



COVID-19 ADVOCACY MESSAGES

This guide outlines some of the advocacy priorities and messages we can use collectively in our advocacy for HIV, TB and Human Rights in the context of COVID-19.

It is a resource for organisations working mainly at the national level but includes messages for global and regional bodies. These messages are an overarching frame to get you started - please adapt them to your national situation and add in relevant national facts and figures to strengthen your advocacy. You should read this alongside the Advocacy Strategy developed by the Frontline AIDS Partnership as it builds on the changes and decision makers identified there and uses the same structure.

SUSTAIN	
KEY DECISION MAKERS	MESSAGES
<p>Policymakers in national government</p>	<p>As resources have been diverted to COVID-19, we are seeing HIV, TB and sexual and reproductive health and rights (SRHR) services disappear. At the same time women and girls face higher risk of HIV infection, due to increased gender-based violence. If we do not overcome these interruptions, we could see increases in new HIV infection rates and other negative health outcomes.</p> <p>The Ministry of Health must recognise that HIV, TB and SRHR prevention and treatment services are essential and guarantee that they continue uninterrupted throughout the COVID-19 pandemic by ensuring there are sufficient staff, resources and supplies, and that safety measures are in place.</p> <p>Members of Parliament (MPs) should use the parliamentary mechanisms available to them, including parliamentary committee inquiries and parliamentary questions, to hold the Ministry of Health accountable to national HIV, TB and SRHR commitments and ensure that they are not derailed by the COVID-19 response.</p>
<p>Donors at national level</p>	<p>Civil society space is shrinking as governments focus on COVID-19 and donors that traditionally support advocacy are instead prioritising other areas. Yet advocacy is needed now more than ever. HIV services have been disrupted and de-funded, while stigma, discrimination and criminalisation remain significant barriers to the HIV response. In some contexts, human rights violations against marginalised people are on the increase. Advocacy and campaigns to influence policies and decision-makers and to ensure accountability are desperately needed.</p> <p>The Global Fund and other donors must allocate resources in country for advocacy by communities and civil society working to end AIDS and protect the rights of marginalised communities.</p>

<p>Donors at global level</p>	<p>1. The WHO has warned that COVID-19 related service disruptions could lead to more than 500,000 extra deaths from AIDS in 2020–2021. Modelling by Stop TB has also shown that an additional 1.4 million people could die due to the impact of COVID-19 on TB programmes.</p> <p>Donor governments must honour their existing commitments to sustain and increase HIV and TB funding during the COVID-19 pandemic.</p> <p>UNAIDS and other UN agencies should advocate for adequate HIV and TB funding to continue throughout the COVID-19 pandemic so that global targets on HIV and TB are met and the gains of recent years are not reversed.</p> <p>The Global Fund’s role should be to ensure that the responses to HIV, TB and malaria are protected from the impact of COVID-19 and any future pandemics. We urge the Global Fund to focus its work in the new strategy period on sustaining and scaling up HIV, TB and malaria programming during and beyond the current emergency. It must also advocate for donors to provide adequate funds for HIV, TB and malaria programmes, in order to meet the global goals of ending these diseases.</p> <p>2. Marginalised communities are frequently ignored by mainstream humanitarian responses to COVID-19, despite facing some of the greatest challenges in terms of food insecurity, lack of shelter and income loss.</p> <p>The WHO, OCHA and other UN agencies coordinating the humanitarian response to COVID-19 must ensure that marginalised communities (particularly LGBT people, sex workers and people who use drugs) are included in ongoing national COVID-19 responses, by requiring their inclusion in needs assessments and decision-making spaces.</p>
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ADAPT

<p>KEY DECISION MAKERS</p>	<p>MESSAGES</p>
<p>Policymakers in national government</p>	<p>1. Community organisations and networks of people living with HIV are an integral part of health systems and have been on the frontline of the HIV and TB responses for decades. Many are now playing a critical role tackling this new pandemic - adapting their existing programmes to include COVID-19 prevention and awareness raising and addressing the health, social and economic consequences of COVID-19, from gender-based violence to loss of livelihoods and food insecurity.</p> <p>The Ministry of Health must recognise the essential work by community organisations to tackle COVID-19, and provide them with the financial resources, technical support and equipment they need to adapt to COVID-19, instead of starting new programmes using parallel structures. The Ministry of Finance must recognise the importance of this work being carried out by communities and ensure that it is fully funded.</p> <p>2. Existing health services have been disrupted by the COVID-19 response. For example, the closure of many primary care facilities and community-based services is making it harder for key populations and adolescent girls and young women to access combination HIV prevention options and services, including harm reduction. Governments need to adapt their systems for universal health coverage to ensure that they are fit for purpose and can continue to deliver health services to all (including the most marginalised) during times of crisis, such as a pandemic like COVID-19.¹</p> <p>The Ministry of Health must designate HIV prevention services as essential services in order for them to remain operational during health crises including</p>

