In the past fifteen years, prostitution in France has profoundly altered. Legislation and regulation have been modified, practices have diversified, the trajectories of the persons involved have shifted, the places where they exercise their activity have changed.

If there is optimal use of available means of prevention, prostitution does not in itself represent a risk-factor for transmission of HIV-AIDS, whether for the persons who are involved in prostitution or for their clients. However, persons involved in prostitution often work in difficult conditions that considerably diminish their access to prevention and to care, while also increasing their exposure to a whole range of health risks.

The resulting new situation, marked by the deterioration of their living and working conditions, complicates the work of preventing HIV-AIDS and Sexually Transmitted Infections (STI) for persons involved in prostitution. More exposed to violence, isolation, social and administrative difficulties, they are often forced to downgrade health issues to lower priority levels.

The Council intends to report on this situation, and particularly three major aspects:

- the vulnerability of persons involved in prostitution,
- the inconsistency of public policy,
- the insufficiently integrated and community-based mobilisation of associations.

Given this assessment, the Council will propose a series of recommendations likely to significantly and durably improve legal rights, prevention and access to health care for persons involved in prostitution.
AN ALARMING STATEMENT

Prostitution does not constitute a homogenous reality, and we may prefer to refer in the plural to “prostitutions”

Demographics, geography and practices in the sex trade have radically changed. These changes can be explained in part by the gradual influx of immigrants of various origins, the development of male and transgender prostitution, the use of new information technologies to arrange meetings, the proliferation of different locations for street-based prostitution, which in many cases is relegated to the margins, the rise of hidden prostitution in bars and massage parlours, at home or in hotels and the emergence of occasional prostitution. In addition, some persons work in the sex trade by choice, whilst others do so under constraint.

The deterioration of the conditions surrounding the practice of prostitution adds to prostitutes’ unstable social and health situation

The living and working conditions faced by persons involved in prostitution are key factors increasing vulnerability. The fragmentation of the locations and forms of prostitution, the increase in pressure from the police and the courts and the weakening of solidarity amid a more competitive environment have all contributed to increasing the individuals’ isolation and making them more easily exposed to various types of vulnerability and violence.

Prostitutes persons are more at risk from clients since habits around prevention have slackened and the demand for unprotected sex has increased; clients can be subjected to violence, as can persons involved in prostitution themselves and police officers and there is violence within the networks. Restricted access to information and healthcare poses problems; sex workers have trouble exercising their right to remain in the country and to welfare services; they are often in very precarious living conditions, especially with regard to accommodation and they generally live in a disadvantaged and hostile social environment. These are all factors which increase their exposure to health risks whilst at the same time reducing their access to the services able to provide them with information, support, welfare services and healthcare.

CONTRADICTORY GOVERNMENT POLICY

A legislative framework which is unfavourable and fails to uphold individuals’ rights

The provisions of the Law on Internal Security (loi pour la sécurité intérieure) of 2003, which form the current legal framework, were aimed at protecting public order and combating procuring and human trafficking. They have placed persons involved in prostitution in a more unstable position and have not succeeded in directly protecting victims of procuring and trafficking, nor in increasing the number of prosecutions of people responsible for these crimes. The legislation remains a source of instability, in particular for foreign nationals. It contributes to pushing health imperatives into the background and increases sex workers’ exposure to the risk of contracting HIV/AIDS and STDs.

The extension of the offense of soliciting in particular has led to a surge in the number of charges brought against prostitutes and legal actions. By challenging the presence of prostitutes in public places, it has contributed to pushing them into working in places that are more hidden, more isolated and hence more dangerous, thus reinforcing the clandestine aspect and stigmatisation. As regards the deterioration of the living and working conditions of the majority of persons involved in prostitution, the rights granted for the purpose of protecting victims of procuring and human trafficking have only benefited a very limited number of persons. These rights are subject to a large number of conditions and the way they are implemented on the ground appears to be very variable.

A lack of cohesion in government action, putting individuals’ health at risk

The situation of persons involved in prostitution is a concern for numerous ministerial sectors. However, it appears that very little attention is paid to health matters. There is no specific local or national forum devoted to prostitution which would regularly bring together government representatives (for social affairs, health, police and the courts) and representatives of the relevant voluntary organisations to discuss the issue. Nationally, there is some coordination between different ministries, but they only cover some of the issues and do not cover issues around health and access to prevention and healthcare. Locally, coordinated efforts are more geared towards protecting public order than towards prostitutes’ safety.

In addition to the lack of cohesion in the different sectors’ actions, there is a lack of both retrospective and prospective evaluation of public action. Although the state is obliged by law to evaluate the health and social
sex workers has therefore been characterised by a large network of accommodation in particular. However, from the late 1980s onwards, the surge in the HIV/AIDS epidemic and the rise of stigmas associated with it led to the emergence of new associations set up at the initiative of prostitutes themselves, or in consultation with them, aimed at specifically promoting access to prevention, healthcare and rights. Now present in all the main urban areas in France, these associations which in the beginning were predominantly health focused, have gradually widened the scope of their work to include issues of welfare and access to rights. The traditional welfare-focused associations on the other hand have not all adopted a similar holistic and grassroots approach based on a diverse set of skills and direct participation by prostitutes.

