



# THE IMPACT OF COVID-19 ON SOGIE-DIVERSE PEOPLE IN VANUATU: RESEARCH STUDY



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## Executive Summary

Vanuatu is a small Pacific Island country with an estimated 2022 population of 322,000 people. Its encounter with COVID-19 was different from most other countries around the world, in that it decided to close its borders in March 2020. From a public health perspective, the international border closure was effective for a full two years, by limiting COVID-19 in Vanuatu to contained border cases. However, it came at a considerable economic cost, by halting all international tourism, an important source of income for the country. In March 2022, Vanuatu announced a state of emergency, following its first community outbreak. It re-opened its borders in June of 2022.



Vaccines were slow to arrive in Vanuatu and COVID-19 vaccination were not launched until June of 2021, initially focusing on the most vulnerable populations, along with those most at risk of exposure. As of July 2022, the full vaccination rate nationally was at 76.1 % with an additional 7.5% having received 1 dose<sup>1</sup>.

This COVID-19 study was carried out by VPride at the end of 2022, with financial support from United National Development Programme (UNDP) and technical support from Human Capacity Development International (HCDI).

The main question asked by the study is *how COVID-19 impacted people of diverse sexual orientation and gender identity (SOGIE) in Vanuatu*.

This question is important, because worldwide, COVID-19 has disproportionately affected all marginalized groups, including SOGIE diverse people. However, because standard data collection in Vanuatu, whether by government, INGOs, or other institutions, does not include data on SOGIE diverse people, little is known about how they have been impacted.

With regard to *context and background*, this research report provides:

1. Essential context information on VPride, Vanuatu, and SOGIE diversity in Vanuatu
2. An overview of relevant research on the impact of COVID-19 on SOGIE diverse people worldwide
3. Information on the COVID-19 timeline in Vanuatu.

The *methodology* used in this research included a 25-question survey, administered online and by phone, along with in-depth follow-up interviews, conducted face-to-face or by phone. A total of 71 survey and 28 interview responses were collected and analyzed.

*Main findings* of the research were consistent with those of other studies conducted worldwide, and confirmed that COVID-19 severely impacted the SOGIE-diverse community in Vanuatu:

1. *Economic impact* - The SOGIE diverse population in our sample showed much higher than average unemployment figures, at least 6 times the national average, and only a quarter to one half of those surveyed indicated being able to meet basic needs. The economic impact of COVID-19 significantly increased unemployment, reduced their ability to produce income and meet basic needs, and increased dependence on family. As was shown in an earlier study, SOGIE-diverse people often experience violence at the hands of their families, so increased dependency also increases risks of violence<sup>2</sup>. There was very little government relief aimed at individuals or families. Oxfam's Unblocked Cash program was one of the few exceptions, but its definition of marginalized populations did not include SOGIE-diverse people.

2. *Physical impact* – Participants in the study reported high incidences of having contracted COVID-19, with the sample rate of 46.9% being more than 12 times the reported national average. While the national average may not be accurate, it nonetheless signifies that SOGIE-diverse people were heavily impacted physically by the virus.
3. *Mental impact* – Those surveyed and interviewed reported being mentally impacted, with major effects being stress, depression, fear, feelings of isolation and hopelessness, and increased smoking, drinking and drug use. Mental effects are problematic in Vanuatu, given the very limited range of mental support services. For SOGIE diverse people, being connected to SOGIE diverse friends and peers is a key coping mechanism, which was blocked by the COVID-19 outbreak.
4. *Discrimination and stigma* – As was reported here and in other Vanuatu studies, SOGIE diverse people experience a lot of discrimination and stigma, which further adds to all the problems listed above. People experienced being blamed for COVID-19, being avoided for fear of contamination, and fearing hostilities in case of mandatory isolation.
5. *COVID-19 Prevention, information, and vaccination* -the SOGIE-diverse people in our sample were generally well-informed, used reliable sources of information, and actively practiced COVID-19 prevention behaviors. Vaccination rates in the sample were higher than those of the national population.

*Recommendations* provided by the report included:

1. Apply the ASPIRE guidelines issued by the Office of the High Commission for Human Rights (OHCHR) to design, review and evaluate the effectiveness of all social policies, plans and action programs.
2. For all government agencies and INGOs in Vanuatu, to ensure that any response and recovery efforts are inclusive of LGBTI+ people and their particular needs, and that their efforts will reach the most marginalised and vulnerable and do not worsen existing inequalities and marginalization, including access to healthcare services; employment and paid leave; welfare, benefits and emergency economic support; access to education; food security; access to housing; and access to justice.
3. For the government, INGOs, and other key actors to ensure that all data collection related to pandemics or other disasters, both include and are disaggregated by sexual orientation, and gender identity and expression.
4. For all government agencies and other key actors, to be asked and held accountable for the review, revision, and implementation of policies that ensure the safety and security of all persons, without discrimination.
5. To facilitate future research, VPride to work with donors and government to develop a reliable data base for SOGIE-diverse people.



# 1. Introduction

## 1.1 Overview

This study was carried out by VPride at the end of 2022 and the early beginning of 2023, with financial support from United National Development Programme (UNDP). The main question asked by the study is *how COVID-19 impacted SOGIE-diverse people in Vanuatu*.

This question is important, because worldwide, we have seen that COVID-19 disproportionately affected all marginalized groups, including SOGIE diverse people.

However, because standard data collection in Vanuatu, whether by government, INGOs, or other institutions, typically does not include data on SOGIE diverse people, very little is known about how they are impacted by COVID-19 or by other natural disasters.

Furthermore, while SOGIE-diverse people are a marginalized group – socially, politically, and economically-, they have not been part of any of the targeted social relief packages, such as the Oxfam cash transfer program, carried out in 2021 and 2022<sup>3</sup>.

In carrying out the study, VPride used trained survey and interview staff, along with survey software. While it was difficult to identify sufficient numbers of respondents, those who did participate generously shared their valuable time, insight and experience.

This report will include:

1. Introduction, providing the needed background and context information on:
  - 1.1 The study
  - 1.2 VPride
  - 1.3 Vanuatu
  - 1.4 Vanuatu and SOGIE diversity
  - 1.5 Legal framework for SOGIE rights
  - 1.6 SOGIE rights in Vanuatu
2. Covid-19 Research Overview, covering:
  - 2.1 Impact of COVID-19 on SOGIE Diverse People Impact of COVID-19, including health, health related attitudes and behaviors, and economics
  - 2.2 Covid 19 in Vanuatu
3. Methodology and limitations of the study
4. Results of the study:
  - 4.1 Survey results
  - 4.2 Interview results
  - 4.3 Discussion and recommendations
5. Conclusion

## 1.2 VPride

VPride is a Vanuatu, community-based organisation, founded in 2007, to help educate, advocate and mobilize around diverse sexual orientation, gender identity, expression and sex characteristics (SOGIESC<sup>4</sup>). Its network includes members in most of the provinces, covering Ni-Vanuatu Men who have Sex with Men (MSMs), Transgender (TGs), and other Lesbian, Gay, Bi-Sexual and Transgender (LGBT) populations, as well as sex workers (SW).



Over the past 10+ years, VPride has worked to strengthen community leadership, education, research, and advocacy in the areas of sexuality and gender identity with respect to human rights, overall well-being, and sexual health including STI's, HIV and AIDS. Its activities have included SOGIE research projects and human rights advocacy events, working with the Ministries of Health, Education, and Justice on SOGIE training and policy issues, sensitizing communities and institutions around diverse SOGIESC, and providing a safe space for key actors to discuss the key human rights issues associated with SOGIESC. VPride also organizes an annual Fashion Show, to showcase the designer talents of some of its members.

Major publications have included:

- SOGIE educational booklet, available in [English](#), [French](#) and [Bislama](#)
- [SOGIE Diversity in Vanuatu](#) – the first preliminary study of SOGIE diverse people in Vanuatu
- [Effective SOGIE Inclusion in Times of Disaster](#) – a guide and [free course](#)
- [Improving Vanuatu SOGIE Inclusive Health Care: A Social Accountability Project](#)

As articulated in [VPride Strategic Plan 2020-2025](#), VPride's *mission* is to mobilize, empower and advocate for people's human rights to express and to live, safely and peacefully, with their sexual orientation and gender identity.

VPride's *vision* is access to services, acceptance, freedom, human rights and legal protection for all people in Vanuatu regardless of their sexual orientation and gender identity.

The key principles and values that guide VPride's organisational decisions and actions are:

- *Human Rights*: VPride actively promotes and practices the Yogyakarta +10 principles
- *Inclusiveness*: VPride practices and champions inclusiveness inside our organisation and in the community, honoring all people's diverse strengths, needs, voices and backgrounds
- *Solidarity*: VPride promotes solidarity between all people working for their human rights;
- *Culture and Kastom*: VPride honors Vanuatu culture and kastom and seeks to reclaim Vanuatu culture and kastom for all people, regardless of sexual orientation and gender identity

VPride's mandate is in line with the worldwide SOGIE diversity agenda. While VPride is the only organisation of its kind in Vanuatu, its efforts are joined with others across the Pacific, like the Asia Pacific Transgender Network (APTN), the Pacific Sexual and Gender Diversity Network, the National Queer Asian Pacific Islander Alliance, Pacific Pride Foundation, Rainbow Pride Foundation, Kaleidoscope Foundation, Asia Pacific Coalition on Male Sexual Health (APCOM), Commonwealth Equality Network, and others. We are grateful for the support of our partners, as shown.

### Our Partners and Donors





### 1.3 Vanuatu

Vanuatu comprises 83 islands in the South Pacific Ocean, with a total land area of 12,190 km<sup>2</sup><sup>5</sup>. It has an estimated 2022 population of approximately 322,000 people<sup>6</sup>, and annual population growth is 2.4 %. Life expectancy is 71, and the median age is 21.1. Infant death rate is high at 19.1 per 1000 live births<sup>7</sup>.

The country is divided into 6 provinces and it has two major towns. The capital, Port Vila, is located on the island of Efate, Shefa province and has a population of 36,000. Luganville, which is located on the island of Santo, Sanma province has a population of 16,000.

Most of the population – 75% – is rural and many of those live in remote, hard-to-reach locations. The main sources of livelihood include subsistence farming, fishing and the production of cash crops including coconut, coffee, peanuts, cocoa and kava. Prior to COVID-19, tourism was a significant source of income, accounting for around 40% of GDP. Major exports include copra, kava, coconut oil, timber and beef.

Vanuatu has 3 official languages - Bislama, French and English - and over 100 indigenous languages, making it one of the most linguistically diverse countries in the world. Early schooling uses indigenous language and Bislama, later shifting to English or French.

In December 2020, Vanuatu became one of only 6 countries in the world to graduate from the least developed country (LDC) list. Graduation from LDC status was based on Vanuatu consistently meeting or exceeding the Gross National Income per capita of over USD \$1,230 – USD \$3,127 in the case of Vanuatu in 2021<sup>8</sup> - and mostly meeting the human assets index (HAI) score over 66 measured through health and education indicators<sup>9</sup>.

Vanuatu has never met or come close to meeting the third LDC indicator requirement, which is an economic vulnerability index (EVI) score of less than 32. The EVI measures exposure to and impact of economic (particularly trade) and environmental shocks.

This indicator is highly relevant for Vanuatu, given its location on both the Ring of Fire and the tropical cyclone belt. It ranks #1 on the World Risk Index, reflecting both its exposure to natural disasters and its vulnerability to impact. Regularly occurring hazards include frequent and severe cyclones (most recently category 5 Tropical Cyclone (TC) Harold in 2020), volcanic eruptions such as those resulting in the 2018 and 2019 full-scale evacuations of Ambae, excessive ash fall on Ambae and Tanna, and frequent earthquakes, droughts and floods. These natural hazards cause significant external shocks to the country's society and economy and present a critical challenge to development.

*Vanuatu 2030: The Peoples Plan* is the National Sustainable Development Plan (NSDP) for the period 2016 to 2030, and it serves as the country's highest-level development policy framework<sup>10</sup>. The People's Plan is "founded on culture, traditional knowledge and Christian principles, and builds on Vanuatu's development journey since independence"<sup>11</sup>. The People's Plan consists of 3 pillars (Society, Environment, and Economy), 15 national sustainable development goals (SDGs) and 96 policy objectives, which together seek to realise the national vision of a 'stable, sustainable and prosperous Vanuatu' by 2030.

