

THE IMPACT OF THE COVID-19 PANDEMIC AMONG SEX WORKERS IN CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA (CEECA)

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THE SEX WORKERS' RIGHTS ADVOCACY NETWORK (SWAN)

In Central and Eastern Europe and Central Asia
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THE SEX WORKERS' RIGHTS ADVOCACY NETWORK (SWAN) is a network of 27 civil society organizations in 20 countries in Central and Eastern Europe and Central Asia advocating for the human rights of female, male and transgender sex workers. SWAN member organizations work with or are led-by sex workers and sex worker leadership is an organizing principle of the network.

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INTRODUCTION

Since the outbreak of the COVID-19 pandemic, sex worker communities and organisations across Central and Eastern Europe and Central Asia (CEECA) have been severely affected by the virus and the state policies adopted in response to this public health threat. This briefing paper documents the impact of COVID-19 on sex workers and sex worker-led collectives in the CEECA region. It explores the experiences of community groups and individual sex workers during this health and humanitarian crisis by asking how the COVID-19 pandemic has shaped governmental responses and policing strategies targeting sex workers, sex workers' living and working conditions, their access to health care, including coronavirus-related care, and other essential social services and protections.

This briefing paper demonstrates how the pandemic has exposed existing and brought about new, vulnerabilities and forms of institutional, economic and structural violence to which sex workers are subjected. Furthermore, this briefing paper looks into how sex worker groups across the CEECA region have responded to the pandemic crisis by securing the survival and basic needs of their communities, enhancing their access to rights, health care services and protections, and advocating for policy change that could reduce sex workers' vulnerability to the virus and other threats. It also looks into challenges faced by sex worker-led organisations and initiatives and includes an assessment of the impact of donor strategies and flexibility in programming and implementation. Finally, this briefing paper provides recommendations for interventions and funding streams that would overcome or soften the adverse effects of the pandemic, advance positive examples of resilience, and utilise the opportunities that arise in the new and changing environment.

METHODOLOGY

This briefing paper was developed by the Sex Workers' Rights Advocacy Network (SWAN) through consultations with SWAN's member organisations in the CEECA region. The community consultations took place between March and June 2021, in two steps.

First, all members were invited to participate in a broad online survey exploring different aspects of the impact of the pandemic on sex worker communities, community-led responses to the pandemic, as well as different challenges faced by sex worker organisations in the context of the COVID-19 crisis. 11 organisations from 10 countries, participated in the survey: Right Side NGO (Armenia), Red Umbrella Athens (Greece), Women for Freedom (Georgia), Amelya (Kazakhstan), Tais Plus (Kyrgyzstan), HOPS-Healthy Options Project Skopje (North Macedonia), STAR-STAR (North Macedonia), Sex Work Polska (Poland), Odysseus (Slovakia), Sex Worker Forum (Russian Federation), Legalife-Ukraine (Ukraine).

Additionally, five organisations from the CEECA region – Right Side NGO (Armenia), Amelya (Kazakhstan), Tais Plus (Kyrgyzstan), Legalife-Ukraine (Ukraine) and Sex Worker Forum Russia (Russian Federation) – were invited to conduct extended national consultations with sex worker communities. The organisations were provided with a report template and an interview guide, created in consultation with members of these organisations, so they could organise individual interviews and focus groups with sex workers in their respective countries.

137 sex workers in total participated in the focus group discussions and individual interviews. Unfortunately, due to the outbreak of the war in Ukraine, Legalife-Ukraine was not able to conduct planned interviews and two members of the group contributed their expert knowledge and experiences via online interviews.

The participants were mobilised from different parts (urban and rural) of the involved countries, and comprised of those working both outdoors (street) and indoors (saunas, apartments, hotels, salons) as well as online.

	Female	Male	Trans	Focus group Discussion	Individual interview	Total number of participants
Rights Side NGO, Armenia	4	13	23	/	40	40
Amelya, Kazakhstan	30	5	5	25 participants	15	40
Tais Plus, Kyrgyzstan	32	3	8	28	15	43
Sex Work Forum, Russian Federation	10	1	1	/	12	12
Legalife, Ukraine	2	/	/	/	2	2
Total number of participants	78	22	37	53	84	137

This report also builds on desk research, existing research and reports developed by various regional and global community organisations. It is informed by the data gathered during the assessment of the impact of COVID-19 on sex workers' access to health services in Europe and Central Asia developed by the International Committee on the Rights of Sex Workers in Europe (ICRSE; now European Sex Workers' Alliance, ESWA) and SWAN in 2020.¹

¹ SWAN & ICRSE, COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia. Assessment by SWAN and ICRSE, 2020.

COVID-19 IMPACT ON SEX WORKER COMMUNITIES IN THE REGION

Increased policing, penalisation and human rights violations

It is globally documented that the outbreak of the COVID-19 pandemic has contributed to the scaling up of the state and police powers over their citizens.² Reflecting this global trend, countries of Central and Eastern Europe and Central Asia have also adopted repressive and punitive responses to the COVID-19-related public health crisis. Across the region, we witnessed a significant increase in the application of criminal and administrative laws to manage the pandemic, and a notable expansion of existing prerogatives of the law enforcement agencies, such as the police, public health and immigration authorities. Throughout the first months of the pandemic, all governments in the region introduced a state of emergency that restricted internal and cross-border movement and imposed physical distancing rules and different sanitary measures, such as social isolation. Whilst aimed at protecting citizens from the risk of infection. These measures often translated into extensive surveillance, punishment and policing, including heavy monetary fines, prosecution, detention and arrest. Noteworthy, these measures were often used to target the already criminalised, vulnerable and marginalised communities, including sex workers, LGBTQIA communities, (undocumented) migrants and mobile populations, people who use drugs and those experiencing homelessness.³

As in other parts of the world,⁴ across the CEECA region sex worker communities have been heavily impacted by the COVID-19-related restrictions that have been introduced since March

- 2 See, for example, HIV JUSTICE WORLDWIDE Steering Committee Statement on COVID-19 Criminalisation, 2020: <https://www.hivjustice.net/news/hiv-justice-worldwide-steering-committee-statement-on-covid-19-criminalisation/>; RESURJ, The Criminalization of Pandemic. A Cross-Regional Feminist Analysis, 2020: <https://resurj.org/wp-content/uploads/2021/03/ENG-The-Criminalization-of-a-Pandemic.pdf>.
- 3 Boglárka Fedorkó, Luca Stevenson & P. G. Macioti, Sex workers on the frontline: An abridged version of the original ICRSE report: 'The role of sex worker rights groups in providing support during the COVID-19 crisis in Europe', Global Public Health, 2021, DOI: 10.1080/17441692.2021.1945124
- 4 See, for example, Cecilia Benoit, & Rosin Unsworth, COVID-19, Stigma, and the Ongoing Marginalization of Sex Workers and their Support Organizations, Archives of Sexual Behaviour, 2021, DOI: <https://doi.org/10.1007/s10508-021-02124-3>; ICRSE, Sex workers on the frontline: the role of sex worker rights groups in providing support during the COVID-19 crisis in Europe, 2021 <http://www.sexworkeurope.org/sites/default/files/userfiles/files/Sex%20workers%20on%20the%20frontline-2.pdf>; NSWP, COVID-19 Impact Survey, 2020, <https://www.nswp.org/es/news/nswp-launch-covid-19-impact-survey>.

2020. Emergency decrees and lockdowns adversely affected both those working in managed or collectively operated sex work venues and those working outdoor. In all countries of the region, lockdown measures mandated the shutting down of so-called non-essential businesses, including legally operating brothels (as in the case of Greece or Turkey, where some sex work venues are certified by the state), as well as strip and go-go clubs, saunas and massage parlours. In addition, many sex work venues functioning in the illegal and heavily policed sector – primarily due to laws criminalising third-party engagements and provision of sexual services – were shut down by the owners and managers out of fear of fines, prosecution and COVID-19 health risk. In many countries in this assessment, sex work venues have been closed as a result of police raids and operations. Additionally, as reported by the Sex Workers Forum Russia, some of the sex work venue closures occurred in response to interventions of “self-appointed moral fighters” reporting sex workers and their workplaces to the police and other law enforcement agencies.

Respondents in most of the countries analysed, reported strict lockdowns – often accompanied by the increased presence of police on the streets, curfews and severe restrictions on citizens’ movement – made it impossible for many sex workers to reach their workplaces. But they also particularly affected workers usually operating in outdoor settings. In the vast majority of CEECA countries where sex work is criminalised or heavily policed and not recognised as work, sex workers were not eligible for exemption measures providing the right to move and access public spaces granted to some workers, including healthcare staff or so-called “essential” workers (e.g. shop clerks, food-delivery service workers, maintenance services’ workers). Additionally, nighttime curfews introduced for example, in Armenia, Kyrgyzstan, Kazakhstan, North Macedonia, and Ukraine, made earning money extremely difficult for sex workers who work at night. As reported by one of SWAN’s member organisations:

Most of the lockdowns in the country were introduced during the night when sex work is mainly occurring. Since sex work is not legally accepted as a job in North Macedonia, these workers could not even obtain work permits that were usually given to other workers, who worked night shifts of jobs that had to be performed during police curfews. Additionally, sex workers, who were working outside during police curfews, were at the risk of being detained or being exposed to police harassment and brutality. (HOPS, North Macedonia)

Random ID checks, police check-points and roadblocks in between cities, towns and even neighbourhoods within one municipality, introduced, for example, in Kazakhstan and Kyrgyzstan, also severely limited sex workers’ ability to move and to perform their labour. These measures had a critical impact on sex workers lacking ID documents or official registration of residence, as well as undocumented migrants, who could face deportation as a result of such ID checks.

