Research on the impact of COVID-19 on LGBT+ individuals in Indonesia, Nigeria, and Sri Lanka

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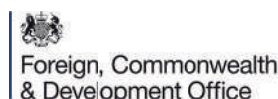

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Executive Summary

Introduction

This report was commissioned by Westminster Foundation for Democracy to explore the impact of the COVID-19 pandemic on lesbian, gay, bisexual, transgender, and transsexual (LGBT+) activists in Nigeria, Sri Lanka, and Indonesia. As the most impactful global health disaster the world has faced since World War II, the research aimed to assess the extraordinary impact of COVID-19 on vulnerable LGBT+ individuals. The countries were selected to comparatively illustrate cases in Africa, South Asia, and Southeast Asia due to their distinct social, cultural, and legislative contexts.

Methodology

A mixed-methods research framework including an online survey, cultural domain analysis, and focus group discussions was implemented to collect data between March and April 2022.

Literature review

Social movements and activist networks have been transformed by the social and economic impact resulting from the COVID-19 pandemic. The pandemic has aggravated SOGIESC-based discrimination and violence across the world. (SOGIESC stands for sexual orientation, gender identity, gender expression and sex characteristics.) Due to multiple and intersecting forms of discrimination and lack of services tailored to their unique needs, LGBT+ people often present lower health outcomes than other populations. The pandemic has also led to the reduction and cancellation of specific services and outreach programmes targeting LGBT+ people. Social and self-stigma have been other key obstacles to accessing healthcare services and facilities during the crisis. Lockdowns as well as social and physical distancing measures to reduce the spread of COVID-19 have impacted the mental health of LGBT+ individuals. The pandemic has limited their social networks due to restrictions on leaving the house, limited access to the Internet, returning to family homes that involved the concealment of non-normative identities, family control of technology, and fear of outing.

Findings

General impact on LGBT+ health

Data collected demonstrates the extraordinary impact of the pandemic on the mental health of LGBT+ activists and individuals across the three countries. This was especially worrying for those returning to unsafe family homes where they faced discrimination and violence that they could not escape from because of mobility restrictions, which mostly affected students (due to the closure of universities) and those who had lost their jobs and were facing financial difficulties. In addition to mental health challenges, difficulties in accessing medication and healthcare services also had an impact on the physical health of LGBT+ individuals. In Indonesia and Sri Lanka, a key challenge in accessing healthcare services related to difficulties obtaining a national ID card. This was especially impactful for trans individuals. Findings show that trans women in particular often did not have updated documents including their current name and gender identity, hindering access to healthcare services.

Increasing violence

Across the three countries, violence grew at multiple levels during the pandemic. Firstly, LGBT+ individuals reported harassment and outing from family members with whom they shared domestic spaces. Secondly, domestic violence was a major issue among some queer couples. Thirdly, police brutality grew since lockdowns laid the ground for increased police and military power, particularly impacting

individuals such as trans women. Conservatism and patriarchal structures, which had already limited access to public spaces among queer individuals prior to the pandemic, gained strength during the COVID-19 crisis. The militarisation of society is especially worrying in the Sri Lankan context. Fourthly, forced conversion therapy grew in Sri Lanka and Nigeria due to the increased exposure to family members who considered being LGBT+ to be a condition that could be "healed".

Lack of health information

LGBT+ activists lacked information on how to respond to the pandemic and on services available for the populations they work for. This was often linked to a lack of resources provided by governments. Among LGBT+ individuals who were not part of activist circles, the situation was more complex, especially in rural areas where isolation was a pre-existing issue that became exacerbated. Fake news on COVID-19 and vaccines emerged as a key challenge.

Financial impact

LGBT+ individuals in Nigeria, Sri Lanka, and Indonesia faced, and continue to face, economic hardship, which led many to experience mental health disorders. Many lost their jobs, which was especially impactful for those in informal sectors such as sex work, due to mobility restrictions. Sex workers took greater risks to make a living by switching to online platforms to search for clients, who they would meet in person. Greater threats associated with this (when compared with their pre-COVID experiences) related to their increased vulnerability when leaving the domestic space to work in the midst of mobility restrictions. Financial hardship led many to face a lack of resources that translated to not being able to purchase necessities including food and medicines. Ultimately, this had a negative effect on their mental and physical health, which was especially concerning among queer people due to stigma and discrimination.

Impact on activities and programmes

The pandemic caused an interruption to the programmes previously planned by LGBT+ organisations. This was due to several reasons. For example, the interruption of funding that did not allow activists to implement activities they had designed prior to the crisis, but also because of lockdown measures and mobility restrictions, which led to a complete absence of in-person meetings. The lack of in-person meetings impacted their work since activists often struggled to reach out to the people they would regularly support, and many were not able to join online meetings due to a lack of internet access. The pandemic also had an impact on advocacy issues by shifting the priorities that both LGBT+ activists and non-activists had before the crisis, which has weakened previous efforts to advocate for LGBT+ rights.

Conclusions

In Indonesia, Sri Lanka, and Nigeria, the COVID-19 pandemic has disproportionately impacted LGBT+ individuals and, particularly, those living with HIV and AIDS, sex workers, transgender individuals, and those living below the poverty line. This has been especially felt in relation to a decrease in the financial resources of those who lost their jobs, as well as in relation to healthcare services, which those from lower socioeconomic backgrounds struggled to access. Discriminatory laws, and difficulties in obtaining national ID cards have also made it difficult to receive care. This points to the need to apply an intersectional approach to better understand the needs of the most discriminated against within the LGBT+ population, in order to protect their rights as human beings.

1. Introduction

The COVID-19 pandemic has impacted the lives of people all around the world. While the SARS-CoV-2 disease and its variants have been virologically homogeneous, its cultural and social impact have differed across geographical locations due to varying socioeconomic profiles and changing reactions to the crisis among decision-makers. From older people to individuals living with disabilities and those who have traditionally experienced intolerance and discrimination, the pandemic brought an additional layer of helplessness. Among these groups, lesbian, gay, bisexual, transgender, and transsexual (LGBT+) individuals have disproportionately suffered the consequences of lockdowns and restrictive regulations. For many, this meant returning to homes where they did not feel safe, or having their medical treatments and services interrupted because of the disruptions caused by the pandemic.

The extraordinary impact of the COVID-19 pandemic on LGBT+ individuals further emphasises the need to end discrimination against this population. The three focus countries, Indonesia, Nigeria and Sri Lanka, have international human rights obligations that apply equally to LGBT+ people and provide a clear road map towards the protection and fulfilment of those rights for all. Instruments such as the Yogyakarta Principles on the application of international human rights law in relation to sexual orientation and gender identity (2007), the Declaration of Montreal (2006), and the United Nations Human Rights Council RES/27/32 on "Human Rights, Sexual Orientation and Gender Identity" (2014) should be taken seriously by policymakers to protect the human rights of all citizens.

Westminster Foundation for Democracy (WFD) is a British public body dedicated to supporting democracy around the world. Operating directly in over 20 countries, WFD works with parliaments, political parties, and civil society groups to help make countries' political systems fairer, more inclusive, and accountable. WFD has recently delivered the Global Equality Project, in collaboration with the Kaleidoscope Trust (KT), a UK-based charity focused on fighting for the human rights of LGBT+ people internationally. KT funds and empowers those upholding the human rights of LGBT+ people by working with governments, change-makers and civil society organisations across the Commonwealth. Working in solidarity, KT and WFD launched the Global Equality Project (GEP) in 2021 to:

- Fill gaps in research and evidence when it comes to better outcomes for women and girls, LGBT+ people, and society at large.
- Work with civil society organisations that support and advocate for the rights of women and girls and LGBT+ people by ensuring these organisations have the skills and tools they need to bring about change.
- Strengthen the links and relationships between civil society, thought leaders, and decision-makers to make it easier for them to work together for equality.[1]

In line with their key aim of strengthening democracies to protect rights and freedoms, WFD commissioned this comparative research to inform the work of policymakers towards achieving and strengthening LGBT+ rights, focusing on the impact of the COVID-19 pandemic on LGBT+ individuals. This section offers a background to the three countries explored in this report.

Indonesia

Indonesia, comprised of around 17,000 islands, is a country of records: it has the largest Muslim population in the world, it is the third largest democratic country, the largest archipelago, and the fourth most populous state. With around 145 million inhabitants, Java is the most populated island in Indonesia, and on Earth, home to around 56.7% of the country's population. It attracts people from all over the country, looking to find better opportunities on the island where Jakarta, its capital city, is located. Tradition shows a history of gender and sexual pluralism in Indonesia that LGBT+ activists often employ today to argue for the inclusion of sexual minorities. As previously noted, Indonesia has international human rights obligations that apply equally to LGBT+ people and these obligations provide guidance on how to protect and fulfil those rights for all citizens. For example, Indonesia ratified the International Covenant on Civil and Political Rights (ICCPR) in 2005, and the International Covenant on Economic, Social and Cultural Rights (ESCR) in 2006, and it is a state party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Despite having ratified such conventions, since 2016, what has been described by scholars and activists as an "LGBT+ moral panic" (emerging from government voices and the media) has portrayed LGBT+ people in Indonesia as threatening subjects, against the moral and principles of the nation.[2] The catalyst of such an intolerant scenario has been found in statements made by government officials after an official permit for the Support Group and Resource Center on Sexuality Studies was cancelled, forbidding its functioning under the banner of Universitas Indonesia. In subsequent years, police raids in queer safe spaces have become the norm. Anti-LGBT+ intolerance increased during the COVID-19 pandemic as authorities used the so-called 2008 Pornography Law to target queer people.[3,4,5] In recent times, anti-queer statements made by public figures including politicians have led to discussions around the potential criminalisation of non-normative genders, sexualities, and same-sex sexual acts, leading to proposals to revise the Criminal Code. Despite these events, there is no national law criminalising LGBT+ identities or sexual acts beyond the case of the special region of Aceh, where shariah law has been introduced. However, an increasing number of local bylaws have started to be introduced discriminating against LGBT+ individuals across the archipelago. In the midst of this turbulent intolerant scenario, the emergence of the COVID-19 pandemic in 2020 led LGBT+ individuals and activists to develop new strategies to care for themselves and others, witnessing the interruption of healthcare services they would traditionally attend, and finding it more difficult to access them.