### 1.4 Vanuatu and SOGIE Diversity

As is the case with many developing countries, social equality is an ongoing challenge in Vanuatu, especially when it comes to inclusion and equality for women and other marginalized populations, such as people living with disabilities and SOGIE diverse people<sup>12</sup>. Gender-based violence (GBV) and gender-based inequality are endemic in Vanuatu<sup>13</sup>, but the issues are even more problematic when we look at gender diversity.

Diversity in sexual orientation and identity is generally not accepted, resulting in many SOGIE diverse people living closeted lives. The first preliminary study on SOGIE diversity in Vanuatu, carried out by VPrize among 275 respondents in 2021, showed that 56% of the respondents were "out", i.e., open about their SOGIE diversity, and 43.6% were not. Of those who were out, 21% said they were out with almost everyone, 26% said they were only out with friends, and 35% said they were only out with family.

While there are few statistics systematically documenting GBV against SOGIE diverse people, violence is often reported anecdotally and there have been cases of SOGIE diverse people

being murdered. In the 2021 VPride study<sup>14</sup>, 70% of respondents indicated that they had experienced violence of some kind. Of those who said they had not, a number mentioned that this was due to their sexual orientation being hidden. Violence reported in the study included verbal harassment, insults, or other hurtful comments, someone disclosing their sexual orientation or identity to others without permission, having private sexual images or videos shared without consent, threat of physical violence, physical violence of all kinds, sexual harassment, sexual assault, and rape. Harassment on social media is particularly prevalent in Vanuatu, and includes hate speech and hateful imagery. Systematic attempts at reporting social media harassment have yielded little result.

The 2022 VPride SOGIE Inclusion in Times of Disasters study showed that the discrimination and harassment experienced on a regular daily basis is aggravated during times of disaster, with SOGIE diverse people being harassed and attacked in shelters, and excluded access to protection and disaster relief and support<sup>15</sup>.

## 1.5 Legal Framework for SOGIE Rights

The opening words of the Universal Declaration of Human Rights are unequivocal: 'All human beings are born free and equal in dignity and rights.' Therefore, the protection of people on the basis of sexual orientation and gender identity does not require the creation of new rights or special rights for LGBT people. Rather, it requires enforcement of the universally applicable guarantee of nondiscrimination in the enjoyment of all rights".

Looking specifically at the impact of COVID-19 on SOGIE diverse people raises the issue of the right to health, which is reinforced by a number of international agreements and conventions:

- *Universal Declaration of Human Rights, UDHR (1948) Article 25 (1)*: Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- The Office of the High Commission of Human Rights (OHCHR) notes that "Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity". This right applies to all people, including those of diverse SOGIE. In *BORN FREE AND EQUAL: Sexual Orientation and Gender Identity in International Human Rights Law*, the United Nations Office of the High Commissioner for Human Rights (OHCHR) notes that "(t)he case for extending the same rights to LGBT persons as those enjoyed by everyone rests on two fundamental principles that underpin international human rights law: equality and non-discrimination.
- *International Covenant on Economic, Social and Cultural Rights, ICESCR (1966) Article 12* states that "(t)he States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".
- *The Committee on Economic, Social and Cultural Rights* has also stressed that States have a core minimum obligation to ensure the satisfaction of minimum essential levels of each of the rights under the Covenant. With respect to the right to health, the Committee underlines that States must ensure, among others, "(t)he right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups". In its General Comments, the Committee on Economic, Social and Cultural Rights has stated that the Covenant proscribes any discrimination in access to health care on the grounds of sexual orientation and gender identity. Ensuring the "right of access to health facilities, goods and services on a nondiscriminatory basis, especially for vulnerable or marginalized groups" is an immediate obligation of States."
- Health is a key component of the *Sustainable Development Goals (SDGs)*. The SDG Goal 3 is to: "Ensure healthy lives and promote well-being for all at all ages". The SDG declaration emphasizes that to achieve the overall health goal, 'we must achieve universal health coverage (UHC) and access to quality health care. No one must be left behind'. OHCHR clarifies that: "In the spirit of leaving no one behind, lesbian, gay,



bisexual, trans and gender-diverse (LGBT) people, like other persons, groups, communities and peoples historically subjected to discrimination, must be included in national health policies and implementation of health services”.

- SOGIE human rights, including the right to health, are also protected internationally through the provisions of the Commonwealth Charter and the Pacific Platform for Action for Gender Equality and Women’s Human Rights 2018-2030.

## 1.6 SOGIE rights in Vanuatu

Vanuatu has developed its National Sustainable Development Goals, better known as the Vanuatu 2030 The People’s Plan. LGBT and other so-called vulnerable groups are not mentioned specifically, but the plan does use inclusive language. Of particular relevance is the Society Pillar, which seeks to “ensure we maintain a vibrant cultural identity underpinning a peaceful, just and inclusive society that is supported by responsive and capable institutions, delivering quality services to all citizens”. Goal 3 within the Society Pillar is “Quality Health Care: A healthy population that enjoys a high quality of physical, mental, spiritual and social well-being”. Also relevant is goal 4: “Social Inclusion: An inclusive society which upholds human dignity and where the rights of all Ni-Vanuatu including women, youth, the elderly and vulnerable groups are supported, protected and promoted in our legislation and institutions”.

In 2011, Vanuatu was one of 96 UN member states that signed the “Joint Statement on Ending Acts of Violence and Related Human Rights Violations based on Sexual Orientation and Gender Identity”. The statement includes condemnation of violence, harassment, discrimination, exclusion, stigmatization and prejudice based on SOGIE that undermine personal integrity and dignity. It also includes condemnation of killings and executions, torture, arbitrary arrest, and deprivation of economic, social, and cultural rights on those grounds.

In November 2016 at the UN General Assembly, Vanuatu also voted in support of the mandate of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity. The role of the expert is to assess the implementation of international human rights instruments with a view to overcome violence and discrimination against persons on the basis of their sexual orientation or gender identity and identify and address the root causes of violence and discrimination.

In spite of taking these positive steps towards the recognition and protection of SOGIE human rights in the UN arena, Vanuatu has few legal protections in place, based on sexual orientation and gender identity, and there are no provisions regarding SOGIE health care rights.

The Vanuatu Constitution offers general human rights protections but does not specifically prohibit discrimination on the basis of sexual orientation, gender identity or sex characteristics. While consensual same-sex activity is legal in Vanuatu under the Penal Code, the only prohibition on “sexual preference” discrimination is in the Teaching Service Act 2013. The National Youth Authority Act is the only bill that recognizes persons with diverse SOGIE by affirming that “youth means any person aged between 12 to 30 years of age, including those with disabilities and of diverse sexual orientation and gender identity”.

The Ministry of Health’s Vanuatu Health Sector Strategy 2021-2030 is one of the few documents that explicitly includes SOGIE diverse people in its definition of vulnerable populations. Also, its 2021 Inclusive Health Situation Analysis has a section that discusses the importance of SOGIE inclusion and offers 3 specific recommendations:

- Develop a SOGIE and Health action plan to ensure protection, safety, non-discrimination for all SOGIE diverse people in the health system.
- Implement frontline health worker training based on the VPride SOGIE booklet to increase awareness around SOGIE issues
- Use lessons learnt under the Vanuatu National Strategic Plan on HIV and STIs 2017-2020 to inform strategies for the targeted dissemination of HSS to SOGIE diverse populations.

In addition, the document recommends staff training on SOGIE diversity and “where possible and appropriate, SOGIE data should be collected in line with VPride’s SOGIE booklet and the UN LGBTIQI Inclusion Index”.

## 2. COVID-19 Research Overview

This section of the report will present a research overview first on the impact of COVID-19 on SOGIE diverse people, and second, on

### 2.1 Impact of COVID-19 on SOGIE Diverse People

Even though data collection on SOGIE diverse people remains unsystematic and sparse, there have been a number of research studies worldwide, consistently documenting the disproportionate impact of COVID-19 on SOGIE diverse people:

In general, the data we have confirms what we already knew anecdotally to be true—that the COVID-19 pandemic has exacerbated the challenges and inequities that already existed for LGBTQ+ people and communities. Across all social indicators wherein LGBTQ+ people were already impacted by inequities—health, healthcare, housing, employment, child and family care, and more—the data indicates COVID-19 has only compounded those already existing inequities<sup>16</sup>.

Studies found differences in key domains including risk of COVID-19, mental health, employment loss, vaccine attitudes, and willingness to engage in risk-reduction behavior such as social distancing. Some of the major reasons especially for the negative impacts included LGBT individuals being at greater risk of worse COVID-19 outcomes due to higher rates of comorbidities; working in highly affected industries such as health care and restaurants/food services; living on average on lower incomes than non-LGBT people; experiencing stigma and discrimination related to sexual orientation/gender identity, including in accessing health care; and, for transgender individuals, being less likely to have health coverage<sup>17</sup>.

Three major areas of research have included health, attitudes and practices in dealing with COVID-19, and economic impact.

#### 2.1.1 Impact of COVID-19 on Health in the LGBTQ Community

In studies carried out in the USA, the UK, the Commonwealth and Europe, it was generally found that LGBTQ people were at greater risk of contracting COVID-19 and experiencing negative effects from the virus. It was also found that LGBTQ individuals were more likely to be well-informed, had higher rates of vaccination, and were more likely to practice preventive behaviors. A few of the main studies will be reviewed below<sup>18</sup>.

The Human Rights Campaign (HRC) carried out a number of studies in the USA. An early health study<sup>19</sup> noted that:

- While the data suggest that LGBTQ+ adults are much more likely to have been vaccinated, data also shows that earlier in the pandemic, LGBTQ+ adults may have been more likely to get COVID-19 compared to all adults in the United States. This lends support to previous research by HRC Foundation which detailed the health risk of the LGBTQ+ community as the pandemic began to unfold.
- According to this survey data, 91% of LGBTQ+ adults surveyed were fully vaccinated, with an additional 3% having received their first dose of a two-dose vaccine
- Most notably, Black and Latinx LGBTQ+ adults have expressed some of the highest rates of concern with how the vaccines may interact with their medication for treating or preventing HIV.
  - Rare cases of blood clots forming in recipients of the Johnson & Johnson vaccine have been reported, and may cause concern for people, especially if they are already at higher risk of blood clots. This includes people undergoing hormone replacement therapy, such as many cisgender women, transgender people and non-binary people. It also includes people taking medication for treating or preventing HIV. Overall, 93% of LGBTQ+ adults have heard something in the news about these rare cases. One in five LGBTQ+ adults undergoing hormone replacement therapy have concerns about how a COVID-19 vaccine could affect them and their therapy. Furthermore, 32% of LGBTQ+ adults are concerned that

a COVID-19 vaccine will negatively interact with their medication for treating or preventing HIV, regardless of their status.

- Differential rates of COVID-19 cases: Entire Population 14% of all U.S. adults vs. 21% of all LGBTQ+ adults vs. 22% of all transgender adults and 22% of all Bi+ adults

In a 2022 follow-up study<sup>20</sup>, HRC reported that overall cases had gone up, with 24% of LGBTQ people reported having been tested positively for COVID-19 since February 2020. The community was well-prepared, however, with over nine in ten (93%) respondents being fully vaccinated.

*Access to and inclusiveness of health care spaces* is an ongoing concern for the SOGIE diverse community. In the HRC study<sup>21</sup>, 42% said they strongly agreed that the place where they received their last booster or vaccine was LGBTQ+ inclusive. Transgender people were less likely (37%) than LGBTQ+ people overall to strongly agree in this area.