Strict lockdown rules, widespread venue closures, a decline in the number of clients and fear of exposure to the virus led many sex workers in the region to withdraw from the provision of sexual services in the first months of the pandemic. However, many others, particularly the most precarious and economically disadvantaged, were not in a position to stop working as it would threaten their survival and the very existence of their families and social networks. Left with no money to pay for food or rent, or falling into debt, many sex workers continued to work throughout the duration of the pandemic. Those sex workers were exposed to excessive policing, harassment and abuse that often further contributed to their economic vulnerability and risk of infection. As reported by all organisations, sex workers working both outdoors and indoors have been subjected to repressive sanctions for violating lockdown measures. In most countries, this usually involved monetary fines, sometimes significantly exceeding the average monthly earnings in a given country (even up to ten thousand Euro in Poland, or 2 million Rubles in Russia). These further increased the need for sex workers to return to work during restrictions, as they had to earn money to pay financial penalties:

Sex workers couldn't afford to pay the fines. If you give a sex worker a fine, what do you think that does? Sex workers go out to work and come back with a fine, and the only thing that fine does is make them go back to that same work to earn the money to pay it. (Sex Work Polska, Poland)⁵

In countries where the provision of sexual services is penalised, such as Armenia, Georgia, North Macedonia, Russia and Ukraine, many sex workers were facing double financial punishment under lockdown: both for performing sex work and for breaching restrictions on movement or social distancing:

Since the fines for violating anti-COVID restrictions were much higher than for prostitution, and it was much easier to prove, sex workers were punished not only for sex work-related charges but also for violating these new laws by the police officers conducting routine raids on brothels. (Sex Worker Forum, Russia)

This overlapping penalisation has significantly increased sex workers' economic precarity and vulnerability to police violence, already widely reported in the region prior to the COVID-19 pandemic.⁶ Cases of abuse of police powers during lockdown, in the form of harassment, extortion

5 Agata Dziuban, Martyna Możdrzeń, & Anna Ratecka, "Very little but a lot." solidarity within the sex workers' community in Poland during the COVID-19 pandemic. *Gender, Work & Organization*, 2020.

6 SWAN, *Arrest the Violence: Human Rights Violations Against Sex Workers in 11 Countries in Central and Eastern Europe and Central Asia*, 2009, https://swannet.org/files/swannet/File/Documents/Arrest_the_Violence_SWAN_Report_Nov2009_eng.pdf; SWAN, *Failures of Justice: State and Non-State Violence Against Sex Workers and the Search for Safety and Redress*, 2015, <https://www.swannet.org/files/swannet/FailuresOfJusticeEng.pdf>

and blackmail, physical and sexual violence, arbitrary arrests and detentions, were documented in all countries across the region. For example, in Armenia:

32.5% of the research participants have claimed that they were fined, faced discriminatory attitudes and were abused by the police during the pandemic while doing sex work in the streets. Sex workers have been at heightened risk of a whole host of human rights abuses including violence, extortion and discrimination. There have been instances when undercover police officers have tried to receive certain sexual services from sex workers in the course of their work to secure evidence against sex workers. (Right Side NGO, Armenia)

In Kazakhstan and Kyrgyzstan, police officers raiding sex work venues extorted money by threatening sex workers with punishment for violations of curfew or lockdown restrictions, some of which they had not even committed:

Despite the fact that sex workers had no work, there were police officers who still extorted money from them. There were cases when police officers threatened that they could take sex workers out during curfew and leave them on the street. There was a fine of 3,000 Som for violating the curfew (now it's about 40 USD), and the violators were detained and taken to the police station and kept there until morning – until the curfew was over. There was no isolation at the police station, all detainees were held together and there was a risk of contracting the virus. In one case, a police officer brought a client to a sex worker and waited for her to work in order to take her share of the money, in this case, the police officer acted as a pimp. (Tais Plus, Kyrgyzstan)

The lack of police accountability and arbitrary nature of law enforcement has further contributed to sex workers' vulnerability to violence, exploitation and fraud. For instance, it has been reported in Armenia and Poland that, during the course of the pandemic, some sex workers have been approached by individuals posing as police officers demanding free-of-charge sex or money, and threatening sex workers with legal sanctions, such as fines and arrest. Such offences severely contributed to sex workers' sense of insecurity and distrust toward law enforcement and clients.

Deterioration of working conditions

Throughout the CEECA region, punitive sex work policies, lack of recognition of sex work as work and severe stigma have compelled sex workers to operate in unfavourable working conditions. Laws criminalising sex workers' workplaces and labour relations have been adopted in almost all countries of the region. Many states have laws prohibiting the provision of sexual services (e.g., in Armenia, Georgia, North Macedonia, Russia, and Ukraine), or soliciting sex work in public spaces (for instance, in Kazakhstan, Kyrgyzstan, Poland and Slovenia). Those policies push sex workers further underground and make them vulnerable to harsh policing, violence and exploitation.⁷ Precarious working conditions are also a reality for many sex workers working in those countries of the region, which have introduced different laws regulating sex work, namely Greece, Hungary and Turkey. Coercive regulations, mandatory health checks, and exclusionary and discriminatory provisions often contribute to the creation of the two-tier system, in which only a small minority of sex workers are seen as eligible to work in the legalised sector. As a result, the vast majority of sex workers in these countries are pushed underground, exposed to hazardous working conditions, abuse and violence.

The outbreak of the COVID-19 pandemic has further contributed to the deterioration of sex workers' working conditions and labour arrangements. As mentioned above, across the region, numerous sex work venues have been shut down or have been targeted by the police, leaving many workers without work and any source of income. The vast majority of sex workers also discontinued the provision of in-person services in the first months of the pandemic to protect their health and the wellbeing of their families. Those sex workers who kept on working throughout the pandemic, or have taken up work due to the very difficult economic situation, faced severe reductions in earnings. This was a result of fines and a decreased number of clients, who themselves lost their work or were afraid of penalties for breaching COVID-related restrictions. Often sex workers were made to reduce prices for services to be able to earn any income at all. In many countries, sex workers reported that pandemic-related crisis has lowered their bargaining power vis-a-vis clients, as they began to haggle and ask for discounts more often. Facing poverty and fighting for survival, some sex workers made a decision to consent to services and practices, including unprotected sex, to which they would never agree in other circumstances:

⁷ ICRSE, Exploitation. Unfair labour arrangements and precarious working conditions in the sex industry. Community Report, 2016, http://www.sexworkereurope.org/sites/default/files/userfiles/files/ICRSE_Exploitation%20Report_April2016_04_final.pdf

With the closure of all establishments, sex workers lost their income and livelihood. This increased the number of sexual contacts without condoms for extra payment, which led to the risk of HIV, STIs, and unwanted pregnancy. (Amelya, Kazakhstan)

Some SWAN members have also reported that throughout the pandemic sex workers have experienced an increase in violence, fraud, extortion and robberies (of money and other valuables) from clients. Also, many managers of sex work venues, who kept operating during COVID, have reduced prices for sex workers' services in order to secure the flow of clients and sustainability of their businesses:

Intermediaries of sex workers began to reduce prices for sex services due to the lack of clients, agreed to accept unvetted and even dangerous clients, clients in a state of intoxication. Due to the fact that for them the most important thing is the profit from their share of sex worker's earnings, and all the risks are borne by the sex worker. (Sex Worker Forum, Russia)

Such practices have negatively impacted the already precarious economic position of sex workers and made them more vulnerable to various health risks, and to violence.

The workplace closures impacted sex workers in many different ways. Unable to work in their usual workplaces, trusted or verified venues, they have been forced to provide their services in transient, remote or unfamiliar locations. Consequently, they found it more difficult to ensure their own security, protect themselves from the police or client violence, or to implement all required occupational health and safety measures. For instance, in Kazakhstan and Kyrgyzstan it has been reported, that due to restrictions on movement, some sex workers were made to solicit clients at the entrances of their houses. This exposed them not only to police brutality, but also to outing and abuse by their neighbours and local communities. Many independent sex workers, previously renting out apartments for work, could no longer afford to pay rent for their workplaces, and had to start providing services from their private apartments, sometimes with their children or other family members present. For some, working from home could pose a threat of eviction, as in the case of 6 trans sex workers in Armenia, who faced forced evictions as their apartment owners became aware that they were working there. Other sex workers started to collectively rent working flats and apartments to be able to share the costs of rent, which exposed them to a greater risk of coronavirus infection and third-party related charges. It has also been reported that high costs of rent, hotel closures and the ban on short-term rentals, introduced in some of the countries of the region (e.g. in Poland and Russia), forced many sex workers, who used to work individually, to change the form of their work and to move to managed venues, where they would be vulnerable to both exploitative managerial practices and the virus.

