrated routine screenings into its service delivery model.

Through its network of clinics and mobile outreach programmes, PPAT provides Pap smears at no cost or subsidized rates for sex workers. These services are paired with tailored education on cancer prevention, and early warning signs to empower sex workers with the knowledge to protect their health. In collaboration with the Ministry of Health, PPAT has established a referral system to ensure timely diagnosis and treatment, working closely with government hospitals and the Ministry of Public Health. By fostering a stigma-free, rights-based approach to care, PPAT is breaking down barriers to reproductive healthcare, ensuring that sex workers in Thailand can access essential screenings in safe and supportive environments.

Promising Practice

Comprehensive SRH Services – HERA, North Macedonia

The Association for Health Education and Research (HERA), IPPF's Member Association in North Macedonia, provides a range of confidential, free-of-charge SRH services to sex workers including mobile gynaecological clinics which provide contraceptive services, gynaecological exams, HIV & STI prevention supplies, and other services in convenient locations. HERA also operates two youth centres, which have become crucial hubs for sex workers. The centres offer gynaecological care, HIV and STI services, psychological counselling, contraceptives, and other services, grounded in a network of peer educators. Partnering with the local sex worker-led organisation, the Association for Support of Marginalized Workers Skopje (STAR-STAR), has strengthened trust and referral networks, ensuring sex workers' access to safe, non-judgmental services (14).

Developing integrated interventions

Evidence suggests multi-component interventions are essential for addressing the complex and inter-related health and social challenges faced by sex workers (18). Therefore, programmes should be developed in partnership with sex worker-led organizations that combine structural, behavioural, and biomedical interventions to ensure more effective responses to sex workers' needs.

- **Structural interventions** – aim to improve public health by changing the broader legal, social, economic, or political condition – might include efforts to reduce police harassment, improve housing access, or reform laws that criminalize sex work.
- **Behavioural interventions** – influence individual actions by encouraging and supporting positive health behaviours – could involve peer-led outreach programmes, safer sex education, and support for negotiating condom use as well as addressing bias and stigma of service providers.

- **Biomedical interventions** – employ clinical or medical strategies to improve health outcomes – including access to STI testing, HIV prevention and treatment (such as PrEP), SGBV services, contraception and other reproductive health services.
- **Socio-economic interventions** – such as housing and food assistance, emergency funds for crisis support, alternative or additional income generation or vocational training programmes are additional interventions alongside structural, behavioural, and biomedical strategies, as they address the root causes of vulnerability and inequality.