Sri Lanka

Nicknamed the Pearl of the Indian Ocean, Sri Lanka gained independence from British colonial rule in 1948. The Indian Penal Code, developed by British historian and politician Thomas Babington Macaulay, came into force in 1862 in what we know today as Pakistan, Singapore, Malaysia, Brunei, and Sri Lanka, among other nations, leaving a damaging inheritance in current legislation in these countries. Despite the vibrant activism of LGBT+ individuals, Sri Lanka continues to criminalise consensual same-sex acts through Sections 365 and 365A of its Penal Code. Additionally, Section 399 criminalises gender expression[6] and is often used against trans individuals, and vagrancy laws have been employed to target LGBT+ populations. Sri Lanka also has human rights obligations that apply proportionately to LGBT+ people and offer clear guidance on how to safeguard and secure the rights of all citizens. For example, Sri Lanka ratified the International Covenant on Civil and Political Rights (ICCPR) in 1980, the International Covenant on Economic, Social and Cultural Rights (ESCR) in 1981, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981. Despite this, and as Human Rights Watch (HRW) has described, there have been reports of citizens subjected to forced physical examinations by Sri Lankan authorities to 'prove' their homosexual conduct including forced anal and vaginal examinations.[7] In addition to this type of sexual abuse, LGBT+ individuals have been tortured, whipped with wires and forcibly tested for HIV to subsequently have their results released in public without their consent. Since 2020, when the COVID-19 pandemic started, multiple sources have reported police abuse and killings of citizens in Sri Lanka while implementing lockdown restrictions.[8] A study by Equal Ground found that 90% of trans people and 65% of gay men in Sri Lanka report experiencing police violence based on their sexuality and/or gender identity.[9] Recommendations from the 2017 Universal Periodic Review to decriminalise same-sex conduct were rejected by the government. A year before, in 2016, the Health Ministry approved the implementation of a Gender Recognition Certificate allowing citizens to change their legal gender, but this can only take place after undergoing a psychiatric evaluation first.

The hostile environment has led LGBT+ people in Sri Lanka to face discrimination in accessing public services including healthcare, education, employment, and housing. The IPID report on the Situation of Transgender Persons in Sri Lanka (2016) indicates how, as the existence of transgender people in Sri Lankan society is not taken into consideration in designing healthcare, there is a lack of awareness and knowledge among healthcare providers on services such as sex confirmation surgery.[10] The Women and Media Collective Shadow Report, Discrimination of Lesbians, Bisexual Women and Transgender Persons in Sri Lanka, notes how while the basic health needs of LGBT+ people and the general population are the same, their sexual orientation and gender identity and expression means LGBT+ individuals face different barriers when accessing health services.[11] Queer women and trans men in Sri Lanka face challenges in exercising their right of access to healthcare, including for reproductive health, and they may receive inappropriate or inferior care in general and healthcare settings, as is the case for gay men and trans women accessing prostate

care. In March 2022, the UN Committee on the Elimination of Discrimination against Women found that the Sri Lankan government violated the rights of Rosanna Flamer-Caldera, a leading LGBT+ activist who faced discrimination because of the country's Penal Code which criminalises same-sex sexual activities.[12]

Nigeria

Similar to the case of Sri Lanka, the impact of discriminatory British colonial rule on Nigeria's legislation has led to the maintenance of homophobic laws resulting from the inheritance of versions of the 377 Section (known as the 'unnatural offences' section). In contemporary Nigeria, laws continue to promote discrimination against same-sex relations and gender nonconformity through the criminalisation of "same-sex conduct, (…), same-sex amorous relationships, same-sex marriages, and the registration of gay clubs, societies, and organisations". [13] The Criminal Code criminalises same-sex sexual acts between men (but is silent regarding women) with sentences of up to 14 years' imprisonment. The Same-Sex Marriage (Prohibition) Act, made law in 2014, makes marriages or civil unions between same-sex couples illegal, and has led to the arrest of men accused of displaying same-sex affection in public.[14] The implementation of shariah-inspired bylaws (such as the Immoral Acts Law in Kano) has also led to the arrest of women accused by local religious police of planning a same-sex wedding.[15] This discriminatory legislation is against Nigeria's human rights obligations, as the country ratified ICCPR in 1993, ESCR in 1993, and CEDAW in 1985. Even though ICCPR is not yet domesticated in Nigeria, its provisions have informed its national laws.[16]

The Nigerian Constitution protects citizens' fundamental rights and has general provisions on privacy, freedom of expression and non-discrimination, but it does not include sexual orientation or gender identity and/or expression.[17] As explained in guidance provided by the UK government, "trans and intersex persons are not referred to in the Constitution or other parts of (the national) criminal code but sources indicate that being trans is criminalised in Nigeria, with vagrancy laws being used to target trans persons. Being trans is explicitly criminalised in Bauchi state's penal code".[18]

According to research conducted by the Pew Research Centre, 93% of Nigerian people believe that society should not accept homosexuality.[19] Research has noted how a very high proportion of university students have a negative attitude towards the provision of healthcare services to men who have sex with men (MSM) in Nigeria.[20] Reports from the Bisi Alimi Foundation have noted how LGBT+ people in Nigeria experience discrimination that hinders their access to healthcare, including care for mental health issues that have often been overlooked. Mental health issues specifically have increased exponentially during the COVID-19 pandemic, an aspect that this report explores further in Section 5.[21]

2. Methodology

This section introduces the methodology implemented to gather data to explore how the COVID-19 pandemic has impacted the work of LGBT+ activists in hostile contexts, with a particular focus on challenges in accessing healthcare services faced by LGBT+ individuals.

Inception

Literature review

As a first step, a literature review was conducted. This identified major discussions exploring the impact that the COVID-19 pandemic has had on the health of LGBT+ people across the world. Additionally, it helped to ascertain how the pandemic impacted LGBT+ people's access to healthcare services. This literature review is presented in Section 3.

Design of research tools

Literature review findings were discussed with a representative sample of activists to compare the results with the key issues they faced during the COVID-19 pandemic, to inform and design the questions asked through the survey and interviews.

Data collection

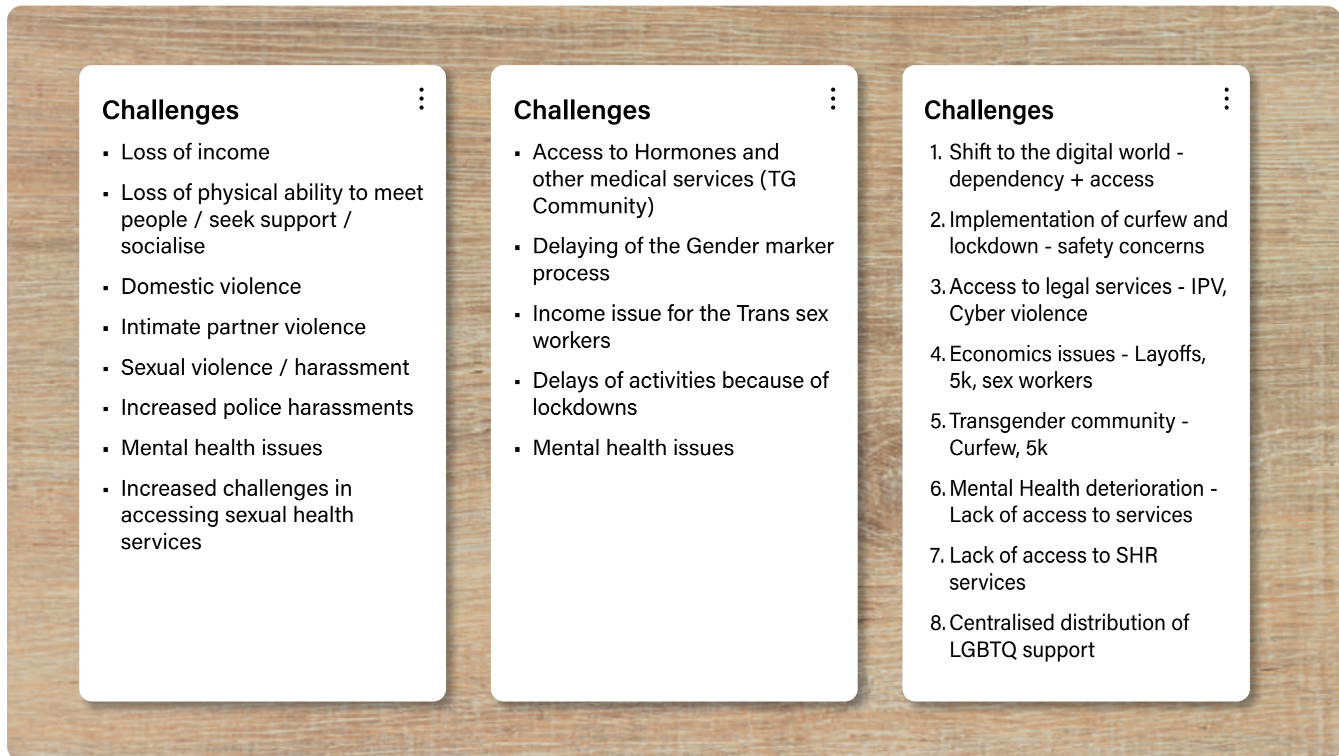
Global online survey

An online multi-country survey was designed and distributed in collaboration with WFD and KT to their partner organisations to capture the impact of the COVID-19 pandemic on LGBT+ individuals. The survey was intended to be as short as possible to ensure a wide reach and guard against 'survey fatigue.' 71 responses were collected, which informed the design of the focus group discussion topic guide and incorporated an additional informative element to the study.

Cultural domain analysis (CDA) sessions

Once the survey was launched, nine cultural domain analysis (CDA) sessions were conducted with activists in Nigeria, Indonesia, and Sri Lanka (three in each country). CDA can be defined as "an approach derived from cognitive anthropology to describe the contents, structure, and distribution of knowledge in organised spheres of experience, or cultural domains".[22] Cultural domains can be understood as "categories" (including, for example, food, diseases, or challenges regarding events), which are "about perceptions rather than preferences", and often shared and agreed among people.[23] Defined as a form of cognitive mapping, CDA helps researchers understand how individuals reflect about lists of things that are related. These sessions asked participants to list challenges related to the domain of the COVID-19 pandemic and its impact on LGBT+ individuals, including activism and access to healthcare services.

When conducting CDA sessions, two tools were used: free listing and rankings. Free listing is a method where participants were asked to list all the challenges brought by the COVID-19 pandemic to LGBT+ individuals. After completing the exercise, participants were asked to rank the challenges and facilitators that most/least impacted access to healthcare services among LGBT+ people. Padlet, a real-time participatory software where users can share content, was used to conduct the CDA sessions. The picture below illustrates the free listing section of one of the sessions, where participants listed challenges. Consent was sought from all participants.



Session conducted with Sri Lankan activists.

Participatory focus group discussions (FGDs)

Upon completion of the cultural domain analysis sessions, preliminary thematic analysis was conducted as part of an iterative approach to data collection and analysis. I used the initial insights gained from the survey and CDA sessions to inform the FGD questions and probes. I held four focus group discussions on Zoom: one in each of the three countries, and another one combining representatives from all of them, who were brought together with the goal of comparing their experiences and sharing lessons learned and best practice. Consent was sought from all participants. During the country-based sessions, I also used the Padlet platform for participants to share challenges and subsequently discuss as a group.

Data analysis and report writing

Data gathered was analysed using thematic analysis where the data was coded by themes using the analysis software NVivo. Outcomes were validated through triangulation, including the literature review, survey, CDA, and FGDs. The results from each element were analysed individually and then as a whole, to produce a meta-analysis of the entire project.

