

Europap 2000-2002 : Training and evaluation, policy, infection risks.

Statement of project aims

To support and develop interventions to reduce HIV, STD and other communicable diseases in prostitution by maintaining and further developing the unique European-wide network of projects for the exchange of information and experience, and to focus on three major areas of investigation and intervention that are current priorities in the field:

- A review of risks of HIV, STD and other communicable disease in prostitution through sentinel surveillance and research on vulnerability. This will include monitoring policies on HIV testing and provision of treatment for people in the sex industry, and combating discrimination against HIV-infected sex workers that may contribute to exclusion from care and thereby promote ongoing transmission, including vertical transmission from mother to child.
- Monitoring the impact on health of major policy changes relating to prostitution, both at the national and particularly the European level, so as to assess the impact on neighbouring countries.
- Providing training in models of good practice for organisations and individuals setting up or expanding health projects for prostitution within the European Union and candidate countries; providing these projects with evaluation tools.

Since 1994, EUROPAP has built up a network across the European Union based on local co-ordinators which now spans all member states and Norway. These local co-ordinators have established national networks of projects working in the area of HIV and STD prevention for prostitutes.

From 1996 to 2000, EUROPAP worked jointly with TAMPEP (focusing on migrant prostitution), establishing expert groups and producing reports, including *Hustling For Health*, *Developing services for sex workers in Europe*, 1999. The latter is a practical manual for project workers and has been well received by workers in the field across Europe, and is available in 10 languages. In 1999, we produced a statement on policy and health in prostitution, which has been widely circulated and used to inform policy makers and politicians. In 1999, regional groups were established and a pilot project on infection risks in prostitution was conducted in 6 countries to relate HIV and STD risk to basic demographic information and changes in the sex industry. A survey of policies towards HIV in sex workers in Europe was also conducted to consider the specific problems of discrimination, exclusion and potential ongoing transmission of HIV if sex workers are not able to gain appropriate access to screening and care.

Areas of research

Infection Risks

A subgroup on infection risks will look at HIV and other STD. The group will: (a) collect basic data on 100 prostitutes per year in each participating country on infection risks, hepatitis B vaccination, and basic socio-demographic information; where possible, serum samples will be stored (with consent) to produce a serum bank for future research (b) where there are

reports of increasing HIV infection, focussed investigation will be carried out by interview and viral typing to determine transmission routes and guide interventions (c) continue to review access to treatment and social support for sex workers infected with HIV and collate existing data (from national reporting systems, project reports, research) on STD risks.

For UK related research see **Changes in Prostitution: Ward and Day: Wellcome Trust**

Policy

A subgroup on policy will monitor the impact on health of policy, both at the national level and on neighbouring countries. The group will look at health and safety at work, and the relationship between policies on prostitution and workers' rights more generally. Initial ideas about work on policies in the Scandinavian countries can be found [here](#).

Training and evaluation

A training and evaluation group will assist in implementing models of good practice, based on the recommendations in Hustling for Health. The group will continue to draw together examples of good practice, including training and social programmes for sex workers, and to facilitate exchanges (drawing upon recommendations from the External Evaluator, Dr Nicola James, which will be presented at the Network Meeting in October). It will work closely with projects in candidate countries in developing new projects and to develop evaluation and monitoring tools across Europe.

Organisation: Helen Ward, Dept. Epidemiology & Public Health, Imperial College School of Medicine, London will be the overall European co-ordinator; Judith Kilvington the administrative co-ordinator and Sophie Day, Dept of Anthropology, Goldsmiths College, London the research co-ordinator. A project management committee will be established to include two leaders (chair and rapporteur) from each subgroup.

Community Added dimension

Prostitution is international: As the sex industry is an international phenomenon, public health initiatives are usefully addressed to this level, where interventions addressing the implications of mobility (sex workers and clients) and of national policies which impact on other European countries can be designed, implemented and evaluated.

Novel methods and extensive experience in AIDS/ STD prevention and care can be shared and implemented widely. The European Network involves collaboration between statutory and non governmental organisations, health professionals, social scientists and rights' organisations. Sharing models of good practice and establishing norms for services will reduce the negative impact of a growing internationalisation. There are higher rates of HIV and STD in some countries, and the network as a whole can help develop strategies to reduce these risks.

Combating discrimination: The prostitutes' rights movement is unevenly represented in Member States. By promoting the inclusion of and collaboration with rights' groups, the European Network is in a good position to address workers' rights and discrimination at the national and European level.

Supplementing routine surveillance The European Centre for Epidemiological Monitoring of AIDS provides crucial background information for AIDS prevention programmes, but changing infection risks in subsections of the population may not be revealed by routine surveillance. The additional data we propose to collect will assist in focusing prevention initiatives, and ensure that newly developed treatments are appropriately directed.

Results

1. The European Network itself will foster efficient communication through newsletters and expanded use of the internet.
2. New interventions in areas of increased HIV transmission will be promoted with integrated monitoring and evaluation.
3. Training and support will be provided to new projects, including in candidate countries.
4. Results of the work will be reported and published in appropriate academic and other journals, and through presentations at international conferences, including reports on: infection risks across Europe and associated interventions; policies regarding access to testing, treatment and social support for HIV infected sex workers; developments in the regulation of prostitution, for example concerning the impact of changes in The Netherlands and Sweden.