SOGIE diverse people had more challenges accessing health care<sup>22</sup>:

- 28% of LGBTQ households have been unable to get medical care for a serious problem in the past few months, vs. 17% of non-LGBTQ households
- 77% of LGBTQ households have had serious problems with depression, anxiety, stress, or sleeping in the past few months, vs. 48% of non-LGBTQ households

Her report also mentions additional stress on LGBTQ+ youth:

- Many have lost contact with systems of support, especially once school groups and community orgs limited operations
- Prior to the pandemic, LGBTQ+ youth were already three times more likely to attempt suicide. Elevated stressors associated with the pandemic such as social isolation, the loss of family members or friends, and economic reverberations are known to increase the risk of suicide and suicidal thoughts

In a UK survey<sup>23</sup> on health-related issues among LGBT people, it was found that:

- 42% would like to access support for their mental health at this time
- 8% do not feel safe where they are currently staying
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse
- 64% said that they would rather receive support during this time from an LGBT specific organisation
- 16% had been unable to access healthcare for non-COVID-19 related issues
- 34% of people have had a medical appointment cancelled
- 23% were unable to access medication or were worried that they might not be able to access medication

Additional problems reported by ILGA<sup>24</sup>, based on European studies included:

- *Social distancing* may be particularly difficult for those who have been rejected by their families, are not out with their families and now forced to be with them the whole time and/or are facing mental health issues. The 2019 Eurobarometer indicated that only 55% of Europeans would be comfortable if their child was in a relationship with an LGB person, dropping to 44% for an intersex person and 43% for a trans person. Furthermore, in a 2017 UK study, 25% of youth experiencing homelessness identified as LGBTIQ, compared with only about 7% of the population.
- LGBTI youth are at high risk of *familial rejection*. This results in increased mental health difficulties among young LGBTI people who are closeted, or who are out and forced to quarantine with often unaccepting or abusive family members. This may lead to an increase in domestic violence experienced by LGBTI people, in many cases this abuse is emotional, in some cases it is physical.
- Closeted LGBTI people will experience *stress* due to their inability to freely express themselves and their fear of being outed (including fear of physical and emotional consequences), which will have long-term consequences on their physical and mental health

- Rainbow families often struggle to *formalise their documents and relationships legally*, which in the current situation when countries are increasingly closing their borders, can cause additional problems. Documents issued in one country might not be recognised in another including: marriage certificates, registered partnership certificates, birth certificates, and gender recognition certificates. All of these aspects can result in people being trapped at borders when they should be in a safe household for social distancing and quarantine during the coronavirus outbreak.
- A greater than average rate of LGBTI people are unemployed and in precarious jobs, and live on very limited and unstable financial resources. An estimated 25-40% of young people experiencing homelessness are estimated to identify as LGBTI. The current crisis shows the extreme vulnerability of people in precarious job and housing situations, including questions on access to social protection and access to healthcare services.
- LGBTI people have *significantly lower health outcomes* due to stigma and discrimination, biases held by healthcare providers, and lower socioeconomic status, often linked with lower access to comprehensive health insurance, and are therefore more vulnerable. Furthermore, past experience of discrimination, stigma, gatekeeping, misgendering, and non-consented procedures can deter LGBTI people from seeking medical care, leading to later entry into medical systems or no entry at all. Additionally, medical quarantine and medical surveillance can be retraumatizing to intersex and trans people who have been subjected to non-consented medical testing or procedures and monitoring based on their sex characteristics and/or gender identity and expression.
- *Transition-related medical care*, which is life-saving care for trans people, may be deemed non-urgent and postponed or cancelled in the light of COVID-19. However, two specific components of transition-related medical care must not be considered non-urgent: continuation of ongoing hormonal therapy and surgical aftercare for previously-conducted surgeries. For these procedures, delays or cancellations of care can lead to infection, surgical scarring and re-injury sometimes requiring additional surgical correction, chronic pain, hormone imbalances, osteoporosis, migraines, and de-transition, among others
- *Millions of refugees*, including LGBTI asylum seekers/refugees, are stuck in limbo or at borders. The health and hygiene circumstances of refugee camps and detention centres in Greece and elsewhere leave all people in them at very high risk of illness, and severely inadequate services based on population size only exacerbate these risks. Additionally, LGBTI individuals who needed to relocate to escape life-endangering environments and had made arrangements, now find borders suddenly closed, requiring them to return to unsafe living conditions with no possible route to safety.
- Over the last year, we have seen a rise in *divisive and hateful rhetoric* in election campaigns and public discourse, with minorities being scapegoated. And this is translating into real hate in the streets, not only homophobic and transphobic hate, but on all grounds. The current crisis risks being used as yet another occasion by religious leaders and hostile politicians and governments to blame LGBTI people for COVID-19, further steering up hate against LGBTI people. Such vicious statements blaming a minority for a pandemic can cause a huge level of hate towards LGBTI people. Political and religious leaders have a uniquely influential role in ensuring a proper response to the current crisis. We expect that such leaders use their position of power and influence to promote measures that help societies to protect the most vulnerable, to distribute the resources effectively, and to sustain effective measures both by the authorities and on the level of individual behaviour.

### 2.1.2 COVID-19 related attitudes and behaviors

Looking at studies of COVID-19 related attitudes and behaviors, the LGBTQ community was found to be pro-active in dealing with COVID-19<sup>2526</sup>::

- 74% of LGBTQ people say they are paying more attention to the news, compared to 68% of the general population
- 60% of LGBTQ people have conducted their own research on the virus, compared to 45% of the general population

- 54% of LGBTQ people are avoiding public transportation and 53% have purchased masks, compared to 44% and 43% of the general population respectively
- 27% of LGBTQ people have spoken with a doctor or other medical professional about the virus, compared to 14% of the general population

Similarly, Kellog (2022)<sup>27</sup> reports that:

- LGBT communities are more likely to report mask wearing, practicing social distancing, getting tested for COVID-19, and being concerned about getting sick from COVID-19
- Gay and lesbian adults have higher vaccination rates than heterosexual counterparts (85.4% of gay and lesbian adults over 18 had received at least one dose of a COVID-19 vaccine compared with 76.3% for heterosexual adults).

A 2021 KFF poll report<sup>28</sup> also noted key differences in mental health, views and attitudes:

- *Mental health:* Three-fourths of LGBT people (74%) say worry and stress from the pandemic has had a negative impact on their mental health, compared to 49% of those who are not LGBT, and are more likely to say that negative impact has been major (49% v 23%).
- *Views:* One-third (34%) of LGBT adults say the news has generally underestimated the seriousness of the pandemic (compared to 23% of non-LGBT adults). Three-fourths of LGBT adults (74%) are either "very worried" or "somewhat worried" that they or someone in their family will get sick from the coronavirus, similar to responses from, non-LGBT adults (67%). A large share of LGBT adults report being willing to take CDC recommended steps to avoid acquisition/transmission of the virus.
- *Vaccine:* While LGBT people report wanting to get vaccinated at a similar pace as non-LGBT people, a greater share of LGBT adults see doing so as part of everyone's responsibility to protect the health of others (75% v. 48%), while greater shares of non-LGBT people see vaccination as a personal choice (49% v 24%).

### 2.1.3 Economic Impact of COVID-19 on the LGBTQ Community

Its 2020 study *The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis* <sup>29</sup> noted that LGBT people:

- Have a greater risk of health complications as a result of COVID-19
- Are more likely than the general population to live in poverty and lack access to adequate medical care, paid medical leave, and basic necessities during the pandemic
- Are more likely to work in jobs in highly affected industries, often with more exposure and/or higher economic sensitivity to the COVID-19 crisis (restaurants, food service, hospitals, education)
- Experience higher rates of unemployment and poverty
- Older LGBT people face unique challenges
  - Systemic discrimination in housing, employment, and healthcare results in an increased risk for poverty, exacerbates health disparities and social isolation among aging LGBTQ people.
  - Harassment by peers and healthcare providers also silences many LGBTQ older adults and their families.
- Youth are more likely to experience homelessness, unstable housing, or live in foster care -- often times due to family rejection
- Many LGBTQ people face a higher risk of having various illnesses that either increase the risk of contracting COVID-19 or amplify complications after contraction

The 2022 HRC Economic Issue Brief<sup>30</sup> further elaborated on this, with data showing that:

- LGBTQ people are more likely to have experienced a cut in work hours, are more likely to feel that their personal finances are in worse shape, and are more likely to be taking steps to actively prepare for the virus.
- 30% of LGBTQ respondents have had their work hours reduced, compared to 22% of the general population



- Both LGBTQ people and the general population report becoming unemployed: 14% of the general population and 12% of the LGBTQ population
- 20% of LGBTQ people say their personal finances are “much worse off” than they were a year ago, compared to only 11% of the general population + LGBTQ people are twice as likely as the general population to think their finances will be much worse off a year from now, 10% to 5%.

Pride Foundation’s 2022 research review mentions<sup>31</sup>

- *Serious financial problems*
  - 52% of LGBTQ households have had a serious financial problem in the past few months vs. 36% of non-LGBTQ households
- *Increased challenges navigating working and having children at home*
  - 58% of LGBTQ households with children in K-12 last year reported their children fell behind a lot, vs. 35% of non-LGBTQ households with children
  - 46% of LGBTQ households reported serious problems meeting both their work and family responsibilities vs. 23% of non-LGBTQ households
- *Greater employment disruption*
  - 61% of LGBTQ households experienced employment or income loss since COVID-19 began, vs. 40% of non-LGBTQ households
  - 91% of employed LGBTQ people say their employer does not require employees at their workplace to be vaccinated, vs. 74% of non-LGBTQ employed people

An additional, often overlooked, negative economic impact has been the effect of COVID-19 on LGBTQ organizations. This is a particular concern because many SOGIE diverse people depend on LGBTQ organizations for support, aid, and advocacy.

The Commonwealth Equality Network (TCEN) carried out consultations in 2020, with 41 LGBTI+ individuals from 34 member organisations, covering 37 Commonwealth countries. The resulting report<sup>32</sup> highlighted that:

- 1.The survival of LGBTI+ civil society organisations and the wellbeing and livelihoods of staff and volunteers are under threat, as funding decreases or disappears.
- 2.New barriers to carrying out essential work supporting, providing services to and advocating with and for LGBTI+ people in already challenging contexts are emerging.
- 3.Stigmatization and discrimination, including at the hands of state agents, is putting LGBTI+ people at risk.
- 4.COVID-19 and state responses to it are putting LGBTI+ people, and their physical safety and mental wellbeing, at risk
- 5.The possibility of impoverishment for LGBTI+ people is heightened, as already precarious employment and housing situations are seriously threatened.
6. Barriers to accessing critical emergency goods and services, such as food, medication and temporary shelter, for LGBTI+ people have emerged or intensified.
7. Access to justice for LGBTI+ people has become more difficult, as judicial proceedings are disrupted and delayed.

A 2022 update<sup>33</sup> reported that:

- Over 2/3rds of organisations surveyed primarily provide direct services to LGBTI+ communities
- 87.3% of respondents were under the age of 50, underlining the relative youth of the LGBTI+ NGO sector
- Over 50% of organisations surveyed had under 10 members of staff/volunteers
- International and government institutions were the primary funders for over 80% of the organisations surveyed
- 47.7% of organisations surveyed received less than £50,000 in annual funding
- 60.9% of survey respondents noted that their organisation had no reserves
- Over 50% of respondents concluded that their organisation had lost earnings

## 2.2 COVID-19 in Vanuatu

With regard to COVID-19 in Vanuatu, the country declared a State of Emergency on March 26, 2020. Nationally, measures included awareness campaigns, an initial period of school closure from March through June 2020, and the closing of its borders to all international travel on March 20, 2020. Vaccines were slow to arrive in Vanuatu and COVID-19 vaccination were not launched until June of 2021, initially focusing on the most vulnerable populations, along with those most at risk of exposure. Geographically, vaccinations first focused on the two major urban areas of Port Vila and Luganville, slowly rolling out to rural areas and the other islands. As of July 2022, the full vaccination rate nationally was at 76.1% with an additional 7.5% having received 1 dose<sup>34</sup>.

