International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 34, 15/10/2021

Overview

The International Horizon Scanning and Learning work stream was initiated as part of the COVID-19 public health response, to support response and recovery measures and planning in Wales.

The learning and intelligence is summarised in regular reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs. The reports focus on COVID-19 international evidence, experience, measures, transition and recovery approaches. Evidence is provided to help understand and explore solutions for addressing the on-going and emerging health, well-being, social and economic impacts (potential harms and benefits) of COVID-19.

This work is aligned with and feeds into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Well-being of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

Disclaimer: The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance/reports, including sources of information to allow further exploration. The reports do not provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus and the dynamic epidemiological situation, studies, data and evidence can be conflicting, inconclusive or out-of-date very quickly depending on country/other context.

In focus this week

- **COVID-19 vaccine update**
- **The impact of COVID-19 on people from the LGBTQ+ community**

Contents

At a glance: summary of international learning on COVID-19

During this pandemic, the most vulnerable have been the hardest hit ...we must work together and take an integrated approach to health, hunger, climate, and equity crisis — no one is safe from COVID-19 until everyone is safe.
Volkan Bozkır, President of the United Nations General Assembly

COVID-19 vaccines

- The COVID-19 vaccines have proven to be effective in reducing the number of people being hospitalised and needing intensive care treatment for COVID-19.
- Strategies that increase vaccine uptake and reduce inequality in vaccine uptake should be used to protect the population.
- A catch up programme, to offer the vaccine to those who are yet to come forward, should be actively promoted, to reach out to those who may now wish to take up the vaccine offer.
- The use of booster vaccines in Israel has reduced the impact of COVID-19 on all age groups.
- The introduction of a vaccine passport together with strong health infrastructure, and good vaccine availability brought France's vaccination rates into line with other European countries, despite some initial vaccine hesitancy.
- Some members of the community will not be able to benefit from the vaccine (e.g. people who are immunocompromised) it is important not to exclude these people from society, therefore other non-pharmaceutical measures are still necessary in public spaces.

More information is summarised on pp. 4-12

The impact of COVID-19 on people from the LGBTQ+ community

- The inequalities in society have been exacerbated by the COVID-19 pandemic.
- There are both direct and indirect impacts of the COVID-19 pandemic on people from the LGBTQ+ community.
- Structural issues such as housing, poverty and employment play an important role, and any recovery plan should explicitly outline how these structural issues will be addressed.
- Discrimination against people from the LGBTQ+ community still exists and is reported to have increased during the pandemic, this must be rectified.
- People from the LGBTQ+ community still experience problems with both access to health care and when utilising healthcare services, this must be remedied, or health inequities will continue to increase.
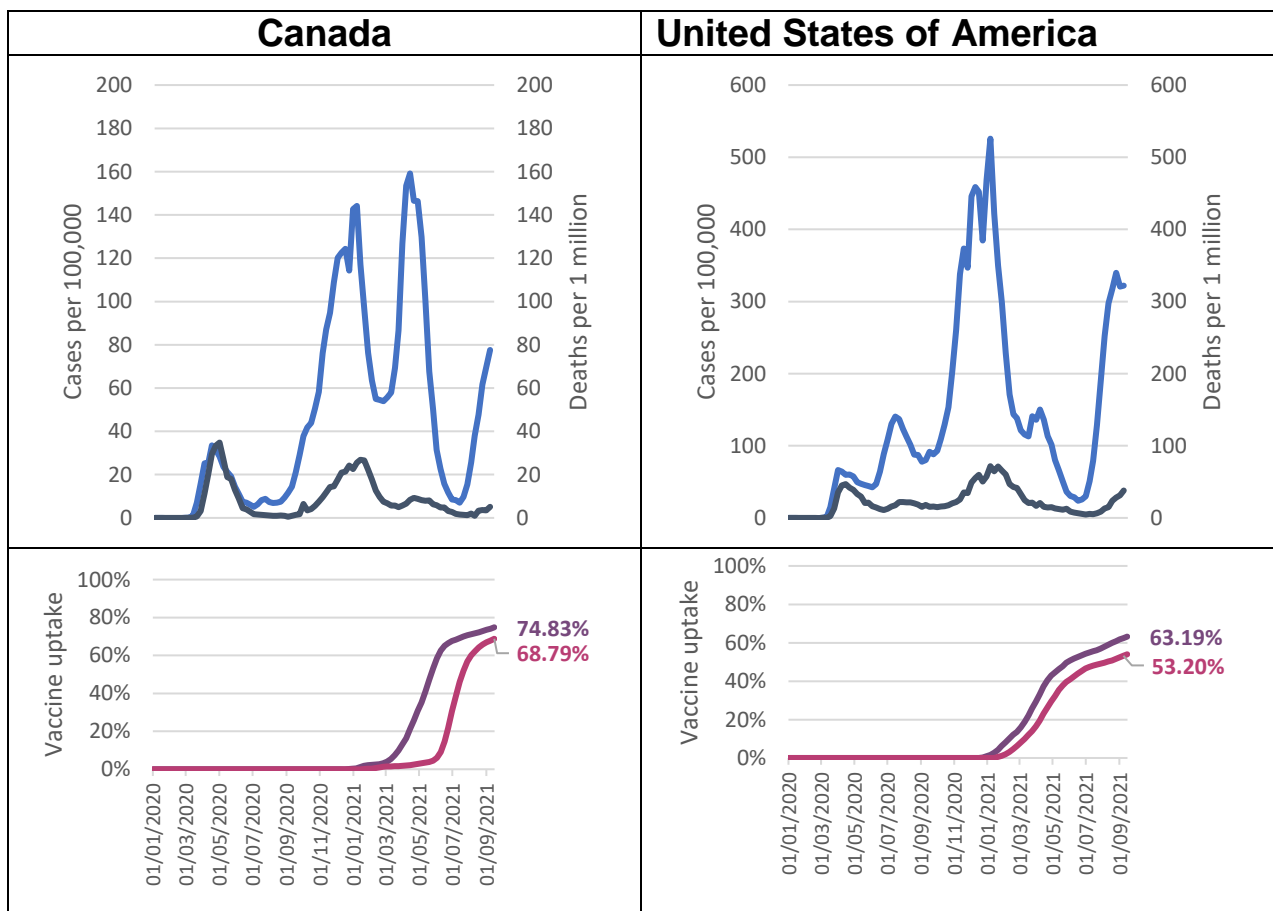
More information is summarised on pp. 13-20

COVID-19 vaccine update

COVID-19 vaccine uptake in relation to both cases and deaths

The COVID-19 Delta variant is currently dominant in most countries across the world.[1] Figure 1 maps the number of cases per 100,000 population together with deaths per million over time alongside the vaccine uptake for the country. The graphs show that for both Canada and the Unites States of America (US) that the vaccines lowered the number of deaths in subsequent peaks of cases.

