Review of Vietnam's Ordinance on the Prevention and Control of HIV/AIDS

Expert input submission

John Godwin
Policy Analyst
Australian Federation of AIDS Organisations (AFAO)
August 2003

1 Introduction

The Australian Federation of AIDS Organisations (AFAO) represents Australian HIV/AIDS community based organisations. Our membership includes State and Territory AIDS Service Organisations (AIDS Councils), the National Association of People Living with HIV/AIDS and the national organisations representing sex workers and injecting drug users. Amongst AFAO's activities is the provision of HIV policy advice to the Australian government, advocating for our member organisations, developing and formulating policy on HIV/AIDS issues, and promotion of medical and social research into HIV/AIDS.

The following commentary draws from the experience of Australia's successful National HIV/AIDS Strategy. Australia's Strategy is recognized globally as a model public health response which has succeeded in keeping HIV prevalence lower than most other comparable countries (*National HIV/AIDS Strategy* Department of Health and Aged Care, Commonwealth of Australia updated 2000). The Australian HIV/AIDS Strategy has been in place since 1989 and is guided by the following principles:

Building an enabling environment: Government is committed to creating a social and legal environment that protects the rights of people living with HIV/AIDS and encourages people whose behaviours place them at risk of contracting HIV to participate at all levels of the response.

Voluntary responses: punitive measures are to be avoided as they undermine achievement of public health goals. Voluntary testing and counselling and the principle of informed consent are to be promoted.

Partnership approach: Policy responses should be developed through partnerships between governments, people with HIV, communities at risk and community organizations, and medical and scientific communities. These partners should be represented in the national committees or council which advises government on development of the policy response. People with HIV and members of vulnerable populations should be supported in being involved in the design, implementation and evaluation of HIV policies and programs. Laws should support participation rather than alienate affected populations.

We believe that these principles are not only applicable in Australia but could be the basis for an effective response to HIV/AIDS anywhere in the world.

2 Need for the Ordinance to explicitly adopt a human rights approach

The Ordinance should be updated so as to ensure that Vietnam's HIV/AIDS policy response complies with the United Nations *International Guidelines on HIV/AIDS and Human Rights* (UN Commission on Human Rights, Geneva *2000,* updated 2002) and the commitments stated in the United Nations *Declaration of Commitment on HIV/AIDS (2001) (see*

Appendices). The Ordinance should explicitly adopt a human rights framework, based on the right to the highest attainable standard of health as articulated by Article 12 of the *International Covenant on Economic, Social and Cultural Rights*. It is recommended that the prefatory clauses of the Ordinance refer to these international obligations and commit the Government of Vietnam to a human rights based response which acknowledges that the most effective public health response to HIV/AIDS is one based on protection and promotion of the rights of people with HIV and vulnerable communities.

The Ordinance should establish an enabling legislative environment within which education, health promotion, testing and treatment services for HIV can be provided. Laws which provide support for vulnerable populations such as sex workers and drug users through anti-discrimination measures, protection of confidentiality, and support for education and anti-stigma measures should be introduced and strengthened. Such laws should be preferred over laws which impose punitive provisions. Punitive laws, such as restrictions on movement and criminal offences applying to people with HIV or members of vulnerable populations, undermine public health because they add to the stigma associated with an HIV diagnosis and drive people most at risk of HIV away from prevention, voluntary testing and treatment services.

Ensuring that people who already have HIV come forward for testing and engage in safe sex and drug use behaviours is crucial to stopping the spread of the HIV. People with HIV are unlikely to respond to testing and behaviour change messages in the context of a hostile social environment. People with HIV can play an important role in supporting the adoption of safe behaviours by those at risk of acquiring HIV, for example through peer education programs. People with HIV are unlikely successfully to play this role if the social environment is unsupportive or if punitive laws are used against them.

3 Discrimination protections

The inclusion in Article 4 of a general protection from discrimination for people with HIV is important and should be maintained. However the current wording of Article 4 does not make it clear how people who experience discrimination are able to exercise their right to be protected from discrimination. It is unclear what remedies are available should losses be caused by discriminatory conduct, for example whether compensation can be claimed for loss of employment if someone is dismissed because they have HIV.