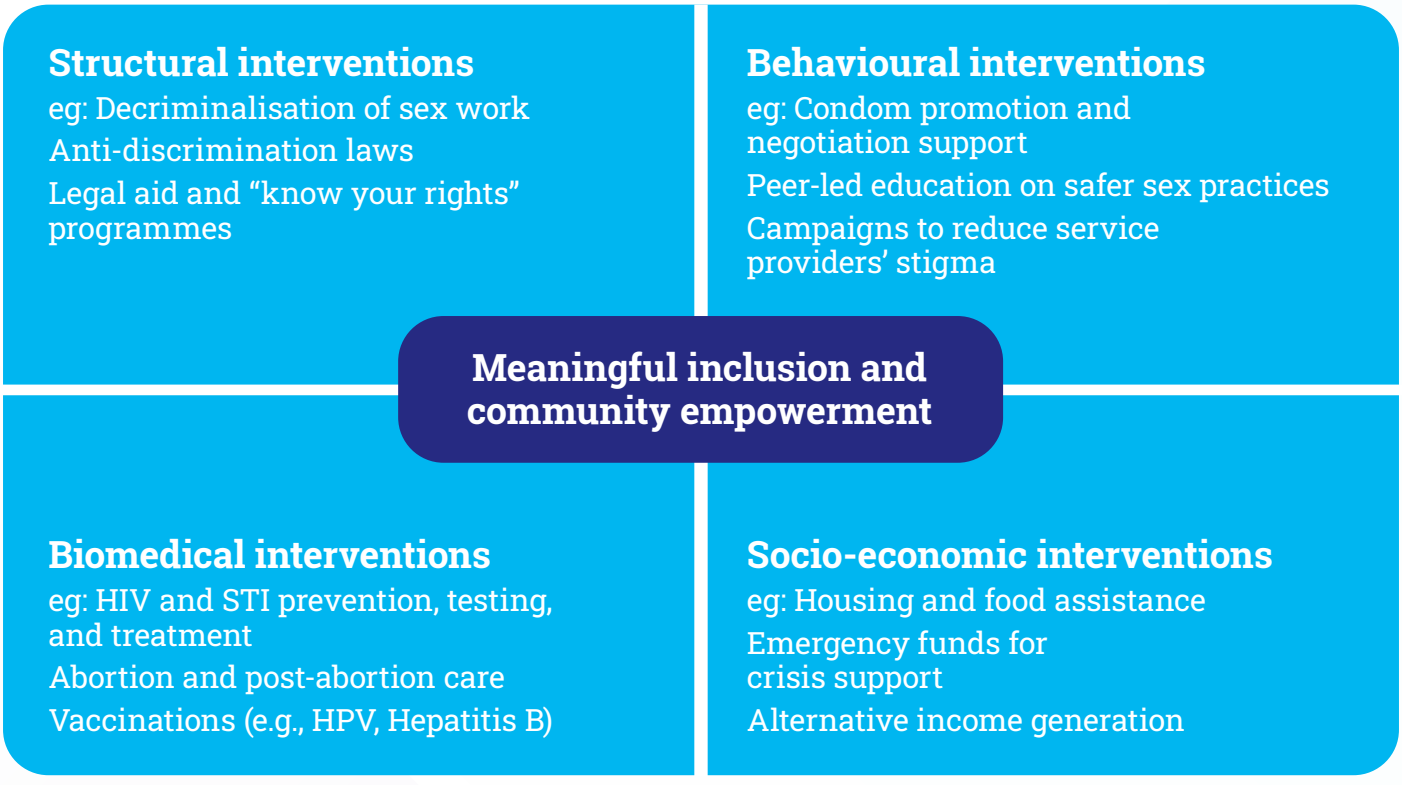
Within biomedical interventions, the "one-stop-shop" models, which integrate multiple services at a single location, can improve sex workers' access to comprehensive SRH care. The separation of services makes it harder for sex workers to address their holistic health needs (15). WHO has recommended integrating HIV, viral hepatitis, and STI services for sex workers, in addition to integrating other clinical services, such as SRH, mental health, and maternal and child health in one setting where possible (16).

Interventions can take place in different settings, including via hybrid formats (e.g. combining in-person, self-care and digital interventions). For example, telehealth can be used for

Promising Practice

"One-stop-shop" Model – SWING Clinic, Thailand

SWING (Service Workers in Group Foundation), a community-based organisation, operates three health clinics for sex workers of all genders in Bangkok and Pattaya, Thailand, employing sex workers to deliver peer-led services. The clinics offer comprehensive HIV prevention, testing, and treatment, STI and Hepatitis C screening, gender-affirming care counselling, and holistic support for physical, mental, and social well-being. Operating as a "one-stop-shop" model, SWING estimates that its services reach between 20,000 to 30,000 sex workers each year (17).



confidential care, safety apps for bad client lists and social media for outreach, online harm reduction and community networks. Considerations need to be made to address the 'digital divide' that may exclude most marginalized sex workers from tech-facilitated interventions as well as safeguarding measures needed to protect communities from tech-facilitated sexual and gender-based violence (19).

> It is critical to highlight that behavioural interventions which aim to reduce demand for sex work or 'exiting' programmes which aim to rehabilitate sex workers and force them into other occupations are not rights-based approaches and inconsistent with human rights, public health and feminist principles.

Programmes that have focused solely on biomedical or behavioural strategies have shown limited success in promoting health-seeking behaviours and improving health outcomes when they ignore the broader social conditions shaping sex workers' lives.

Community engagement is also critical: interventions are more likely to succeed when sex workers are meaningfully involved in setting priorities and leading initiatives. Examples of effective community engagement include the participation of sex workers in the design and governance of programmes or delivering training to health providers and frontline workers to reduce stigma and improve service quality.

Meaningful inclusion and community empowerment

Meaningful inclusion and community empowerment are at the centre of ensuring rights-based SRH responses for sex workers. **Meaningful inclusion** means that sex workers are not just consulted with or treated as recipients of services but are actively engaged as equal partners in all **stages of programme design, development, implementation, monitoring and evaluation** (20). Sex workers must be able to choose how they are represented, how they engage, and have an equal voice in managing partnerships.

