



THE ALL-PARTY PARLIAMENTARY GROUP
on HIV & AIDS

COVID-19 and HIV



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List of abbreviations

APPG	All Party Parliamentary Group
ART	Antiretroviral therapy
BAME	Black Asian and Minority Ethnic
BHIVA	British HIV Association
BASSH	British Association for Sexual Health and HIV
LGBT	Lesbian Gay Bisexual and Transgender
NAT	National AIDS Trust
SRH	Sexual and Reproductive Health
THT	Terrence Higgins Trust
LMICS	Low and middle income countries
SRHR	Sexual and reproductive health rights
DFID	Department for International Development
FCO	Foreign and Commonwealth Office
ODA	Overseas development assistance
PrEP	Pre-exposure prophylaxis

Foreword



The current global health crisis is affecting every part of human life, and as we work to tackle it together, we are constantly reminded of the tragic human cost of other infectious diseases and global health inequalities. On top of this current crisis, no-one wants to see a return to the tragic days of past decades

when AIDS deaths were at their peak. Nor must we slip back in progress in tackling a disease that still affects millions globally, and that even with many available treatments still kills and destroys families and communities globally, with a disproportionate impact in some countries, and many marginalised communities.

I remember visiting projects in Africa in the 2000s at the time when I worked for Oxfam and World Vision. The human suffering was heart-breaking; children left orphans because their parents had died from AIDS; stigma tearing communities apart; people unable to access treatments available in some countries but not others.

Thankfully the past two decades have seen huge progress in treating and preventing HIV. However, we still have much further to go if we want to achieve the ambition of zero new infections, or the wider Sustainable Development Goals on health. Here in the UK we are within reach of the target to end new infections by 2030. After working for decades on HIV, we in the APPG for HIV/AIDS are determined to see this progress continue.

The COVID-19 pandemic is a once-in-a-century event, affecting every aspect of life from our social interactions to our access to healthcare and our economic and financial security. But it is not that long ago that AIDS posed a similar kind of threat. And while treatment now means you can live a long and healthy life with HIV, COVID-19 is presenting all kinds of barriers to accessing treatment and prevention services.

This means infections will increase, and UNAIDS estimates that in the worst-case scenario, after a six-month disruption to HIV treatments, we could see 500,000 excess AIDS-related deaths in sub-Saharan Africa alone. Bodies like the UN Global Fund have issued similarly stark warnings.

One of the biggest challenges with HIV is accessing hard-to-reach communities – the marginalised groups who are deterred by laws which criminalise their sexuality, gender, gender identity or way of life. Lockdowns across the globe are making that even harder, and we need an increased financial effort to ensure progress does not go backwards.

Here in the UK, the APPG has recently written about the mental health challenges that people living with HIV face, and that contribute to new infections as well. This crisis is putting into sharp focus those recommendations. As mental health concerns increase for the population at large, people with HIV who often already suffer from social isolation and stigma need to be able to access services.

There has never been a stronger case for a more concerted effort to tackle global health challenges and to create a system of universal health coverage. It would be short-sighted to only address COVID-19; we need to look at the full picture.

Without adequate health systems it will be impossible to control the current pandemic, or to tackle diseases like HIV, TB, Malaria and more that still kill millions.

We need a renewed focus on global health, and on health inequalities in our own country too – without this, we will not only fail to tackle Covid-19, but also risk huge reversal in the fight against HIV/AIDS too.

Stephen Doughty MP
Chair of the All Party
Parliamentary Group on HIV/AIDS

Acknowledgements

Thankyou to all of the stakeholders who sent in written evidence and who participated in our oral evidence sessions. We are particularly grateful to Dr Harjyot Khosa who participated live from India and to Frontline AIDS for facilitating her involvement.

This report was compiled by Susie Pelly, Senior Policy Advisor to the APPG on HIV and AIDS, and is dedicated to her for her years of service to the APPG, as she moves on to a new career.

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Executive Summary

While the world struggles to deal with COVID-19, the ongoing HIV epidemic continues to present huge challenges for people, communities and governments worldwide.

The overwhelming evidence that HIV services in the poorest parts of the world are suffering mass disruption is extremely concerning and if not addressed, could lead to two decades of progress being eroded in a single year; and deaths from AIDS-related causes could overtake deaths from COVID-19.

The current pandemic is now unfortunately being used as an excuse by some governments to target specific vulnerable groups. This is a major human rights concern in itself and will only make testing, treatment and prevention of both HIV and COVID-19 more difficult. It is vital that the UK government actively ensures that the COVID-19 responses that it supports have a strong human rights component and that they do not erode or violate human rights.

Stigma associated with COVID-19 and HIV is a live threat which is damaging to the public health response for both infections. Governments globally should be alert to the fact that COVID-19 is being weaponised to attack vulnerable groups. Ideally there should be a harm reduction approach to tackling both HIV and COVID-19 across all countries. The history of the HIV response shows us that penalising and shaming people for not observing social distancing will be counterproductive in the long run.

BAME communities are particularly impacted by both HIV and COVID-19 because of health inequalities and long-standing discrimination. BAME-led organisations are underfunded within the HIV sector and are struggling to cope with the high increase in demand for their services during the COVID-19 pandemic.

