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**THE LAST MILE FIRST:  
SAFEGUARDING COMMUNITIES  
DURING HIV AND COVID-19**

**afao**



This is the second in a series of occasional papers produced by the Australian Federation of AIDS Organisations (AFAO) designed to disseminate information and analysis on HIV and key populations in the Asia-Pacific region. The papers build on AFAO's Consensus Statement on Australia's International Leadership Role on HIV, jointly endorsed by Australian HIV organisations working internationally and available at [afao.org.au](http://afao.org.au).

This paper has been jointly developed by the Australian Federation of AIDS Organisations (AFAO) and the Asia Pacific Coalition for Men's Sexual Health (APCOM) to disseminate information and analysis on issues relevant to HIV and key populations in the Asia-Pacific region.

## About AFAO

AFAO is the peak organisation for Australia's community HIV response. We are recognised nationally and globally for our leadership, expertise and programs, and have worked in partnership with successive Australian governments for over 30 years to implement Australia's National HIV Strategy. Since the early 1990s, AFAO has strengthened civil society responses to HIV, health and human rights and contributed to effective policy engagement in Asia and the Pacific. AFAO's regional work today, led from our Bangkok office, includes the Sustainability of HIV Services for Key Populations in Asia (SKPA) program, funded by the Global Fund.

### Acknowledgements

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## About APCOM

APCOM, as a regional key population community network, represents a diverse range of community interests working together to advocate on, highlight and prioritise issues that affect the lives of people regarding their sexual orientation and gender identities. APCOM wants a world where all gay men, other men who have sex with men, and people of diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) can fully participate in and achieve sustainable development in all aspects of their health, rights and wellbeing.

APCOM is currently working through its 2018–2020 Strategic Framework, 'TENACITY':

- HIV is not over – strengthening the HIV response for gay men and other men who have sex with men
- Our rights – protecting gay men, other men who have sex with men and SOGIESC people
- Our strength – stronger interlinked communities and broader partner networks.

APCOM believes strongly that strategies on every level should be developed by and for the communities with input and support from other stakeholders. The community-led focus is crucial in APCOM's approach, as our thinking and experience is that key population community members can be reached best and most effectively by peers and fellow community members. While growing the movement in a spirit of trust and confidence, we can tackle the existing barriers in the HIV response in any country.

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# Executive summary

Concerns are mounting about the effects of covid-19, and of responses to the pandemic, on the provision of HIV prevention, testing, treatment, care and support for gay men and other men who have sex with men (MSM), people who inject drugs, sex workers, transgender people and prisoners, including those living with HIV. This paper identifies issues for key populations and people living with HIV in Asia and the Pacific and makes recommendations to address these risks and ensure key populations are not left behind.

Risks for key populations related to responses to the covid-19 pandemic fall into two broad categories: risks for those currently on medications such as antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), tuberculosis treatment or gender-affirming treatment, and risks for those seeking HIV prevention services, prevention commodities and testing.

People living with HIV are at heightened risk during the covid-19 pandemic, due to potential supply chain problems or an inability to access ART and other medications. People living with HIV who are members of key populations are likely to be at greater risk than other people living with HIV for reasons related to disruptions caused by covid-19 and to government and neighbourhood responses to the virus.

The United Nations system and numerous other actors have drawn attention to the significant risks faced by key populations in the covid-19 pandemic. Specific global guidance has been published on working during

the covid-19 pandemic on HIV prevention, treatment, care and support with MSM, transgender people, sex workers, people who use drugs and prisoners.

## Key findings

The work of key population organisations has been severely impacted by covid-19, with emergency decrees in response to covid-19 affecting outreach activities to support key population testing, reduced staffing (with staff redeployed to the covid-19 response), reduced clinic hours and reduced resources.

Key populations are highly mobile, but movement is now restricted in many countries. This has led to people with HIV being reluctant to leave home to access healthcare, as leaving home may breach curfews or require people to disclose their status. Key populations in the region are over-represented in jobs that have been affected by covid-19. Many key populations work in the service sector and entertainment venues: closed venues and border closures mean fewer customers even when venues reopen.

Responses in the region have included:

- strong advocacy by LGBTQI networks and organisations and initial work on advocacy for other key populations in the region, including the establishment of emergency funds, provision of food (in particular to sex workers), calling for large-scale prisoner release and multi-month provision of opioid substitution treatment
- shifts in service delivery and models of care, including trialling new models of delivery

of antiretrovirals (ARVs), extending multi-month provision of ARVs, condoms and other prevention materials, and trialling online outreach

- responses by funders, including the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR), allowing reallocation of funding to address some of the disruptions described above.

## Recommendations

For governments and international donors:

1. Acknowledge and support the role of key population-led community organisations and networks in addressing covid-19.
2. Acknowledge and support the role of key population-led community organisations and networks in monitoring the impact of responses to covid-19.

For key population organisations and networks in Asia and the Pacific:

1. Advocate for
  - community-based organisations to be designated as essential services and for their workers to be provided with appropriate permits to allow them

to continue to provide outreach and other services (within national or local restrictions) without hindrance from police or security services

- funds provided or re-allocated from Global Fund grants to be used to maintain services for key populations, including for specific assistance to key populations who are living with HIV, and the development and dissemination of information on covid-19 risks and prevention that is appropriate for key populations
  - national covid-19 responses (1) to be rights-based and not to exacerbate stigma and discrimination against key populations, ensuring that rights violations are recorded and reported; and (2) to include the release of non-violent prisoners from detention and the release of inmates from detention or coerced treatment centres for drug users.
2. Examine the APCOM covid-19 prevention protocol<sup>1</sup> and adopt or adapt this for use in each key population organisation to protect staff and clients.

# Introduction

The covid-19 pandemic has caused unprecedented disruption across the globe, and continues to unfold rapidly and unpredictably. The initial response – of crisis management – is now transitioning to medium-term mitigation.

This paper has been jointly developed by AFAO and APCOM to contribute to the dialogue among communities, governments, development partners and international organisations in Asia and the Pacific on responding to the impact of covid-19 on key populations for HIV, people living with HIV and on HIV-related service delivery.

