

## CIVIL SOCIETY JOINT STATEMENT: SADC MUST STRENGTHEN SUPPORT TO HIV PROGRAMMES TARGETING THE MOST MARGINALISED DURING COVID-19 CRISIS

20 July 2020

**Att:** SADC Executive Secretary

**Cc:** Deputy Executive Secretary Regional Integration  
Director of Social & Human Development, SADC Secretariat  
Senior Programme Officer HIV/AIDS

### HUMAN RIGHTS ABUSES AGAINST SEX WORKERS AND PEOPLE WHO USE DRUGS DURING COVID-19 RESPONSES

We, the undersigned global, regional and national civil society organisations, movements and networks working in all 16 Member States of the Southern Africa Development Community (SADC) to promote the health and rights of people from diverse constituencies:

**Acknowledging** that the SADC region has shown some progress in slowing new HIV infections, increasing the numbers of people living with HIV on life saving treatment and reducing number of AIDS deaths.

**Concerned** that progress is not happening fast enough in all countries and the COVID-19 pandemic threatens to derail these efforts and that globally, there are dire warnings about the potential increase in new infections, and a reduction in numbers of people accessing and remaining on treatment, with modelling by WHO and UNAIDS indicating that disruption in treatment is likely to lead to additional 500,000 AIDS related deaths and up to 104% increase in new infections among children due to vertical transmission.<sup>1</sup>

**Alarmed** by modelling studies estimating significant disruption in HIV, TB and Malaria health services if efforts are not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic.<sup>2</sup>

**Noting** that the [2020 Global AIDS Update](#) shows that a substantial proportion (roughly one quarter) of new infections in southern and east Africa are among key populations and their sexual partners, a reminder of the need for conducive laws and policies, and for programmes that serve the HIV-related needs of these populations.<sup>3</sup>

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<sup>1</sup> World Health Organisation Press Release, “*The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV*”

<https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

<sup>2</sup> *Id.*

<sup>3</sup> UNAIDS, *2020 Global AIDS Update — Seizing the moment — Tackling entrenched inequalities to end epidemics*, available at [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200706\\_global-aids-report](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200706_global-aids-report).

**Highlighting** that the report reinforces that criminalised populations at risk of HIV, including sex workers and people who use drugs, are particularly vulnerable under current lockdown regimes.

**Convinced** that, within the mandate of the SADC secretariat to provide strategic expertise and coordinate the harmonisation of policies and strategies to accelerate regional Integration, the secretariat has a vital role to play within the COVID-19 pandemic.

**Recalling** several regional normative guidelines including the SADC Framework for Target Setting for HIV Prevention in the SADC Region, the accompanying HIV Prevention 2020 Roadmap and score card; the Regional Strategy for HIV Prevention, Treatment, Care and Reproductive Health and Rights among Key Populations and the SADC Strategy for Sexual and Reproductive Health and Rights in the SADC Region (2019 – 2030) aim to address HIV in the region, in line with global targets.

**Noting in particular** that the *Regional Strategy for HIV Prevention, Treatment, Care and Reproductive Health and Rights among Key Populations* acknowledges that key populations, including PWUD and sex workers experience an increased impact from HIV and a decreased access to services, due in part to their marginalisation and/or criminalisation.<sup>4</sup> **Noting further** that, the Regional Strategy highlights that properly identifying and addressing the specific barriers key populations face is critical to ensure no population is left behind.<sup>5</sup> **Reiterating** that SADC member states have committed themselves, in the *African Union Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030*, to ending discrimination against people living with and at risk of HIV. This includes a commitment to full access to justice for key populations.

**Emphasising** that the Social and Human Development Directorate of the SADC Secretariat, in line with its mandate under the Regional Indicative Strategic Development Plan (RISDP) can act, and contribute more strongly to guide member states towards better coordination, information sharing and more consistent approaches in their response to COVID-19 and relating to marginalised populations.<sup>6</sup>

**Convinced** that a regional approach can support the development of technically strong, evidence-informed strategies and guidelines for working with vulnerable populations which can effectively galvanize improved action at country level.

