COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia

Assessment by SWAN and ICRSE

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SWAN

ICRSE

CONTENT

INTRODUCTION

Since the beginning of the COVID-19 pandemic in Europe and Central Asia, sex workers have reported extreme concerns with the dramatic impact on their living conditions, including the ability to earn a living and access to health. ICRSE and SWAN have published several statements, as well as calls for action and policy demands, to alert authorities and policy makers about the situation. This resource was developed as part of a monitoring exercise to document the impact of COVID-19 pandemic and related measures on sex workers' access to health services. Whilst the resource does not intend to be exhaustive and final, it gives a detailed overview of the issues faced by sex workers in accessing health services, and brings focus on some specific needs and demands of sex workers in Europe and Central Asia. In particular, it highlights the crucial work done by community-led organisations to fill the gaps in health services, protect sex workers and their families from risks of COVID-19, HIV and STIs and support their safety and security.

METHODOLOGY OF DATA COLLECTION

This assessment on the impact of COVID-19 on sex workers' access to health services in Europe and Central Asia was developed by the International Committee on the Rights of Sex Workers in Europe (ICRSE) and the Sex Workers' Rights Advocacy Network (SWAN) through consultations with their memberhips. A preliminary survey with a series of questions on access to health services and community responses was developed and shared with sex workers' rights organisations in the region. A web-meeting for SWAN and ICRSE members was organized on the 19th of May, 2020, and data were collected based on a pre-prepared questionnaire. Representatives of 17 member organisations from 13 countries participated and provided responses.[1] Two member organisations submitted written responses to the same questions.

Both ICRSE and SWAN have been organising a series of web-meetings since the beginning of the COVID-19 crisis in order to monitor the situation in the region, gather input from their members and shape advocacy responses. Information gathered through those web-meetings is also integrated into this paper.

Information gathered by additional desk research on recent assessments conducted by other regional and global networks was also added when relevant.

1 Kyrgyzstan, Russia, Kazakhstan, Ukraine, Greece, Turkey, Armenia, Georgia, North Macedonia, France, Poland, Norway, Sweden

REGIONAL CONTEXT

Sex workers all across the region have been reporting closure of their workplaces and loss of their primary source of income as the major issue. Still, by working in the informal, stigmatised and/or criminalised sector, very few have been eligible for government emergency economic measures or social benefits. Even in countries where sex work is legal, such as Greece and Turkey, financial aid for this area of work is subject to criteria highly unlikely to be met by sex workers.

Mobility and movement have been restricted in most countries, which prevents people from travelling home and/or connecting with social or economic support networks, families and friends. Movement is especially difficult for people without documents (undocumented migrants) or registration addresses and trans people (when their ID picture and gender marker do not match their gender expression) due to regular police checkpoints on the streets.

This loss of income and support opened a vicious circle of vulnerabilities: homelessness, poverty, inability to pay bills and provide food for oneself or family. Many sex workers reported having to break the rules of lockdown and work under increased risks of police violence, blackmail, detention and penalties, as well as potential exposure to the virus. Especially vulnerable are single mothers with children, trans people, migrants and refugees.

The pandemic has become a threat not only for community members and their families, but also for community-led organisations. Some donors changed their funding priorities or funding criteria, which made it difficult for groups to adapt and keep grants. Not all activities could be moved online, and some of the activities were not possible to implement under lockdown rules and travel bans. The threat of loss of funding also means a loss of valuable human resources that cannot be easily replaced, as in most cases several years are needed to build community organisations and staff capacities.

ACCESS TO HEALTH SERVICES/COVID-19 IMPACT

The coronavirus pandemic has a huge impact on health systems and access to health services across the globe. In Europe and Central Asia, respondents in all countries reported that a large amount of national health, human and financial resources have been reallocated to departments for testing and treatment of COVID-19. In many instances, entire hospitals have been transformed into COVID-19 clinics and in some cases, hospitals or departments were fully closed due to the spread of COVID-19 among patients and medical staff. Patients were sent home and only urgent and life-

threatening cases were admitted to designated departments. Every group participating in this assessment reported very limited or complete inability to access public health services of any kind, unless they were COVID-19 related.