The paper draws on a wide range of sources, including a desktop review of formal and informal literature and selected global and regional guidance developed for working with key populations during this pandemic, targeted key informant interviews (including with officials from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Community, Rights and Gender Team of the Global Fund to Fight AIDS, Tuberculosis and Malaria), and extensive community stakeholder engagement (including through an analysis conducted through AFAO's Sustainability of HIV Services for Key Populations in Asia (SKPA) program on the impact of covid-19). In addition, it draws on the significant first-hand experience of key populations, civil society organisations and regional networks in responding to the HIV epidemic over the last 35 years.

Based on that range of sources, the paper:

- identifies major issues for key populations and people living with HIV in Asia and the Pacific
- describes steps taken to date to address covid-19
- analyses gaps in those responses and the associated risks for key populations
- makes recommendations to address these risks and ensure key populations are not left behind, and civil society organisations, regional key population networks and HIV services are able to withstand the additional pressures arising during this extraordinary period.

The primary target audiences for the paper include donor governments and funding bodies, United Nations (UN) agencies and technical support partners, national governments in the region, regional and national key population organisations, and other service providers and program implementers.

In this paper, 'key populations' refers to population groups that are particularly vulnerable to HIV in Asia and the Pacific, especially gay and other men who have sex with men, transgender people, sex workers, people who inject drugs and prisoners. Young people within these key populations are an important priority. We also include people living with HIV as a key population for the purposes of this paper.



# Background

The covid-19 pandemic is having a severe impact on health services around the world. Responses to the pandemic in Asia and the Pacific have included, in most countries, restrictions on international and internal travel, closure of schools and many other institutions, and restrictions or bans on residents leaving their homes except for essential purposes (including work, for workers in essential services) and curfews. As numerous global and regional organisations have warned, these steps will disrupt access to a range of health services, including those related to HIV, or have already done so. Problems have been identified with:

- supply chains (related to everything from antiretroviral therapy (ART) and other medications to personal protective equipment)
- prevention commodities, HIV self-test kits and reagents and blood and other samples
- access to prevention, testing and treatment services
- risks to healthcare workers and community staff dealing with clients, and associated heightened mental stress

Gradually, the initial responses to the pandemic in the Asia-Pacific region have mostly taken account of the need for healthcare not related to covid-19 to continue. However, there has been little discussion of how governments have dealt with challenges to community responses to HIV.

the Cambodian Parliament passed a law on 31 March 2020 granting the prime minister sweeping new powers, including ... electronic eavesdropping and curtail[ing] freedom of assembly and speech

Responses to covid-19 have included significant measures that may impede community activities with at least some key populations. For example, the Cambodian Parliament passed a law on 31 March 2020 granting the prime minister sweeping new powers, including the ability to conduct electronic eavesdropping and curtail freedom of assembly and speech.<sup>2</sup>

A similar move in the Philippines on 24 March provided President Duterte with new powers to take over utilities and private firms. President Duterte not only warned the military and the police that violators of the lockdown could be shot to death, but also extended the coerced community quarantine in the island of Luzon and other high-risk regions.<sup>2</sup> According to a human rights review, more than 100,000 people had been arrested for violating the curfew in the Philippines by late April, and human rights violations by the police surged.<sup>2</sup>

As the response moves to a new phase – that of medium- to long-term mitigation – it is crucial that the needs of key populations are identified and included in local, national and regional responses.

Public health infrastructure in Asia has improved markedly in recent decades, and many countries in the region have built strong systems for responding to pandemics. In particular, South Korea, Malaysia, Hong Kong and Taiwan are now relatively well placed to respond to covid-19 due to action taken in response to previous pandemic threats. However, the capacity to respond is variable across the region. As a whole, the region has struggled with bringing HIV, tuberculosis (TB) and malaria under control. As covid-19 is added to this workload, there are fears that public health systems in countries such as Indonesia and the Philippines may be overwhelmed.

# Risks for key populations

Concerns are mounting about the effects of covid-19, and of responses to the pandemic, on the provision of HIV prevention, testing, treatment, care and support for gay men and other men who have sex with men (MSM), people who inject drugs, sex workers, transgender people and prisoners, including those living with HIV. It is clear that prisoners in overcrowded conditions face grave problems related to infection control, accessing personal protective equipment, and treatment.

It is clear that prisoners in overcrowded conditions face grave problems related to [covid-19] infection and treatment.

Risks for key populations related to responses to the covid-19 pandemic fall into two broad categories: risks for those currently on medications such as ART, pre-exposure prophylaxis (PrEP), TB treatment and gender-affirming treatment; and risks for those seeking HIV prevention services, prevention commodities and testing.

To date (end June 2020), there is no scientific consensus that people living with HIV are at higher risk of severe outcomes from covid-19 than people of the same ages and with the same other comorbidities who are not living with HIV. However, disruption of access to services is likely to cause severe negative impacts. Modelling by a research group convened by the World Health Organization (WHO) and UNAIDS has shown that a six-month disruption to ART access could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from TB, in sub-Saharan Africa by the end of 2021.<sup>3</sup> Shorter disruptions of three months would see a reduced but still

significant impact on HIV deaths, and more sporadic interruptions of ART supply would lead to sporadic adherence to treatment, leading to the spread of HIV drug resistance, with long-term consequences for future treatment success.<sup>4,5</sup> These disruptions could be caused by HIV services being closed or being unable to supply ART due to disruptions to the supply chain, or because services become overwhelmed due to competing needs to support the covid-19 response.

All people living with HIV are therefore at heightened risk during the covid-19 pandemic, due to potential supply chain problems or an inability to access ART and other medications. People living with HIV who are members of key populations are likely to be at greater risk for reasons including:

- Some governments may use covid-19 as an opportunity to introduce new laws designed to discriminate against or criminalise key populations, or to make existing laws more severe.
- In countries imposing 'shelter-in' orders or that are in lockdown, where government-issued identity documents are obligatory, trans people are at risk if the gender on their documents has not been changed.
- Undocumented migrants and immigrants without government-issued identity documents are also at risk.

In countries ... in lockdown, where government-issued identity documents are obligatory, trans people are at risk if the gender on their documents has not been changed.



