

# Inquiry into the Australian Government's response to COVID-19

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## Contact

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## Australian Federation of AIDS Organisations

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. AFAO works to end HIV transmission and reduce its impact on communities in Australia, Asia and the Pacific. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO's affiliate member organisations – spanning community, research and clinical workforce – share AFAO's values and support the work we do.

## Recommendations for immediate consideration

1. LGBTIQ community-controlled organisations need to be sufficiently funded to scale up their services and programs to meet the needs of the communities they serve during the pandemic and in the post pandemic environment.
2. Resource the acquisition of IT infrastructure and technical staff to support the implementation and ongoing operation of telehealth services in community controlled LGBTIQ and HIV healthcare services.
3. The Australian Government commence engagement with Scarlet Alliance to develop a framework for the inclusion of sex work in Australia's 3 Step Plan to ease shutdowns and restrictions on social movement.
4. HIV and STI screening, prevention and treatment services should remain uninterrupted by the focus on COVID-19.
5. Fund a national HIV and STI testing and treatment campaign to capitalise on reduced sexual activity, as a result of COVID-19, to reduce the incidence of HIV and STIs in our community.
6. Resource LGBTIQ community-controlled organisations to commission research on the impact of COVID-19 on LGBTIQ communities for the purposes of informing service provision planning.

## Who is AFAO?

AFAO is the national federation for the HIV community response. We are recognised nationally and globally for the leadership and expertise we provide. Through advocacy, policy and health promotion, we champion awareness, understanding and proactivity around HIV prevention, education, support and research. AFAO provides a voice for communities affected by HIV and leads the national conversation on HIV.

In Australia, communities most affected by HIV include people with HIV, gay and bisexual men, transgender and gender diverse people, Aboriginal and Torres Strait Islander people, sex workers, people who use drugs, people from or who travel to high prevalence countries, and people in custodial settings. Our membership includes organisations who represent these communities in each state and territory in Australia, and affiliate member organisations – spanning community, research, public health and the clinical workforce – who share AFAO's values and support the work we do.

We advocate for a strong and bold vision to prevent HIV and advance the health and wellbeing of LGBTIQ communities, and work with governments, clinicians, researchers and the community to achieve this vision. AFAO notes the broad remit of the Senate Inquiry in the federal government's response to COVID-19 (C19). AFAO's comments to this inquiry focus on the organisation's observations as a community controlled national peak organisation founded to address the HIV/AIDS crisis in Australia. AFAO's observations reflect the communities it represents through its member organisations, in particular, people with HIV, LGBTIQ+ populations and sex workers.

## Policy context: AFAO and COVID-19

As a national community controlled peak organisation, AFAO is guided by the needs of our [member organisations](#) in developing our strategic and business planning. Our jurisdictional members, the AIDS Councils, have deep connections to the communities they serve. These communities are Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex People (LGBTIQ+) sex workers, injecting and illicit drug users and Aboriginal and Torres Strait Islander Communities. Our values include:

- Empowering and supporting our communities to own and determine their health and lives;
- Recognising the social determinants of health; and
- Building and promoting evidence based approaches to policy, advocacy and health promotion.

A review of the work AFAO and the AIDS Councils have performed during the HIV epidemic shows that these organisations “provide services and programs that are more likely to be targeted, acceptable and meaningful to their affected communities.”<sup>1</sup> Similarly, the state and territory members of Scarlet Alliance, Australian Sex Workers Association, (Scarlet Alliance), Australian Injecting & Illicit Drug Users League (AIVL) and The National Association of People With HIV Australia (NAPWHA) have close and meaningful connections with the communities they represent/or work with.

Central to our success is working with our members to be a national voice for the issues affecting their communities. The current COVID-19 (C19) pandemic is uniquely impacting the mental health, intimate lives, and the wellbeing of these communities and, in the case of sex workers, their paid employment.