¹ Reframing your advocacy messages within the context of COVID-19 can help to keep them relevant and overcome lack of political interest in issues which are not COVID-related and therefore seen as non-urgent.

	<p>the COVID-19 pandemic. HIV prevention commodities and services should also be included in health insurance schemes and health benefit packages.</p>
<p>Donors at national level</p>	<p>Donors must recognise the essential work that communities on the frontline of the HIV and TB responses are doing to tackle COVID-19, and focus on providing community organisations with the financial resources, technical support and equipment they need to adapt to COVID-19, instead of funding the creation of brand new programmes to do this work. Donors should be flexible and support community-based organisations to adapt their work plans and redirect the funding they have already secured to meet the new challenges facing marginalised populations due to COVID-19 - from provision of shelter and food, to support for legal fees or to flee violence.</p> <p>Donors need to recognise and resource the added-value of community-based and people-centred HIV services that can reach and support marginalised people who experience gender-based violence or other human rights violations. Such services should be integrated into wider, multi-sectoral health systems to ensure uninterrupted and tailored services, in particular for the most vulnerable.</p> <p>Marginalised populations that lack access to digital technologies are unable to fully participate in decision-making and policy-influencing spaces as meetings have moved to virtual spaces. Efforts are needed to bridge the digital divide to ensure that the voices of the most marginalised are not effectively silenced.</p> <p>Donors need to support and resource efforts to build skills in digital advocacy and virtual influencing, to enable equitable access for all.</p> <p>The Global Fund must address inequities in access to national Country Coordinating Mechanism discussions and decision-making spaces and consider alternative means of participation. As a first step, the Global Fund should provide resources for those without digital access to participate in virtual CCM spaces.</p>
<p>Global agencies</p>	<p>Community responses are an integral part of health systems. Communities of people living with HIV and other at-risk populations have been on the frontline of the HIV responses for decades, changing behaviour, fighting stigma, improving uptake of HIV testing and demanding access to treatment. Many are now playing a critical role in tackling this new pandemic, adapting their programmes to include COVID-19 awareness and prevention and to address the secondary impacts, from gender-based violence to loss of livelihoods and food insecurity.</p> <p>UN agencies must recognise the essential work by communities on the frontline of the HIV and TB responses to tackle COVID-19, and focus on providing them with the financial resources, technical support and equipment they need to adapt to COVID-19, instead of starting brand new programmes using parallel structures.</p> <p>The Global Fund should advocate for the active involvement of community organisations on the frontline of the responses to HIV, TB and Malaria in the design and delivery of national health responses, including the COVID-19 response.</p> <p>The Global Fund, PEPFAR, and other donors working at a national level must embed flexibility into their funding for civil society, community-based organisations and networks, to ensure the sustainability of HIV, TB and SRHR programmes through the continuing COVID-19 pandemic.</p> <p>We can only ensure COVID-19 vaccines and treatments reach everyone who needs them by preventing monopolies, ramping up production and sharing knowledge. All global donors and institutions with influence should support a People's Vaccine that is available for all and based on shared knowledge, free from patents. Vaccine technology and intellectual property rights must be</p>

