

# **GENDERED PANDEMICS**

## **A GENDER-JUST AND HIV-SENSITIVE RESPONSE TO COVID-19**





## INTRODUCTION

A number of organisations have drawn attention to the impact of gender on the COVID-19 pandemic. However, there has been little – if any – exploration of the ways in which the gender dimensions of COVID-19 overlap with or even undermine HIV prevention, treatment and care. Guidance is also lacking on how to prevent and mitigate this as part of an HIV programme that addresses gender in the context of COVID-19.

This brief seeks to fill these gaps. It outlines specific actions needed to ensure that the responses to COVID-19 are **gender-just** – that is, promoting gender equity and equal rights for all – and **HIV-sensitive**: responsive to the priorities of communities most affected by HIV.

When Mariam, 20, in Uganda had her daughter at age 13, she joined a young mother's club where she received support. The club also taught her how to sew and knit, skills she uses to make and sell fashion items.

Frontline AIDS has drawn up key recommendations, aimed at governments, UN agencies, donors and NGOs, to address five areas:

- 1 Domestic and intimate partner violence
- 2 Other forms of gender-based violence
- 3 Sexual and reproductive health and rights
- 4 Caregiving
- 5 Economic justice

Across all these areas, the leadership of women and marginalised people living with and affected by HIV at local, national and international levels is vital.

These recommendations are framed within our Sustain-Adapt-Protect approach. Action is urgently needed to **SUSTAIN** progress on HIV during the COVID-19 pandemic, to **ADAPT** community HIV programmes so that they can address COVID-19, and to **PROTECT** human rights.



# DOMESTIC AND INTIMATE PARTNER VIOLENCE

Evidence shows that gender based violence is both a cause and consequence of HIV.



©Frontline AIDS/Gemma Taylor 2019

There have been many reports of increased domestic or intimate partner violence as people stay at home during lockdown.<sup>1</sup> UN Women is calling violence against women a 'shadow pandemic' alongside COVID-19. According to the United Nations Population Fund (UNFPA), at least 15 million more cases of domestic violence are predicted around the world this year as a result of pandemic restrictions.<sup>2</sup> The World Health Organization (WHO) advises policy-makers to include essential services for violence against women in preparedness and response plans for COVID-19.<sup>3</sup>

While women and girls are most affected by domestic and intimate partner violence, LGBT individuals – especially young people -- are also a high risk of domestic violence in 'lockdown' situations, for example from family members who are not accepting of their sexual orientation, gender identity or expression.

Evidence shows that intimate partner violence increases the vulnerability of individuals, particularly women and girls, to HIV. We also know that living with HIV heightens the risk of violence. In addition, domestic violence and intimate partner violence are a barrier to the uptake of HIV services and adherence to treatment.<sup>4</sup> It is therefore critical that services addressing domestic and intimate partner violence are adapted to COVID-19 restrictions, and that these respond to the needs of marginalised people affected by HIV.

## Recommendations:

### SUSTAIN

- Ensure domestic violence services are funded as part of an essential service package in the COVID-19 response, including services that respond to the needs of people living with and affected by HIV. These should encompass helplines, online forums, legal support and legal aid, childcare support, housing/shelter, transport, financial support, healthcare (including an ongoing, confidential supply of antiretroviral therapy [ART] for people living with HIV) and psychosocial support for survivors.
- Ensure that information on HIV and the links to violence is available to all providers, along with strengthened referral pathways between gender-based violence, HIV and sexual and reproductive health (SRH) services.