Figure 1: Number of cases per 100,000, deaths per 1 million and percentage of vaccine uptake in Canada and US, January 2020 – September 2021 (data extracted on 19/09/2021)[2]

COVID-19 vaccine efficacy

Key factors that determine vaccine efficacy include:[3]
- ✓ Protection against infection
- ✓ Protections against disease
- ✓ Prevention against transmission
- ✓ Protection against severe disease and death (figure 2)

[1] https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/a-new-strain-of-coronavirus-what-you-should-know
[2] https://ourworldindata.org/explorers/coronavirus-data-explorer
[3] What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2 (nih.gov)

Figure 2: Potential endpoints of an efficacious COVID-19 vaccine[4]

Vaccine efficacy (modelled estimates)

The Institute for Health Metrics and Evaluation has estimated the efficacy of various COVID-19 vaccines at preventing infection for Alpha, Beta, Gamma and Delta variants, table 1 shows the vaccine efficacy at preventing disease and infection, by vaccine and variant type

Table 1: Vaccine efficacy by coronavirus variant, (modelled estimates, updated 9th August 2021)[5]

Vaccine	Efficacy at preventing disease: ancestral & Alpha	Efficacy at preventing infection: ancestral & Alpha	Efficacy at preventing disease: Beta, Gamma, Delta	Efficacy at preventing infection: Beta, Gamma, Delta
Pfizer/BioNTech	94%	86%	85%	78%
Moderna	94%	89%	94%	80%
Sputnik-V	92%	81%	80%	70%
AstraZeneca	90%	52%	85%	49%
Novavax	89%	79%	79%	69%
Johnson & Johnson	86%	72%	60%	56%
Covaxin	78%	69%	68%	60%
Sinopharm	73%	65%	63%	56%
Tianjin CanSino	66%	58%	57%	50%
CoronaVac	50%	44%	43%	38%

[4] https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30773-8.pdf
[5] COVID-19 vaccine efficacy summary | Institute for Health Metrics and Evaluation (healthdata.org)

COVID-19 vaccine certification and passports

The existing vaccine certificate/passport programmes take two shapes – certificates designed for **easier international travel** (such as the European Union's (EU) Digital COVID Certificate),[6] and those designed for **domestic purposes** to gain access to facilities and services (such as France's Pass Sanitaire[7] and Israel's Green Pass)[8]

EU Digital COVID Certificate[9]

The EU Digital COVID Certificate provides proof that an individual has **either been vaccinated against COVID-19, received a negative test result or recovered from COVID-19.**

The certificate was introduced in June/July 2021, across all 27 member nations - plus Albania, Switzerland, Iceland, Norway, Liechtenstein, Israel, Ukraine, Turkey, Morocco, North Macedonia and Panama. Features of the certificate include:
- Digital and/or paper format
- QR code
- Free of charge
- National language and English
- Valid in all EU countries
- **Individuals possessing the certificate are exempt from testing or quarantining when crossing a border within the EU**.
- It is also available to non-EU nationals living in member states
- **Member States can also use the COVID-19 certificates for domestic purposes**, such as access to events or venues, but **this is not regulated at the EU level**

Ensuring **high levels of vaccine uptake has become a key public health policy** to protect the health of the population.
- To improve uptake of the vaccine, and protect people who are immunocompromised, one intervention that has been introduced is domestic vaccine certification or 'vaccine passports'. These **certificates allow individuals to enter and utilise varying locations and services upon the proving of full vaccination, or with the proving of a negative COVID-19 test result within a certain timeframe**
- The benefits of the introduction of such certification has been widely debated **with the balancing of common good and individual liberty** at the heart of this
- While studies have indicated that such a certification programme is likely broadly acceptable to the UK public.[10][11][12] These same studies have also highlighted significant variations in acceptance between population sub-groups with young people, Black British and non-English speakers being less supportive
- One study found that domestic vaccine passports may negatively impact individuals' sense of autonomy, subsequently inhibiting their motivation and willingness to vaccinate[13]

[6] *EU Digital COVID Certificate*
[7] *Pass sanitaire*
[8] *Green Pass Guidance*
[9] *EU Digital COVID Certificate*
[10] *Vaccine passports linked to COVID-19 vaccine hesitancy in UK and Israel*
[11] *Papers please: Predictive factors for the uptake of national and international COVID-19 immunity and vaccination passports*
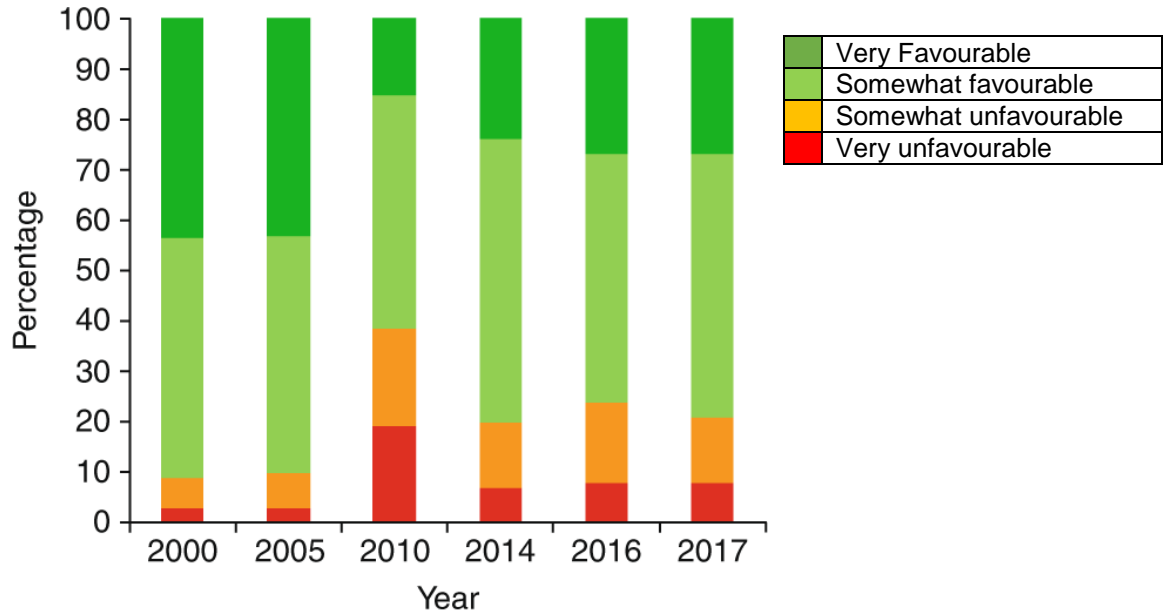[12] *The potential impact of vaccine passports on inclination to accept COVID-19 vaccinations in the United Kingdom: Evidence from a large cross-sectional survey and modelling study*
[13] *"Vaccine Passports" May Backfire: Findings from a Cross-Sectional Study in the UK and Israel on Willingness to Get Vaccinated against COVID-19*