People living with HIV are already at particularly high risk of poor mental health for multiple and intersected reasons: HIV stigma continues to plague this vulnerable group of people; high levels of trauma and pre-existing mental health conditions within the cohort of people living with HIV; and the disproportionate number of people who are affected from marginalised groups.

Many of these risk factors apply to both COVID-19 and HIV, creating multiple layers of risk to mental health for people living with HIV. Without sufficient mental health support for people with HIV, adherence rates will deteriorate and infections will increase.

So far during the COVID-19 pandemic, there have been some concerning signs that the UK government is not giving the ongoing HIV epidemic sufficient attention. Incorrect information shared domestically to those living with HIV, by the Department of Health and Social Care about shielding has taken months to address. Even then, the response did not come from a Ministerial level¹. The recent announcement that UK aid will be decreased, the merger of DFID and the FCO, and the lack of clarity on the future focus on global health in the government's international aid priorities, are equally concerning.

It is crucial that HIV and AIDS remains firmly on the agenda of the UK government both domestically and internationally – who must be held to their promise to reach zero new infections by 2030.

1 In April many people living with HIV were wrongly advised to shield. The Government has only recently (August 2020) issued a response about how this error was made to the Chair of the APPG on HIV and AIDS, Stephen Doughty MP.

Methodology

The APPG put out a call for written evidence in May 2020, and received 28 submissions from individuals living with HIV, organisations that work with people living with HIV, the Global Fund, and various medical bodies including the British HIV Association, the British Association for Sexual Health and HIV, and the British Psychological Society. In July, we held two oral evidence sessions via zoom with a number of these organisations.

This report is a combination of literature review and testimonies from written and oral evidence. As the COVID-19 pandemic is still recent and ongoing, much of the report is based on testimonies; however, a considerable amount of literature about HIV and mental health and HIV and BAME communities has also informed our findings.

The report is intended to demonstrate how the impact of the COVID-19 pandemic on the ongoing HIV epidemic is affecting communities both globally and here in the UK.

The domestic findings and recommendations are primarily aimed at the Department of Health and Social Care in England as health is devolved in Scotland, Wales and Northern Ireland – but there are lessons for all the UK administrations. The timeframe for the report was short (between May and August). Given the fast-changing nature of the COVID-19 pandemic, these recommendations and findings apply to that period.

Recommendations

1. The UK and other donors and governments must urgently recognise the threat facing access to HIV testing, treatment, care and prevention services in the UK and globally as a result of COVID-19. There needs to be sustained and indeed increased investment in HIV to help programmes adapt to the new environment, and a conscious effort to ensure gains are not lost.
2. In the UK specifically, the government must prioritise its commitment to ending HIV transmissions by 2030 as it sets out plans to restructure the public health system and in the upcoming spending review. This should include ensuring there is oversight and accountability as well as investment that is targeted to achieving this goal.
3. Governments globally should be alert to the fact that COVID-19 is being used by some regimes as an excuse to attack vulnerable groups. It is vital that COVID-19 responses supported by the UK government have a strong human rights component and that they do not erode human rights. As a donor, the UK needs to ensure sufficient funding is directed towards organisations that work with marginalised communities.
4. In the context of the merger between DFID and the FCO and a reduction in the ODA budget, the UK must ensure that global health is firmly positioned among its policy and funding priorities, and that DFID expertise on global health and HIV is retained in the new Foreign, Commonwealth and Development Office and enhanced by the FCO's expertise on human rights.
5. The Department for Health and Social Care must be aware of the risks posed by the intersection of HIV and mental health, potentially further complicated by the impacts of Covid-19, and ensure that mental health services receive greater investment and attention.
6. Many marginalised groups, such as undocumented migrants, are unable to access support because of the "digital divide". These groups are often those in greatest need of mental health support, and HIV prevention, treatment and care. The Department for Health and Social Care needs to urgently address this and ensure that services are accessible to all who need them.
7. The UK government needs to have substantial and sustained engagement with BAME HIV organisations and address some of the underlying inequalities which are leading both to a higher death rate for COVID-19 and higher rates of HIV.
8. There should be a national audit on the efficacy of current approaches funded to improve HIV/SRH in BAME communities across the board, which takes into account who is delivering interventions, the proportion of funding for BAME v non BAME-led agencies, and spend per BAME community.

Introduction

COVID-19 is having widespread effects on all areas of healthcare. No health system was prepared for the huge influx of patients requiring hospitalisation. The devastating scenes of military trucks carrying away the dead in Italy², or mass graves in Brazil will remain imprinted in our collective memory for years to come.

This current crisis is reminiscent of a major epidemic/pandemic which shook the world and continues to: HIV and AIDS.

Last year 690,000 people died from AIDS-related causes – a huge improvement on the peak of 1.7 million deaths in 2004³ but still far too many people dying from what is now a preventable and treatable (albeit not yet curable) virus. To put this into perspective, at the time of writing, the global COVID-19 death rate is roughly around 780,000 and is increasing every day⁴.

The COVID-19 pandemic and the HIV epidemic are very different, but they do share some similarities. They affect developed and developing nations alike. They are not indiscriminate. While COVID-19 or HIV can affect anyone from any walk of life, marginalised communities and those living in poverty seem to be the most at risk. The high death rate affects economies. While HIV deaths are largely concentrated in Sub Saharan Africa, COVID-19 deaths are affecting economies world-wide - before treatment became readily available however, HIV was a threat to all economies.

