



ICWAP



ASIA PACIFIC  
INTER-AGENCY TASK TEAM ON  
YOUNG KEY POPULATIONS



## KEY MESSAGES

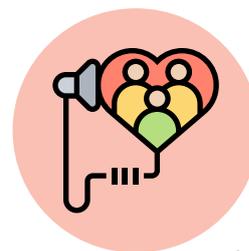
# ZERO DISCRIMINATION IN THE TIME OF COVID-19

## Lessons from the HIV Response

For those most vulnerable to HIV – including people living with HIV, gay men and other men who have sex with men, transgender people, sex workers, people who use drugs, young people, migrants and prisoners – already facing challenges and disenfranchisement from the wider community, the hardships they face in employment, accessing healthcare, household settings, livelihood and social protections have only been exacerbated by the COVID-19 outbreak.

At the same time, civil society and key population (KP) networks report alarming instances of human rights violations and growing concerns about the rise in discrimination targeting vulnerable groups and health care professionals. In light of this rise of discrimination in Asia and the Pacific, and recognizing that much can be learned from the HIV response, regional KP networks, including ANPUD, APCOM, APN+, APNSW, APTN, IATT on YKP, ICW AP, and Youth Lead have partnered with UNAIDS to develop the following key messages.

By joining our voices together, we can be part of a call to end all forms of discrimination. As communities, though we may be isolated in quarantine and experiencing government lockdown measures, let us not contribute to division and leave those most vulnerable behind. UNAIDS and KP networks call on partners to promote inclusion, compassion, and the right of everyone to live a full and productive life - and live it with dignity.



### EQUAL ACCESS TO HEALTH CARE FOR ALL

Non-discrimination and right to health are core human rights principles

and obligations, but fear and stigmatization can serve as a powerful deterrent for some to seek out and access health services. Discriminatory practices undermine people's access to correct information on COVID-19, prevention, treatment and care services, the quality of health-care delivery, as well as adherence to HIV prevention and treatment.

Multiple and intersecting discrimination (such as on the basis of sex, age, race, ethnicity, HIV status, economic status, geographic status, religion, migration status, disability, sexual orientation, gender identity and expression, sex characteristics, and others) could increase the impact of the COVID-19 pandemic on specific population groups and communities and specific strategies and measures should be developed to mitigate and address them.

Governments should put in place standard operating procedures (SOPs) and regulations, and should implement affirmative actions (such as sensitization of medical workers and health-care providers) to ensure that health-care facilities avoid all forms of discrimination that prevent people from seeking services and to ensure that all people are treated with respect, dignity and privacy, regardless of their gender, sexual orientation, occupation, citizenship and HIV status.

As the COVID-19 pandemic continues, women and girls are suffering the consequences of lack of access to basic health care and sexual and reproductive health services. Stigmatization and criminalization already serve as barriers for women from key populations, including sex workers and women who use drugs to access health care services and may be further exacerbated as fears, self-stigma and isolation are heightened in the time of a pandemic.

The right to health must be ensured, including sexual and reproductive health services during COVID-19, to prevent possible HIV and other sexually transmitted infections (STI) due to lack of access to contraceptives and commodities. These need to be prioritized as an essential part of human rights without any discrimination.

Women living with HIV who are pregnant

may be at higher risk of transmission of HIV to the newborn baby when transportation is not allowed or not available due to COVID-19, or when they cannot access their antiretroviral (ARV) medicines. Civil society organizations reported that women living with HIV who are pregnant are suffering from depression because they do not have access to regular health checkup for themselves nor post-delivery care, prevention of vertical transmission services and essential immunizations for their babies once born. Pregnant women living with HIV, or those who require postnatal care, must be supported through systematic channels without breaching their confidentiality.

Disaggregated data should be collected and analyzed so that decision-makers at all levels can take proactive steps to prioritize response measures for those most affected and those at heightened risk of morbidity and mortality.

Governments should ensure that HIV testing, prevention and treatment services are not affected by lockdowns or any other COVID-19-related measure, and people living with HIV and KPs are able to access the necessary services without any interruptions. Harm reduction services should also not be disrupted to ensure access to life-saving assistance. Governments should coordinate with networks of people who use drugs to ensure access to needle and syringe programmes (NSP) and maintenance of opioid substitution therapy (OST), and that hospitals and healthcare facilities are equipped with the necessary provisions to respond to drug overdose emergencies.