3. Literature review

This section explores a variety of sources to illustrate the impact that the COVID-19 pandemic has had on LGBT+ individuals across the world. Existing research has identified a disproportionate number of deaths among marginalised populations, including LGBT+ people, and public health measures implemented during the pandemic (such as lockdown periods and working from home) have not always been beneficial for such populations. Most literature published after the start of the COVID-19 pandemic has focused on the experiences of LGBT+ people in the Global North, with some exceptions, such as research undertaken by Kaleidoscope Trust and the Commonwealth Equality Network (TCEN).[24,25] This points to the need to conduct more research on the experiences of LGBT+ individuals in the Global South and East.[26] Despite its Western-centric nature, existing literature is valuable for identifying some of the key challenges emerging from the pandemic.

Impact of the COVID-19 pandemic on LGBT+ activism

Social movements and activist networks have been transformed by the social and economic impact resulting from the COVID-19 pandemic. The pandemic has both "sharpened group boundaries" and inspired national unity and shared sacrifice, motivating citizens to engage in collective action.[27] Existing literature has provided examples of the changes brought by the pandemic to the practices of activists across multiple sectors. For some activist groups, this meant prioritising new services and campaigns to support those most affected by the pandemic.[28] Some studies, focusing specifically on young activists, have noted how the interruption of educational activities during the pandemic left young people with more time to devote to their activism. This led them to plan more meetings, engage in national and regional networking through online platforms such as Zoom, involve themselves in self-educating activities, and work on new forms of engagements such as youth councils.[29]

The pandemic has coincided with an increase of homo-, bi-, and transphobic intolerance across the world, which has impacted the work of LGBT+ activists. This includes, among others, the increasing transphobic discourses in the United Kingdom, where trans-exclusionary radical feminists have built intolerant alliances to promote biological essentialist views of sex leading to moral panics around transgender people; anti-LGBT+ legislation in Ghana[30] and Senegal;[31] and online police practices in Tunisia using Facebook to harass and out LGBT+ individuals during the pandemic. The 2021 report *Combating rising hate against LGBTI people in Europe*, published by the Parliamentary Assembly of the Council of Europe,[32] placed the UK alongside the Russian Federation, Hungary, Poland, and Turkey to condemn the "extensive and often virulent attacks on the rights of LGBTI people that have been occurring for several years" in these countries. Amid hostile environments, LGBT+ activists have developed strategies to challenge intolerant rhetoric.

At the start of the pandemic, the ASEAN SOGIE Caucus, a network of human rights activists from Southeast Asia, conducted a rapid needs assessment to evaluate the impact of the pandemic on LGBT+ organisations. A key finding had to do with the lack of organisational capacity and funding, which hindered the possibility of offering continued responses to developing demands. Reacting to emerging priorities, many LGBT+ organisations cancelled planned activities, including workshops, trainings, and campaigns, while others started to witness cuts

to previously agreed funding.[33] Campaigning work from LGBT+ organisations was affected by the personal impact of the pandemic on activists, who also faced individual challenges that consequently had an effect on organisational work. KT and TCEN also conducted research on the impact of COVID-19 on LGBT+ activism, highlighting organisational concerns regarding the safety and wellbeing of staff and volunteers, and their struggle to support service users.[34]

The COVID-19 pandemic has also led human rights-focused organisations to switch to a more 'humanitarian' approach, which has not always been welcomed by funders. For LGBT+ organisations, priorities shifted from LGBT+ rights advocacy efforts and trainings to delivering medicines, food, and other resources to those affected by the pandemic. Some funders, often based outside the local context of such organisations, reacted negatively to this switch since it was not aligned to previous funding agreements. Others reacted differently, providing emergency funding, reallocating funds to the COVID-19 response, and embracing flexible approaches in relation to using funds from previous grants.[35]

Despite the negative consequences of the COVID-19 pandemic, the crisis has also led to unexpected positive change among non-governmental organisations, social movements, and campaigners. Some activists began pushing for change in creative ways from the start of the pandemic, moving online to use video platforms, solidarity chains, digital strikes, mass-emails, and Twitter hashtags to coordinate their actions.[36] In line with this, Jonathan Pinckney and Miranda Rivers note how social movements have adapted to this new environment by broadening their tactical work, "finding innovative ways to take action that do not involve mass gatherings", shifting instead to an online workspace through the launching of digital campaigns and e-organising.[37]

Impact of the COVID-19 pandemic on LGBT+ health

Due to issues ranging from discrimination to intersectional stigma and lack of services tailored to their unique needs, LGBT+ individuals often present lower health outcomes than other populations. Among other issues, the criminalisation of same-sex acts, the lack of awareness of LGBT+ needs and preferences among healthcare professionals, and the absence of national identification documents have traditionally presented difficulties in accessing healthcare services for LGBT+ individuals. This has ultimately led to increasing numbers of HIV cases and STDs among certain groups, including men who have sex with men (MSM). This context illustrates how, prior to the arrival of the COVID-19 pandemic, existing intersecting vulnerabilities had already placed LGBT+ individuals in a difficult position.

Lockdowns, as well as social and physical distancing measures to reduce the spread of COVID-19, have impacted the mental health of sexual and gender minorities. For example, focusing on the context of the United States, Salerno et al (2020) explain how these restrictions have forced many LGBT+ people to return to family homes that can be unsafe because of the homophobia and transphobia of relatives.[38] As they explain, staying with intolerant family members that harass, reject, and victimise their queer relatives has led to mental health consequences. Of course, physical health can also be in danger should family members physically attack LGBT+ people in the home space.

The pandemic has restricted the social networks of LGBT+ individuals which often have a strong positive impact on their mental health, due to restrictions on leaving their own homes or returning to family homes that involve the concealment of their identities while lacking social support. In the US context, a study conducted by Moore et al (2021) identified that sexual and gender minority survey respondents had more frequent COVID-19-associated depression and anxiety symptoms than heterosexual participants.[39]

Limited research conducted in countries in the Global South also shows the negative impact of the pandemic on the mental health of LGBT+ people. For example, a study by Gato et al (2021) exploring the psychosocial effects of the pandemic in six countries (Portugal, UK, Italy, Brazil, Chile, and Sweden) revealed how South American participants experienced more negative effects than those in the Global North.[40] Depression and anxiety were higher among participants who were younger, not working, uncomfortable at home, or isolated from friends. The lower acceptance of LGBT+ people in certain contexts, such as in some of the Latin American countries in the study, led participants to feel "suffocated" since they could not express themselves while being confined, in contrast to their European peers.[41]

LGBT+ access to healthcare services

After having explored the impact of the COVID-19 pandemic on LGBT+ activism and some of the major health issues facing LGBT+ people during this challenging period, this literature review turns now to the issue of access to healthcare services. Data has revealed the stronger impact of the pandemic on access to health services among sexual and gender minorities. A study conducted by Drabble et al (2021) in the US context revealed how LGBT+ households reported far greater negative impact from COVID-19 than heterosexual individuals, "including greater inability to access needed medical care for a serious problem (38% LGBTIQ+, 19% non-LGBTIQ+), and more loss of health coverage (13% LGBTIQ+, 6% non-LGBTIQ+)".[42] A global study of 2,732 gay men and other men who have sex with men (MSM) noted how only 30% of participants had similar levels of access to HIV testing during the pandemic compared with before it.[43] The situation was especially worrying amongst racialised populations, who reported more difficulties than white participants. 23% of those living with HIV said that they had not been able to reach out to their HIV care providers because of isolation rules.

COVID-related mobility restrictions and lockdowns have also disrupted access to sexual and reproductive health (SRH) services that LGBT+ people used before the pandemic. Existing literature has noted the need for interventions to safeguard sexual and reproductive health rights, considering the vulnerabilities brought about by diverse identities, including LGBT+.[44] Scholars have emphasised the implications of the pandemic for people's reproductive priorities. As Ahmed and Sonfield explain, "for many people, items like oral contraceptives, the contraceptive patch and ring, condoms, spermicide, and lubrication [were] important items [to stockpile during the pandemic]." The COVID-19 crisis impacted both the supply and demand for such products and services. For example, supply chains for condoms and contraceptives were disrupted in 2020 in Asia, where the majority of contraceptives are produced.[45]

This led to stock-outs of implants and condoms in low- and middle-income countries (LMICs) such as Myanmar and Mozambique.[46,47]

The COVID-19 pandemic has led to the reduction and cancellation of specific services and outreach programmes targeting sexual and gender minorities, therefore adding an extra layer of vulnerability to this population. This has been especially impactful for groups within the LGBT+ community such as those engaging in sex work and people living with HIV. Focusing on transgender and nonbinary people suffering from "opioid use disorder" in the context of Puerto Rico, Melin et al (2021) have described disruptions to treatments during the pandemic, illustrating how COVID-19 has restricted the access to treatment options for marginalised LGBT+ populations.[48] Van der Miesen et al (2020) have noted how specialised services such as gender-affirming care, have also been curtailed.[49] This has resulted in "delays or cancellations of medications, surgeries, and other supportive care" subsequently leading to severe mental health impact on transgender people across the world.[50]

Social and self-stigma has been another key obstacle to access healthcare services and facilities during the COVID-19 pandemic. This has long been a critical challenge for vulnerable populations who might not be engaging in HIV testing, leading some LGBT+ people to conceal symptoms for fears of being discriminated against in healthcare settings. Discriminatory practices emerging from healthcare staff have been noted as a catalyst of decreased adherence to health services among LGBT+ individuals, which the pandemic has worsened. This has also led some LGBT+ people to self-medicate and use non-scientific treatments to avoid visiting healthcare settings.[51]

4. Findings

Introduction

This section presents the findings resulting from online research conducted with participants in Indonesia, Nigeria, and Sri Lanka. In addition to the interviews and focus group discussions conducted, an online survey was completed by 71 respondents from countries including Indonesia, Mauritius, Saint Lucia, Sri Lanka, Mexico, India, Thailand, Australia, Aotearoa New Zealand, Hungary, UK, USA, and Bangladesh. The survey findings were used to identify some of the key issues impacting LGBT+ people across the world during the pandemic, which helped inform the questions asked during the focus group discussions.

Most survey participants (60.56%) were aged between 21-39 (28.17% between 21-29, and 32.39% between 30-39). Reflecting on their gender identity, a majority of respondents self-identified as male (69%, n=49), followed by a minority of 22.53% (n=15) who identified as female. A small percentage of participants identified as non-binary (5.6%, n=4), queer (1.4%, n=1), one participant (1.4%) said that they did not know how to identify, and one skipped the question. Most identified as gay or lesbian (53.62%, n= 37), followed by bisexual (18.84%, n=13).

Survey data demonstrates the major impact of the pandemic on LGBT+ advocacy. The vast majority of participants (78.88%, n=56) said that their activism activities changed because of the COVID-19 pandemic. When asked to describe the impact further, participants referred to challenges associated with the offline to online switch, mobility restrictions, reduced income, health concerns, and suspension of activities. As Figure 1 below illustrates, most survey participants (77.61%) agreed that the pandemic had negatively impacted the physical health of LGBT+ people around them (31.34% strongly agreed, and 46.27% agreed). The percentage was higher when asked about mental health: 85.72% considered that the pandemic had affected the mental health of LGBT+ people, as Figure 2 shows.