Community empowerment refers to sex workers taking ownership over programming for their communities, while also addressing structural barriers to access (4). Approaches such as awareness-raising, community-led drop-in centres, outreach, and advocacy, have proven effective in improving the reach, quality, and uptake of SRH services, leading to better health outcomes amongst sex workers (10). Sex workers can serve as peer educators, counsellors, outreach

Promising Practice

Peer education, outreach and access to oral PrEP – AMODEFA, Mozambique

The Mozambican Association for Family Development (AMODEFA) is implementing the *Forward with Prevention* (*Phamberi ne Kudzirira*) project in Manica, Mozambique, focusing on increasing access to HIV prevention among female sex workers and their clients.

Activities include:

- Training of 20 Sex Worker Peer Educators, who lead community outreach efforts on oral HIV pre-exposure prophylaxis (PrEP);
- Outreach to sex workers with defined health services;
- Distribution of prevention supplies (male and female condoms, lubricant) and;
- Guided referrals for services, including HIV counselling and testing, oral PrEP, STI screening, and contraception.

To support retention and adherence, sex worker peer educators conduct home visits and follow-up calls as well as quarterly PrEP dispensing, to better meet sex workers' needs.

workers, programme managers, and sensitization trainers for health care workers. They can also be trained to deliver specific clinical services within their peer group.

Addressing structural barriers

Structural barriers, such as stigma, discrimination, and criminalization are root causes of health inequities and prevent sex workers from fully realizing their SRHR. Addressing these barriers is essential to creating safe and enabling environments for sex workers to seek care without fear of judgment or legal consequences.

The criminalization of any aspects of sex work (including its sale, purchase, and third-party involvement) is linked to increased vulnerability to violence, HIV, and STIs. Global research shows that sex workers who face repressive policing are more likely to experience violence, poorer health and well-being (22).

Decriminalization of sex work has been recognized by international organizations (WHO, UNAIDS) and human rights organizations (Amnesty International, Human Rights Watch) as the best model to protect sex workers' human and labour rights and improve their access to health services. Decriminalization of sex work (as implemented in New Zealand, several Australian states and Belgium) should not be conflated with legalization of sex work under which authorities impose a strict framework governing numerous aspects of the sex industry such as mandatory testing or registration (23).

Decriminalization of sex work is also the model favoured by sex worker-led organizations as it respects sex workers' bodily autonomy, helps tackle exploitation and improves health and well-being. Modelling estimates have shown that the full decriminalization of sex work could reduce HIV infections by 33–46% over a decade in settings with high HIV prevalence (24).

Promising Practice

Community Empowerment – Sonagachi Project, India

The Sonagachi Project in Kolkata, India is a leading example of community empowerment approaches. Initially launched in the early 1990s as a public health initiative focused on HIV prevention, it has since evolved into a comprehensive community-driven model. Run by the sex worker-led organisation, Durbar Mahila Samanwaya Committee (DMSC), the project spans SRH care, legal and economic empowerment, literacy programmes, and political advocacy, employing sex workers in diverse roles and partnering with health providers and other stakeholders. The project has led to a significant decrease in HIV transmission rates, while reducing stigma and fostering collective empowerment (21).

Community-led services and advocacy for labour rights – UNES, Paraguay

Unidas en la Esperanza (UNES), the first sex worker-led association of Paraguay is an IPPF Collaborative Partner who empowers peers by ensuring access to quality, stigma-free SRH services and advocating for the recognition and protection of sex workers' labour rights.

The model is centred on sex worker-led outreach and peer engagement, utilizing digital tools for monthly invitations and in-person visits to share information on available services. The initiative prioritizes flexible, non-coercive healthcare access, allowing sex workers to seek care without appointments and ensuring services are available at convenient times.

To reduce logistical and stigma-related barriers, integrated SRH services are offered in community-based locations. Additionally, providers receive training to deliver non-judgmental, rights-based care.

UNES advocates for the recognition of the rights of sex workers, promoting social inclusion, aiming to eliminate the stigma associated with sex work, and recognizing their right to organize and have an active voice in the defence of their interests.

Promising Practice

Decriminalization of sex work – New Zealand Prostitutes' Collective, New Zealand/Aotearoa

New Zealand's decriminalization of sex work, enacted through the Prostitution Reform Act (PRA) of 2003, has significantly enhanced sex workers' access to health services and overall safety. Under this model, sex work is treated as a legitimate occupation, allowing sex workers to assert their rights and work in safer conditions. Research indicates that most sex workers now have regular health check-ups and access to general practitioners for both general and sexual health needs.

