

UNAIDS calls on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic



Purpose

UNAIDS calls on governments to live up to their 2030 Agenda for Sustainable Development commitment to leave no one behind by strengthening social protection systems, including the set of minimum standards known as “floors”, in the face of the COVID-19 pandemic and by enhancing the responsiveness of social protection systems to people’s basic and changing needs and vulnerabilities—in particular for people living with, at risk of and affected by HIV, including key populations¹ and young people, women and girls, people living with disabilities, refugees, asylum seekers, migrants and populations in a state of food insecurity or malnourishment and in humanitarian settings. These groups of people are among the high-risk populations for COVID-19 and are especially vulnerable to economic, spatial and social inequalities and disruptions in the provision of, and effective access to, basic services and social assistance.

Rationale

The COVID-19 pandemic is an unprecedented health, development and humanitarian crisis. Governments have been challenged to envisage and roll out substantive responses to reach the most vulnerable and marginalized. Social protection systems are an indispensable part of a coordinated policy response to the unfolding crisis and, in particular, the set of minimum safeguards on which they are grounded, known as “floors”. Social protection floors are nationally defined sets of basic guarantees that should ensure, as a minimum, that, over the life cycle, all

in need have access to essential health care and to basic income security that together ensure effective access to goods and services. Within the context of the 2030 Agenda for Sustainable Development, social protection plays an integral role in eradicating chronic poverty (Sustainable Development Goal (SDG) target 1.3), narrowing gender and social inequalities (SDG targets 5.4 and 10.4) and achieving universal health coverage (SDG target 3.8) in alignment with international consensus on national social protection floors, as described above. Currently, approximately 55% of the world’s population have NO social protection coverage. Government responses to COVID-19 should pay critical attention to the populations left behind in the HIV response in the effort to socially protect them.

People living with HIV and tuberculosis (TB) are being significantly impacted by COVID-19. Modelling has estimated the potential catastrophic impacts of the COVID-19 pandemic, with increases of up to 10%, 20% and 36% projected deaths for HIV, TB and malaria patients, respectively, over the next five years.

Leaving no one behind in the face of COVID-19

Key population groups and entire communities are facing extreme disruptions to their subsistence and livelihoods. Sex workers in most countries operate within the informal economy and are currently prevented from working and face destitution and hunger, together with their dependents. People who inject drugs often have no access to income and to prevention, treatment and rehabilitation services. Lesbian,

¹ UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.



gay, bisexual, transgender and intersex communities are facing further stigmatization, violence and alienation.

All key populations face an increased risk of COVID-19 and associated adverse socioeconomic impacts that increase their vulnerability to HIV. Many are excluded from current social protection mechanisms and assistance packages in the face of the pandemic.

Children and young people are suffering disproportionately from the COVID-19 crisis. Prior to the outbreak, two out of three children had no or inadequate social protection coverage. The vulnerability of children and young people to HIV has been further exacerbated by school closures, which affected more than 90% of the world's student population, interrupting access to education and to crucial social services, such as school meals.

Women and girls in all their diversity are among the worst affected. In the past, school closures led to early and forced marriages, transactional sex to cover basic needs and sexual abuse, leading to an increase in adolescent pregnancies in some communities. Women and girls are overrepresented in the informal economy and in unpaid work inside and outside the home

and COVID-19 has exacerbated the burden that they carry in paid and unpaid health care and other work. The pandemic has also exposed the precariousness of their jobs. Gender and income inequalities exacerbate the risk of contracting HIV. The inability of men to earn a living and provide for their families while struggling to meet social normative expectations as "breadwinners" and "protectors" can lead to further strain on households and gender dynamics. This strain on adolescent boys and men could affect mental health and lead to abusive and negative coping strategies that, in some instances, perpetuate violence and wrongful notions of masculinity.