- 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-stigmatised groups first.
- Social protection measures being put into place by governments may exclude key populations and their service providers.
- Some governments may use restrictions on civil liberties and public gatherings to crack down on LGBTQI organisations and individuals.
- Increased police and army presence on the streets may put key populations at higher risk of arrest and harassment.
- MSM, people who use drugs, sex workers and transgender people have experienced particular difficulty in observing physical distancing, due to homelessness or unsafe homes, and thus have been at greater risk of police harassment.
- Some countries may increase their use of mobile phone and internet data for surveillance of criminalised key populations.
- There may be increased risk of violence if stigma, scapegoating and blame of key populations begin to take hold.<sup>6</sup>

In Thailand, an APCOM survey<sup>7</sup> on 20 April found that reliable access to antiretrovirals (ARVs) was already becoming an issue. In many cases, people living with HIV who had not disclosed their HIV status to their family, relatives or friends preferred not to receive medication packages at home through the post or by courier service. Cross-province travel restrictions have meant that some people living with HIV could not access health services. In a recent survey, more than 40% of young people living with HIV identified 'a way to take my meds in private' as a problem for them.<sup>8</sup>

MSM, 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, due to homelessness or unsafe homes.

# Continuity of HIV prevention for key populations

There are risks to both livelihoods and HIV prevention commodities and services for key populations. The Meeting Targets and Maintaining Epidemic Control (EpiC) project,<sup>9</sup> supported by the United States Agency for International Development (USAID) and the US President's Emergency Plan for AIDS Relief (PEPFAR), notes HIV services may face unique risks, such as accusations of spreading the covid-19 virus:

Indeed, several [key population] peers have already been arrested after such accusations involved local law enforcement authorities. They also face increased mental health strain as they themselves lose access to previous coping methods that involved in-person support while attempting to support others in their communities dealing with even less access to necessary services, goods (including food), and shelter. HIV program staff are also at heightened risk of COVID-19 because of their proximity to program beneficiaries and other patients – a risk that they may not fully understand or for which they do not know how they will be supported if they do contract COVID-19.

APCOM also notes<sup>1</sup> that government responses to covid-19 are affecting communities' freedom of expression:

There is also the possibility that warrantless arrests, discriminatory acts, as well as criminalisation of key populations, will be aggravated in the guise of public responses to COVID-19. During these times of public unrest, the communities must be vigilant against existing acts of discrimination or human rights violations which may potentially scale up against drug use[rs], sex workers, transgender women or LGBTQ! people.

This paper has been informed by interviews with key informants working in the region, including leaders from key population networks and funding organisations. Those informants highlighted that key populations have higher vulnerability due to:

- unemployment, or more precarious employment, and lack of social protection
- living away from their place of birth, being more mobile, or lacking legal identification and residential documentation
- alienation from families and greater reliance on personal support networks and chosen communities
- poorer access to health services due to stigma and discrimination
- low levels of political influence and the lack of a voice or representation
- limited or no access to communication technology such as mobile phones and computers
- living in crowded areas of cities and living in small spaces where it is hard to limit the spread of infection
- lack of access to safe shelters or adequate sanitation during lockdowns
- punitive practices from law enforcement agencies.

## Gay men and other men who have sex with men

Both the key informant interviews and APCOM<sup>1</sup> have identified that the covid-19 pandemic is affecting the economic stability of LGBTQI communities in the region. Some LGBTQI individuals are in the service sector, and some are in the informal economy and do not have permanent jobs. The closure of establishments where they are working, together with limitations on mobility, affects their source of income and reduces their ability to secure basic needs during quarantine periods. Many LGBTQI individuals are estranged from their families due to their sexual orientation, gender identity or sex characteristics, so family support cannot be assumed.

In Cambodia, the closure of establishments has resulted in a loss of employment and source of income for LGBTQI community members who work in the service sector. Police in the Philippines publicly humiliated three LGBTI people who were out after curfew.<sup>10</sup>

Many LGBTQI individuals are estranged from their families due to their sexual orientation, gender identity or sex characteristics, so family support cannot be assumed.

## Transgender people

The covid-19 pandemic and the resultant lockdowns and closures have limited the sources of gender-affirming medication and treatment for transgender people. In addition, lockdowns significantly reduce the sources of income for the transgender community. Some transgender women are concerned that some members of the general population will associate the covid-19 pandemic with them on moral or religious grounds, thereby aggravating the current misconception about transgender people and HIV.

In India, LGBTQIA+ community group Srishti Madurai has received reports of serious loss of livelihood amongst intersex people, transgender people and gender non-conforming people. The same is true in Bali, Indonesia, where there is a significant effect on the economic livelihood of transgender women and gay men. Their ability to feed themselves, maintain their accommodation and pay for basic necessities has been significantly affected by the lockdown, restriction of movement and closure of establishments.

The interviews carried out for this paper and an issues paper prepared by the Asia Pacific Transgender Network (APT<sup>11</sup>) have highlighted that trans people are vulnerable due to:

- high levels of gender-based violence
- ostracism by families including loss of income that may cause trans people to return to hostile families, where they are at risk of harassment, violence and abuse
- inability to access formal employment due to gender identification or gender expression
- specific issues for those seeking asylum or who have refugee or migrant status
- homelessness or living in cramped communal spaces due to social ostracism and stigma from landlords
- new waves of transphobic and homophobic remarks made by religious and community leaders.

trans people are vulnerable due to ... new waves of transphobic and homophobic remarks made by religious and community leaders

## Sex workers

Available data and reports from across the region indicate that many sex workers have lost their livelihoods and are experiencing significant vulnerability. A large number of transgender women sex workers in Indonesia and India are experiencing greater economic uncertainty. The harsh economic downturn affecting the community has pushed many Indian transgender sex workers into 'cyber-sex work' to generate income they can no longer derive from their usual work.

Many Thai sex workers based in Bangkok had to go back to their home towns as bars and other entertainment establishments were closed down. Other sex workers, trapped in either Bangkok or Pattaya, had no option but to live in the entertainment establishments where they worked. Although some Thai sex workers are able to receive clients, their negotiating power with clients is reduced and their work can be riskier for HIV, other sexually transmissible diseases (STIs), unwanted pregnancies and covid-19. As their work is not recognised as 'labour', many of them are not able to access the government's relief scheme.