Figure 1. To what extent do you agree with the statement: "The COVID-19 pandemic has negatively impacted the physical health of LGBT+ people around me"?

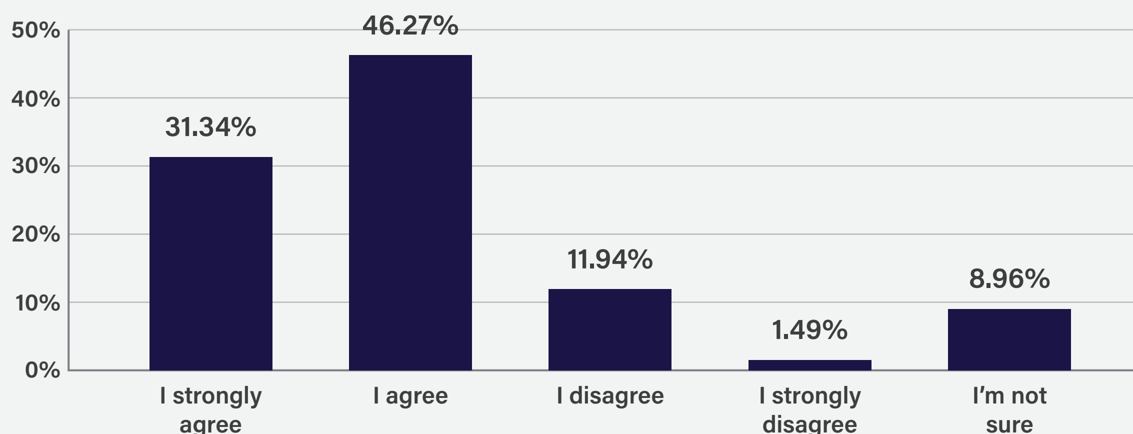
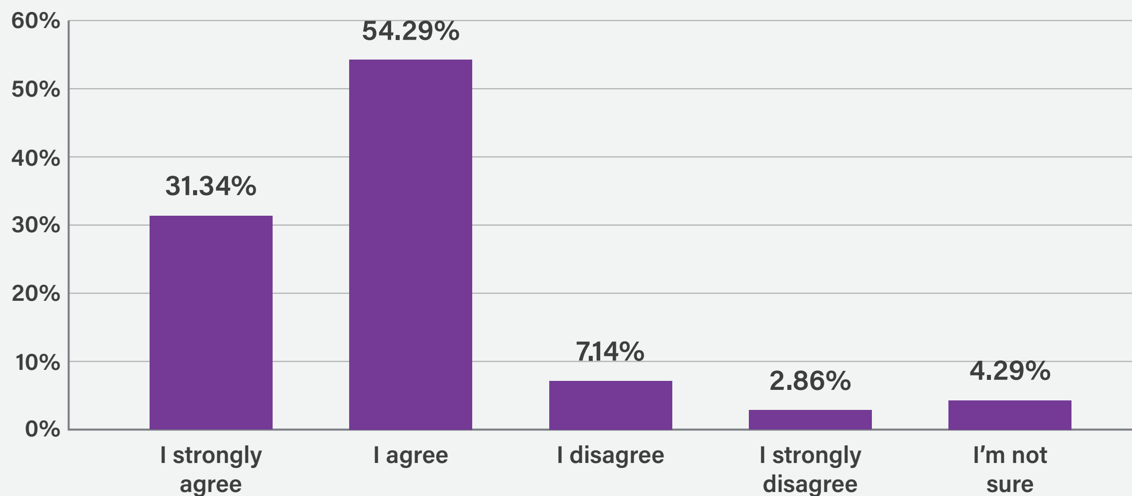


Figure 2. To what extent do you agree with the statement: "The mental health of LGBT+ people around me has deteriorated because of the COVID-19 pandemic"?



When asked about the main health issues LGBT+ people had faced during the COVID-19 pandemic, the top five challenges mentioned were 1) stress (74.29%), 2) anxiety (70%), 3) depression (64.29%), 4) loneliness (58.57%) and 5) eating disorders (28.57%). Interestingly, the focus was mainly on mental health issues. Participants emphasised how trans and non-binary people have experienced much higher levels of mental health distress than cisgender individuals, but did not indicate to what extent. A small majority of survey participants (48.57%, n=34) felt that LGBT+ people had been able to continue accessing healthcare services during the COVID-19 pandemic in their countries, in contrast to 45.71% (n=32) of participants who thought the opposite. According to survey participants, the main challenges that LGBT+ people faced in accessing healthcare services had to do with:

1. fears of encountering homophobia or transphobia (52.17%, n=36);
2. appointments being cancelled because of the pandemic (50.72%, n=35); and
3. a lack of resources to pay for health services (46.38%, n=32).

Following this introduction to the key themes emerging from the survey data collected, we go on to explore the general impact of COVID-19 in Indonesia, Nigeria, and Sri Lanka. Following this, our findings are introduced, which are divided into health and organisational challenges, followed by sub-sections to explore specific themes.

General impact of COVID-19 by country

Indonesia has been heavily affected by the COVID-19 pandemic. In fact, the rates of infection across the archipelago have been the highest across Southeast Asia.[52] The pandemic has especially damaged the country's economy, which showed a 5.3% reduction in GDP in the second quarter of 2020, the worst numbers since 1998.[53] This has led the government to revise the national budget multiple times since the crisis started due to rising expenditure and

decreased revenues. While this happened, an increasing number of people have been forced to live in poverty. In the middle of 2021, the COVID-19 crisis had led Indonesia's poverty rate to grow to 10.19%, the highest percentage since 2017.[54] This situation has impacted healthcare infrastructure developments across the archipelago, where some hospitals are still lacking access to clean water and electricity 24 hours a day.[55] By the time of writing this report, Indonesia started to see a downward trend in daily cases after the peak of Omicron cases in February 2022, and 60.2% of the Indonesian population had been fully vaccinated, 72.8% had received at least one dose, and 13.7% had received a booster.[56] A survey conducted by the Indonesian government in December 2021 to evaluate whether restrictions could be eased ahead of Ramadan revealed that an estimated 86.6% of the population had developed antibodies against COVID-19.[57]

Nigeria reported its first case of COVID-19 on 27 February 2020. Five months later, the virus had been identified across all its states. Nigeria has long had a shortage of doctors[58] who are underpaid,[59] healthcare has been underfunded,[60] and most Nigerians do not have health insurance, leaving the poorest with limited healthcare options.[61] Nigeria's poor healthcare infrastructure, with a workforce living mainly in urban settings in the southern part of the country where Lagos is located, already faced difficulties before the pandemic started.[62] From the early stages of the COVID-19 crisis, a number of challenges were identified when evaluating the government's reaction to the crisis. Insufficient testing capacity, the scarcity and sub-optimal implementation of epidemic metrics such as the virus reproduction number (R) to guide decisions, and early reduction of restrictive measures were key obstacles to the implementation of effective COVID-19 responses.[63] At the time of writing this report,[64] only 6.5% of the Nigerian population were fully vaccinated, 11% had at least one dose, and 0.4% had received a booster.

Even though Sri Lanka identified its first case of COVID-19 on 27 January 2020, the first major outbreak did not take place until mid-March 2020.[65] Some of the major challenges facing the Sri Lankan healthcare system identified by the World Health Organization relate to "inadequate government spending on health to match the demand for services resulting from the epidemiological and demographic transitions, increasing allocative efficiency and maintaining equity and quality of services, particularly at the primary care level".[66] Data from the World Bank shows that despite the expectation that Sri Lanka's economy would increase by 3.3% in 2020, the pandemic reduced its gross domestic product (GDP) by 3.6% as soon as 2020.[67] This has also led around 500,000 people to fall below the poverty line after the start of the pandemic, which analysts have described as losing "the equivalent of five years' progress in fighting poverty".[68] At the time of writing this report, 77.7% of the Sri Lankan population had received one dose of the COVID-19 vaccine, while 65.9% were fully vaccinated with two doses, and 36.3% had also been given a booster. [69]

Health challenges

Mental health challenges

General mental health impact

"The lockdown was one of the worst years of my life, I thought I couldn't breathe, I couldn't do anything at all, I felt so depressed, there was the fear of COVID because we didn't know what the disease and infection was, and also the fear of isolation and homophobia, there was an overlapping fear."

(Nigerian activist)

The mental health impact of the COVID-19 pandemic has been detrimental to the lives of people all around the world. In the three countries, isolation resulting from working from home and the lack of in-person contact was a source of mental health deterioration for LGBT+ activists. For the LGBT+ people they work for, returning to intolerant family homes, loneliness, and isolation from their community also led to major mental health issues.

Mental health issues were already a major challenge for LGBT+ individuals prior to the pandemic, which worsened during this health crisis. In Sri Lanka, activists and queer people in general faced similar challenges. The lack of professional opportunities was a major source of stress for some people. In Sri Lanka, as an activist explained, "small scale factories closed and reduced their staff, and many lost their jobs and had no sufficient income, which has an impact on mental health." For an activist from Nigeria, "with Covid, it got worse because we were confined at home and locked and stuck in an environment that was hostile to [us]." Another Nigerian activist said that, "during lockdowns, people could not escape, there was nowhere else to go, [you] had to be in the family home, you couldn't express yourself and we had so many reports, as a foundation we had to come out with webinars, meditation rooms on Zoom, on Club House, and we had to look for several avenues to reach out to LGBT+ people because they didn't have access to support, to their friends, some people were almost suicidal." An Indonesian activist described a growing interest on mental health during the pandemic saying that, "I saw an increase in awareness and interest in mental health during the pandemic and more resources than ever were available but there was still a huge unmet need." A queer Nigerian activist described, "the lockdown was one of the worst years of my life, I thought I couldn't breathe, I couldn't do anything at all, I felt so depressed, there was the fear of COVID because we didn't know what the disease and infection was, and also the fear of isolation and homophobia, there was an overlapping fear."

Research conducted in Indonesia with 5,211 participants (out of which 544, or 10.4%, identified as non-heterosexual) by the mental health charity Into the Light shows that 98% of all participants felt lonely in the middle of the COVID-19 pandemic. One of the highest percentages was found among non-heterosexual individuals (99.1%). Family members were the individuals most trusted by the participants (56.6%) when they had a psychological disorder. However, this percentage was much lower in the intersex, transgender, and non-binary (30.2%) and non-heterosexual (30.3%) groups. This difference reflects the possible low level of trust and support felt by LGBT+ people from family members. Non-heterosexual (30.5%) and HIV-positive (30.2%) people had a higher percentage of trust in the non-professional mental health community compared with the average of all participants (18.8%).