We still have no vaccine for HIV or COVID-19 so currently, the best way of managing both infections is to test, treat and prevent onward transmission – with the ultimate goal being to prevent people from becoming infected in the first place. Social stigma, fear and shame characterise both illnesses. While HIV stigma has its own unique characteristics, the shaming with regard to social distancing is unnervingly resonant of HIV stigma and could have a similarly detrimental impact on the COVID-19 response. At the same time, in some countries, governments are using COVID-19 restrictions to clamp down on people who are already stigmatised, including the key populations most affected by HIV.

While the COVID-19 crisis continues to dominate headlines, there is an imminent threat that the HIV epidemic could return to the death rates and numbers of new infections of previous decades when the virus was at its peak. Recent modelling by UNAIDS estimates that in the worst-case scenario, after a six-month disruption to HIV treatments, we could see 500,000 excess AIDS-related deaths in sub-Saharan Africa alone⁵.

TB remains the leading cause of death for people living with HIV, accounting for around one in three deaths. Unfortunately, the disruption to health services caused by COVID-19 means that people living with HIV and TB will be acutely affected unless there is a concerted financial investment to ensure access to medication, prevention, testing and care.

2 Sky news online <https://news.sky.com/story/coronavirus-italian-army-called-in-to-carry-away-corpse-as-citys-crematorium-is-overwhelmed-11959994> accessed 4th August 2020

3 UNAIDS website <https://www.unaids.org/en/resources/fact-sheet> accessed on 4th August

4 World Health Organisation website https://covid19.who.int/?gclid=CjwKCAjwiqT5BRAPEiwAJIBuBbJf8JluzdsQ7jHpmiBfK74L9PjpWh49t3g8BemuKi9K-Q-UuryvhoC3_4QAvD_BwE accessed on 18th August 2020

5 UNAIDS fact sheet

Low and middle income countries (LMICS) will be most severely impacted by both COVID-19 and increased deaths from AIDS-related causes. It is therefore incumbent on the global community to prevent this double health and economic catastrophe. While we struggle to control our own epidemics, we cannot underestimate the impact this will have in some of the poorest parts of the world. The human, social and economic cost of failing to intervene is almost unimaginable.

However it is not only in the poorest parts of the world that COVID-19 is affecting HIV. Here in the UK, people living with HIV face a different set of challenges. The immediate impact of lockdown has affected access to treatment and services; misinformation has fuelled uncertainty about risk levels and COVID-19 prevention; and social isolation is having an increasingly detrimental impact on mental health. People living with HIV are already twice as likely to suffer with mental health issues because of stigma, rejection by family and friends, or pre-existing mental health conditions that made them more susceptible to contracting HIV in the first place^{6 7}. Maintaining mental health is particularly important for adherence to HIV medication and discouraging risk-taking behaviours such as problematic use of illicit drugs, alcohol and chemsex.

Amid the COVID-19 pandemic, the Black Lives Matter movement and related campaigns have also captured the world's attention. Perhaps uncoincidentally, as our knowledge of the virus has evolved, we have also come to realise that it disproportionately affects BAME communities^{8 9}. We already know that HIV and mental health concerns disproportionately impact BAME communities in the UK¹⁰. The underlying common factor between all three health conditions – mental health, COVID-19 and HIV - is that they are exacerbated by inequality and socio-economic deprivation. Ultimately, this lethal combination is creating a perfect storm.

This report highlights the main challenges facing people living with and affected by HIV – both here in the UK and in developing countries – in light of COVID-19, and outlines a number of recommendations for the UK Government. The APPG on HIV and AIDS is aware of the challenge COVID-19 poses to all governments, and the extreme financial pressure that our economy is under. However, given the gravity of the situation in the world's poorest countries, and the lessons we have already learnt from the HIV epidemic, we believe it is vital that the Government acts promptly to prevent an even bigger crisis.

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- 6 The Missing Link: HIV and Mental Health APPG on HIV and AIDS
 - 7 Public Health England, 2020, Positive Voices: The National Survey of People Living with HIV. Findings from the 2017 survey https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857922/PHE_positive_voices_report_2019.pdf
 - 8 The IFS Deaton Review, <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>
 - 9 Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>
 - 10 Stigma Index UK website <http://stigmaindexuk.org/reports/2016/BAME.pdf>

REPORT FORMAT

Part 1

Provides an overview of the impact of COVID-19 on HIV treatment and prevention globally

Part 2

Looks at human rights abuses of people living with HIV arising from COVID-19 responses

Part 3

Looks at the impact of COVID-19 on people living with HIV and HIV prevention in the UK

Conclusion

Part 1

Disruption to HIV services globally

The Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created as a result of the HIV and AIDS epidemic. It mobilises and invests US\$4 billion a year to support programmes run by local experts to fight HIV, TB and malaria and build resilient and sustainable systems for health in more than 120 low and middle-income countries. It is the largest multinational funder of prevention, diagnostics and treatment for infectious diseases. Most of the UK's international aid for HIV is invested via the Global Fund, which means we really should listen to what it says about the state of HIV services since the start of the COVID-19 pandemic.

According to the bi-weekly Global Fund surveys, the results of Global Fund-supported programmes across 106 countries show widespread disruptions to HIV, TB and malaria service delivery as a result of the COVID-19 pandemic, impacting approximately three-quarters of HIV, TB and malaria programmes. Recent surveys have found that 85% of HIV programmes reported disruption to service delivery, with 18% reporting high or very high disruptions.