<sup>1</sup> UN Women (2020), Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. Available at: <https://www.unwomen.org/en/digital-library/publications/2020/05/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision>

<sup>2</sup> Ford, L. (28 Apr 2020), 'Calamitous': domestic violence set to soar by 20% during global lockdown. The Guardian. Available at: <https://www.theguardian.com/global-development/2020/apr/28/calamitous-domestic-violence-set-to-soar-by-20-during-global-lockdown-coronavirus>

<sup>3</sup> WHO (2020), Q&A: Violence against women during COVID-19. Available at: <https://www.who.int/news-room/q-a-detail/violence-against-women-during-covid-19>

<sup>4</sup> WHO (2013), 16 Ideas for addressing violence against women in the context of the HIV epidemic: A programming tool. Geneva. Available at: [https://www.who.int/reproductivehealth/publications/violence/vaw\\_hiv\\_epidemic/en/](https://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/)



## ADAPT

- Make sure that services and information are safely accessible in the context of physical distancing measures, as recommended by WHO.<sup>5</sup> This may mean offering accessible digital services, no-phone and low- and no-tech contact options<sup>6</sup> for those experiencing or at risk of domestic violence.
- Deliver friendly, non-judgemental responses to domestic and intimate partner violence that make people living with HIV feel safe – confident that if they disclose their HIV status confidentiality will be maintained, and they will be able to access the HIV treatment they need.
- Ensure responses to domestic and intimate partner violence take into account the needs and priorities of sexual and gender minorities and others vulnerable to HIV, including people with disabilities.
- Ensure domestic and intimate partner violence services offer linkages and referrals to friendly, non-judgemental SRH and HIV services that have been adapted to the current situation.
- Provide medical commodities such as post-exposure prophylaxis (PEP) and emergency contraception during COVID-19 restrictions to people who have experienced sexual violence, through, for example, community pharmacies and other community services.
- Guarantee confidential access to HIV treatment, support and advice, including in domestic violence shelters and refuges.
- Ensure HIV settings delivering healthcare, psychosocial and peer support services provide information on domestic and intimate partner violence and are able to refer people living with HIV to respectful gender-based violence services.

## PROTECT

- Prioritise and fund local and national domestic violence emergency response mechanisms, such as refuges/safe houses, hotlines and units in police stations.
- Conduct public awareness and media campaigns about the increased risk of domestic and intimate partner violence in the context of COVID-19 and the links to HIV.

Across each of these recommendations, it is critical that governments, UN agencies, donors, NGOs and others involved in the COVID-19 response support work led by women's, LGBT and HIV organisations so that they can continue and adapt their violence prevention and response and public communications to the current situation (see Box 1).

1

## Southern women's rights organisations respond to and prevent violence against women and girls

- In Nigeria, **Education as Vaccine (EVA)** has created safe online spaces to share information about SRH and violence against women and girls services. EVA is using radio jingles, hosting helplines and campaigning to classify services addressing violence against women and girls as essential services.<sup>7</sup>
- In Zimbabwe, **Family AIDS Caring Trust (FACT)** and partners under the DREAMS initiative, supported by PEPFAR through USAID Zimbabwe, are increasing awareness of child abuse and gender-based violence in residential areas of Mutare. The campaigns, in collaboration with Diamond FM Zim, Simukai Child Protection Programme, Childline Zimbabwe and Family Support Trust, encourage early reporting of child abuse and gender-based violence.

Dolly, 22, is a sex worker at Doulatdia brothel in Bangladesh. She is married and has two children.



©Frontline AIDS/Syed Latif Hossain 2020

<sup>5</sup> WHO (April 2020), COVID-19 and violence against women: What the health sector/system can do. Available at: <https://www.who.int/reproductivehealth/publications/yaw-covid-19/en/>

<sup>6</sup> Erskine (2020), Not just hotlines and mobile phones: GBV service provision during COVID-19. UNICEF. Available at: <https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf>

<sup>7</sup> Taken from the written submission by the Gender and Development Network's Working Group on Violence against Women and Girls to the International Development Select Committee inquiry on the impact of coronavirus on developing countries. Available at: <https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/5ebc5cb86a179e3b0e2d5577/1589402809350/IDC+Submission+on+Coronavirus+in+developing+countries+2020+-+GADN.pdf>

## OTHER FORMS OF GENDER-BASED VIOLENCE

Matofu, 41, & son Suphi, 10 (both aliases) play Connect4 at a safehouse in Malawi after homophobic attacks at Dzaleka refugee camp.