Country insight: France - vaccine strategy and vaccine passport

Vaccine hesitancy has fluctuated in France since the turn of the millennium (figure 3)[14]

Figure 3: Attitude to Vaccination in France, Barometers from 2000 to 2017[15], Santé Publique France (Health barometers are national surveys of representative samples of the general population; the size of each survey group varies from about 15,000 to 30,000 individuals)

- This existing scepticism to vaccine programmes translated into **France having one of the highest levels of vaccine hesitancy towards a hypothetical COVID-19 vaccine prior to the introduction of a COVID-19 vaccine[16][17]**
- Low vaccine intention was largely being driven by concerns over potential side effects and a concern about effectiveness[18]
- Figure 4 shows intention to vaccinate by country in October/December 2020 prior to the introduction of a vaccine, France shows greater levels of vaccine hesitancy than other countries

[14] *Vaccine hesitancy and coercion: all eyes on France*
[15] *Vaccine hesitancy and coercion: all eyes on France*
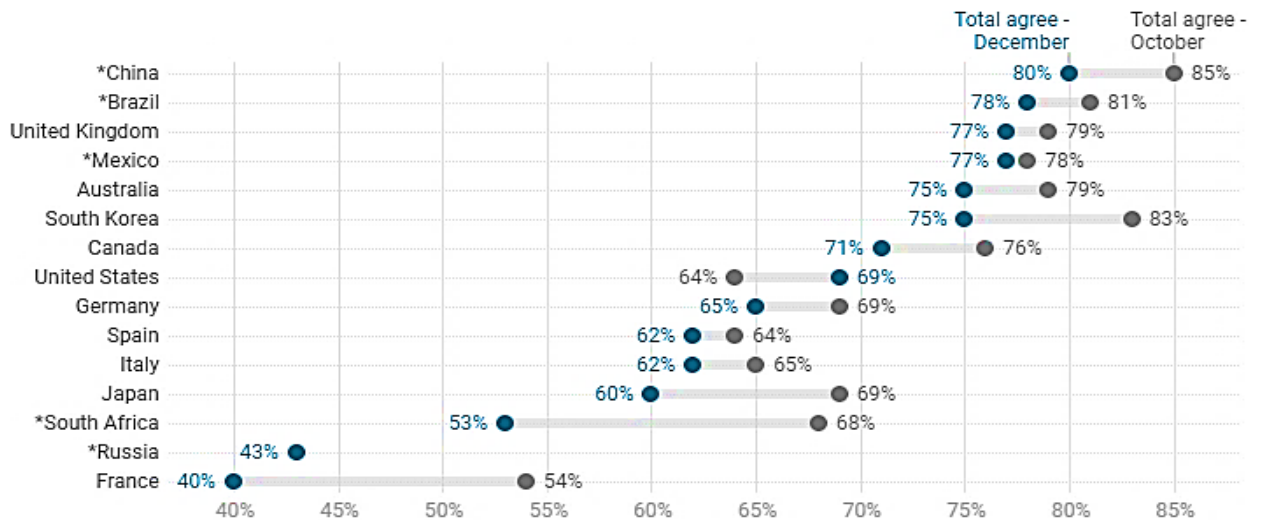[16] *U.S. and U.K. are optimistic indicators for COVID-19 vaccination uptake*
[17] *A global survey of potential acceptance of a COVID-19 vaccine*
[18] *U.S. and U.K. are optimistic indicators for COVID-19 vaccination uptake*

Figure 4: Intention to vaccinate by country, November and December 2020[19]

Base: 13,542 online adults aged 16-74 across 15 countries *Online samples in Brazil, China, Mexico, Russia, and South Africa tend to be more urban, educated, and/or affluent than the general population

France's Pass Sanitaire

In July/August 2021 France implemented the **Pass Sanitaire**[20] allowing access to the following settings:

- commercial catering activities (bars and restaurants, including on terraces)
- trade fairs and exhibitions, and professional seminars
- health and social services and establishments
- long-distance travel by interregional public transport (domestic flights, TGV journeys, Intercity and night trains, interregional coaches);
- department stores and shopping centres of more than 20,000 m²

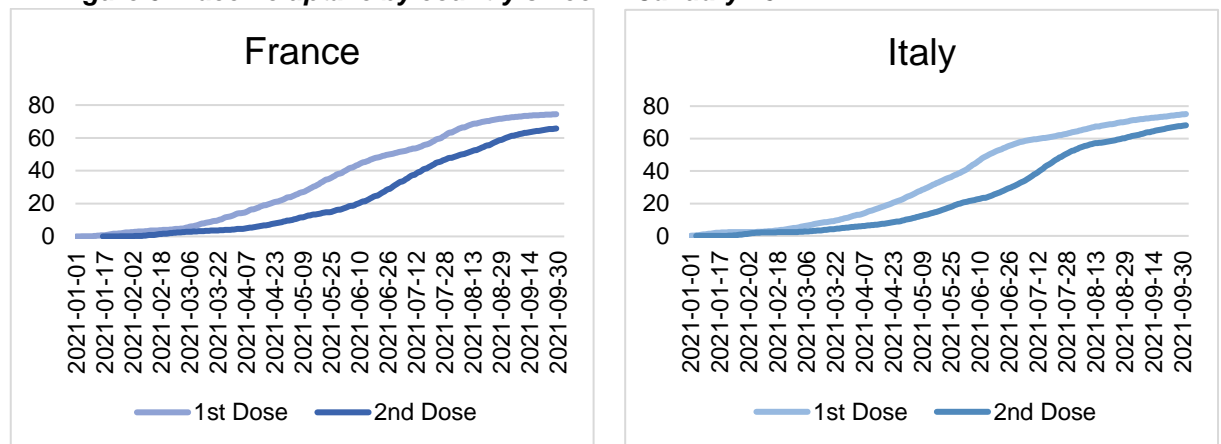The pass can be obtained via proof of one of the following:
- ✓ **By vaccination**, specifically:
  - Seven days after the second injection for double injection vaccines (Pfizer, Moderna, AstraZeneca)
  - 28 days after injection for vaccines with a single injection (Johnson & Johnson)
  - Seven days after the injection for vaccines in people with a history of COVID-19 (1 single injection)
- ✓ **Proof of a negative test** of less than 72 hours (or 48 hours for antigen tests for trips to certain destinations, such as Corsica, overseas communities and the European Union)
- ✓ The result of a positive RT-PCR or antigen test attesting to **recovery from COVID-19, dating at least 11 days and less than six months**

The combination of the domestic vaccine certificate together with good supplies of the vaccine, and a strong healthcare infrastructure to deliver vaccines resulted in an immediate spike in the number of vaccine appointments – rising from just under 200,000

