



# LIVING WITH HIV IN THE TIME OF COVID-19

REPORT FROM A SURVEY OF NETWORKS  
OF PEOPLE LIVING WITH HIV



# BEYOND LIVING



GLOBAL NETWORK  
OF PEOPLE LIVING  
WITH HIV



GLOBAL NETWORK  
OF YOUNG PEOPLE  
LIVING WITH HIV



# SUMMARY

## People living with HIV: adapting to the challenges of COVID-19 and contributing to the solutions

COVID-19 has changed all our lives. As people living with HIV, we understand this. We are in the fifth decade of the AIDS pandemic. Our diverse communities are experiencing the new pandemic in different ways and we bring knowledge based on our shared history and lived experiences of HIV.

This report details the key challenges people living with HIV are facing. Not only do we have our own unique health concerns, but many of us are also amongst the most marginalised in our societies and as a result are being hit hard by the COVID-19 related restrictions. But we continue to organise. This report highlights the many innovative and inspiring ways that our communities, including our networks and organisations, have responded to these challenges. We have adapted our ways of working: delivering anti-retroviral medication directly to people's homes, providing much needed mental health support online, disseminating accurate information, and fundraising for food packages.

We as the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV (ICW) and the Global Network of Young People Living with HIV (Y+ Global) are listening and learning from our national and regional partners. Our shared history tells us that scientists, government and donors cannot respond to the new pandemic on their own. We know what must be done to ensure a rights-based, community-led and effective response to COVID-19.

- **Invest in and engage networks of people living with HIV** – don't just acknowledge how we are central to the response. Fund our organisations and use our expertise to strengthen the COVID-19 response at national and global levels.
- **Guarantee the health and wellbeing of people living with HIV** – we will not stand by and watch the erosion of our health and rights. We demand a consistent supply of our medicines, including multi-month refills and a continued effort to provide integrated and comprehensive services for TB, malaria, harm reduction, mental health and sexual and reproductive health and rights (SRHR).
- **Prioritise our safety and our human rights** – we already face stigma, discrimination and violence, and threats to our right to confidentiality and safety. Step up efforts to end gender-based violence and repeal laws that criminalise us based on our health status, our sexual preference, our gender identity, our use of drugs or because we engage in sex work.
- **Deliver social protection for all** – these schemes continue to leave out the very people who need it most. We demand our governments acknowledge our existence and include us in policies and budgets to protect our jobs and incomes.

## We have 40 years of experience. Engage us!

As COVID-19 increasingly affects all our countries and communities, the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV (ICW) and the Global Network of Young People Living with HIV (Y+ Global) have come together to coordinate responses in these unprecedented times.

In country after country, organisations of people living with HIV and other community organisations have quickly adapted their programmes and advocacy to lead the response to COVID-19 in their communities, their countries and across borders. This should not come as a surprise. We have 40 years' experience of leading the HIV response in our countries and globally. UN agencies, donors and governments around the world acknowledge our expertise – they must engage us, listen to our community and support us. We want to contribute and help shape the response to COVID-19.

As the global networks of people living with HIV, we wanted to understand the challenges facing people living with HIV during the COVID-19 pandemic. To do this, we surveyed networks and organisations representing people living with HIV, including women's and youth networks, across the world to exchange information, learn how communities are responding to this evolving crisis and discuss how we can support each other during these challenging times.

This report outlines the findings of our survey, showcases community-led responses to the pandemic and highlights what needs to be done to support organisations of people living with HIV in their responses to COVID-19.



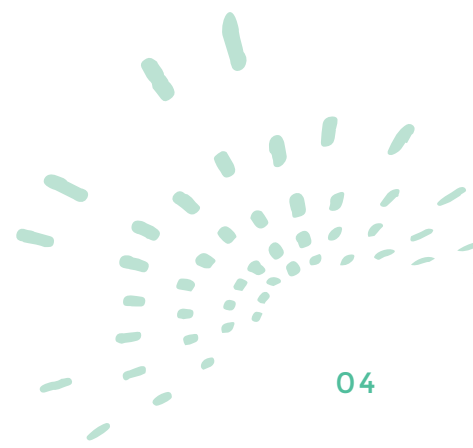
Transgender organisations in Pakistan provide peer counselling sessions in the community.  
@ Khawaja Sira Society

## THE SURVEY

During April and May 2020, **59 organisations** from **37 countries**, responded to our survey "Life in the time of COVID-19".