Significant investment from all tiers of government has enabled a world class response to HIV in Australia. The services to address the sexual health needs of gay men created an important infrastructure of community organisations providing healthcare to the broader LGBTIQ communities. Simultaneously, national organisations, with state and territory member organisations, were conceived to support priority populations most affected by HIV. These organisations included Scarlet Alliance, AIVL and NAPWHA.

## COVID-19 and our communities

The progressive onset of C19 through late February and March 2020 in Australia led to widescale and unprecedented shutdowns and the use of public health regulations to enforce stay at home and physical distancing measures to stem C19 transmission in Australia. These initiatives have been extremely effective at preventing a generalised epidemic.

AFAO acknowledges the Commonwealth’s success in forming a national cabinet of state and territory leaders to direct the national response to C19 and the prioritisation of public health policy initiatives to stem C19 transmission. These initiatives have prevented our health system from being overwhelmed by the virus and stopped thousands of deaths to C19.

This submission focusses on the unintended consequences of these policies on the communities we represent, with a focus on LGBTIQ people and sex workers. This focus is predicated on the availability of new published data from Newgate Australia<sup>2</sup>, and unpublished data from the Flux Study, led by the Kirby Institute, UNSW, Sydney, which shows the communities we represent have been impacted in specific ways that will need to be addressed.

## Our communities prior to C19

A report<sup>3</sup> released by Rainbow Health Victoria during the early days of the pandemic illustrated the increased risk of LGBTIQ communities to poorer health outcomes than the general population. These risks include:

<sup>1</sup> Demonstrating the value of community control in Australia’s HIV response: Final Report, NOUS Group, 24 June 2016, page 16

<sup>2</sup> The Newgate Australia data polled Australians on their attitudes to policies and regulations introduced by the Australian government to address COVID-19 and, also on their health and wellbeing during this period.

<sup>3</sup> Adam Bourne et al, COVID-19: impacts for LGBTIQ communities and implications for services: A Research Briefing Paper for Rainbow Health Victoria, Australian Research Centre for Sex, Health and Society, La Trobe University, April 2020, page 2

- a lower rating of self-perceived health than the general population;
- reduced likelihood of discussing sexual orientation or gender identity in a medical consultation for fear of being judged or stigmatised leading to sub-optimal engagement with care and services;
- increased levels of anxiety and depression compared with heterosexual peers, with even magnified levels of anxiety and depression for young people, bisexual people and trans and gender diverse people;
- LGBTIQ people are more likely to experience family violence without reporting this violence to authorities; and
- increased tobacco consumption (in the context of C19) and alcohol and other drug use

The Rainbow Health Victoria report notes the improved situation for many LGBTIQ people through the achievement of marriage equality but notes the continued impact of homophobia, transphobia and biphobia in devaluing the identities in our communities. This report shows the population-wide baseline health of LGBTIQ communities was below the baseline health of the general community. Consequently, LGBTIQ people were at increased risk of mental health, family and domestic violence and alcohol and other drugs leading into the C19 pandemic. The onset of the pandemic increases the risk of poorer health outcomes among this demographic.

### **Recommendation**

1. LGBTIQ community-controlled organisations need to be sufficiently funded to scale up their services and programs to meet the needs of the communities they serve during the pandemic and in the post pandemic environment.
2. Resource the acquisition of IT infrastructure and technical staff to support the implementation and ongoing operation of telehealth services in community controlled LGBTIQ and HIV healthcare services.

The response to the C19 has necessitated the shutdown of many industries and workplaces, including sex work. AFAO shares the concerns of Scarlet Alliance regarding the continued restriction on sex work in Australia's 3 Step Plan to ease C19 restrictions, which does not include brothels or sex workers. Sex workers have collaborated effectively with successive Australian governments through National BBV and STI Strategies to achieve sustained low rates of STIs and BBVs, high rates of testing and the virtual elimination of HIV among sex workers. This achievement was based on ongoing engagement with this community to work towards the incorporation of sex work within existing legal frameworks and not outside them.