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[19] *U.S. and U.K. are optimistic indicators for COVID-19 vaccination uptake*
[20] *Pass sanitaire*

appointments a day to over 1.2 million a day[21]. A period of sustained growth in take up of the vaccine was seen, bringing France into line with similar European nations (Figure 5)

Figure 5: Vaccine uptake by country since 1st January 2021[22]

Country insight: Israel – vaccine strategy and vaccine passport

The government of Israel initiated a **national far reaching mass vaccination campaign** in December 2020 with the Ministry of Health recommending a two-dose schedule[23]

- Israel delivered more than **10 million doses within 4 months**
- By April 19, 2021, 54% of the entire population of 9.1 million people, and 88% of people aged 50 years or older, had received two doses
- From March 2021, onwards, Israel reported a **rapid decline in COVID-19 cases across all age groups, despite the easing of lockdown restrictions and reopening of education and commerce**
- Evidence from Israel also suggests that **older Israelis who have received a third dose of a COVID-19 vaccine are much less likely to test positive for SARS-CoV-2 or to develop severe COVID-19** than are those who have had only two doses[24]
- Israel applied simple vaccination priority criteria which **targeted individuals at highest risk of death, at highest risk of hospitalization, those age over 60; those with pre-existing health conditions; nursing home residents; and front-line health workers**[25] (figure 6)

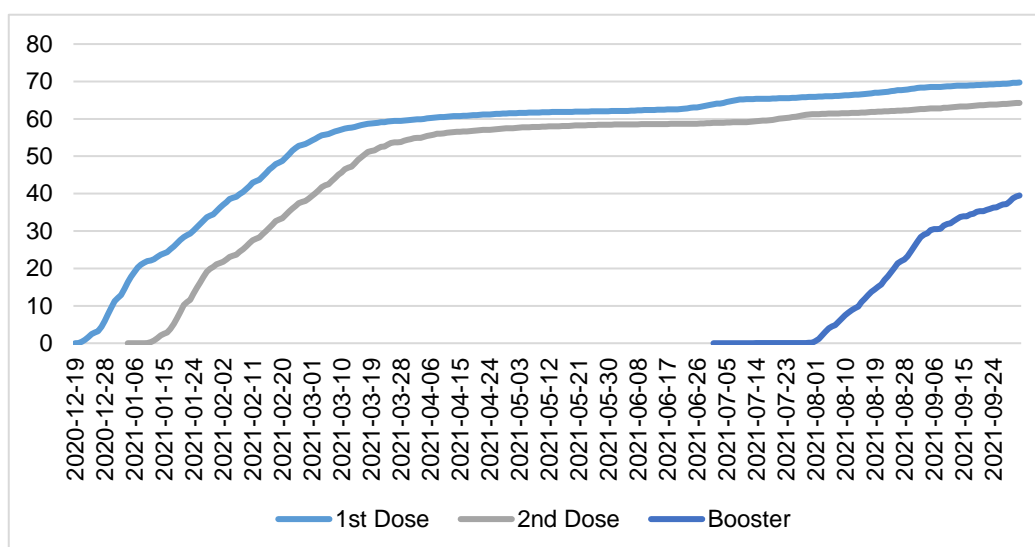[21] *Why vaccine-shy French are suddenly rushing to get jabbed*
[22] *Coronavirus (COVID-19) Vaccinations*
[23] *COVID-19 vaccine impact in Israel and a way out of the pandemic - The Lancet*
[24] *Protection of BNT162b2 Vaccine Booster against Covid-19 in Israel - PubMed (nih.gov)*
[25] *Who should be vaccinated first? Comparing vaccine prioritization strategies in Israel and European countries using the Covid-19 Health System Response Monitor | Israel Journal of Health Policy Research | Full Text (biomedcentral.com)*

Figure 6: Vaccine uptake in Israel, December 2020 to October 2021[26]

- The successful early vaccine roll-out of Israel can be attributed (but is not limited) to the following factors (table 2)
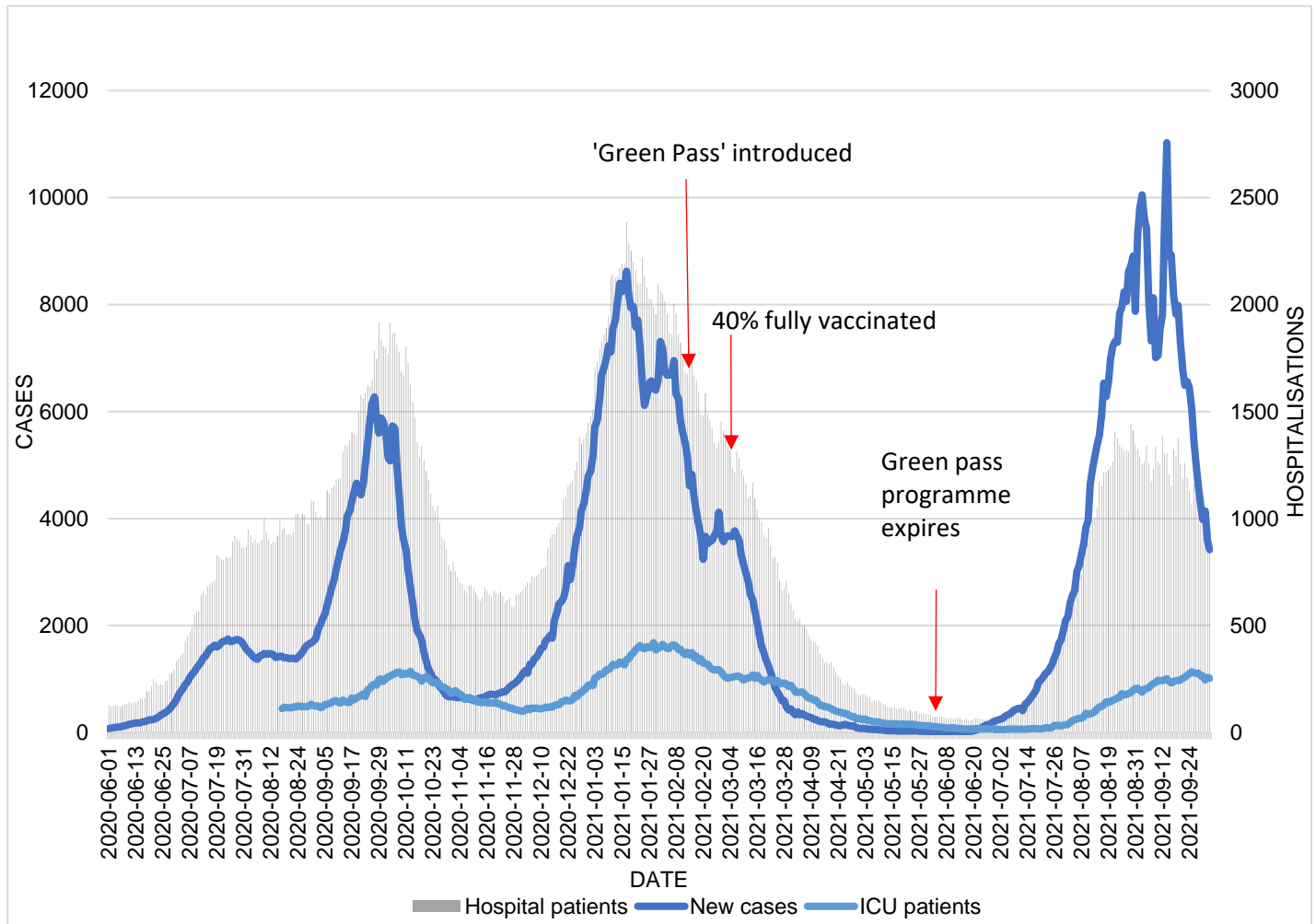
Table 2: Selected factors contributing to Israel's early vaccination roll-out success[27]