	<p>licensed to the WHO COVID-19 Technology Access Pool, and allow license production by companies, including in developing countries, that are able to manufacture the vaccine.</p> <p>There is an ongoing need for communities to be represented within global discussions, including the ACT-A platform, where community and civil society voices are still fighting to be heard (particularly in the vaccines pillar). The Global Fund must actively champion community participation in the ACT-A platform.</p>
PROTECT	
KEY DECISION MAKERS	MESSAGES
<p>Policy makers & institutions at national level</p>	<p>Human rights abuses targeted at people who are already marginalised due to sexual orientation, gender identity, drug use or sex work are increasing. The Frontline AIDS Rapid Response Fund has received over 360 applications for emergency assistance since the pandemic began, including support for communities blamed for COVID-19 transmission, such as LGBT people who have been imprisoned for allegedly putting others at risk of COVID-19.</p> <p>Governments and state actors must desist from human rights violations in the name of COVID-19 and uphold dignity and human rights for all.</p> <p>Disinformation based on stigmatising attitudes and beliefs may be used to scapegoat LGBT people as vectors and carriers of COVID-19, harming progress towards eliminating barriers, including stigma and discrimination in health-care settings. The Ministry of Health must ensure health workforce training to combat this misinformation and stigma.</p> <p>The Ministry of Justice must urgently review national laws and policies to ensure that COVID-19 mitigation measures do not result in human rights violations, in particular against marginalised communities. This should be accompanied by guidance and standards for the enforcers of such laws and policies – notably the police – to ensure that the pandemic is not used as justification to commit human rights abuses</p> <p>The Ministry of Health and Ministry of Justice must ensure that the processes to design, implement and monitor public health strategies - such as for COVID-19 - meaningfully engage marginalised communities and respond to their needs, including preventing against human rights violations.</p> <p>The Ministry of Justice must decriminalise behaviour associated with marginalised communities – such as sex work, same-sex sexual relations and drug use – based on the lessons learned from both the HIV and COVID-19 responses, as well as the need to prevent human rights violations against such communities in future crises.</p>
<p>Human rights bodies - national & regional</p>	<p>We urge National Human Rights Commissions to hold states accountable for human rights violations committed in the name of COVID-19 and to call on them to uphold dignity and human rights for all.</p> <p>Four decades of the HIV response has demonstrated how discrimination against marginalised communities, including during the COVID-19 pandemic, leads to the denial of multiple human rights (such as the rights to life and health) and worsens existing vulnerabilities. National and regional human rights bodies must ensure that policies, statements and key messages produced in relation to COVID-19 and beyond prevent against this type of discrimination.</p> <p>National and regional human rights bodies need to advocate for governments and relevant regional and global bodies to urgently review laws and policies to ensure that COVID-19 mitigation measures do not result in human rights violations, in particular against marginalised communities.</p>

	<p>National and regional human rights bodies should build partnerships with CSOs to gain evidence of how measures such as criminalisation deny the human rights of marginalised communities, in particular during a crisis. They should support CSOs to build a case for the decriminalisation of marginalised groups in national settings.²</p>
<p>Donors at global level</p>	<p>We urge donors and UN partners to increase their advocacy efforts to stop human rights violations resulting from the COVID-19 response, and to ensure that new vaccines and treatments for COVID-19 are available and affordable for all, in line with the right to health.</p> <p>Donors need to financially, technically and politically support existing civil society mechanisms to document and respond to human rights violations, while also adapting to COVID-19. Such mechanisms should be supported to expand their existing work to respond to new abuses taking place due to COVID-19 mitigation measures plus ongoing HIV-related human rights violations.</p> <p>Donors must resource ongoing efforts to build resilience among community-based HIV programmes to respond to human rights violations, to adapt to and survive crises, and to enhance their sustainability.</p> <p>The Global Fund Secretariat is considering Global Health Security as a key aspect of the 2023-2028 strategy. Framing the Global Fund’s work within a narrative of global health security risks endorsing and reinforcing a protectionist approach to health that conflicts with the Global Fund’s core mission, as a rights-focused institution, to focus on quality and equity. The Global Fund needs to recognise the potentially negative impacts of the global health security narrative, both in reinforcing health nationalism and in potentially catalysing human rights violations.</p> <p>Given the increase in human rights violations since the onset of COVID-19, it is essential that the Global Fund’s new strategy reaffirms the principles of equity, inclusion and rights at the centre of its work. It must also increase the level and impact of funding streams to protect and advance the rights of key populations and other marginalised people.</p> <p>The Global Fund must resource emergency response mechanisms to respond to the ongoing risks faced by people whose identities, sexual orientations, or behaviours are criminalized alongside providing support for additional needs and vulnerabilities emerging or exacerbated as a result of COVID-19.</p>

*We include psychosocial support, harm reduction, treatment and prevention as part of HIV services

² Messaging from PITCH rights violations brief “Crackdown in Lockdown: How COVID 19 Aggravates the scale and nature of human rights violations related to HIV”