**Now therefore** highlight the following challenges and recommendations for your urgent intervention:

## **1. IMPACT OF POVERTY AND ECONOMIC INSECURITY**

While efforts have been made to mitigate the impact of COVID-19 through social relief efforts, for the most part, there are a number of barriers for sex workers and PWUD in their diversity.

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<sup>4</sup> “Regional Strategy for HIV and Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations pg. 10.

<sup>5</sup> *Id* pg. 15.

<sup>6</sup> In line with the Regional Indicative Strategic Development Plan (RISDP), the main functions of the Social Human Development Directorate include coordination and development of policies to effectively combat the HIV and AIDS pandemic and all other communicable and non-communicable diseases.

For sex workers working in bars, taverns, clubs and shebeens that are now closed or under curfew, the economic impact on their ability to provide for their families has been hugely diminished. Sex workers who work on transport routes and close to border crossings have also been affected by limitations on movement. In addition, many sex workers and people who use drugs are displaced either forcibly into ‘camps’ as in South Africa<sup>7</sup> or because they are unable to work and are increasingly reliant on family members for food and shelter. In the small number of sites where harm reduction services are available many services have been interrupted. In a positive example, a project in Mafalala, Mozambique take-home Methadone doses and the launch of Naloxone distribution in community have improved access to health for people who use drugs. However, some services, like washing facilities, the hot tea and bread offered daily and the social support the programme offered were unable to continue because of COVID-19 safety measures. It is therefore important to ensure that people who use drugs, most of whom do not have shelter or income, are targeted in social relief efforts.<sup>8</sup> Sex workers and people who use drugs who are migrants or undocumented have been forced to remain in place, in most cases unable to seek social relief due to their undocumented migrant status, yet also unable to travel home.

**We therefore call on the SADC the Social and Human Development Directorate to offer guidance to member states, in line with the following:**

- Strong efforts must be made to ensure that social relief efforts are reaching sex workers and people who use drugs, including those who may be undocumented, migrant or seeking asylum;
- Any attempts to restrict access to social relief efforts by migrant’s sex workers, people who use drugs and other vulnerable groups must be condemned;
- States should take steps to ensure those delivering essential services to marginalised and vulnerable populations such as sex workers and people who use drugs are supported with personal protective equipment (PPE), and are considered for distributing social relief to their communities of concern;
- Strategies to ensure the continuation of harm reduction services such as take-home methadone doses and community-based distribution of Naloxone must be recognised as good practice and scaled up;
- States should support already existing community structures to reach the populations in a way that will ensure their safety and protect from punitive actions and stigma – this includes services to address mental health needs and sheltering.

## **2. INTERRUPTIONS IN HIV, SRHR AND TB SERVICES**

Since the beginning of the COVID-19 pandemic, there has been a significant drop in TB screening and testing in many countries. South Africa reported a 48% drop in TB testing<sup>9</sup>, while one study indicated that approximately 13.2% of the population reported that their chronic medication was inaccessible

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<sup>7</sup> Media Statement: Human Rights on Trial as the City of Cape Town Seeks to Interdict Human Rights Monitors, available <https://c19peoplescoalition.org.za/media-statement-the-city-of-cape-town-seeks-to-interdict-human-rights-monitors/>.

<sup>8</sup> Documented by MozPUD, and Médecins Sans Frontières.

<sup>9</sup> <https://www.spotlightnsp.co.za/2020/05/20/covid-19-lockdown-takes-heavy-toll-on-sas-tb-response/>

during the lockdown.<sup>10</sup> In Zimbabwe, 19% of people in a rapid survey said they did not have access to their ART refills.<sup>11</sup>

Access to reproductive and sexual health services, such as contraception and safe abortion, have also been adversely affected by COVID-19. Many countries have temporarily stopped or reduced provision of these services, while supply chains for condoms, contraceptives and other commodities have been affected.<sup>12,13</sup> Restrictions on the numbers of people at health care services, the closure of ‘non-essential services’ or outreach services, and overburdened health systems have resulted in decreased access to comprehensive SRHR essential health services for marginalised populations.

