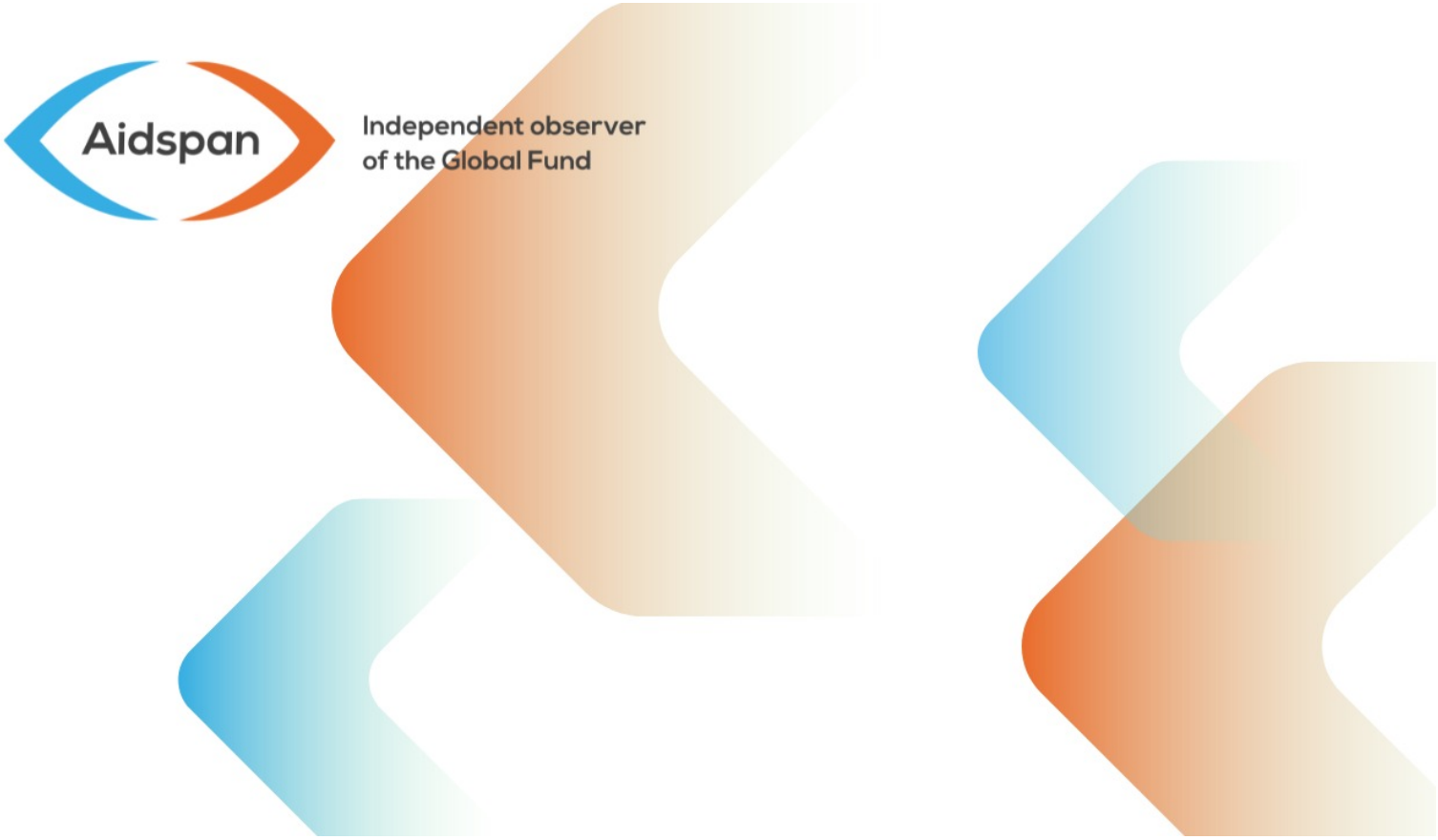


COVID-19 HAS A NEGATIVE IMPACT ON KEY POPULATIONS IN THE MENA REGION

GFO: Where did the idea of conducting this study on key populations and COVID-19 come from?

Roy Wakim (RW): The Middle East and North Africa (MENA) region has been particularly affected by the coronavirus disease 2019 (COVID-19), more specifically Egypt, Maghreb countries and Yemen. An initial webinar on key populations and COVID-19 was organized by the [MENA] key populations' platform, which led to the desire to conduct a more in-depth study. We, therefore, developed a questionnaire, which had two objectives:

- to measure the impact of COVID-19 on socioeconomic issues and access to care and services for key populations
- to measure the psychological impact of lockdowns, which have been implemented essentially to stop the spread of the virus.

