

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



SURVEY REPORT, JULY 2020

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.

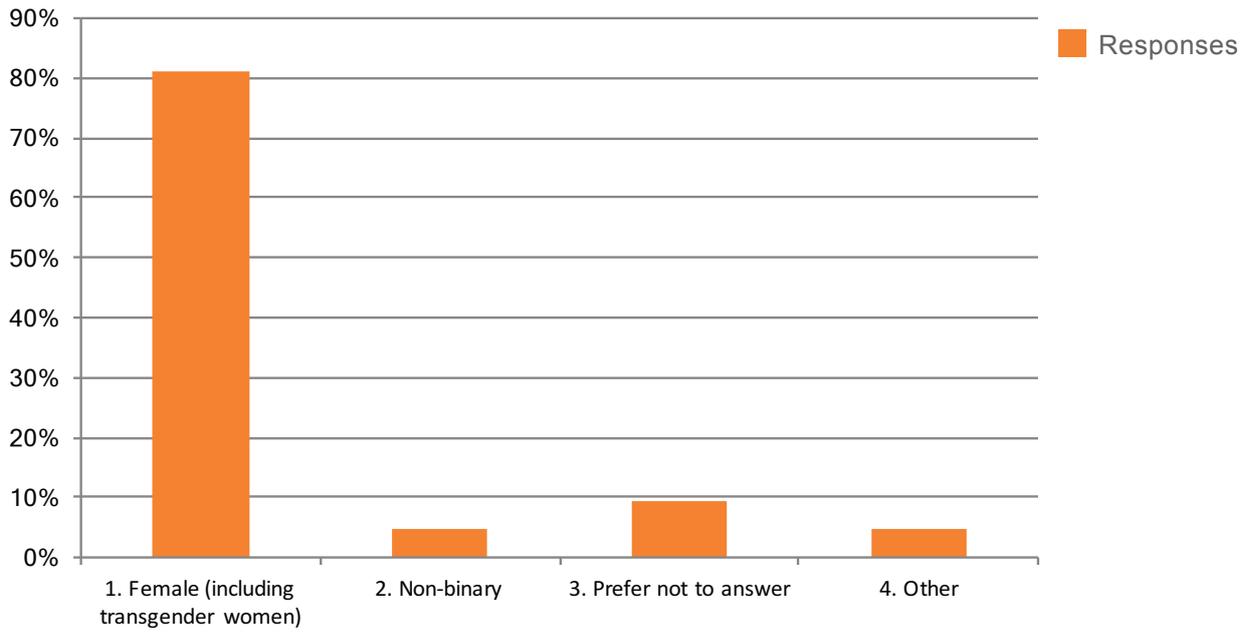
ICWAP, in partnership with UNAIDS Asia and Pacific, developed a regional survey to assess the impact of COVID-19 on women and girls in all their diversity in Asia and the Pacific. The survey, rolled out from May to June 2020, aimed to understand the situation and hardship faced by women and girls during the pandemic. The survey focused on gender-based violence, sexual reproductive health and rights, access and adherence to antiretroviral therapy, employment status and mental health. It aimed to determine best practices adopted from the HIV response by women's networks to mitigate current challenges.

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.

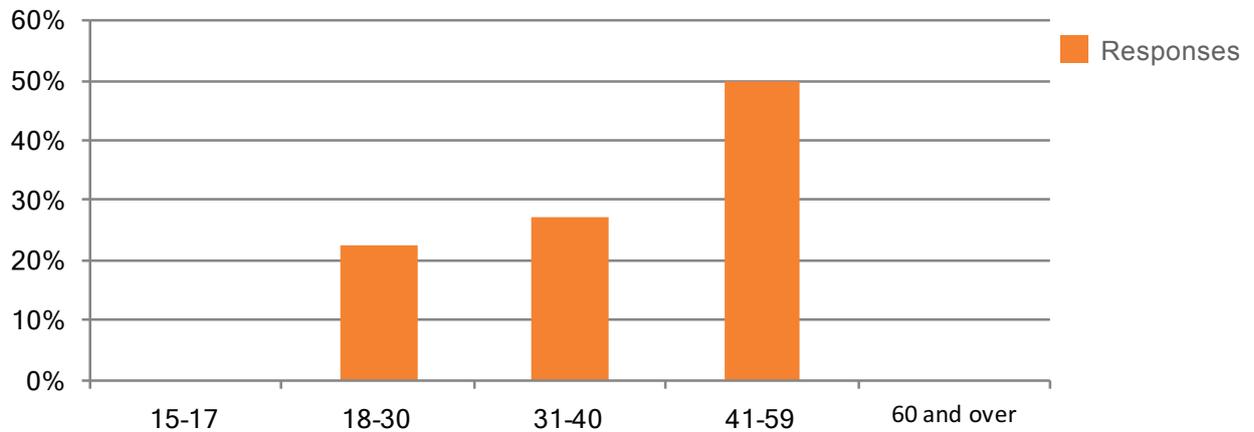
The COVID-19 response of lockdowns, quarantines and other movement restrictions has created challenges for women and girls living with HIV in accessing treatment, adequate nutrition and food, and psychosocial support; enhanced existing discrimination, gender stereotyping, economic inequality and unequal distribution of resources; and left women more vulnerable to gender-based violence.