Item	Factor
1	Israel's small size, in terms of both area and population, its relatively young population, and its relatively warm weather in December 2020
2	Israel's centralized national system of government (as opposed to a federal system of government)
3	Israel's experience in, and infrastructure for, planning and implementing prompt responses to large-scale national emergencies
4	The organizational, IT and logistic capacities of Israel's community-based healthcare providers (the four health plans), which are all large and national in scope
5	The availability of a cadre of well-trained, salaried, community-based nurses who are employed directly by the health plans
6	The tradition of effective cooperation between government, health plans, hospitals, and emergency care providers – particularly during national emergencies – and the frameworks for facilitating that cooperation
7	The existence of well-functioning frameworks for making decisions about vaccinations and support tools for assisting in the implementation of vaccination campaigns
8	The rapid mobilization of special government funding for vaccine purchase and distribution
9	Timely contracting for a large amount of vaccines relative to Israel's population
10	The use of simple, clear and easily implementable criteria for determining who had priority for receiving vaccines in the early phases of the distribution process
11	A creative technical response that addressed the demanding cold storage requirements of the Pfizer-BioNTech COVID-19 vaccine
12	Well-tailored outreach efforts to encourage the population to sign up for vaccinations

[26] *Coronavirus (COVID-19) Vaccinations*
[27] *Israel's rapid rollout of vaccinations for COVID-19 | Israel Journal of Health Policy Research | Full Text (biomedcentral.com)*

Figure 7: COVID-19 cases, hospital and ICU patients in Israel[28]

- Israel used a three week gap between immunisations[29]
- The August/September 2021 wave saw daily case numbers surpass those in the January 2020 wave, but it **resulted in significantly less hospitalisations and fewer patients needing intensive treatment** (figure 7)
- Data from Israel has shown that there is **waning immunity in all age groups after six months**[30]
- In order to prevent a national lockdown, Israel implemented its booster vaccination rollout in early July 2021, with **30% of the population triple vaccinated by late August/early September 2021** (figure 6)

Israel's Green Pass[31]

Israel's Green Pass programme was introduced in February 2021, as a **domestic system to allow individuals to prove either full vaccination, recovery from COVID-19 or proof of negative testing**. Exemptions include children aged under 3 and children aged between 3 and 12 in possession of a disability certificate. The Green Pass is a requirement for individuals looking to enter or utilise services at:

[28] *Coronavirus (COVID-19) Vaccinations*
[29] *https://www.nature.com/articles/s41591-021-01337-2*
[30] *Waning immunity of the BNT162b2 vaccine: A nationwide study from Israel (medrxiv.org)*
[31] *Green Pass Guidance*

- Culture and sporting events
- Conferences and exhibits
- Hotels
- Gyms, studios, pools, and country clubs
- Houses of worship with more than 50 people
- Event venues and gardens
- Festivals
- Restaurants, bars, dining rooms, and cafes
- Museums and libraries
- Tourist attractions and amusement parks
- Universities and establishments of higher learning
- Any gathering with more than 100 people

The initial Green Pass system expired in June 2021 when vaccination uptake was increasing and daily cases were declining. The emergence of a third wave prompted the government to rollout a vaccination booster campaign in order to prevent a national lockdown, and the Green Pass was subsequently reintroduced in October 2021, requiring individuals to have completed three courses of vaccination in order to qualify.

The impact of COVID-19 on people from the LGBTQ+ community

Overview
This section highlights some of the direct and indirect challenges that people from the LGBTQ+ community have faced due to the COVID-19 pandemic and recovery internationally. It cannot describe all of the issues, but aims to shine a spotlight on barriers faced and international good practice and recommendations.

Direct and indirect impacts
There are **structural inequalities** impacting people from the LGBTQ+ community, putting them at greater risk of COVID-19, for example, **higher rates of homelessness**, with 24% of homeless young people being LGBTQ+, **and poverty**, both of which directly affect health, healthcare access and the ability to self-isolate during the pandemic.[32][33]

Employment and finance
- In the US, **40% of people from the LGBTQ+ community work report working in service-industry jobs** (compared with 22% of non-LGBTQ+ individuals)[34]
- **These jobs are more likely to have been affected by the pandemic**[35]
- In the US, people from the LGBTQ+ community are reported to have been **more likely to lose their jobs** during the pandemic[36]
- A US study reported that as of March 2020, **30% of respondents from the LGBTQ+ community reported having their work hours reduced, compared to 22% of the general population**[37]
- It has also been reported that people from the LGBTQ+ community who are living with HIV/AIDS face higher rates of unemployment[38]
- A US study reported that **employment loss is a significant issue for people aged over 45 from the LGBTQ+ community**, with a greater percentage of job losses.*[39]*
- This means that people from the LGBTQ+ community are **more likely to encounter financial insecurity as a result of the pandemic**[40][41]
  - 20% of people from the LGBTQ+ community reported that their personal finances are "much worse off" than the previous year, compared to just 11% of the general population[42]
  - People from the LGBTQ+ community were twice as likely to believe their finances will be 'worse in a year from now'[42]

Discrimination
There have been multiple reports of discrimination against the LGBTQ+ community across the world during the COVID-19 pandemic.[43][44][45] Clear links between discrimination and mental health have been observed:

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[32] *LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic (nih.gov)*
[33] *Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf*
[34] *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8093609/pdf/nihms-1693834.pdf*
[35] *LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic (nih.gov)*
[36] *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8093609/pdf/nihms-1693834.pdf*
[37] *COVID19-EconomicImpact-IssueBrief-042220.pdf (hrc.org)*
[38] *COVID-19 among LGBTQ+ individuals living with HIV/A##"IDS: psycho-social challenges and care options (nih.gov)*
[39] *gt8s38p2cm.pdf (escholarship.org)*
[40] *COVID19-EconomicImpact-IssueBrief-042220.pdf (hrc.org)*
[41] *LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic (nih.gov)*
[42] *https://assets2.hrc.org/files/assets/resources/COVID19-EconomicImpact-IssueBrief-042220.pdf?_ga=2.193298861.1282498953.1633343594-323690988.1631531663*
[43] *hhr-22-02-313.pdf (nih.gov)*
[44] *Health Alert – U.S. Embassy Panama City, Panama (March 31, 2020) - U.S. Embassy in Panama (usembassy.gov)*
[45] *Writing a More Inclusive Playbook: How COVID-19 Is Impacting LGBTQ+ Communities Around the World | Think Global Health*