It is also unclear who might fall within the definition of "HIV/AIDS affected people". It would be preferable if the term was defined to specifically include people with HIV, associates of people with HIV (including family members, de facto partners and carers of people with HIV), and people who are assumed to have HIV (whether or not they actually have HIV). Discrimination protections for people with HIV should also recognise the link between HIV related discrimination and discrimination on other grounds such as sex (given the particular vulnerability of women and girls to HIV), race and sexuality.

The *UN Guidelines* provide the following Guidance on discrimination protections:

> "General anti-discrimination laws should be enacted or revised to cover people living with asymptomatic HIV infection, people living with AIDS and those merely suspected of HIV or AIDS. Such laws should also protect groups made more vulnerable to HIV/AIDS due to the discrimination they face. Disability laws should also be enacted or revised to include HIV/AIDS in their definition of disability. Such legislation should include the following:
>
> The areas covered should be as broad as possible, including health care, social security, welfare benefits, employment, education, sport, accommodation, clubs, trade

unions, qualifying bodies, access to transport and other services;

Direct and indirect discrimination should be covered, as should cases where HIV/AIDS is only one of several reasons for a discriminatory act, and prohibiting HIV/AIDS vilification should also be considered;

Independent, speedy and effective legal and/or administrative procedures for seeking redress, containing such features as fast-tracking for cases where the complainant is terminally ill, investigatory powers to address systemic cases of discrimination in policies and procedures, ability to bring cases under pseudonym and representative complaints, including the possibility of public interest organizations bringing cases on behalf of people living with HIV/AIDS;

Exemptions for superannuation and life insurance should only relate to reasonable actuarial data, so that HIV/AIDS is not treated differently from analogous medical conditions." (UNCHR commentary on Guideline 5)

Australian anti-discrimination law (the *Disability Discrimination Act 1992*) provides protection from discrimination on the following grounds:

- disability, including the presence in the body of an organism capable of causing disease (such as HIV)
- imputed disability (ie, a disability such as HIV which another person is assumed to have, even though the other person does not in fact have the disability)
- association with a person with a disability (as a relative or carer of a person with a disability).

Discrimination is unlawful where it occurs in one of the following areas:

- accommodation
- provision of services
- public or private employment
- membership of clubs and associations

Care should be taken in drafting discrimination laws to ensure that they cover all aspects of potential discrimination in service provision including, including access to premises, travel and transport services, health facilities, insurance and financial services, and entertainment and sporting services and facilities.

There are exceptions defined where discrimination is lawful, but the presumption is that discrimination is unlawful. For example, discrimination in employment may be lawful where because of HIV/AIDS a person is unable to carry out the inherent requirements of their particular job, or where, in order to carry out the requirements, the person would require special facilities the provision of which would impose an unjustifiable hardship on the employer.

Where discrimination is proved, a person is entitled to compensation from the person who engaged in discriminatory conduct. This is provided to compensate for any financial losses, and also for any suffering or psychological harm which has occurred. A person may also be able to seek an order that discriminatory conduct which affects them be changed, for example a change in an employer's standard terms and conditions of their employment contracts.

In Australia, the existence of legal recourse for HIV discrimination has been publicised by the government both in the general community and amongst communities particularly affected by

HIV. The law is intended to have an educational effect and promote a positive social climate for HIV education and treatment efforts. It is recommended that the Vietnamese Government publicise its anti-discrimination measures as a part of its educational strategy to combat HIV/AIDS.

Discrimination protections in Australia are supported by additional laws which protect the confidentiality of HIV related information. It is recommended that the Ordinance contain a reference to the importance of recognising a right to confidentiality of HIV information as a strategy to help fight HIV related stigma and discrimination. The inclusion in the Ordinance of a provision similar to the following (based on Australian precedents such as the *Public Health Act 1991* of New South Wales) would strengthen the Ordinance:

> "A person who, while providing a service, acquires information that another person has been tested for HIV or is infected with HIV, must take all reasonable steps to prevent disclosure of the information to another person. Such information may only be disclosed to another person if:
> (a) the consent of the person who has been tested or is infected with HIV is provided, or
> (b) it is necessary to disclose the information to another person for the purpose of the provision of clinical services which are intended to benefit the person concerned, or
> (c) a senior health officer believes on reasonable grounds that the person is behaving in a way that places the health of the public at serious risk, in which case information may be disclosed to other health and welfare professionals to ensure that the person is counselled or other reasonable measures are taken to encourage behaviour change."

