and Evaluation responded to criticisms and improved its practices. The new GBD 2013 estimates show the vast expansion of collaborators, acquiring primary information even from countries that traditionally provide little data, such as China, Mexico, Turkey, and Russia. The description of methods is more detailed and transparent, and the instruments of analysis—many of which are now available online—are becoming increasingly sophisticated. Particular care was taken to address the key weaknesses, correcting questionable estimates from GBD 2010. Unfortunately, the GBD 2013 estimates fall short of allowing full independent replication of all results.

A comparison of the GBD 2013 estimates to those of WHO and its affiliates suggests that we should expect the grand convergence between two sets of estimates to begin this year, with the global causes of child deaths being a prime example. The remaining differences are, in fact, useful because they point to the most important data gaps or the most controversial sources of data used. They will help focus subsequent debate on an increasingly specific set of questions. Therefore, the competition between WHO and the GBD has benefited the entire global health community, leading to converging estimates of the global causes of death that everyone can trust.

The GBD initiative has emerged as a well-organised and rapidly growing collaboration that is now seriously challenging WHO’s role in generating global health estimates. WHO maintains its position for several key strengths, for which it benefitted from a scenario might again simplify global health politics and movement or harbouring of people for the aims of exploitation, and estimates of its prevalence vary widely. A useful operational definition of trafficking

Trafficking occurs in sex work as it does in other types of labour. However, the issue of trafficking in sex work has been singled out, its scale and potential for harm frequently mis-stated or exaggerated to bolster antiprostitution arguments, inflame public opinion, and justify repressive and counterproductive police action. Conflation of sex work with trafficking leads not only to difficulties with definition and harm to sex workers on the ground, but also to conflicts that undermine HIV prevention.

The UN definition of trafficking requires coercion and movement or harbouring of people for the aims of exploitation, and estimates of its prevalence vary widely. A useful operational definition of trafficking

Trafficking, sex work, and HIV: efforts to resolve conflicts

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We declare no competing interests.


in sex work settings identifies two clear situations—
either minors being exploited or adults being coerced
against their will.\textsuperscript{4,5} Surveillance data from peer-based
interventions using such criteria identified trafficking in
only 4–10\% of women entering sex work in Mysore and
West Bengal, India.\textsuperscript{5,6} Nevertheless, there are many issues
for those trafficked into child prostitution or coerced
into sex work.\textsuperscript{6,7} Trafficking, in addition to being a gross
violation of human rights, increases vulnerability to
other forms of violence and HIV or sexually transmitted
infection (STI) acquisition.\textsuperscript{9} The affected people, mostly
women and girls, deserve appropriate interventions and
services that are carefully designed to mitigate rather
than exacerbate harm.\textsuperscript{6,7,10}

For most adult sex workers who choose their profession
without coercion, the issue is quite different. In this case,
it is the official response to trafficking, particularly police
actions, which is most likely to increase vulnerability to
violence or HIV acquisition.\textsuperscript{4} This represents the first level
of conflict between HIV prevention and antitrafficking
programmes (figure 1). Common so-called raid and
rescue actions and related police responses destabilise sex
worker communities and drive sex workers underground,
increasing vulnerability and risk for all sex workers,
disrupting HIV and STI prevention efforts, impeding
access to services, and severing relations with service
providers. Such actions often fail to uphold human rights
or improve the situation of sex workers who have been
trafficked, and have not been critically assessed.\textsuperscript{6,7}

Solutions to the issue of trafficking and related
violence in sex work have been described that seek to
align antitrafficking efforts with HIV prevention.\textsuperscript{4,6} The
self-regulatory board (SRB) developed by the Durbar
Mahila Samanwaya Committee (Sonagachi, India) and
replicated by Ashodaya Samithi (Mysore, India) reports
better antitrafficking and antiviolence results at every
stage—identification, protection, case management,
and follow-up—compared with the raid and rescue
model.\textsuperscript{6,7} SRB approaches both build on and strengthen
HIV and STI prevention efforts—by the engagement of
peer networks, reduction of HIV and STI vulnerability,
and linkage with HIV and STI services—rather than
undermining them (figure 1).

The second level of conflict is higher and shows
depth-seated contradictions in the attitudes and
dealings of societies towards and with sex work.\textsuperscript{1}
Intergovernmental and donor policies on sex work,
HIV, and human trafficking often clash substantially,
leading to situations in which activities in one area
set back efforts in another. One example is forced
large-scale brothel closures carried out as antitrafficking
measures. In Goa, India, there was increased sex worker
vulnerability after the destruction of Goa’s red-light
district.\textsuperscript{11} In Cambodia, the Ministry of Interior’s
antitrafficking policies undermined highly successful
Ministry of Health interventions that had turned around
a growing HIV epidemic.\textsuperscript{12,13} The conflicting national
policies in this case were supported by US donor funds
for both antitrafficking and HIV prevention activities.\textsuperscript{12,13}

There is less robust research on human trafficking
in Africa—on issues related to either trafficking or
antitrafficking responses—compared with Asia. Yet
the facile and misleading conflation of sex work and
trafficking, particularly around large sporting events in

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**Figure 1:** Antitrafficking models and HIV prevention targets: conflict or synergy?

<table>
<thead>
<tr>
<th>SRB areas of focus to interrupt the trafficking cycle</th>
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**Figure 2:** Antitrafficking models and HIV prevention targets: conflict or synergy?

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the African and international media, has been described. In addition, ideologically-driven as opposed to evidence-based donor policies that restrict funding in sex work settings could further undermine the generally weak response to HIV prevention in sex workers in Africa.

Restrictive immigration laws coupled with punitive or exploitative law-enforcement practices increase migrant sex workers’ vulnerability.

Experience shows that it is feasible to address both HIV and human trafficking positively in sex work settings if prevention efforts are aligned with and committed to sex worker participation. This needs the dominant antitrafficking theory and methods to be rethought at local level, together with coherent policies among governments and donors that guide and support efforts in both HIV and human trafficking.

At programme level, the SRB experience—building on sex workers’ commitment to improve their living and working conditions—shows substantial advantages that can result from building an antitrafficking response on a strong community platform with developed peer networks. Identification of trafficking cases is vastly improved, as sex workers are best placed to identify underaged or coerced people in sex work areas. The Durbar Mahila Samanwaya Committee assists almost three times as many trafficked women and girls in West Bengal as all other agencies combined. Through careful case management, potential harm to those trafficked is minimised by the maintenance of confidentiality, removal from harm, careful placement, and follow-up. Importantly, SRBs show how real collaboration—with community, legal, health, police, and social services—can be operationalised and offers substantial advantages over conflict between agencies (figure 2).

In destination communities in which human trafficking, sex work, and HIV might overlap, interventions are clearly feasible and can be mutually enhancing. Other policies and programmes are needed to improve conditions and strengthen primary prevention in source communities and to improve post-intervention services for protection, health, social reintegration, and livelihoods.

At policy level, the clear imperative is to resolve conflicts and do no harm. The support and inclusion of sex worker communities as partners in human trafficking prevention fits well with HIV programme priorities and improves antitrafficking outcomes. The alignment of ministry and donor support for complementary responses at the local level—as is currently being attempted in Cambodia—is likewise crucial. The decriminalisation of sex work and its recognition as legitimate work would arguably set the stage for more comprehensive programmes to protect workers—whether migrant or local—support their human rights, and improve workplace safety.

We declare no competing interests.

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