- In an online survey of people from the LGBTQ+ community, **those who had experienced discrimination were three times as likely to experience significant depressive symptoms than those who had not**[46]
- Discrimination is also likely to affect physical health, as **those facing discrimination are less likely to access healthcare**[47]
- The UK National LGBT Survey found that **16% of people from the LGBTQ+ community had experienced** *at least* **one negative experience** (based on their identity) **when accessing or trying to access healthcare services in the past 12 months**[48]
- The 'LGBT Foundation' produced a series of 'Hidden Figure' reports, detailing the impact of the COVID-19 pandemic on the LGBTQ+ community in the UK. The May 2020 report identified **an increase in calls to their helpline regarding biphobia, transphobia, and homophobia compared** with three weeks previously (figure 8)

Figure 8: Increases in calls to LGBT Foundation Helpline[49]

Mental health

There are well-established links between sexual and gender minority stress and mental health among people from the LGBTQ+ community, especially in young people.[50]
- Extended periods of concealment of identity may lead to depression, anxiety, suicidal intention and cumulative psychological distress[51]
- People from the LGBTQ+ community may have spent more time at home during the pandemic, in **unsupportive households**[52]
- A study from the US showed that, as of spring 2020, **nearly half (45.7%) of college students from the LGBTQ+ community have immediate families that do not support or know their LGBTQ+ identity**[53]
- An online study by the US based, 'The Trevor Project', found that **young people from the LGBTQ community were more likely to exhibit signs of anxiety or depression** during the pandemic (figure 9)

[46] *e049405.full.pdf (bmj.com)*
[47] *https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%2520Figures-%2520The%2520Impact%2520of%2520the%2520Covid-19%2520Pandemic%2520on%2520LGBT%2520Communities.pdf*
[48] *Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf*
[49] *Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf*
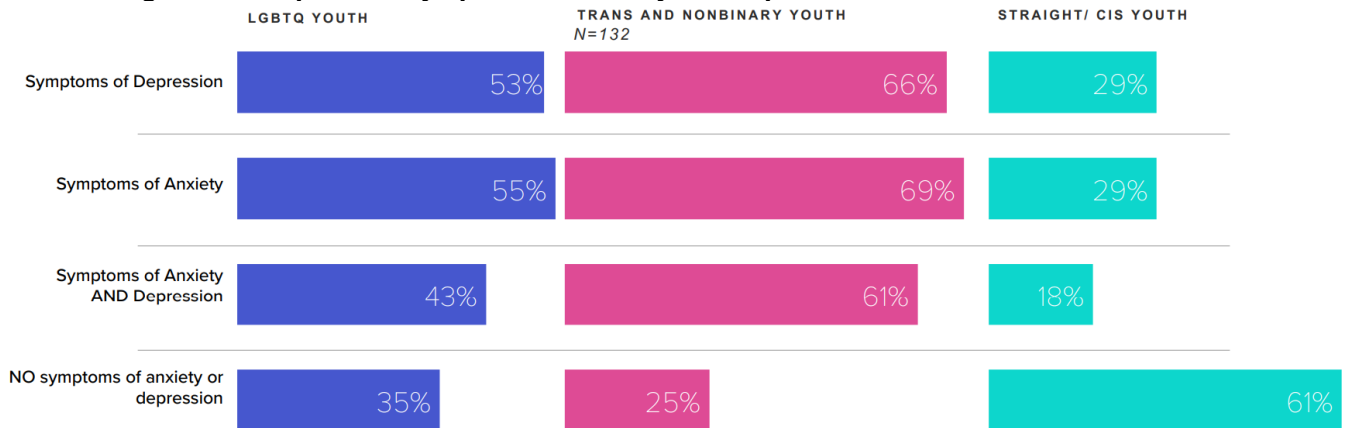[50] *Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being (sagepub.com)*
[51] *Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being (sagepub.com)*
[52] *"I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support - PubMed (nih.gov)*
[53] *Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic - Journal of Adolescent Health (jahonline.org)*

Figure 9: Comparative symptoms of anxiety and depression[54]

	LGBTQ YOUTH	TRANS AND NONBINARY YOUTH N=132	STRAIGHT/ CIS YOUTH
Symptoms of Depression	53%	66%	29%
Symptoms of Anxiety	55%	69%	29%
Symptoms of Anxiety AND Depression	43%	61%	18%
NO symptoms of anxiety or depression	35%	25%	61%

The benefits of tele-counselling in mitigating the mental health ramifications of the global pandemic on people from the LGBTQ+ community have been widely deliberated and could be a helpful tool.[55]

Service delivery
- COVID-19 is a greater risk to those diagnosed with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)[56] as both of these conditions affect the immune system. There have been reports of **multiple challenges to the continuation of HIV and AIDS treatment during the pandemic**
- A survey, conducted by United Nations Programme on HIV and AIDS (UNAIDS), showed that **21% of the people from the LGBTQ+ community, living with HIV experienced "restricted access" to Antiretroviral therapy refills**[57][58]
- In Brazil provision of antiretroviral therapy was typically **limited to one month's supply** during the pandemic. With patients being unable to travel to collect their own medication many reported **concerns at the prospect of interruptions to their treatment**[59]
- There have also been reports of **delays to mental health treatment** throughout the pandemic. A recent survey conducted in July 2020 by 'The Trevor Project', based in the US, reported that **25% of young people from the LGBTQ+ community were unable to access mental health care**[60][61]
- Service delivery is an issue for those receiving or waiting for gender dysphoria treatments who have experienced delays to their treatment. This can lead to increased experiences of dysphoria and severe mental health problems as well as increasing the possibility of individuals self-medicating
- Multiple programmes in Seattle, US aimed at HIV prevention and care recorded challenges and this service produced recommendations to adapt service delivery during the pandemic (figure 10)[62]

[54] *Trevor-Poll_COVID19.pdf (thetrevorproject.org)*
[55] *COVID-19 among LGBTQ+ individuals living with HIV/AIDS: psycho-social challenges and care options (nih.gov)*
[56] *Human immunodeficiency virus (HIV) and coronavirus disease 2019: impact on vulnerable populations and harnessing lessons learnt from HIV programmes (nih.gov)*
[57] *COVID-19 among LGBTQ+ individuals living with HIV/AIDS: psycho-social challenges and care options (nih.gov)*
[58] *Survey shows that the COVID-19 pandemic increases vulnerability of LGBTI people | UNAIDS*
[59] *COVID-19 threatens HIV care continuity in Brazil (thelancet.com)*
[60] *COVID-19 among LGBTQ+ individuals living with HIV/AIDS: psycho-social challenges and care options (nih.gov)*
[61] *Trevor-Poll_COVID19.pdf (thetrevorproject.org)*
[62] *"Keep It Going if You Can": HIV Service Provision for Priority Populations During the COVID-19 Pandemic in Seattle, WA (nih.gov)*