4 Sex work

Article 12 : all acts of prostitution …are strictly prohibited

This Article should be replaced with a provision which permits sex work to occur in approved premises subject to provisions which protect the health and safety of both sex workers and their clients. Sex work should be treated by the law as an occupation, rather than as criminal conduct.

The following principles should guide sex work legislation:

- Sex work should be subject to the same legal frameworks as other industries and occupations. The sex industry should be regulated through standard business, planning and industrial law and policy.

- Sex workers should be closely involved in the development and implementation of all new policies and laws affecting their industry. Both individual sex workers and organisations representing the interests of sex workers should be supported in fulfilling this role.

- Laws regulating sex work should address health and safety objectives as a priority. The health of sex workers is best promoted through:
    - occupational health and safety standards developed in partnership with sex workers
    - peer based approaches to provision of health and safety information
    - requiring employers to provide condoms and lubricants for sex workers.

- Laws and policies should be framed in a human rights context, and in particular should avoid measures which might contribute to the stigma associated with sex work or increase sex workers vulnerability to exploitation or violence. Laws applying to sex work should be consistent with the *UN Guidelines on HIV/AIDS & Human Rights* which seek to develop a non-punitive and supportive legal environment that encourages people whose behavior might put them at risk to respond to education campaigns and to access testing and treatment services on a voluntary basis.

The Vietnamese Government has a unique opportunity to improve the health and safety of sex workers by regulating adult sex work as an occupation. Consideration should be given to regulating aspects of sex work so as to protect adult sex workers from vulnerability to illness, violence and exploitation. Experience in a number of countries including Australia, the Netherlands, and Germany is that providing a legal framework for sex work to occur assists HIV prevention.

Where sex work is illegal, sex workers are discouraged from attending prevention, testing and treatment services for fear that they may be prosecuted if their occupation is identified. Where sex work is decriminalised, incentives can be provided for the sex industry to work with government authorities to improve health and safety within the industry for both workers and clients. Opportunities exist to develop health and safety standards in cooperation with the sex industry which address issues such as provision of condoms and information about HIV and other sexually transmitted illnesses (see the Standards precedent in Appendix 3 below ; these standards exist for sex work in Sydney, where sex work has been decriminalised). Developing standards through a consultative process with the industry makes compliance more likely and enforcement easier.

In Australia, where most adult sex work is legal provided it occurs within specified areas, HIV prevention efforts have succeeded in keeping HIV prevalence very low amongst sex workers in Australia, with levels maintained at less than 0.2% prevalence among female sex workers seen at sexual health clinics This has largely been achieved through the voluntary development of a strong safe sex culture within the sex industry, promoted by sex worker organisations in each state and territory. Under the Australian Strategy, local and national sex worker representative organisations are recognised as playing an important health promotion role. Sex worker organisations are supported in developing their capacity to design, manage and participate in developing standards and informing policy through the broader partnership response to the epidemic.

These recommendations are in line with the *UN Guidelines on HIV/AIDS and Human Rights* which recommend:

> "With regard to adult sex work that involves no victimization, criminal law should be reviewed with the aim to decriminalize, then legally regulate occupational health and safety conditions to protect sex workers and their clients, including support for safe sex during sex work. Criminal law should not impede provision of HIV/AIDS prevention and care services to sex workers and their clients. Criminal law should ensure that children and adult sex workers who have been trafficked or otherwise coerced into sex work are protected from participation in the sex industry and are not prosecuted for such participation but rather are removed from sex work and provided with medical and psycho-social support services, including those related to HIV." (commentary on Guideline 4)

5 Injecting drug use

Article 12 of the Ordinance provides that "all acts …of intravenous drug use are strictly prohibited".