The survey was sent through invitations via social media and emails. Respondents were from Australia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan and the Philippines. The Tables in the next page show the gender and age of the respondents.

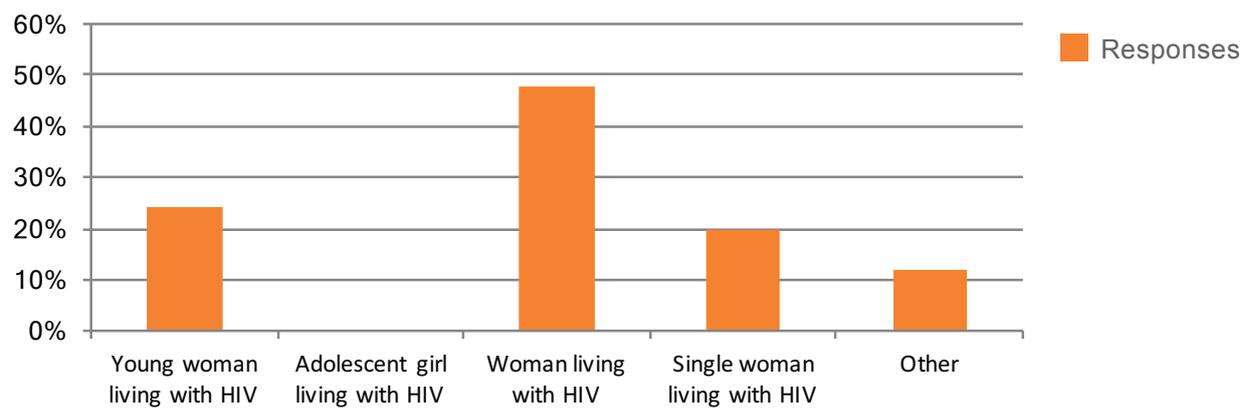
HOW DO YOU DEFINE YOUR GENDER?



WHAT IS YOUR AGE?