©Frontline AIDS/Gemma Taylor 2019

The restrictions on movement imposed by countries' COVID-19 responses have heightened the risk of other forms of gender-based violence. This, in turn, fuels vulnerability to HIV among marginalised communities and restricts access to services for people living with HIV.

Types of violence include persecution (including by the police) of LGBT and sex worker communities; sex workers' greater risk of violence from clients as they have less negotiating power and safety networks have been eroded by social distancing; violence against homeless people from LGBT communities, women and men who use drugs, and other marginalised people. As public spaces empty and public transport is limited, people's

vulnerability to non-partner violence may rise during essential travel to shops, market, work, to collect water and access services.<sup>8</sup>

Around the world, COVID-19 restrictions are acting as a barrier to people's access to justice. Essential legal mechanisms, such as the courts and human rights lawyers, which are critical to protect the human rights of marginalised people, are inaccessible to many. In Uganda, as Human Rights Watch points out, 'living in a shelter for homeless people shouldn't be illegal', and yet in March 2020 LGBT people were arrested for 'a negligent act likely to spread infection of disease'.<sup>9</sup> See Box 2.

<sup>8</sup> International Network of People who Use Drugs (2020). In the time of COVID-19: Civil society statement on COVID-19 and people who use drugs. Available at: <https://www.inpud.net/en/time-covid-19-civil-society-statement-covid-19-and-people-who-use-drugs>  
Sex Workers' Rights Advocacy Network (SWAN) (2020). SWAN statement on COVID-19 and demands of sex workers. Available at: [http://swannet.org/en/content/swan-statement-covid-19-and-demands-sex-workers?fbclid=IwAR0z4Xb-32NxqSPvnGKNvTfuwiNgmuF71eyRbtyGSU5OfqjCcgN\\_WKlp7-M](http://swannet.org/en/content/swan-statement-covid-19-and-demands-sex-workers?fbclid=IwAR0z4Xb-32NxqSPvnGKNvTfuwiNgmuF71eyRbtyGSU5OfqjCcgN_WKlp7-M)  
Global Network of Sex Work Projects and UNAIDS (April 2020). Joint Statement: Sex workers must not be left behind in the response to COVID-19. Available at: <https://www.nswp.org/page/covid-19>

The Guardian (April 2020). Hungary seeks to end legal recognition of trans people amid Covid-19 crisis. Available at: <https://www.theguardian.com/world/2020/apr/02/hungary-to-end-legal-recognition-of-trans-people-amid-covid-19-crisis>  
UNAIDS (April 2020). UNAIDS condemns misuse and abuse of emergency powers to target marginalized and vulnerable populations. Available at: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409\\_laws-covid19](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409_laws-covid19)  
<sup>9</sup> Ghoshal, N (2020). Uganda LGBT shelter residents arrested on COVID-19 pretext. Human Rights Watch. Available at: <https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>



## 2

### Defending the human rights of young LGBT people under lockdown in Uganda

In late March, Frontline AIDS' partner in Uganda, Human Rights Awareness and Promotion Forum (HRAPF), informed us that a shelter for young LGBT people had been raided. The residents – mostly gay men and transgender women – were physically abused in front of the media and threatened with charges under anti-gay laws. When it seemed that these would not stand up, they were then charged with breaching lockdown. Twenty young people were detained.

Frontline AIDS convened a rapid response team and began working with HRAPF and Sexual Minorities Uganda. We focused on advocacy behind the scenes, engaging influential donor governments as well as the UNAIDS Executive Director. Finally, after almost seven weeks in detention, the young people were brought to court and all charges were dismissed. They were in poor health, and we were able to channel emergency funds to provide medical care, counselling and housing.

In mid-June, HRAPF returned to court to challenge the legality of detaining the young people. The judge declared that their imprisonment was a violation of the rights to liberty and to a fair trial and awarded significant damages. The court also observed that the right to a fair hearing could not be waived even during the COVID-19 crisis – sending a strong message to police in Uganda and setting an important legal precedent that may be significant in other countries.

