

IMPACT OF COVID-19 ON WOMEN AND GIRLS LIVING WITH HIV IN ASIA AND THE PACIFIC

ICWAP



INTERNATIONAL COMMUNITY OF
WOMEN LIVING WITH HIV
ASIA PACIFIC

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The International Community of Women Living with HIV Asia Pacific (ICWAP) has been responding to the impact of the COVID-19 pandemic on women living with HIV across the region. The network has worked virtually to connect, coordinate and communicate with members and country networks during these challenging times.

With very limited resources, ICWAP has responded to the urgent need for food and access to medicines; worked to provide accurate and useful information to members; and gathered information through a survey, rolled out in May 2020 across the region and supported by UNAIDS, about the experiences of women living with HIV to inform the response and recovery. As a result, ICWAP has developed a deep understanding of the situation and identified challenges facing women living with HIV.

This report focuses on South Asia and South-East Asia, where the pandemic has hit some countries hard.



ICWAP staff deliver food supplies to women living with HIV.

Evidence for increased risk or severity of COVID-19 in people living with HIV is unclear. However, people living with HIV who are not on treatment or not virally suppressed may be immunocompromised, making them vulnerable to opportunistic infections and more severe illnesses.

The COVID-19 response of lockdowns, quarantines and other movement restrictions have created challenges for people living with HIV to access treatment, adequate nutrition and psychosocial support, and left women more vulnerable to gender-based violence.

SOCIAL AND HUMANITARIAN SUPPORT

ICWAP and its country members, the Vietnam Network of Women Living with HIV, the National Federation of Women Living with HIV and AIDS in Nepal, the Positive Women Network in India, Srijansil Mahila Samuha in Nepal, and the Positive Women's Network in Indonesia have delivered antiretroviral medicines, food and hygiene kits to women and girls living with HIV, and provided psychosocial support via telephone calls and virtual meetings.



ICWAP staff deliver food supplies to women living with HIV.

Ashmita is 26 years old and is living with HIV. She has a son aged 17 months. When she gave birth, her husband evicted her from their house and denied her access to their son. After 18 days, he returned the baby and said his family could not care for him. He asked for financial support to feed



Ashmita with her son.

her son, but her husband replied: "If you cannot care for him, just kill him. But never contact me again."

Ashmita started working as a farm labourer, carrying her son on her back. She rented a small hut. When Nepal locked down, she was unable to find work. For more than two weeks she could only afford to eat khole, a mixture of flour and water, while breastfeeding her son. Her body was not able to produce enough milk, and she and her child began to starve.

She was unable to get support from the local government or community because she had migrated from another city and was not listed as a local citizen.

Ashmita has a hearing impairment and sometimes has difficulty communicating. Her HIV status was disclosed by a local trusted person when she asked for help to get her marriage certificate and citizenship to fight for her property rights.

People who previously gave her informal work started to discriminate against her. They asked her not to come near their houses.

Community workers referred Ashmita to ICWAP for immediate support. ICWAP gave her rice, oil, pulses, salt, soap, cereals and a small amount of cash so she could feed her son for a few days. ICWAP linked her to a local community women's group for regular psychosocial support. Ashmita is seeking legal support to fight for her property rights. ICWAP is coordinating with a local voluntary legal support organization and providing her with psychosocial support.

IMPACT OF COVID-19 ON WOMEN AND GIRLS LIVING WITH HIV

As the pandemic continues, women and girls are feeling the consequences of lack of access to basic health care, including sexual and reproductive health services. Women living with HIV may not be able to access regular antenatal or postnatal health care, services for prevention of vertical transmission, or essential immunizations for their babies.

Nepal has changed the antiretroviral therapy regimens available during lockdown. Many women living with HIV are concerned about side-effects from the new regimens. Some have stopped taking their antiretroviral medicines as they are not able to travel to treatment centres.

In China some women living with HIV buy their antiretroviral medicines from Thailand because they believe them to be superior to those available or produced locally. Many of these women have been forced to discontinue treatment because the ban on international flights means they cannot obtain their usual medicines from Thailand.

Indonesia has experienced stockouts of antiretroviral medicines, and people living with HIV are receiving enough medicine for only one or two weeks.

In India many women and girls who previously worked in the informal sector are unemployed as a result of the pandemic. They are not able to access government stipends if they work as informal or migrant workers. Some women have missed their medicines for up to 10 days during lockdown as they had to justify where and why they needed to walk or travel.

In many countries, stigma and discrimination in the family and society and fear and anxiety over interactions between HIV and COVID-19 are fuelling mental health issues.

ENSURING ACCESS TO ANTIRETROVIRAL THERAPY

Through social media channels, ICWAP has provided information about COVID-19 prevention and access to antiretroviral therapy and linked people facing challenges in accessing treatment to health facilities.

A migrant worker from Australia was living temporarily in India. He was not listed to receive support at the local antiretroviral centre. He ran out of antiretroviral medicines in the first week of lockdown in April. He tried to access treatment and asked at the nearest police station for a travel pass so he could buy medicines from another district. Instead of the support he needed, he was threatened with jail. He tried to have his medicines sent from Australia, but the medicines were stranded with a courier company and he did not receive them. ICWAP linked him with the local women's network and other activists to find out whether he could have antiretroviral medicines delivered to the village where he was staying. After advocacy from ICWAP, he obtained the medicines from the local clinic. He expressed his thanks to ICWAP and the volunteer who delivered the medicines to his home.

PREVENTING COVID-19 IS A PART OF WOMEN'S RIGHT TO HEALTH

ICWAP urges community leaders to consider the needs of women living with HIV as they respond to the pandemic. Networks of women living with HIV can be a powerful ally to governments in ensuring aid reaches the people who need it. It is essential to empower and financially support networks of women to ensure medicines, food and supplies reach women living with HIV and their families and allow them to adhere to treatment.

Strong collaboration and support are required from local government and stakeholders to address specific gender-related issues in the community:

- Essential health services must remain available to women living with or affected by HIV, despite funding and staff being diverted to COVID-19.
- Pregnant women living with HIV may be at increased risk of transmitting HIV to their babies during COVID-19 travel restrictions or if they cannot access antiretroviral medicines.
- Ministries and emergency responder teams must work to ensure access to sufficient

treatment supplies and HIV and other services without disruption. This includes being able to access treatment anonymously. Where possible, doctors should prescribe three to six months of antiretroviral medicines to reduce the frequency of clinic visits. Governments should avoid stockouts of medicines.

- Women and girls living with HIV and TB coinfection or who have had pulmonary TB are likely to have lung damage and should pay particular attention to guidance on COVID-19 infection control.
- Governments must support vulnerable populations, including homeless people and people living in informal settlements, to access shelter, food and clean water, especially during movement restrictions.
- Countries must urgently address the basic needs of women and plan now to address critical issues differently in future emergency situations or as the pandemic continues.
- Government and emergency responses must channel support to vulnerable women and children.
- Girls and young women urgently require psychosocial support to overcome stress and financial support to meet daily nutritional needs.
- Disabled women living with HIV are struggling to access proper information regarding HIV and COVID-19.
- Information on how COVID-19 and HIV interact is essential for the community, including social support groups.
- Networks of women living with HIV can be a powerful ally to ministries of health and other COVID-19 responders, identifying emerging needs and providing support and expertise to ensure women living with HIV are not left behind.

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