Networks of people living with HIV and community organisations from across five continents shared the challenges they were witnessing, their organisational needs and the strategies they were putting in place to support their communities.

The data gathered from the survey was analysed using a qualitative thematic approach to identify the key themes that are outlined in this report.





# THE CHALLENGES WE FACE

Despite the diversity of countries involved in the survey, there are many common themes that emerge from people's experiences during this outbreak of COVID-19. The examples below show the wide-ranging impact of the pandemic as well as of the restrictions and lockdowns on communities of people living with HIV.

## 1. Continuing HIV treatment during COVID-19

One of the biggest concerns raised is that people living with HIV are facing additional challenges as they strive to manage their HIV within the restrictions imposed to limit the spread of COVID-19.

People living with HIV are only able to lead long and healthy lives if they take their medication every day. As a result, **it is imperative that they have a reliable supply of ARVs.** In many countries, a shortage of medicines (or simply the fear of stock outs) has caused health providers to only issue prescriptions that last for a matter of weeks despite clear WHO guidance on providing a minimum three-month supply for people living with HIV who are stable on treatment.

**"We have to take the risk to go to the hospital to collect ARVs."**  
Associação MWENHO, Angola.

**"Nobody is getting medicine for 15 days. It's very hard to know the exact situation about when the medicine supply will improve."**  
ICW Asia Pacific.



**"Most members have not managed to have their refills because the facilities are partially closed to outpatient services."**  
MOPESUN, Kenya.

**"There are of course fears around whether HIV and TB meds will remain available or not."**  
Salamander Trust, UK.

**“People are afraid of going to facilities to get their medication since the police will give them a hard time. Plus they are only allowed to travel in the morning and late afternoon. Which means they’ll have to stay hungry at the facility while waiting to go back home even if you’re done with the refills.”**

Swaziland Network of Young Positives, eSwatini.

Where travel restrictions and lockdowns are in place, **not enough has been done to guarantee that people living with HIV can still travel to health facilities** to get essential medicines or care. The problem is even worse for people who usually visit particular health facilities to avoid being recognised and their fear of stigma.

**“Because of HIV-related stigma, people living with HIV pick up their medication from other towns but with the closure of towns with COVID-19 cases, people living with HIV can no longer travel to their health care centres.”**

Réseau des personnes vivant avec le VIH/Sida au Burkina Faso.



**“The biggest challenge is producing the ART green booklet to the force [police/soldiers] when going for refills. This forces disclosure and violation of our rights to confidentiality.”**

ICW eSwatini.

Unreliable supplies of medication are not the only problem. Even in areas where ARVs are readily available, some people are struggling to adhere to their treatment because of a lack of food. This is a real concern because, without food people living with HIV are unable to take their treatment regularly.

**“Lack of transport and hunger is hitting hard ... My worry is by them not taking medication we shall go back to square one.”**

African Women Initiative for Community Transformation, Uganda.

**“We can’t access our co-infected TB/ HIV patients in the community due to transportation issues.”**

REJUSIDA, Mozambique.

**“Hunger and starvation means people living with HIV cannot adhere to treatment.”**

NEPHAK, Kenya.

**“Children living with HIV and young people are very much impacted by COVID-19 especially those who have no care takers and are compelled to stay without food.”**

ICW Asia Pacific.

## 2. Accessing health care

Healthcare goes far beyond HIV treatment; **we must continue to ensure that all essential health services are accessible to people living with HIV.** Some countries have stopped offering critical services including those for sexual and reproductive health and rights, such as family planning, abortion and maternal health services. There have also been cuts to psycho-social support and treatment for coinfections such as tuberculosis (TB) and there are already signs that we may see a spike in new HIV infections as HIV testing and prevention services are reduced.



**“Due to restrictive measures, the number of HIV detections at the healthcare level is reduced by about 50-60%. Healthcare facilities are testing only urgent patients based on clinical symptoms. Patient flow has decreased, significantly reducing the scope of voluntary counselling and testing for HIV as well as testing based on behavioural risk assessment.”**

All-Ukrainian Network of People Living with HIV.