Figure 10: Challenges and recommendations to HIV service delivery[63]
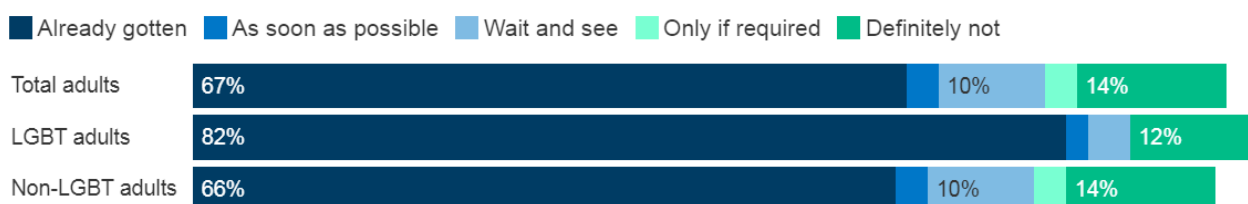
	Challenges	Recommendations
Program operations	• Need to reduce clinic flow and prevent spread of COVID-19 • Avoidance of hospital visits (i.e., emergency room visits) for non-emergency care • Ensurance of continued access to a friendly, safe, and comfortable care environment	• Identify stable clients/patients eligible for telemedicine/ phone visits • Increase outreach support, while maintaining in-person visits for those where telemedicine is not feasible or advisable • Maintain safety of peers providing HIV service provision
Counseling services	• Lack of client/patient access to phone/internet (tel-emedicine) • Loss of personal connection with clients/patients • Shorted counseling sessions • Encouraged social distancing (including sex) • Increased fear and anxiety	• Provide counseling services via telemedicine or phone when possible • Maintain counseling from community members when possible • Link clients/patients to online support groups • Avoid finger-wagging of HIV risk-related behaviors during social distancing measures
Testing services	• Blood samples must be collected in person • Frequent testing required for routine medical care (e.g., drug refills, disease screening)	• Use phone screening prior to in-person testing (for COVID-19 & STI symptoms) • Consider the feasibility of social distancing at testing locations • Enable flexibility in testing requirements for drug refills and non-urgent medical conditions
Pharmacy services	• HIV medications only dispensed for 30 days • Drug dispensing and prescribing requires laboratory tests	• Tailor pharmacy services to individuals' risk and medical urgency (e.g., longer drug dispensing, wave testing for drug refills)
Other essential services	• Private and consistent housing needed for prolonged social distancing • Maintenance of services clients/patients rely on (e.g., food & transportation vouchers) • Substance use/addiction	• Maintain provision of essential social services • Prioritize access to safe private spaces for social isolation • Relax restrictions on allowable activities

Vaccine uptake

In the US, the Kaiser Family Foundation produced a '**COVID vaccine monitor'** to track the public's **attitude towards the vaccine**[64] This explored the attitudes of different groups, including people from the LGBTQ+ community, and found that:

- As a group, people from the LGBTQ+ community are **more likely to be vaccinated for COVID-19** and less likely to view getting the vaccine as a health risk compared to non-LGBTQ+ adults
- A larger percentage of adults from the LGBTQ+ community reported receiving at least one dose of a COVID-19 vaccine (82% vs 66%) and **8 in 10 report being fully vaccinated**
- Overall, adults from the LGBTQ+ community report being **more supportive of vaccine mandates** than non-LGBTQ+ adults

Figure 11: Attitudes towards vaccine uptake[65]

Legend: Already gotten | As soon as possible | Wait and see | Only if required | Definitely not

Total adults	67%	10% 14%
LGBT adults	82%	12%
Non-LGBT adults	66%	10% 14%

[63] *"Keep It Going if You Can": HIV Service Provision for Priority Populations During the COVID-19 Pandemic in Seattle, WA (nih.gov)*
[64] *KFF COVID-19 Vaccine Monitor Dashboard | KFF*
[65] *Views Of COVID-19 Vaccines Among LGBT Adults | KFF*

Case studies / lived experiences
- The **specific impact of the pandemic upon people from the LGBTQ+ community is not as well documented** as it is for other groups such as ethnic minorities or those living with disabilities[66][67][68][69]
- The COVID-19 pandemic has highlighted the **lack of data regarding the specific needs of this community**, and has emphasised the **importance of data to help address health disparities** and understand the specific needs of people from the LGBTQ+ community[70]
- There are many examples of qualitative data, describing the lived experience

A study was conducted in **India** during the pandemic amongst **individuals over the age of 60, with transgender identity**[71]. In-depth interviews provided the following insights:
- Previously, **attendance to religious rituals** gave transgender individuals a **sense of social inclusion** in otherwise excluded existence. However with periods of lockdown and increased risk of infection these **social connections were taken away**
- **Existing prejudice** towards transgender individuals has heightened during the pandemic with many reporting being **treated as a source of infection**

An online survey conducted in by the **LGBT Foundation**, in the UK between April and May 2020, focused upon people from **the LGBT community's lived experience of the COVID-19 pandemic**[72]. The following **case studies** were presented:
- Jade* lives with her family who look after her as she has additional needs. She has a difficult relationship with her family members, which had been exacerbated by COVID-19. Her family does not support or understand her trans identity. She would like to be able to explore her gender though clothes and makeup, but says that she is scared her parents might harm her if they caught her doing this
- Sayed* called the helpline seeking emotional support and advice following discrimination based on his sexual orientation at the supermarket. He and his male partner were repeatedly denied entry after the security guards said that they were only allowing people from the same household to enter together and were only allowing opposite-gender couples to enter together

Consideration of people from the LGBTQ+ community in response and recovery plans
Literature highlights that **guidelines and frameworks often fail to consider the specific needs of people from the LGBTQ+ community in response to disasters and emergency situations**. This leads to the unique challenges faced by this community being unaddressed.[73]

The United Nations
- The United Nations (UN) acknowledge that COVID-19 has hit vulnerable populations the hardest

[66] *Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More Than Ever - ProQuest*
[67] *Collecting Sexual Orientation and Gender Identity Information | For Health Care Providers | Transforming Health | Clinicians | HIV | CDC*
[68] *11606_2014_3148_Article 843..847 (nih.gov)*
[69] *untitled (nih.gov)*
[70] *main.pdf (nih.gov)*
[71] *Frontiers | "The Graying Minority": Lived Experiences and Psychosocial Challenges of Older Transgender Adults During the COVID-19 Pandemic in India, A Qualitative Exploration | Psychiatry (frontiersin.org)*
[72] *Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf (dxfy8lrzbpywr.cloudfront.net)*
Names have been changed to safeguard identity
[73] *Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being (sagepub.com)*