We then complemented the online survey with semi-structured interviews with five people who represent geographic and cultural trends within the platform: Djibouti, Afghanistan, Tunisia, Morocco, Egypt. Most of the survey participants are people who work with and for key populations: 77 percent work with the LGBTQI (lesbian, gay, transgender, queer and intersexed) community, 72 percent work with people living with HIV (PLHIV), 53 percent work with young people, women and girls, 43 percent work with drug users and migrants, and 26 percent work with prisoners. Of the respondents, 34 percent are PLHIV.

GFO: What are the main lessons from this survey?

RW: The responses provided us with insights on trends and avenues to follow, but they were not

exhaustive, given the context: the survey was carried out mid-summer, at the end of lockdown, when the atmosphere was less tense than in preceding months. If the survey had been carried out during the first wave, or now that a second wave is emerging, the results would certainly have been different, especially those relating to the impact of lockdown on mental health.

Table 1: Main results of the survey

	Access to health services and treatment
Resources and livelihoods	
• 36% reported a loss of resources • 38.3% feared job losses • 6% of PLHIV, versus 13% of others, declared a loss of income • 50% feared that they would run out of food and essential items	• 38% of PLHIV feared exposure to COVID-19 • Only 13% of PLHIV were able to get their medication on time • Only 3% of PLHIV said they had no difficulty accessing HIV services • 32% had difficulty accessing services due to movement restrictions • 26% of PLHIV were unable to communicate regularly with their doctor(s) • 38% said Sexual and Reproductive Health and Sexually Transmitted Infections services were inaccessible during lockdown
	Emotional state and mental health
Stigma and violence	
• 26% reported an increase in stigma and discrimination during lockdown • 44% of PLHIV versus 22% of HIV-negative people have experienced stigma and discrimination • 11% had experienced violence or abuse during this period • 37% of PLHIV had been exposed to physical violence compared to 45% of HIV-negative people	• 72% were anxious and stressed • 62% felt depressed • 72% said they had experienced loneliness during lockdown • 58% were worried about treatment interruptions • 23% said they were not worried about their future • 62% were supported by their family when they needed it • 58% received community support • Only 17% had access to professional psychological support services • 21% had access to support services established as a response to COVID-19

Source: Survey report on the impact of COVID-19 on key populations in the MENA region

We have drawn the following conclusions from these results:

- Of the key stress factors for PLHIV, the loss of employment and livelihoods played a negative role for more than one-third of them. Inability to access health services and fear of disruption to treatment were also major stress factors for patients and their families. Half of the people surveyed mentioned a fear of running out of essential items. There were occasional parcel distributions, but these were rare interventions that only targeted a limited number of families (for example, nutritional support to 250 people in Tunisia). Donor funding was primarily intended for purchasing personal protective equipment.
- Respondents noted that there had been increased levels of stigma and discrimination, mainly among drug users and sex workers, who experienced harassment by the police. The majority of sex workers were unable to carry out their work during lockdown, but those who were able to carry on from their homes claimed to have experienced domestic violence because they were living with their families. Organizations working with male or female sex workers have had similar concerns about the difficulties encountered to provide support to young people during the pandemic.
- Finally, communicating and effectively disseminating accurate information proved to be crucial during the crisis. Communication between organizations and their beneficiaries became very difficult during lockdown. Although some organizations said they used social media, such as WhatsApp and Zoom, to communicate with their beneficiaries, contact was not frequent enough and sporadic. Some participants were, therefore, unable to provide adequate support to all key populations, which added to their isolation.

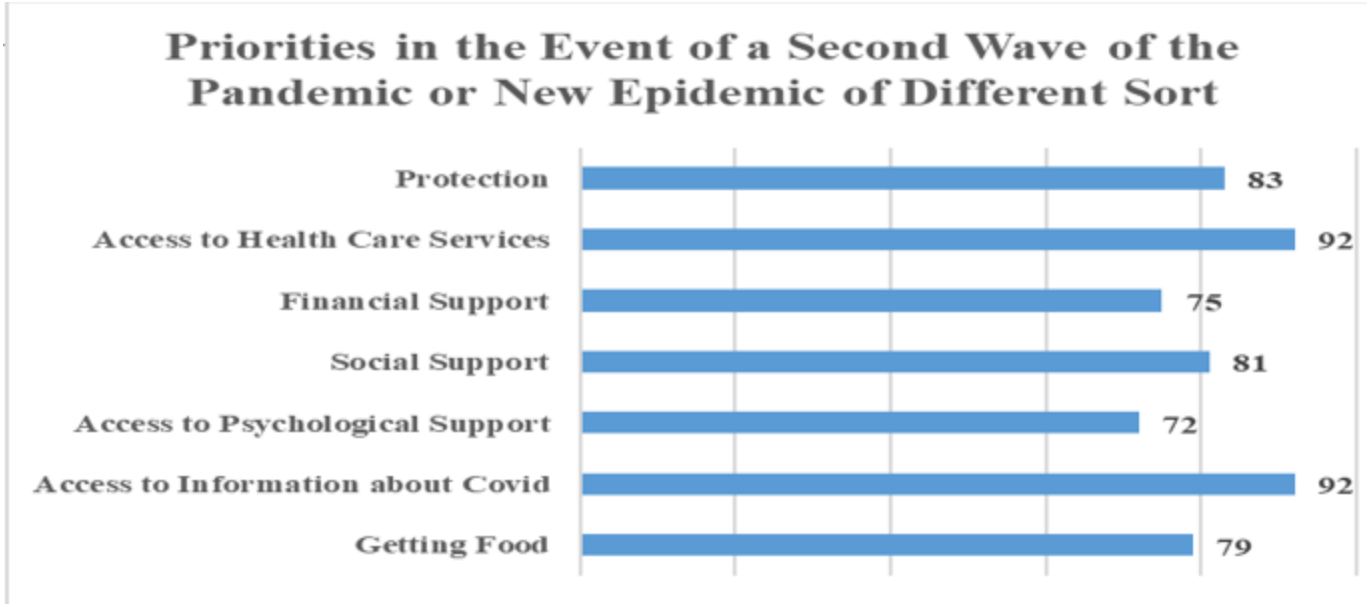
GFO: The results show that only a minority of people had access to health services: this is worrying and raises questions around the system’s ability to adapt to crisis. Would you agree?

RW: Indeed, HIV services are provided by government facilities, and the community is not sufficiently developed to provide services and treatment in this region. In Egypt and Tunisia, care is provided in hospitals and health centers, and the latter were converted into COVID-19 care centers during the first wave in spring. Patients have lost contact with these facilities due to lockdown and service disruption. Some community-based initiatives have started up, but it has taken time because community stakeholders do not usually provide these services; we are used to clinical services being provided by doctors.

Task-shifting is not common in the region, and community stakeholders are not equipped to take over. This crisis has shown that community involvement and coordination with government facilities are necessary to deliver care and services.

GFO: What are the main measures you are taking now to prevent the effects of a second wave or a new global epidemic?

Figure 1: Priorities to prepare for a second wave of COVID-19 or another epidemic



Source: Survey report on the impact of COVID-19 on key populations in the MENA region

RW: We asked participants what they considered to be a priority to deal with a second wave or any new epidemic. They identified access to information and health services as an absolute priority, which means that this needs to happen. They also highlighted how important it was to be better protected through social protection measures, including employment, community support, food, financial support, and professional psychological support during health crises.

A contingency plan covering all the areas identified above is therefore recommended to better prepare community stakeholders to respond to a new health crisis:

- Rapid access to accurate information for beneficiaries regarding COVID-19 will be one of the priorities of this plan. It is necessary to adapt resources to each community and implement communication measures in areas where virtual communications are lacking. In the same way, and following recommendations from participants, improved collaboration between organizations, by sharing information through local and regional platforms, and developing a regional action plan with strong referral systems for each population will be developed.
- A dedicated system for PLHIV, which ensures effective care provision without service disruption, drug shortages, or ARV stock-outs should be established. This regional action plan should include all stakeholders, including political and religious leaders, with the aim of reducing stigma and discrimination against marginalized populations and engaging police and internal security forces to enable access to populations during lockdown.
- Financial support and additional psychosocial support for key populations, specifically through support centers for vulnerable populations, are fundamental for people who experience loss of income and people who have been victims of violence.
- Finally, essential supplies, personal protective equipment, and hygiene kits need to be provided.

GFO: What concrete actions has the platform taken since the study?

RW: The platform launched a call for proposals and awarded small grants to three non-governmental organizations, two in Egypt and one in Algeria, which were selected to develop more structured community service delivery models. There have been community antiretroviral distributions with support from the Ministries of Health in Tunisia and Morocco, which is a good starting point.

A webinar took place on 27 October 2020 to share the study results with the communities involved and the various technical and institutional partners (Country Coordinating Mechanisms, ministries of health, Expertise France, and the Community Rights and Gender Strategic Initiative). The MENA platform also shared the study results on 5 November as part of the civil society roundtable “Rain or Shine: Meaningful Engagement in Global Fund Processes During COVID-19” organized by the Global Fund’s Community, Rights, and Gender Strategic Initiative. This roundtable brought together all the regional platforms, most of which had conducted studies to identify the impact of COVID-19 on vulnerable groups. It had three objectives:

- Share information from surveys and case studies conducted by civil society and the community on specific COVID-19-related barriers that prevent meaningful engagement in Global Fund-related processes and how they can be overcome.
- Highlight strong examples of effective community engagement in Global Fund countries during COVID-19 in the development of funding requests for HIV, tuberculosis, malaria, and the COVID-19 Response Mechanism (C19RM) submitted in Windows 1–3, and make recommendations for Windows 4–6 candidates.
- Promote cross-regional learning and exchange so that civil society and community organizations can replicate or adapt effective strategies for community engagement.

This article was originally published in French on 11 November 2020. You can read the French version in the Observateur du Fonds Mondial.

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