It is concerning that the Ordinance does not support a harm reduction approach to HIV prevention with sex workers and drug users. A harm reduction approach is one which supports the operation of needle and syringe exchanges and the legal supply of drug substitutes such as methadone maintenance as an element of illicit drug dependence treatment programs. A harm reduction approach seeks to work with drug users to reduce drug related health harms, whilst recognising that some aspects of drug use behaviour attract criminal penalties.

A legal framework should be put in place to support the introduction of needle exchanges and methadone maintenance programs. This should protect people from prosecution for the supply or possession of clean needles, syringes and other drug use paraphernalia. Harm reduction workers need to be confident that they can work with drug users to improve health outcomes without risking prosecution.

Australia has successfully pursued a harm reduction approach so as to minimise the spread of HIV within drug using populations. An important part of this has been to make lawful the possession of hypodermic needles and syringes and the possession of small or 'trace' quantities of drugs contained in needles and syringes. This has allowed government funded needle and syringe exchanges to operate without fear of prosecution. Education of drug users on HIV and hepatitis C risks was given a high priority in Australia's early HIV response and campaigns explicitly addressed risk practices and generally involved drug users in design and implementation of education programs. The result has been that HIV has been kept to very low levels within the Australian population, unlike other countries such as the USA where the law has not supported the widespread establishment of needle exchanges and the rate of HIV amongst drug users is comparatively high.

6 Employment

Article 13 requires that workers in 'aesthetic and other services' shall abide by regulations on HIV control.

Care should be taken that regulations are based on accurate evidence about the transmissibility of HIV in the workplace. Broad prohibitions on employment of people with HIV contribute to stigma and discrimination. There is a very narrow range of occupations in which HIV can be transmitted. Virtually all recorded cases of occupational transmission have been in health care settings where universal infection control precautions have not been in place. People with HIV should enjoy the right to work without discrimination, except in the case of medical employment where the job involves exposure prone procedures such as surgery. People with HIV in medical employment should be re-deployed to areas of work which do not involve exposure to blood or bodily fluids.

There is no risk of HIV transmission from employees to consumers or vice versa through procedures such as hairdressing. In the case of occupations such as tattooing, workers should adopt universal infection control precautions to protect both themselves and customers from the risk of HIV and other more easily transmitted blood borne viruses such as hepatitis C.

7 Testing

Article 17 empowers health officers to test persons at risk for HIV. This appears to be a very broad provision which does not guarantee that the testing will be voluntary or that sufficient information will be provided to guarantee informed consent. A system of testing people who are members of groups such as sex workers without informed consent generates an atmosphere of fear and is likely to lead to avoidance of voluntary testing.

It is recommended that this provision be replaced with an Article which states a presumption that all testing will be with informed consent except in clearly prescribed categories. Informed consent should be understood as consent provided after provision of information about the medical and social consequences of a test. provision should also be made to ensure post test counselling, so that people understand the consequences of their test results and the need to maintain safe behaviours.

Drawing from Australian legislative precedents, the following wording is recommended for consideration in drafting a new Article:

> "A person shall not undertake an HIV test in respect of another person except –
>
> (a) with the informed consent of that other person; or
>
> (b) where that person is a child incapable of giving informed consent, with the written consent of a parent or guardian; or
>
> (c) where that person has a disability by reason of which the person appears incapable of giving consent, with the consent of a guardian, spouse/partner, parent or adult child of the disabled person; or
>
> (d) the person is unconscious and unable to give consent and a medical practitioner believes that testing the person is clinically necessary in the interests of the unconscious person.
>
> Before an HIV test is carried out on a person, the health officer shall counsel the person on the medical and social consequences of being tested. As soon as possible after the result of an HIV test is obtained, the health officer shall inform the person of their test result in person, and shall counsel the person in relation to the behaviour required to ensure prevention of transmission or acquisition of HIV."

8 Foreigners HIV declaration

Article 19 requires foreigners to declare if they have HIV.

It is not clear what rationale or justification exists for requiring foreigners to declare their HIV status. To restrict entry of people with HIV into Vietnam on the grounds of HIV status is contrary to the *UN Guidelines on HIV/AIDS and Human Rights* (see below).