Since sex work is not recognised as work and is not protected by the labour code in the vast majority of the CEECA countries, sex workers themselves, as much as their workplaces, have not been provided with any COVID-related occupational health and safety protocols introduced in other industries and professions. This means that, unlike other workers, sex workers have not been given access to disinfectants, protective gear, such as masks and gloves, antibacterial wipes, professional sanitisers, and ozone quartz lamps. Very often the cost of purchasing these – at times exorbitantly expensive – protective equipment fell on sex workers themselves, significantly reducing their already limited income. While some of the managers and venue owners were accountable and protected their venues, the majority pushed the burden of securing their own health and safety onto the workers and refused to cover the costs of protective equipment, condoms and lubricants. Simultaneously, some third parties required sex workers to undergo regular COVID-19 testing and to present vaccination certificates, even if that was not mandated by the state. Such practices saddled sex workers with additional costs and compromised their right to privacy and anonymity from employers, other workers and clients. Sex workers who became infected with COVID-19 were also then vulnerable to immediate job loss, violence and degrading treatment.

In an attempt to protect their health and secure their income, many sex workers across the region tried to shift towards online work – for instance, in Armenia, 73% of sex workers who took part in this consultation have done some form of online sex work during the course of the pandemic. While some of them have been successful in earning money via webcamming, posting photos on specialised hosting sites or producing pornographic content, others faced many challenges resulting from working online. One of the key issues indicated by SWAN members across the region was breaches in sex workers' privacy and anonymity and an increase in digital threats. In many countries, including Poland, Russia and Ukraine, sex workers became victims of fraud, blackmail and extortion by individuals nonconsensually and unlawfully recording their content and threatening to publicise it. Representatives of Legalife-Ukraine have also emphasized that turning to online work has put many sex workers at the risk of incrimination: whilst the direct provision of sexual services is considered an administrative offence in Ukraine, production and distribution of pornographic material is punished with criminal sanctions and could result in long-term imprisonment. Legalife-Ukraine members have reported cases when undercover policemen have incited sex workers to provide them with erotic content and shows, only to charge them with this criminal offence. Additionally, for many sex workers, the shift towards online work was challenging due to the need to arrange a private working space, the costs of a good quality camera and lighting, and internet connection. It has been reported that for many, the earnings rarely sufficed to cover the costs of food and rent, and many sex workers returned to offline work once lockdowns were lifted.

Socio-economic precarity and housing instability

It has been documented globally that the COVID-19 pandemic, and the governmental responses to this health care crisis, have exacerbated social inequalities and made many populations already functioning in circumstances of social exclusion and uncertainty even more vulnerable. For the vast majority of sex workers in the CEECA region, the outbreak of the pandemic and COVID-related restrictions translated into unstable living circumstances, marked by poverty, food insecurity, and housing instability. It has been reported across the region, that the loss or significant reductions of income due to lockdowns and workplace closures have left many sex workers in destitution, without money to meet their basic needs. Many could not afford to purchase food, basic hygienic products, medicines, or pay utilities(telephone, water, gas, electricity).

The restrictions also meant buying food and supplies for longer periods, something which some sex workers could not afford because of their unfavourable financial situation, and because many of them are heavily dependent on daily earnings. (STAR-STAR, North Macedonia)⁸

One of the key issues flagged by all SWAN members was housing precarity and homelessness experienced by sex workers in the CEECA region. Throughout the pandemic, many sex workers struggled to pay the rent for their flats and accommodation – often falling into the trap of accumulating debts. Whilst some sex workers were able to negotiate reductions in rent, or temporal deferrals of payment, other landlords further increased rents or terminated sex workers' leases. As a result, sex workers who were unable to pay their rent or go into further debt were evicted from their apartments. In many countries, sex workers experiencing homelessness faced challenges when accessing shelters or state subsidised housing, as they were overcrowded, shut down because of COVID-19 restrictions, or refused to accept sex workers. As a result, many sex workers were forced to live on the streets or in makeshift and hazardous accommodations, such as squatted buildings, out- or farm buildings (e.g. barns), or garden arbours. Some rented rooms in hotels and hostels, with everyday payment requirements, and tried to work to earn to pay the rent, violating the pandemic restrictions.

Many sex workers live with their children and there are those who provide for the whole family. There are sex workers who were practically left on the street: they slept outside in

⁸ Simona Atanasova et al., The Impact of the COVID-19 Pandemic on Sex Workers' Mental, Health, Social and Economic Wellbeing in the Republic of North Macedonia, 2020, <https://starsexwork.org/wp-content/uploads/2020/12/Vlijanija20207208-b5-za-web.pdf>

yards of houses because the landlords had closed all the rooms, leaving only a small room, more like a barn, in which sex workers tried to house their children. There were cases when landlords kicked people out of apartments because they had nothing to pay (with). Some sex workers rent rooms in hotels where daily payment is required, many apartment landlords did not reduce the rent. (Tais Plus, Kyrgyzstan)

In many countries, sex workers, who were left without housing, found accommodation in (non) operating sex work venues, including brothels, clubs, hotels, saunas or massage parlours, where they shared housing with their colleagues. This was particularly common among internal and international migrant sex workers, whose ability to go back to their family home or country of origin was restricted:

When the Polish government announced the closure of borders, many migrant sex workers had to make a quick decision on whether to go back to their countries of departure or stay. For many sex workers leaving Poland looked like a smart idea, but it turned out to be very expensive. The situation on the border was very dramatic. Also leaving Poland might have limited one's ability to return legally, while remaining in the country might have resulted in an undocumented status. It was especially challenging for sex workers who came to Poland for short periods of time – two weeks, a month, or three months – as part of circular migration. In such instances, sex workers frequently live in their workplaces. When the brothels closed in March 2020, some of those migrants were left without a place to dwell. Many of them remained in Poland and collectively lived in brothels. (Sex Work Polska, Poland)

Also, in some contexts, sex workers supported each other by sharing flats, the rent and the costs of living:

Sex workers solved the housing problem on their own, by cooperating with each other. Many had previously lived in pairs, but during the pandemic, they began living together in groups of five or seven. They helped each other with food, clothing, and medicines. (Amelya, Kazakhstan)

For many sex workers going back to their family homes, and waiting out the pandemic with their families, seemed like a feasible option. For others, however, the family home was not a safe space, where they could thrive and feel comfortable. It has been widely documented that domestic violence and gender-based violence have intensified since the outbreak of COVID-19.⁹ Lockdowns,

⁹ https://www.unwomen.org/en/hq-complex-page/covid-19-rebuilding-for-resilience/gender-based-violence?gclid=Cj0KCQjwof6W BhD4ARIsAOI65agqYdfuYJl7KksZ3a2C_Sys-ukaVwakzaJfkxKipVJf9yAbqdKDTSAaAmVtEALw_wcB; see also Simona Atanasova

curfews and restrictions on movement have confined many people at home, and cut them off from their informal and formal support networks. Pandemic-related anxieties, job losses, lack of income and economic insecurities have left a mark on many households and contributed to an increase in abusive behaviours and domestic abuse. This has particularly affected women*, children and the most vulnerable family members, often unable to leave the abusive situation due to their dependence on the abuser or their precarious situation. Indeed, it has been reported across the region that sex workers moving back with their families during the pandemic have been exposed to abusive treatment, violence, and whorephobia. Many sex workers, particularly those who use drugs, those living with HIV, and queer or trans sex workers were exposed to intersecting forms of violence, also resulting from narcophobic, homophobic or transphobic attitudes in a given country or community:

People living in Armenian rural areas cannot accept their family members' choice of work as 'it is a shame' for them. As a result, the sex worker community members live separately from their families in order to decrease exploitative and abusive relationships. One transgender sex worker told us: "I returned to my family, but every day I had to tolerate psychological, physical, and other forms of violence that I was no longer able to endure. It was better to sleep outside than to go through all those things one more time." (Right Side NGO, Armenia)

In such fraught situations, sex workers were left to fend for themselves, and to look for support in their communities and informal support networks.

Exclusion from state support schemes

In the wake of the COVID-19 crisis, many governments across the CEECA region have adopted emergency plans and relief schemes to support businesses, private entrepreneurs, workers, and communities bearing the highest economic cost of the pandemic and related restrictions. In most countries, those relief schemes consisted of low-interest loans, subsidies for enterprises, mortgage or credit payment holidays, housing subsidies, unemployment benefits, compensations for lost wages, child allowances, hygienic products, or food packages. Although many governments seemed more concerned with providing help to businesses and private enterprises than to impoverished citizens, for many people and disadvantaged communities those state-driven support schemes

et al., The Impact of the COVID-19 Pandemic on Sex Workers' Mental, Health, Social and Economic Wellbeing in the Republic of North Macedonia, 2020, <https://starsexwork.org/wp-content/uploads/2020/12/Vlijanja20207208-b5-za-web.pdf>

were life-saving interventions and the only source of livelihood in the first several months of the pandemic. In the CEECA countries, sex workers, however, have not been recognised as a population that requires targeted support in the context of COVID-19.