For many LGBT+ people, the pandemic led to changes in their accommodation situation, which also impacted their mental health. Some who lost their jobs or who had their education interrupted were forced to return to their family homes, sometimes having to live with homophobic relatives. For others, who managed to live peacefully with family members in rural areas, returning to the big city meant having to look for accommodation after having left their flats and facing discrimination when renting a room. When the pandemic restrictions eased and queer people returned to urban areas where they had left their previous accommodation, they faced renewed challenges to find a new place due to discrimination. Reflecting on the Sri Lankan context, an activist explained that, "especially for trans people, lesbians, and gay men with a feminine appearance, it was difficult to get accommodation when they returned to Colombo because many landlords didn't want to host them because of the stigma."

Across the three countries, activists described how queer people often had to live in unsafe queer-phobic home environments after leaving their regular locations and being unable to leave the house because of mobility restrictions. As an Indonesian activist said, "with the COVID restrictions and stay at home regulations, some young people who had come out to their families before but were not accepted by them had to go back home and they weren't well received, which increased their stress." A Nigerian activist explained how, "in Nigeria, even before the pandemic we already knew about mental health issues because LGBT+ are a vulnerable population, but with COVID it got worse because they were confined at home and stuck in an environment that was hostile."

Mental health impact of financial struggles

"Community members are frustrated because of the financial crisis, and they are willing to satisfy basic needs rather than their rights."

(Sri Lankan activist)

LGBT+ people across the three countries lost their jobs and experienced the financial impact of COVID-19, which had a subsequent effect on their mental health due to stress and anxiety. This was especially challenging for those engaging in sex work because of the implementation of mobility restrictions that made it difficult to work in the public spaces where they used to gather prior to the pandemic. This has led LGBT+ people who used to be vocal about their rights to be more concerned about meeting their daily financial needs. The financial crisis has created an advocacy crisis by decreasing the strength of queer voices. This is significant in the case of Sri Lanka, where a fuel crisis led the government to deploy troops as protests erupted among daily queues for scarce fuel.[70] Many queer people who used to attend events organised by local NGOs have stopped doing so because of changing priorities. As a Sri Lankan activist explained, "community members are frustrated because of the financial crisis, and they are willing to satisfy basic needs rather than their rights." This is particularly impactful for LGBT+ individuals from lower socioeconomic backgrounds, whose mental health has been further affected due to a lack of resources and intensified precarity. The decrease in activism and advocacy, fuelled by the inability to connect with each other, could also translate into the loss of previous political gains.

The current financial crisis in Sri Lanka has also impacted the physical spaces where queer activists used to meet, since the price of office spaces have increased now. This has pushed organisations to move to smaller offices where there is no space to socialise as they used to do before. This has had an impact on the mental wellbeing of queer individuals, who struggle to find spaces to socialise with their peers, increasing isolation. As an activist said, "we have less funds so we had to move to smaller office spaces, we used to use our offices as community centres for anyone to come and spend time and share their feelings, but less people can come to our office now." While there are currently no travel restrictions, which limited meetings during lockdowns, the reduced space and the fact that queer people may not have the financial resources to travel to offices, have reduced in-person contact. As an activist explained, "most of them [LGBT+ people] work day to day to make money and if they come to our office to share their feelings, that day they'll lose their daily income."

The financial crisis also translated into a mental health crisis in Indonesia and Nigeria. As the founder of an Indonesian mental health organisation explained, "there's an increased helplessness due to poverty especially among trans women." For transgender women sex workers, continuing their work amid lockdowns was challenging and this impacted their overall wellbeing. As another Indonesian activist explained, "some sex workers sold their bikes, people wouldn't eat, they were skipping meals, it was desperation, it was striking, I've never seen this abject hunger." As another said, "even before the pandemic they had less access to formal professions and they found it difficult to make a living, now doing sex work makes it easier for them to be raided when they are in public spaces, but if they don't do this work, they cannot meet their basic needs so there's a combination of vulnerabilities." As another Indonesian activist explained, "the worst part of this economic pressure is that none of the government decisions such as economic support focused on LGBT+ groups because they only focused on families." This led Indonesian activists to organise and provide resources to populations such as transgender women.

Conflict, violence, and health

Police brutality and militarisation during COVID-19

"How do I feel safe? You'll be a case for the police."

(Nigerian activist)

"There was a lot of police intimidation, and public gatherings were held with fear that the SatPolPP [Municipal Police] would impose a huge fine."

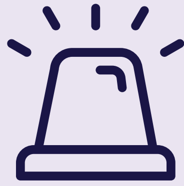
(Indonesian activist)

"This has affected trans people because they could be searched anytime, and I know of cases where they didn't have identity cards, and the police would go to where they were and say, 'oh, your card has a male name, but you are wearing female clothes', and asked them for money and then for sex."

(Sri Lankan activist)

The introduction of COVID-19-related restrictions has increased police brutality around the world, particularly affecting LGBT+ people.[71] Across Nigeria, Sri Lanka, and Indonesia, activists have described a range of queer-phobic practices emerging during the pandemic from police and military forces, which impacted their health.

In Sri Lanka, the increasing militarisation of the country during the government of Gotabaya Rajapaksa led to arrests of queer individuals, who have also been searched on the streets. As a local activist explained, "this has affected trans people because they could be searched anytime, and I know of cases where they didn't have identity cards, and the police would go to where they were and say, 'oh, your card has a male name, but you are wearing female clothes', and asked them for money and then for sex." As an activist explained, "on several occasions, trans women were told by Grama Sevaka [public officials responsible for the application of government regulations at the village level] that they were a curse to the world and that they were the reason why COVID had happened, that they would rot in hell." Another case of police brutality in Sri Lanka took place when a group of transgender sex workers had gathered in a private building since they could not meet on the street because of COVID-19 mobility restrictions. The police broke into their safe space and accused them of being in a brothel, which is against the law. One of the police officers asked the transgender women to have sex with him and threatened to arrest them if they declined to do so. Many other transgender women were also discriminated against by the police and the Grama Sevaka. For example, transgender people trying to obtain food and financial support from the government, which ordinary citizens could receive from the Grama Sevaka office, were forced to queue up for longer periods of time and were harassed by the police.



Sri Lankan activists described the example of a 20-year-old transgender woman sex worker who was caught meeting a client at a hostel. Upon arrival, the police released the client, but forced her to stay at the hostel for 14 days under quarantine because of COVID-19. She was held without access to food and water, which she managed to receive through community support groups.

In Nigeria, activists described how reporting violence to the police would lead to LGBT+ people being arrested rather than being supported. During the pandemic, the Nigerian police raided a hotel in Anambra, where "suspected gay men" held a party, and arrested them.[72] This was not related to COVID-19 mobility restrictions, since there were none in place at the time of the party. Instead, the police raided the party under the Same Sex Marriage (Prohibition) Act (SSMPA), which criminalises "making a public show of a same-sex relationship".[73] As a Nigerian activist wondered during a focus group discussion, "how do I feel safe? You'll be a case for the police." Activists described cases where men had been stopped by the police for wearing pink, and fears among women with a 'masculine' gender expression of being stopped by the police. As one of them said, "it's crazy, you have no protection… where do we go for safety, to feel safe, not even to be safe, but to feel safe, there's no safety." Similar events occurred in Indonesia, where the police raided parties during the pandemic, arresting men despite the absence of national anti-LGBT+ laws. As a local activist explained, "there was a lot of police intimidation, and public gatherings were held with fear that the SatPolPP [Municipal Police] would impose a huge fine." Some transgender women were arrested and brought to 'social camps' where they were held for up to two months under intimidation. In Jakarta, a police unit raided a private "gay party" of 56 men in 2020, arresting and charging nine with the crime of "facilitating obscene acts under the pornography law", which can carry a penalty of 15 years in prison.[74] Among those arrested, one died in jail.

Harassment, outing, bullying, and domestic violence

"There was a lot of cyber-homophobia during the pandemic. (…) Some people were outing others, publishing pictures, sending hate messages, threatening to kill them…"

(Nigerian activist)

The pandemic led to increasing levels of harassment, bullying, and outing of LGBT+ individuals, which ultimately affected their mental health. In Nigeria, numerous LGBT+ people were outed by family members and acquaintances. As a local activist explained, "before you know it, the information is out, during lockdown there was nothing else to do apart from gossiping and observing other people." As another said, "during the lockdown queer people were stuck at home, and they might leave their phone somewhere and someone would see their phones and find Grindr [an app mostly used by men who have sex with men], or people would be talking secretly to their partners, and someone might

find out about their relationship and out them." For people who remained secret about their gender and sexuality, the fear of being caught and outed led to situations of stress and anxiety. Across the three countries, queer people were blamed for the fact that the pandemic had occurred. During our international group discussions, attendees agreed in highlighting this aspect. As a Nigerian participant said, "there was this rhetoric spreading that queer people were the reason why the world was gonna end and why COVID-19 arrived, so imagine the impact of this on people who are not confident to be themselves."

In Sri Lanka, activists described how the shift to the digital world led to an increase in anti-queer cyber-violence during the pandemic. While in 2017 there were around 4,000 reported cyber-violence cases, this increased to 16,000 during the pandemic.

Due to the increasing use of new technologies, activists have faced the emerging threat of cyberbullying and cyber-harassment during the pandemic, which impacted their mental health negatively. In Indonesia, openly queer people were attacked on social media and forced to shut down their online profiles. In line with this, the excerpt below from Nigerian activists speaking during a focus group discussion also demonstrates the impact of these forms of harassment in their country:

A: I wanna talk about trolling during the pandemic against LGBTIQ+ people, especially for those who are openly queer.

B: Oh my God, don't say...

C: There was a lot of cyber-homophobia during the pandemic. There was an increase of cyber-activism because people were using social media to speak about these issues and it was bad from the homophobic side, lots of cyber-violence, a lot of bullying... Some people were outing others, publishing pictures, sending hate messages, threatening to kill them...

A: I wanted to pull that out because that in itself had a very bad triggering effect for queer people, queer people always want to be in a safe space, you guys are very vocal in social media and you want to be part of their activities, but you can't, and I started getting messages recently in my inbox... and it's just funny because in everything we wanna do as queer people is to identify with each other because we need the support for people who understand and go through the same things and what we want is unity when we are in social media but you see this cyber-violence and it's very demoralising. People are afraid, they live in fear, people might reveal where you live, people have waited for others outside their own house and had to flee to stay somewhere else throughout COVID.

As happened among cisgender and heterosexual couples,[75] the pandemic also led to increased levels of domestic violence and abuse among LGBT+ individuals in the countries of focus. In Sri Lanka, violence was more prominent among transgender people during the pandemic. Many of them could not access government services because they did not have an ID card, regardless of whether or not it would reflect their

gender identity. In Indonesia, research conducted by the LGBT+ organisation People Like Us Satu Hati[76] and Crisis Response Mechanism[77] revealed the impact of the pandemic on increasing levels of domestic abuse. A study in five Indonesian provinces during the pandemic showed that the LGBT+ community in Indonesia – especially transgender people – were the target of physical and non-physical violence by the community; including robbery, stabbings, and domestic violence perpetrated mainly by partners, family members, and neighbours. In Sri Lanka, an activist described how, "within LGBT+ couples, when you don't have income, when you don't have your friends, when you lose your network, that has an impact on you psychologically, and we have seen that there have been a lot of violence among same-sex partners being at home, isolating." In Indonesia, activists discussed the cultural concept of 'torok,' which is used to describe relationships based on economic motivations that activists have identified among transgender women dating cisgender men. As one of them explained, "we saw increased violence within these couples, where trans women were abused." This was also the case in Nigeria, where an activist noted how, "sexual and domestic violence emerged when queer people were put in a position where they had no choice on where to go and were caged with abusive partners."