The existence of such a provision is likely to increase the stigma surrounding HIV within Vietnam and sends a misleading and harmful message to domestic audiences that HIV is to be feared as a foreign threat rather than an issue for which all Vietnamese populations should be taking responsibility. This message will have negative public health consequences by contributing to creating a hostile social environment for people with HIV living within Vietnam. It may also result in generating a false sense of confidence amongst domestic populations based on the false belief that by screening foreigners the country is somehow insulated from the epidemic. This is a dangerous approach which could promote complacency and may actually lead to increased risk taking and faster spread of HIV domestically.

A focus on providing comprehensive prevention and treatment services for domestic populations is a more effective response than imposing arbitrary prohibitions on foreigners wishing to visit Vietnam.

The *UN Guidelines on HIV/AIDS and Human Rights* state as follows:

"There is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status. According to current international health regulations, the only disease which requires a certificate for international travel is yellow fever. Therefore, any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travellers, are discriminatory and cannot be justified by public health concerns.

Where States prohibit people living with HIV/AIDS from longer-term residency due to concerns about economic costs, States should not single out HIV/AIDS, as opposed to comparable conditions, for such treatment and should establish that such costs would indeed be incurred in the case of the individual alien seeking residency. In considering entry applications, humanitarian concerns, such as family reunification and the need for asylum, should outweigh economic considerations."

9 Access to means of protection

Consideration should be given to including within the Ordinance an enforceable right to the means of protection from HIV. The denial of access to means of protection from HIV, such as refusing prisoners access to condoms or re-use of syringes for vaccination, amounts to a breach of the right to health and the right to life of the individuals seeking protection, and undermines public health.

Based on clause 11 of the *HIV/AIDS Management and Prevention Bill 2002* of Papua New Guinea, such a provision could state that :

"It is unlawful to deny a person, without reasonable excuse, access to a means of protection from infection of herself or another by HIV.

Means of protection includes HIV/AIDS awareness materials; condoms and lubricants, and other barrier protections from HIV; exclusive personal use of skin penetrative instruments, including needles and syringes; and means of disinfecting ski penetrative instruments.

The onus of proof of reasonable excuse lies on the person alleged to be denying the access to means of protection."

Appendix 1

UN General Assembly *Declaration of Commitment on HIV/AIDS* June 2001

"Global Crisis — Global Action"

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to,

inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.

Appendix 2 UN International Guidelines on HIV/AIDS and Human Rights

The UN High Commission on Human Rights detailed commentary on actions required to comply with the Guidelines is available at http://www.unhchr.ch/hiv/guidelines

Guideline 1: States should establish an effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all branches of government.

Guideline 2: States should ensure, through political and financial support, that community consultation occurs in all phases of HIV/AIDS policy design, programme implementation and evaluation and that community organizations are enabled to carry out their activities, including in the field of ethics, law and human rights, effectively.

Guideline 3: States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations.

Guideline 4: States should review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against vulnerable groups.

Guideline 5: States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV/AIDS and people with disabilities

from discrimination in both the public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasize education and conciliation, and provide for speedy and effective administrative and civil remedies.

Guideline 6: States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of quality prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at an affordable price. States should also take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV/AIDS prevention, treatment, care and support, including antiretroviral and other safe and effective medicines, diagnostics and related technologies for preventive, curative and palliative care of HIV/AIDS and related opportunistic infections and conditions. States should take such measures at both the domestic and international levels, with particular attention to vulnerable individuals and populations.

Guideline 7: States should implement and support legal support services that will educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues and utilize means of protection in addition to the courts, such as offices of ministries of justice, ombudsmen, health complaint units and human rights commissions.

Guideline 8: States, in collaboration with and through the community, should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and health services and support to community groups.

Guideline 9: States should promote the wide and ongoing distribution of creative education, training and media programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance.

Guideline 10: States should ensure that government and private sectors develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce those codes.

Guideline 11: States should ensure monitoring and enforcement mechanisms to guarantee the protection of HIV-related human rights, including those of people living with HIV/AIDS, their families and communities.

Guideline 12: States should cooperate through all relevant programmes and agencies of the United Nations system, including the Joint United Nations Programme on HIV/AIDS, to share knowledge and experience concerning HIV-related human rights issues and should ensure effective mechanisms to protect human rights in the context of HIV/AIDS at the international level.