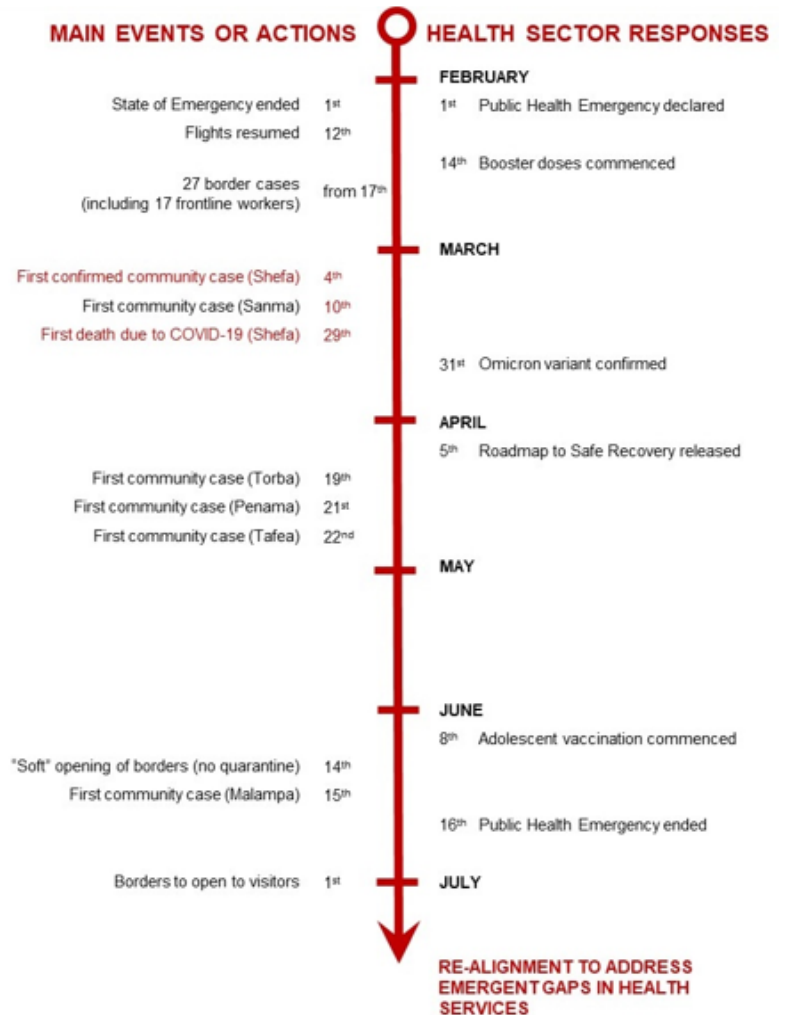
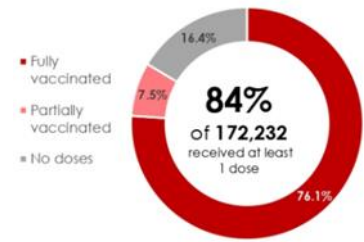
VPrize members were actively involved as volunteers in the vaccination campaigns. Some of those involved in tailoring also contributed by sewing and sharing masks.

The vaccination campaign was followed by a nation-wide training in the Vanuatu Outbreak Alert System (VOAS) in early 2022.

From a public health perspective, Vanuatu's actions to prevent COVID-19 from coming into the country succeeded for almost 2 years. As of January 2022, the country had 7 confirmed cases coming in from international flights, all of which were effectively contained.

As shown in the timeline, community outbreak started in February of 2022, followed by lockdowns and curfews. As of early January 2023, 11,993 COVID-19 cases were reported, with 2 remaining active cases, 11,976 recoveries, and 14 deaths<sup>35</sup>. Vanuatu partially opened its borders in July and fully opened in August 2022. Omicron was the only variant officially confirmed in Vanuatu.

In terms of the current active case count, it should be noted that testing is not actively occurring. Informally, many people report having COVID-19- but are not being tested. Especially with large cruise ships returning, the actual incidences of COVID-19 currently happening are presumed to be much higher.



COVID-19 UPDATE <small>Daily</small>			UPDATED ON: Friday, January 06, 2023 12:13:06 PM			
Confirmed Cases	Active Cases	Recovered	Confirmed Cases	Recovered	Currently Hospitalized	Lives Lost
↑ 0 Last 24 Hours	2 Current	↓ 0 Last 24 Hours	11,997 In 2022	11,979 from COVID-19	1 due to Covid-19	14 due to Covid-19

For young people in particular, the two major tangible impacts were *educational* and *economic*. In terms of *education*, schools were closed at various points between March 2020 and February 2022, with a full final lockdown on Efate from February through May 2022. Schools

were asked to develop and utilize home school packages, which often relied on parents and on computer access for successful use. There was little to no preparation or support for teachers or students in this area, financial or pedagogical.

The *Partnerships for Recovery: Australia's COVID-19 Development Response* report observed that COVID-19 significantly disrupted education systems throughout the Pacific, citing instances of students dropping out of school/tertiary education due to limited connectivity to access online learning, or as a cost saving measure<sup>36</sup>. In Tuvalu for instance, widespread school closures led to mass outer-island migration, which in turn led to dropouts from the centrally located high schools<sup>37</sup>. While Vanuatu uses a similar system of main island boarding high schools, similar data have not yet been reported.

As noted in several early studies, school closures and the resultant reliance on internet and remote learning tools have disproportionately impacted already disadvantaged and underprivileged children and youth - in terms of access to learning opportunities, loss of social protection, access to healthy nutrition, and mental health<sup>38</sup>. In a study carried out by HCDI<sup>39</sup> in 2022, looking at the impact of COVID-19 on online digital behavior, 65% of respondents said the Pandemic directly changed their online behaviour, attitudes, or experience, with almost 2/3rds (64%) saying their online experience during the COVID-19 outbreak was stressful. Nearly half of the respondents reported that the COVID-19 lockdown impacted their mental health negatively.

In terms of *economics*, the long-term border closure completely shut down the international tourist industry in Vanuatu, a key source of income for the country, and a major source of employment for young people, especially those with low education and skill levels. According to Terauds (2022<sup>40</sup>), "international tourism generated an average of USD \$282 million per year from 2011 to 2018, equivalent to an average of 72.8 per cent of total exports and 35.6 per cent of GDP over the period, underlining the economy's dependence on tourism". According to the Vanuatu National Statistics Office 2021 report, tourism directly employed approximately 10,000 people, or 11% of the total workforce<sup>41</sup>. The extended border closure threatened up to 70% of the estimated 29,000 formal and informal jobs in the Vanuatu tourism industry<sup>42</sup>. In addition, Vanuatu was hit by Tropical Cyclone Harold (TCH) in April 2020, affecting about 43% of the national population by damaging crops, homes, and other infrastructure. For 2020 alone, the combined economic impacts of COVID-19 and TCH was estimated at Vt60.35 billion equivalent to \$534 million, or 54% of the gross domestic product.

Government economic measures during the period included 2 stimulus packages, mostly aimed at established businesses and wage subsidies, a Hardship Loans program, allowing people to withdraw funds from their own retirement accounts, along with primary school tuition support programs. Taxes on rent received and car taxes were also waived. There was no direct support given from government to informal businesses or the general population. In addition, government campaigns were rolled out to stimulate agriculture and local tourism.

As noted in the ILO-OECD paper<sup>43</sup>, "(t)he economic consequences of the COVID-19 pandemic have not fallen with equal severity on all shoulders. Existing vulnerabilities have been exposed, and inequalities entrenched. Many of those with more limited means and protection, such as workers in informal employment or in diverse work arrangements, have been the least able to face the consequences of the crisis".

The Vanuatu section of the 2020 Youth-Led Action Research on the Impact of COVID-19 on Marginalized Youth found that:

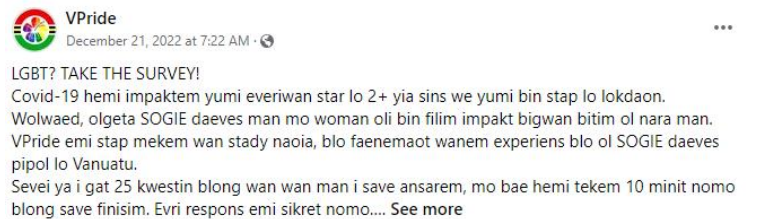
- Several youths reported that their parents had lost their jobs during the lockdown period, leaving them with little money to pay school fees to continue their education. Moreover, with most technical colleges run privately, they said that it was becoming increasingly difficult to pay the exorbitant fees and pursue their studies.
- There was a reported increase in poverty levels with several youth struggling to make ends meet. The respondents also said that there was a rise in homelessness.
- Persons with disabilities said that they felt further excluded during this period.
- The loss of livelihoods coupled with increased economic stress has led to a rise in criminal activities in the region. The youth respondents pointed at the rise of thefts, drug peddling and fights during this period.

- The lockdown halted access to basic services and utilities. The strict social distancing along with limited infrastructure increased the burden on healthcare infrastructure, and increased the costs of accessing healthcare. The respondents indicated that it was too expensive to book transportation services to hospitals, which led to panic among people<sup>44</sup>.

### 3. Methodology and Limitations

To carry out this research, the following steps were taken:

1. *Review of existing research* on the impact of COVID-19 on SOGIE diverse people in other parts of the world – this review was carried out to identify the major issues experienced by SOGIE diverse people and to assist in shaping the research questions used in this study
2. *Online survey* – [a short online survey](#) was developed (see Appendix 1), covering 25 key questions related to the experience of Vanuatu SOGIE diverse people during COVID-19. The survey questions were provided in both English and Bislama. The survey was distributed via the [VPride Facebook page](#), using 3 different postings and 1 boosted posting. The survey link was also posted on the [VPride website](#). To generate additional responses, the survey was also administered via phone calls and sent out through email, using existing VPride contacts. An incentive was offered, consisting of 6 randomly selected awards of 1 1500 vatu phone credit.
3. *In-depth interviews* – twenty-nine, half hour, in depth follow-up interviews were conducted by VPride staff and trained interns, both face-to-face and by phone (see Appendix 2). All interviewees first completed the survey questions. The interview language was either English or Bislama, depending on the interviewee preference.



One *limitation* of this study was the relatively small sample size. A total of 78 people responded to the survey. Of the 78 respondents, 73 said they were in Vanuatu during the entire period, 3 said they were outside during part of the period, and 2 said they were outside during the entire period. Those last 2 were eliminated from the data base. One respondent said they did not identify as SOGIE diverse, and an additional 4 respondents only partially completed the survey, bringing the total respondents to 71. This survey number was lower than the target of 100 respondents. One reason for this is that many SOGIE diverse people in Vanuatu are still closeted and are hesitant to share their information and experiences, even confidentially. The planned phone and email outreach was limited due to a lack of valid phone numbers and emails in the VPride member data base.



Another limitation of the study is that participants were self-selected, either by responding to the survey link or to phone calls. All those who indicated in the survey that they had an interest in being interviewed, were interviewed. The 28 interviews exceeded the original target of 20 people.

**Are you SOGIE/LGBTQ Diverse, and have lived through the Covid-19 pandemic in Vanuatu?**

**!Take this Survey!**

Lets go!



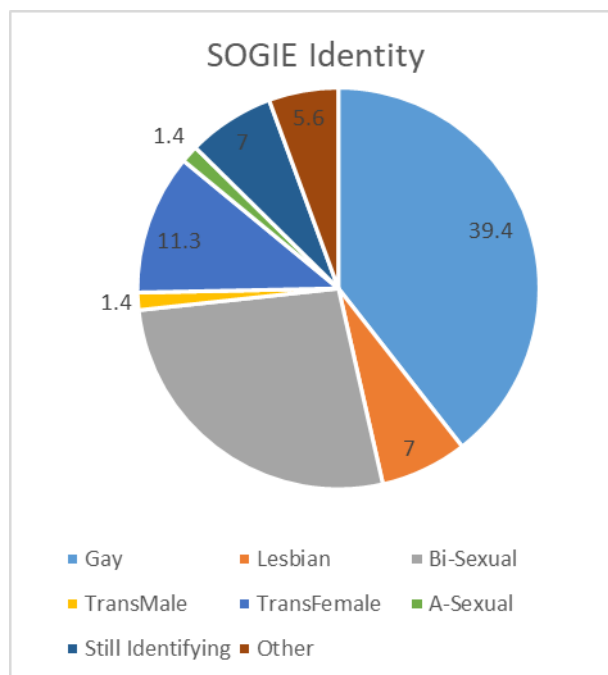
## 4.1 Results

### 4.1 Survey Results

#### 4.1.1 Sexual Orientation and Gender Identity

When asked how they identified in terms of sexual orientation and gender identity, the breakdown among the 71 survey respondents was as follows:

- Gay 28 (39.4%)
- Lesbian 5 (7 %)
- Bi-sexual 19 (26.8%)
- Transgender male 1 (1.4%)
- Transgender female 8 (11.3%)
- A-sexual 1 (1.4%)
- Still identifying 5 (7%)
- Other 4 (5.6%)



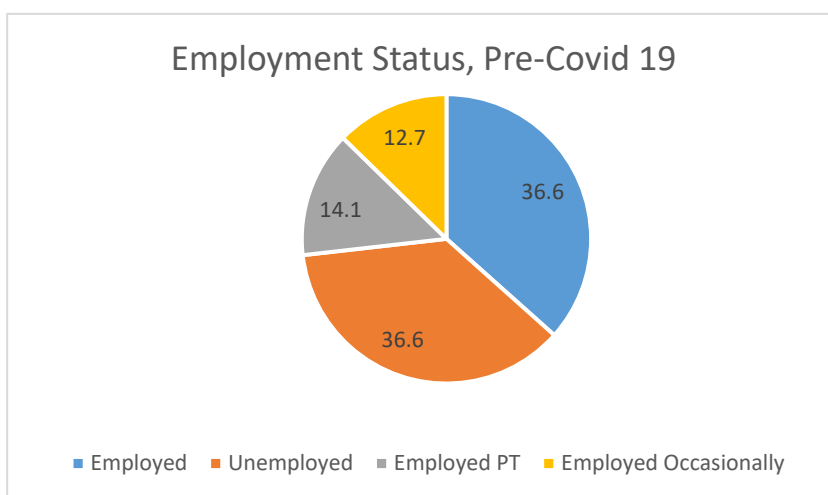
#### 4.1.2 Economic Status and Impact

When asked about their *employment status*, pre-COVID-19, the following results showed:

- Unemployed 26 (36.6%)
- Employed occasionally 9 (12.7%)
- Employed part-time 10 (14%)
- Employed full-time 26 (36.6%)

It is very difficult to get reliable unemployment rates for Vanuatu.