**“All consultations for PrEP were cancelled... Sexual and reproductive health consultations in health centres or CBOs [Community-based-organisations] were closed or kept open with many limitations.”**

GAT, Portugal.

**“We have already heard of SRHR issues, for example, contraceptives were already in short supply in the UK before COVID-19.”**

Salamander Trust, UK.

**“SRHR will be the most impacted since we are unable to get protection services such as contraceptives, PrEP and PEP.”**

Swaziland Network of Young Positives, eSwatini.

**“There are restrictions in maternity hospitals. For example - there are special maternity hospitals for infectious diseases - HIV positive women give birth there. In one of them there were cases of COVID-19, so all women were redirected to other maternity hospitals which were not accepting them or there was huge discrimination because of HIV... and no abortions, this is a huge problem!”**

EVA Association, Russia.



**“Family Planning services are likely to be impacted especially for the youths who are used to youth friendly sites yet for now health providers are overwhelmed with work.”**

NEPHAK Mombasa, Kenya.

**“For TB, only the patients in critical condition are still in hospital. Treatment was provided for 3 months - all the rest is stopped.”**

Association Partnership Network, Kyrgyzstan.

**“We need psychological support for adolescent and young people which doesn't exist currently.”**

REGIPV, Burkina Faso.

**“Mental stress is very high among women living with HIV ... women living with HIV are not able to go to hospital for PMTCT [prevention of mother to child transmission] services.”**

ICW Asia Pacific.



### 3. Marginalised people face yet more discrimination

Despite decades of campaigning against stigma, people living with HIV still experience widespread discrimination. It is critical that the gains that have been made in this area are not lost now and that we **respect the right to confidentiality** of people living with HIV.



**“Most people with HIV do not dare disclose their status to temporarily receive ARVs because of fear of stigma and discrimination if their HIV status has to be disclosed in that area in order to get medicines at these health facilities.”**

Vietnam Network of People Living with HIV (VNP+).

**“Some people especially the female sex workers, and some young people who feel stigmatized looking at someone coming to deliver their drugs. They at times feel humiliated.”**

Uganda Network of young people living with HIV/AIDS.

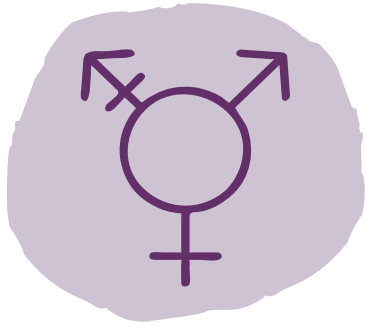
People living with HIV, in all their diversity, are often members of other marginalised groups in society – men who have sex with men, transgender people, sex workers, people who use drugs, women, young girls and migrants. Their overlapping identities can make them more susceptible to disruptions in services due to COVID-19 and expose them to additional risks. For example, they may be particularly dependent on specialised health services, require additional social protection or need safeguarding from violence. There are many indications that **governments and service providers have not adapted the COVID-19 response to support those that are most in need.**

**“The biggest problems arise for sex workers who are currently unable to work and therefore have no income.”**

Deutsche Aidshilfe, Germany.

**“Migrants, sex workers and transgender people have always been stigmatised by the authorities and this crisis has only increased the barriers to access health and their rights and has further exacerbated the precarious social conditions that some already experienced before.”**

GAT, Portugal.



**“The transgender community is highly affected by HIV as the majority of them are sex workers, they are forced into unprotected sex, face life threats and murdered. They live in fear and are harassed ... Recently a 15-year-old transgender person was gangraped and murdered in Faislabad. Unfortunately, no security was provided to the trans community even after this horrific incident.”**

Sindh Green Development Organization,  
Pakistan.

**“...have witnessed that verbal attacks towards people living with HIV and LGBTI have increased because some people believe that COVID-19 and HIV are a divine punishment.”**

Conerela+, Democratic Republic of Congo.

**“...it is almost impossible to get to sites of OST [opioid substitution therapy] because of block stations.”**

Association Partnership  
Network, Kyrgyztan.