A survey of sex workers by the Global Network of Sex Worker Projects received (to date) responses from 11 countries in Asia and the Pacific.<sup>12</sup> It is clear from the survey responses that sex workers across the region are excluded from government support packages and are facing the additional threat of reduced access to essential health services. Reduced access to condoms and lubricants was reported from Bangladesh, China, Thailand and Vietnam, reduced access to HIV treatment in China and Vietnam, reduced access to harm reduction services in Bangladesh and Vietnam, and reduced access to STI testing and treatment in China, Hong Kong, Thailand and Vietnam.

## People who inject drugs

Little has been published to date on risks in Asia and the Pacific during the pandemic for people who inject drugs. Globally, the International Network of People who Use Drugs (INPUD), together with harm reduction networks International Drug Policy Consortium (IDPC) and Harm Reduction International (HRI), have stated that people who use drugs are particularly vulnerable due to criminalisation and stigma and because they often experience underlying health conditions, higher rates of poverty, unemployment and homelessness, as well as a lack of access to vital resources – all putting them at greater risk of covid-19 infection.<sup>13</sup> In Thailand, there are currently no relief measures for people who need to travel daily to access methadone maintenance treatment. Women who inject drugs may be at greater risk of partner violence during lockdowns. Lockdowns and travel restrictions are also likely to change the types of drug available, and the quality and cost of drugs, resulting in changes in drug use patterns that put people at greater risk of overdose or severe mental health conditions. The need to break curfew or lockdown restrictions to obtain drugs is also likely to put people who use drugs at greater risk of extortion, violence and arrest.

## Prisoners

One of the key locations of risk for covid-19 is the prison system. UNAIDS, WHO, the UN Office on Drugs and Crime (UNODC) and the Office of the UN High Commissioner for Human Rights (OHCHR) issued a combined press release to urgently draw the attention of political leaders to the heightened vulnerability to the pandemic of prisoners and other people deprived of liberty, urging leaders to take all appropriate public health measures for this vulnerable population.<sup>14</sup> UNODC has issued a position paper<sup>15</sup> stating that systemic neglect of

prisons and other places of detention in many countries has resulted in inadequate resources, management, oversight and accountability mechanisms, including ill-equipped personnel and limited links to public health systems:

Cramped accommodation areas, poor hygiene, ventilation and nutrition as well as insufficient health-care services in many prison systems will undermine infection control measures and thus significantly increase the risk for infection, amplification and spread of covid-19.

## Young people

Young key populations and young people living with HIV face multiple difficulties due to their key population status and their age. 'Young people' here refers to young adults aged 18 to 24.

Prior to covid-19, many young people in key populations experienced difficulties such as lack of access to prevention services (due to age of consent laws/rules) and lack of youth-friendly services. These difficulties have been amplified by covid-19, with YKP networks from Indonesia, India, the Philippines and Nepal indicating that young MSM, transgender people, sex workers and street-based drug users are most affected.<sup>16</sup>

Many young people in key populations are alienated from their families and live with friends or alone, without family support.<sup>17</sup> Having to survive on their own places young people in a particularly vulnerable situation during the covid-19 crisis.

A survey conducted by the Inter-Agency Task Team on young key populations and young people living with HIV in Asia and the Pacific found that critical issues for them included the socio-economic impact of covid-19, access to HIV and other sexual and reproductive

health services, and mental health impacts of covid-19.<sup>18</sup> In terms of socio-economic impact, 46% of young people in the survey reported that the restrictive measures put in place to curb the spread of the pandemic were affecting their access to food and other daily essentials. The same proportion of young people reported that the restrictions led to loss of employment and income.

Furthermore, the discrimination and marginalisation experienced by young key populations and young people with HIV place them at heightened risk of experiencing mental health challenges during this time. National lockdowns, restricted movement and closure of non-formal education opportunities have resulted in a lack of social engagement with peers and educators. This further aggravates feelings of loneliness, depression and anxiety in young key populations and young people living with HIV.

## Tuberculosis among key populations, including people living with HIV

Impact on tuberculosis services is also likely to be severe. Many people living with HIV also contract TB, and some key populations, including prisoners and people who inject drugs, are at enhanced risk of TB. Modelling by Cilloni et al., based on the TB epidemics and service use statistics of Ukraine, Kenya and India, predicts that a three-month lockdown, followed by 10 months to restore normal TB services, could cause an additional 1.7 million TB cases and 460,000 TB deaths in these three countries over the next five years.<sup>19</sup> To avert these consequences, the authors advise that supplementary 'catch-up' TB case detection and treatment could prevent most of the additional cases and deaths if implemented quickly once restrictions are eased.

# Impact on HIV services

AFAO's SKPA program conducted an extensive review of the anticipated impact of covid-19 on HIV services. The review highlighted that covid-19 was currently having an adverse effect on both services for key populations and SKPA activities, and would continue to do so.<sup>20</sup>

More specifically, the review found covid-19 has reduced access to services for key populations through:

- reduced staffing, reduced clinic hours and reduced resources (test kits, medicine supplies)
- reduced access to ARVs due to issues with supply chains (procurement, transport)
- reduced access to outreach services due to closure of venues traditionally used for outreach, such as entertainment venues and other workplaces.

Covid-19 has also impacted the operations of civil society organisations and regional networks as containment measures have resulted in face-to-face activities being suspended and staff being required to work from home. Resources have been reduced as funding is redirected to the covid-19 response, and civil society organisations and regional networks have been required to use their own funding to cover the additional costs associated with covid-safe measures (personal protective equipment, sanitisers and IT infrastructure to enable staff to work from home).

The review identifies the need for AFAO and SKPA Sub-Recipients to work across two horizons: supporting the initial crisis response, and working on longer-term resilience and recovery.