While adapting service delivery to community led models and telemedicine have been on the rise, these measures may still be leaving sex workers and people who use drugs with barriers to access due to their mobility, displacement or lack of resources.

In Botswana, HIV prevention programs were disrupted by the lockdown regulations. Limited movement was one of the key barriers for sex workers to access SRHR services; PrEP, and HIV treatment. Undocumented migrant sex workers in Botswana were disproportionately affected by these measures<sup>14</sup>.

**We therefore call on the SADC Social and Human Development Directorate to offer guidance to member states, in line with the following:**

- SADC member states must take urgent steps to ensure HIV and TB services are not interrupted further.
- SADC member states must ensure that a comprehensive list of SRHR services are considered essential services in COVID-19 regulations.
- SADC States must ensure that innovations to address access to services including under COVID-19, take into account the specific context and needs of vulnerable populations including sex workers and people who use drugs.
- SADC states should work with the World Health Organisation and other key partners to address the growing risk of stock outs of key antiretroviral and other medicines

### **3. HUMAN RIGHTS CONCERNS AND INCREASED RISK OF INTIMATE PARTNER AND CLIENT VIOLENCE**

The relationship between sex workers and PWUD and law enforcement services in the SADC region has always been strained. In the wake of the COVID-19 pandemic many countries in the region have deployed military and police services to maintain curfews and ‘lockdown’. While in theory, the

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<sup>10</sup> <https://yiba.co.za/hsrc-study-on-covid-19-indicates-overwhelming-compliance-with-the-lock-down/>

<sup>11</sup> <https://www.aidsmap.com/news/may-2020/disruption-hiv-treatment-africa-during-covid-19-pandemic-could-double-hiv-deaths>

<sup>12</sup>Riley T, Sully E, Ahmed A, et al. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries, 2020.

<sup>13</sup>UNFPA, Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, April 2020, <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>.

<sup>14</sup> Documented by Sisonke Botswana and Bonela. Sisonke Botswana Organization in partnership with BONELA and Tebelopele Testing Centre conducted mobile treatment drives to reach out to undocumented migrant sex workers in need of ART treatment during the lockdown

measures are without prejudice, in practice there is a discriminatory application of many lockdown laws, resulting in increased abuse of already marginalised populations.

Curfews prevent sex workers from working, since their working hours are most often at night, while restrictions on gathering in public places reduce opportunities for work in hotspots. Moreover, for people who use drugs, distribution of clean needles and safe injecting equipment has been compromised by the increased presence of police.<sup>15</sup> There have been reports of increased harassment and abuse of sex workers during lockdown across the region, including rape, extortion, and deportation of migrant sex workers who refuse to pay bribes.<sup>16</sup>

It is critical that SADC member states reinforce support and community solidarity during the pandemic, while taking steps to protect the most vulnerable.

**We therefore call on the SADC Social and Human Development Directorate to offer guidance to member states, in line with the following:**

- Member states must ensure that national mechanisms responsible for implementing the response to COVID -19, particularly law enforcement officials do not use COVID-19 regulations to target and harass key populations including sex workers and people who use drugs.
- Member states must maintain and expand dialogue and consultation with civil society organisations working with or for key populations including sex workers and people who use drugs to ensure that their concerns are taken into account during the development of policies and responses going forward.
- Member States must address legal and policy frameworks that make key populations vulnerable to human rights violations and prevent their access to health services.

**This statement was developed by:**

1. AIDS and Rights Alliance in Southern Africa (ARASA)
2. Aidsfonds
3. Frontline AIDS
4. Médecins Sans Frontières Southern Africa
5. Pathfinder Mozambique

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<sup>15</sup> See Example of Mozambique referred to above.

<sup>16</sup> *Sex Workers in Africa Are More Vulnerable During COVID-19*, <https://www.theglobalfund.org/en/blog/2020-06-04-sex-workers-in-africa-are-more-vulnerable-during-covid-19/>, see also 'Hunger or murder': Lockdown poverty exposes African sex workers to more violence, <https://www.reuters.com/article/us-health-coronavirus-women-sexworkers/hunger-or-murder-lockdown-poverty-exposes-african-sex-workers-to-more-violence-idUSKBN23B0CS>.