According to the Global Fund, “lockdowns are disrupting condom distribution and community outreach in Kenya. Pregnant women in Uganda who need antiretroviral treatment to prevent transmission of HIV to their babies are finding it harder to access care. Restrictions on public transport in Ukraine are limiting access to treatment for many who cannot afford to take a taxi to health centres. The list goes on...”¹¹

Lockdown and access to services

The Global Fund is not alone in its assessment of the situation. We have heard many examples from Frontline AIDS, STOPAIDS, the Global Network of People Living with HIV (GNP+) and others, of people not being able to access services. During oral evidence to the APPG on HIV and AIDS, we heard from Dr Harjot Khosa who is working with the most marginalised groups of people living with HIV in India:

“Access and adherence to antiretroviral treatment is badly impacted. People living in red zones are unable to seek healthcare services due to lockdowns. The healthcare system is so overwhelmed with COVID-19 that other co-infections,

11 Global Fund written evidence to the APPG on HIV and AIDS

like tuberculosis and hepatitis C, are getting ignored. What communities most affected by HIV/AIDS urgently need are antiretroviral drugs, tuberculosis and hepatitis C medicines, condoms, sanitary towels, contraceptives and most importantly, food!

“When lockdown started in March I received a lot of crisis calls from members of the key population communities related to lack of access to ART and TB medicines. At the same time, due to lockdown, my local usually much-crowded ART centre and a TB clinic were empty. Health services addressing COVID-19 are overwhelmed.”

Head of Influence at Frontline AIDS, Fionnuala Murphy highlighted that: “because of COVID-19, HIV prevention and harm reduction services really have disappeared - in some countries almost overnight”¹². This is particularly concerning because even prior to COVID-19 we know progress on prevention has stalled. According to the latest UNAIDS estimates, we haven’t seen any reduction in new infections for the last two years. This highlights that even before COVID-19, prevention services were underfunded and overlooked, and because of the pressure on health systems created by COVID-19, we risk seeing prevention going into freefall and the number of new infections rising again. This is particularly true for specialised services targeting key populations, such as men who have sex with men, transgender people and people who use drugs, but it is also impacting on areas such as ante-natal testing, prevention of mother-to-child transmission, and services for adolescent girls and young women who face disproportionate rates of HIV infection in sub-Saharan Africa.

Frontline AIDS partners in India and South Africa have also been reporting an increased amount of intimate partner violence linked to social distancing/isolation and “stay home” policies. This phenomenon has now been extensively reported around the world. Data shows that violence against women and girls leads to a higher risk of HIV infection¹³, and this is especially alarming in the current context where many women and girls now have no access to essential HIV prevention or other SRHR services due to closures under lockdown.

Insufficient funding

Despite the fact that the Global Fund has created two new funding pools: \$500 million in grant flexibilities and an additional \$500 million made available through the COVID-19 Response Mechanism¹⁴, there is simply not sufficient funding currently available to keep HIV services functioning. The Global Fund is calling for a further \$5 billion investment for its programmes and a total global investment of \$28.5 billion over the next 12 months in the countries most impacted by HIV, TB and malaria, to ensure vital programmes to combat these diseases are able to adapt to the ongoing COVID-19 crisis.

12 UNAIDS website https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

13 World Health Organisation website <https://www.who.int/reproductivehealth/topics/violence/hiv/en/>

14 The Global Fund to Fight AIDS, Malaria and TB website <https://www.theglobalfund.org/en/covid-19/response-mechanism/>

During an oral evidence session with the APPG on HIV and AIDS, Executive Director of the Global Fund Peter Sands highlighted that we risk seeing higher levels of AIDS-related deaths in one year than from COVID-19, if we allow the progress we have made over the past 20 years to be eroded. A recent survey by the World Health Organisation¹⁵, presented at the International AIDS Conference, shows that 24 countries already have critically low stocks of ARVs. According to STOPAIDS, 8.3 million people are on ART in these countries - which is 33% of the global total number of people on ART. In the coming three to six months, 73 countries are at risk of ARV disruption, potentially affecting 70% of all people on ART.

Civil society organisations are reporting considerable concern about the merger between the Department for International Development (DFID) and the Foreign and Commonwealth Office (FCO) and the impact that this could have on future health funding, particularly for HIV. While the commitment to international aid is enshrined in UK law, it is also tied to GDP - which is likely to fall because of the economic impact of COVID-19.

Accordingly in July, soon after the APPG hearings, the government announced that the aid budget would be reduced for this year by £2.9 billion. Alarming, in his letter to the Select Committee for International Development, the Foreign Secretary did not identify global health as a continued priority for UK ODA spending, stating that aid would focus on “tackling climate change and reversing biodiversity loss, championing girls’ education, UK leadership in the global response to Covid-19, and campaigning on issues such as media freedom and freedom of religious belief”¹⁶. While there is currently no suggestion that the UK’s contribution to the Global Fund will decrease, the APPG on HIV and AIDS would like to reiterate that in light of the COVID-19 crisis, now is the time for increased investment in and prioritisation of global health, particularly HIV.