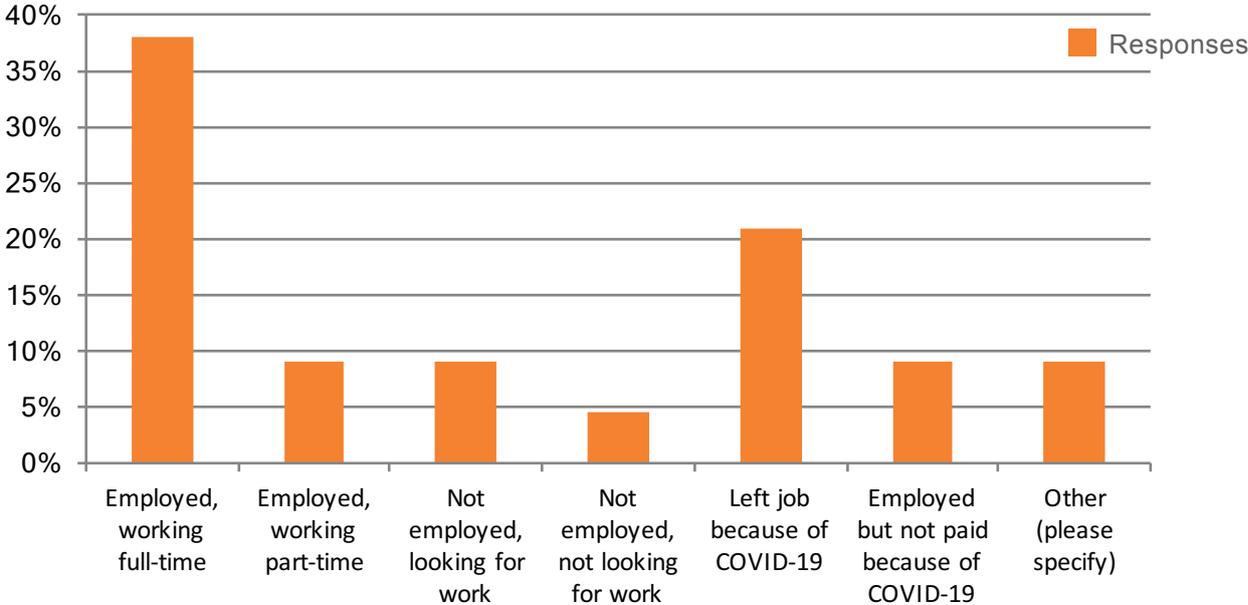
WHICH GROUP(S) DO YOU BELONG TO?



HOW IS THE PANDEMIC SITUATION IN THE COUNTRY WHERE YOU LIVE? WHAT ARE THE LOCKDOWN RESTRICTIONS? IS THERE ANY GOVERNMENT SUPPORT FOR GIRLS AND WOMEN LIVING WITH HIV?

During data collection, most countries were in full or partial lockdown for one to three months. Some countries restricted use of public transport and people were directed to work from home. Some countries did not allow movement of people. Almost seventy percent of respondents said there was no targeted support for women and girls living with HIV during the pandemic. Livelihood opportunities have been lost, and daily survival chances have worsened.

WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR EMPLOYMENT STATUS?



More than twenty percent of respondents lost their jobs because of COVID-19, and ten percent of women and girls said they have not been paid due to the pandemic.

WHAT ARE THE CRITICAL CHALLENGES FACING WOMEN AND GIRLS LIVING WITH HIV DURING THE PANDEMIC? HAS YOUR GOVERNMENT TAKEN STEPS TO REDUCE THOSE CHALLENGES?

The pandemic has exposed deep-rooted inequalities and gendered power dynamics. Women and girls are experiencing the greatest health and human

rights impacts related to the virus. Challenges include existing discrimination and gender stereotyping; economic inequality; lack of equal access to food, clean water, housing and health services; stigma and discrimination; financial hardship; and mental health issues.

Respondents in Australia and Malaysia were provided a stipend to cover daily living, but none of the respondents in the other countries received support from the government or interventions targeted to people living with HIV. Some respondents said government emergency responses were discriminatory against migrant workers, and people not listed with the local government were not able to obtain state-provided nutrition and hygiene support.

HAS YOUR ORGANIZATION TAKEN ANY STEPS TO SUPPORT WOMEN AND GIRLS LIVING WITH HIV DURING THE PANDEMIC?

Most respondents were women living with HIV. Some were attached to a local network or community-based organization. Some were actively engaged in supporting people in need, such as the women's networks in India, Indonesia, Nepal and Viet Nam. Many staff and volunteers supported the delivery of antiretroviral medicines, food and hygiene kits, provided psychological support, and shared information about COVID-19 prevention.

