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Hillis, A, Leavey, C, Kewley, S and Van Hout, MC (2020) Sex tourism, disease migration and COVID-19: Lessons learnt and best practices going forward. Journal of Travel Medicine, 27 (7). ISSN 1195-1982

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3 **Title:** Sex tourism, disease migration and COVID-19: Lessons learnt and best practices
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37 **Keywords:** Travel Health, Health Policy, HIV, Sexual Behavior, Sexual Health, Sexually
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39 Transmitted Infections, Coronavirus
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45 **Words:** 1020
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Tolson broadly defines sex tourism as 'travel for the purpose of engaging in sexual relations' due to the nuanced ideas between sex tourism, and sex and tourism.[1] Approximately 20-34% of international travellers engage in casual sex.[2] Yet, based on the given definition, the number of sex tourists in the world are unknown, as many remain anonymous. Sex tourists are a source of many international sexual health issues, due to high-risk behaviours such as condomless sex with multiple partners or sexualised drug use whilst abroad. Those who engage in high-risk sex when travelling, are prone to sexually transmitted infections (STIs) and blood borne viruses (BBVs) such as viral hepatitis and human immunodeficiency virus (HIV). Condom use is dependent on the choices made by sex tourists and sex providers, with usage ranging from low to up to 75%.[3] This has led to HIV transmission in male sex workers being as high as 50%;[4] and 40% of gonorrhoea diagnoses in Asia having become antibiotic resistant and circulating around parts of Northern America.[5] Tourists are generally reluctant to access sexual health services before, during, or after travelling.[6] Furthermore, sex tourists have reported using pre-exposure prophylaxis (PrEP), a biomedical HIV prevention tool, on an event-based regimen, as it reduces the perceived threat of HIV acquisition.[7] There is mixed evidence in relation to risk compensation, whereby PrEP use may potentially increase risky sexual behaviours and therefore STI transmission. Combined, these behaviours pose significant threats to the international, domestic and community transmission and migration of diseases.

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With over 19 million confirmed COVID-19 cases and 718,289 deaths worldwide at the time of writing, we have witnessed the devastating human and economic consequences of this globalised virus.[8] It has led to the closure of national borders and cancellation of the majority of commercial flights, halting global trade across all industries, including sex tourism. With the international travel of people severely restricted, global populations are changing social and health behaviours in order to adapt to the current situation.

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With domestic lockdowns and social distancing measures in place for the foreseeable future, the physical sex tourism industry is currently non-existent. As sex work is criminalised in most countries, sex workers are struggling to survive as they are unable to access government relief responses to the pandemic.[9] A number of sex tourists and sex workers have therefore moved online to the 'surface' and 'dark' web. The online sex tourism industry was occurring before COVID-19. Websites and technology-based applications increasingly facilitated the seeking of offline and cyber-sexual activities. Furthermore, those who sought sex online, reported to have riskier interactions when the relationship moved offline.[10]

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At this stage of the pandemic, we cannot say exactly what the repercussions will be regarding health risk behaviours on return to normality or even quasi-normality. After restrictions ease and with the waning of the pandemic, it would be reasonable to expect a surge of offline sex-seeking behaviours and high-risk sexual activity, potentially reigniting the cycle of international to domestic and community transmission of BBVs and STIs. Behaviours such as sexual gratification through technology, may become permanent in the industry, intensifying sexual exploitation, online grooming, and human trafficking. For example, one sex worker has described how moving online to work during COVID-19 has led to being '*constantly abused*' with '*dozens of violent messages every week. The abuse by this kind of person has increased tenfold*'.[9]

COVID-19 is having a significant detrimental impact on international sexual health progress. For example, Zimbabwe is now unable to provide consistent anti-retroviral treatment to the 14% of their population living with HIV.[11] However, there are key lessons that can be learnt from the international strategic responses to COVID-19, which can be applied to the sexual health scene and by proxy, the sex tourism industry. These include effective communication, decentralisation of services and 'test, treat and isolate'

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programmes. Senegal used learnings from HIV, Ebola and malaria, to develop simple communications around isolation and case-finding tactics to prepare for COVID-19. These were disseminated by service managers to community-based actors and patients using social media and telephone hotlines.[12] It is this effective decentralisation of services that utilises top-down approaches in unison with localised, community-based interventions, which should inform the reopening of the sex tourism industry post-COVID-19. Of note, staff who understand the epidemiology of the infectious and sexual diseases within their locality should be consulted on the delivery of surveillance, testing and monitoring schemes for localised HIV and STI management. Furthermore, the World Health Organisation, based on their own experiences of prior epidemics, recommended a similar approach with the 'test, treat and isolate' COVID-19 strategy as well as encouraging local lockdowns to counter second spikes. Through strong elimination tactics, the likes of New Zealand, Iceland, Rwanda and Taiwan have successfully contained the virus, in contrast to countries such as the United Kingdom, the United States and Sweden.

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When borders do begin to open, global migratory patterns supporting the sex tourism industry will resume; and with it, an inevitable flux of disease. Flexible 'test, treat and isolate' strategies must be urgently scaled-up internationally, nationally, and regionally, alongside the decentralisation of services and mobilisation of communities, to target not only the resurgence of COVID-19 and other coronaviruses, but to also address sexual migration flows. There is a clear need for increasing awareness of the impact of COVID-19 on the sex tourism industry, and how new learnt behaviours will perpetuate risky activities, with additional emphasis to be placed on safe sex due to increased vulnerability for all involved. State communication and education is key. Public health messaging must include the most vulnerable and be accessible to all, disseminating communication materials that pay particular attention to the most exposed populations, in a bid to reduce social and health

disparities. Research needs to be conducted to understand the real life experiences of COVID-19 on those within the sex tourism industry, so we can look at adapting public health strategies to accommodate the significant changes taking place. This is therefore a call to action to scale-up preparedness, learn from our mistakes, and equip ourselves for the future diversification of infectious and contagious diseases, be they coronaviruses, BBVs or strains of antibiotic resistant gonorrhoea.

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Author Contributions

All authors worked collaboratively to draft, edit and review the manuscript.

Sources of Funding

This work was not supported by any funding body.

Conflict of Interest/Disclosure

The authors have declared no conflicts of interest.

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