# Global and regional guidance

The UN system and numerous other actors have drawn attention to the significant risks faced by key populations in the covid-19 pandemic. The UN Secretary-General has tasked all UN organisations with developing a rapid understanding of how covid-19 will impact their areas of work and providing advice to countries on dealing with the pandemic. The UN notes that during the Ebola epidemic in West Africa in 2014, more people died from economic breakdown and the interruption of services than from Ebola virus disease itself.<sup>21</sup> A key concern is that “the hard-earned gains of the AIDS response will be sacrificed to the fight against covid-19”, said Winnie Byanyima, executive director of UNAIDS. “The covid-19 pandemic must not be an excuse to divert investment from HIV”.<sup>3</sup>

... during the Ebola epidemic in West Africa in 2014, more people died from economic breakdown and the interruption of services than from Ebola virus disease itself.

For people living with HIV, Wilkinson and Grimsrud note the pandemic provides added impetus to the rollout of differentiated service delivery models:

If ever there was a time to provide extended ART refills, and offer them outside of conventional healthcare facilities, now is the time. We call on health services and supporting partners to expedite the implementation of [differentiated service delivery] to empower and protect PLHIV and capacitate health systems to respond to the COVID-19 pandemic.<sup>22</sup>

All major agencies including UNAIDS, WHO, PEPFAR and their implementing partners have issued guidelines for the continuation of ART services, largely through providing virtual consultations where possible and providing multi-month supplies of ART and other medications. However, homelessness is a key issue for many key populations. Lack of access to smartphones and being an undocumented migrant are other obstacles in taking up these treatment options.

UNAIDS and the Global HIV Prevention Coalition provide advice on maintaining and prioritising HIV prevention services in the time of covid-19.<sup>23</sup> This includes the need to develop a range of ways to continue key HIV prevention services:

- multi-month dispensing for condoms, lubricant, PrEP, harm reduction commodities (including opioid substitution therapy), take-home doses and modern methods of contraception
- delivery of condoms and harm reduction commodities through community service points that can support physical distancing, such as dispensers or other collection points
- provision of condoms, modern methods of contraception, HIV self-tests and other non-therapeutic and non-pharmaceutical supplies through vending machines, pharmacies and food retail outlets that remain open during the covid-19 response, and through online ordering
- relaxing policies that may have restricted the number of needle and syringes, condoms and lubricant that can be dispensed per service contact

- identifying new opportunities for delivering essential prevention products. For example, it may be possible to link the delivery of condoms and other HIV prevention commodities with emergency support services for covid-19, such as food deliveries for vulnerable households or the elderly and infirm
- expanding access to HIV self-testing, including distribution of self-test kits through grocery stores, pharmacies and community sites and advocacy for the removal of regulatory and policy barriers to HIV self-testing
- mobilising community organisations and networks, including those run for and by key populations, to provide community messaging and online support around covid-19
- online support options for HIV service delivery could include interactive platforms, virtual counselling by peers or health workers, and video-observed options for PrEP, ART and opioid substitution therapy
- continuing to expand HIV prevention synergies with the covid-19 response with the context of each country providing different opportunities.

PEPFAR<sup>24</sup> includes specific guidance on key population services, including:

- prioritising uninterrupted HIV treatment access, clinical care, and support for key populations
- prioritising differentiated service delivery through community initiation and refill of PrEP and delivery of HIV testing including self-testing via mobile clinics, drop-in centres and other community platforms or alternative arrangements for pickup or delivery of services

- ensuring the safety of key populations, including by tracking reports of barriers to service delivery and ensuring violence prevention mechanisms and referrals are functioning to track and link clients to needed services.

The EpiC project report states HIV programs that cater to key populations must put measures in place to help mitigate the impact of the covid-19 pandemic on access to HIV prevention, care and treatment services while simultaneously promoting the safety of staff and program beneficiaries.<sup>9</sup> In addition to the above ideas, the report suggests:

- establishing strong links to covid-19 testing, providing care for staff with covid-19 for rapid recovery and identifying contact people to communicate with staff with covid-19 and provide updates
- immediate testing of potentially exposed workers (and others)
- immediate communication of service disruptions due to covid-19
- legal support for outreach workers if they are arrested
- facility sanitation and quarantine and work-from-home procedures for staff
- training for case management and peer navigator teams to support clients with uptake of multi-month dispensing of ART.

UNAIDS has echoed the above concerns and called for inclusion of the workforce of community-led healthcare services and key population organisations into the lists of essential service providers.<sup>25</sup> Specific global guidance has been published on working during the covid-19 pandemic on HIV prevention, treatment, care and support with sex workers;<sup>26</sup> drug users;<sup>13,14,27,28</sup> MSM,<sup>10</sup> transgender people and prisoners.<sup>14,15,29,30</sup>

# Issues and lessons learned to date

The summary below of issues identified and lessons learned for Asia and the Pacific is drawn from the published literature, recent reports, key informant interviews, and analysis of impacts on SKPA.

## Covid-19 movement restrictions

Activities of key population organisations have been severely impacted by covid-19 movement restrictions. APCOM notes that emergency decrees in response to covid-19 have impacted country partners' outreach activities to get key populations to testing:

Apart from limiting public activities, community outreach and professional staff are required to stay at home, hence, the offices and clinics are operating in a reduced number of hours resulting to decreased number of clients. Delivery of HIV related services are also affected. ... In some countries, most outreach and counselling are conducted virtually. Community-based organisations are postponing activities indefinitely. This include community and grassroots outreach, counselling services, hospital visits, family visits, and mobile health services. Community-based organisations are not able to gather community members and can only meet very limited numbers of people because of social distancing and restrictions on mass gatherings.<sup>1</sup>

HIV services are recognised as essential services, but obstacles to providing services include reduced staffing (with staff redeployed to the covid-19 response), reduced clinic hours and reduced resources. Outreach has been shut down or severely curtailed. Pakistan and Sri Lanka have reported major reductions in outreach to key populations due to the lack of personal protective equipment (PPE) and

hand sanitiser. Needle and syringe programs (NSPs) have closed or reduced services. NSP reach numbers in Bangladesh fell by 50% in two months and in Pakistan by 20%.<sup>1</sup> Opioid substitution programs have closed in some cities. Internal border closures have reduced access to health services. For example, gay men in Thailand often come to Bangkok for medical services, but provincial border shutdowns have prevented access; similar problems affect Indonesian gay men who would normally travel to Jakarta. Mongolia has reported reduced operating hours and reduced numbers of key populations accessing services, while clinics have closed in Sri Lanka. Also, civil society organisations are concerned at having to use their own funds for PPE, sanitiser etc., and they have limited hardware and software to support staff working from home.