Conversion therapy

"During the pandemic we had so many cases of people who went through conversion therapy, and we managed to get a Parliament member to demand the government to stop these practices."

(Sri Lankan activist)

Conversion 'therapy' has been defined as a variety of "unscientific, discredited and harmful heterosexist practices that attempt to re-align an individual's sexual orientation, usually from non-heterosexual to heterosexual" (Bradfield 2021).[78] Such practices have also targeted trans and non-binary individuals, aiming to 'align' their gender identity with the sex they were assigned at birth through traumatic practices. This has been condemned by the United Nations as a form of ill treatment and torture.[79] Conversion 'therapy' has an obvious negative impact on the mental health of LGBT+ people, and can sometimes impact physical health.[80]

The impact of the pandemic in forcing queer people to go back to their family homes has led to increasing rates of conversion therapy. In Indonesia, many transgender women were attacked because of their gender expression when returning home, seeing themselves as forced to adhere to normative gender expressions. In Sri Lanka, an activist described how, even though "the government hasn't promoted conversion therapy, some people run their own private clinics and they do conversion therapy." As he explained:

During the pandemic many people had to return home and live with family members, and we heard so many issues, people doing rituals or brought them to a mental hospital or to psychiatrists to bring them back to normal, and there were also indigenous people using ayurvedic medicine and saying, "your son, your daughter isn't normal, and I can make them normal", to make money, and rural people are close to each other and they always come to your home. During the pandemic we had so many cases of people who went through conversion therapy, and we managed to get a Parliament member to demand the government to stop these practices.

This situation was similar in Nigeria, where queer people were forced to undergo sessions with religious figures seeking to change their gender and sexuality. As an activist explained, during the lockdown "some queer people were outed by their parents and their living condition was really bad, there was a lot of conversion therapy, which was increasing because family members discovered that someone in the family was gay or queer… it was a very bad period."

Access to health services and products

"If you wanted to deliver medicines or bring someone to be tested for HIV to a clinic, you needed PPE, but outreach workers were reusing masks and didn't have access to PPE."

(Indonesian activist)

Across the three countries, safe healthcare spaces targeting LGBT+ individuals paused their services or completely disappeared. While this happened, many LGBT+ people avoided visiting regular clinics and hospitals for fear of discrimination. In the city of Yogyakarta (Indonesia), at least 18 transgender women died during the pandemic because they were malnourished. As a transgender woman activist explained, "many suffered from depression and comorbidities, such as heart attacks and strokes, which were triggered by the difficult economic situation."[81] Access to medicines was also a challenge for many queer people. This led some organisations in Sri Lanka to provide antiretroviral therapy (ART) to people living with HIV (PLHIV), and hormones to trans individuals. As an activist explained, "it was very stressful for community members, and there were organisations that provided hormones to their doorstep, since many people didn't want to go to community clinics because of discrimination." In Sri Lanka, activists described how medication prices have skyrocketed. As one explained, "we have witnessed increasing prices of medicines that community people cannot afford, and this is getting worse now." This has led trans people to be unable to access hormone treatment leading to the emergence of a black market. Worrying examples of challenges faced by transgender women were given by activists in Sri Lanka:

Some people couldn't access treatments for months and they chose the gender assigned at birth… They detransitioned because they couldn't deal with it anymore, with the system, society, lack of hormones, they got frustrated and they had to go back to being a man because this was too painful and difficult to them. This situation with hormones is still happening now.

The pandemic led to different levels of access to healthcare services depending on the financial resources of citizens. As a Sri Lankan activist explained, during the second wave, "there was

no space in government hospitals, so people had to go to private hospitals, and many didn't have sufficient money to pay for them." In Indonesia, community health clinics known as Puskesmas were overwhelmed by the number of patients. As an activist described, "during the Delta [variant] period in Indonesia, the Puskesmas limited the number of patients and their opening hours." Additionally, the introduction by the Indonesian government of the Community Activities Restrictions Enforcement (in Indonesian, PPKM) brought a cordon sanitaire that limited the mobility of citizens, which impacted their capacity to access healthcare services. As an activist said, "we weren't allowed to go out, and this was a problem for us because we couldn't meet the communities; every village's access was closed and they had a guard so if I needed to bring food to my communities, I had to give it to the guard and then they'd distribute to the people, but I couldn't talk to the communities." For people fearing discrimination, this added an extra layer of isolation.

In the three countries, some organisations managed to deliver medication during the lockdown, but people living with HIV in difficult to access locations struggled to access antiretroviral treatments (ART), while transgender men and women could not access their hormone therapy. As a Nigerian activist explained, "I heard about people doing delivery of ART, but I also know that there was a limited amount because even those who got it didn't have enough, there were issues with proximity, organisations couldn't reach others who were far away, and some trans people said they couldn't use normal hormonal drugs, so they used locally sourced drugs instead." Challenges to accessing medication affected over the counter drugs, which were difficult to find in the three countries during the pandemic.

In Indonesia, activists in Bali, Jakarta and Yogyakarta described how people living with HIV were not able to access their drug regimens because of ART shortages. This meant that they were given other combination therapies that were not the same ones they would have taken before the pandemic started. As an activist explained, "people had to change their type of drug regime into something else and this affected them from feeling okay into experiencing side effects."

The pandemic also led to a disruption of STI services across all countries. For example, Indonesian Puskesmas clinics (which offered free of charge STI checks pre-COVID) stopped doing so and asked patients to only see a doctor if they started presenting symptoms. Additionally, the pandemic and the lack of interest of the Indonesian government in purchasing condoms have led to condom shortages in the Indonesian HIV Programme. As an activist explained, "it's not an economic issue because the government is paying for ART but it's a moral issue that they don't want to pay for condoms." This has led to a paradoxical situation, as a participant explained:

There's zero condoms but there's still training for outreach workers and donors are funding trainings on HIV prevention, which is funny, it's truly a crisis especially if you're a sex worker and you have to buy condoms, I just don't know what to say about this, it's

appalling and it's not getting media attention.

During the focus group discussion, one of the participants described how services previously offered at 'hotspots' where MSM meet in person could not be delivered. As he explained, "people were not allowed to gather and that's been hard for HIV work to encourage people in the community to have STI checks, everything has gone online, and our outreach staff has been using gay apps now… from hotspots they turned to Grindr and Growler [apps commonly used by men who have sex with men] to get in touch with people in the community." The class implications of this should be considered since individuals from lower socioeconomic backgrounds have been the most impacted by the absence of in-person outreach services.

Challenges were also identified in relation to the everyday realities of community health workers providing key services to vulnerable LGBT+ individuals such as those living with HIV. For example, these workers faced difficulties in getting tested for COVID-19. In Indonesia, public testing was low, and citizens often had to pay for expensive PCR tests. This affected community healthcare workers providing services for vulnerable LGBT+ individuals, who could not be tested for COVID-19 for free. As an activist said, "you had symptoms and you wanted to be tested but you didn't have access to tests and had to pay from your own pocket even if you were a healthcare worker." There was a lack of support towards community health workers from the government, which increased mental health issues leading to the suicide of one of them, while another died of COVID-19 because of the lack of PPE. As an activist explained, "if you wanted to deliver medicines or bring someone to be tested for HIV to a clinic, you needed PPE, but outreach workers were reusing masks and didn't have access to PPE."

Access to healthcare services has also been affected by a dependence on family members created by national health systems, as is the case in Indonesia. As a health expert explained, "there are gatekeepers to access healthcare services such as parents, in Indonesia the national health insurance scheme is family-based so your insurance card is related to your family, and young queer people who are studying have to go through their parents to access healthcare, which leads to problems when explaining why they want to see a doctor."

Access to COVID vaccines

"For trans people there has been a lot of discrimination in accessing vaccines. In the North of Sri Lanka, a lot of trans women were harassed when they went to get their vaccines."

(Sri Lankan activist)

Conversations with activists in the three countries revealed that LGBT+ people have been eligible to receive COVID vaccines, but lack of ID cards, discrimination, accessibility issues (such as transportation to vaccination centres) and misinformation have emerged as challenges in accessing vaccines. For example, in Nigeria, an activist noted how, "there is a fear about the COVID vaccine among trans people and I know people who have refused to take it because there's no research on the interaction with hormone treatment." This was in line with the words of a Sri Lankan activist, who said that "some trans people were worried about the impact of vaccination on their hormone

treatments and we encouraged them to know there's nothing wrong." For LGBT+ activists, this led to devoting time and resources to build trust among queer individuals and address their vaccine hesitancy by providing accurate information aiming to persuade them to take it on the basis that it would benefit their health and wellbeing.

Reflecting on accessibility, a Nigerian activist said that:

The vaccines are given in designated spots and you can go and try to get it and they don't ask you for an ID card, or any of that information, but the challenge is for people who are gender diverse and nonbinary, outside the cisgender spectrum, it's difficult for them, it's not so available because you don't have this vaccination centre everywhere but only in specific places, and there's a lot of misinformation.

Examples of discrimination were also presented by Sri Lankan activists. As one explained:

For trans people there has been a lot of discrimination in accessing vaccines. In the North of Sri Lanka, a lot of trans women were harassed when they went to get their vaccines. They didn't get the vaccines because the people there were rude, disrespectful and were discriminating them, and the word spread and they said to other trans friends, "don't go to this place", and that's very messed up because that's impacting access to vaccines, around 12 people I know didn't wanna go get their vaccines to avoid being harassed.

In Indonesia, LGBT+ people have had difficulties accessing vaccines because of not having a national ID card (KTP). This has led charities to support groups such as transgender women and homeless people to receive them. For example, the charity Kebaya in Yogyakarta supported transgender women to reach the vaccination centres by paying for their transportation. Not being able to get the vaccine reduces the mobility of sexual and gender minorities. As an Indonesian activist explained, "if you have no vaccine, you can't go anywhere, you can't enter government buildings, we have an app and it's a challenge if you have no smartphone, if you wanna travel outside your city you need at least a single dose."

National identity cards

"The trans community have faced issues around their identity card document, now it takes three years of waiting time to get the gender certificate and that's very frustrating for them."

