

M•PACT

Community Recovery Plan

among gay, bisexual, and other men
who have sex with men worldwide

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Introduction

The COVID-19 pandemic started as an unparalleled health threat worldwide that has exacerbated disparities in all regions of the world. The United Nations General Assembly has acknowledged that ‘the poorest and most vulnerable are the hardest hit by the pandemic.’ At the front of those most vulnerable, we saw communities of gay, bisexual, and other men who have sex with men (GBMSM) shouldering an increased burden of social exclusion, stigma, and violence. Across the world, vulnerabilities in terms of health care access, employment, housing, safety, and many more were already a common experience for GBMSM communities. The pandemic worsened those experiences and created additional structural and social barriers to the achievement of their basic rights.

As the world took combined actions to fight the aftermath of COVID19, there was no serious and thought-out efforts from local governments to address the needs of the most vulnerable. UN independent expert on SOGI (Sexual Orientation and Gender Identity) reported that access to healthcare for LGBTIQ+ participants and people living with HIV has reduced up to 23% due to the COVID19 pandemic. In many cases, designated health facilities for GBMSM and PLHIV (people living with HIV) were assigned for COVID19 support. Even vaccination rates among these communities, were recorded low. All this led to adverse effects on the mental health of GBMSM communities and brought immense negative impact on their psychosocial wellbeing. Several services have reported increased demand for psychosocial assistance and four times more suicidal tendencies among the LGBTIQ+ people during the pandemic.

As such, the objective of this report is to explore a recovery plan for GBMSM communities, comprehensive of economic and food security needs, decreased healthcare access response, and strategies to tackle the increased level of violence. We hope this could be a start to produce sustainable policy strategies to tackle the current and future challenges faced by GBMSM communities during the time of pandemic, and in the face of any future similar threats.

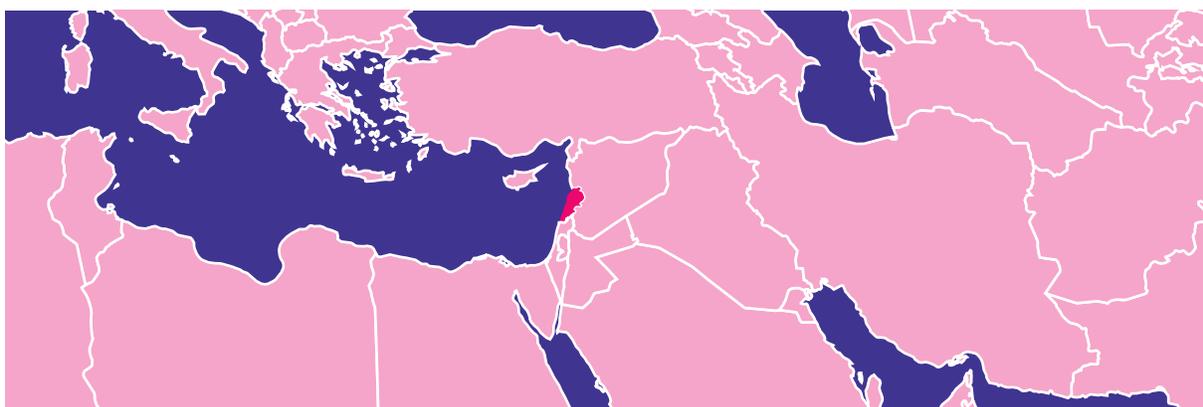
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1. Report on the impact of the COVID-19 pandemic on the human rights of LGBT persons. Issued by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity on July 28, 2020.
 2. Recommendations of Vietnam’s key populations and people living with HIV to the C19-RM-HIV funding request.
 3. <https://jamanetwork.com/journals/jama/fullarticle/2789648>
 4. <https://www.ohchr.org/sites/default/files/ImpactCOVID19LGBTpersons.pdf>

Methodology and Limitations

For the development of this report, we conducted a literature review of existing community reports on GBMSM experience during COVID-19. We also conducted semi-structured key information interviews with GBMSM leaders living in Kenya, Lebanon, Vietnam, and Mexico. Some of the limitations were around the limited number of available literatures, and the fact that the pandemic is still affecting GBMSM communities' lives today, without a full understanding of its consequences, and all ways of mitigating that.



Case Story 1: Lebanon



Lebanon is proclaimed as the safest country for LGBTIQ+ people in the Middle East, making it the first choice for queer refugees and asylum seekers in the continent. However, COVID-19 came a few months after a total collapse of the local economy. In that, GBMSM communities, who were primarily employed within the art and customer service industries, were amongst those that were affected the most. Many lost their jobs, their homes, and their community safe spaces.

The final blow came a few months later when the explosion in Beirut took place on August 4th, 2020. The country now faced a severe food, fuel, and medical crisis. Society was traumatized by the loss of lives and livelihoods. Citizens had started to move in together to save costs and this was worse, particularly for the GBMSM community people, as many had to return to unsafe parental households, or sought shelter through local organizations to avoid facing violence had they lived with their families. Local organizations reported increased drug abuse, suicidal ideations, within the community, with few or no resources available to access.