Key populations are disproportionately affected by the restrictions on movement that are part of covid-19 mitigation measures. Key populations are highly mobile, but movement is now restricted in many countries. This has led to people with HIV being reluctant to leave home to access healthcare, as leaving home may breach curfews or require people to disclose their status.

**HIV services are recognised as essential services, but obstacles to providing services include reduced staffing (with staff redeployed to the covid-19 response), reduced clinic hours and reduced resources.**

People who inject drugs cannot access drugs and are going into unsupported withdrawal or using 'any drugs that you can get your hands on', according to one key informant. Inability to go out to access injecting equipment is leading to greater re-use and equipment sharing. Access to drug treatment services has been curtailed.

The Asia Pacific Inter-Agency Task Team survey of young key populations<sup>8</sup> found:

- 27% experienced delays in accessing condoms, 26% in accessing HIV testing and 14% in accessing PrEP medications
- 17% experienced delays in accessing clean needles and 11% in accessing opioid substitution therapy
- of the 51% currently on ART:
  - 30% had a two- or three-month refill
  - 29% had only one dose, 22% had three weeks or less and 17% did not have ART refills on hand
  - 43% were not aware their country allowed multi-month prescriptions for essential medications
  - 64% were also experiencing reduced access to HIV ARVs and services because they feared exposure to covid-19 if they left the house.

## Economic impact of covid-19

Key populations are disproportionately affected by the economic impact of covid-19. Key populations in the region are over-represented in jobs that have been affected by covid-19. Many key populations work in the service sector and entertainment venues: closed venues and border closures will mean fewer customers even when venues reopen. In the Asia Pacific Inter-Agency Task Team survey of young key populations, 46%

of respondents reported that restrictive measures had affected their income and employment, and the same percentage said these measures had affected their access to food supplies and daily commodities needed to survive.<sup>8</sup> There is significant concern that economic hardship will impact the access of key populations to healthcare, medication and covid-19 prevention and testing measures, and may result in increased exposure to covid-19. Likewise, existing economic disadvantage means that members of many key populations are living in over-crowded conditions, again increasing their risk of covid-19.

## Access to economic measures to mitigate the impact of covid-19

Key populations have less access to economic measures put in place to mitigate the impact of covid-19. Key populations are over-represented in sectors of the informal economy that have been affected by either the pandemic or national responses. This is most clearly demonstrated in the area of sex work, but many also survive by begging or from casual or daily-wage jobs. National assistance, available in some countries in the region, tends not to reach workers in the informal sector. Also, financial assistance often works through the framework of traditional family units, further alienating key populations. Criminalisation of key populations has led many people to mistrust government staff and avoid contact with financial assistance schemes. Even where individuals are willing to access government aid and it is available to them, key populations may not be able to access aid due to a lack of identity cards, homelessness, residing away from their formal address, not being able to return to their formal address and so on. Some forms of aid require the name and address of the applicant's employer, which is risky or impossible for sex workers and others involved in the informal sector.

# Areas of progress

Community organisations and networks in the region are resilient and are responding to the covid-9 pandemic in a range of ways.

## UNAIDS' regional activities

UNAIDS is working with regional key population networks to document and communicate good practices and community innovations that can be replicated in other countries or areas across the region during the covid-19 outbreak through:

1. Support, documentation and communications on the challenges faced by affected communities in the pandemic as well as their approaches in identifying gaps, solutions and innovations in their responses to covid-19 by:

- adapting communication and advocacy materials to local contexts and to each key population group
- producing, sharing and amplifying relevant and timely information in the context of the covid-19 pandemic, including videos, factsheets and key messages
- providing guidance for daily life during covid-19 on physical distancing, safer sex, risks involving sexual contacts and alternative ways of generating income
- disseminating communication materials through social media and other communication platforms to reach out to key populations across the region.

**MPact has launched an Incident Assessment and Documentation Tool for community-based organisations and individuals to track and document incidents of harassment, violence and abuse during the covid-19 pandemic.**

2. Promotion of community-led monitoring by engaging in outreach to influence decision-makers through new and existing partnerships and media, social media and other channels.

## Strong advocacy by LGBTQI networks and organisations

APCOM has devoted significant resources to addressing the issues outlined above, at the regional, national and local level. The coalition has published numerous advocacy pieces<sup>1</sup> calling for greater emphasis on work with key populations during the pandemic, as well as protection of their human rights. In addition, APCOM has published its own prevention protocol to protect and safeguard its staff against covid-19, while allowing continuity of its work. Country partners have also adopted this protocol.

To contribute to addressing the effects of the covid-19 outbreak, APCOM started a fundraising and response mechanism called #CoronaAPCOMpassion. Launched in April 2020, the fundraiser was jump-started with APCOM staff voluntarily donating part of their salaries with the aim of providing support to key populations and LGBTQI communities in Asia and the Pacific. The fundraising and emergency response initiative was a result of a survey initiated by APCOM to look into the effects of covid-19 on individuals and organisations working on HIV and LGBTQI human rights issues.

APCOM, with AFAO's participation, has taken a leading role in forums such as the Blood-Borne Viruses (BBVs), Sexual Health and Covid-19 Regional Advisory Group of the Australasian Society for HIV Medicine (ASHM) on how community and health workers are responding to the restrictions and gradual opening up of lockdowns across the region. It also provided a suite of ideas for celebrating and promoting



the International Day against Homophobia, Transphobia and Biphobia on 17 May through online processes.