(Sri Lankan activist)

The lack of national identity cards emerged as a barrier to accessing healthcare services especially in Indonesia and Sri Lanka. In Sri Lanka, this was a major issue for transgender individuals. As an activist explained, "the trans community have faced issues around their identity card document, now it takes three years of waiting time to get the gender certificate and that's very frustrating for them." In Indonesia, a key challenge in accessing healthcare services related to difficulties in obtaining a KTP, the Indonesian term for national identity card, which is required to see a doctor. This is especially impactful for transgender women, known in Indonesia as waria, many of whom move across different cities because of discrimination and harassment, leaving behind documents such as the surat keterangan asal (certificate of origin)

which is needed to obtain a KTP. When I asked activists about the impact of this on transgender men, I was told that identifying as such is a more recent phenomenon in Indonesia, which has led to a reduced willingness to obtain ID documents. This is also linked to social class, since those transgender men who have more information on gender issues and speak publicly about their experiences often have a more secure economic situation than waria. As an activist said, "self-identifying trans men are often a more privileged group, different from the waria community." Lastly, there is very little research on the needs of transgender Indonesian men in contrast to existing reports on those of transgender women.

The most recent data, gathered in 2017, revealed that in the city of Yogyakarta 200 waria out of a total of 325 did not have a KTP. The Jakarta-based LGBT+-rights NGO Suara Kita has supported waria to obtain KTPs in different cities, which is a step towards providing them with access to services. The absence of this document also means that these individuals cannot get a driving licence or open an account at the bank. As one of the Indonesian activists interviewed for this research explained:

> The process to get a KTP is long and difficult. You need to go to the Department of Population and Civil Registration, but a lot of transgender women have experienced discrimination there, because I have seen it. For example, in late 2021, I assisted a transgender woman to get a KTP, when I went there, I felt there was discrimination because she was called using a masculine name. They told me to call the village leader, because they wanted his opinion on whether she could get a KTP, and they provoked him to not accept her. While before this meeting, the village leader was okay with her, after the provocation he changed his mind.

From a human rights perspective, it is crucial that all citizens – LGBT+ or not – are provided with national identity documents that correctly reflect their identity, to respect and recognise their rights as human beings.

Lack of awareness of LGBT+ issues among healthcare workers

Research conducted by the Indonesian mental health charity Into the Light shows that 75.6% of non-heterosexual participants in their study expressed that they were "very concerned" about the attitude of health workers to their gender diversity and sexuality.

Across the three countries, participants described the need for healthcare workers to improve their knowledge and awareness of the realities and needs of LGBT+ individuals, which has impacted their access to services during the pandemic. This is an issue that was present before the pandemic started, but the challenges brought by COVID-19 have revealed the need to implement educational programmes on service provision to the most vulnerable communities, who are often discriminated against by healthcare workers. As an Indonesian health expert described, "the Indonesian healthcare community is still gender-blind, I feel that there's still not enough gender awareness and this doesn't only impact queer people but also cisgender heterosexual people like women and girls because there's

no understanding of how gender can impact people's lives." This lack of knowledge is impacted by issues around the regulation of sexuality in Indonesia, which occurs through what Holzner and Oetomo call "legal–moral mechanisms that allow sexuality in marriage but deny sexual activity in non-married" individuals.[82]

As the Indonesian health expert explained, activities designed to increase knowledge on these issues are not always welcomed by healthcare professionals, who see them as a channel to spread the "gay agenda". This has led to the persistence of homophobic and transphobic attitudes among health workers providing services to LGBT+ people living with HIV.

Insufficient information among activists to ensure the wellbeing of LGBT+ individuals

"When the pandemic reached Indonesia, we realised we didn't have any mitigation preparation, we weren't ready for that."

(Indonesian activist)

"We need research to be done into the wellbeing of LGBTIQ+ individuals since people will have diverse experiences, so when there is a support that needs to be given this has already been identified from this research".

(Nigerian activist)

Participants across the three countries all raised a range of challenges brought by the COVID-19 pandemic regarding health-related information, including a) the lack of information on pandemic mitigation strategies and on how to react to the challenges brought by COVID-19, b) the lack of information on the impact of the pandemic on LGBT+ people in their countries, and c) the increasing emergence of fake news and hoaxes regarding COVID-19.

Most activists considered that the start of the pandemic caught them unprepared and that they did not receive enough information on how to react to the crisis from their governments. As an Indonesian activist said, "when the pandemic reached Indonesia, we realised we didn't have any mitigation preparation, we weren't ready for that even though we had all these mitigation measures for natural disasters, we weren't ready, neither the government nor organisations, we didn't know what to do." The lack of information provided by the governments contributed to increasing confusion among activists and citizens. This situation led many to look for information online, even though they could not verify whether it was accurate or not. As an Indonesian activist said, "we only had information from the Internet because the government didn't share information or [do] things properly."

In addition to the lack of information regarding how to behave during the pandemic, activists also raised the absence of information on how to access healthcare services, which increased confusion among queer people regarding the care they could still receive. A Nigerian activist said that this was already a challenge before the pandemic stating that, "we have people living with HIV and at the hospital sometimes they are clueless, they don't have the drugs required or information on their needs."

A Nigerian health expert who had been involved in conducting research for Nigeria's Federal Ministry of Health on HIV and STIs (with a focus on MSM and trans women) emphasised the lack of data on the needs of LGBT+ Nigerians. As he explained, "one of the key challenges is the issue of data, we are trying to get data on MSM and transgender people, but there hasn't been an effort to study the challenges faced by lesbians and bisexuals, so there's a lack of data."

Activists also agreed on emphasising that there is a lack of information regarding the impact of COVID-19 on LGBT+ people in their countries and raised the need to dedicate funding to conduct research on this. As a Sri Lankan activist explained, "some community organisations have tried to do some research, but we can't get valuable information at the grassroot level because many people don't use social media and smartphones, we get some information, but it is not enough, it's just from people who use social media." In Nigeria, an activist shared a similar line of thought, stating that, "we don't have enough data and support from the government to do so, and for us to have an understanding about the LGBT+ community we need research." As she explained, "we need research to be done into the wellbeing of LGBTIQ+ individuals since people will have diverse experiences so when there is a support that needs to be given this has already been identified from this research".

This lack of data has led to a lack of recognition of the vulnerabilities facing these groups, resulting in an absence of tailored services. As the same activist continued, "once we get data on the numbers and needs of LGBTIQ+ people, we can then use it for advocacy and resource mobilisation and programmes and interventions, so the key thing is to get data for this group."

Lastly, another aspect that participants in this research raised as a challenge during COVID-19 had to do with the increased emergence of fake news. This had led many LGBT+ people to believe news that was not true about COVID-19. For example, an Indonesian activist said that "this is a challenge for activists, lots of people don't believe in COVID-19, not only marginalised people but also richer people, and that's a challenge to give understanding to the communities to access." This was also an issue raised by Nigerian participants when reflecting on the COVID-19 vaccine. As one of them said, "when I told my parents I got the vaccine they were angry, and there are a lot of queer people like that because of misinformation which is really messing out their minds."

LGBT+ organisational challenges

Change in activities and impact on programmes

"As a foundation we had to come out with new activities and change what we had planned before, we got a grant for LGBT people who needed support and I have never seen, since I joined the foundation, this amount of applications coming, I didn't even realise that there were so many queer people in Nigeria with these needs."

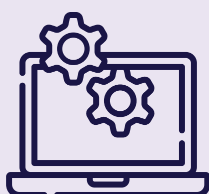
(Nigerian activist)

The diverse challenges explored so far forced activists to rethink their approaches, leading to increasing workloads, which acted as a burden impacting both their previous advocacy priorities and their mental health, increasing stress and anxiety among charity workers and community leaders. Across the three countries, the pandemic caused an interruption to the programmes previously planned by LGBT+ organisations. This was due to several reasons: because of the interruption of funding that did not allow activists to implement activities they had designed prior to the crisis, but also because of the introduction of mobility restrictions, which led to a complete absence of in-person meetings. An Indonesian activist explained that "we had to make revisions to the whole programme with the funder and every offline meeting had to be changed into online but for programmes with marginal communities we weren't able to meet them online because of limitations."

The lack of in-person contact was raised as a key challenge by activists across the three countries. A Sri Lankan activist said that "most of the workshops that we planned to do physically had to be switched to online platforms." This posed a challenge for many LGBT+ people, some of whom did not feel comfortable sharing experiences online because of fears of being identified as queer by external people. Additionally, many people did not have the technology required to join the activities, especially those who had no access to laptops, tablets, or smartphones, or good internet connections in rural areas. As a Sri Lankan interviewee explained, "we have done some trainings online, but it has not been very successful because not everyone has the skills to access virtual training, the younger generation is okay with it, but older people are not familiar with virtual training." An Indonesian activist explained that "we have faced difficulties to organise activities, when the pandemic started there was caution and meetings had to go online but it had limitations, Internet connection is not even in all parts of Indonesia and many activists in remote areas don't have computers, so they access things through their mobile phones and quality isn't always good."

The pandemic had an impact on advocacy by shifting the priorities that LGBT+ activists and non-activists had before the crisis, which has weakened previous efforts to fight for their rights. For example, in Sri Lanka, the previous focus on challenging sections of the Penal Code that have traditionally allowed for the prosecution of LGBT+ individuals has now

switched to prioritising everyday support to vulnerable communities. The situation has evolved and at the time of writing this report, activists started implementing a hybrid model to continue lobbying towards decriminalisation while supporting those in need. In Indonesia, LGBT+-rights advocacy efforts switched to providing food to the community. As a local activist described, "we were working towards changing legislation, but we realised we couldn't do much during the pandemic, so we focused on providing vulnerable people with food, a monthly allowance and accommodation after they lost their job… we had to change our advocacy priorities."



During the international focus group discussion, all participants highlighted three key challenges brought by the new online scenario. Firstly, the lack of skills in using technology among older queer people. Secondly, the extra time required to organise meetings because of technical problems and connection difficulties. Thirdly, people have been more reluctant to speak online.

Despite the challenges, activists in the three countries quickly adapted to a new online environment after a period of confusion at the start of the pandemic. Online information dissemination and webinars provided safer spaces for some people who had previously expressed concerns about attending events physically. However, this also made it harder for those without the required technology, internet connection, and skills required to use smartphones. In Indonesia, LGBT+ activists valued the visibility of online influencers who had started using apps such as TikTok to connect with LGBT+ people by being open about their queerness. As an activists explained, "they started doing more queer content and they were quite open about their sexuality and spent more time online during the pandemic, sharing queer jokes, and love experiences".

"The lack of understanding among donors… they were funding an organisation and they had an outreach worker dying and they didn't even know about it or think they needed PPE. The organisation was so afraid of the donor, so they didn't want us to write about it. It was just in their face, and they had webinars about online education while they had staff they killed because they put them at risk trying to save lives."

