**Submission to the Independent Expert on protection against violence and discrimination based on SOGI**

**Protecting Human Rights During and After the COVID-19 Pandemic**

19 June 2020

State responses to the COVID-19 pandemic have thus far failed to sufficiently address the unique needs of gay, bisexual and other men who have sex with men and gay men living with HIV. In general, measures enacted by governments have been hastily enacted and enforced from the top down, without meaningful engagement of communities. This has resulted in gay men and other men who have sex with men to continue to be overlooked in the COVID-19 response. This submission makes some suggestions on policy measures to address the economic, mental health, and HIV prevention, care and treatment needs of gay men and other men who have sex with men, based on results from an online survey.[[1]](#footnote-1)

Although currently there is no evidence indicating that people living with HIV who are virologically suppressed are more vulnerable to acquiring COVID-19 or having greater severity of this illness than those not living with HIV, experts generally believe that those with high HIV viral load and low CD4 counts may be more susceptible to negative COVID-19 outcomes. Therefore, to maintain the health of gay men and other men who have sex with men living with HIV and sustain the benefits from treatment as HIV prevention, efforts to reverse the HIV care and treatment disruptions occurring due to COVID-19 need to be implemented with the utmost urgency.

From April 16, 2020, to May 4, 2020, a cross-sectional COVID-19 Disparities study was implemented by the gay social networking app, Hornet. Hornet is a free, smart phone-based app with over 25 million users worldwide. A total of 2732 cisgender gay men and other men who have sex with men from 103 countries completed the 58-question survey, which asked demographic data questions as well as questions regarding impact from COVID-19 on economic situation, mental health, and access to HIV prevention, care, and treatment services.

Among respondents, eleven percent reported losing employment as a result of changes due to COVID-19. Regardless of employment loss, a large proportion of participants (38%) also indicated an inability to receive COVID-19-related financial benefits when needed, and 19% of participants reported reducing meal sizes or cutting meals completely due to COVID-19. In addition, 4 out of every 10 respondents anticipated an income reduction of 30% or more due to COVID-19, and men living with HIV reported greater anticipated reductions in income compared to those not living with HIV.

COVID-19 has had a substantial impact on the mental health of gay men and other men who have sex with men. Overall, 31% of respondents reported moderate to severe psychological distress. Individuals who lost employment due to the pandemic screened positive for anxiety and depression at significantly higher rates compared to those who did not.

As a result of COVID-19, study participants reported low access to onsite HIV testing (30%) and HIV at-home testing (19%). Additionally, significantly less definite access to condoms was reported by respondents who identified as a racial or ethnic minority, gay men or other MSM from immigrant backgrounds, and respondents who had ever engaged in sex work.

Access to HIV care and services were also impacted: 23% of participants living with HIV indicated that they have lost access to their HIV providers as a result of COVID-19 social isolation measures, and only 17% reported that they were able to communicate with their providers via telemedicine. Respondents who lack health insurance were more likely to experience disruptions in access to their HIV care than those who have health insurance. 96% of respondents living with HIV indicated they were currently taking antiretroviral treatment (ART) for HIV, but among those, 18% indicated either an inability to refill or access their medication, or a difficulty in doing so. Individuals who identified as a racial or ethnic minority and participants who reported having ever engaged in sex work reported significant challenges in accessing HIV treatment, compared to those who did not identify as a racial or ethnic minority or those who did not report having ever engaged in sex work.

Novel and creative interventions, such as multi-month dispensing of treatment, telemedicine, mobile health strategies, and decentralization of service delivery to community-based and LGBTI-led organizations, which allow for the continuity of care in the context of social distancing polices, are needed to mitigate some of the above observed interruptions. Consideration of these strategies must take into account disparities in access to technologies and monitor the efficacy and safety of medication use if regular testing is limited.

In many countries, networks of peer educators have been essential to distribute HIV prevention and treatment commodities for gay men and other men who have sex with men, especially as clinics and facilities are not receiving clients due to COVID-19 restrictions. Government and donors should partner with community-based organizations to ensure that peer educators are supported and protected in conducting this vital outreach work.

Finally, the study highlights the intersectional vulnerabilities related to HIV and COVID-19 among gay men and other men who have sex with men. Structural and social risk factors, like lack of health insurance and racial discrimination, have been shown to increase the risk of HIV acquisition and limit viral suppression. Interruptions in care due to COVID-19 appear to be more acute in individuals with these same risk factors. This suggests that those who were already at greatest risk of poor HIV outcomes stand to be among the worst affected by this pandemic. Poor immune functioning resulting from disruptions to HIV treatment may further vulnerabilities to COVID-19. There is a further need to understand these overlapping vulnerabilities among gay men and other men who have sex with men, and governments must actively endeavor to consult the full diversity of gay men to ensure that their needs are being met during social distancing measures.

1. Santos, Glenn-Milo et al. “Economic, Mental Health, HIV Prevention and HIV Treatment Impacts of COVID-19 and the COVID-19 response on a Global Sample of Cisgender Gay Men and Other Men who have sex with Men.” May 2020. [↑](#footnote-ref-1)