Health services in places of detention can often be inadequate for the needs of prisoners, and physical distancing may simply not be an option. Countries must ensure that people in detention have access to the

same basic human rights of health, safety, provision of basic needs, and life with dignity. Prisoners and detainees must have access to all necessary prevention, diagnostics and treatment services, including the ability to self-isolate.



### ADDRESS AND PREVENT GENDER-BASED VIOLENCE

As quarantine and lockdowns have seen communities limited to the

confines of their homes and other places where they may be residing in, emerging data suggests that sexual and/or physical violence perpetrated by an intimate partner or relatives has intensified particularly cases of abuse targeting women and girls, as well as increasing cases of rape and harassment targeting LGBTIQ people<sup>1</sup>.

Gender-based violence (GBV) undermines a person's agency and well-being, their ability to access health services, seek employment, and have financial autonomy. This also applies to the LGBTIQ community. Governments must reaffirm their commitment to end GBV and address harmful gender norms and toxic masculinities.

Globally, rates of intimate partner violence and gender-based violence among women who inject drugs are up to five times higher than they are among women who do not use drugs<sup>2</sup>.

Messaging directed to individuals experiencing GBV should share information about options to remove themselves from a living arrangement with their abuser and channels for reporting instances of abuse and violence.

Governments should scale up, resource and sustain as essential services the support systems and mechanisms for reporting and responding to all forms of violence against women and girls, domestic and intimate partner violence and other gender-based violence, including through public awareness campaigns to highlight hotlines, crisis centers, shelters, legal aid, and mental health support.

Governments must ensure the provision of safe housing and support for survivors to be separated and protected from perpetrators.

Laws protecting women, as well as members of the LGBTIQ community, from GBV should be in place and enforced, including legal means of redress.

Countries should work with LGBTIQ community-led organizations and networks to identify and encourage LGBTIQ people experiencing GBV to seek support.



### ENSURE SOCIAL PROTECTIONS FOR ALL

Social safety nets are meant to provide those in need with the universal basic

rights of health, shelter and food, as well as, support so that individuals can eventually provide for themselves. Unfortunately, during the COVID-19 epidemic, a time when access to such social protections are imperative, many people living with HIV, as well as key population groups, are denied or not capable of accessing them.

Widespread quarantines and subsequent mandates by some governments to close businesses and entertainment venues, have left many people, particularly sex

1. Source: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200519\\_gender-based-violence-covid19](https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200519_gender-based-violence-covid19)

2. UNAIDS Global Report 2020

workers and others working in the informal economy, without a source of income. Some countries have begun government assistance programs, but sex workers, those without a citizenship card, or those whose gender doesn't match the gender listed on their identify card are usually not eligible to these forms of government assistance.

Governments should remove legal and policy barriers that impede the provision of discrimination-free social protections. UNAIDS and partners call on countries to take immediate action, grounded in human rights principles, to protect the health and rights of all vulnerable and marginalized groups, including key populations and people living with HIV. Measures should include access to national social protection schemes for all, inclusive of vulnerable and marginalized populations, that includes income support schemes and emergency social protection measures.

Governments should include key populations and people living with HIV in the planning, implementation, and monitoring processes to ensure that their needs are met.



### **PREVENT THE STIGMATIZATION OF HEALTH-CARE PROFESSIONALS**

Health-care workers are at the front line of any health crisis and likely to be the subject of stigma and discrimination if they are perceived to be in contact with the virus. Some countries have reported that health-care officials are facing discrimination from their communities, including violence, threats, and being barred from their homes<sup>3</sup>.

Governments and health-care facilities must protect the lives of healthcare professionals, including community-led health services, and ensure their safety and free movement to and from their homes, free of obstruction and discrimination.



### **RESPOND TO MISINFORMATION**

Misinformation and false claims about how COVID-19 is spread and targeting particular groups as possible vectors for the virus has incited violence and discrimination against vulnerable populations, particularly sex workers and members of the LGBTIQ community. There is a need for countries to build and share the evidence base and best practices for responding to COVID-19 that will eliminate discrimination experienced by key populations.

People have the right to be informed about the health risks that they and their loved ones face and to be protected from misleading or false information, efforts must be made by governments, the media, communities and the private sector to rapidly identify and address fake and misleading information.

Governments should ensure that the information they provide to the public regarding COVID-19 is accurate, unbiased, timely, and consistent with human rights principles and should take adequate measures to address the spread of misinformation.