**“Our group sessions have been cancelled - sex workers are interrupting their medication because we cannot support them.”**

Associação MWENHO, Angola.

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## 4. Worsening inequalities and injustice in our societies

Although we are all vulnerable to COVID-19 we are not all equally affected. As we learn more about the disease, it is clear that both the disease and the restrictions put in place to stop its spread are disproportionately affecting people who are already marginalised. Transgender communities or the urban poor may not be able to follow distancing guidelines. Sex workers and migrant labourers who have lost their livelihoods fear hunger more than COVID-19.

There is **a disturbing increase in domestic violence**. Women who experience gender-based violence are more likely to be living with HIV and less likely to be on treatment or able to adhere to treatment.



**“Domestic violence and abuse have shot high during quarantine and go unrecorded as sadly they are not considered as news.”**

Sindh Green Development Organisation, Pakistan.

**“There is an increase in GBV [gender-based violence] and domestic violence on women and children.”**

African Women Initiative for Community Transformation, Uganda.

**“We are also unable to report any form of abuse we’re facing.”**

Swaziland Network of Young Positives, eSwatini.

**Many people, women in particular, have lost their income.** Women make up a disproportionate percentage of the informal sector, which has been hardest hit in the lockdowns. Sex workers, many of whom are women or transgender women have lost their livelihoods. As a result, many women are struggling to meet their families’ basic needs of food and shelter.

**“This is a very tough situation, especially for women who are self-employed, they can no longer go to the street to sell their vegetables, hawkers can no longer travel and they have families to feed, children to take care of.”**

ICW eSwatini.



**“There is the challenge of hunger and starvation especially among people living with HIV in the Nairobi slums who usually depend on low level-casual work to earn money for food.”**

NEPHAK, Kenya.

**“For women with children it is complicated, there are food packages available, but you need to get there without a child, who do you leave him or her with?”**

EVA Association, Russia.

**“Due to limited movement and curfew there have been cases of people being evicted by landlords for not being able to pay their rent in time.”**

Glebia Org, Kenya.

**“Women are suffering as sanitary products are expensive and due to an increase in inflation because of COVID-19 they cannot afford hygienic sanitary products.”**

Sindh Green Development Organization, Pakistan.

**“Women living with HIV who have initiated cooperatives have lost their products and the business suffered. They need additional support after the COVID-19 pandemic.”**

Rwanda Network of People Living with HIV and AIDS.

There are major concerns that **governments are eroding and disregarding human rights** in their responses to COVID-19. Infringements of the right to privacy are a particular worry for people living with HIV who do not wish their HIV status to be known. There have also been several reports of police harassment and violence.

**“There have been quite a number of people who have found it hard to deal or to be able to report human rights. This lockdown has violated all human rights in the bill of rights.”**

Activate Change Drivers, South Africa.

**“Due to limited movement and the curfew there have been cases of people being brutally attacked by the police.”**

Glebia Org, Kenya.

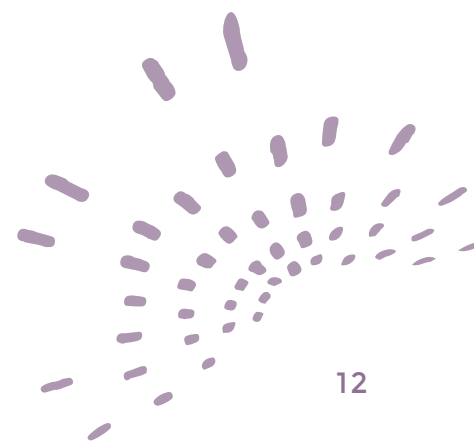


**“I saw violations of human rights where some soldiers were beating people who were out buying food, and some were women. They even destroyed her groceries, that was shocking for me and made other people living with HIV not go to collect their medication.”**

Positive Women's Network, South Africa.