- The United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity (IE SOGI) has been monitoring the **specific ways the pandemic has impacted people from the LGBTQ+ community** throughout the pandemic
- In June 2020, IE SOGI released '**ASPIRE'** guidelines, intended to help states mitigate the adverse impacts of the pandemic[74][75]. The guidelines were focused upon:
  - ✓ **A**cknowledgement
  - ✓ **S**upport
  - ✓ **P**rotection
  - ✓ **I**ndirect discrimination avoidance
  - ✓ **R**epresentation
  - ✓ **E**vidence-gathering
- These guidelines aim to **guide the design, implementation and evaluation** of measures of pandemic **response and recovery** and minimise the negative impact on people from the LGBTQ+ community

The European Commission[76]
- The European commission published its first ever **LGBTIQ equality strategy** in November 2020, detailing plans for the years 2020-2025
- The equality strategy aims to **address the inequalities** and challenges affecting people from the LGBTQ+ community in order to move towards a 'Union of Equality'
- **It includes a series of targeted actions across 4 pillars:**
  1. **Tackling discrimination against LGBTIQ people**
  2. **Ensuring LGBTIQ people's safety**
  3. **Building LGBTIQ inclusive societies**
  4. **Leading the call for LGBTIQ equality around the world**

Country insights
- **Direct responses to the COVID-19 pandemic vary from country to country, and many include little to no reference to people from the LGBTQ+ community specifically**
- Table 3 shows countries which have explicitly considered people from the LGBTQ+ community in their COVID-19 recovery frameworks:

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[74] *IE SOGI - ASPIRE Guidelines 20200619 (ohchr.org)*
[75] *IE-SOGI-UN-Human-Rights-ASPIRE-Guidelines-June-2020-SOGI-GuidelinesCOVID19_EN.pdf (soginursing.ca)*
[76] *lgbtiq_strategy_2020-2025_en.pdf (europa.eu)*

Table 3: Frameworks from selected countries addressing the needs of people from the LGBTQ+ community

Canada
- The Canadian budget for 2021, '**A Recovery Plan for Jobs, Growth, and Resilience**', focuses on creating the conditions for new employment and new growth. It includes suggestions of support for those hardest hit by the pandemic, including LGBTQ2 communities[77]
- The budget proposes to provide over $20 million to **support community informed initiatives to support the LGBTQ2 community** and the continued development of an LGBTQ2 action plan

Finland
- The Finnish '**Sustainable Growth Programme'** supports Finland's application for funding from the EU Recovery and Resilience Facility. It focuses on boosting competitiveness, investment, research, development and innovation to promote sustainable growth for the country[78]
- One of the main objectives of the programmes is to '**progress equality'; this includes the promotion of gender equality and the prevention of gender-based discrimination**. This falls in line with the Finnish equality act, which forbids discrimination based on gender identity or gender expression
- The Finnish government also published a separate **'Gender Equality Action Plan'** spanning 2020-23, containing goals and measures aimed at making Finland a **leading country in gender equality**[79]
- The plan includes specific information on **gender minorities** and proposes the following goals to secure fundamental rights for this population:
✓ Awareness of how to engage with **gender minorities and their special needs** shall be increased among social welfare and health care professionals
✓ **Statistics need to be able to capture information beyond the binary gender concept**
✓ A **zero tolerance policy on school bullying** shall be adopted, and pupils, students and personnel at educational institutions shall be provided with training on how to identify bullying and how to intervene
✓ The Government will ensure that **fundamental and human rights can be enjoyed by everyone** and will combat infringements of these rights

Germany
- The German federal Government presented a new **concept against discrimination of the LGBTQ+ community** in March 2021 with the following aims:
✓ Greater focus on promoting measures that directly contribute to sustainable improvements in civil society human rights work for the LGBTQ+ community
✓ Mainstreaming of LGBTQ+ issues within the institutions of German foreign policy and government development cooperation, their procedures and activities (this includes increased reporting by the German diplomatic missions abroad with regard to LGBTI rights in the host country)
✓ Intensified dialogues with bilateral and regional partners as well as multilateral actors, to reduce discrimination based on sexual orientation and gender identity, strengthening human rights and the rule of law
- The federal association 'Trans' for gender self-determination and the lesbian and gay association published a report[80] concluding that the **LGBTQ+ community is confronted with special challenges and hardships as a result of the pandemic** and the associated political measures and social changes
- Four areas were identified which appear to affect the LGBTQ+ community disproportionately as a result of the pandemic:
✓ Community structures (contact points such as bars and special events were cancelled as well as resources for advice and support services redirected to the COVID-19 response)
✓ Health and well-being (LGBTQ+ community often experience discrimination and stigmatisation in the health sector)
✓ Lockdown and contact restrictions (individuals of the LGBTQ+ community sometimes have to spend lockdown with family members by whom they are rejected, discriminated against or even physically attacked)
✓ Decision-making processes and agenda setting (for example exceptions to the strict contact restrictions pandemic control are mainly made for biological families and official relationships. This disadvantages people with other lifestyles and families, including many LGBTQ+ individuals; traditional gender relations and gender norms solidify again during the crisis)

[77] *Budget 2021*
[78] *Sustainable Growth Programme for Finland - Recovery and Resilience Plan (valtioneuvosto.fi)*
[79] *Making Finland a Global Leader in Gender Equality. Government Action Plan for Gender Equality 2020–2023 (valtioneuvosto.fi)*
[80] *2021_corona-auswirkungen_broschuere_einzelseiten_ansicht.pdf (lsvd.de)*

Promising practice

The following examples of promising practice have been identified by International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe) in their annual review of the human rights situation of people from the LGTBQ+ community in Europe and central Asia. This aims to enhance cooperation between governments and LGBTQ+ civil society[81][82]:

- In **Sweden**, one city organised safe outdoor activities for older people from the LGBTQ+ community on a weekly basis
- In **Spain**, doctors working with people living with HIV proactively reached out to their patients online to continue health services
- In **Malta**, the government made HIV self-testing kits available due to closure of the local clinic
- In **Spain,** the government prepared targeted online resources for people from the LGBTQ+ community during the COVID-19 crisis
- In **Sweden** and **France**, non-governmental organisations reported that their governments allocated special funds to support organisations providing support services to victims of domestic violence from the LGBTQ+ community to meet increased or changing needs for support amid COVID-19 measures

[81] covid19-lgbti-assessment-2020.pdf (ilga-europe.org)
[82] full_annual_review.pdf (ilga-europe.org)

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Iechyd y Byd ar Fuddsoddi
ar gyfer Iechyd a Llesiant

World Health Organization
Collaborating Centre on Investment
for Health and Well-being