

# THE COVID19 RESPONSE IN LATIN AMERICA AND THE CARIBBEAN MUST RESPECT HUMAN RIGHTS AND NOT INCREASE THE STIGMA AND DISCRIMINATION BASED ON SEXUAL ORIENTATION OR GENDER IDENTITY

*Prepared by the Regional Group of UNAIDS Sponsors for Latin America and the Caribbean.*

Lesbian, gay, bisexual, transgender and intersex (LGBTI) people, as well as those with compromised immune systems, including some people living with HIV or AIDS, can be particularly vulnerable during the COVID-19 pandemic as they are to a greater extent more exposed to gender violence, and experience situations of exclusion, stigma and discrimination, particularly those who may be living in poverty. The crossings of these realities can create even more unsafe environments due to COVID-19.

« We have seen how the virus does not discriminate, but its impacts do — exposing deep weaknesses in the delivery of public services and structural inequalities that impede access to them. We must make sure they are properly addressed in the response. »

António Guterres, United Nations Secretary General, in his Declaration on COVID-19 and Human Rights, April 23 2020

Latin American and Caribbean governments are facing enormous challenges controlling the COVID-19 pandemic. In addition to the closure of borders, countries have taken internal restrictive measures for circulation and free transit to avoid contagion and to reduce the transmission of the virus that causes COVID-19.

In some counties of the Region, some of these measures are based on establishing the circulation parameters based on sex, as is the case in Panama and some cities in Colombia, which can directly violate the trans and gender diverse population, by imposing sanctions or restrictions to free circulation based on the identification document and not the gender identity. Peru initially imposed similar measures, although they were lifted after confirming their lack of effectiveness and the risk in which some populations were being placed.

All the States are implementing measures to counteract the effects of the economic crisis being caused by the emergency. These measures include bonuses, free food bags, benefits, among others. Social discrimination towards the most vulnerable LGBTI individuals can also manifest itself in the application of these measures, which would add to the traditionally limited access these populations have had to health services, thus placing them in a situation of greater vulnerability.

Likewise, it should be considered that before the pandemic, LGBTI people had issues associated with their mental and emotional health in a greater proportion than the general population, with manifestations such as depression, anxiety, suicidal thoughts, etc. These problems are exacerbated by the stigma, discrimination and experiences lived within their family and community environments, their self-acknowledgement and having to live as diversity in hetero-ruled societies that marginalize and exclude them. This type of affectations can worsen by a confinement in solitude or in family groups where they may experience gender violence.

Older LGBTI individuals most of whom live alone and have little or no family or community support networks, in many cases must expose themselves to infection by leaving their homes to get basic commodities such as food or medicines.

### **Lessons from the HIV response**

With the response to HIV, we have seen that stigmatizing attitudes associated with sexual orientation, gender identity, injected drug use and sex work, as well as living with HIV, create significant barriers in the access to and use of the health services required to improve people's life quality and prevent HIV transmission. By doing so, they can undermine the epidemic response, sending people with symptoms underground, without addressing the underlying barriers they face attempting to protect their own health and that of their community.

In any epidemic, discrimination in the provision of medical care or the refusal to treat someone based on their nationality, country of origin, lack of health insurance or their socioeconomic or any other type of status, not only denies them critical health care services, but it jeopardizes the health of others and undermines the overall response.

From the AIDS epidemic we have learned that restrictive, stigmatizing and punitive measures can lead to human rights abuses with disproportionate impacts on vulnerable persons and groups, and those lessons learned can help us develop a better response to the COVID-19 pandemic.

Based on all of the above, a series of measures are suggested in order not to directly affect LGBTI people, nor to intensify the limitations, vulnerability, penalization or additional restrictive measures.

**In this regard, we call upon the States of Latin America and the Caribbean to:**

- Ensure that the measures to protect public health are proportionate to the ends they pursue, are evidence-based and respect human rights, including the access of everyone to basic social rights, including health, as well as to the labor market. The measures must be in line with the principles of equality and non-discrimination and other international human rights standards.
- Ensure that circulation restrictions are of limited duration, proportionate, necessary, evidence-based and reviewable. The measures must foresee exceptions where necessary, for example: medical emergencies, search for medicines, including antiretrovirals and hormone therapy, therapeutic assistance, protection needs against violence, among others – for vulnerable groups and to ameliorate the consequences of such restrictions. Individuals should not be criminalized for breaching restrictions<sup>1</sup>.
- Include in their actions during the pandemic, prevention and care measures for victims of gender violence, taking into account LGBTI individuals, even providing shelters or safe spaces where to spend confinement, including the elderly LGBTI.
- Ensure non-discrimination criteria in the access to COVID-19 testing, when necessary, based on established medical protocols.

**And we make the following recommendations:**

- Stop the arrest of individuals based on their gender identity, gender expression or sexual orientation, within the framework of COVID-19 quarantines.
- Invest in the COVID-19 response, ensuring the protection of HIV / sexual and reproductive health funds and programs by keeping them inclusive and sensitive to the needs of LGBTI individuals and people living with HIV.
- Protect the continued access to lifesaving medical assistance, including risk reduction, condoms and lubricants, pre and post exposure prophylaxis, antiretroviral therapy, hormone replacement therapies and mental health services for LGBTI individuals that need them.
- Provide drug delivery options through flexible services, multi-month dispensing of ARVs, valuing community delivery, online consultations and support options.

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<sup>1</sup> Los derechos en tiempos de COVID-19 Lecciones del VIH para una respuesta efectiva, liderada por la comunidad. ONUSIDA, [http://onusidalac.org/1/images/human-rights-and-covid19\\_infographic\\_es.pdf](http://onusidalac.org/1/images/human-rights-and-covid19_infographic_es.pdf)

- Include measures to counteract the discrimination against LGBTI individuals in national social protection schemes, including income support.
- Increase the access to adequate emergency and safe housing for LGBTI individuals who are homeless and recently evicted.
- Involve LGBTI individuals in public health planning and in messages related with COVID-19.

For more information, please contact:

Dr. Alejandra Corao, Senior Regional Program Adviser – UNAIDS Regional Office for LAC [CoraoA@unids.org](mailto:CoraoA@unids.org)

Magdalena Provis, Regional Adviser in Gender, Human Rights and Communities a.i. - UNAIDS Regional Office for LAC [ProvisramirezM@unids.org](mailto:ProvisramirezM@unids.org)