**“31 women and 7 men were stripped naked, flogged and brutalized at Elegu border on accusations that they were flouting the presidential directives on the curfew.”**

African Women Initiative for Community Transformation, Uganda



# HOW WE ARE RISING UP



Activists using bicycles to continue delivering SRHR services to adolescent girls and young women in areas where service delivery has been interrupted due to transport restrictions.  
@ ICW East Africa

Networks and community organisations supporting people living with HIV were quick to use their expertise and their systems to protect and support their communities to deal with COVID-19 and the lockdowns. Their responses to our survey show an inspiring range of initiatives to support people living with HIV during these challenging times. These organisations adapted their ways of working and their priorities to provide accurate information, deliver humanitarian aid and defend human rights.

## 1. Busting myths and providing the facts

As one person said in their survey response, “there is a challenge of misinformation and myths around COVID-19.” People living with HIV networks and groups are working hard to redress this. They are **sharing accurate information** on the health implications of COVID-19 for people living with HIV and **ensuring that key messages reach even the most isolated** individuals and communities.

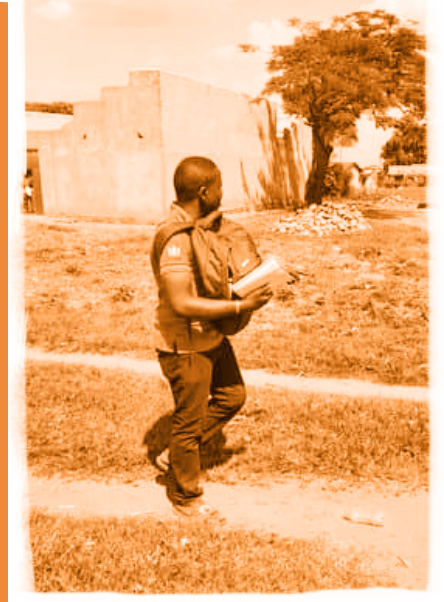
**“We provided and translated timely and accurate information from reliable resources for our community to know better about what they need to be cautious in the time of COVID-19 and living with HIV.”**

Persons with HIV/AIDS Rights Advocacy Association of Taiwan.

**“We have set up an information sharing channel to support people living with HIV all over the country now and try to provide them contact information of all doctors who are working in more than 400 ARV sites ... we have also increased the sharing of documents and guidelines of the Ministry of Health and Vietnam Administration for HIV/AIDS Control to all hundreds of people living with HIV.”**  
VNP+, Vietnam.

**“We have done a 30 minutes radio talk show covering most frequent asked questions around COVID-19 and being young, HIV positive and COVID-19.”**

Africaid Zvandiri, Zimbabwe.



Young outreach worker delivering information and ARVs to homes in Uganda. @ UNYPA

**“Given the number of contradictory and often false messages provided by various, sometimes unreliable, sources, and the general information “noise” around COVID situation, the Network aims to provide targeted evidence-based information that will help to mitigate the general public’s confusion and will allow patients and healthcare providers to make informed decisions. There is a great demand for actual and truthful information. Therefore, some of the projects (HealthLink in particular) started producing infographics, livestreams on social media, webinars, etc. to meet the people living with HIV and vulnerable groups demand.”**

All Ukrainian Network of People Living with HIV.

**“The community health unit has 50 Community Health Volunteers, each manning 20 households. We have sensitized them and they are doing door to door COVID-19.”**

NEPHAK Mombasa, Kenya.

**“I’m part of a team of volunteers developing IEC materials in local languages for my state.”**

Pan African Positive Women’s Coalition (PAPWC), Nigeria.

**“RRP+ is conducting community mobilization through 5,225 trained peer educators and sector level people living with HIV representatives countrywide to inform people living with HIV of the new change on drugs pick up and ensure that all people living with HIV are receiving good quality services and considering the preventive measures for coronavirus.”**

RRP+, Rwanda.



## 2. Delivering services directly to the heart of communities

Through surveys and communications, networks assessed how their members were doing and stepped in to resolve challenges for those who were unable to access services. Staff and volunteers at organisations of **people living with HIV have taken it upon themselves to deliver a range of services sometimes at risk to their own health and safety.** This has mainly focussed on ensuring access to a continuous supply of ARVs, and in some cases they also delivered other services and supplies such as testing or hand sanitisers and masks.



