

Sex workers must not be forgotten in the COVID-19 response

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As countries enact emergency legislation and economic policies to respond to the severe acute respiratory syndrome coronavirus (SARS-CoV-2) that is causing the novel coronavirus disease 2019 (COVID-19) pandemic, there is an urgent need to protect the rights of, and support, the most vulnerable members of society. Globally, the majority of direct sex work has ceased as a result of physical distancing and lockdown measures put in place to halt transmission of SARS-CoV-2, potentially rendering a frequently marginalised and economically precarious population more vulnerable.¹ Most sex workers, even those who can move their work online, will be financially compromised and some will be unable to stop in-person services.² It is imperative that sex workers are afforded access to social protection schemes as equal members of society.

As with all aspects of health, the ability of sex workers to protect themselves against COVID-19 will depend on their individual and interpersonal behaviours, their work environment, the availability of community support, access to health and social services, as well as broader aspects of the legal and economic environment.^{3,4} Stigma and criminalisation means that sex workers may not seek, or be eligible for, most of the government-led social protection or economic initiatives to support small businesses. Police arrests, fines, violence, disruption in aid and compulsory deportation, have been reported by sex workers across diverse settings, fueling concerns that the pandemic will intensify stigma, discrimination and repressive policing.^{1,2}

Sex workers who are homeless, using drugs, or migrants with insecure legal or residency status, will face the greatest challenges in accessing health services or financial relief, increasing their vulnerability to poorer health outcomes from SARS-CoV-2 in parallel with longer-term negative economic impacts.^{5,6} Higher

prevalence of underlying health conditions⁷ could increase risk of COVID-19 progressing to a severe illness.⁸ Demand for shelter and supported housing will increase as sex work venues are shut down, or rental payments default through loss of income.² Existing mental health problems are likely to be exacerbated by anxiety over income, food and housing, alongside concerns about infection from continuing work in the absence of social protection.⁹

Risk of SARS-CoV-2 is potentially heightened for those who use drugs through shared use of drug taking paraphernalia.¹⁰ Alternative ways of maintaining or extending treatment and drug substitute prescribing will save lives in the case of service closures and staff shortage due to sickness.¹⁰ There is no reliable evidence of the risk of infection or complications of COVID-19 among people living with HIV though the risk could be greater among those who are immunocompromised and not on treatment.¹¹ Review evidence suggests, on average, use of antiretroviral therapies is already low among HIV positive sex workers (38%, 95% CI 29-48%) in high and low income settings.¹² It is critical that disruption to health services does not further reduce access to HIV treatment or prevention (including condoms and prophylaxis), as well as vital services addressing domestic or other forms of violence, although reports suggest disruption is already happening.^{1,2}

Mathematical models have highlighted that even with widespread testing and contact tracing, in the absence of a vaccine, physical distancing will be a key intervention to prevent community transmission globally.¹³ Modelling to date does not account for the needs of vulnerable populations, or their access and adherence to official guidance.¹⁴ Population level gains such as a reduction in hospital admissions and mortality will be particularly intangible for marginalised populations for whom the immediate negative effects of physical distancing may be more acutely experienced.¹⁵ They are likely to result in poorer health outcomes and increased inequalities, particularly where individuals are largely excluded from formal social protection schemes.¹⁶

Sex worker organisations have been swift to respond to the COVID-19 crisis by: circulating hardship funds; helping with financial relief applications; advocating for governments to include sex workers in the pandemic response; calling for basic labour rights to facilitate safer working conditions; and providing health and safety guidance for those moving online or unable to stop direct services.¹⁷ Worldwide, government initiatives have included supplying food packages to sex workers in Bangladesh, the provision of emergency housing in England and Wales, and the inclusion of sex workers in financial benefits such as in Thailand, the Netherlands and Japan. These schemes often exclude the most marginalised including those who are homeless, transgender or migrants.^{1,2} There is a critical need to work with affected communities and frontline service providers to co-produce effective interventions.¹⁸ Existing sex worker organisations provide an essential foundation for community health work and in collaboration with health services can rapidly facilitate, and ensure the appropriateness of, community testing and contact tracing as well as maximising uptake of future vaccines or treatments.¹⁹

The neglect of marginalised populations will have impacts on the health of the wider communities they are part of. There is now, more than ever, a moral and public health imperative to prioritise resources and support for sex workers. Involving communities in social protection schemes, health services and information will enable sex workers to protect their health during this crisis as equal citizens, in line with principals of social justice.²⁰ Reforms of social and legal policies including decriminalisation of sex work can both reduce discrimination and marginalisation of sex workers and enable provision of vital health and social services.³ This need becomes more acute as everyday health and social challenges are being exacerbated by the crisis.

Panel: Key interventions to address harms of COVID-19 among sex workers

All interventions and services must be designed and implemented in collaboration with sex worker led organisations

Social and Structural Interventions

- Financial benefits and social protection to all sex workers including migrants with illegal or uncertain residency status
- Immediate cessation of arrests, raids and prosecutions for sex work and minor drug-related offences and long-term reform of policies and laws shown to increase health harms and act as barriers to the realisation of health
- Provision of emergency housing to those who are homeless, moratorium on evictions, and assistance with rent or mortgage repayments for those unable to make rental payments

Health services

- Appropriately targeted health promotion advice on prevention of SARS-CoV-2 with translations
- Distribution of hand sanitizer, soap, condoms and personal protective equipment
- Maintenance and extension of person-centred services to address needs associated with mental health, drug and alcohol, physical and sexual violence, sexual and reproductive health (including HIV treatment and transition-related care)
- Testing and contact tracing for SARS-CoV-2 among sex workers and marginalized groups

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