This case has given us unique insights into the additional challenges that human rights defenders are experiencing as a result of COVID-19. It also sheds light on the stigma, discrimination and violence experienced by young people who don't conform to gender norms.

Member of the Guyana Trans United, an organisation that supports trans people.



## Recommendations:

### SUSTAIN

- Invest in community-led organisations (of women, sexual and gender minorities living with and affected by HIV, LGBT individuals, people who use drugs, sex workers, migrants and refugees, people with disabilities and other marginalised people) so that they can continue and adapt their work to address gender-based violence under COVID-19 restrictions.
- Provide emergency financial support and minimum income guarantees for all, including women and sex workers of all genders, to provide everyone with social protection and minimise the harm caused by physical distancing/stay at home measures.
- Ensure that an analysis of the risk of violence against women and girls, and socially marginalised groups - and how to mitigate it - underpins COVID-19 adaptations to maintain access to SRH services and commodities, including pre-exposure prophylaxis (PrEP), PEP, ART, condoms, lubricant and clean needles. .

### ADAPT

- Guarantee access to equitable, non-judgemental gender-based violence services and advice online, by telephone and where possible, in-person for women and marginalised people living with and affected by HIV. This includes people in institutional care settings, refugee camps, prisons and other detention centres.

### PROTECT

- Strengthen community-based human rights monitoring and response mechanisms relating to HIV and gender-based violence under COVID-19 restrictions.
- Ensure recommendations from community-led organisations of women and marginalised people living with and affected by HIV underpin clear guidelines for police, prison staff, healthcare providers and other professionals. This will prevent marginalised communities from being blamed or subjected to further criminalisation for 'spreading coronavirus'. It will also help ensure that the human rights of all are respected, regardless of their identity, or whether they are deemed to be 'breaking the rules' relating to COVID-19 restrictions.
- Ensure that courts and other mechanisms essential to protect human rights can continue operating under COVID-19 restrictions. This may mean conducting hearings via video link and enabling lawyers to speak to their clients by telephone or video.

# SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Shumi, 22, is conducting a peer-led SRHR session with sex workers at Chittagong old railway station in Bangladesh.



©Frontline AIDS/Syed Latif Hossain 2015

The COVID-19 pandemic is having a major impact on the delivery of sexual and reproductive healthcare around the world. A survey by the International Planned Parenthood Federation (IPPF) shows that 5,633 static and mobile clinics and community-based care outlets have already closed because of the outbreak, across 64 countries.<sup>10</sup>

Experience of the Ebola crisis sounds a warning bell. During the 2013-2016 Ebola outbreak in West Africa, women in Sierra Leone were not only at risk due to Ebola: their access to essential, life-saving reproductive healthcare was also disrupted. This resulted in as many, if not more, pregnancy-related deaths than deaths from Ebola itself.<sup>11</sup>

During the COVID-19 emergency response, we are likely to see spikes in unintended pregnancies, unsafe abortion, HIV, maternal mortality and morbidity due to lack of access to contraception, condoms, ART, safe abortion care, post-abortion care and obstetric care.<sup>12</sup>

UNFPA estimates that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if the average lockdown, or COVID-19-

related disruption, continues for six months with major disruptions to services. In this scenario, an additional seven million unintended pregnancies are foreseen.<sup>13</sup>

In a number of countries, COVID-19 is being used to roll back reproductive rights and limit access to safe abortion services.<sup>14</sup> People, particularly those from marginalised communities, who seek essential SRH services could face increased discrimination.

COVID-19 is having a huge impact on maternity care. Experts warn that COVID-19 restrictions could cause 'tens of thousands' of additional maternal deaths around the world. A global investigation identified cases in at least 45 countries of 'traumatic' experiences that contravene WHO guidance and some national laws. In at least six countries, pregnant women have died after COVID-19 restrictions reportedly prevented or delayed access to emergency healthcare.<sup>15</sup>

Many women around the world have reported poor quality, disrespectful maternity care. Experiences include birth companions banned from hospitals, in some cases even after other lockdown restrictions have been lifted. Mothers have been separated from newborns and prevented from breastfeeding – despite no evidence that coronavirus can be spread through breastmilk.