HIV prevention and treatment, harm reduction and OST

Groups reported that AIDS clinics or departments were not completely closed, but continued to work with limited and altered capacities, postponing or moving consultations online or to the phone, and organising medicine delivery via post or direct home delivery. Many groups reported that ARV treatments were still available for "old" patients, but new ones were not admitted.

A rapid assessment conducted by European AIDS Treatment Group (EATG) indicated that "some HIV medicines shortages were reported (Romania, Albania, Italy, Ukraine) and the signals of upcoming supply issues are there."[2] In Russia, the budget for ARV therapy was cut, and reallocated for COVID-19 treatment.

HIV testing was suspended in most countries. Sex workers in Kyrgyzstan reported that laboratories were completely closed. However, demand for testing also decreased and not a single HIV test was recorded in 2 months. In Hungary, health checks and HIV testing, which are mandatory for sex workers, were stopped too. A few examples of community- or civil society-led testing programmes continued, such as in Russia and North Macedonia.

Condom and lubricant distribution, as well as needle exchange programs, were able to continue to some extent, mainly because of the efforts of community groups and civil society organisations/service providers and support of donors. In certain cases, local authorities stepped in to provide masks and gloves to the wider population, including sex workers, but not condoms and lubricants.

According to Eurasian Harm Reduction Associations' (EHRA) recent assessment in the countries of Central and Eastern Europe and Central Asia (EECA), "organisations have managed to deliver a range of commodities such as – sterile needles and syringes, masks, disinfectant, hygiene materials, naloxone, tests, and information materials for people who use drugs (PWUD). As a result of the restriction in movement caused by COVID-19, such service providers have found it necessary to deliver sufficient supplies at one time to cover the needs of an individual for 1-2 weeks."[3]

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2 EATG Rapid Assessment COVID-19 crisis' Impact on PLHIV and on Communities Most Affected by HIV, EATG Rapid Assessment, 2020

3 Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central

Community groups in Poland, North Macedonia, Greece, Russia, Ukraine, Kyrgyzstan, and Armenia continued their outreach and distribution of condoms and lubricants, adding masks, gloves and sanitizers to the prevention packages. However, due to travel restrictions and the mobility of sex workers, many contacts were lost and outreach is very limited. Countries like Kazakhstan and North Macedonia reported that due to the financial crisis related to the Covid pandemic, sex workers started to live and work in communal accomodation and support each other with rent and bills. But since working together in a private space is a criminal act in both countries, they have to hide their locations, which makes them hard to reach by health and outreach workers. The group in Kazakhstan reported that due to this new survival technique, there are places where 8-10 adults and their children live and work, without access to preventive materials, which increases the risks both to HIV/STIs and COVID-19. Similarly, and in particular since the introduction of client criminalisation in France and the subsequent reduction in income, many sex workers (such as migrant trans women from Latin America or Chinese cis women) share apartments or hotels to reduce daily costs. In this situation, risks of criminalisation under third party laws as well as spread of COVID-19 are increased.

EHRA also reports that "For many countries of the region, OST medications have been made available to take home for the first time, for periods of 5 to 14 days and sometimes up to one month. The opportunity to get take-home OST (both buprenorphine and methadone) became available to all clients in every country of the region except for Azerbaijan, Belarus and Kazakhstan. Initially, there were difficulties in some countries in enrolling new clients onto such programmes. Some countries developed partnerships, such as mobile outpatient clinics, to deliver OST medications and, often, together with antiretroviral therapy (ART) drugs to clients in remote locations."[4]

Many undocumented migrants who remained inside state borders when the pandemic hit and travelling was banned have been left without access to the health system and health services. Whilst some organisations (Norway) were able to provide some travel fares to migrant sex workers wishing to return to their country of origin, the vast majority remained in their country of residence, unable to receive economic support or access to health care. For many, the only support they received came from community-led groups.

Asia, Review of harm reduction programs in the situation of the COVID-19 crisis in 22 CEECA countries is published - EHRA %, EHRA, 2020

4 Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia, Review of harm reduction programs in the situation of the COVID-19 crisis in 22 CEECA countries is published - EHRA %, EHRA, 2020

■ Sexual and reproductive health

As with other specialised services, sexual and reproductive services were either limited to consultations and basic check ups/prescriptions (North Macedonia), or completely cancelled (Kyrgyzstan, Russia, Poland, Turkey). Abortion in public health settings was not possible in most countries. Some private clinics continued to operate and accept clients, but privately paid services were too expensive for most sex workers even before the COVID-19 crisis, and with the complete loss of income, these became even less accessible. The same situation was reported for hormonal contraceptives. These were available for purchase in pharmacies, but expensive and inaccessible for most sex workers who were struggling for basics such as food and shelter. Trans-specific care was disrupted. In-person appointments related to hormone treatments, surgeries and psychotherapy were canceled or delayed. In some cities, like Moscow, travel restrictions prevented trans people from accessing health care and hormonal therapy.