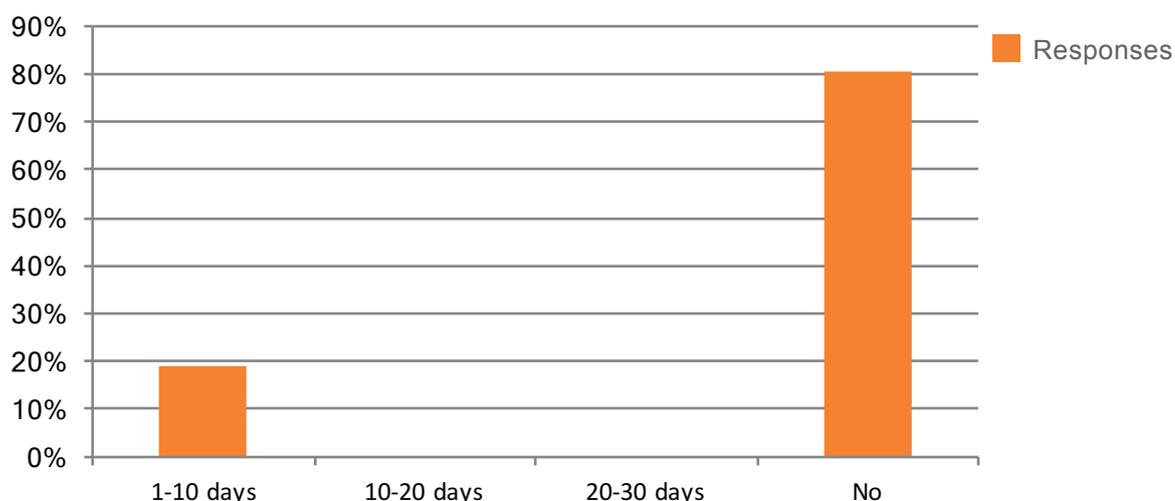
AS A WOMAN OR GIRL LIVING WITH HIV, WHAT ARE THE MAIN CHALLENGES FOR YOU IN ACCESSING AND ADHERING TO ANTIRETROVIRAL THERAPY, AND ACCESSING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES DURING THE PANDEMIC?

Many organization staff and volunteers have offered social support and advice and delivered antiretroviral medicines to women and girls during the pandemic. This limited support is not sufficient, however. As COVID-19 is unlikely to disappear soon, it is critical for governments and stakeholders to develop strong plans to address women's health, needs and reproductive rights, including the right to food, hygiene and shelter.

HAVE YOU MISSED ANY DOSES OF ANTIRETROVIRAL MEDICINES? HOW MANY DAYS?

Twenty percent of women and girls living with HIV missed their antiretroviral medicines for 1–10 days.

DID YOU MISS ANY DOSES OF ANTIRETROVIRAL MEDICINES? IF YES, HOW MANY DAYS?



Measures imposed to stop COVID-19 didn't affect the distribution of antiretroviral medicines in Australia, China and Malaysia, according to respondents from these countries.

Respondents from other countries mentioned stockouts of medicines. Some women had to justify why they needed to travel or walk for up to two days to reach an antiretroviral centre and consequently missed their medicines because of fear of disclosing their HIV status. Many people have lost their jobs and cannot afford to travel to treatment centres.

Respondents reported that Indonesia has had antiretroviral medicine stockouts and many people living with HIV had only 10 days of medicines at home, reducing treatment adherence. 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.

HAVE YOU EXPERIENCED MENTAL HEALTH ISSUES DUE TO COVID-19?

Ninety percent of the respondents reported mental health issues due to COVID-19. Leading causes of mental health problems in women living with HIV during the pandemic include financial hardship, intimate partner violence, lack of safety in quarantine, lack of access to treatment and information regarding HIV and COVID-19, fear of revealing their HIV status, and lack of psychosocial support.

HAVE YOU EXPERIENCED OR FACED ANY DOMESTIC OR GENDER-BASED VIOLENCE OR ABUSE DURING THE PANDEMIC?

Almost thirty percent of the respondents have experienced gender-based violence. Responses to this question were mixed. Responders may have had difficulty differentiating between domestic violence and abuse. Some women have been discriminated against, stigmatized, threatened or compelled to suppress their needs. Due to poor planning and unequal distribution of resources, some women have had to justify their access to antiretroviral medicines, at home and in society. When there is no income, conflict may arise in the family and women may experience multiple layers of violence.

DID YOU HAVE ACCESS TO CONTRACEPTION DURING COVID-19?

More than eighty percent of the respondents lacked access to sexual and reproductive health and rights, including contraception, during COVID-19.