Summary

The overwhelming evidence that HIV services are suffering huge disruption is a major concern. Without testing, people will unwittingly pass on HIV to others. Without access to treatment, people living with HIV will be more vulnerable to opportunistic infections and COVID-19, and they will also be more likely to pass on the virus. Without prevention services and access to condoms and to harm reduction, HIV infections will increase. Over the course of 20 years there has been a global collaboration to reduce the spread of HIV which was a threat similar to the one we are faced with today by COVID-19. We cannot afford to allow this current crisis to undo the huge progress that has been made to tackle HIV and AIDS.

Recommendations

- Donors and governments must take note of the threat to treatment, care and prevention services, must commit to sustaining and indeed to increasing investment in HIV to help programmes adapt to the new environment, and make a conscious effort to ensure two decades worth of gains are not lost.

¹⁵ World Health Organisation website https://www.who.int/docs/default-source/hiv-hq/presentation-disruption-in-services-international-aids-conference-2020.pdf?sfvrsn=d4bf1f87_7

¹⁶ BBC News online <https://www.bbc.co.uk/news/uk-politics-53508933>

Part 2

Human rights violations and stigma

There is nothing like a global crisis to bring out the best and worst in humanity. Sadly, for the poorest and most marginalised people on the planet, this pandemic is not only a health crisis but a human rights emergency. Something we have learnt from the HIV epidemic that governments globally should consider in their policies to deal with COVID-19, is that harm reduction is far more effective than criminalisation.

HIV, like COVID-19, will not be eradicated until there is a vaccine. HIV has been around much longer so the response has matured over time. Initially, fear fuelled prejudice and stigma which was hugely detrimental to the HIV response. That stigma is still very much alive, but most governments in more developed countries recognise it is counterproductive for public health to have laws that criminalise homosexuality or transmission of HIV (although the UK still has laws which criminalise transmission¹⁷). With COVID-19 we need to think about it in a similar way. Transmission is through social contact. As people, we crave social contact and we need it to survive. Blame and shame will not encourage better public health practices – indeed evidence shows they have the opposite effect.

As is outlined by the London School for Hygiene and Tropical Medicine:

“Laws that contribute to blaming in society lead to prejudice, which hamper (s) efforts to control HIV. If people infected with SARS-CoV-2 become stigmatised, others could be less likely to self-quarantine. Similarly, the unfolding global economic upheaval will have resounding impacts on LMICs that might exacerbate the conditions that spread SARS-CoV-2, for example leading to social upheaval. We must be attentive to these dynamics from the start.”¹⁸

Unfortunately in HIV, despite the fact we know that harm reduction is the best method for controlling the epidemic, many countries still have prejudicial laws which make it much harder to test, treat and prevent the virus. Human rights abuses against people living with HIV are already a major concern but COVID-19 is exacerbating the situation in many countries.

17 THT website <https://www.tht.org.uk/hiv-and-sexual-health/living-well-hiv/legal-issues/how-law-works>

18 London School of Hygiene and Tropical Medicine blog <https://www.lshtm.ac.uk/newsevents/expert-opinion/three-lessons-covid-19-response-pandemic-hiv>

According to Frontline AIDS:

“The COVID-19 response has been weaponised in many countries, resulting in increased powers of police, deployment of the military and increased harassment and abuse of marginalised populations. We are seeing a rise in police harassment and human rights abuses targeted at people who are criminalised due to sexual orientation, gender identity, drug use or sex work.”¹⁹

The Global Network for People living with HIV (GNP+) has provided a number of examples of human rights abuses which have been reported to the organisation:

“From Belize to Uganda, there have been several reports of police harassment and violence against the LGBT community. This includes arbitrary raids and arrests at their homes and many cases where the police are using the pretext of lockdown conditions to harass, beat up or arrest gay men to the point that they fear going outside to collect any essentials including medication.

There have also been violations of rights to confidentiality and privacy for people living with HIV. Several governments are tracking, tracing and sharing data regarding HIV status under the guise of contact-tracing, later using this information to criminalise people under penal provisions. In South Korea, a new COVID-19 outbreak has been linked to LGBT clubs, leading to increased violence motivated by homophobia and a fear among the gay community of being outed by contact tracing measures.”

Summary

Marginalised communities living with HIV have long been subjected to human rights abuses and detrimental laws. Sadly, COVID-19 is now being used as an excuse to target specific vulnerable groups. This is a major human rights concern in itself and will only make testing, treatment and prevention of both HIV and COVID-19 more difficult. It is vital that the UK government actively ensures that the COVID-19 responses that it supports have a strong human rights component and that they do not erode or violate human rights. As a donor the UK also needs to ensure sufficient funding is directed towards organisations that work with marginalised communities as part of an inclusive human rights response.

¹⁹ Frontline Aids written evidence



Recommendation

- Stigma associated with COVID-19 and HIV is a live threat which is damaging to the public health response for both diseases. Governments globally should be alert to the fact that COVID 19 is being used by some regimes as an excuse to attack vulnerable groups. There should be a harm reduction approach to tackling both HIV and COVID-19 across all countries.
- In the context of the merger between DFID and the FCO, the UK must ensure that global health is firmly positioned among its policy and funding priorities, and that DFID expertise on global health and HIV are retained in the new Foreign, Commonwealth and Development Office - and enhanced by the FCO's expertise on human rights.