Refugees and asylum seekers are often excluded from national social protection programmes, thus hampering their ability to meet basic needs and achieve self-reliance. Populations in humanitarian settings are among the most vulnerable to the socioeconomic consequences of the COVID-19 pandemic. There are now more people in need of humanitarian assistance than ever before, and the trend shows no sign of reversing. It is estimated that 168 million people are in need of humanitarian assistance in 2020: a situation made considerably worse by the COVID-19 pandemic. Moreover, some of the 272 million international migrants worldwide have had their vulnerabilities

exacerbated by the pandemic due to a lack of appropriate health insurance, insufficient income and stigmatization due to the perception that migrants are carriers of the virus.

Before the pandemic hit, nearly 2 billion people were experiencing moderate and acute levels of food insecurity worldwide. Food-insecure and malnourished populations are of great concern as COVID-19 threatens to push 130 million more people into severe hunger, doubling the total to more than a quarter of a billion in 2020. Reliable physical and economic access to nutritious foods is critical for everyone to live full and healthy lives. Food security and nutrition support are proven prerequisites for the sustained adherence and effectiveness of treatment for people living with HIV and TB and for reducing the risks of the adverse impacts of COVID-19.

People living with disabilities are among the 12 populations listed by the Joint Programme as being left behind in the HIV response. The employment gap between people with a disability and people without is 24%, with women

with a disability being less likely to be employed than men. Data from sub-Saharan Africa suggest an increased risk of HIV infection of 1.48 times in men and 2.21 times in women with disabilities compared with people without disabilities.

The global Human Development Index—which can be measured as a combination of the world's education, health and living standards—could decline this year for the first time since the concept was introduced in 1990. To buffer the decline in human development for hard to reach, vulnerable and marginalized populations, governments must address critical barriers to social protection and health programmes.

Stigma and discrimination, punitive laws and practices, lack of infrastructure and medications and other health commodities, the absence of contextually appropriate and tailored information, education, transport and housing facilities, as well as the unaffordability of basic utilities and social services, pose recurrent, overlapping and often entrenched barriers.





Leveraging social protection systems for COVID-19 and HIV

Social protection measures have been advanced in the response to the COVID-19 pandemic all over the globe. To date, 195 countries and territories have introduced and/or adapted a variety of social protection measures, accounting for US\$ 541.7 billion, or 0.6% of the global gross domestic product (approximately US\$ 85 trillion). As of June 2020, more than 1000 new and adjusted social protection measures had been recorded worldwide. In line with the 90–90–90 Fast Track Targets, governments agreed, through the adoption of the 2016 United Nations Political Declaration on Ending AIDS, to ensure that at least 75% of people living with, at risk of or affected by HIV benefit from HIV-sensitive social protection. Providing services and social assistance in response to COVID-19 that adequately covers the unique needs and vulnerabilities of people living with HIV prevents their exclusion and, more importantly, the realization of their full potential. This means not living in the short term only but being able to plan and envision a life free from stigma and fear.

Governments' potential for effective action

Social protection supports HIV prevention, testing, treatment and adherence to lifelong antiretroviral therapy by contributing to a wide range of socioeconomic determinants of public health. By providing for people's basic needs, such as food, and supporting access to essential services, such as health and education, social protection contributes to the progressive realization of human rights and the narrowing of broad economic, spatial and social and gendered inequalities. Social assistance interventions help to prevent disease by incentivizing the effective demand and supply of health and education services. In addition, social assistance interventions support the avoidance or minimization of negative social risk management strategies, like the selling of assets and taking children out of school to help supplement income losses.

In the context of the COVID-19 pandemic, governments must enhance social protection coverage, adequacy and comprehensiveness for all and while doing so ensure that the social protection response is sensitive to the needs of people living with, at risk of or affected by HIV,

including key populations and other vulnerable groups.

A broad array of social assistance, social insurance and active labour market programmes has been successfully used to advance the contribution of social protection to the HIV response. Community engagement and substantial investment in the supply and delivery of quality social policies and basic services are also needed to ensure that financial health protection is able to effectively address some of the barriers that trap people in the vicious cycle of poverty, hunger, ill health and exclusion.