In addition, MPact (Global Action for Gay Men's Health & Rights) has launched an Incident Assessment and Documentation Tool for community-based organisations and individuals to track and document incidents of harassment, violence and abuse during the covid-19 pandemic.<sup>31</sup> Community-based organisations and individuals can download the tool for their own uses and purposes, or they can report cases online directly to MPact. The Love Yourself (TLY) in the Philippines is using the service disruption period to work on developing service innovations, such as online rapid ARV refills and telehealth programs through online interactive consultations. Taking advantage of people's increased presence online, The Love Yourself has launched the first unassisted HIV self-testing program in an online context and released a nationwide online survey to assess the effects of covid-19 on the sexual health behaviour of Filipinos. The results of the study will be used to inform the development and implementation of a digital social marketing campaign for HIV combination prevention. The Humsafar Trust in Mumbai is fundraising online for food, treatment and other essential services for transgender women and conducting a social media campaign aimed at reducing discrimination against gay men and transgender women.

## Initial work with other key populations

The Global Network of Sex Work Projects (NSWP) is conducting a survey on the impact of the covid-19 pandemic on sex workers and sex worker organisations and their communities. At the time of writing, the NSWP website showed analysis of some 150 responses from 55 countries (though not all in the region).

Red Umbrella Fund has published a call for donations to assist sex worker organisations in Bangladesh, India and Thailand. ... Indonesia has released 55,000 prisoners who were older, had underlying diseases or had been imprisoned for minor drug issues.

Findings from the survey show a range of responses including:

- establishment of emergency funds for sex workers in Thailand and Vietnam
- providing emergency food supplies in Bangladesh, Thailand and Vietnam
- using digital technology to provide support and emergency services and for peer training to move sex work to online spaces.

Red Umbrella Fund has published a call for donations to assist sex worker organisations in Bangladesh, India and Thailand.<sup>32</sup> Empower has issued a press release calling for Thailand's social security scheme to include sex workers and has opened an online library of its resources for sex workers.<sup>33</sup>

A crisis response mechanism has been established in Indonesia raising money for the transgender community, distributing food and hygiene packages. India and Bangladesh are now offering multi-month dispensing of opioid substitution therapy in some sites. Civil society organisations in several countries are facilitating courier delivery of ART medications. Indonesia has released 55,000 prisoners who were older, had underlying diseases or had been imprisoned for minor drug issues.



## Shifts in service delivery and models of care

Many civil society organisations and health services in the region have made important contributions through this period and have supported their communities through both material aid and advocacy. Many have demonstrated their adaptability by pivoting rapidly to maximise support for key populations. This has included trialling new models of delivery of ARVs, extending multi-month provision of ARVs, condoms and other prevention materials, and trialling online outreach. At the same time, organisations have been able to gather insights on the needs of the most marginalised, to inform government efforts to address population need, and they have been proactive in addressing the practical needs of community members.

## Response by funders

The Global Fund has strongly encouraged countries to take prompt action to mitigate the potential negative consequences of covid-19 on existing programs supported by Global Fund grants.<sup>34</sup> The Global Fund has said particular attention should be given to health worker protection, communication to affected communities, maintenance of essential services, supply chain coordination, early replenishment of stocks, disinfection of assets and waste management. Related costs may be approved by the Global Fund as eligible expenditure. It will also allow 'timebound reprogramming' of savings under existing grants (up to a limit of 5% of total grant value) and/or redeployment of resources

procured through existing grants, particularly infrastructure and capacities that became under-utilised because of covid-19.

By 20 May, funding had been approved for 83 countries and six regional grants for a total of nearly US\$138 million through covid-19 grant flexibilities. These countries included Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Sri Lanka, Timor-Leste and Vietnam. No breakdown is currently available of how much investment has been made available to HIV in these countries.<sup>35</sup>

PEPFAR remains deeply committed to advancing global progress toward controlling the HIV epidemic and providing access to life-saving HIV prevention and treatment services in the context of covid-19.<sup>36</sup> To continue to serve, support and protect clients, communities, staff and partners around the world, PEPFAR is focused on four priority areas:

- ensuring continuity of care for people living with HIV
- leveraging PEPFAR-supported health systems and infrastructure
- reducing exposure of staff and HIV clients to healthcare settings that may be overburdened and/or sources for potential exposure to covid-19
- providing flexibility for PEPFAR programs in how to optimally serve its HIV clients in areas affected by covid-19.

# Suggested immediate priorities for further action in Asia and the Pacific

## For governments and international donors

1. Acknowledge and support the role of key population-led community organisations and networks in addressing covid-19 through:
  - ensuring that key populations are involved in planning, decision-making and governance in emergency responses to covid-19, especially those most affected by the new pandemic
  - funding community-led organisations to provide emergency aid, funds, food, medications and prevention supplies to key populations
  - supporting widespread consideration and adaptation (as needed) of the APCOM covid-19 prevention protocol<sup>1</sup> for use in each key population organisation to protect staff and clients
  - supporting the scaling up of online service delivery and health education by civil society organisations and regional networks, through ensuring adequate IT infrastructure (hardware and software) and building the capability of organisations to work effectively in the digital space.
  - examining the advice of UNAIDS and the Global HIV Prevention Coalition<sup>23</sup> on ways to continue services during lockdown periods, in order to develop ways of maintaining HIV prevention, testing, treatment and care services for all key populations.

2. Acknowledge and support the role of key population-led community organisations and networks in monitoring the impact of responses to covid-19 through:
  - funding wide-scale distribution of and reporting on the MPact Incident Assessment and Documentation Tool for community-based organisations and individuals to track and document incidents of harassment, violence and abuse; and a community-led organisation to monitor access to HIV prevention, diagnosis and treatment, including development of a report card each six months.

## For key population organisations and networks in Asia and the Pacific

1. Use the materials in the References to advocate for:
  - community-based organisations to be designated as essential services and for their workers to be provided with appropriate permits to allow them to continue to provide outreach and other services (within national or local restrictions) without hindrance from police or security services
  - mobilisation of HIV community workers as a resource for reaching into communities (physically and virtually) to assist in the covid-19 response

- funds provided or re-allocated from Global Fund grants to be used to maintain essential services for key populations
  - specific assistance to key populations who are living with HIV and struggling with safe storage and adherence of multi-month supplies of ART and other medications, especially in the light of greater levels of homelessness and insecure housing for many key populations
  - release of non-violent prisoners from detention and the closing and freeing of inmates from detention or coerced treatment centres for drug users
  - national covid-19 responses to be rights-based and not to exacerbate stigma and discrimination against key populations,
- and to ensure that rights violations are documented and reported, and cases are followed up
- development and dissemination of information on covid-19 risks and prevention that is appropriate for key populations
  - national relief efforts that do not leave key populations behind
  - social protection measures and financial support that can be accessed by all in need, including sex workers.
2. Examine the APCOM covid-19 prevention protocol<sup>1</sup> and adopt or adapt this for use in each key population organisation to protect staff and clients.