Part 3

HIV in the UK

Like most health conditions that are not related to COVID-19 in the UK at the moment, HIV is not getting the attention it requires. While access to medication seems to have been largely protected, sexual health and HIV services were virtually closed down or running a skeletal service during lockdown. The reduced capacity of services meant that viral load testing was paused, and testing for HIV in sexual health clinics was very limited. In the long term these issues should be resolved as clinics reopen and viral load testing resumes - although the lack of access during this period has certainly increased anxiety amongst a group which is already particularly vulnerable with regards to their mental health. THT have also highlighted that services aren't likely to fully resume until at least the beginning of the next financial year.

While lack of access to testing may impact on infection rates, there has been a suggestion that reduced sexual activity could balance that out. However, emerging anecdotal and survey evidence indicates that some sexual activity did continue throughout the crisis and that it resumed faster than services returned.^{20 21} There are also concerns that increased risk behaviours were more common among some more vulnerable groups, such as sex workers, who are also those who experience the most barriers to access.

Time will tell whether the cessation of services has affected the infection rate, the late diagnosis of HIV, or treatment outcomes. Now we are past the initial full lockdown where most health services outside of COVID-19 saw a reduced capacity, many organisations have highlighted that COVID-19 is exacerbating health inequalities that already existed.

THT has also reported that there are major concerns about access to sexual health services, and that access to online HIV testing is patchy across England.

“We know that people are starting to have more sex and more partners but the infrastructure to support their prevention needs is not there. COVID has led to a delay in the roll out of PrEP and will continue to have an impact for the rest of this financial year. With local authorities under pressure to tackle the pandemic, some are already cutting sexual health services this financial year. Compounding this problem is the economic fallout of COVID-19; at a time when services are already stretched and unable to meet demand, what we really don't want to see is a reduction in sexual health service funding in the upcoming spending review, with COVID-19 being used as the excuse.”

DEBBIE LAYCOCK THT

20 Nam website <https://www.aidsmap.com/news/jun-2020/quarter-gay-men-report-casual-sex-during-uk-lockdown>

21 GMI Partnership: <https://www.gmipartnership.org.uk/sex-during-covid-19-survey/>

In January 2019 the Secretary of State for Health and Social Care, Matt Hancock, announced a goal to end HIV transmissions in England by 2030 and set out plans to develop an Action Plan for achieving this²². COVID-19 has delayed the development of this Action Plan and there is a concern that the impact of exacerbated inequalities (discussed above), on HIV testing and prevention services, will undermine the progress already made. However, this remains a commitment of the UK Government and is an entirely achievable goal. In June 2019 an independent HIV Commission was launched by National AIDS Trust and THT, a process which involved and was welcomed by Government as a way to inform their Action Plan²³. The Commission is due to report this year and will consider the additional impact of COVID-19 on the approach needed.

In August 2020 Matt Hancock announced a restructure of Public Health England. HIV organisations commented that the statement “left more questions than answers” and expressed concern that health improvement and strategic leadership on sexual health and HIV would not be supported.²⁴

As local-level resources are increasingly stretched and existing mechanisms and structures for national co-ordination are restructured, the government should consider how it can ensure there is national oversight and leadership on HIV. The commitments made on HIV cannot be an afterthought, but must be prioritised as the public health system is restructured and as funding commitments are made in the upcoming spending review.

BAME communities are hit particularly hard

BAME communities are at the sharp end of both COVID-19 and HIV and are unfortunately the most under-resourced within the HIV sector. The government’s COVID-19 inequalities review²⁵ found that people from BAME groups are more likely to be exposed to COVID-19. Death rates from the virus were higher for Black and Asian ethnic groups when compared with White ethnic groups. All-cause mortality was almost four times higher than expected among Black males for this period, almost three times higher in Asian males, and just under two times higher in White males, when compared with previous years.

A subsequent report addressed more specifically the impact on BAME groups. It states that the disparities are caused by factors including social and economic inequalities, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, cardiovascular disease and asthma, alongside racism, discrimination and stigma.²⁶ NAZ, a BAME-led sexual health agency,

22 Department of Health and Social Care website: <https://www.gov.uk/government/news/health-secretary-announces-goal-to-end-hiv-transmissions-by-2030>

23 Joint statement from NAT and THT with quote from Seema Kennedy (Minister for Public Health at the time): <https://www.nat.org.uk/press-release/nat-colaunches-new-hiv-commission-end-hiv-transmissions-england-2030-government>

24 Joint statement from National AIDS Trust (NAT), Terrence Higgins Trust, British HIV Association (BHIVA), British Association for Sexual Health and HIV (BASHH), the UK Community Advisory Board (UK-CAB) HIV treatment advocates network: <https://www.nat.org.uk/press-release/statement-joint-response-announcement-national-institute-health-protection-and-future>

25 Department for Health and Social Care website <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

26 Department for Health and Social Care website <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

highlighted in written evidence to the APPG that it is not only socioeconomic factors that make BAME communities more vulnerable... “longstanding discrimination and disadvantage at multiple levels have combined in this pandemic to cause a perfect storm.”²⁷

As NAT point out:

“Like HIV, COVID-19 is a disease which illuminates and exacerbates existing health inequalities, and there is significant overlap between the most at-risk groups. 74% of heterosexual people receiving HIV care in the UK in 2018 were from minority ethnic communities and the highest rate of late diagnosis (the most important predictor of HIV-related illness and death) was in heterosexual Black men²⁸. These multiple inequalities intersect so that people of colour living with HIV face the sharpest end of COVID-19.”