**Endorsed by (as at 20 July 2020):**

1. Accountability International (Global)
2. Amnesty International (Global)
3. Equal Africa (Regional)
4. Positive Vibes Trust-PV (Regional)
5. MSF Southern Africa (regional)
6. Child Rights Network for Southern Africa (CRNSA) (regional)
7. SCARJoV - Associação de Reintegração dos Jovens/ Crianças na Vida Social (Angola)
8. MozPUD (Mozambique)
9. Takaezana Association (Mozambique)
10. ICRH-Mozambique
11. ABEVAMO (Mozambique)
12. FHI360 (Mozambique)
13. MSF (Mozambique)
14. AMODEFA (Mozambique)
15. Ungagodoli (Mozambique)
16. Centro Internacinal para Saúde Reprodutiva (ICRH-M) (Mozambique)
17. Movimento trans de Moçambique (MovTransDeMoz) Mozambique
18. (UNIDOS) Rede Nacional sobre Droga e HIV (Mozambique)
19. Kuyakana - National Network of Organizations of Women Living with HIV / AIDS (Mozambique)
20. Sisonke Botswana Organization-SIBO (Botswana)
21. Botswana Network on Ethics, Law and HIV/AIDS(BONELA) (Botswana)
22. Rainbow Identity Association (RIA) (Botswana)
23. FACT (Zimbabwe)
24. Zimbabwe Civil Liberties and Drug Network (Zimbabwe)
25. GALZ (Zimbabwe)
26. ZIMBABWE RAINBOW COMMUNITY ZRC (Zimbabwe)
27. Sexual Rights Centre (Zimbabwe)
28. Transsmart Trust (Zimbabwe)
29. Youth Gate Zimbabwe Trust (YGZ) (Zimbabwe)
30. Trans Research Education Advocacy and Training (Zimbabwe)
31. Trans\* and Intersex Rising Zimbabwe (TIRZ) (Zimbabwe)
32. Zambia Network of Religious Leaders Living with or Personally Affected by HIV and AIDS - ZANERELA+ (Zambia)
33. Sipiwe Hlophe SWAPOL (Eswatini)
34. TB HIV Care Association (South Africa)
35. Sexual and Reproductive Justice Coalition SRJC (South Africa)
36. The Triangle Project (South Africa)
37. The AIDS Foundation of South Africa (South Africa)
38. Amnesty International South Africa – AISA (South Africa)
39. Transgender and Intersex Africa (TIA) (South Africa)
40. HIV AIDS Support Organisation (HASO) (Republic of Seychelles)
41. Tanzania Network of Women Living with HIV and AIDS (TNW+) (Tanzania)
42. Sonke Gender Justice (South Africa)
43. LIFELINE Durban (South Africa)

44. Sex Worker Education and Advocacy Task Force (SWEAT) (South Africa)
45. The AIDS Foundation of South Africa (AFSA) (South Africa)
46. NACOSA (South Africa)
47. Asijiki Coalition of the decriminalization of Sex Work (South Africa)
48. Pakachere Institute of Health and Development Communication (Pakachere IHDC) (Malawi)
49. Coalition of Women Living with HIV and AIDS (COWLHA) (Malawi)
50. Centre for Girls and Interaction (CEGI) (Malawi)
51. Centre for Human Rights and Rehabilitation (CHRR) (Malawi)
52. Centre for Human Rights Education, Advice and Assistance (CHREAA) (Malawi)
53. CHISA (Malawi)
54. Ladder for rural development (LAFORD) (Malawi)
55. CEDEP (Malawi)
56. Prevention Information et Lutte contre le Sida (PILS) (Mauritius)
57. Wings to Transcend (Namibia)
58. Fondation Femme plus (République Démocratique du Congo)
59. RESEAU DES INFIRMIERS GENERALISTE ET INFIRMIERS ACCOUCHEUSES DANS LA LUTTE CONTRE LE VIH/(RIGIAC SIDA) (Democratic Republic of Congo)
60. Zambia Sex Workers Alliance (ZASWA)