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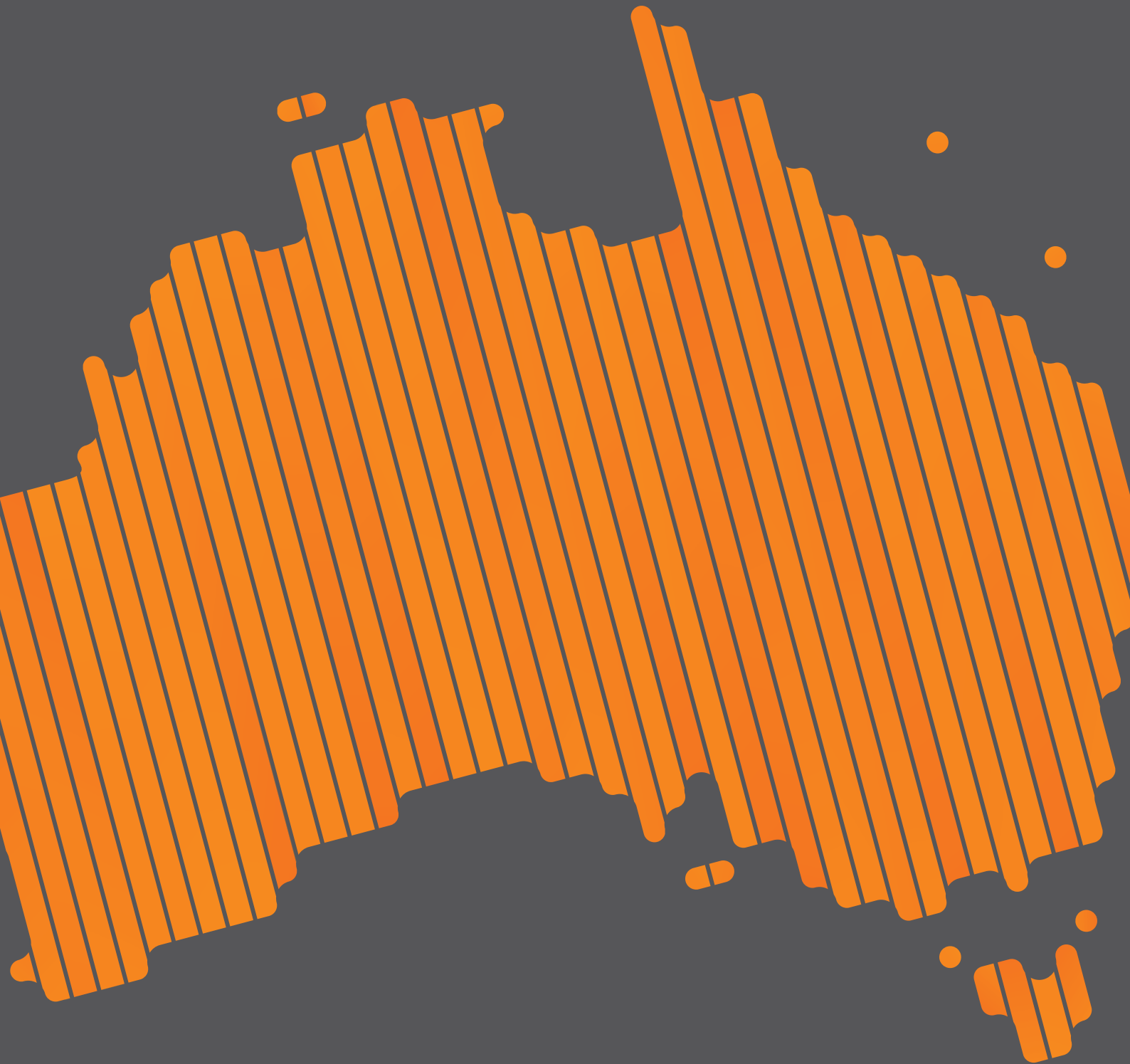
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# List of abbreviations

<b>AFAO</b>	Australian Federation of AIDS Organisations
<b>AIDS</b>	acquired immune deficiency syndrome
<b>APCOM</b>	Asia Pacific Coalition for Men's Sexual Health
<b>APTN</b>	Asia Pacific Transgender Network
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral (medication)
<b>ASHM</b>	Australasian Society for HIV Medicine
<b>EpiC</b>	Meeting Targets and Maintaining Epidemic Control
<b>HARC</b>	HIV/AIDS Research and Welfare Centre
<b>HIV</b>	human immunodeficiency virus
<b>HRI</b>	Harm Reduction International
<b>IDPC</b>	International Drug Policy Consortium
<b>INPUD</b>	International Network of People Who Use Drugs
<b>IT</b>	(digital) information technology
<b>LGBT</b>	lesbian, gay, bisexual and transgender
<b>LGBTQI</b>	lesbian, gay, bisexual, transgender, queer/questioning and intersex
<b>MPact</b>	MPact Global Action for Gay Men's Health and Rights
<b>MSM</b>	men who have sex with men
<b>NSP</b>	needle and syringe program
<b>NSWP</b>	Network of Sex Worker Programs
<b>OHCHR</b>	Office of the (United Nations) High Commissioner for Human Rights
<b>PEPFAR</b>	(US) President's Emergency Plan for AIDS Relief
<b>PPE</b>	personal protective equipment
<b>PrEP</b>	pre-exposure prophylaxis (for HIV)
<b>SKPA</b>	Services to Key Populations in Asia
<b>SOGIESC</b>	sexual orientation, gender identity, gender expression and sex characteristics
<b>TB</b>	tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>US</b>	United States of America
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



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