Unlike New Zealand, the government has not engaged with Australia's sex worker community to ensure sex work is included in policy initiatives that form part of the government's plan to ease restrictions on social movement. The risk with this approach is that it drives sex work underground and, therefore, outside the reach of public health and Occupational, health and safety regulations endangering the wellbeing and financial livelihood of sex workers.

### **Recommendation**

3. The Australian Government commence engagement with Scarlet Alliance to develop a framework for the inclusion of sex work in Australia's 3 Step Plan to ease shutdowns and restrictions on social movement.

## **Our communities during COVID-19**

Limited data exists on the impact of C19 on our communities. A national online survey (*The Flux Study*<sup>4</sup>) of gay and bisexual men about the impact of C19 on their health and wellbeing conducted in April 2020, provides important insights in the effects of C19 on gay and bisexual men in the Australian community. Data<sup>5</sup> from this study - unpublished at the time of writing - shows that 59% of participants reported they stopped physically engaging with

<sup>4</sup> The Flux Study is a national online cohort study to monitor changes in drugs and associated harms, beliefs and attitudes, and engagement with gay community networks over time.

<sup>5</sup> The Flux Study: Impacts of COVID-19 on gay and bisexual men in Australia: Changes in sexual behaviour, PrEP and mental health, Kirby Institute Seminar Series, 19 May, 1pm

peers during the month of April with 50% of participants initiating virtual connection to socially engage. Further, well over 85% of participants strongly agreed or agreed that everyone should quarantine and keep their distance.

The results also suggest the pandemic has affected gay men's intimate lives with over 90% of participants reporting they had much less sex with casual partners after physical distancing laws were implemented compared with the period before the lockdown. One study participant commented upon the impact of C19 on their sexual behaviour:

*"I am not having sex with other people right now. It's a bit rough but what do you do?"*

The combination of physical distancing and widespread closure of spaces has led to people staying at home. This has led to a decline in sexual activity across the community including among LGBTIQ communities. This provides policy makers with a rare opportunity to promote screening and treatment to reduce HIV and STIs in the community. A national health promotion campaign to encourage STI testing is needed. Sexual health clinics could also be equipped to test for COVID-19. This would reduce the incidence and prevalence of STIs and have the added benefit of increased COVID-19 testing as restrictions are being loosened.

These data show the commitment of gay and bisexual men in supporting public health regulations, even when it significantly disrupts their intimate lives. These data are reinforced by the findings from Newgate Australia's research on LGBTIQ people, which found that:

- 78% of LGBTIQ participants reported avoiding all non-essential contact in the last week with people outside their household.
- 73% of LGBTIQ participants reported believing people should be doing more to uphold social distancing guidelines.

Complying with physical distancing measures has had a considerable impact on the private lives of gay and bisexual men. A little over one third of participants reported feeling depressed or anxious during April this year, while one quarter reported feeling stressed. The following quote from the Flux study illustrates the potential for C19 to intensify situations of domestic violence:

*"I'm in an abusive relationship, more psychological abuse than physical but there's been some physical violence. I was planning to leave and was preparing to do so but then COVID came along and I'm not sure which is the worst. Becoming homeless and increasing risk of COVID or staying in a relationship that every day is torture."*

This quote is emblematic of the largely unreported, domestic violence experienced by gay and bisexual men. There needs to be additional and tailored support to manage situations of domestic violence, in the context of C19. This support is most appropriately provided by community controlled LGBTIQ organisations.

C19 social and physical distancing measures are also affecting friendship networks. These networks are key sources of emotional and practical support for LGBTIQ communities who often feel marginalised from the broader community:

*"Socially I miss my friends a lot. We are an active and supportive group so not seeing them in person is very hard. We zoom and watching movie and TV together which is a cute band-aid but doesn't help with the homesick/missing them kinda feelings. It feels like when you are travelling and want to get home as soon as possible. What's worse is its only really just starting. The unknown time frame is another big scary thing...[I']m still intimate with my boyfriend. We still have an enjoyable and active sex life. Being intimate emotionally and physically is a huge help right now."*

Another participant commented on the economic impact of the pandemic.