NAZ has seen a huge upsurge in requests for support during this period, and provided the APPG with a number of case studies of clients. This particular case highlights the vulnerability of LGBT migrants:

Case Study

Male, Asylum-seeking LGBTQI South Asian man in his twenties

The man was living in crowded accommodation with other migrants during peak of the coronavirus pandemic. He contracted coronavirus and as a matter of urgency the Home Office dispersed him out of London to Wales.

Unfortunately the dispersal had a profound effect on his already fragile mental health, and this exacerbated his thoughts of self-harm. He was placed back in shared accommodation and this increased his fear, as he was already trying to self-isolate, but was unable to do this due to a lack of communication with the Migrant Services.

After much advice and advocacy, NAZ was able to raise the case as a safeguarding issue, and have him returned back to London, where we paid for an urgent overnight stay, until the Home Office was able to safeguard his needs. The client remains vulnerable, but currently is safe within his support network in London.

Migrants are particularly vulnerable because policies such as data sharing between the Home Office and NHS Digital can act as a deterrent to seeking medical attention. Ultimately this hinders the public health response for COVID-19 and HIV and increases the stigma associated with both infections. The Africa Advocacy Foundation (AAF)

²⁷ NAZ written evidence

²⁸ Public Health England website https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/858559/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf

reports that clients in asylum seeker hostels are worried about their health due to the overcrowding, poor hygiene, and endemic drug and alcohol abuse²⁹. This is compounded for those held in immigration removal centres where cases of COVID-19 are difficult to contain, bringing additional risk and distress.

Mental Health

Mental health issues which were already a major concern are now an even bigger risk factor for people living with HIV. Good mental health is important for adherence to HIV treatment. People living with HIV who are also suffering from poor mental health are more likely to engage in risk-taking behaviours as a way of blocking out the psychological pain. As the APPG's previous report on mental health highlighted, evidence shows an 83% improvement rate in adherence to medication if the person is treated for depression.³⁰

As with all physical health conditions, COVID-19 is putting significant strain on mental health services which have had to adapt to current restrictions on face-to-face contact. This is having a particularly detrimental impact on people living with HIV who are, in many cases, already suffering from social isolation due to stigma.

For long term survivors of the early years of the HIV/AIDS crisis, the British Psychological Society (BPS) highlights that:

“the pandemic may be acting as a distress trigger in relation to having lived through the HIV pandemic and the multiple traumatic experiences associated with this.”

The evidence to the APPG shows there is a mixed picture. Some patients are benefiting from teletherapy; this may be because they had problems accessing care due to distance, or it could be because they know that there is no other option so have been forced to engage with this type of treatment. Many people however are not accessing treatment, and this is of particular concern because all the evidence suggests that people living with HIV are more vulnerable to a mental health crisis during this period.

The BPS highlight:

“Psychologists working in HIV services also noted that referral rates to in-house HIV psychology services have slowed since the onset of the COVID-19 pandemic. Some services have had to stop taking referrals completely. Regarding the reduced referral rates, possible explanations include that visible signs of distress may be missed during remote contacts, particularly when there has had to be focus on immediate medical and practical concerns. There is also a possibility that some service users may not have a private space in their home where they can discuss sensitive or psychological issues. Clinicians have

²⁹ Africa Advocacy Foundation, personal communication.

³⁰ 2014 American Review as quoted in “The Missing Link: HIV and Mental Health” APPG on HIV and AIDS 2020

also noted that service users have been actively enquiring about staff wellbeing, which leads to the possibility that they may be concealing additional needs in order to not to further burden staff.”

Many of the risks facing people living with HIV are intersected and linked with the risks already facing other vulnerable groups such as the LGBT³¹ and BAME communities during the current crisis. The BPS and NAZ have highlighted concerns about the digital divide, particularly for undocumented migrants and other marginalised groups, who may not be able to access services online or may be living in shared spaces where they are forced hide both their sexuality and HIV status, leading to multiple layers of isolation.³²

Summary

BAME communities are particularly impacted by both HIV and COVID-19 because of health inequalities and long-standing discrimination. BAME-led organisations are underfunded within the HIV sector and are struggling to cope with the high increase in demand for their services during the COVID-19 pandemic.

In light of evidence we have heard and concerns raised through the Black Lives Matter movement and many other campaigning organisations, the UK government needs to listen to BAME organisations and address some of the underlying inequalities which are leading to a higher death rate for COVID-19 and higher rates for HIV.

People living with HIV are already at particularly high risk of poor mental health for multiple and intersected reasons: HIV stigma continues to affect this vulnerable group of people; high levels of trauma and pre-existing mental health conditions within the cohort of people living with HIV; and the disproportionate number of people who are affected from marginalised groups.

All of these risk factors apply to both COVID-19 and HIV, creating multiple layers of risk to mental health for people living with HIV. The Department for Health and Social Care must be aware of these risks and ensure that mental health services receive greater investment and attention.

Without sufficient mental health support for people with HIV, adherence rates will deteriorate and infections will increase. Social isolation of people living with HIV will lead to more risk-taking behaviours and ultimately increased infections. The HIV epidemic could be eradicated but the response needs to take account of the unique needs of marginalised groups and that means addressing mental health. This is not new because of COVID-19, but the strain on services makes it even more of a priority.

