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Lockdown fears for key populations

With much of the world's population under COVID-19 lockdown, curfews, and travel restrictions, access to HIV testing and treatment services is a significant concern for people with HIV and those who provide care. Interruptions in supply chains with subsequent stock-outs of antiretrovirals and closure of sexual health clinics and counselling services are already affecting the HIV response in some countries. Correspondence in this issue describes how drug shortages are affecting the HIV response in Indonesia. Many governments and non-governmental organisations (NGOs) have responded with innovative strategies to counter the lockdown, including multimonth dispensing of antiretrovirals, online clinics and support networks, and postal testing for sexually transmitted infections. However, there have been worrying reports about countries and regions abusing the rights of key populations affected by HIV/AIDS under the pretext of COVID-19 regulations.

In Egypt, Human Rights Watch (HRW) report that people with HIV are afraid to collect their antiretroviral prescriptions since government infectious disease hospitals, the only centres for HIV treatment, have been designated COVID-19 centres. Provision of HIV services by trusted NGOs has been resisted by government and multimonth prescribing is not encouraged.

Also widely reported in the media is the plight of 19 young people staying at a shelter for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people in Kampala, Uganda, who were arrested, beaten, and questioned on their sexual behaviour. They were charged with disobeying COVID-19 regulations on social distancing but were not detained under Uganda's anti-homosexuality law. After 50 days detention, the charges were dropped and the 19 people were released after mounting pressure from human rights groups. Some of those detained have HIV and had no access to their medication during detention.

UNAIDS have reported crackdowns against sex workers, including home raids, compulsory COVID-19 testing, arrests, and threatened deportation of migrant sex workers. Criminalised in most jurisdictions, lockdown and social distancing have decimated their livelihoods, and police harassment and criminal penalties endanger sex workers' health. Many government-led social protection schemes have excluded sex workers. Transgender populations have also been impacted by a lack of societal care

in many countries. Since lockdown, there have been reports of murders of transgender people in Puerto Rico. And HRW has reported that transgender people (hijra) in Bangladesh, who are poorly provisioned for at the best of times, have little access to food and medication and there are doubts that there will be equitable distribution of emergency resources to this group. Homeless populations too have been severely affected—for example, in Minsk, Belarus, the number of homeless shelters has reduced from 11 to three, reducing the support available for this group, some of whom are living with HIV.

Some governments have taken advantage of the COVID-19 emergency to pass laws blatantly penalising some key populations. Hungary passed a law to remove the right of people to change their gender and name to conform with their gender identity; and Poland fast-tracked an update to criminal law that increases the penalties for HIV exposure, non-disclosure, and transmission. UNAIDS and the European Parliament both rightly condemned the abuse of emergency powers in the two countries.

Discrimination against the LGBTI community in South Korea threatens the COVID-19 response. Lauded for its approach to containing the COVID-19 pandemic, the country's tracking and tracing of people linked to an outbreak at a gay nightclub in Seoul has led to an anti-gay backlash, in a country with already entrenched homophobic attitudes. Concerns are that those affected will not get tested for COVID-19 for fear of being outed.

The COVID-19 crisis has exacerbated the previous inequalities for key populations affected by HIV, and emergency laws have increased stigma and discrimination. As with the HIV epidemic, a human rights-based approach is the key to combatting the COVID-19 epidemic, and many lessons can be learned from the HIV experience. Countries must take effective and proportionate responses to COVID-19, but it is unacceptable that the most vulnerable in society are left behind and, in some cases, targeted and criminalised by governments and their agencies. Indeed, infringement of rights, abuse, stigmatisation, and criminalisation does nothing but alienate already vulnerable populations when their engagement with services is crucial. COVID-19 must not become a cover for the rolling back of hard won rights in the fight against HIV. ■ *The Lancet HIV*



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For more on the **Egypt HIV response during COVID-19** see <https://www.hrw.org/news/2020/04/22/egypt-covid-19-threatens-treatment-hiv-patients>

For the **report from Uganda** see <https://news.sky.com/story/uganda-using-coronavirus-laws-to-target-marginalised-lgbt-groups-11985888>

and <https://www.reuters.com/article/us-health-coronavirus-uganda-lgbt/court-orders-release-of-jailed-lgbt-ugandans-after-coronavirus-charges-dropped-idUSKBN22U2DO>

For more on the **impact of COVID-19 on the hijra in Bangladesh** see <https://www.hrw.org/news/2020/05/08/bangladesh-should-support-hijra-trans-under-covid-19>

For the **report on the Minsk homeless during lockdown** see https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200511_hiv-testing-support-belarus

For the **report on the COVID-19 outbreak at a South Korean gay club** see <https://www.theguardian.com/world/2020/may/08/anti-gay-backlash-feared-in-south-korea-after-coronavirus-media-reports>

For more on **human rights and COVID-19** see https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf