

PITCH

Accelerating community-led HIV responses: adapting positive practice beyond the COVID-19 crisis





Conclusion: Learning from the COVID-19 experience can transform HIV community-led responses and feed into future pandemic planning

The paper highlights how the impact of COVID-19 and the resulting restrictions have wrought havoc on the lives of people across the globe – no one is untouched. But as with HIV, the pandemic's impact falls disproportionately on marginalised communities, who already experience entrenched inequalities, criminalisation, discrimination, stigma and rights abuses.

As community-based and -led organisations mobilised to support their communities through

lockdowns and other emergency measures, they confronted huge challenges. In many countries COVID-19 has led to quarantines, restrictive movement, social isolation and shrinking civic space with increasing human rights violations, sexual and gender-based violence and criminalisation compounding this. There have been widespread disruptions to health services, including STI and HIV treatment, mental health and harm reduction services. Numbers of unintended pregnancies are rising exponentially,

with young people unable to access contraceptives and SRH services. Governments have failed to meet the basic needs of marginalised communities – many relying on community organisations to support them with food packages, protective equipment and home delivery of ARVs. As the pandemic continues, the longer-term repercussions for livelihoods and economies are concerning, and must be prepared for.

What is striking about this analysis, is that the challenges revealed do not stem from the virus itself, but from emergency measures introduced in response to the pandemic. And many of these challenges are not new. As we know from the HIV experience, crises can catalyse innovation, but they can also bring repression and rollback on rights.

A common thread runs through the paper: that marginalisation is not evenly experienced. People who have multiple identities that intersect to compound discrimination – particularly along lines of race, transgender identity, sex worker status – face the greatest rights abuses, stigma and lack of support.

In the face of these challenges, what shines through these stories of resilience is a sense of solidarity among networks and organisations of marginalised communities. Despite working under extreme pressure throughout the crisis, community-led organisations have emerged as best equipped to respond to the diverse and complex needs of their communities, including those related to COVID-19, and have always done so. They have remained agile and continued to advocate, mobilise and adapt to the changing context. Their responses have been swift and creative, motivated by the need to keep services running and reach those most vulnerable.

It is important to remember that many of the positive practices highlighted here may have been triggered by COVID-19, but have been hard fought for by communities for years. These include longer take-home prescriptions for OAT and ARVs; telemedicine for medical abortions; recognition of sex work as work leading to inclusion

in social protection schemes; recognition of transgender people in their correct gender identities in public space; and directives by regional rights bodies to decriminalise petty offences, and ban the expulsion of pregnant adolescent learners from school. The rapid way in which decisions were made as well as policies and approaches changed tells us that the biggest barriers were often in political will. Policy-makers have often feared the political consequences of enacting changes called for by communities. But this backlash has not materialised. Indeed, decision-makers can gain credibility and political capital by supporting policies that will bring positive changes, if they work more closely with communities, particularly during the COVID-19 pandemic. The paper demonstrates HIV community-led responses and the innovations they create are the backbone of the effective COVID-19 response. Preparedness for future pandemics will be strengthened if these responses are sustained.

For communities and civil society organisations (CSOs), there are many lessons to be learnt from the COVID-19 response, and many opportunities to be harnessed. Going forward, the top, cross-cutting recommendations for communities and CSOs are:

- Advocate for governments and donors to provide political and financial support for community-led responses and recognise community-led organisations as official service-providers, particularly during the constant changes wrought by multiple lock-downs and fluctuating COVID-19 infections.
- Engage with governments on the pandemic preparedness agenda, particularly the Pandemic Preparedness Treaty decisions which will be discussed at the 2021 World Health Assembly.
- Strengthen efforts to end inequalities and hold governments accountable for commitments to end inequalities¹ and implementation of new targets² on community-led responses and social enablers adopted in the 2021 High Level Meeting on AIDS Political Declaration³.

- Adopt an intersectional approach, ensuring no one is left behind.
- Build coalitions and connect across movements, including those working on pandemic preparedness.
- Claim space at decision-making tables, particularly within COVID-19 country response mechanisms, pandemic preparedness discussions and COVID-19 diagnostics, treatment and vaccination national technical working groups.
- Advocate for an end to punitive, harmful and discriminatory laws.
- Where there are protective laws, increase legal literacy and access to justice.
- Embrace digital advocacy and service delivery strategies while remaining vigilant on their appropriateness, impact and accessibility.
- Strengthen and expand person-centred HIV health and community-led services.

We may have to live with COVID-19 for some time, and it will continue to affect those with pre-existing or underlying vulnerabilities disproportionately, including those who are already living with or at greatest risk of acquiring HIV. Resources must now be channelled to the ongoing response and then recovery from the pandemic to get community-based and -led initiatives back to their strength and capacity.

Many of the successes cited in this paper are the result of PITCH funding for advocacy. With this funding ended in 2020, we hope these approaches can provide partners with points of learning and inspiration for stronger advocacy approaches to take forward into their own contexts.

Irrespective of our sexuality, gender identity, language, culture, occupation and circumstances, we are all one.
We need unity, acceptance and love.

Endnotes

¹ Paragraph 57. Pledge to end all inequalities faced by people living with, at risk of and affected by HIV and by communities, and to end inequalities within and among countries, which are barriers to ending AIDS' https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

² Increasing the proportion of HIV services delivered by communities: 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy; 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations; 60% of programmes to support the achievement of societal enablers.

The 10-10-10 endorsed targets to end all inequalities faced by people living with HIV, key and other priority populations by 2025, by reducing to 10% or less the proportion of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence; countries with restrictive legal and policy frameworks that lead to the denial or limitation of access to services; people experiencing stigma and discrimination.

³ https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids





PITCH Partnership to Inspire, Transform
and Connect the HIV response