31 Guardian online <https://www.theguardian.com/society/2020/aug/05/lockdown-having-pernicious-impact-on-lgbt-communities-mental-health> <https://www.theguardian.com/world/2020/aug/05/i-had-to-hide-myself-again-young-lgbt-people-on-their-life-in-uk-lockdown>

32 British Psychological Society submission



Recommendations

- The Department for Health and Social Care must be aware of the mental health risks to people with HIV, and ensure that mental health services receive greater investment and attention.
- Many marginalised groups, such as undocumented migrants, are unable to access government support or the health service because of the “digital divide”. These groups are often those in greatest need of mental health support, HIV prevention, treatment and care. The Department for Health and Social Care needs to urgently address this and ensure that services are accessible to all who need them.
- The UK government needs substantial and sustained engagement with BAME HIV organisations and must address some of the underlying inequalities which are leading to a higher death rate for COVID-19 and higher rates for HIV.
- There should be a national audit on the efficacy of current approaches funded to improve HIV/SRH in BAME communities across the board, which takes into account who is delivering interventions, the proportion of funding for BAME v non BAME-led agencies, and spend per BAME community.

Conclusion

As the COVID-19 pandemic continues, governments across the world face extremely tough choices. While the immediate threat may be COVID-19, there are many health conditions that, left unattended, could ultimately overtake this pandemic as the major threat to the health of populations globally, and we could see huge progress made in tackling some infectious diseases rapidly reversed.

We risk a reversal of two decades of progress in bringing HIV under control, unless there is sustained financial investment across the globe. The UK has been a leading donor in the fight against HIV/AIDS and must sustain its funding - and indeed increase this pivotal role, to ensure we do not go back to the dark days of the early 2000s when 1.7 million people died from AIDS-related causes annually, and infections increased unchecked.

Sadly, COVID-19 has led to an increase in human rights abuses and a growing phenomenon of COVID stigma, which coupled with HIV stigma is a potentially deadly combination for the world's most marginalised communities. Many governments have opted for militarised interventions to enforce social distancing, and such measures are being used in some cases to secondarily target groups already pushed to the outskirts of society because of their gender, sexuality or HIV status. The UK must ensure its COVID-19 policy has a strong human rights component and that grassroots organisations serving vulnerable communities receive increased funding to deal with the challenges posed.

In the UK, HIV treatment, care and prevention efforts have also been hindered by COVID-19. Since the easing of lockdown, major concerns remain that BAME communities are disproportionately impacted by COVID-19, HIV and mental health. Many marginalised groups, such as undocumented migrants, are unable to access support; these groups are often in greatest need of mental health support, HIV prevention, treatment and care. The Department for Health and Social Care needs to urgently address this and ensure that services are accessible to all who need them.

Mental health is a crisis likely to cause greater problems further down the line, particularly in HIV. HIV adherence is affected by poor mental health. Risk-taking behaviours and infection rates will increase unless the lack of appropriate mental health services for people living with HIV is addressed. The combination of HIV stigma and social isolation which has been enforced by the spread of COVID-19 is leaving these vulnerable populations at risk of more severe crises at a time when services are severely reduced.

The public health message to protect the most vulnerable in society by socially distancing is crucial - but it also has secondary effects that must be addressed.

It is clear that the current crisis demands a much greater focus, investment and engagement by Governments across the world on improving public health and health systems - as well as here in the UK.

Doing so will not only help tackle the devastating impacts of Covid-19, but also help prevent a reversal of the huge gains we have made in tackling HIV and other infectious diseases.

To fail to do so - could lead to secondary and tertiary effects well beyond those of this pandemic, and to risk the reversal of the huge global work done over decades to tackle HIV/AIDS in particular - leading to more suffering, and more tragedy.

Annex 1

Organisations who gave written evidence

Youth STOPAIDS
STOPAIDS
Frontline AIDS
Latin American and Caribbean Network of Trans People (RedLacTrans)
National AIDS Trust
Terrence Higgins Trust
MSD UK
Metro
Global Network for People living with HIV (GNP+)
One Voice Network
NAZ
BHA for Equality, Centre for All Families Positive Health
The Global Fund to Fight AIDS, Malaria and TB
UK-CAB
International Network of People who use drugs (INPUD)
Positively UK
Asia Pacific Transgender Network
British HIV Association (BHIVA)
British Association for Sexual Health and HIV (BASHH)
United Nations Sexual and Reproductive Health Agency (UNFPA)
HIV I-Base
Sophia Forum
Patient Advocacy Alliance
Hands at Work in Africa
Africa Advocacy Foundation
British Psychological Society

Oral Evidence witnesses

Kat Smithson – National AIDS Trust
Mike Podmore – STOPAIDS
Fionnuala Murphy – Frontline AIDS
Peter Sands – The Global Fund to Fight AIDS, Malaria and TB
Parminder Sekhon – NAZ
Dr Laura Waters – BASHH
Dr Harjot Khosa - Capacity Building Specialist at YR Gaitonde Centre for AIDS Research and Education (YRG CARE) India.

Members of the APPG inquiry committee

Stephen Doughty MP, Lloyd Russell Moyle MP, Baroness Barker, Baroness Masham, Lord Black of Brentwood, Ben Spencer MP

The report reflects the views of the APPG as a whole, and the evidence received, and should not be taken as reflecting the individual positions of APPG members, their parties, or other organisations.

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Notes

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