Decriminalization has also improved relationships between sex workers and law enforcement, with many workers feeling more respected by the police and more likely to report violence. Additionally, the New Zealand Prostitutes' Collective (NZPC) plays a central role in providing peer support, advocacy, and health promotion for sex workers, including marginalized and criminalized individuals.

However, challenges remain, particularly concerning stigma and the exclusion of migrant sex workers on temporary visas, who continue to face threats of deportation and increased risk of exploitation (25).

Recommendations for Member Associations and other SRH organizations

Operationalizing equity, human rights, advocacy, and context relevance in sex worker centred care: For sexual and reproductive health services to truly meet the needs of sex workers, equity, human rights, advocacy, and contextual relevance must move from values to practice.

Equity requires dismantling one-size-fits-all approaches and intentionally prioritizing those most affected by intersecting systems of marginalization. This includes allocating resources based on vulnerability, tailoring interventions to sub-groups such as migrants, LGBTQI+, or disabled sex workers, and embedding equity indicators across programming, staffing, and monitoring systems. Equity means ensuring fair access to information, power, and opportunity in the design and delivery of services.

Human rights must serve as non-negotiable foundations. Services must protect sex workers' rights to dignity, bodily autonomy, participation, privacy, and freedom from violence and discrimination. Human rights-based programming must include accessible complaint mechanisms, legal literacy, protection from criminalization, and commitment to informed choice and consent.

Advocacy must be a central pillar of health programming. This includes funding sex worker-led organizations to influence law and policy, participate meaningfully in decision-making forums, and hold governments and donors accountable. Advocacy must also challenge punitive laws, address institutional bias, and elevate sex workers as leaders and experts.

Contextual relevance demands that programmes are grounded in the lived realities of sex workers. This includes adapting interventions to cultural norms, legal environments, language, access to technology, and economic constraints. It requires genuine co-creation with sex worker communities

and agile programming that responds to shifting political, legal, and social dynamics.

Together, these principles form the ethical and practical compass for service delivery that is not only effective but just. They must be institutionalized in policies, partnerships, funding frameworks, and measurement systems to realize SRHR for all sex workers, everywhere.

For Service Provision

Meaningful engagement in service delivery:

- Consult with sex worker-led organizations to develop integrated SRH services adapted to community needs.
- Recruit sex workers to be part of the peer outreach and education networks as they facilitate access and trust to the community. Also ensure that they are equally renumerated and receive equal benefits.
- Meaningfully include sex workers in the development, design, implementation, monitoring and evaluation of services and programmes.

Optimise opportunities for service integration:

- Integrate SRH care with HIV and STI services in line with a "one- stop-shop" model. By integrating comprehensive SRH services with existing HIV and STI programmes, a broader spectrum of care can be offered in one location, reducing logistical barriers to uptake.
- Develop programmes to ensure screening for cervical and other reproductive tract cancers for which sex workers have a heightened vulnerability, including options for HPV self-testing (1).
- Confidential contraceptive and abortion services, along with HIV & STI prevention services, should be provided in convenient locations to reach the sex worker population.
- Clinical care and psychological support for survivors of SGBV are an important part of targeted services for sex workers. Integrating clinical services with mental health services can positively affect health outcomes.

Tailor services to needs and remove barriers to access:

- Address the needs of various sex worker communities including migrant & LGBTQI sex workers. Depending on context, develop gender-specific and gender-transformative services that are appropriate for gender-diverse sex workers, including gender-affirming care.
- Address stigma faced by sex workers including through Values Clarification and Attitudes Transformation (VCAT) with clinic staff led fully or in part by sex workers themselves.
- Train healthcare providers on the specific needs and rights of sex workers and foster a culture of respect, non-judgment and equity in service access.
- Utilise different modalities of service delivery including digital health interventions, telehealth and self-care as key strategies to decrease barriers to services while ensuring adequate provider, peer and accompaniment support from trained personnel.

For Research and Advocacy

- Prioritize research that is community-led and participatory to help understand sex workers' needs and experiences.
- Ensure that research done with and for sex-workers is based on the identified needs.
- Advocate to address structural barriers faced by sex workers such as criminalization and discrimination while ensuring advocacy is informed and led by sex workers themselves.
- Fund and support campaigns for decriminalization of sex work and repeal of discriminatory laws in partnerships with sex worker-led organizations.
- Work in partnerships with sex worker-led organizations and partners organizations to advocate for the repeal of laws criminalizing sex work.
- Support and integrate community empowerment initiatives that strengthen the capacities of sex workers across diverse areas, including leadership, advocacy, service delivery, and rights awareness.

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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