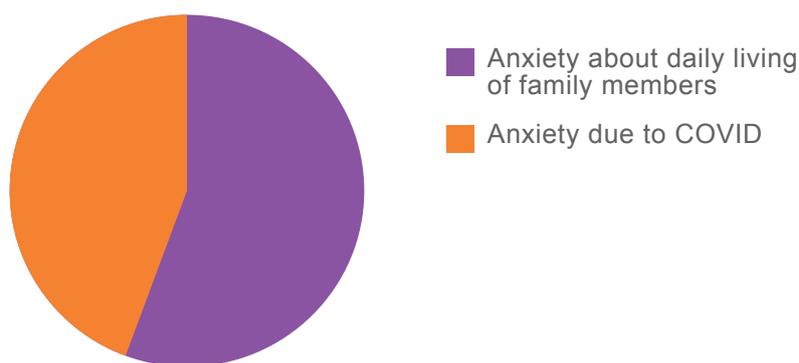
Malaysia has been good at responding to prevention of mother-to-child transmission during the pandemic.

Financial disparities and intimate partner violence may hinder a woman's ability to negotiate condom use or access health care. Women and young people dependent on their families may have difficulty accessing contraception.

DID YOU EXPERIENCE ANXIETY DURING COVID-19?

Sixty-five percent of the respondents reported anxiety due to the burden of care of family members and fifty percent reported anxiety due to COVID-19. Respondents in India and Nepal reported difficulties in accessing food. Many women and girls living with HIV working in the informal sector now have no paid work. Stigma and discrimination in the family and society are fuelling mental health issues. Fear of reduced access to medicines and unavailability of routine health care has created more stress. People lack accurate information and social support.

LEVEL OF ANXIETY



"I am a single mother with a son and a daughter. We live in a rented home in the city. All the responsibility for feeding and caring for my children makes me depressed. My son and I are living with HIV, and my daughter has aplastic anaemia disease. We are all taking medicine. My antiretroviral medicine is free of charge and accessible, but my daughter needs 30 000 rupees a month to buy her medicine. In lockdown we have no work and we cannot leave our home. We are frightened because we all have low immunity to fight COVID-19 and do not have accurate information."

PLEASE TELL US HOW ICWAP OR ANOTHER REGIONAL NETWORK CAN SUPPORT YOU.

As the pandemic continues, women and girls are struggling to access basic health care and sexual and reproductive health services. Women may not have access to antenatal or postnatal care, prevention of vertical transmission services, or essential immunizations for their babies.

Many women have lost their jobs due to the pandemic. Women reliant on partners or family for financial and social support may suppress their own needs. Lack of information about the interaction between HIV and COVID-19 is fuelling loss of self-confidence.

Most respondents believe national and regional networks of women living with HIV must not be interrupted in their ongoing HIV programming work. Rather, they should be supported during the pandemic to use the lessons learned from the HIV response. Urgent needs for food, hygiene, shelter, and reproductive health and rights services must be responded to without judgement or discrimination. Networks and stakeholders should channel collaborative funds to address key populations' needs.

A mitigation plan is required urgently:

- Women and girls must be fully supported financially and technically. Many country networks led by and for women living with HIV are underfunded and about to shut down.
- Effective communication and support channels to reduce mother-to-child transmission of HIV and keep women at the centre to reduce gender inequality and violence are essential.
- Networks of women living with HIV can be a powerful ally to ministries of health and other COVID-19 responders by identifying emerging needs and providing support to ensure women and girls living with HIV are not left behind.
- Collective advocacy and collaboration are required to maintain essential health-care services, including sexual and reproductive health and rights, for women and girls, including those who are homeless and those living in informal settlements.
- As the pandemic continues, women and girls are suffering the consequences of lack of access to basic health care and human rights, including sexual and reproductive health and rights services, seriously impacting global health targets.
- Governments, donors, stakeholders and allies must facilitate and reaffirm the commitment to end gender-based violence, strengthen sexual and reproductive health and rights services, address harmful gender norms and toxic masculinities, and strengthen legislation and programmes to end violence.
- HIV treatment and supplies have been disrupted as resources are diverted or repurposed towards COVID-19. Antiretroviral therapy stocks and prevention supplies must be prioritized and remain accessible during the pandemic.
- Women and girls need urgent ongoing social support. Accurate information on COVID-19 and HIV must be circulated through a one-stop shop to address mental health issues.
- All allies, stakeholders and governments must work with communities to mitigate the risk of stockouts of antiretroviral medicines.
- Women and girls must be given opportunities to restart their livelihoods through strong financial investment.

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