<sup>10</sup> IPPF (April 2020), COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. Available at: <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

<sup>11</sup> Sochas L, Channon AA, Nam S (2017), 'Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone.' *Health Policy Plan.* 2017 Nov 1;32(suppl\_3): iii32-iii39. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/29149310>

<sup>12</sup> UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia), (27 April 2020), Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage: Interim technical note: summary article. Available at: [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

<sup>13</sup> UNFPA, Ibid.

<sup>14</sup> IPPF (April 2020), Failures to guarantee safe access to abortion endangers health of women, girls amid COVID-19. Available at: <https://www.ippf.org/news/failures-guarantee-safe-access-abortion-endangers-health-women-girls-amid-covid-19>

<sup>15</sup> OpenDemocracy (July 2020), Top doctors and lawyers condemn 'shocking' treatment of women in childbirth during COVID-19. Available at: <https://www.opendemocracy.net/en/5050/doctors-lawyers-condemn-shocking-treatment-childbirth-covid/>

Pain medication has been withheld because hospital resources were diverted to the COVID-19 response. Procedures have been performed to speed up labour, without women's consent. Women in labour have also been turned away from health centres because they appeared to have coronavirus symptoms or didn't have masks, or because maternity facilities were dedicated to COVID-19.

Guidance on adapting and delivering integrated SRH and HIV services during COVID-19 is urgently required. Current information from UNAIDS and international NGOs is insufficient.<sup>16</sup>

## Recommendations:

### SUSTAIN

- Recognise and maintain SRH services as essential life-saving services.
- Ensure funding and support to community-led organisations (of women, LGBT people, men and women who use drugs, sex workers, migrants and refugees, people with disabilities and other marginalised people) to continue their work to address SRHR and HIV and adapt it to COVID-19 restrictions.
- Prioritise respectful, dignified, quality care before, during and after childbirth, and advocate to ensure that COVID-19 responses guarantee respectful maternity care for all.
- Maintain and fund peer support for ART adherence, HIV and SRHR counselling, and psychosocial support through online or physically distanced visits, given that the safety of volunteers is paramount.

### ADAPT

- Adapt SRH services to the current situation under COVID-19. Services and information must be HIV-sensitive and gender-responsive, treating everyone with respect, regardless of their identity. They must also follow recommendations from community-led organisations of women and marginalised people living with and affected by HIV.

- Ensure that all guidance on COVID-19 adaptations for essential life-saving services covers sexual and reproductive health and rights (SRHR) and HIV.
- Make available and promote the use of self-care SRHR options (e.g. home HIV and STI tests, medical abortion pills<sup>18</sup> and self-administered contraception, including emergency contraception).
- Provide larger refills of ART<sup>19</sup> (e.g. six-month refills rather than for one or three months) by delivery if possible, as well as adequate supplies of sterile needles, opioid substitution therapies, condoms, PrEP, gender-affirming hormone therapy and contraceptives.<sup>20 21</sup>
- Ensure menstrual products are available to all who need them and can be accessed even in lockdown.<sup>22</sup> For example, under the curfew in Sri Lanka, IPPF Member Association Family Planning Association of Sri Lanka provided 5,000 sanitary pads to six quarantine centres run by the state for returning migrants.
- Implement flexible services, such as providing mobile clinic services by motorbike, with drivers equipped with personal protective equipment (PPE), as supported by Frontline AIDS' [Rapid Response Fund](#).<sup>23</sup>
- Provide emergency transport to maternal health services for pregnant women living with HIV so that they can access antenatal care, maternity and postnatal care, including ART to prevent vertical transmission.
- Provide PPE for health workers and other key workers who need it in SRH and HIV settings. Check that PPE fits women as well as men.
- Support and promote existing online forums, apps and digital platforms providing information on SRHR and HIV and provide comprehensive sexuality education online.