Appendix 3 Sex industry occupational health and safety standards

(*South Sydney Council Sex Industry Policy* New South Wales Australia 2002)

Health Standards : Brothels

The following legal standards apply in sex work establishments

Education of Workers & Clients
The proprietor must provide such information to staff in brothels (including Private Sex Worker Home Business brothels) about sexually transmitted infectious diseases as is necessary to enable the sex workers or themselves to perform their work in a manner that is safe and with minimum risk to health.

The proprietor must provide written information about the transmission of sexually transmitted infectious diseases (STDs) in a variety of languages for clients and staff. The proprietor must take reasonable steps to ensure that any information about sexually transmitted infectious diseases provided for the benefit of clients or sex workers is medically accurate.

If a sex worker has difficulty communicating in the English language, the proprietor must provide the information in a language with which the sex worker is familiar.

Health of Sex Workers
It is recommended that sex workers be immunised against hepatitis A and B. If a sex worker is not immunised, then a course of immunisation should be commenced as soon as possible.

Protocols are to be prepared and implemented as part of any Plan of Management to assist sex workers and staff to manage risk exposures such as blood and body fluid splashes, needle stick injuries and the like.

It is also desirable that sex workers attend a sexual health centre or private doctor for sexual health assessment, counseling and education appropriate to individual needs. Frequency of assessment is a matter for determination by the individual sex worker in consultation with his/her clinician.

Evidence of attendance for sexual health tests must not be used as an alternative to safer sex practices. Sexual health certificates should not imply freedom from STDs nor should sexual health certificates be shown to clients.

There should be no impediment to sex workers taking time off for health reasons.

Sex workers should be made aware that certain sexually transmissible conditions have no symptoms (e.g. chlamydia) and can be carried and transmitted. The best action is medical testing and to always follow safe sex practices.

Provision, Storage & Use of Condoms, Latex Products & Other Equipment

Condoms, dental dams and gloves (or any other approved latex products) should be stored away from light and heat, which may contribute to premature deterioration. The proprietor must ensure that workers are well-informed of the need to use condoms, dental dams, gloves (or any other approved latex products) and water based lubricant, and well-instructed in their use.

The practice of safe sex should be the basis on which the sex industry premises operates. Sex industry premises must only use safe sex equipment that complies with Australian Standards.

The proprietor must provide an adequate supply of condoms of a variety of thickness, dental dams, gloves (and any other approved latex products) and water based lubricants free of charge to the sex worker and their clients.

These must be distributed directly to the worker at the time of meeting the client or be freely available in every room. Condom vending machines are not permitted as a means of supply. In Safe House Brothels, the proprietor must directly distribute this equipment to the sex worker at the time of entering the premises.

Any equipment or sex toys which have contact with another person's body fluids should be covered by a new condom for each partner. The condom must be removed and discarded after each use, and the equipment cleaned using detergent and water, and then disinfected. All sex workers and staff must wash hands thoroughly after disposal of condoms.

To disinfect after cleaning, equipment must be rinsed and immersed for ten minutes in a solution of one part bleach to two parts water. After immersion the equipment must be rinsed and dried prior to use. Equipment which cannot tolerate immersion (for example, vibrators) must be cleaned by wiping with detergent and water and then disinfected by wiping with either a solution of one part bleach to two parts water or 70% alcohol, rinsed and allowed to dry prior to use. Cleaning and disinfection should be compatible with the manufacturer's instructions.

Examination of Clients of Sex Workers

The examination of clients must not be seen as an alternative to, or lessening of the need for, observing safe sex practices. Before any sexual encounter each client should be examined by the sex worker to detect any visible evidence of STDs.

Common signs of disease which may be detected in this way include:

- Any sores, ulcers, lumps, warts or blisters around the penis, vulva and genital area
- Any evidence of penile discharge
- Pubic lice or eggs
- Any signs of itching or rashes in the genital or anal area.
- Jaundice

Good lighting must be provided for such examinations. The proprietor must ensure sex workers are adequately trained to carry out examinations. Any client with evidence of a STD should be refused any sexual contact and referred for medical consultation.

Australian Federation of AIDS Organisations (AFAO)
PO Box 51
Newtown NSW 2042
Australia