External estimates place unemployment at around 2%, but the 2020 Census shows 6%<sup>45</sup>. For most people, being employed includes a range of employment, going from full-time, to part-time, to occasional employment. Even counting all those categories, the 36.6% unemployment percentage among those surveyed is 6 times the estimated national average.

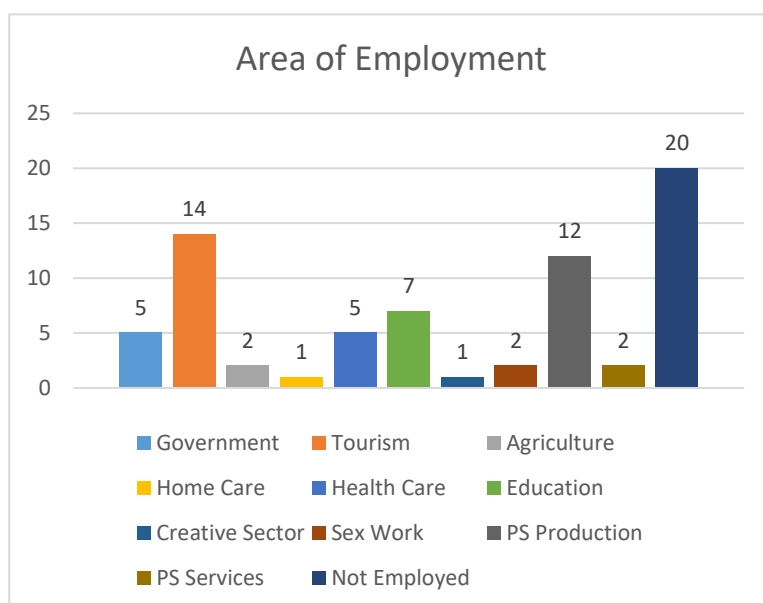


In terms of *area of employment*, tourism was mentioned most frequently (20%), followed by private sector production (17%), education (10%), government (7%) and health care (7%).

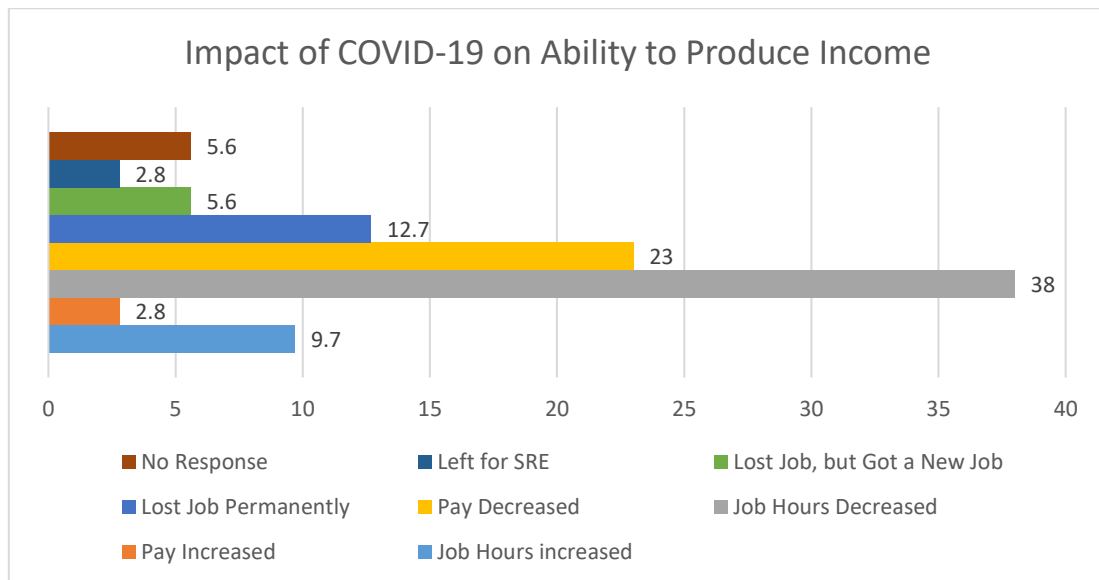
Next, we asked respondents about the impact of COVID-19 on their ability to produce income.

For a few people, the impact was positive in that their pay (2.8%) increased. For some, the job hours increased (9.7%) but not their pay.

The greatest impact was decreased job hours (38%), decreased pay (23%), and permanent loss of employment (12.7%). Some (5.6%) lost their job but were able to get a new job.







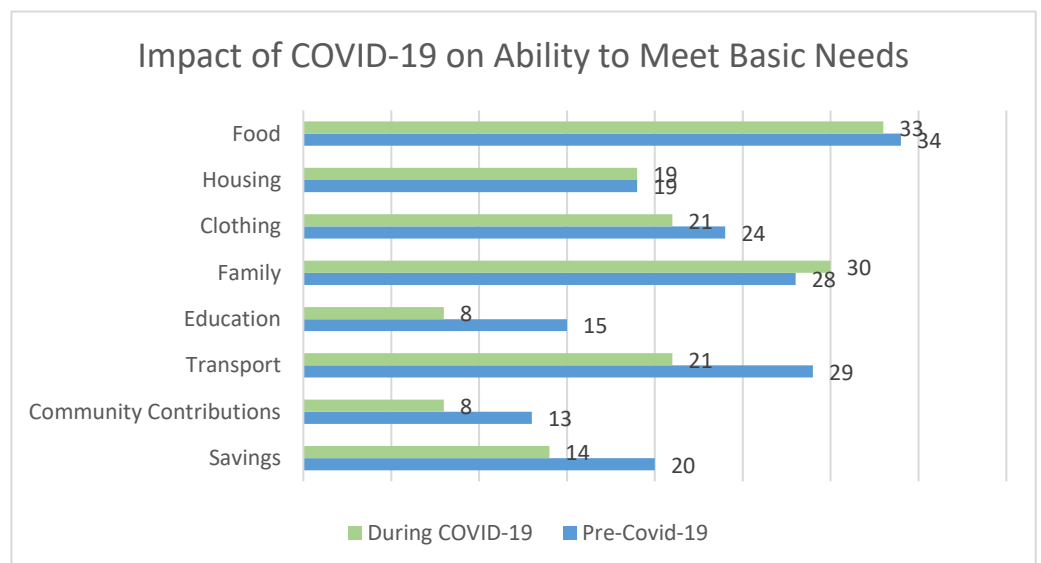
We also asked if respondents were economically impacted by someone in their household losing their job or income, and 43 (60.6 % said they were

Since so many SOGIE-diverse people in Vanuatu and other parts of the world are already economically marginalized, we asked if their income, pre-COVID-19 and during-COVID-19 allowed them to fulfill their basic needs in several areas.

Looking first at the pre-COVID-19 numbers, only a quarter to one half of those surveyed indicated being able to meet basic needs:

- o Food – 34 (48%)
- o Housing – 19 (26.7)
- o Clothing – 24 (33.8)
- o Care for family – 28 (39.4)
- o Education – 15 (21.1%)
- o Transportation 29 (40.8%)
- o Community Contributions – 13 (18.3%)
- o Savings – 20 (28.1%)

What this means in reality is that many are heavily dependent of family and friends, which can be precarious, given the low rate of SOGIE-diversity acceptance in Vanuatu, and also the high rates of violence against SOGIE diverse people within the family.

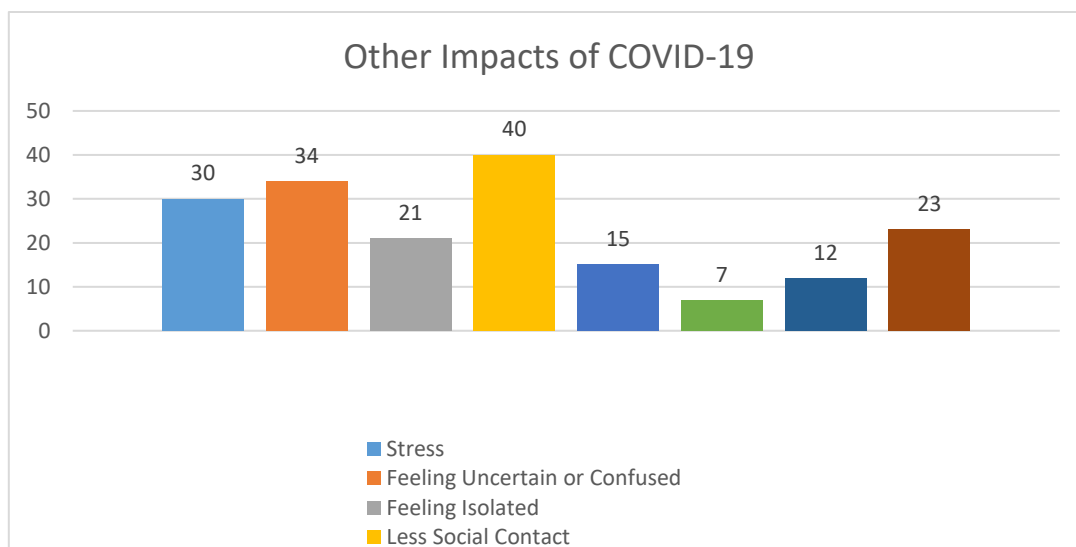


Comparing the ability to meet basic needs pre-and during COVID-19, the results showed a consistently reduced ability to meet basic needs, especially in savings, community contributions, transport and education. Housing and food were impacted least. For context, it is useful to mention that many Ni-Vans grow their own food and live in very basic, often shared housing. It is also interesting that ability to

care for family went up slightly – in the interview section provided later, it is explained that for many respondents, family became a greater priority during COVID-19.

#### 4.1.3 Other impacts of COVID-19

We asked respondents if they felt impacted by COVID-19 in other areas. Most frequently mentioned were loss of social contact (40 or 56.6%), feeling uncertain or confused (34 or 47.9%), feeling isolated (21 or 30%), stress (30 or 42.3%) and not being able to travel (23 or 32.4%). Loss of home was mentioned by 7 (10%) and not feeling safe at home by 12 (17%). Fifteen respondents (21%) also mentioned increased smoking, drinking, or drug use. These mental and other impacts will be discussed in more depth in the interview section.