### PROTECT

- Ensure the safety of all SRH service providers, including when going to and from work in curfew and lockdown settings. (Safety may be compromised by police over-interpreting curfew laws, by empty streets or lack of public transport.) need them and can be accessed even in lockdown.

<sup>16</sup> For example, Frontline AIDS' Information note: COVID 19 and HIV covers HIV treatment, and treatment for co-morbidities, but does not address SRHR for people living with HIV. Available at: <https://frontlineaids.org/resources/information-note-covid-19-and-hiv/>

<sup>17</sup> UNAIDS (March 2020), What people living with HIV need to know about HIV and COVID-19. Available at: [https://www.unaids.org/en/resources/documents/2020/HIV\\_COVID-19\\_brochure](https://www.unaids.org/en/resources/documents/2020/HIV_COVID-19_brochure)

<sup>18</sup> Jiang, H., Zhou, Y., & Tang, W. (2020), Maintaining HIV care during the COVID-19 pandemic. The Lancet HIV. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30105-3/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30105-3/fulltext)

<sup>19</sup> Marie Stopes International (2020), Our response to the crisis. Available at: <https://www.mariestopes.org/covid-19/#response>

<sup>20</sup> WHO (March 2020), Q&A: HIV, antiretrovirals and COVID-19. Available at: <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>

<sup>21</sup> WHO (April 2020), Q&A: Contraception/family planning and COVID-19. Available at: <https://www.who.int/news-room/q-a-detail/contraception-family-planning-and-covid-19>

<sup>22</sup> UNAIDS, HIV and Covid-19 (March 2020), What people living with HIV need to know about HIV and COVID-19. Available at: <https://www.unaids.org/en/resources/infographics/hiv-and-covid-19>

<sup>23</sup> UNICEF (2020), Mitigating the impacts of Covid-19 on menstrual health and hygiene. Available at: <https://www.unicef.org/media/68446/file/Mitigating-the-impacts-of-COVID19-on-menstrual-health-and-hygiene-Brief.pdf>

<sup>24</sup> Frontline AIDS (2020), Emergency appeal launched to increase funding for LGBT people impacted by Covid-19, as demand for support triples. Available at: <https://frontlineaids.org/emergency-appeal-lgbt-people-covid-19/>



## CAREGIVING

Mariam Yusuf, 22, from Malindi in Kenya. She is a mother to two children and has experienced gender based violence. She uses drugs and sometimes sells sex.



©Frontline AIDS/Corrie Wringate 2017

In normal circumstances, women and girls shoulder a disproportionate burden of care,<sup>24</sup> and this is amplified during health crises such as HIV, Ebola and COVID-19.<sup>25</sup> Coronavirus is placing an immense burden on health systems and health workers who care for the sick.<sup>26</sup> Globally, 70% of the formal health workforce are women – although they are under-represented in senior positions – so they are at greater risk of contracting COVID-19 through their work.

Informally, women also do more unpaid care work than men, including childcare, housework as well as caring for elderly relatives and sick family members. This burden could become even heavier with lockdowns, children home from school, restrictions on travel and shopping, implementing hygiene practices or caring for others.<sup>27</sup> The extension of women's caregiving roles during COVID-19 comes at the expense of other roles, including their ability to earn an income.<sup>28</sup>

<sup>24</sup> OECD (2014), Unpaid care work: The missing link in the analysis of gender gaps in labour outcomes. Available at: [https://www.oecd.org/dev/development-gender/Unpaid\\_care\\_work.pdf](https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf)

<sup>25</sup> OECD (2020), Women at the core of the fight against COVID-19 crisis. Available at: <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis/>

<sup>26</sup> WHO (2020), Ibid.

<sup>27</sup> OECD (2020), Ibid.

<sup>28</sup> OECD (2020), Ibid.