Not only have sex workers been neglected from state relief programmes as a vulnerable population, but also the vast majority of them were directly excluded from available general governmental support schemes. It was a direct result of sex work criminalisation and the lack of recognition of sex work as work. Not seen as legitimate workers, sex workers have not been treated as worthy of states' protection and care. This is clearly illustrated in the quotes below:

No socio-economic measures were arranged by the government for the protection and recovery of sex workers. While other groups of vulnerable people were taken into consideration and were eligible to apply for some sort of social and financial relief packages on a national level, these specific relief measures were not covering sex workers due to the fact that sex work is not regulated. What is striking is the ignorant attitude of the authorities towards sex workers and the lack of measures adapted to the needs of sex workers. (HOPS, North Macedonia)

On March 31st 2020, the Polish government introduced its "Anti-crisis Shield," a package of protective laws for businesses, workers, and those particularly affected by the pandemic. Unsurprisingly, it did not include sex workers. First, because sex work in Poland is not recognised as work. Second, organised sex work workplaces are criminalised and sex workers' labour relations are not recognised as such and are not protected by the Labour Code. Consequently, none of the benefits introduced applied to sex workers. And these benefits saved lives in lockdown, and they still do. One can take paid leave, go on sick leave, or get financial support in case of a lost wage. The fact that the shield excluded sex workers is symptomatic: it illustrates how the system in Poland abandons our community and makes it invisible. (Sex Work Polska, Poland)

In Armenia, 85% of the interviewed sex workers have not been able to receive government support or benefits. The Armenian government has brought into force anti-crisis legislative packages to combat the pandemic and reduce the social needs of the citizens, but none of them concerned sex workers. Sex workers, like the other Armenian workers, have been facing a range of challenges, but they have been disqualified from receiving the government's emergency relief services because of their work type. (Right Side NGO, Armenia)

No special protection or assistance measures for sex workers have been adopted in Russia. The state does not see sex workers as a social group and, apparently, does not consider them in need of any protection or assistance. (Sex Worker Forum, Russia)

Some sex workers have tried to access different benefits based on general relief schemes: mostly those targeted at (single) mothers, families with many children, people with disabilities, and people facing homelessness, but they reported numerous problems with accessing aid. In many countries, the abovementioned support was granted only to people who could document their income, which was impossible for sex workers penalised for their work, or pushed into the informal economy via third-party criminalisation. Some sex workers have been turned down for arbitrary reasons, as in the case of Armenian sex workers mentioned above. Others could not apply for any benefits due to the lack of ID documents, registration of residence in a given locality or region, health insurance (often bound with legal employment), registration in the mobile citizenship database, or due to (undocumented) migrant status. The lack of required documents was a particular issue for sex workers living and working in Kazakhstan, Kyrgyzstan and Ukraine, where sex workers who do not have passports remain invisible to the state, social services and aid programmes. Particular challenges in accessing support schemes were reported among trans sex worker communities in Armenia, who face problems in accessing documents with the correct gender marker. It was also reported by Tais Plus, that sex workers living in sex work venues, in the course of the pandemic, were excluded from the possibility of receiving any help:

In places where food was distributed by the state, they were told that if your address was registered as a sauna or a hotel you were not allowed to receive food packages. (Tais Plus, Kyrgyzstan)

In other words, sex workers across the region have not been recognised as subjects of the state's duty of care, and citizens that need to be protected against the adverse consequences of the COVID-19 crisis.

Impeded access to health care services

The COVID-19 pandemic has severely impacted health care systems and access to health services in the CEECA region. As had already been reported, in the first months of the pandemic “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”.¹⁰ The overload and critical condition of public health institutions meant that sex workers seeking help needed to use private health care services, often at a very high financial cost. Many could not afford to pay for the services of private clinics due to lack of income or had to balance their health needs against their immediate survival and the livelihood of their families.

Problems with accessing HIV treatment and care were reported in some parts of the CEECA region. While most infectious diseases hospitals shifted their focus towards COVID-19, AIDS centres and wards continued to operate and already-admitted patients were provided with antiretroviral therapy (ART). As many outpatient clinics were closed, consultations took place online or via phone and, in some countries, medicines were delivered by post, by courier companies, health care personnel or dedicated outreach workers. However, for example in Ukraine, where such a system was not in place when public transport was not operating, many sex workers had to walk long distances – up to 17 kilometres – to obtain their ART. In many countries, new patients were not enrolled in therapy or faced great difficulties in accessing treatment. It was particularly problematic for international and internal migrant sex workers, sex workers without ID documents and official registration of residence in a given region. Due to the lockdown and restrictions on movement, members of those communities had limited possibilities to obtain documents or regularise their stay. Also, the border closures, in-country roadblocks and checkpoints, introduced in the first months of the pandemic, made it very difficult, if not impossible, for many internal and international migrants to get treatment from assigned clinics in their home towns or countries. European AIDS Treatment Group (EATG) has also reported shortages in ARV in Romania, Albania, and Ukraine. Such shortages were also experienced in Russia, where the budget for ART was cut and reallocated for COVID-19 treatment.¹¹ It was also documented that in many countries it was difficult to obtain viral load or CD4 count tests as laboratories were overloaded with COVID-19 tests.

Across the region, access to HIV and STI testing and prevention was severely restricted. The vast majority of state-run and private testing points were shut down during strict lockdown or reoriented towards COVID-19 testing. Similarly, many non-governmental and community organisations suspended stationary and mobile testing and counselling services due to movement restrictions and curfews. In some locations it was possible to privately purchase self-testing kits in pharmacies or, as was the case in Poland and Russia, to receive those from HIV NGOs via mail or home delivery.

10 SWAN & ICRSE, COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia. Assessment by SWAN and ICRSE, 2020.

11 EATG, Rapid Assessment. COVID-19 crisis' Impact on PLHIV and on Communities Most Affected by HIV, 2020, <https://www.aidsactioneurope.org/en/publication/eatg-rapid-assessment-covid-19-crisis-impact-plhiv-andcommunities-most-affected-hiv>

Such opportunities were, however, not available for other STIs. In most of the CEECA countries, sex workers could not access STI treatment in the first months of the pandemic. Most of the community- and NGO-led condom and lubricant distribution projects were significantly reduced or halted. Community-led groups in many countries, including Armenia, Greece, Kazakhstan, Kyrgyzstan, North Macedonia, and Poland, continued their outreach and distribution of condoms and lubricants, adding masks, gloves and sanitisers to the prevention packages. However, due to movement restrictions, night curfews, and the limitations on the mobility of sex workers, many contacts were lost and outreach was significantly limited.

Similar problems have been reported with respect to harm reduction services, in particular needle and syringe exchange programmes and drop-in centres for communities of people who use drugs. Harm reduction projects throughout the region were temporarily suspended or reduced due to lockdown. The Eurasian Harm Reduction Association (EHRA) has reported that as a result of restrictions on movement, many community-led organisations “found it necessary to deliver sufficient supplies at one time to cover the needs of an individual for 1-2 weeks.”¹² They used postal services to send those, and expanded their services to also provide “masks, disinfectant, hygiene materials, naloxone, tests, and information materials for people who use drugs.”¹³ At the very beginning of the COVID-19 outbreak, access to opioid substitution treatment (OST) was a challenge, as many sex workers who use drugs had to travel to their respective dosing sites every day. This became difficult given restrictions on movement, curfews, roadblocks, check-points, ID checks and suspended operation of public transport in some countries. However, as reported by the EHRA and several of the organisations contributing to this report, numerous countries in the region introduced take-home OST services, allowing people who use drugs to get a supply of buprenorphine or methadone for 5 to 15 days, or even up to one month.

In most of the CEECA counties access to daily and emergency contraception was not restricted, as pharmacies were opened throughout the pandemic. Some sex workers, however, faced problems with obtaining prescriptions for contraceptive pills, as in many countries gynaecological and sexual and reproductive health clinics were not admitting patients during the strict lockdown. It was also reported by organisations based in Kazakhstan, Kyrgyzstan, and Russia that access to surgical abortion became difficult, as medical procedures not related to COVID-19 were postponed or cancelled – which was of crucial importance in such time-sensitive procedures such as termination of unwanted pregnancy. Sex workers in need of abortion had to order pills online and perform home-based pharmacological abortions.