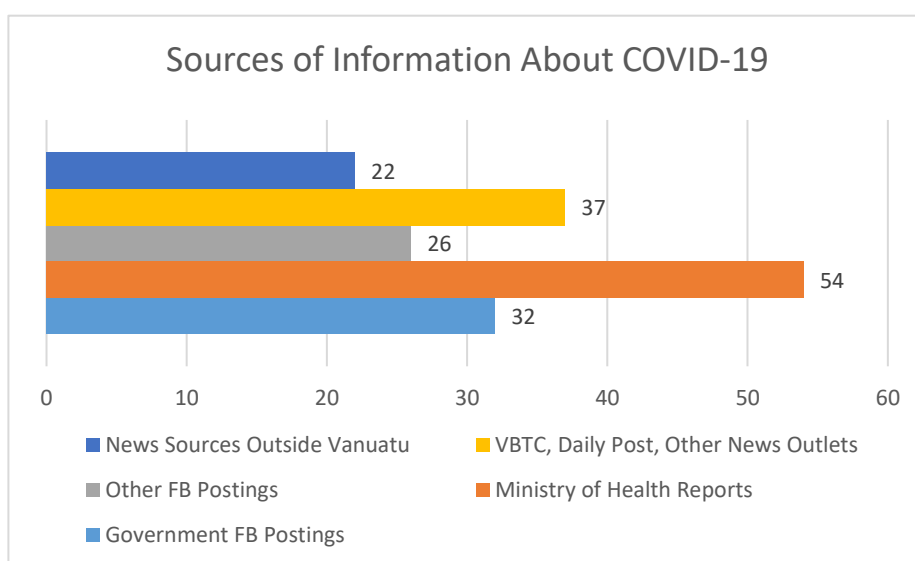
#### 4.1.4 COVID-19 Information, Vaccination and Incidences

In Vanuatu, as in all other parts of the world, accessing valid information about COVID-19 and being able to evaluate the validity of the information was challenging. Facebook is by far the most frequently accessed social medium in Vanuatu. The government worked hard to provide regular reports and postings through Facebook, but even in that area, confusion was caused by individual, dissenting government officials who posted their own thoughts and opinions.

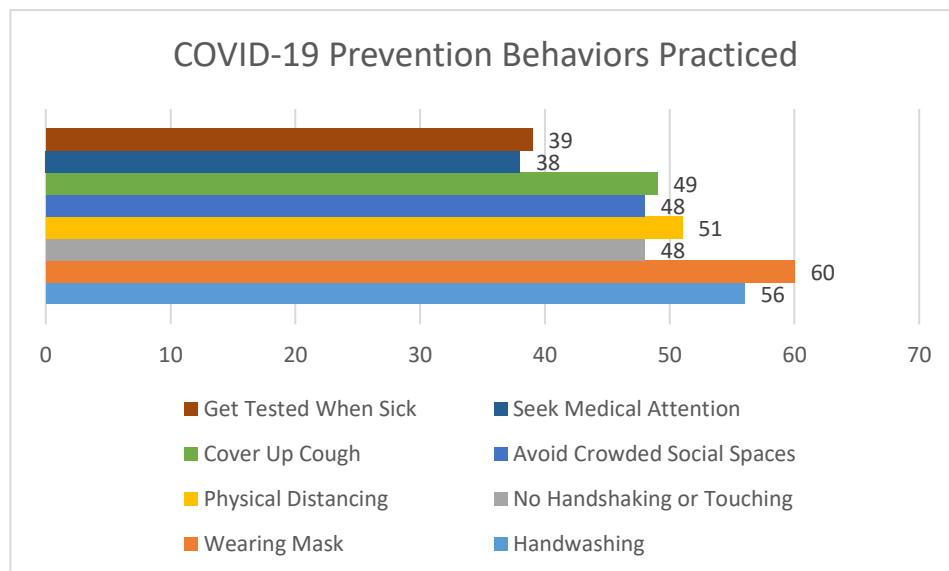
When asked *if the government did a good job in educating people about COVID-19*, 61% said they did, 25% said they did somewhat, 8 % said they did not, and 6% said they did not know. Three people (4.2%)

said they were involved in the government educational campaigns as paid workers and 11 (15.5%) said they were involved as volunteers.

Most respondents (58 or 82%) felt that they *were able to get reliable information* about COVID-19. They used a variety of sources, including Ministry of Health (54 or 76 %), official media outlets (37 or 52.1%), government Facebook postings (32 or 45 %). Some also used other Facebook postings (26 or 36.6 %) or news sources outside of Vanuatu (22 or 31 %).



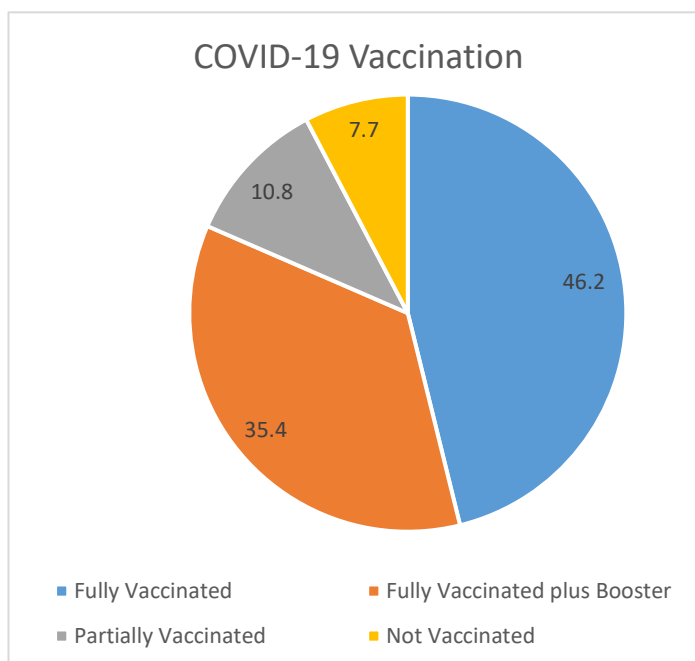
Part of the government campaigns included *COVID-19 prevention tips*. Looking at the results, it is clear that the SOGIE-diverse population surveys was very diligent in following these tips. Of the 71 respondents, 10 did not answer this question. Of the remaining 61, a high number indicated they applied them. Sixty (98.3%) said



they wore masks, 56 (91.8%) said they followed the handwashing requirements, 51 (83.6%) practiced physical distancing, 49 (80.3%) covered up coughs, and 48 (78.7%) avoided handshaking or touching, and crowded social spaces. Seeking medical attention (38 or 62.3%) and getting tested (39 or 63.9%) received the lowest responses, but these are still high numbers, given Vanuatu's limited medical and testing facilities.

When asked *if they were comfortable seeking medical attention*, 80.65 % said they were comfortable, 8% said they were somewhat comfortable, and 11.3% said they were not.

When asked *if they were vaccinated*, 6 provided no response. Of the remaining 65 respondents, 53 (81.5%) said they were fully vaccinated with 30 (46.2%) having received 2 shots and 23 (35.4%) having also had a booster shot, 7 (10.8%) said they were partially vaccinated, and 5 (7.7%) said they were not vaccinated. The SOGIE-diverse vaccination rates are substantially higher than the national rates, which were full vaccination at 76.1 % and partial vaccination at 7.5%.



Regarding the vaccines, 43 people said they felt they had enough information, but 17 said they were concerned about side effects, 13 had questions about how the vaccine might affect their pre-existing conditions, and 4 had questions about how it might affect medications they were taking.

When asked *if the staff at the vaccination sites were SOGIE-friendly and inclusive*, 8 did not answer the question. Of the remaining respondents, 45 (71.4%) said they were, 11 (17.5%) said they were somewhat friendly and inclusive, and 7 (11.1%) said they were not.

When asked *if they got COVID-19*, 64 people responded. Of those, 30 (46.9%) said they had or they think they had. Eighteen (28.1%) said they got COVID-19 and were tested, 5 (7.8%) said they did but were not tested, 7 (10.9%) said they think they did but are not sure. In the interview responses, the percentage of people who said they did get COVID-19 was somewhat higher (56.6%), and interviewees also reported contracting COVID-19 multiple times. Thirty (53.1) survey respondents said they not get COVID-19.

When asked *to share their experience*, 11 said they felt very sick, 16 said they not feel very sick, 2 said they had a pre-existing condition which made it worse, 4 said their COVID-19 lasted more than 2 weeks, and 4 said they were still experiencing COVID-19 after effects.

The *reported rates of COVID-19* among the survey respondents are substantially higher than the national figures available from the Ministry of Health. As discussed in an earlier section, their data only report 11,997 cases in a population of approximately 322,000, which would indicate a national rate of only 3.7% vs.

our survey rate of 46.9%. It is widely held, however, that this figure grossly underrepresents the actual number of cases, and may be distorted heavily by the lack of health and testing facilities, and a general reluctance on the part of the population to seek medical advice when sick.

A similar discrepancy can be noted around number of COVID-19 related deaths. The government only reports 14 of those deaths, but in our survey, 13 people said they personally knew someone who had died from COVID-19.

In the next section, we will discuss the results from the follow-up interviews which add further depth to the study. All 28 interviewees had first completed the survey.

## 4.2 Interview Results

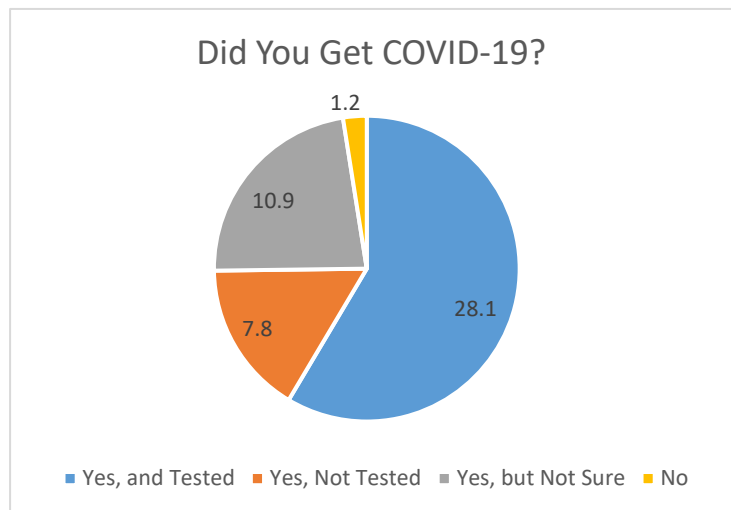
### 4.2.1 Experiences over the 2.5-year period

*The first question in the interview was: "Vanuatu's experience with COVID-19 was quite different from that of other countries. We lived with a 2-year border closure, then experienced an acute breakout and strict lockdown, and then went back to "life as normal:". Looking back on your experience with COVID-19 in Vanuatu,*

- *How did you experience the 2-year border closure – did it impact your life, your work, your mental health, your studies?*
- *What were the most difficult parts of those experiences for you?*
- *How did you experience the actual lockdown (February/March 2022) did it impact your life, your work, your mental health? What were your feelings during those times?*

Overall, the interviews showed that SOGIE diverse people in Vanuatu were strongly affected by COVID-19. About half of the respondents mentioned *losing their job or having their income be reduced significantly*, which affected their ability to provide for themselves and their family.

- *Before COVID-19 came I was working with Air Vanuatu as a flight attendant. At one point my 2-week salary was only 2500vt and even then, we had to wait for months to get paid. It was really difficult to pay for rent and food. I then lost my job and I struggled a lot. As for food, I was okay because as NiVans, we still get food from our gardens".*
- *The most difficult experience for me was curfew, from 6 am to 6 pm, which meant we had to get our work done within that time.*
- *At that time, I was working at Tusker, making money on commissions from sales. With the lockdown, there were no tourists so that meant no income. I changed jobs three times during that period, because we still needed money for food, and prices for everything went up.*
- *At home, I am the only one that is working - I take care of my mother and also my grandmother. During the lockdown we did not get paid well and it made it very hard to provide everything that my family needs.*



- Because my salary went down, I had a lot of difficulties getting enough food to sustain my family.
- My working hours and my salary were reduced, so I did not have enough money to support my basic needs.
- There was not enough food for my family, sometimes my son needed to stay at home because there was no money for school fees or bus fare.
- I worked through most of the period, but I was scared to lose my job - how would I feed myself or my family, and would I catch COVID-19 and die. My income went down - I wasn't getting my general salary, it was more like a stimulus income.
- Because of COVID-19, I lost a lot of customers and my income dropped a lot.
- We relied heavily on the export of our meat but when COVID-19 came, we started to have money problems, because we were making less money than before.
- Due to COVID-19, the service buses stopped running or could take less passengers so it was very hard to get to work in the morning

For many, it also meant that they became more dependent on others in the family. This can be a difficult issue for SOGIE diverse people who often experience family tension and hostility.

- I lost my job I stay home but luckily, my dad had a job to help our family.
- I didn't know where else I would get money from. My family told me that I had to get the vaccine or move out, which meant I would have no food, money, or a place to go.
- None of us in the family have a job and we depended on my father's income from retirement. At times, we had to ask other families to give us local food so we could eat.
- During the lockdown, life was so hard. I am a tailor and I sew at Wan Smol Bag. Business wasn't easy during the lockdown because I had to stay at home. Our mother works at RSE and she was able to send us money to help us.
- Some of the family went to work overseas to support our family.