Women living with HIV also do a great deal of unpaid community mobilisation and peer support work.<sup>29</sup> During COVID-19 lockdowns, they are adapting their work to the emergency situation.<sup>30</sup> The [International Community of Women Living with HIV/AIDS \(ICW\)](#) is supporting communities<sup>31</sup> in various ways. This includes delivering ART to women living with HIV, including migrant workers; distributing food packages to the most vulnerable women, such as sex workers and women in conflict settings; and advocating for SRHR to be classified as essential services in the context of COVID-19.

## Recommendations:

### SUSTAIN

- Support HIV networks to develop and disseminate tailored information on COVID-19 that addresses gender and HIV. Clear, accurate messages should communicate how COVID-19 is spread and how individuals, families and communities (including those living with and affected by HIV) can protect themselves and others. See, for example, the work of [Alliance for Public Health, Ukraine](#), which is providing information and advice on a human rights-based response to harm reduction during the pandemic.
- Fund networks of women living with and affected by HIV working to address harmful gender norms and the burden of care on women, so that they can continue and adapt their work to provide care, and/or encourage all household members to share childcare and domestic labour during the COVID-19 crisis and beyond.
- Support organisations of people living with and affected by HIV to counter myths and misinformation about COVID-19 in each context that puts them at particular risk.
- Promote trust-based funding for organisations providing peer support. This approach is an attempt by philanthropy to build trust and redress the power imbalance between grant-makers and grantees.<sup>32</sup>

<sup>29</sup> Salamander Trust et al (2020), The WHAVE podcast paper #1. Fund what works: fund community-led women's rights organisations for an effective, ethical and sustainable response to HIV. Available at: [https://salamandertrust.net/wp-content/uploads/2019/02/20200331\\_The\\_WHAVE\\_paper1\\_Funding\\_Final.pdf](https://salamandertrust.net/wp-content/uploads/2019/02/20200331_The_WHAVE_paper1_Funding_Final.pdf)

<sup>30</sup> ICW, Global Network of People Living with HIV (GNP+) and the Global Network of Young People Living with HIV (Y+ Global) (May 2020), Positive living in the time of Covid-19. Available at: <https://www.gnpplus.net/assets/Positive-Women-Living-in-the-time-of-COVID-19-Newsletter-4-May-compressed.pdf>

<sup>31</sup> ICW, GNP+ and Y+ Global (2020), Ibid.

<sup>32</sup> See, for example, The Chronicle of Philanthropy (March 19, 2020), Top foundations unite to give charities more freedom over grants. Available at: <https://www.philanthropy.com/article/Top-Foundations-Unite-to-Give/248285>

### ADAPT

- Ensure the availability of appropriate PPE, including for community health volunteers and peer supporters in clinics, institutional care and community settings, providing a range of sizes suitable for women.
- Provide and advocate for flexible working arrangements for employees working from home, especially single parents/carers and those providing peer support to people living with and affected by HIV.
- Extend childcare through, for example, school places for parent/carer workers and allowing friends, families and neighbours to help parents they know.

### PROTECT

- Recognise the value of care to ensure financial security for those providing care (predominantly women) and HIV peer support, through pay increases or basic income/minimum income guarantees.

A young mother and sex worker in Malawi feeding her daughter.





# ECONOMIC JUSTICE

Pheobe Kanana is a sex worker in Watamu, a tourist hotspot on the Kenyan coast.



Women living with HIV and women in all their diversity from marginalised populations, including LGBT communities, sex workers and men and women who use drugs, experience economic injustice, insecure work and low pay. Work in the informal sector and sex work become even more difficult under lockdown. And women bear the brunt as they make up a large proportion of workers in the informal sector worldwide. This disruption to livelihoods will increase poverty, affecting women's health, wellbeing and access to basic needs and services. It may also exacerbate household conflicts and violence.

As resources become scarcer, women and LGBT people may be at greater risk of economic injustice.<sup>33</sup> Additionally, medical treatment for COVID-19 has the potential to cause enormous economic hardship to people in contexts where healthcare is not free.<sup>34</sup> People should not have to worry about whether they can afford to pay for medical testing and treatment if they become ill with COVID-19 or any other condition.

