COVID-19 AND ITS IMPACT OF KEY POPULATIONS: A COMMUNITY REFLECTION

George Ayala, PsyD, Executive Director
MPact Global Action for Gay Men’s Health and Rights
TALK OVERVIEW

- COVID-19 as an excuse to crackdown
- Violence
- Economic instability
- Access to services
- Reemergence of draconian HIV responses
- National aids planning
COVID-19 AS AN EXCUSE TO CRACK DOWN

• Scapegoating and targeting of key populations on the rise.
  • Some governments using COVID-19 to introduce new or to make more severe current laws designed to discriminate/criminalize key populations.

• False claims being circulated by governments – i.e. hormone replacement therapies increase the risk for COVID-19 infection and transmission.

• In countries imposing shelter-in orders or that are in lock down, where government issued IDs are obligatory:
  • Trans people at risk if gender on documents have not been changed;
  • Undocumented migrants/immigrants without government issued IDs are also at risk.

• Key populations may be at risk of not receiving urgent medical care in places where ventilators or hospital beds are in short supply and go to non-stigmatized groups first.

• Social protection measures being put into place by governments exclude gay men, sex workers, people who use drugs, and/or transgender people – and their providers.
COVID-19 AS AN EXCUSE TO CRACK DOWN

• Some governments are using restrictions on civil liberties and public gatherings to crackdown on LGBT organizations and individuals.
  • Uganda – where 20 people were charged after shelter for LGBT people was raided.

• Increased police and army presence on the streets means that key populations are at higher risk of arrest and harassment.
  • Instances reported in Cameroon, and Kenya, where gay/bi men, people who use drugs, sex workers, and transgender people have been beaten for ‘breaking the rules’ by congregating on streets because they have nowhere else to go.
  • In India, 18 people got picked up and taken to a rehab center, which lacked opiate substitution therapy and sufficient food.

• Growing concern over privacy and confidentiality in the ways governments are using data.
  • Governments are tracking mobile phones to monitor people’s movement during lockdown or curfews.
  • Need to prevent the use of the internet in State surveillance of criminalized key populations.
VIOLENCE

• Increased risk of violence as stigma, scapegoating and blame begin to take hold.

• Increased risk for intimate partner violence when stuck at home with abusive partners
  • Not just a risk/concern for cisgender heterosexual women.

• Opportunistic blackmail is on the rise.
ECONOMIC INSTABILITY

• Loss of jobs – resulting in income, housing, food, and healthcare insecurity.
  • Loss of work and/or work disruption creating heightened vulnerability to violence, housing instability and food insecurity among sex workers.

• Homelessness is expected to rise among key populations who are already disproportionately represented among people sleeping on the streets or in their cars.

• Marginally housed individuals unable to move between friends and shelters.
MENTAL HEALTH AND SUBSTANCE USE

- Key populations are re-traumatized by reintroduction of regressive policies, increased stigma, discrimination, and violence.

- PTSD like symptoms, depression, anxiety, suicidality – triggered by loss of loved ones, job, support systems, and sense of safety.

- Social distancing exacerbates sense of social isolation, loneliness gay/bi men, people who use drugs, sex workers, and transgender people may already be feeling.

- Concerns are beginning to mount over increases in problematic substance use and drug dependency, without access to needed services.
ACCESS TO SERVICES

• ARV stock outs or unavailability, HIV prevention, care, and treatment services because resources are being redirected to COVID-19 response.

• Lock downs and shelter in place policies especially difficult for:
  • Substance users’ ability to access their drugs of choice or treatment – could lead to elevated risk, including risk of overdose.
  • Trans people to access gender affirming services, including hormone therapies.
  • All key populations ability to access HIV prevention (including PrEP), care and treatment.

• Funding for programs focused on key population may be deprioritized as non-essential, including:
  • Harm reduction, OSTs.
  • Gender affirming hormone therapies.

• Restrictions on gatherings will largely impact essential outreach and HIV prevention, care, treatment programs for key populations, which could lower ‘yield’, undermining achievement of targets.
  • We must argue against using ‘poor performance’ in this context to justify decreased funding.
ACCESS TO SERVICES

• Harm reduction services are being closed.
  • Harm reduction services should be defined as ‘essential life-saving services’ that must stay open and for workers to be categorized as critical health care staff.

• Need for outreach workers to have the right permits to be able to move around.

• Stronger guidance needed from WHO on COVID-19 and what constitutes essential services for key populations.
  • Harm reduction/HIV/gender affirming services had to adapt very quickly, without specific guidelines.
  • How do we make services as accessible as possible – i.e., what services can be delivered at pharmacies?
ACCESS TO SERVICES

- Stigma and discrimination already experienced by key populations will likely worsen when accessing COVID-19- and/or HIV-related services.

- Health professionals, including peer educators and outreach workers must be trained on COVID-19.
  - They must also be offered protective personal equipment to reduce the risk of COVID-19 infections.
REEMERGENCE OF DRACONIAN HIV RESPONSES

• Criminalization of COVID-19 in many countries, with key populations being singled out as vectors for disease.

• Use of index testing for COVID-19 is problematic – especially as countries become increasingly stringent and punitive.
  • It is likely that already criminalized groups will face more severe policing and punitive approaches from public health and law enforcement, including forced disclosure of contacts/networks after COVID-19 exposure has been reported.

• Return to abstinence policies and policing of sex under the cover of COVID-19 – lends itself to further scapegoating and blame.

• Guidance about sex in an era of social isolation important and only rarely disseminated.
NATIONAL AIDS PLANNING

- Many countries are moving National AIDS Planning processes, including Global Fund country dialogues/consultations, online.
  - Meaningful engagement of key population communities at risk.
  - Internet access and safety are critical.
- Ensure safety monitoring, hacking mitigation during virtual meetings.
- Track impact of COVID-19 on:
  - Key population funding, programs and services.
  - Human rights violations.
  - Violence.
  - Denial of services.
  - Need for mental health and concrete services (housing, food).
- Advocate for investments in COVID-19 response, while safeguarding funds/resources for country-level HIV portfolios.
SUMMARY

- Backlash and backsliding is happening as crackdowns continue unabated.
- Key populations are more vulnerable to violence than ever.
- Intensified stigma, discrimination, and human rights violations.
- Unemployment, housing instability, and food insecurity will worsen and undermine HIV responses.
- Progressive decline of mental health.
  - The specific impact that crackdowns, loss, stigma, discrimination and violence is having on key populations cannot be overstated.
  - Social distancing is worsening the situation.
- ARV stock outs or unavailability of harm reductions, HIV prevention, care, support, gender affirming, and treatment services because resources are being redirected to COVID-19 response.
- Denial of HIV/sexual health services or being asked to ‘step to the back of the line’ – widely reported.
AND REMEMBER TO...

- Consult and engage community-based and key population-led organizations during the COVID-19 pandemic!
  - Balance top-down approaches with bottom-up, creative grassroots solutions.
  - All ideas, adaptations, approaches should be carefully vetted by trusted community-based, key population-led organizations.
  - Take a participatory and collaborative approach to safeguarding HIV services and hard-fought gains made.
Erika Castellanos, GATE - https://gate.ngo/

Judy Chang, INPUD - https://www.inpud.net/

Ruth Morgan Thomas, NSWP - https://www.nswp.org/

Stephen Leonelli, Nadia Rafif, Mohan Sundararaj, Johnny Tohme, MPact - https://mpactglobal.org/

GATE, INPUD, MPact, and NSWP are each proactively collecting and disseminating info (i.e., dedicated web pages, BLOGS, rapid Survey Monkey questionnaires, video testimonials)
THANK YOU!