12 EHRA, Harm reduction service delivery to people who use drugs during a public health emergency: Examples from the COVID-19 pandemic in selected countries, 2020, <https://harmreductioneurasia.org/wp-content/uploads/2021/01/covid-19-best-practices-eng.pdf>

13 EHRA, Harm reduction service delivery to people who use drugs during a public health emergency: Examples from the COVID-19 pandemic in selected countries, 2020, <https://harmreductioneurasia.org/wp-content/uploads/2021/01/covid-19-best-practices-eng.pdf>

It was more difficult to get a medical abortion. There was a known case when a sex worker in a foreign city, at the critical term of 10-11 weeks, went to a polyclinic for a referral for an abortion. She was told that there was a waiting list for an abortion because the doctors and the premises had been given to a COVID hospital. She had no money for an abortion at a private clinic, and the term of her possible abortion was already coming to an end. In the end, she was helped to collect money for a paid abortion and had it at a private clinic. (Sex Worker Forum, Russia)

In Poland, where access to abortion was already severely limited prior to the pandemic, the right-wing government further criminalised this procedure during the COVID-19 crisis. In April 2020, the doctors were given the right to deny access to abortion on the basis of a “clause of conscience”, and in October 2020 the Constitutional Tribunal established the right to terminate one’s pregnancy based on the embryo-pathological premise as unconstitutional. Despite the lockdown, restrictions of movement and public gatherings, those legal interventions provoked a great outcry and massive protests across the country. Either in the country operate community-led networks providing pills for self-managed abortions at home, as well as collectives that facilitate abortion travels for people in unwanted pregnancies, the restrictions on cross-border movement and quarantine policies made it very difficult for many to travel abroad for surgical abortion procedures, required in the second and third trimester. In the first months of the pandemic, there were also severe delays in postal services, and many sex workers in need received pharmacological abortion pills later than expected.

Access to hormonal replacement therapy, and to other gender-affirming medical treatments and procedures, has been severely hampered in many countries of the CEECA region. In Armenia, for instance, it has been reported that 42% of sex workers consulted had no access to trans-specific services. Gender-affirming surgical procedures were cancelled or postponed in the first month of the pandemic as not COVID-related. It was also difficult to obtain prescriptions for hormonal therapies, as many outpatient clinics were not admitting patients, visits were postponed and waiting times increased significantly. In some countries of the region, including Belarus and Poland, there were reported stockouts of hormonal therapy drugs, which are often delivered from China. Complications with ordering and delivery, affected sex workers taking their medication outside of the formal health system, and migrant sex workers under medical care in their home countries, as many of them rely on cross-border deliveries of medication. Stock-outs, delays in shipment, and deliveries meant that many of them were deprived of access to hormones for extended periods of time. As a result, as was reported for example in Russia, some of those affected chose to self-manage their hormonal therapies by taking medications available at pharmacies without a prescription.

Barriers to accessing COVID-19 related care

Justifiably recognised as a global public health emergency, the coronavirus pandemic adversely affected sex workers' health and wellbeing across the CEECA region. Exposure to the virus and related health risks, the experience of loss and mourning, prolonged stress, fear and anxiety, social isolation, and deteriorating living and working conditions have had a negative impact on sex workers' mental and physical health, already exacerbated by pre-existing health inequalities, stigma and institutional and structural violence.¹⁴ Although particularly vulnerable to infection due to the high-contact nature of their work, sex workers have been neglected in public health responses and their health needs have not been addressed in any systematic way. On the contrary, across the region, COVID-related care, including treatment, vaccination and testing, has not been fully accessible to sex worker communities. Additionally, it has been reported that in many CEECA countries, including Armenia, North Macedonia, Poland, Russia, and Slovakia, sex workers have been scapegoated for the spread of the virus and pictured as “vectors of disease” – evoking disgraceful memories of stigma and witch-hunting prevalent at the outbreak of HIV pandemic.

In the majority of the CEECA countries, sex workers' exclusion from COVID-19-related care resulted from their (pre-existing) exclusion from access to public health care systems, guaranteed only for those citizens, who have health insurance. In this region, most frequently, access to health insurance is bound up with legal employment in a formal economy and is conditionally granted as part of unemployment benefits. Therefore, due to the criminalisation and lack of recognition of sex work as work, numerous sex workers have been, and still are, deprived of health insurance and its resulting protections, including COVID-19 services. Consequently, as has been reported in the interviews, sex workers were afraid to seek help through the public health care system once suffering coronavirus symptoms and diagnosed with the infection, or decided to self-medicate to avoid the potentially very high costs of COVID-19-related care in public hospitals and clinics.

Sex workers do not have health insurance and do not get social support services. The interviewed sex workers have reported stress and anxiety from fear of being diagnosed with COVID-19 and the resulting out-of-pocket medical expenses. (Right Side NGO, Armenia)

Several organisations have also claimed that some sex workers preferred to self-medicate and avoided seeking help in a hospital even in emergency situations, because of fear of stigma and other consequences, such as fines or prosecution upon positive diagnosis.

¹⁴ ICRSE, Structural violence. Social and institutional oppression experienced by sex workers in Europe. Community Report, 2015, <https://www.sexworkeurope.org/sites/default/files/userfiles/files/ICRSE%20CR%20StrctrlViolence-final.pdf>

Access to free-of-charge COVID-19 care, including vaccination and testing within the public health care system was hindered not only for uninsured sex workers, but also for those without ID documents or passports, and undocumented migrants. For instance, Legalife-Ukraine reported that access to public COVID-19 services was particularly difficult for sex workers who use drugs, and who have lost their ID documents due to incarceration, violence, or other life circumstances. Due to the lack of these documents they could not register with the family doctor (GP) that is responsible for providing patients with coronavirus testing and vaccination referrals. Access to COVID-19 related services also became very difficult after the Russian invasion of Ukraine. The atrocities of war have led many hospitals and health care facilities to reprioritise their services toward saving the lives of wounded civilians and soldiers. An overload of patients, destruction of many health care infrastructures, and shortages of medicines and medical materials have resulted in decreased availability of COVID-19 testing, vaccination and treatment. Many sex workers had to flee Ukraine into neighbouring countries and seek help in unfamiliar health care systems, without access to translation and support of cultural mediators.

The availability and accessibility of COVID-19 testing have been highlighted as a problem in all countries of the region. The fact that testing was not free-of-charge and had to be secured through the private health care system or private laboratories has been cited as a key issue by many organisations. The burden to cover the, oftentimes, very costly PCR tests or antigen tests was left to fall on sex workers, many of whom were facing severe economic hardship due to the loss or significant reduction of income.

COVID-19 testing could not be performed through the public system and had to be paid privately, which costs a lot (at times, the cheapest price for a PCR test was around 50 EUR). Such cost is often not affordable to sex workers, especially when their economic capacities were significantly decreased. (HOPS, North Macedonia)

COVID-19 testing is a paid service in Armenia, we cannot say that these services are accessible for all sex workers, as many of the respondents have claimed a lack of income to pay for this service. (Right Side NGO, Armenia)

Many sex workers who got sick with coronavirus could not get tested because there were not enough tests in state institutions, and only those who could call for an ambulance could get them. They had to pay for tests in private laboratories and that was very expensive, around 40 USD. (Tais Plus, Kyrgyzstan)

COVID-19 vaccinations were reported to be available free of charge in the majority of countries in the region. But challenges in accessing these were faced by sex workers lacking insurance, ID documents, registration within the health care system or for the (undocumented) internal and international migrants. In Ukraine, for instance, when vaccination against COVID-19 first became available in the country, the process went through appointments by the public healthcare system. Many sex workers were not able to access such appointments, considering that a large number of sex workers do not have legal documents. In turn, in Poland migrant sex workers from Belarus, Moldova or Ukraine faced challenges in obtaining the state-provided vaccination if they did not have a Polish ID number, long-term residence permit, or could not provide proof of their formal employment in Poland. In Greece, it has been reported that language barriers and lack of translation of key information on vaccine access were also an issue for many international migrant sex workers. For many sex workers from Eastern Europe and Central Asia travelling for work abroad, in particular to the European Union, the challenge resulted from the fact that vaccines provided in their countries were not recognised and validated in their destination countries. This has restricted their mobility or subjected them to long-term and costly quarantining procedures, need to revaccinate with e.g. EU certified vaccines or the high costs of purchasing foreign vaccines in their home country. It has been reported that some of the sex workers, who had economic means to do so, travelled from the Russian Federation to Egypt, where they could purchase EU-certified vaccines and then travelled to some of the European countries to work.

COMMUNITY RESPONSES TO COVID-19 PANDEMIC

The COVID-19 pandemic affected sex worker communities across CEECA in unprecedented ways. It subjected them to health vulnerabilities, abuse and violence, increased their socio-economic precarity, and strengthened the pre-existing inequalities in sex workers' access to state services, benefits and protections. Excluded from governmental support and relief schemes granted to other citizens, and exposed to punitive policing strategies, sex worker communities were left on their own in their attempts to thrive and survive. Simultaneously, however, the pandemic crisis evoked resistance, grass-roots mobilisation and solidarity within sex worker communities. Throughout the region – as well as globally – sex worker collectives and organisations have been organising to meet the needs of their communities, provide them with targeted support, and secure their wellbeing. All SWAN members contributing to this report were in many ways engaged in delivering direct support to the most vulnerable sex workers, advocating for sex workers' rights and community inclusion into states' obligations, and building alliances with other social movements to improve sex workers' lives, livelihoods and health.