As a response, local queer organizations banded together around a local initiative called 'Yalla Care.' This initiative was supported by combining local respective organizational resources, and fundraising initiatives locally and through allies in migration, to acquire and distribute basic needs for survival. Food boxes, hygienic products, and other necessities were purchased, and hand-delivered to community members in need. They counted on word of mouth and community networks to get the word out and meet the community's needs. One of the initiative's members is a sexual health center, that was able to maintain services around testing, treatment linkage and mental health support. This effort extended to a collaboration with one of the local churches, that joined the initiative and offered a safe place for spiritual support, as well as food coupons.

Case Story 2:

Mexico



From the very start of the COVID-19 pandemic, the psychological unit of the Clinica Condesa in the Mexico City, started to see a rise in demand as more queer people kept reaching out for psychological support or counseling. Many had lost their jobs and/or had to move out of their safe neighborhoods in the city to live in their familial houses. Community members self-reported feelings of suffocation, isolation, and loneliness. Local community centers reported increased consultations focused on drug addictions (namely Crystal Methamphetamine), emotional stress, and increased number of self-reported symptoms of sexually transmitted infections.

Many HIV clinics that were allocated for HIV patients turned into full COVID hospitals, and other clinics that remained open, such as in Clinica Condesa, had to shorten their opening hours and doctors became less available as they also had to work in the COVID hospitals. The entire Mexican healthcare system suffered a shortage of ARV treatment for HIV patients.

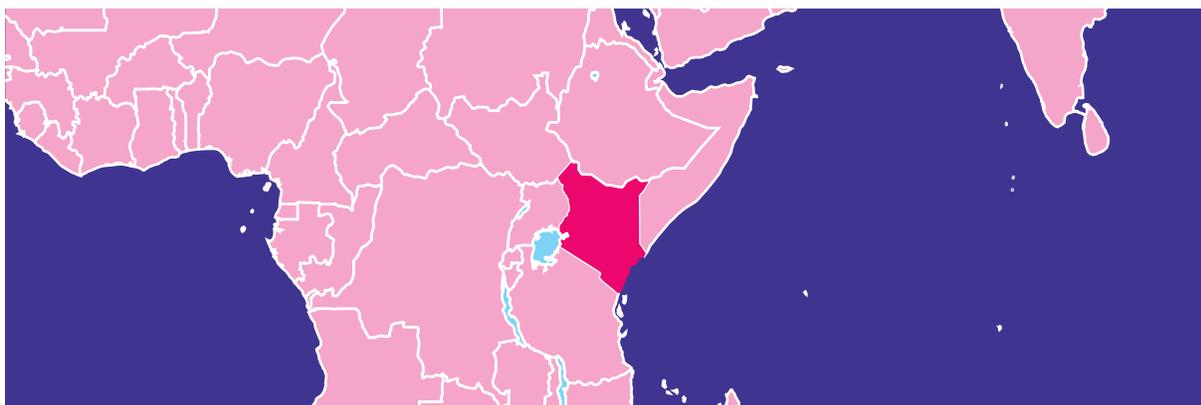
On the community level, local male sex workers, reported a major decline in their clientele, severely affecting their income. Many chose to pursue work on virtual platforms such as Only Fans or JustFor-Fans. While these platforms can provide additional income, they do require a specific set of skills that not everyone has and necessitate the rebuilding of a client base.

The local organization Inspira Cambio understood that community members need to support each other. It reached out within its network to raise funds and increase resources. They were able to secure HIV medications, food boxes and other basic supplies to mitigate the impact of the epidemic on the local GBMSM community.

While not sustainable, these efforts provided some momentary relief until other advocacy efforts manage to put in place more sustainable policies, and regulations, to protect and support GBMSM communities going forward.

Case Story 3:

Kenya



Akin to all other countries in the world, Kenya was severely hit with waves of the COVID-19 pandemic in 2020. Local organizations reported the toll of this epidemic on GBMSM communities. As has been witnessed elsewhere, a majority of community members were employed within the hard-hit service sector or had part-time jobs that did not offer enough financial resources or ability to save money for extended periods of unemployment. Many reported needing to move back with their families, where an elevated level of violence was reported. Few of them even reported having to endure experiences of conversion therapies to be accepted back into their households. Others had to go houseless as they have been long estranged from their families due to their sexual orientation. When it came to GBMSM who engage in sex work, spaces to safely host clients were almost impossible to find. And resources and internet access to start online work was not sustainable.

Some GBMSM individuals opted to live together to lessen the financial burden of rent and other living expenses, however, those were also faced with challenges once property owners and/or neighbors suspected their sexual identity. This led to additional harassment and instances of violence, making these arrangements no longer feel viable. The Gay and Lesbian Coalition of Kenya (GALCK) says that during the pandemic it has been logging up to 10 attacks per month on the LGBTQ community.