About a third of respondents said that COVID-19 greatly affected their *studies*. Schools were closed for extended periods of time, and students used home schooling packages or online platforms. Lack of sufficient communication with teachers and lack of financial support for data were key problems.

- Homeschooling was difficult because I didn't get to meet my teachers face to face and there were also many distractions at home.
- Study became very complicated. We had to get our notes online. I could not get explanations from the teachers, and buying data to get online for class materials was too expensive. As a result, I failed my year 12 in 2021.
- School fees at USP are expensive. I usually pay for them through temporary jobs in tourism, but with the lockdown, I was not able to get a job, and had to quit my studies.
- During that lockdown I couldn't easily find explanations from the teacher and it was too expensive to buy data to go online.
- I could not afford to buy data every day to check my online classes and to communicate with my teacher and my friends. Sometimes my teacher did not send out lessons to the online platform. At times, I was also scared of going out to buy data because of COVID-19 which kept me from going online for two to three days. It made me feel like I'm left behind. I had to stop my studies which was sad.
- COVID-19 meant no more face-to-face classes and everything went online. This was hard for me as student because I needed more explanation from the teacher. My grades have dropped from previous years.
- I missed a lot of lessons, it is very hard to catch up, and I feel like am left behind.
- The lockdown gave me the opportunity to do my school work at my pace, but the problem came when I needed help from teachers and friends. Also, since I am heavily involved with sports, I couldn't train or go to any tournaments, overseas or in country.

One person also described *the teacher's side* of it:

- Since I worked at a school, changing from face-to-face classes to online classes was a real hassle. I was worried for my students but i knew their parents were looking after them. Everything at that time was just work, 24/7, and I couldn't go anywhere to get



my mind off things. It was just full-on work. I felt very overwhelmed and since it was online it wasn't like I could just run away.

About two thirds of respondents mentioned feeling scared and worried:

- I worked full-time with the exception of the lockdown, but even then, we continued to work remotely. The whole situation affected my output. Instead of my bosses understanding the situation, they put more pressure on me, which caused me stress. I started to feel like my life wasn't going anywhere. It came to a point where I felt stuck and was laid out for a full week.
- I felt hopeless, scared of COVID-19, and worried about my life.
- I heard about how COVID-19 killed thousands of lives around the world and it made me scared and worried.
- I was scared because our health standards here are so limited - I was very worried that we don't have the resources to deal with it, and I was also scared that my 62-year-old mother would get it.
- It was sad since I lost one of my loved ones during this strict lockdown.

Three of the respondents mentioned that they were *not affected a lot*:

- I work for the government so all our jobs were secure. During the actual lockdown, we were a part of the essential services so we were at the office anyway. Mentally and financially, it was a good break for me. The only things I worried about was having some family members that were stuck overseas for RSE, and not being able to order online.
- Since I do not have a job and don't study, it did not affect me much. What was hard is seeing so many people lose their jobs and facing hard times.
- Overall, this lockdown didn't affect me much, mostly it changed hanging out with friends and families. We were open during most of the 2 years and followed the protocols.

When asked about *the most difficult parts of the experience*, getting food and supplies was mentioned often. This became difficult, as imports stopped or were slowed down, and for a number of respondents, having their own gardens for food was essential to survival:

- When the Government first told people they had to stay at home, in 2020, I wasn't fully prepared. We had only a small amount of food left and had to manage before we were allowed to go out again. consuming them until further notice that the Government had put for letting us go out to do shopping and getting more food. That taught me a lesson though and I learned how to prepare.
- There was a shortage of items in shops and medications in pharmacies - all the imports that comes through sea or air must go through a long quarantine process before reaching the shops
- When Port Vila had an actual lockdown, the Santo shops closed as they did not get cargo coming in – we were very lucky to survive with the food in our small garden.
- It is a good thing we could grow our own food so we could survive.

*Social isolation* was frequently mentioned as one of the most difficult parts of the experience:

- During the last lockdown, I was one of the first ones to get COVID-19 and I was isolated at Ramada resort. When I came out from isolation, I noticed that people were distancing themselves from me and they were afraid of me.
- The most difficult part of those experiences was not being able to come back to Port Vila and see my friends and family, I felt very lonely.
- It's hard to isolate yourself and I must stay at home no more hanging out with my friends.
- One of the most difficult parts for me was not being able to see the person i love, because we had been together for 4 years and since COVID-19 we just stopped being able to see each other, i couldn't fly to them and they couldn't fly to me.

For a number of respondents, the lockdown experience was also more difficult *because of their SOGIE diversity*:

- As SOGIE people when we failed to apply the rules given by the government, people would look at us differently because they already have hatred in them. The most difficult part for me was staying at home and not going to work, cause i wasn't able to make money, and i was just doing nothing at home, just taking the time to listen to the tips from the ministry of health.
- One thing I was scared of was, if I got COVID-19 and I was put in a lockdown setting, how the people there would take me with who I am, and the discrimination that would follow.
- The hardest thing was when people called me names, using words that made me feel bad. It is very difficult because we SOGIE are different from normal people.

#### 4.2.2 Physical Experience with COVID-19

*For the second interview question, we asked about respondents' personal physical experience with COVID-19, including:*

- *What were the direct effects of COVID-19 on you physically?*
- *Were you vaccinated? Did it affect you?*
- *Did you get COVID-19? Once, more? How bad was the experience?*
- *Any long COVID-19 effects?*

Out of 28 interviewees, 25 or 89% were vaccinated and only 3 (11%) were not. Vaccines included AstraZeneca, Sinopharm, or Moderna, and most reported temporary side effects from the vaccination. In total, 17 of the 28 interviewees (60.7%) reported having had COVID-19. Of those vaccinated, 15 reported having contracted COVID-19 at least once and 10 did not:

- The outbreak began on a Saturday. I was in the club the Friday before so I got COVID-19 during that time. Initially I did not know I was sick but after a few days, I felt it – I was very weak, and thought that death was calling my name. I treated myself well and it left my body after 3 days. After COVID-19, I started losing weight till now and i still can't gain weight but i know that one day I will gain weight.
- I got COVID-19, but I did not get tested – I just isolated myself. I wasn't very sick. I treated myself the way they advised me to and I was okay. I lost taste in food and liked salty food.
- I was sick for 2 weeks. I had to remain isolated and felt lonely. was lonely and had to remain isolated and i had no friends to talk to. The long-term effect of COVID-19 on me was that I felt very tired.
- When I got COVID-19, I felt like my forehead would explode, I felt very dizzy and weak.
- I got COVID-19 twice. I felt dizzy, had an itchy throat and coughed a lot but I also remained at home and got to use our traditional medicines to cure the COVID-19. Because I lived together with my mother and brother, they also got sick. The long-term effects of COVID-19 on me was serious headaches.
- I was fully vaccinated and got a booster shot. I got COVID-19 once, for 2 weeks, along with my whole family. I didn't go to a doctor, I just stayed at home. I had a fever and felt so dizzy that i couldn't walk.
- I got COVID-19 twice. The first one was like a mild flu, but the second one I was tested positive and displayed all of the symptoms.
- I think I got COVID-19 twice, but I didn't get tested. The experience was mild so i just isolated.
- My case of COVID-19 lasted for 2 weeks.
- I got COVID-19 2 times. It was a bad experience for me, feeling weak, tired and headache. It took three days for recovering.
- At first, I thought that it was just a normal flu but then the nurse at the private clinic told me it was COVID-19. I took my mother and my siblings to go and it turned out that we all had it, so we went home and isolated ourselves there.
- I don't think I got it, but perhaps I was asymptomatic, because everyone in my family was very sick, but I wasn't.
- I am not sure – I did experience the symptoms but I wasn't tested. I felt really sick, like my whole body was sore, my head hurt and was dizzy.
- I got COVID-19 once, but it wasn't that bad, just tired. I lost my taste for 3 weeks.

- I experienced a lot of COVID-19 symptoms but I followed the health measures from the Ministry of Health. It took three weeks for me to recover but I never give up.

Of the 3 that were not vaccinated, 2 contracted COVID-19 and 1 did not.

- I wasn't vaccinated. When I got sick, I went to the hospital and tested positive. I had terrible headaches and fever. I was sick for 4 days and remained isolated at the Ramada hotel. I treated myself traditionally by drinking warm water and lime, but the terrible headaches stayed with me for quite a while
- I wasn't vaccinated. I got COVID-19 during the community outbreak for 14 days and I recovered. I had a terrible headache and at night I steamed my face with warm water with lemon and ginger. After 3 days my headache stopped and I had a fever for the other 11 days.

#### 4.2.3 Mental Effects of COVID-19

*For the third interview question, we asked respondents how COVID-19 affected them mentally.*

All but 4 of the respondents indicated that they were negatively affected, with most mentioning fear, stress, worries, and depression:

- I was worried about what life would be like in the future – would we live with curfews, masks and hand sanitizers forever, and would it ever end
- I am not as depressed now as when it first started but I learned to be alert about depression symptoms
- There was no hope. I started having terrible headaches and I thought my time was up.
- I was stressed and overthinking. I was afraid that my friends would be afraid of me after I socialize with them again
- I became paranoid that I would catch COVID-19, and the stress from all the work was too much.
- I felt bad cause i couldn't work- I wanted to go to work but i couldn't
- I was afraid for my children – I did not know if they would survive or not
- I was scared that if I got it, I would die
- I felt I isolated from everyone and I'm worried a lot when I'm alone.
- I'm scared of dying from COVID-19 - thank God I'm still alive today.

Four mentioned no negative mental effects, with one mentioning the usefulness of having had time to prepare and one describing it as a mental break.

#### 4.2.4 The most challenging parts of the experience

*The fourth interview question asked: "Looking back again on your experience with Covid-19 in Vanuatu,*

- *what was the most challenging part of your experience? Why were they challenging?*
- *What difficult choices did you make, due to COVID-19?*

When discussing the most challenging part of their experience, most interviewees mentioned economic challenges – loss of jobs and sources of income, not being able to work or travel, and the difficulties of isolation and not being able to leave home.

- My family and I earn income from commercial farming -COVID 19 stopped us from being able to sell food in the market
- I was on asthma medication from the hospital and with the border closure, there was a shortage of medicines. I tried to avoid any dusty areas and limit my use of the spray.
- Because I couldn't afford rent anymore, I had no place to sleep. I went to live with my big sister but there were many people at her house so I was afraid to catch or spread COVID.
- My studies -every school did the online school packages, so I had to sacrifice time and sleep in order to submit my assignments and activities in time.
- No money for school fees
- We had to wait for my mother to send us money to be able to buy food.
- It was sad to see other people be hungry and stealing to survive.
- The hardest part was social isolation.
- It was hard not to be able to go to church/school/funeral/social functions.

- Financial struggles were the most challenging part
- A lot of us "SOGIE" are involved in sex work, but because of COVID-19, I had to make the difficult choice to follow the protocol in other for me and others to be safe.
- I had to do back yard gardening instead of school work.
- Needing to ask others for food and help

On the positive side, about half of the interviewees said that the experience taught them how to be more independent, to budget and to save money, and to stock up on food and supplies to be more prepared. They also realized the importance of family and growing your own food, and learned about infection prevention through hand washing, masks and social distancing.

#### 4.2.5 Experience with COVID-19 as a SOGIE diverse person

*The last interview question was: "Do you think your experience with Covid-19 as a SOGIE diverse person was different from the experience of other people? How so/why/why not?"*

Nineteen out of 28 interviewees (68%) said *it was different* from that of other people, 9 (32%) said it was not. Some of the differences mentioned included:

- I think it is different from other people because we SOGIE get a lot of hatred from other people. Last time I went shopping, a guy shouted at me for walking on the road because he thought that we're the ones that spread COVID-19.
- As a SOGIE member I avoid going out a lot because others think that those kinds of people are the ones that spread COVID-19
- Being a SOGIE member in general is hard, because we are an easy target. Also, at the time I was trans so just my existence was something for people to talk about. That was something i had to consider when taking the vaccine or getting tested. A person not identifying that way doesn't even need to think of things like this.
- During the lockdown, a lot of people that I got to see were SOGIE members – we helped each other out.
- Where I live, I didn't experience that much hatred, but when I went shopping in town, I got a lot of discrimination.
- SOGIE people have mental challenges and battles every day, so we rely heavily on our friends and our SOGIE peers for affirmation and support. Since we couldn't access these groups, coping was an issue.
- During COVID-19, the most challenging part of my experience was people discriminating and throwing verbal abuses towards me. A difficult choice I made was that we didn't have enough food to eat at home during the lockdown. So, I had to get out of our house and tell the curfew task force responsible that I needed to get food for my family. Even though I got bad words and treatment from them I had to stand firm and face them, because my family is needed food to survive.
- When we raise our SOGIE voice in a community, people do not take our voices into consideration because they do not will not value us that much.
- It's different because it's hard for me to meet my partner during the lockdown.
- A lot of people already see SOGIE people as less important and discriminate.
- Some SOGIE don't have partner, and their families do not accept them, so they live by themselves whereas normal people have a family that looks after them.
- People discriminate against SOGIE based on how they walk, talk, and dress which makes us less free and makes it difficult for us to express ourselves.
- Some SOGIE depend on sex work to earn income whereas normal people they have good jobs to help them and their family.

