

**The rights of sex workers and other key populations,  
and protection against stigma and discrimination**

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*5 November 2024*

Good afternoon everyone.

Many thanks to Dr Saha, Dr Mugabe, Ms Kamau and Ms Furaha for their presentations. I have been asked today to focus on the human rights dimensions of Mpox and the response, particularly vis-à-vis sex workers and other key populations.

Tensions between stigma reduction and acknowledgement of risk and burden

Let me start by sharing a bit of history.

For a number of years after UNAIDS was established in 1996, its advocacy messages emphasized that “anyone can get HIV” and that the epidemic was “feminizing” – increasingly affecting women and girls. The first message was clearly true – although some people were much more likely to acquire HIV than others. The second message was more problematic. There was a period of several years where indeed the epidemic was “feminizing” – with women and girls representing an increasing proportion of new infections each year. But that wasn’t a steady trend, especially since most new infections outside Africa were among men.

So why did UNAIDS push these messages? They were trying to de-stigmatize the pandemic, to de-emphasize the risk to key populations as part of a broader strategy of increasing political will and money to support the response. They were incredibly successful – the Global Fund was created and Republican president in the United States established PEPFAR, with significant support from the conservative Christians. But this success was to some degree built on a false or at least a misleading narrative – that African HIV epidemics were taking place only among the so-called “general population”, and not key population groups like gay and bisexual men, sex workers and drug users.

UNAIDS and others shifted these approaches eventually, as reflected in current global strategies and in Dr Mugabe’s remarks. But we lost some key years in preventing and responding to HIV among key populations, in Africa in particular.

And why am I mentioning this bit of history today? Because there was a tension in the 1990s and 2000s between accurately describing HIV risk to key populations and different goals of reducing stigma and raising money. Does that sound familiar?

That same tension clearly applies to Mpox today. The 2022 outbreak outside of DRC disproportionately affected MSM – while most transmission within DRC was still heterosexual. And with this new epidemic in 2024, different parts of the world – and different parts of DRC – are seeing vulnerabilities in different populations, including children in particular, and women in general. At the same time, there is no question that sex workers – as well as MSM – are disproportionately vulnerable in certain regions. So our key challenge is recognizing and responding to these disproportionate vulnerabilities, while simultaneously avoiding stigmatization or implying that other populations are not at risk at all.

Let’s not repeat the mistakes of the 1990s.

And let me emphasize that stigma, discrimination and related human rights violations against sex workers, other key populations, and people with Mpox are problems for both these populations and for the population at large:

- Discrimination in health care settings, risk of arrest and self-stigmatization all undermine efforts to promote diagnosis, treatment, support to people who need to isolate, and – when possible – vaccination.
- Those impacts in turn exacerbate the overall spread of Mpox, including to children and others beyond key populations and their partners. And stigma also makes it much more likely that people with the virus do not receive the care and support they need.

#### How might sex worker organizations respond to these challenges?

As we just heard from Grace and Aimee, sex worker organizations have a key role to play in effective responses to Mpox.

And as Grace said, the first step is for sex worker activists to educate themselves and their communities about symptoms, importance of supportive isolation, treatments - and the importance of vaccination, when available.

Second, sex worker activists should consider creating Mpox action teams, building on their HIV programmes and peer educators when possible:

- Develop an emergency response plan based on science and respect for human rights. What are you going to do if some of your members or community clients end up with Mpox symptoms?
- Track cases locally and share data – with local health authorities but also with donors and the sex work network
- Track and report human rights violations – including violence experienced by sex workers in response to their risk reduction strategies

- Educate community members & health workers at the facilities or providers most often used by sex workers
- Advocate for vaccine access and distribution that targets sex workers and key populations – but with non-stigmatizing messages
- Advocate for social protection to people losing access to earnings while sick or reducing earnings due to reduction in the number of partners, ideally including provision of both food and mental health support
- Coordinate with peer educators

And what content should be emphasized in peer and community education messaging and outreach?

- Of course, information on modes of transmission – and modes of protection.
- Information on why it is essential to not stigmatize either key populations or people or households affected by Mpox.
- Symptom recognition
- Info on where to get vaccination (if relevant)
- Info on where to get tested and treated
- Guidance on isolation and need for support during isolation
- Distribution of hygiene and safer sex kits – condoms, masks, gloves, hand sanitizers

And sex worker groups and their allies need to keep working on the big picture at the same time:

- Advocate for decriminalization of sex work (and decrim of consensual same-sex relations)
- Advocate for stronger systems for reporting, investigating and responding to allegations of human rights violations
- Advocate for integration of sex worker concerns into GBV programming
- Advocate for diversity sensitization among health workers

- Talk to your donors about supplementary financial support to finance these activities

And what is the role of health ministries, health service providers, their funders and those who provide them with policy advice?

In preparing and disseminating educational material, be careful to acknowledge disproportionate risk of certain populations while simultaneously noting that all can be at risk.

Treat audiences as adults in messaging, with accurate information about risk; about what we do and do not know about Mpox epidemiology, transmission and prevention; and about why stigma is dangerous.

Consult sex worker and key pop groups on messaging and also on how to make sure that messages reach those most vulnerable.

Support sex worker and key pop groups for their work on Mpox!

Track data by population group. Especially in criminalized environments, make sure that data is anonymized and protected.

Develop clear protocols in health care environments so that sex worker and other KP patients feel safe disclosing their status or symptoms by guaranteeing confidentiality

Redouble efforts from HIV to train health workers in providing stigma-free care

Work with sex worker groups and key pop groups to advocate for decrim, human rights systems, and vaccine access.

## Let me conclude with a final reflection on decriminalization

Crucially, the decriminalization of sex work must be considered as a public health intervention in its own right.

Criminalization drives sex workers underground, away from the reach of health services and public health campaigns, including vaccination efforts. In the context of the mpox outbreak, this means that many sex workers will not seek testing, treatment, or vaccination for fear of arrest or deportation.

Decriminalization would not only improve access to healthcare but also empower sex workers to advocate for their rights and participate more fully in the public health response.

Furthermore, decriminalization can reduce the stigma associated with sex work, making it easier for health messages, including those promoting vaccination, to be disseminated within this community.

International guidelines and best practices should be developed to ensure that sex workers are not left behind in the global response to mpox, particularly when it comes to vaccine distribution.