

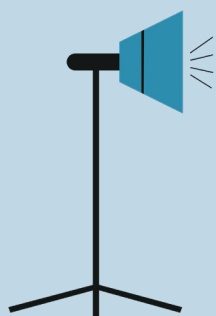
HIV COVID-19 Network Briefing Three



A fortnightly update from the voluntary sector

15 May 2020

1) Spotlight issue this week



The science on HIV and COVID-19

It's important that everyone who needs it can access the latest scientific and medical information around HIV and COVID-19. Misinformation around COVID-19 is common and while we do not yet have all the information we need on comorbidity, risk and treatment, more is coming to light every day. BHIVA has updated treatment [guidelines](#) on maintaining HIV treatment during the pandemic; i-Base is [reporting](#) on advances in treatment and treatment access; and Nam is covering the [latest evidence](#).

2) HIV/STI testing & clinical services

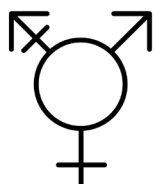
- Uncertainty over access to PrEP and the move to routine commissioning is creating confusion, anxiety and the spread of misinformation. The same is true for clinics who will need to manage this transition. While IMPACT Trial protocol has been revised to allow six-month prescriptions not all services are aware or adapting accordingly; at least one clinic has asked participants to book urgent appointments to secure their final trial supplies. Charities are hearing of PrEP users crushing up and snorting their medication in the belief it will last longer.
- LGBT Foundation in Manchester has reported PEP hesitancy with people either assuming it is not available or feeling like they shouldn't bother services at this time, highlighting that clarity on how to access sexual health services is urgently needed.
- Condom access is an increasing problem. People fear the stigma of buying them at local shops, find them unaffordable and there is little awareness of postal schemes available. One serodiscordant couple reported struggling to have an intimate relationship until they received a freely distributed pack.
- Alongside difficulties in accessing testing that we have previously [outlined](#) and a likely surge in sexual activity following lockdown, there is mounting evidence of the need for stronger national direction on HIV and STI prevention services during the crisis.



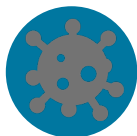
3) HIV support services

- A significant amount of resource still going into ensuring digital infrastructure for service users, who are facing choices between access to peer support, education and more. While some charities have had success in applying for small local funding pots to ensure digital access for service users, we note the lack of a coordinated response to digital poverty in England and Wales. Upon request from the Scottish government, SCVO launched a coordinated emergency [response](#) in March. There have been some national [measures](#) to ensure that digital poverty is recognised as an educational inequality. They should now be recognised as a health inequality. Without access to devices and data, people are finding themselves less able to access appointments or support, as highlighted in a new [report](#) on social connection during the crisis.

4) Barriers & marginalisation



- Organisations which work with trans people are commenting on the increased level of need, isolation and risk for many of those they work with.
- The surge in domestic violence since the start of the COVID-19 lockdown has been evident at HIV support services, with some noting increased referrals to domestic violence services as part of their work with vulnerable service users.



4) Barriers & marginalisation cont.

- According to a BASHH [survey](#) only 1 in 5 services were able to risk assess and provide care to vulnerable groups during the crisis and worryingly they report this capacity reducing as the weeks go by.

Case study: Spectra

F is a trans woman working as a lone sex worker, with ongoing health issues. The Covid-19 restrictions are affecting her ability to work and not having UK residency means she has no access to benefits. Her clients are taking advantage of the situation by paying less but she needs to take this reduced rate to survive.

5) Employment & welfare

- People living with HIV are more likely to be in receipt of benefits than the general population. 56% of women and 30% of men living with HIV were in receipt of some sort of means-tested benefit when surveyed in 2017. Anecdotally many services are reporting new claimants. Difficulties in the benefits system are coming to the fore both in terms of problems accessing them, and who the system has been designed to leave out.
- Week on week, we are hearing of greater difficulty with the benefits system for people living with HIV. Organisations across the country are reporting an increased workload in supporting those living with HIV and additional vulnerabilities to claim for benefits. Elsewhere, charities are trying to meet the severe gaps left by Universal Credit.



Case study

S is a European trans woman who has lived in London for 10 years. She sought advice and support having lost her job recently, and the current situation is proving difficult to find a new position. She has no money for rent or food, is living with a friend and is unable to access benefits immediately. We have provided a hardship grant to tide her over until she receives Universal Credit.

GET INVOLVED

- » As at-home HIV tests are not universally available in England a [petition](#) has launched to extend free HIV home testing to all areas during lockdown. This is supported by 56 Dean Street's new [#timetotest](#) campaign
- » Hackney Migrant Centre recently ran a successful campaign calling for the Government to extend criteria for free school meals to families with no recourse to public funds. They have published a [letter](#) to be shared with head teachers, informing them of the changes, outlining which children can now access meals and which are still exempt.