(Indonesian health expert)

A lack of understanding among donors on how the COVID-19 pandemic had impacted the capacity of activists was raised by research participants as a challenge. This had to do with the fact that many could not switch all their activities to take place online, which donors assumed to be possible, focusing more on targets than on achievable goals. As an Indonesian participant said, "it was like how many people have you reached to share HIV

information, instead of treating what their issues were, and they thought you could just do that online, they did not want to see what was on their face." Additionally, some organisations did not receive funding to purchase protective equipment for their outreach workers, which had catastrophic consequences for some of them. In Indonesia, an outreach worker died of COVID-19 because of not being able to access the PPE needed. As the participant said, "I was very angry when the outreach worker died, and I thought we had to go back to the donor and scream and shout but that was the only source of funding for the organisation so we couldn't even write about it." The activists who have contributed to this report are community organisers, who should be supported in the current stage of the pandemic by both policymakers and donors through funding towards post-COVID projects that contribute to their wellbeing and resilience while they try and return to their pre-COVID advocacy activities.

Emergency support initiatives

"Many people didn't have money to support their children for education and sometimes people who were still studying had no income, so we helped them."

(Sri Lankan activist)

The pandemic has led LGBT+ activists across the three countries to organise in new ways to provide support to those most in need by providing food, money, and medicines. The vast majority of challenges were linked to socioeconomic issues and class. For example, activists in Nigeria acknowledged that most issues, including the health-related challenges explored above, were ultimately related to financial issues. Scholars have long discussed whether the middle- and upper- class have been essential for the emergence of LGBT activism in non-Western countries.[83] With this, they have explored how in many countries such movements have been the product of educated, economically stable sectors of society who had the required resources to develop their advocacy (e.g., financial resources, time, language skills, connections). In Indonesia, for example, it was upper-class educated lesbians that started lesbian activism, reacting to government measures to control citizens' sexual behaviours more than 30 years ago.[84] What the COVID-19 pandemic has illustrated, in some of the contexts explored in this report, is that it was mainly activists from higher socioeconomic backgrounds that mobilised resources (including their own personal ones) to support those in need

In Indonesia, the transgender community took advantage of their pre-existing Waria Crisis Center (WCC) in the city of Yogyakarta to provide alternative services. Yayasan Kebaya, a charity supporting waria living with HIV in Yogyakarta, started providing food and resources to elder waria and waria living with HIV. The organisation has provided transgender women who could not engage in their regular professional activities with food and resources to survive during the pandemic. A transgender woman supported by the WCC said that she was grateful for the support received but emphasised that "there has been absolutely nothing from the government".[85] An Emergency Covid Crisis Solidarity fundraising campaign in Indonesia raised almost £10,000 during the pandemic, which was distributed among vulnerable LGBT+ individuals through the work of activists located in West, East, and Central Java. As a local activist

explained, "we provided support in 21 cities in all Indonesia and around 1,000 people working with 17 organisations."

In Sri Lanka, activists secured funds from international organisations to support LGBT+ individuals. Additionally, some of these activists used their own personal savings to support people in need, such as those who could not access medicines. Amid mobility restrictions, the activists managed to get permission from the government to distribute food among LGBT+ people in five different districts in Sri Lanka. Also in Sri Lanka, one of the organisations consulted provided additional services in three areas. Firstly, it offered support for LGBT+ individuals to start new businesses after the worst of the pandemic by providing knowledge, training, and financial resources through loans, reaching around 400 community members. Secondly, it supported members of the community and their children with funding to continue their education. As an activist explained, "many people didn't have money to support their children for education and sometimes people who were still studying had no income, so we helped them." Lastly, the organisation delivered support with accessing healthcare services, COVID-19 vaccines and implemented new befriending services to support individuals undergoing mental health issues. As they explained, "we gathered information from communities and brought them to the healthcare services so we could facilitate receiving the vaccine."

5. Conclusions and recommendations

As this report has shown, in Indonesia, Sri Lanka, and Nigeria, the COVID-19 pandemic has disproportionally impacted LGBT+ individuals and, specifically, those living with HIV, sex workers, transgender individuals, and those living below the poverty line. This has been especially felt in relation to a decrease in the financial resources of those who lost their jobs, as well as regarding healthcare services, which those from lower socioeconomic backgrounds struggled to access. Discriminatory laws, and difficulties in obtaining national ID cards, have also made it difficult to receive care. This points to the need to apply an intersectional approach to better understand the needs of the most discriminated against within the LGBT+ population in order to protect their rights as human beings.

In what follows, we introduce a range of recommendations that governments and policymakers should implement in order to ensure that the human rights of all citizens are protected, including those of people with diverse SOGIESC.

Legislation

Nigerian, Sri Lankan, and Indonesian law and policymakers: Review and reform all legislation to remove any discrimination on the basis of SOGIESC.

Foreign law and policymakers: Support their Nigerian, Sri Lankan, and Indonesian colleagues in the process of legislative review and reform.

Discriminatory laws were challenging before the pandemic, and their existence further hindered any initiatives to protect public health in general during the COVID-19 crisis. As a first step towards the inclusion of LGBT+ members of society, all three governments should review and reform legislation that is currently used to discriminate against their citizens. Nigerian, Sri Lankan, and Indonesian lawmakers and policymakers should also take steps towards the protection of LGBT+ individuals by enacting laws that protect their human rights and criminalise discrimination. Considering existing legislation restricting the work of LGBT+ CSOs in Nigeria and Sri Lanka, they should review and reform such laws to ensure that the human rights of LGBT+ individuals are protected. While this is done, foreign lawmakers and policymakers should also support their colleagues in the three countries to maximise efforts to review and reform discriminatory legislation.

Health-related issues

Health ministries: Review and reform healthcare services and provision through legislation, policy, and education to prevent discrimination on any grounds in line with international human rights obligations and the inclusive right to health.

The Nigerian, Sri Lankan, and Indonesian health ministries should urgently make their healthcare systems more accessible to all their citizens, including LGBT+ people, who are often discriminated against. Furthermore, they should ensure that healthcare provision is included in disaster preparedness plans and that rights to equality and freedom from discrimination are upheld.

Civil society organisations working with excluded groups should employ rights-based intersectional approaches to improve healthcare interventions.

Working intersectionally with organisations across different sectors can maximise the efforts of activists. These coalitions should include local influential stakeholders such as religious leaders, as some organisations have started doing in the countries explored. Reflecting on power structures, drawing upon local and values and experiences, and implementing rights-based approaches can contribute to maximising access to healthcare services among queer populations.

Education and training

Relevant government ministries, national medical institutions, and higher education institutions: Ensure that training for all health professionals is designed through human rights frameworks to include materials on non-discrimination, health needs, and diverse realities of LGBT+ individuals, by working with LGBT+ individuals and activists.

Considering the widespread lack of knowledge among healthcare professionals on the (unmet) needs of LGBT+ people, more queer-affirmative training is required, and should be provided by organisations led by people of diverse SOGIESC. This is especially significant considering the increasing levels of conversion therapy in the countries explored, and the support of some medical professionals of such practices. Universal access to sexual and reproductive health services should be ensured. Additionally, training should be made available to healthcare professionals providing such care.

Ministries of Interior: Train police and administrative officers to increase their knowledge and awareness of the realities of LGBT+ individuals by working in solidarity with LGBT+ individuals and activists.

Police harassment across the three countries and discriminatory practices at the urban and rural levels require urgent action by the Nigerian, Sri Lankan, and Indonesian Ministries of Interior. The current training syllabus for public workers should be modified to include specific education about the realities of LGBT+ individuals. Alongside this, police and administrative officers discriminating against LGBT+ citizens should be prosecuted to maximise accountability since discrimination is a violation of human rights.

National governments and national human rights institutions: Develop intersectional and cross-sectional approaches to equip all relevant segments of the population with skills on disaster preparedness work.

Disaster preparedness includes a range of actions implemented by various actors, such as governments, NGOs, local communities, and the public, to better react to disasters. Governments should include LGBT+ people in this process, considering the key role they have played during the pandemic.

National governments and donors: Ensure investment in comprehensive sexual education curricula.

Across the three countries, educational curricula contain limited information on sexual and reproductive health. It is recommended that governments and donors devote funding to increase the sex education training of young students, who often access unverified online resources that create confusion rather than understanding.

Funding

International donors/organisations: Provide multi-year core grants and move away from project-based models. Establish trust-based partnerships to fund grassroots-level organisations by considering their local agendas and objectives for the building of better communities for LGBT+ people.

It is recommended that international donors increase the provision of core grants that recipients should be able to access without restrictive policies. Instead of offering specific project-based funding with rigidly defined objectives and timeframes, core funding would allow organisations to combine these funds with their overall budget without obstacles, providing stability, allowing innovation, increasing flexibility, and enabling longer-term planning than short-term projects allow them to do. International donors should also consider the difficulties that non-registered organisations working on LGBT+ rights face in accessing funding, implementing alternative processes based on trust and revising their funding criteria. This should include co-designing calls for proposals in conjunction with activists.

International organisations: Develop a more strategic approach including funding research to identify the health needs of LGBT+ people.

This research project has revealed a lack of information on the health needs of LGBT+ individuals in the contexts explored (despite efforts devoted by local organisations to gather data), and the need for LGBT+ activists to secure funds to conduct need assessment studies. The absence of in-depth analyses and data hinders their efforts to provide health interventions tailoring services to the needs of LGBT+ people, due to their unknown nature.

International donors/organisations: Create more opportunities for strategic collaboration and knowledge exchange at the national and international levels.

In order to create and strengthen alliances, it is necessary to provide opportunities for strategic collaboration between LGBT+ organisations both at the national and international level, providing funding to develop such networks. Where possible, it is recommended that these networks and alliances are built considering the environmental impact of in-person gatherings.

International donors/organisations: International donors and activists should work in solidarity to develop COVID exit strategies that are considerate of the wellbeing and resilience needs of local activists.

International donors should continue to work closely with activists to develop post-COVID exit strategies. COVID-19 relief funds should continue to be provided to LGBT+ organisations who have struggled to assist vulnerable LGBT+ individuals. These funds should consider the need to support activists who have re-orientated previous programmes to deliver emergency services. Investing in their wellbeing should be central to funding programmes.

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Terms and acronyms	
Intersex	Intersex is an umbrella term used to describe a wide range of innate bodily variations in sex characteristics. Intersex people are born with sex characteristics that do not fit typical definitions for male or female bodies, including sexual anatomy, reproductive organs, hormonal patterns, and/or chromosome patterns. It is important to note that not all individuals with variations in sex characteristics identify as intersex. Some do not accept the term because they find that it conflicts with how they present or identify, or because it is viewed as an indicator of gender identity often conflated with transgender.
LGBT+	LGBT stands for lesbian, gay, bisexual, and transgender/trans. However, it is recognised that those categories do not include all those whose sexuality is not heterosexual, or whose gender identity is not based on a traditional gender binary. The "+" symbol is therefore used to include intersex people and people whose identities do not fit typical binary notions of male and female or who decide to identify themselves using other categories to describe their gender identity or their own understanding of their sexuality. This will include, for example, people who identify themselves as queer (a general term describing people not fitting into existing norms), questioning (people who explore their sexual orientation or/and gender identity), or pansexual (people who are attracted to all sexes and genders). It should be remembered, however, that some people may not want to identify themselves with any existing category.
SOGIESC	sexual orientation, gender identity, gender expression and sex characteristics.
WHO	World Health Organization

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