Sex-worker organisations responding to requests from the community for basic supplies.  
@ LEGALIFE-UKRAINE

**“Community organizations were quick to adapt and started to arrange testing spots near patients’ homes/neighbourhoods by their requests. Self-testing with oral tests is available however the share of this service in the general scope of testing activities is still rather low. At the same time, the demand for self-testing is rapidly increasing.”**

All-Ukrainian Network of People Living with HIV.

**“VNP + has established and maintained an ARV drug fund to directly support people living with HIV who were missing a few pills of medicine during this time before they could access services at the commune and ward levels.”**

VNP+, Vietnam.

**“We are helping people who are outside the country to receive ARVs by post.”**

People PLUS, Belarus.

**“The network has encouraged it’s young positive ambassadors like me to continue supporting our young peers in delivering their drugs.”**

Uganda Network of Young People Living with HIV/AIDS.

**“People living with HIV peers and community-based supporters are assigned to deliver ARV drugs to the specified location where the people living with HIV have agreed to get it. This may be at the district hospital, or other desirable places where clients feel comfortable, including at their homes.”**

Community Health and Inclusion Association, Laos.

### 3. Adapting to continue critical peer support and counselling

Through surveys and communications, networks assessed how their members were doing and stepped in to resolve challenges for those who were unable to access services. Staff and volunteers at organisations of **people living with HIV have taken it upon themselves to deliver a range of services sometimes at risk to their own health and safety.** This has mainly focussed on ensuring access to a continuous supply of ARVs, and in some cases they also delivered other services and supplies such as testing or hand sanitisers and masks.

**“To improve community mobilization, RRP+ is acquiring a short code (toll free) number where people living with HIV could call for free and provide information about the quality of service they are receiving at health facilities ... people living with HIV will be able to call free of charge to ask questions and give information about their concerns on the ground as well as improving follow up for those people living with HIV with other health conditions.”**

RRP+, Rwanda.

**“Projects such as the Health Chat, online counselling or telephone counselling provide opportunities for people who find themselves in a crisis situation due to the effects of the pandemic.”**

Deutsche Aidshilfe, Germany.

**“We continue to provide psychosocial support via telephone and our volunteers are sent out where needed.”**

Réseau National des Associations de PVVIH du Sénégal (RNP+).

**“We are unable to conduct support groups, however, we are proposing to do it virtually with persons who have a smartphone and activate a data plan to cover the cost.”**

Jamaican Network of Seropositives.

**“Social workers are contacting the phone available in prison to provide consultations according to the schedule agreed with the prison management. Health services (tests results analysis, drugs prescription, ART correction, etc.) are also provided in the format of telemedicine.”**

All Ukrainian Network of People Living with HIV.

**“We are about to launch a virtual support group as a local network and through that we also hope to learn of other virtual and physical support services that can be shared.”**

ICW USA.





Community Adolescent Treatment Supporters (CATS) in Zimbabwe continue to support their peers virtually. @CATS, Zvandiri, Africaid

## 4. Using social media for support, connection and solidarity

Many organisations and groups of people living with HIV groups already use social media to support treatment adherence or for advocacy. These channels of communication are particularly useful while face-to-face contact is difficult, and movement is restricted. More and more, groups have **adapted their ways of working to use social media** to communicate with their members and target audiences.

**“We forward prevention and encouragement messages from the national centre for disease control on our WhatsApp group.”**  
PAPWC, Nigeria.

**“We disseminate issues related to HIV and COVID-19 through social media accounts: campaigns for peoples and communities to stay at home and not leave the house if it is not important and urgent; information for communities related to developments in the current situation; and positive information to reduce anxiety in the community.”**

Jaringan Indonesia Positif, Indonesia.

**“We are utilizing social media platforms with CATS and young people to disseminate correct information. We have developed various video animations in English, Shona, Ndebele and other languages with COVID-19 precautionary information. These video animations we have made them accessible on YouTube, social media handles and as an MP4 video. We use a free SMS monitoring tool for community participation and engagement to send out polls on COVID-19 and young people can send in their questions and get responses.”**

Africaid Zvandiri, Zimbabwe.

**“We built a specific communication platform, more than 850 volunteers from all over the region were involved to give personalized attention to cases requesting help.”**

Movimiento Latinoamericano y del Caribe de Mujeres Positivas, Argentina.