*“I am a sex worker - has had a strong impact on meeting clients physically. Have moved into online sex spaces (only fans, camming etc) to try and subsidise income. So the economic effect is a primary concern.*

Sex and sociality are defining features of cultural identity for gay and bisexual men. Gay and bisexual men connect with other men through sex, intimacy and affection in a diverse range of places, spaces and virtual platforms. The disruptions associated with observing physical distancing are not insignificant and increase the risk of depression, anxiety and social isolation. One Flux study participant stated:

*“My partner lives in [another state] and my other semi regular sex partner is a health professional in [another city]. I have little prospect of catching up with either for quite a long time.”*

Another participant vividly portrayed the impact of C19 on physical distancing by describing his first, unintended, physical contact with another person in over two months:

*“The only other human I've touched in the last 9 weeks or so was [a] friend's baby - [when] I went over there for lunch. I didn't cuddle or kiss her, but as I sat there playing with the toys, she used my body to climb up to standing, and then held my hand. I realised I hadn't touched anyone in this whole time until now. It was such a lovely intimate moment between myself and [her].”*

The quote shows the intense emotional and physical gaps in people's lives caused by C19.

### **Recommendations**

4. HIV and STI screening, prevention and treatment services should remain uninterrupted by the focus on COVID-19.
5. Fund a national HIV and STI testing and treatment campaign to capitalise on reduced sexual activity, as a result of COVID-19, to reduce the incidence of HIV and STIs in our community.

Data from Newgate, reinforce the pandemic's impact on the mental health of LGBTQI communities, including the following findings:

- Around half the population (both LGBTQI and heterosexual people) have in the last week avoided interaction with elderly or vulnerable people in the community.
- 60% of LGBTQI participants reported feeling more socially isolated than normal in the last week.
- 55% of LGBTQI participants reported less physical activity than normal in the last week (up from last month)
- 26% of LGBTQI participants reported experiencing more arguments or tension in the last week compared to normal.
- LGBTQI participants reported experiencing more mental health concerns in April than March. 38% reported more mental health concerns in the week before the survey than normal.
- In April, less of us are drinking more than normal compared to March, but more of us are still drinking more than normal.

The data from Newgate Australia also compares LGBTQI respondents with heterosexual respondents and found the following differences:

- LGBTIQ respondents are more concerned by the effects of someone in our family catching C19 than we are of catching it ourselves. Heterosexual respondents were more likely to be more concerned about catching the virus themselves.
- Across many areas of the potential impact of C19 LGBTIQ respondents share a similar amount of concern to our heterosexual peers, but LGBTIQ respondents are less concerned about going into a recession and slightly more concerned about travel and flight restrictions, and much less concerned about the impacts on the stock market and superannuation
- We do have more concerns about job security for ourselves and our immediate family, and less concern about school closures.
- 66% of LGBTIQ respondents have some or significant concern about access to regular health services as a result of C19.

### **Recommendation**

6. Resource LGBTIQ community-controlled organisations to commission research on the impact of COVID-19 on LGBTIQ communities for the purposes of informing service provision planning.

As a national peak organisation representing community-controlled service delivery organisations with deep connections to LGBTIQ communities we know our communities benefit from interventions that respect their unique qualities. The C19 epidemic has demanded our communities rapidly adjust and adapt their lives. The speed of these changes has, in turn, magnified the scale of marginalisation and disadvantage experienced by many people in our communities. This is particularly the case, as the data and commentary in this submission illustrates, for people with HIV, their peers, people of diverse sexual orientation, people in unsafe or coercive workplaces and those affirming their gender or considering affirming their gender.

The current situation reinforces the need for ongoing investment in inclusive and safe healthcare settings that provide targeted interventions and prevention strategies that address the needs of the diverse lived experiences of LGBTIQ communities to ensure these people have equitable access to integrated and comprehensive healthcare.