Securing the immediate survival

Since the outbreak of the pandemic, sex worker collectives in the CEECA region were alarmed by radical changes and threats faced by communities, caused by the loss of income due to the workplace closures and lockdown restrictions. Many of them, themselves operating on limited budgets, and relying on voluntary work of their members, stepped in by organising fundraisers to deliver help to the sex workers who could not earn their living and provide for their families. For example, in Poland, already in March 2020, Sex Work Polska launched the Emergency Fund for Sex Workers in Poland. This online fundraiser has allowed the group to collect around 12,000 Euros which has been distributed in direct cash payments to over three hundred sex workers throughout the country. Also in North Macedonia the community-led STAR-STAR has opened a public fundraiser to aid sex workers in need. With the means collected from the donations, STAR-STAR procured

food vouchers, which were given to the most vulnerable sex workers. Additionally, on the 2nd of June 2020, the International Sex Workers' Rights Day, STAR-STAR organised a humanitarian online auction titled "Action for Reaction" to collect money for sex workers, who are single mothers or have many kids under their care. With this activity, they were able to provide 25 vouchers and 16 packages with food and sanitary products that were distributed among 36 sex workers in three Macedonian cities.

In the wake of the pandemic, many other organisations in the region have re-budgeted their funding or managed to secure grants and resources, also from SWAN, to provide sex worker communities with basic goods ensuring survival, including food parcels and food vouchers, cosmetics and hygienic products, diapers and baby food, essential medicines and clothing. Such vital interventions have been undertaken, for example, by Women for Freedom in Georgia, Red Umbrella Athens in Greece, HOPS in North Macedonia, Odysseus in Slovakia, and Legalife-Ukraine in Ukraine, sometimes at the risk of punishment for violating mobility and social contact restrictions. For instance, throughout the pandemic, Kazakh sex worker-led organisation Amelya was handing out food packages, children's clothes and hygienic products, and provided 200 food vouchers for one of the main supermarkets. Tais Plus in Kyrgyzstan was engaged in the delivery of essential products to the most vulnerable sex workers, as those who did not have ID documents or registration of residence in a given locality could not leave their homes or workplaces due to the risks involved with ID checks at checkpoints and roadblocks. Armenian organisation Right Side NGO, in turn, has provided food parcels to trans sex workers who were excluded from state support schemes and, oftentimes, could not count on their family networks because of the widespread transphobia in the country.

Similarly, the vast majority of community groups in the CEECA engaged in addressing housing insecurity faced by many sex workers due to the inability to pay rent, closures of workplaces where they also lived, and evictions. For instance, the members of Amelya, HOPS, Legalife-Ukraine, Odysseus, Red Umbrella Athens, Right Side NGO, Sex Work Polska, Tais Plus, and Women for Freedom were assisting sex workers who were facing homelessness in accessing housing by directly helping them to find accommodation through their formal and informal networks, covering the costs of hostels or hotels, providing them with funding to pay rent, negotiating rent reductions or delays of payment with landlords. Some of the groups have also facilitated shared housing arrangements by connecting sex workers seeking a place to live or, as in the case of Legalife-Ukraine and Tais Plus, reaching out to crisis centres and shelters that could potentially host sex workers deprived of housing. Many of the organisations also assisted sex workers experiencing domestic or intimate partner violence in receiving emergency housing and other forms of support, including free-of-charge psychological consultations.

Protecting sex workers' health and safety

The outbreak of COVID-19 evoked justified fear among community groups in the region about sex workers' vulnerability to infection and other health risks. Key actors in the regional HIV, STI and TB response and sex worker collectives in the CEECA were fast to react to the threats posed by the pandemic. Beginning in the first weeks of this public health crisis they mobilised resources to inform the communities about known routes of coronavirus transmission and protective measures. While some organisations had to significantly reduce their outreach work during the strict lockdown or shift their prevention work online, many of them – for example, in Armenia, Greece, North Macedonia, and Poland – kept running their outreach services regardless of restrictions, providing sex workers with up-to-date information about the virus and all the necessary protective equipment, including gloves, masks, sanitisers or antibacterial wipes. These protective materials, which became very hard to obtain and expensive in the first weeks of the pandemic, were given along with condoms, lubricants, wet wipes and soft tampons. Some organisations also sent out supplies in bulk across their respective countries or regions to reach sex workers who could not travel due to movement restrictions.

Many organisations have also been engaged in securing sex workers' access to COVID-19 treatment, testing and vaccination, once vaccines became available. In some contexts, including Kazakhstan, Kyrgyzstan, North Macedonia and Ukraine, this work involved, for instance, provisions for sex workers with support in obtaining ID documents, registration of residence, or health insurance that could facilitate their admission to the public health care services. In some countries, including Poland, outreach workers distributed COVID-19 antigen tests donated by allied organisations during outreach. They also supported sex workers financially by paying for expensive PCR tests through their medical fund established to cover the costs of private health care for sex workers deprived of health insurance. Slovakian organisation Odysseus was, in turn, offering vaccination and testing for coronavirus in their drop-in centre in Bratislava, and supported sex workers who tested positive and could not leave their locations because of quarantining restrictions with the necessary services.

Sex workers across the region were also provided with community-led support in accessing other health care services, including general and specialised health care, HIV, TB and STI testing and treatment, and harm reduction services, all of which have been less available due to the overburdening of the health care system with the coronavirus response. For instance, in Russia, the sex worker community organised a fundraiser to support a sex worker who had been severely abused by a client with targeted medical assistance and lifesaving medication that could not be provided through the public health care system because of the institutional neglect and suspension

of non- COVID-19 related procedures. In Kazakhstan, Amelya partnered with other organisations and health care providers, including AIDS centres and TB specialists, to develop an outpatient mobile clinic, consisting of peer outreach workers, social workers and a doctor, who made in-home visits to sex workers delivering ARV and TB treatment. Armenian Right Side NGO facilitated access to hormonal replacement therapy and other gender-affirming medical treatment and procedures for trans sex workers. In Ukraine, Legalife-Ukraine focused primarily on helping sex workers living with HIV and using drugs to access ART and OST, respectively. It involved supporting those communities in obtaining documents, but also in covering their travel costs to AIDS centres and OST clinics, as travelling became significantly hindered due to movement restrictions and suspension of public transportation. These efforts became even more fraught in the context of war when some of the cities were shelled, seized by the Russian army or cut from Ukrainian territories and health care services.

Safeguarding sex workers' rights

Besides providing immediate lifesaving support and ensuring sex workers' wellbeing and access to health care, community groups across the region have been active in responding to violations of sex workers' rights resulting from repressive, discriminatory and exclusionary state policies and COVID-19 related restrictions.

As mentioned above, one of the key issues faced by sex workers in CEECA was their vulnerability to increased policing and punitive measures introduced, particularly during lockdowns. Many sex workers throughout the region were subjected to various forms of punishment, police violence and repression for allegedly violating pandemic restrictions, which were frequently imposed in an arbitrary manner, sometimes changing overnight. Numerous collectives across the region have undertaken activities helping sex workers to navigate COVID-related policies and to protect themselves from potential penalties, rights violations and institutional violence. A common strategy used was the development, and wide distribution, of informational leaflets on changing pandemic restrictions and their consequences for different sex worker communities. Such information was shared on groups' websites, social media, during outreach, and via different online communication channels that emerged in the first months of the lockdown. For example, the Sex Work Forum Russia used their virtual platform and mailing list to inform sex workers about their rights and obligations in the context of the pandemic. Sex Worker Forum's lawyers have periodically updated information about legal shifts and participated in online "Know your rights" webinars on pandemic restrictions. Similar

awareness-raising work was done through different chat applications that became a popular and handy outreach tool, for example, in Kazakhstan and Ukraine or communication platforms that were used as communication and consultation resources for instance in Armenia or Poland.

Many organisations also provided direct legal aid to sex workers facing any form of violence and abuse, and those unlawfully or discriminately charged with violation of pandemic restrictions by law enforcement agencies. For example, the Sex Work Polska legal team offered legal advice to sex workers who were fined by the police and encouraged them to refuse or challenge imposed punishment. A successful example of such a legal challenge took place in Armenia, where one of the sex workers asked the Right Side NGO for assistance in litigating the enormous fine imposed by the police for allegedly violating the quarantine rules introduced during the state of emergency. Right Side supported the fined sex worker in filing a lawsuit to the Armenian Administrative Court and managed to win the case: the fine imposed by the police was declared invalid. The organisation has also documented cases of violence experienced by community members, including abusive and transphobic treatment by the police in the context of ID checks and arrests.

Another important field of sex worker community engagement advocating for sex workers' inclusion in state support schemes. As governments introduced relief and protective measures for those adversely affected by the pandemic, it quickly became clear that sex workers would be left out of those or else would face enormous barriers to accessing them. Therefore, in an attempt to enable sex workers to exercise their rights to social benefits and protections, all organisations in the region started providing their communities with information about available support, directly helping them in filing applications for available state allowances, and assisting them in various, often hostile or discriminatory institutional contexts. For example, at the peak of the pandemic, STAR-STAR initiated a project that secured 62 sex workers with consultations with social workers. As a result of this project, 52 sex workers were granted the benefits they were entitled to. In Greece, in turn, the Red Umbrella Athens collective managed to ensure, that registered and legally operating sex workers – who were unable to work due to the pandemic – were considered eligible for governmental financial aid. Many other groups were helping sex workers in obtaining legal documents, such as IDs, passports, or registration of residence required to be covered by support schemes.