While scaling up social protection programmes, governments should decisively remove the barriers that are faced by the poor and most vulnerable populations that limit their ability to fully benefit from the extension of social protection and basic social and health services. Reforming punitive laws and discriminatory policies and practices against key populations must be coupled with the institutionalization of inclusive social protection systems for all, so that the benefits are rightful entitlements and not siloed, exclusive and transitory handouts.

Governments must ensure the sustainability of businesses and jobs by stimulating the economy and employment through active fiscal and accommodative monetary policies. Measures to increase the coverage of fiscal packages and simplify procedures for people in the informal economy, especially women, must be promoted, including for those engaged in unpaid care and domestic work. Furthermore, governments must protect workers through strengthened occupational health and safety and adapted work measures and support enterprises, jobs and incomes through extended social protection relying on social dialogue to build trust and define joint solutions.

Governments should support the concrete commitments and guarantees that COVID-19 treatments and tests, when available, should be universally accessible to everyone, in line with the efforts to achieve universal health coverage as in SDG target 3.8, with priority given to frontline health workers, vulnerable people and poor countries with a high COVID-19 burden and the least capacity to save lives.



CALL TO ACTION

UNAIDS calls on governments to:

- Live up to their commitment to develop nationally owned and led social protection systems for all, including floors.
- Scale up and progressively enhance coverage, adequacy and comprehensiveness, thereby improving the responsiveness and quality of interventions to address the needs and vulnerabilities of people living with HIV.

Key actions include:

- **ENSURING** that affected communities of people living with, at risk of or affected by HIV, including key populations and other vulnerable populations, such as young people, women and girls, migrants, people living with disabilities, refugees, asylum seekers, internally displaced and stateless people, as well as food-insecure and malnourished populations, have access to essential health services, including HIV testing and antiretroviral therapy, sexual and reproductive health services and HIV prevention methods such as condoms, voluntary medical male circumcision, pre-exposure prophylaxis, elimination of vertical transmission and confidential harm reduction services without disruption. Where possible, people living with HIV should receive three- to six-month supplies of medication.
- **CREATING** linkages to community-led services and civil society organizations and ensuring that people living with, at risk of or affected by HIV, including key populations and other vulnerable populations, are on governing structures of national and/or community social protection programmes and have a voice. This strengthens the inclusion of people living with, at risk of and affected by HIV, including key populations and other vulnerable populations, in social protection programmes.
- **BUILDING** bridges between social protection programmes and other interventions that address food, nutrition, education, livelihoods, jobs, mental health and the psychosocial needs of people living with HIV and TB in order to build synergies and ensuring sickness benefits or other social protection provisions to meet the essential needs of all individuals and communities affected by COVID-19 that are under quarantine, curfew or lockdown.
- **INVESTING** in innovative approaches for expanding and continuing access to primary, secondary and tertiary schooling and strengthening the capacity of education systems to provide linkages to social protection services (including opportunities to take home food rations in settings where it is not possible to deliver food) and enhancing pathways to employment as an effective HIV prevention strategy in countries with a high HIV incidence.
- **ENHANCING** access to social protection provisions and programmes, including food and cash transfers, for people living with, at risk of and affected by HIV, including key populations and other vulnerable populations, such as young people, women and girls, migrants, people living with disabilities, refugees, asylum seekers, internally displaced and stateless persons, as well as food-insecure and malnourished populations, during the COVID-19 pandemic response and prioritizing older people living with HIV, as well as other people living with HIV and all people who are likely to suffer a more serious COVID-19 disease. Deploying crisis response measures that are inclusive and rapidly adapting registration and eligibility criteria in order to enable the inclusion of vulnerable people, with a view to strengthening social protection systems in the medium to long term.
- **ENSURING** the long-term sustainability of livelihoods, businesses, enterprises and jobs and the protection of workers and incomes during and after COVID-19.
- **SUPPORTING** concrete commitments and guarantees that, when available, COVID-19 treatments, tests and tools are universally accessible to everyone, with priority given to frontline workers, vulnerable people and poor countries with the least capacity to save lives.

JOINT PROGRAMME ENDORSEMENT

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