**“We are using Twitter and Facebook to raise the challenges that Young mothers and teenage girls living with HIV are facing due to COVID-19.”**

Most at Risk Young Mothers and Teenage Girls Living with HIV Initiative, Kenya.

**“We use our Facebook page to spread information, our WhatsApp group for alerts and ARV deliveries, our Yahoo groups for urgent interventions, etc.”**

Réseau des personnes vivant avec le VIH/Sida au Burkina Faso.



Volunteers from LGBTQI+ collectives in the Philippines delivering ARVs, and providing relief packages.  
@ Iloilo Pride Team.

## 5. Supporting people in need

Many people living with HIV have found they are unable to work, and some don't have the money to pay for essentials like food, medical supplies or housing. Networks and organisations of people living with HIV **are finding ways to raise funds to support people in financial difficulty**, until a time when they are able to generate an income again.

**“GAT started a program to support the purchase of chronic disease medication which will be expanded soon with the support of Dignitude.”**  
GAT, Portugal.

**“In Saint-Petersburg we have managed to get private donation for food – and now are distributing food for sex workers with kids. Also we are trying to organize housing – are trying to get money for that and are renting 2 apartments now to give housing for those in most need.”**  
Silver Rose, Russia.

**“We are providing food support to 1400 needy people living with HIV in Nepal from age 1 to 12 and we are providing menstruation hygiene kits to all female people living with HIV between 12 and 18 years in Nepal.”**  
National Association of People Living with HIV and AIDS (NAP+N), Nepal.

**“For women who are HIV positive and have kids and can't come to pick up ARVs, we organized delivery.”**  
EVA Association, Russia.

### Leading by example

Most organisations of people living with HIV depend on a small staff and a large network of volunteers to carry out their work. Even during ordinary times, the work can be challenging, not least emotionally. These organisations are doing all they can to look after their staff and volunteers to deal with the additional pressures.

**“BONEPWA+ is collaborating with social worker, nurses and psychologist to offer counselling and emotional support to staff and volunteers.”**  
Botswana Network of People Living with HIV and AIDS.

**“helplines that support individuals and online counselling have also been shared with staff in order to reach out when they feel overwhelmed.”**  
MoYOTE, Kenya.

**“We have communicated with funders to continue to pay salaries for the staff during the lockdown.”**  
NAPWA-SA, South Africa.

## 6. Contributing to the pandemic response

**Networks of people living with HIV in some countries have been invited by their governments to contribute their skills and expertise to the national COVID-19 response.** They regularly gather evidence to better understand the lived experiences of people in their communities. They also understand how to frame and deliver prevention messages to communities. Networks are adapting how they work and negotiating with funders to reallocate resources and finding ways to maximise the support they can provide.



Networks of women living with HIV in Tunisia leading public education campaigns to reduce violence against women during lockdown.  
@ Association Tunisienne de Prévention Positive

**“We’re currently also in discussions with partners and donors about leveraging our testing structures and know-how by offering COVID-19 testing to the communities ... We are pushing for an evaluation of the COVID lockdown impact on access to PrEP, either on the initiation or maintenance of the treatment ... Additionally, we are preparing an immunological study to evaluate the impact of COVID on the populations we work with.”**

GAT, Portugal.

**“UNAIDS and People PLUS just have finished surveying people living HIV about their new needs because of COVID-19.”**

People PLUS, Belarus.

**“We have had several virtual meetings with our partners. As a result, the activities that were planned during this quarter but can’t be implemented have been diverted towards COVID.”**

RNP+, Senegal.

**“We are also finalizing an agreement with UNAIDS to conduct a rapid survey on the impact of coronavirus on people living with HIV in order to generate and use statistics to address the anticipated lost to follow up on ART, missed appointments and overall service access challenges to be faced by people living with HIV.”**

NACOPHA, Tanzania.

## 7. Advocating for our communities and our rights

People living with HIV and their groups are known for their successful and creative advocacy. They are continuing to use their skills to identify problems facing their communities and are **working with donors and governments to ensure that policies and services are put in place** to address these challenges.

MPG successfully lobbied the government in Myanmar:

**“By early March, the plan was finalized and announced by NAP [National AIDS Program] to immediately provide multi-months supplies to all ART Clients.”**

Myanmar Positives Group.