Advocating for policy change

Throughout the pandemic SWAN members engaged in advocacy work to publicise the impact of COVID-19 on their communities and expose the adverse effects of existing policies on sex workers' health and rights. For many groups, this work involved efforts to raise awareness about sex workers' vulnerabilities and the dramatic circumstances sex workers were pushed into due to pandemic restrictions and exclusionary policies. Some groups, like the Right Side NGO in Armenia, organised informational campaigns on their social media to highlight pandemic-related violations of sex workers' rights. Others, such as STAR-STAR or Sex Work Polska, used their emergency fundraisers to increase the visibility of challenges faced by sex worker communities in the wake of COVID-19. Some organisations engaged with different allied media platforms in order to amplify the voices of sex workers affected by the pandemic: in Russia, the Sex Worker Forum partnered with the Community Pulse internet radio station to introduce a weekly sex work news column called the SWNews, which was moved to a broadcasting format. The forum has also reached national and local media with issues of COVID-related sex workers' stigmatisation and the different strategies used by sex workers to mitigate the risk of coronavirus infection. Organisations from the CEECA region have also been exchanging knowledge, experience and support strategies with their fellow collectives across the region and globally – this included participation in webinars on the impact of COVID-19 on the sex worker communities organised by SWAN, ESWA, and Global Network of Sex Work Projects, or contributing to community research and reports, such as this one.

Sex worker collectives operating in countries supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria have ensured the inclusion of sex worker needs and vulnerabilities in the Global Fund-funded programming and mechanisms. For example, Amelya in Kazakhstan advocated with key stakeholders, partner organisations and decision-makers at the Country Coordinating Mechanism to ensure that they foster international cooperation in COVID-19 response, and address the key needs of sex workers communities in Global Fund programming, including funding for obtaining legal documents, and for eliminating barriers in sex workers' access to medical and social services. Similarly to Amelya, Legalife-Ukraine in Ukraine and Tais Plus in Kyrgyzstan were also involved with Country Coordinating Mechanisms, country consultation and the development of funding applications to the Global Fund and ensuring – unfortunately, not without challenges – sex workers' inclusion in GFATM grants, as well as those related to COVID-19 responses.

In some of the CEECA countries, local sex worker collectives have been successful in sensitising policy makers and other key stakeholders to sex workers' vulnerabilities that emerged or were

exacerbated, due to COVID-19. For example, as mentioned above, in Greece Red Umbrella Athens managed to convince politicians to include registered sex workers in the state support schemes. In Poland, Sex Work Polska met with the Ombudsman office to discuss rights violations experienced by sex workers' during COVID-19, including exclusion from governmental support, harsh policing strategies, arbitrary fining and hampered access to health care for the most precarious sex workers and undocumented migrants. In North Macedonia, STAR-STAR and HOPS intensely advocated within policy-making spaces for the sex worker community to be recognised as a vulnerable community in need of protection against the health and socio-economic risks brought about by COVID-19. Moreover, both those groups partnered with Coalition MARGINS to establish an Informal Platform for Decriminalization of Sex Work in North Macedonia. Already in 2020 those groups developed and submitted to the government, a "Declaration on decriminalisation of sex work," which was signed by members of almost all political parties in North Macedonia. In 2021, the Informal Platform provided the government with another document, "the Initiative for the Decriminalisation of Sex Work", suggesting specific amendments to the Criminal Code and Law on Misdemeanours against Public Order and Peace, and promoting decriminalisation as the best legal framework for the promotion of sex workers' human, labour and health rights. The initiative was filed in accordance with the call to the civil sector to contribute to the preparation of the Program of the Government of North Macedonia for 2022, and, if favourably reviewed by the Ministry of Justice and the Ministry of Interior, could lead to a major legal change in the country's sex work policy.

CHALLENGES TO SEX WORKER-LED RESPONSE

Sex worker-led organisations in CEECA often operate in unfavourable, if not hostile, social, political and economic environments. Criminalisation and marginalisation of sex workers, prevalent whorephobic sentiments, conservative state politics, limitations to political participation and recognition, rights violations, and economic instability – all of these factors shape the parameters in which the majority of these collectives are compelled to exist. Many of the groups contributing to this report were already functioning on limited funding prior to the pandemic, with little staff, or else relying on volunteer work. Others have been working under the threat of state repression, or prosecution under foreign agent laws. The outbreak of the COVID-19 pandemic brought yet another set of challenges to the existence of sex worker groups in the region, threatening their continuity and sustainability, their ability to perform their work, reach their communities with essential services, and secure funding for their ongoing efforts. Regardless of those challenges, none of SWAN's member organisations ceased to exist in the course of the pandemic. On the contrary, they made every possible effort to continue their work and support their communities in the crisis.

Challenges to continuity and sustainability of services

Many groups reported that the initial months of the pandemic were particularly difficult. Strict lockdowns and restrictions on mobility and social contact forced them to temporarily suspend, or entirely reorganise their work. In order to ensure safety for their staff and communities, organisations that run offices or drop-in centres had to close their facilities and move to home-office work. In some contexts, as reported for instance in Kazakhstan and Kyrgyzstan, stable internet connections at home were an issue, and community groups had to purchase internet data for their employees. Legalife-Ukraine reported that home-work brought many challenges in managing organisational bureaucracy, whilst many other organisations reported that, although they got used to some forms of online work, the ongoing functioning in this communication format has been exhausting, limiting and burdening, especially to those community members who needed to stay at home with their partners, parents or children. Other organisations, including HOPS in North Macedonia and Sex Work Polska, reported that they could not work in their full capacity, as some of the group members

have suffered from coronavirus infections, were self-isolating, faced anxiety-related mental health burdens or were confronted with economic instability. Efforts to adapt to the new reality, and to navigate the shifting pandemic context, have been described by many as energy-consuming and requiring extra time and work in already difficult circumstances.

Another key challenge reported by organisations was their ability to reach sex worker communities and offer services and support. Governmental restrictions introduced in the first weeks of the pandemic significantly limited groups' ability to run many onsite services, such as testing points, drop-ins, community centres, needle and syringe exchange programmes, legal and psychological consultations, and have resulted in the closures of other services operated by allied groups, including shelters, OST points and sexual health clinics. Similarly, sometimes very harsh restrictions on domestic travel and movement, curfews and roadblocks, made it impossible for the vast majority of organisations to perform outreach in outdoor and indoor sex work venues, to keep in touch with remotely located sex workers' communities or programme any indoor or in-person activities. This meant that in some countries sex workers were left without any community support for several months and that contact with many sex workers established via outreach was lost or significantly limited. Many organisations, however, made attempts to continue their outreach activities online and offline and tried to navigate imposed restrictions in any way possible. For example, in Bishkek, Tais Plus submitted three applications to the local government asking to be granted travel passes allowing outreach workers to move around the city and pass through the roadblocks. All these applications have been rejected, so the outreach workers had to arrange meetings with sex workers at the roadblock, or – in extreme situations – cross these without authorisation. Other organisations had to shift the hours of their outreach work to avoid nighttime curfews or else arranged home visits to sex workers in need of support. Regular outreach and onsite activities continued once the most strict restrictions were lifted.

The COVID-19 pandemic has not only affected collectives' ability to perform their work but also required them to significantly restructure and expand their activities and services. On the one hand, the vast majority of these groups were not able to continue initiated projects and activities and reported that they found it difficult to make long-term organisational plans, as pandemic circumstances and restrictions were constantly changing. Multiple groups reported that they had to cancel or postpone planned workshops, community building meetings and trainings, or had to move those online, which contributed to a lot of organisational, budgetary and logistical challenges. In turn, the attempts to organise offline meetings once lockdowns had eased, have proven to be extremely expensive due to restrictions on social distancing and a need to purchase protective equipment and COVID-19 tests, as has been reported, for example, by Legalife-Ukraine and Sex Work Forum Russia.

On the other hand, all of the groups were faced with new and unexpected conditions, threats and vulnerabilities they had to innovatively and creatively respond to in order to support affected sex worker communities. This involved mapping sex worker needs and concerns in the wake of the pandemic, gaining expert knowledge about the virus, closely monitoring epidemiological data and legal shifts, and – foremost – developing services addressing sex workers' COVID-related vulnerabilities. Many of the activities undertaken during the pandemic, including distribution of COVID-19 prevention packages, arranging food vouchers, and basic goods kits, securing housing, developing webinars and online consultations, and providing sex workers with medications via mobile outreach, were going beyond the scope of what many of the community groups were offering before the pandemic. As claimed by some collectives, they have all too often performed the work and the duties of the state institutions that abandoned or neglected sex worker communities in the face of this crisis.

