COVID-19 and Sex Workers/ Sex Worker-led Organisations
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As a criminalised population, sex workers have been disproportionately impacted by the COVID-19 pandemic, often living in precarious economic situations and excluded from social protection systems. The structural, social, and economic barriers sex workers experienced before the pandemic have been exacerbated – sex workers all over the world have experienced hardship, loss of income, increased criminalisation and harassment. The negative impact of COVID-19 on livelihoods was closely followed by emerging evidence of the increasingly negative impact on inequalities, long-term HIV and other health outcomes. This shone a light on the structural barriers to social protection for sex workers and how states failed to include or consult with sex workers in their COVID-19 responses. The pandemic also resulted in increased stigma and discrimination, violence, health inequalities and human rights abuses against sex workers.

Governments around the world imposed public health measures, social distancing orders and restrictions preventing sex workers from working. In many countries, governments resorted to arrests, detention and the use of excessive force to make sure that people obeyed 'stay-at-home' and curfew orders. Often, governments responded with increased police surveillance and violence against sex workers. This added an additional layer of criminalisation for sex workers, who were already criminalised in most countries before the pandemic. Sex workers caught working faced being prosecuted for breaking curfew and / or lockdown regulations, as well as any existing laws on sex work.

As governments closed brothels, bars and massage parlours, they also failed to provide sufficient support to sex workers. Sex workers were left unprotected and excluded from national social protection schemes and government emergency measures put in place for other workers. Sex workers in all regions reported being forced to take the risk of continuing to work regardless of the pandemic, in order to provide for themselves and their families – putting their safety, their health and their lives at risk to survive. In particular, the pandemic acutely impacted women sex workers working to provide for their families, as they were left without any alternative means to support them.

The pandemic highlighted the shortcomings of restrictive regulatory approaches to sex work. When sex workers are denied financial aid during the pandemic, they are forced to continue working illegally to survive. As a result, sex work is driven more underground, with higher risks to health and safety.

Governments’ focus on emergency pandemic responses also often resulted in reduced access to HIV treatment, sexual and reproductive health, and other essential health services. The pandemic severely disrupted health services in many countries, with people's movement being restricted, and health services being limited or halted completely for significant periods. The Global Fund reported a 41% drop in HIV testing in Africa and Asia from April to September 2020, compared to the same period in 2019, which is predicted to result in an increase in AIDS-related deaths in 2021. Modelling by UNAIDS and the World Health Organization found “disruption to HIV services as high as 75% has been reported in some countries.”

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A rise of stigma and discrimination against sex workers accompanied the fear and uncertainty emerging during the pandemic, with sex workers increasingly viewed as ‘vectors of disease’ presenting risk to public health.

As governments failed to support sex workers, sex worker-led organisations around the world stepped up to support their communities. Emergency and mutual aid funds were set up to provide sex workers with grants and vouchers, and organisations also supported sex workers by distributing PREP and ARVs directly to sex workers in their homes, along with food and hygiene packages.

The already extremely limited funding available for both advocacy and programming for sex workers continues to shrink, with many donors changing their priorities to focus on funding for COVID-19 responses. Sex worker-led organisations also reported inflexibility on the part of donors when it came to re-allocating budgets to better support sex workers at the height of the pandemic.

During the pandemic, solidarity and cooperation within the sex worker community were strengthened. However, sex workers continue to emphasise the importance of decriminalisation in realising labour rights, safe working conditions and social protection. The case for decriminalisation has become stronger than ever.

**Recommendations**

- Sex work must be recognised as work to ensure that sex workers can access the same social protections, emergency financial support, and labour rights as all other workers.
- Governments, policymakers, and advocates must actively pursue the full decriminalisation of sex work, including sex workers, clients, and third parties.
- Social protection and emergency financial support should be extended to all groups of people, regardless of employment or immigration status.
- Sexual and reproductive health and HIV services must not be disrupted during crises and must be more sustainably funded.
- A firewall must be implemented between health services and immigration authorities.
- Donors must be more flexible in shifting priorities for the use of funds to respond to health emergencies and must prioritise increased funding for community-led responses.
- Criminal law should not be used to enforce COVID-19-related or other public health restrictions. Arrests and prosecutions for sex work-related activity must be stopped, to ensure those most in need can be reached and can access services and support.
- Public health emergencies must not be used as cover for the introduction of punitive and repressive measures against sex workers.
• There must be an end to the scapegoating of sex workers as ‘vectors of disease’ or as presenting risk to public health.

• Raids on sex workers’ homes and sex work premises must be stopped and all measures to protect public health must be proportionate. Emergency housing options for sex workers should be increased and a moratorium on evictions put in place to prevent homelessness.

• Sex workers have found themselves in vulnerable situations due to lack of income, so their time and expertise when utilised for interviews with the media and researchers should be compensated.

• Sex worker communities must be directly involved in responses to COVID-19, including the meaningful involvement of sex worker-led organisations in emergency public health planning initiatives.
The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard. The Community Guides are the result of desk research and a global e-consultation, and aim to provide simple summaries of NSWP’s Policy Briefs, further detail and references can be found in the accompanying Policy Briefs.

The term 'sex workers' reflects the immense diversity within the sex worker community including but not limited to: female, male and transgender sex workers; lesbian, gay and bi-sexual sex workers; male sex workers who identify as heterosexual; sex workers living with HIV and other diseases; sex workers who use drugs; young adult sex workers (between the ages of 18 and 29 years old); documented and undocumented migrant sex workers, as well as and displaced persons and refugees; sex workers living in both urban and rural areas; disabled sex workers; and sex workers who have been detained or incarcerated.