In Poland, where abortion is partially criminalised (legal only under 3 exceptional circumstances, but still rarely performed), a law proposal to further criminalise abortion was pushed forward during the pandemic (ban of abortion on basis of fetal malformations). Emergency contraception ("morning after pills") are a prescription drug for which a doctor's appointment is needed. Both doctors' appointments and the drug itself are expensive, and thus inaccessible in situations of financial crisis caused by the COVID-19 pandemic. Movement restrictions and/or suspension/delays of appointments were another barrier to timely access to this service. Still, feminist and community-led groups and collectives continued to assist any person in need of abortion, both pharmacological and via medical procedure. These groups and collectives also helped with acquiring emergency contraception.

In Kazakhstan, due to a change of the law on health insurance and the introduction of new criteria for obtaining health insurance (employment registration, registration address), most sex workers are not eligible and therefore do not even try to approach the public health system. Instead, they buy illegal pills for abortion imported from China, and perform it without medical supervision, ultrasound or follow-up, thereby risking their health and their lives.

COMMUNITY LEADERSHIP AND RESPONSES

Without any support from governments, and so many pressing needs, the sex worker community had to find creative ways to survive and support one another during the pandemic. This included organising distribution of masks, sanitisers, and condoms, providing psychological support and basic necessities like food, and connecting and sharing housing and bills.

In Kyrgyzstan, Tais Plus reprogrammed one of their grants to purchase food for those most in need, and distributed food packages. Condoms were also made available. They conducted online outreach and counseling through WhatsApp and other communication apps, or by phone. The main consultations were around prevention measures against COVID-19, but also around HIV and general health.

In Ukraine, Legalife-Ukraine created an online Facebook group to connect with sex workers and regularly check who might need support. This way they also fostered mutual support among the members of the group. Since the government was not providing any support, they looked after themselves and the community. They bought masks and sanitisers, and organised online counseling on how to protect oneself during lockdown, the rules of lockdown, and how to stay safe and avoid penalties. They also tried to connect people to share living space and costs together when this was a viable option. At the time of this report, they were searching for ways to secure and provide food as well.

In Kazakhstan, Ameliya used an existing online platform to distribute information from the Ministry of Health on COVID-19 (such as about protection measures, treatments, and rules during the emergency measures). They also prepared information and guidance on available social services and assistance and on available services in general, and provided clothing (especially to children).

In Russia, Forum of Sex Workers used social networks to distribute information among sex workers on how to prepare masks and sanitiser at home, and shared information packages on how to apply for governmental support for those who were eligible (mainly families with children). Forum put special focus on collaboration with journalists and the media and raising awareness on the lives of sex workers during this period. Silver Rose, a sex worker-led group based in St. Petersburg, managed to keep their offices open and secure basic outreach, condom distribution and testing. They also distributed masks, sanitisers and gloves. With support from Medicine du Monde, they worked to secure housing for homeless people and distribute food and contraceptives.

In Armenia, Rights Side NGO provided socio-psychological assistance for sex workers and access to legal support, both during the daytime and at night. They also tried to identify and support trans sex workers eligible to receive social packages from the government. They organised distribution of hygiene products together with partner organisations.

In North Macedonia, STAR –STAR delivered food packages, organised an online fundraiser for support of sex workers, provided online psychological counselling and collaborated with local partners and service providers for basic referrals and services.

They also offered outreach-on-call and provided basic protection materials (condoms, lubricants, mask, gloves, sanitiser). STAR received a donation of masks from a private small business, which they distributed, and at the time of this report, they planned to approach other small businesses who were delivering support to people in need.

In Poland, Sex Work Polska continued to work during the pandemic, offering outreach, consultations, prevention materials, and contraceptives, but also legal help and psychotherapy support. They used current grants, but also fundraised and searched for donations, and established an emergency fundraiser for direct support to sex workers.