3. Source: <https://www.voanews.com/science-health/coronavirus-outbreak/philippine-health-workers-battle-coronavirus-harassment> and <https://www.reuters.com/article/us-health-coronavirus-medics/fear-on-front-lines-as-hospital-staff-face-threats-stigma-over-coronavirus-idUSKBN21H1OQ>



## RESPOND TO HARASSMENT AND CRIMINAL SANCTIONS

Compulsory restrictive and punitive measures

exacerbate barriers for those most in need, and potentially increase the vulnerabilities of communities. Reports from regional KP networks have cited excessive use of force and public harassment by police, in some cases directed at sex workers, people who use drugs and members of the LGBTIQ community, as punishment for breaking curfews. Some countries have criminalized people who may have breached restrictions or transmitted the virus to others.

Regional KP networks in Asia and the Pacific reported that sex workers and transgender women receiving food and basic provisions from community-led organizations have faced arrest on allegations of assembling in large groups. People living with HIV have been forced to disclose their HIV status, facing harassment when they tried to access ARV centers. Gay men and other men who have sex with men, people who use drugs and LGBTIQ populations have been targeted and made scapegoats in regard to the spread of COVID-19 in some countries.

All measures to protect public health must be proportionate, evidence-informed, and respect human rights. Governments must pursue all means necessary - including conducting research, adopting legislation, public policy, and ensuring access to judicial mechanisms - to ensure that this public health emergency will neither exacerbate existing misconceptions, prejudices, inequalities or structural barriers, nor lead to increased violence and discrimination.

Governments should use a human-rights based approach in the implementation of any response to and protective measures against COVID-19. Governments should encourage law enforcement officers to focus on increasing safety rather than arrests, violence, or surveillance. Such coercive measures, particularly directed at sex workers, people who use drugs and LGBTIQ people, do not respect human rights and are not necessary in achieving the end of the pandemic, but only further marginalize vulnerable groups.

Political leaders should consider limiting the deprivation of liberty, including pre-trial detention, to a measure of last resort, particularly in the case of overcrowding, and to enhance efforts to resort to non-custodial measures. These efforts should encompass release mechanisms for people at particular risk of COVID-19, such as older people and people with pre-existing health conditions, as well as other people who could be released without compromising public safety, such as those sentenced for minor, non-violent offences including drug-related offences for personal use, with specific consideration given to women and children<sup>4</sup>.

Compulsory detention and rehabilitation centres, where people suspected of using drugs or engaging in sex work are detained, without due process, in the name of treatment or rehabilitation should be closed. There is no evidence that such centres are effective in the treatment of drug dependence or rehabilitation of people, and the detention of people in such facilities raises human rights issues and threatens the health of detainees, increasing the risks of COVID-19 outbreaks<sup>5</sup>.

4. Source: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200513\\_joint-statement-covid19-prisons](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200513_joint-statement-covid19-prisons)

5. Source: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200513\\_joint-statement-covid19-prisons](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200513_joint-statement-covid19-prisons)

Governments must immediately adopt measures that will protect people who are perceived, assumed, or have been confirmed to have COVID-19 from stigma and discrimination.

Governments need to urgently implement lines of action designed to sustain and ensure the continuity of the work of civil society and human rights defenders – the capacities existing within this sector must not be put in peril.



### MAINTAIN PEOPLE'S PRIVACY

Confidentiality reduces the fear of stigma and discrimination, builds trust

and opens channels of communication between patients and health-care workers.

Disclosure of one's status or being tested without consent is a violation of one's privacy and can contribute to discrimination at the workplace and within the wider community.

Governments should respect the right to privacy, ensuring that people's identities and personal information are not released without their permission.

*NOTE: These key messages not only respond to the needs of communities following COVID-19 but should become institutionalized and be carried forward in times when there isn't a pandemic.*

## WHAT YOU CAN DO



### Raise awareness:

- Educate yourself about how the COVID-19 outbreak is affecting vulnerable populations in your community. Reach out to community-led organizations supporting these groups to learn more about what issues they may be facing.
- Write a blog or share articles from the UNAIDS page on your social media channels to inform others about the issues faced by vulnerable groups.
- Be an ally – call out discrimination when you see it and stand with community advocacy groups to speak up together.

### Take action:

- Volunteer with community advocacy groups to fundraise, collect donations, and deliver basic provisions to those whose source of income or employment were impacted by the COVID-19 outbreak.
- Start a petition or a public campaign calling for a change of discriminatory measures that obstruct access to equal social protections for all.
- Share positive messages of support with community advocacy groups to be shared with members of their community.
- Reject fake news and misconceptions about COVID-19, rather, share appropriate and evidence-based information.
- Encourage people to keep in touch as well as stay connected to help community members who are dealing with mental health issues.