Keeping sex workers safe

Guy Corbishley/Demotix

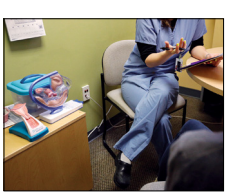
A battle in health and human rights erupted last week between Amnesty International and the Coalition Against Trafficking in Women (CATW). The furore started when Amnesty's draft proposal on sex work, to be discussed and voted on at its 32nd International Council Meeting in Dublin, Ireland on Aug 7–11, was leaked online. The proposal calls for its Board to adopt a policy that seeks the highest possible protection of human rights for sex workers through measures including the decriminalisation of sex work. It is based on the organisation's research in countries across four regions, undertaken amid increasing evidence of the harms associated with the criminalisation of sex work. In response, CATW, which objects to the proposal, spearheaded an open letter to Amnesty International's Board of Directors calling for them to reject the policy because of the potential for decriminalisation to support the sex trade and sex trafficking.

Conflation of sex work with trafficking is common but it ignores the evidence and clouds the issue of safety for sex workers—female, male, or transgender adults who exchange consensual sex for money and choose their profession without coercion. Trafficking in sex work does occur and is a gross violation of human rights that needs carefully designed interventions. For example, an intervention in which peer workers identify trafficking cases has had better anti-trafficking and anti-violence results in India than the commonly used police raid and rescue approach, which can be harmful to sex workers. Evidence also suggests that criminalisation of sex work does not reduce trafficking.

Sex workers are among the most marginalised, stigmatised populations in the world. Criminalisation of their profession increases their risk of HIV and violence and abuse from clients, police, and the public. The *Lancet* Series on HIV and sex workers showed that decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33–46% of HIV infections in the next decade. Such a move would also reduce mistreatment of sex workers and increase their access to human rights, including health care. *The Lancet* supports Amnesty's draft policy and urges its Board to adopt it at their upcoming meeting in Dublin. ■ *The Lancet*

For the ***Lancet* Series on HIV and sex workers** see http://www.thelancet.com/series/hiv-and-sex-workers

Preventing unsafe abortions through task shifting and sharing



Associated Press

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Worldwide, 22 million unsafe abortions are done each year, which contributes substantially to the global burden of maternal mortality and morbidity. Most unsafe abortions occur in low-income countries, especially in Africa, in rural and remote areas, where the shortage of trained health-care providers is greatest and maternal mortality and morbidity is highest. The global deficit of skilled health-care professionals—midwives, nurses, and physicians—will be 12·9 million by 2035.

To address this shortage in abortion care, WHO launched *Health worker roles in providing safe abortion care and post-abortion contraception* on July 29—its first guideline to give evidence-based recommendations on the safety, effectiveness, feasibility, and acceptability of involving a range of health workers in the delivery of effective interventions. The broad types of health workers include obstetrics and gynaecology non-specialist doctors, associate clinicians, midwives, nurses, auxiliary nurses and auxiliary nurse midwives, pharmacists, pharmacy workers, and lay health workers. The guideline also suggests empowering women who seek an abortion to manage their own care. Priority areas for future research are identified such as developing simple tests that can help the development of eligibility for early medical abortion or of abortion completeness by women themselves or by other community-based health workers, and identification of effective strategies to implement task shifting at scale in national and subnational programmes.

Consistent evidence has shown many of the interventions for safe abortion and contraception can be provided in primary care settings, and task shifting and sharing is an important public health strategy. However, such an approach will need substantial investment, standardised training, supportive supervision, and certification and assessment. Furthermore, task shifting and sharing alone will not resolve the health workforce crisis in preventing unsafe abortions, and should be implemented alongside other strategies designed to reduce unintended pregnancy through contraception education and increase the total numbers of health workers in all cadres. ■ *The Lancet*

For ***The Lancet Global Health* Comment** see *The Lancet Glob Health* 2015; published online July 29. http://dx.doi.org/10.1016/S2214-109X(15)00145-X

For the **WHO guideline** see http://www.who.int/reproductivehealth/topics/unsafe_abortion/abortion-task-shifting/en/