Red Umbrella Athens in Greece continued their outreach and condom and lubricant distribution, together with masks and gloves, and created an emergency fundraiser for food vouchers in supermarkets.

In France, members of STRASS and ACCEPTESS-T organised fundraisers to provide support to sex workers in need. ACCEPTESS-T, which works primarily with migrant trans sex workers, provided support to several hundred sex workers in the Parisian region. Kits including food, gel, medication, and other items were delivered to sex workers, as well as money to over accommodation such as hotel rooms. State information on COVID-19 as well as documents required to have authorisation to leave the house were translated into several languages.

A number of groups in Europe established emergency fundraisers to support community members most in need. The full list of community fundraisers is available here: http://www.sexworkeurope.org/news/news-region/sex-workers-europe-set-emergency-fundraisers-provide-food-and-shelter-community

CONCLUSIONS AND RECOMMENDATIONS

The COVID-19 pandemic has had a huge impact on the health and wellbeing of sex workers. Loss of income and poverty push sex workers to continue working during the pandemic and increases the risks to COVID-19 infection. Having to choose between poverty and working in fear of police for breaking the rules of lockdown and fear of the virus causes huge mental distress and mental health issues. Suspension of HIV/ST-related services, decreased access to condoms and lubricants, and suspension of sexual and reproductive services increases vulnerability to HIV and STIs for those continuing to work. Trans sex workers face disruption in hormone therapy, while migrant workers are completely left out of the health system. Governments facing difficulties to respond to the crisis in general, often don't pay attention to marginalised and stigmatised communities, and no targeted supportive measures by governments have been reported.

The only ones stepping up in this crisis situation were community-led groups and their strategic partners from civil society. Community groups organised themselves to purchase and distribute masks, gloves, sanitisers, condoms and lubricants, established emergency fundraisers to secure food and essentials, and created partnerships and referral systems to maximise the use of available resources and support within local communities.

As the lockdown measures are slowly being removed, governments are announcing that the health systems and services will recover and move back to regular functioning soon, while at the same time being aware that the situation might worsen again, as the second wave of the pandemic could erupt and lockdown measures could be reintroduced.

Based on the experiences of the last 3 months, and with the gaps and vulnerabilities identified, we call on governments, health and social institutions, partners and donors to take all necessary measures and prepare better responses and health protection for all, including sex workers, in any future emergencies.

We recommend that:

- Access to HIV-related medications and harm reduction services must remain consistent and uninterrupted during crises;
- Access to preventive and curative health care must be guaranteed for all, including testing for COVID-19, with particular attention to the most marginalised groups in society irrespective of their immigration status;
- Hormonal treatment should be classified as vital and must remain uninterrupted during crisis;
- Access to economic and social benefits measures should be tailored and secured for all, including those operating in informal economies, such as sex workers;
- Community-led organisations must be recognised as vital partners in creating responses during crisis, and must be meaningfully engaged and supported through state funds and resources;
- Donors should show flexibility in (re)programming and allocating emergency funds to address needs of sex workers on the ground, but also to secure survival and sustainability of community-led groups;
- Recognize sex work as work! Support decriminalisation as the only model which can secure labour rights of sex workers and provide social and health protections during crises!

The International Committee on the Rights of Sex Workers in Europe (ICRSE) is a sex worker-led network representing 105 organisations in 35 countries in Europe and Central Asia, as well as more than 150 individuals including sex workers, academics, trade unionists, human-rights advocates, and women's rights and LGBT+ rights activists. We strive to raise awareness about the social exclusion of sex workers of all genders in Europe and Central Asia; to promote the human, health and labour rights of all sex workers; and to build alliances with key partners, including sex workers and their organisations globally, other civil society organisations and key stakeholders at the level of EU policy and decision-making.

The Sex Workers' Rights Advocacy Network (SWAN) is a sex worker led network which unites sex workers and rights advocates from 28 organizations in 19 countries in Central and Eastern Europe and Central Asia, with a shared vision – to create societies where sex work is decriminalized/depenalized, where sex workers can operate free from state and non-state violence, stigma and discrimination. In these societies, sex workers are empowered and actively engaged in issues that directly affect their lives and health.

SWAN
sex workers' rights advocacy network

ICRSE
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www.sexworkeurope.org