Funding-related challenges

The abovementioned work was particularly difficult given funding-related challenges that were exacerbated during the COVID-19 pandemic. All of the community groups reported that during the COVID-19 crisis they have struggled to sustain or secure funding for their already-planned and newly taken-up activities. In many countries, the pandemic has led to a socio-economic crisis, austerity measures and significant cuts in state funding for civil society engagements and community-led projects targeting the most marginalised populations. In North Macedonia, for example, the first state budget cuts were directed towards NGO-run health care programmes and prevention projects dedicated to sex workers and other vulnerable communities. Similarly, many national and international donors shifted their funding priorities in the wake of the pandemic. As reported by collectives in Armenia and Ukraine, most of the previously available funding was oriented towards COVID-19 responses, public health and safety projects, recovery and relief programs for businesses etc. As a result, there were fewer grants and resources dedicated to NGOs working with marginalised populations, including sex workers, people who use drugs and LGBTQIA communities, or for those who focus their work on advocacy and policy change. Consequently, community groups working with those populations had to compete for the limited available funds offered by state, public or international donors, or else were left with scarce resources to perform their work.

Some donors' flexibility and readiness to accommodate pre-planned budgets and expenses to dramatically changing circumstances was at times an issue. This was particularly relevant for

community groups that had long-term projects consisting, for example, of national or regional in-person meetings, consultations and workshops that had to be canceled, postponed or moved online due to pandemic restrictions. Some groups reported that they faced challenges in negotiating with donors budget shifts that would enable them to redirect funding towards newly taken up, and lifesaving activities and expenses, such as food vouchers, food parcels and basic goods kits, private healthcare visits, COVID-19 tests and vaccines, and emergency accommodation for sex workers' facing homelessness. Ukrainian and Polish community groups had, for instance, reported that they were unable to cover the costs of flat rentals from private landlords for evicted sex workers, and had to arrange much more expensive and short-term hotel or hostel bookings, as these could be documented with the invoices demanded by donors.

Similar problems were reported by community groups operating in counties including Kazakhstan, Kyrgyzstan and Ukraine who have been trying to ensure that sex workers' vulnerabilities and needs are recognised and addressed in new funding applications. National CCM bodies were not always responsive to the voices and requests from community groups, and many of the activities and expenses they requested were not included or budgeted in final applications to the Global Fund. For example, in Kyrgyzstan Tais Plus requested funding for the purchase of bicycles for outreach workers that would allow them to increase their mobility, and cut the costs of transport in their everyday work. Unfortunately, this request was rejected, affecting Tais Plus ability to provide accessible and affordable community services.

CONCLUSIONS AND RECOMMENDATIONS

This briefing paper clearly demonstrates that the COVID-19 pandemic greatly increased the level of vulnerability and precarity amongst sex worker communities across the CEECA region. Loss of income and workplace closures have pushed many sex workers into poverty, food insecurity, and housing instability. Those who kept on working to secure their survival and the livelihood of their loved ones have been exposed to the risk of infection, harsh policing and police brutality. Sex workers were excluded from governmental support schemes and protections, and deprived of access to essential and specialised health care services, such as HIV, TB and STI testing, treatment and care, sexual and reproductive health care, harm reduction and OST services, as well as hormonal replacement therapy and other gender-affirming medical treatments and procedures. Similarly, access to COVID-19 related care, including testing and vaccination, has been greatly hampered for many sex workers across the region. Already criminalised and pushed to the margins of society, during the coronavirus pandemic, sex workers have been exposed to further human rights violations, multidimensional structural and institutional violence, and state abandonment. As has happened many times before, they were again left to fend for themselves in times of crisis and rely on community solidarity and care to survive.

While documenting the adverse effects of the pandemic on sex workers in CEECA, this report also highlights the unprecedented community response to the harms and threats sex workers' were subjected to during the coronavirus crisis. Indeed, community groups across the CEECA region stepped in – often taking up the neglected obligations of the state and its institutions – to ensure their community's survival and thriving, regardless of the challenges faced. This briefing paper bears witness to the amazing strength, resilience, and creativity that sex worker-led collectives are capable of, when fighting to support their communities, and grant them access to rights and protections under adverse circumstances. As noted by Legalife-Ukraine members, who are currently functioning under the conditions of war:

Everything that we have done during the pandemic prepared us for what we need to be doing now, during the war. We are not lost and we are able to continue with our work. We are very proud of our community and our community leaders who, in spite of the pandemic, and now in spite of the bombing, are doing their best to provide assistance to the sex worker community. We are really proud that this is what the sex worker community looks like in Ukraine. (Legalife-Ukraine, Ukraine)

The following recommendations have been developed by organisations contributing to this report to reduce sex workers' vulnerability to the COVID-19 pandemic, as well as other crises, including war, austerity and public health threats, and to strengthen sex worker-led collectives in providing their communities with apt and lifesaving support:

FOR THE POLICY MAKERS:

- Decriminalise sex work and recognize sex work as work. Only full sex work decriminalisation can guarantee sex workers' access to their human, civil and labour rights and can protect sex workers' communities from rights violations, exploitation and violence.
- Remove all the harmful and discriminatory narcophobic, homophobic, transphobic and anti-migrant legal provisions that hinder rights access for the most vulnerable and marginalised communities. Secure functional human rights protective mechanisms against discrimination, violence and institutional exclusion.
- Policing strategies should not single out marginalised communities, including sex workers, and ought not to be enacted in an arbitrary, discriminatory and disproportionate manner. The police using unjustified and illegitimate violence based on profiling and prejudice should be held accountable and adequately prosecuted. Police violence should be recognised as a structural issue and addressed by the state.
- Sex worker-led groups and organisations providing direct services to sex workers should be involved in the planning, development, enactment and evaluation of policies that affect sex worker communities, including COVID-19 relief, prevention and support schemes.
- Sex workers' health, social, and economic vulnerabilities should be recognised and addressed in governmental COVID-19 relief schemes and programming. Sex workers and other marginalised communities, including LGBTQIA communities, people who use drugs, people experiencing homelessness, and those operating in informal economies should be granted access to state support, benefits and protections.
- All legal barriers and discriminatory provisions preventing both internal and international migrants from accessing health care and support services should be removed. Both undocumented and documented migrants should be granted unconditional access to the same primary and secondary health care services available to all citizens.

FOR DONORS AND FUNDING AGENCIES:

- Provide funding to sex worker-led organisations and groups providing direct support services to sex worker communities! All donors and funding institutions should recognise the value of community-led programming and interventions in reducing and addressing sex workers' vulnerability to COVID-19 infection and other sex workers' vulnerabilities.
- Support – financially, educationally, and technically – the development and strengthening of the sex worker community and sex worker-led organisations as the best suited and equipped to respond to the needs of sex worker communities in the face of the public health crisis and other threats.
- Ensure the continuity and sustainability of holistic and targeted sex worker projects. Do not question, withdraw or suspend funding for activities, services and interventions recognised as essential and lifesaving by the sex worker communities themselves.
- Show flexibility in (re)programming and allocating emergency funds to address the needs of sex worker-led organisations and sex worker communities.
- Work toward simplification of funding application procedures, thus widening the access of sex worker-led organisations to granting opportunities and improving the feasibility of their projects.

FOR SWAN:

- Enhance regional community mobilisation and networking. Organise face-to-face meetings and facilitate experience and knowledge exchange among the network members.
- Sustain advocacy and technical support on the regional level. Maintaining contact with member organisations and producing reference materials help to improve the quality of the work done on the ground.
- Advocate for and facilitate financial support for the members and the sex worker community at large.
- Advocate for the decriminalisation of sex work and the recognition of sex work as work at a regional and global level. Build alliances and partnerships with key stakeholders that could support us in reaching this goal.
- Provide support and assistance to member organisations in crisis situations, such as the COVID-19 pandemic or in times of war.

FOR SEX WORKER-LED COLLECTIVES AND ORGANISATIONS:

- Engage sex workers in all your activities and projects. Make sure that sex workers' needs, voices and perspectives are reflected in your services and advocacy.
- Connect with other sex worker collectives, organisations, and networks on a local, national, regional, and global level. Mutual support, communication, and the exchange of knowledge and experience can help to improve your own work in addition to the projects of other sex worker-led organisations.
- Recognise the diversity within the sex worker community and try to address the needs of those sex workers who are the most vulnerable and marginalised. Remember that the diversity of sex workers' realities, lives, and experiences are one of your biggest assets in problem-solving and the main source of creativity in developing community-led projects.
- Build coalitions and alliances with health care professionals, lawyers, human rights activists, policy-makers, local governments, non-governmental organizations, representatives of the private sector or media, and other stakeholders who support sex workers' rights and can contribute to the reduction of sex workers' vulnerability to COVID-19 and other threats.
- Be aware of and able to respond to the changing funding environment and diversify your sources of funding in order to guarantee the sustainability and continuity of your work. Simultaneously, be ready to negotiate the terms and conditions of funding and define limits for what you are willing to accept. Otherwise, you might be spending a great part of the needed funds to realize goals you do not agree with or to fulfil needs which, to your knowledge, are not the most pressing ones.
- Enhance the stability and sustainability of your organisation and community-led HIV programming by assuring an equal share of power among the members of your collective, applying democratic principles in decision-making processes and building organisational capacity.
- Seek opportunities to enhance the capacity, knowledge and skills of your employees and members.
- Develop and implement procedures enabling you to effectively respond to different crisis and emergency situations.