**“We are advocating for re-direction of budget to support urgent issues such as nutrition support to people living with HIV, support for community mobilization to inform about COVID-19 and how to prevent it, we are advocating for sanitary products to be distributed to people living with HIV, also we are advocating for HIV, COVID-19 and TB mainstreaming and special care for elder population living with HIV.”**

RRP+, Rwanda.

**“We have repeatedly asked our health authorities to supply us with adequate equipment so that we can continue our work but so far without success.”**

Associação MWENHO, Angola.

**“We are working with the government to develop specific messages for people living with HIV.”**

NACOPHA, Tanzania.

**“Some of our clients are complaining about the lack of food during the lockdown and we collected their information and send it to local authorities for possible help.”**

Solidarity Community Care Organisation, Namibia.

**“We are also advocating that COVID-19 should not be prioritized at the expense of other diseases leading to unnecessary deaths.”**

MoYOTE, Kenya.



Networks of women living with HIV in Mexico leading public education campaigns to reduce violence against women during lockdown.  
@ ICW Latina



# RECOMMENDATIONS

As our report illustrates, we as the HIV movement have adapted our support systems and skills to lead the response to COVID-19 in our communities and countries. But we cannot do this without political and financial support from governments, donors and UN agencies. And even as we rise to the additional challenges of COVID-19 and contribute to the response, the world must not abandon us people living with HIV. We call on leaders to act urgently to ensure the health and wellbeing of all people living with HIV, in particular those most marginalised.

**The world needs the movement of people living with HIV now more than ever.**

1.

**Engage networks and communities of people living with HIV** - use our expertise to strengthen the COVID-19 response at national and global levels.

- Invite us to join the COVID-19 response task forces or planning groups.
- Ensure we have the funds and political support we need to be meaningfully engaged.
- Involve us in gathering data to inform the response and to deliver information and services.
- Support our efforts to monitor the response and advocate for human rights and equity.

2.

**Guarantee the health and wellbeing of people living with HIV** - by ensuring continuous access to HIV treatment and care. Do not allow the gains of previous years to slip away.

- Ensure a reliable supply of medicines and roll-out multi-month and community refills.
- Support and strengthen online and other alternative services for psycho-social support, case management, treatment adherence support etc.
- Sustain prevention and testing services so there is no upturn in new HIV cases.
- Invest in community-led services and ensure that community implementers continue to be paid.
- Prioritise those who are already marginalised, especially key populations living with HIV.
- Continue to provide essential services including those for TB, harm reduction, sexual and reproductive health and rights and maternal health.
- Ensure people have accurate and relevant information to reduce fear and promote health seeking behaviour.



**Prioritise our safety and human rights** - COVID-19 should not be used as an excuse to infringe our human rights. No policy or programme should erode human rights.

- Do not pass regressive laws that endanger the lives of those already marginalised and criminalised.
- Work actively to remove all stigma associated with COVID-19 and HIV.
- Ensure new service delivery models that guarantee confidentiality.
- Put in place measures to protect women who are increasingly vulnerable to violence and abuse.
- Train health workers and community-based supporters to identify signs of gender-based violence or abuse and how to respond.
- Support and provide personal protection equipment to those providing services, including health workers and volunteers, peer supporters and community activists.
- Protect the right to mobilise, organise and protest.



**Deliver social protection for all** - COVID-19 restrictions are having a devastating impact on people who are already marginalised. Governments must not exclude them.

- Extend policies and measures offering social support to the most vulnerable, including transgender people, sex workers, the LGBTI community and migrants.
- Protect jobs and guarantee incomes, including additional support for people dependent on income from the informal economy.
- Provide essential food supplies and social grants for the most vulnerable.

BEYOND

LIVING





## About Beyond LIVING

Beyond LIVING is a consultation and advocacy process led by GNP+, ICW and Y+ Global, the global networks of people living with HIV. With the guidance of a diverse 12-member Life Force, we have embarked on an 18-month process of national and regional dialogues that will deliver a collective vision for our global advocacy as we strive towards the 2030 goals.

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[www.gnpplus.net](http://www.gnpplus.net)

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

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