Public support for voluntary health associations and community health groups and an insufficiently integrated approach

Government action appears to be very patchy. The majority of grants and subsidies are still given to schemes which are not based on an integrated approach for all prostitutes but on secure shelter for a very limited number of victims of procuring and human trafficking.

The integrated approach favoured by health-based voluntary associations and community health groups combines work on health with social and cultural assistance and the efficacy of this approach has been proven. However, the progress of the social action carried out by these groups and their presence on the ground is impeded by the low level of public funds made available to them, the fact that this funding is not sustained and the ‘health-based’ origin of the funds and the large number of different funding providers involved. The traditional associations based on social reintegration on the other hand appear to be more favoured. Whilst some of these have gradually branched out in their missions and addressed the changing needs, their involvement in preventive health and access to healthcare is still very variable. In some cases, these actions are prevented from developing by the organisations’ ideological standpoint of the organisation or the lack of health-related skills among the staff running them.

In order to provide a range of appropriate services for sex workers’ health and social needs, the development of a more integrated approach within the groups traditionally involved in welfare action needs to be promoted, and at the same time local and national government authorities need to genuinely recognise the contribution made by health-based associations. This recognition must be reflected in transparent financial and administrative support. Such an approach, whilst not denying the ethical differences that can set the two voluntary sector cultures apart to varying degrees, should lead to greater cooperation between them and contribute to developing comprehensive service provision across the whole country.

For 2004, government authorities set aside more than EUR 10 million for social action helping with accommodation and reintegration of prostitutes and the prevention of prostitution, as opposed to approximately EUR 1.5 million to healthcare action, primarily aimed at combating HIV/AIDS, STDS and hepatitis.

In 2010, social action funding for grassroots associations remained extremely low or was withdrawn altogether.
The French National AIDS Council calls for priority to be given to compensating the delays created in France in the accompaniment, follow-up and guarantee of legal rights to sex workers, in order to give them more visibility and to guarantee their effective access to prevention and health-care. They should be guaranteed a range of legal rights identical to those of the general public and should be recognized as having specific expertise in terms of prevention.

**REINFORCING LEGAL RIGHTS:**
Sex workers should have access to the same legal rights as are guaranteed to the general public:

- guarantee unconditional legal rights regarding health-care, social welfare benefits, residency and housing to sex workers who are victims of exploitation and human trafficking, regardless of their immigration status;
- review the measures regarding soliciting contained in the law on internal security, which have been the source of discrimination and fragilization of sex workers, and conduct a specific evaluation of the fight against procurement, and its impact on the right to stable housing.

**ENSURING CONSISTENT PUBLIC POLICIES:**
A new form of governance should be established, based on high-level national and political mobilisation and increased cooperation and follow-up among all actors:

- envisage a national conference under the leadership of the Minister in charge of Health and in the presence of the whole range of political actors, including the other Ministries involved, representatives from associations and members of the community with expertise regarding health;
- set up an inter-ministerial cooperation to spur the adoption in every region of legal rights, access to health-care and to prevention of sex workers.

**PROMOTING AN INTEGRATED APPROACH:**
Responding to all the indispensable needs of sex workers:

- guarantee throughout France, including for populations that are isolated or hard to access, adapted services that include: counseling, distribution of prevention material, effective access to screening and post-exposure treatment (PET), health-care for STIs, primary health-care, sexual health services, risk reduction, social welfare benefits and cultural mediation;
- guarantee a constant and predictable financing to associative organizations, the only ones able to work in concert with public-sector bodies on this integrated approach.

**SUPPORTING COMMUNITY EFFORTS:**
Sex workers have a decisive role in prevention:

- reinforce community-based action encouraging self-organization of sex workers in missions of prevention, mediation and/or training, allowing them to benefit from suitable training, and salaried jobs as agents for mediation, prevention and training should be provided within non-governmental organizations;
- support programs especially addressing populations that traditionally benefit less from neighbourhood programs: escorts, masseuses, prostituted persons working “on tour”, migrants and transgender persons.

**IMPROVING KNOWLEDGE:**
Greater promotion of information in favour of sex workers at the local level:

- increase the credits allocated to research studies in the framework of health and community-health associations, and social welfare and rehabilitation associations, particularly on less visible forms of prostitution;
- create an annual national summary of data provided by all non-governmental organizations and research bodies that are involved in issues relating to prostitution, detailing the impact of public programs concerning prostitution.

The complete opinion can be found on the CNS website: [http://www.cns.sante.fr/spip.php?article410](http://www.cns.sante.fr/spip.php?article410)