This crisis is magnifying existing inequalities and underlining the importance of universal health coverage which is free at point of use.

## Recommendations:

### SUSTAIN

- Provide a universal basic income or minimum income guarantee to ensure that all people, regardless of employment status, HIV status, disability, sexual orientation or gender identity etc, can cover their basic needs. This would also help acknowledge and value those people in caregiving and peer support roles.
- Advance universal health coverage which is free at point of use.

### ADAPT

- Provide COVID-19 emergency funds for marginalised people living with or affected by HIV, including undocumented immigrant women, domestic workers, women with disabilities, sex workers and survivors of sex trafficking.

### PROTECT

- Decriminalise sex work and recognise sex workers' human rights. This would also enable sex workers to access social protection and welfare systems.

<sup>33</sup> UN (2020), Policy brief: The Impact of COVID-19 on women. Available at: <https://www.reliefweb.int/sites/reliefweb.int/files/resources/policy-brief-the-impact-of-covid-19-on-women-en.pdf>

<sup>34</sup> See, for example, The Independent (March 21, 2020), Coronavirus: Woman charged \$35,000 by hospital for testing and treatment. Available at: <https://www.independent.co.uk/news/world/americas/coronavirus-latest-cost-us-healthcare-covid-19-treatment-health-insurance-a9415641.html>

## USEFUL RESOURCES

### Information on COVID-19, gender, HIV, SRHR and gender-based violence

LINK TO RESOURCE	MAIN AREA OF FOCUS
<a href="#">Gender and COVID-19 Working Group</a>	Covers all main areas.
<a href="#">IPPE</a>	Impact of COVID-19 on SRHR, as reported by IPPF Member Associations.
<a href="#">Coalition of Feminists for Social Change (COFEM)</a>	COVID-19 resources on mitigating and preventing violence against women and girls, self and collective care, assistance and more.
<a href="#">Gender and Development Network: Feminist responses to COVID-19</a>	Violence against women and girls, economic justice, SRHR, voices from the South, humanitarian, feminist leadership, militarism, multilateral organisations, intersectionality, general.
<a href="#">Development Connections (DVCN)</a>	Resources in Spanish on COVID-19 and violence against women and girls.

### COVID-19 responses from community-led organisations of women and marginalised people living with and affected by HIV

Many organisations and networks have issued statements with recommendations for an effective HIV-sensitive, gender-just response to COVID-19 at global and national levels. These include:

- [A call to African leaders to accelerate action on COVID-19](#) from the International Community of Women Living with HIV East Africa.
- [Joint statement: Sex workers must not be left behind in the response to COVID-19 by the Global Network of Sex Work Projects and UNAIDS. Social media campaign to highlight the challenges faced by the transgender community in India](#) by the Humsafar Trust, India's oldest LGBTQ+ organisation, in which the trans community challenges stigma, discrimination and inequality.
- [BONELA calls for a right based approach amid COVID-19 crisis](#), in which BONELA advocates for decisions that respect the rights of those detained and undergoing clinical supervision.
- [Letter to Dr Z L Mkhize Minister of Health National Department of Health, from the Sexual and Reproductive Justice Coalition](#), asserting that SRH services, including access to abortion, are essential medical services; and requesting that women continue to access such services during the lockdown in a manner that is safe, free from violence, discrimination and stigma.

If you are a community-led organisation and have recommendations for a gender-just, HIV-sensitive response to COVID-19, please get in touch and we will add them to this brief.

#### Acknowledgements

**Authors:** Fiona Hale and Emma Bell

**Contributors:** Luisa Orza, Fionnuala Murphy, Marina Schkot, Sally Shackleton, Felicia Wong

**Editor:** Sarah Hyde

**Design:** HD Design

Get in touch with Luisa Orza, Lead: HIV Technical (Gender), Frontline AIDS, if you would like to suggest additions or changes to this advocacy brief: [lorza@frontlineaids.org](mailto:lorza@frontlineaids.org).





**JOIN US. END IT.**

[www.frontlineaids.org](http://www.frontlineaids.org)