All of this went unreported, due to current laws that criminalize same-sex sexual behaviors, and the inability to acquire any type of protection from law enforcement agents, who are often than not, part of the perpetrators themselves.

Local community organizations worked hard to find ways of support. Most donors, especially those in the field of HIV and health, did not offer enough flexibility to divert money towards an emergency response. Community-led efforts resulted in availability of food rations and a consolidation of efforts for mental health support. Members of the drop-in center we interviewed reported being able to allocate some funds for free distribution of food boxes, urgent medical care, condoms, lubricants, and Pre-Exposure Prophylaxis (Prep).

Case Story 4:

Vietnam



Much like its neighboring countries, Vietnam went through a severe economic and medical crisis as the Coronavirus breached its borders. Local GBMSM communities, who already suffered from an elevated level of stigma and social exclusion, found themselves facing a severe loss of their income sources. That was even more true among those who engaged in sex work, and other freelance jobs. It made them financially vulnerable and incapable of affording many necessities.

Many PLHIV did not have a consistent and reliable income as they took part in informal and underground employment, such as housecleaning or sex work. Since many of the jobs require social interaction, physical distancing restrictions have directly affected income, access to health care, and ability to afford medications. Access to care was already consistently inhibited by HIV-related stigma and social isolation.

Many PLHIV do not disclose their status to their family, and quarantine within the family could result in challenging situations such as questions about medications, unwanted or unintended disclosure of HIV status, and enduring questions about behaviors that led to infection. The isolation, financial strain, fear of COVID infection, and instance of physical violence, were all self-reported by community members to local organizations.

Main local programs from which communities benefit such as PEPFAR (President's Emergency Plan for AIDS Relief) and the Global Fund, offered some buffer to the increased needs to commodities for care and treatment however, they did not tackle other urgent challenges around mitigating violence, economic empowerment and food and shelter.

The local community-led response was limited in its resources; however, it focused on providing mental health support, and figuring out ways to deliver medications and treatment for those in need. They worked with community members to increase access to government issued care packages, that contained masks, testing kits and hygiene commodities. These were hard to access for GBMSM individuals because often, they had no proper ID cards or were not part of any labor contracts through which some of that support was dispersed.

Conclusion

This report summarizes insights gained from GBMSM communities in four different regions around the world. It talks about the efforts made towards a way back from the devastating effects of COVID-19 on community structures, spaces and most importantly, individuals. While no one was immune from the effects of this global pandemic, it is obvious that some communities were more disproportionately impacted. Any COVID-related health risk has been exacerbated by the presence of stigma, discrimination, exclusion, and criminalization. We also saw that the most swift and efficient response came from within the community itself. And that any emergency or relief response mechanism needs to include GBMSM communities in conception and implementation phases.

Finally, and for our communities to recover from the disruption and negative outcomes to their persons and institutions, below are a series of recommendations expressed by our interviewees, and from our literature review.



Recommendations

- The first and most efficient responders to safety, livelihood, and wellbeing of GBMSM communities, were community members themselves. Creating and maintaining a local community-led relief system is crucial in the face of any future threats.
- Shelter and food security always take precedence in similar emergency situations.
 - Fundraising and accepting donations such as food boxes and other basic living necessities is always a priority.
 - Communal living format, when safe, is a way to mitigate potential violence, exponentially decrease the financial burden, as well as build support systems for GBMSM individuals.
- During the pandemic, many individuals were lost to care as they changed their place of residence, or lost trust in the care system altogether. Consolidated efforts to put those individuals back on the care continuum is of most importance.
- Domestic and societal violence was an integral part of GBMSM communities' experience during COVID-19 and formed a substantial additional distress and barrier to wellbeing and care seeking. Tackling these issues, alongside stigma and discrimination, is proving once again to be a priority. Anti-stigma campaigns and rights redress initiatives are once again a sure way to alleviate severity of any health risk.
- Governments responses were not only exclusive of GBMSM communities but were accompanied by an elevated level of scapegoating and abuse of power to gain more control and crack down on GBMSM communities. Donors-facing advocacy by GBMSM communities, especially besides large bi and multilateral donors such as PEPFAR and the GF, need to be focused on accountability for those in power, as well as a deeper investment in community-led work. allows GBMSM individuals to have more power in choosing their source of income. And it would give them options where they can choose what feels safer and more self-affirming to them.
- GBMSM individuals who engage in sex work are often more vulnerable than their counterparts. A differentiated response for this sub-community is not only essential, but needs to include efforts of economic empowerment, and skill building to ensure that they can sustain their source of income.
- Community education and capacity building has always been critical within community organizations. It was shown to be even more important during this period. A wide range of skills allows GBMSM individuals to have more power in choosing their source of income. And it would give them options where they can choose what feels safer and more self-affirming to them.

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