Some of the responses of those who felt it *was not different* for SOGIE diverse people were:

- I think SOGIE experience is the same as normal people (sic) because everyone received the same health treatment, faced challenges inside a home, and followed the same protocol to stay safe.
- If I became sick, the treatment that I would get would be the same as normal people.
- I think everyone was treated equally during that covid lockdown from my experience.
- For me I think we've all experienced the same thing. I am different and different people faced their own challenges during those times. Some people have hatred in them but I don't really care about what they think of me.

Two of those who said it was not different for them personally, mentioned the importance of privilege:

- For me, it wasn't different but that might be due to my own resources as opposed to others.
- For me personally, it was not an issue because I was more privileged at that time. Some SOGIE identifying people experienced it differently, especially if their families did not accept them.

## 4.3 Discussion and Recommendations

### 4.3.1 Discussion of results

While Vanuatu is a small, isolated, Pacific country, the results of this study were very much consistent with the major findings of other studies conducted worldwide, as discussed in section 2.1 of this report.

Overall, the results of our study – surveys and interviews- demonstrated that COVID-19 severely impacted the SOGIE-diverse community in Vanuatu. Key areas of impact included:

6. *Economic impact* - The SOGIE diverse population in our sample showed much higher than average unemployment figures, at least 6 times the national average, and only a quarter to one half of those surveyed indicated being able to meet basic needs. The economic impact of COVID-19 significantly increased unemployment, reduced their ability to produce income and meet basic needs, and increased dependence on family. As was shown in an earlier study, SOGIE-diverse people often experience violence at the hands of their families, so increased dependency also increases risks of violence<sup>46</sup>. There was very little government relief aimed at individuals or families. Oxfam's Unblocked Cash program was one of the few exceptions, but its definition of marginalized populations did not include SOGIE-diverse people.
7. *Physical impact* – Participants in the study reported high incidences of having contracted COVID-19, with the sample rate of 46.9% being more than 12 times the reported national average. While the national average may not be accurate, it nonetheless signifies that SOGIE-diverse people were heavily impacted physically by the virus.
8. *Mental impact* – Those surveyed and interviewed reported being mentally impacted, with major effects being stress, depression, fear, feelings of isolation and hopelessness, and increased smoking, drinking and drug use. Mental effects are problematic in Vanuatu, given the very limited range of mental support services. For SOGIE diverse people, being connected to SOGIE diverse friends and peers is a key coping mechanism, which was blocked by the COVID-19 outbreak.
9. *Discrimination and stigma* – As was reported here and in other Vanuatu studies, SOGIE diverse people experience a lot of discrimination and stigma, which further adds to all the problems listed above. People experienced being blamed for COVID-19, being avoided for fear of contamination, and fearing hostilities in case of mandatory isolation.
10. *COVID-19 Prevention, information, and vaccination* -the SOGIE-diverse people in our sample were generally well-informed, used reliable sources of information, and actively practiced COVID-19 prevention behaviors. Vaccination rates in the sample were higher than those of the national population.

### 4.3.2 Recommendations

The impact of COVID-19 on the LGBTQ community worldwide and in Vanuatu has been severe, and their needs of this community have not been addressed, by government or by INGOs and other key actors.

As early as 2020, the Independent Expert on Sexual Orientation and Gender Identity of the United Nations Office of the High Commission on Human Rights issued a letter<sup>47</sup> with strong policy recommendations aimed at protecting the SOGIE diverse community during the COVID-19 pandemic. Among other things, the letter noted:



The COVID-19 pandemic is a global challenge that has exacerbated the inequalities prevalent in all regions of the world. Lesbian, gay, bisexual, trans and gender-diverse (LGBT) persons, who are already victims of violence and discrimination on the basis of their sexual orientation or gender identity, have been severely affected by this pandemic.

The United Nations General Assembly has acknowledged that "the poorest and most vulnerable are the hardest hit by the pandemic." The UN Secretary General has noted that the "COVID-19 crisis has exacerbated the vulnerability of the least protected in society."

Since the onset of the pandemic, the Independent Expert has been monitoring the ways in which the pandemic is affecting persons of diverse sexual orientations and gender identities. Information received allowed the Independent Expert to conclude that COVID-19 has a disproportionate impact on LGBT persons; that, with few exceptions, the response to the pandemic reproduces and exacerbates the patterns of social exclusion and violence already identified by the IE SOGI; and that urgent measures must be adopted by States and other stakeholders to ensure that pandemic responses are free from violence and discrimination.

In June 2020, the Independent Expert developed a groundbreaking set of guidelines to help States fulfill their obligations to prevent and mitigate the impact of COVID-19 on LGBT persons. The "ASPIRE" guidelines on COVID-19 response and recovery, free from violence and discrimination based on sexual orientation and gender identity, are based on six fundamental actions. These actions are considered good practice in the design, implementation and evaluation of measures of pandemic response and recovery.

ASPIRE stands for:

- *Acknowledge* that LGBT persons are everywhere (and that they are hard-hit by the pandemic);
- *Support* the work of LGBT civil society and human rights defenders (and learn from their significant achievements);
- *Protect* LGBT persons from violence and discrimination in the pandemic context (and prosecute perpetrators);
- *Indirect discrimination* is a real and significant risk (and exacerbates stigmatization against LGBT persons);
- *Representation* of LGBT persons in the process of design, implementation and evaluation of COVID-19 specific measures is key (and reflect their voices); and
- *Evidence* concerning the impact of COVID-19 on LGBT persons must be gathered (and States must follow good practice)<sup>48</sup>

Based on the overall findings of this report, along with the findings of other VPride reports<sup>49</sup>, and also following the recommendations of the UN Independent Expert and TCEN and Kaleidoscope Trust<sup>50</sup>, *Vanuatu-specific recommendations* from VPride include:

1. Apply the ASPIRE guidelines to design, review and evaluate the inclusiveness and effectiveness of all social policies, plans and action programs.
2. For all government agencies and INGOs in Vanuatu, to ensure that any response and recovery efforts are inclusive of LGBTI+ people and their particular needs, and that their efforts will reach the most marginalised and vulnerable and do not worsen existing inequalities and marginalization, including access to healthcare services; employment and paid leave; welfare, benefits and emergency economic support; access to education; food security; access to housing; and access to justice.
3. For the government, INGOs, and other key actors to ensure that all data collection related to pandemics or other disasters, both include and are disaggregated by sexual orientation, and gender identity and expression.

4. For all government agencies and other key actors, to be asked and held accountable for the review, revision, and implementation of policies that ensure the safety and security of all persons, without discrimination.

In addition, to facilitate future research, it is recommended that VPride work with donors and government to develop a reliable data base for SOGIE-diverse people.

## 5. Conclusion

This COVID-19 study was carried out by VPride at the end of 2022, with financial support from United National Development Programme (UNDP) and technical support from Human Capacity Development International (HCDI).

It documented Vanuatu's encounter with COVID-19, which was different from most other countries around the world. Vanuatu effectively avoided COVID-19 for a full two years, due to its international border closures, which came at a high economic cost. Finally, in March 2022, it had to announce a state of emergency, following the first community outbreak

The main question answered by this study is *how COVID-19 impacted people of diverse sexual orientation and gender identity (SOGIE) in Vanuatu*. The *methodology* used included a 25-question survey, administered online and by phone, along with in-depth follow-up interviews, conducted face-to-face or by phone. A total of 71 survey and 28 interview responses were collected and analyzed.

Following essential context and background information on VPride, Vanuatu, and SOGIE diversity in Vanuatu, the report summarize relevant research on the impact of COVID-19 on SOGIE diverse people worldwide.

*Main findings* of the research were consistent with those of other studies conducted worldwide, and confirmed that COVID-19 severely impacted the SOGIE-diverse community in Vanuatu. Economically, it further marginalized SOGIE diverse people, increasing unemployment, reducing their ability to meet basic needs, and increasing dependence of families. Physically, nearly half of the study participants reported having contracted COVID-19, more than 12 times the reported national average. Mentally, those surveyed and interviewed reported experiencing stress, depression, fear, feelings of isolation and hopelessness, and increased smoking, drinking and drug use. They also reported experiencing discrimination and stigma, including being blamed for COVID-19, being avoided for fear of contamination, and fearing hostilities in case of mandatory isolation. The SOGIE-diverse people in our sample were generally well-informed, used reliable sources of information, and actively practiced COVID-19 prevention behaviors. Vaccination rates in the sample were higher than those of the national population.

The key recommendations in the report was ensuring that all social policies, plans, action programs, response and recovery effort, and data collection efforts are SOGIE inclusive, following the ASPIRE guidelines issued by the UN OHCHR.

It is hoped that this report contributes to the small but growing body of research on SOGIE diversity in Vanuatu and that this important work will be continued in the future, with assistance and cooperation from government and donors. Only through increased knowledge and conscious efforts at inclusion will we able to reach the "LEAVE NO ONE BEHIND" aspiration of the Vanuatu People's Plan and the Sustainable Development Goals.



## Appendix 1 Survey Questions

Welcome to our VPride survey!



Worldwide, people of diverse Sexual and Gender Orientation and Expression (SOGIE) or LGBTQ have experienced major challenges during COVID-19. We are interested in finding out about the experiences of SOGIE diverse people in Vanuatu. All information will be kept strictly confidential and we do not ask for your name or identifying information.

Can we ask you some questions about *your* experience?

Welkam long VPride survey blong mifala!

Long ful wol, ol pipol blong ol daeves Sexual mo Gender Orientation and Expression (SOGIE) o LGBTQ i bin eksperiensem ol bigfala jalenj long taem blong COVID-19.

Mifala i gat bigfala interes blong faenemaot ol eksperiens blong ol SOGIE daeves pipol long Vanuatu. Evri infomesen bae i stap wetem mifala nomo, olsem konfidensel, mo mifala i no askem nem blong yu o eni narafala infomesen we i save aedentifaem yu wan.

Hemi oraet sipos mifala i askem samfala kwestin abaot eksperiens blong yu?

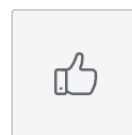
1. Do you identify - publicly or privately - as SOGIE-diverse or LGBTQ?

If no, please exit the survey.

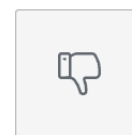
Long publik o long pravaet, yu stap aedentifae olsem wan SOGIE divaes o LGBTQ?

Sipos yu no adentifae olsem yu no nid blong tekem survey ia.

Tank yu tumas.



Yes



No

2. In order to be included in the survey prize drawing, we need your phone number. Can you please share this with us? Remember, all information is kept strictly confidential. If you do not want to share your phone number, that is OK too.

I gat wan draw we bae mifala i mekem long en blong survey. Yu we yu givim mobael namba blong yu long mifala, bae yu gat janis blong winim wan prize. Mo ol ditael blong yu bae i stap konfidensel wetem mifala, olsem bae mifala i no serem infomesen blong yu wetem eni narafala. Mo sipos yu no wantem serem mobael namba blong yu i stret nomo.

3. Can you please share with us how you identify?

Hemi oraet sipos yu save talem se yu aedentifae olsem wanem?  
(Choose as many as you like)

- Gay (Man we laekem Man)
- Lesbian (Woman we laekem Woman)
- Bi-Sexual (Yu laekem tugeta jenda)
- Transgender Male (Born olsem wan woman, be yu aedentifae olsem wan man)
- Transgender Female (Born olsem wan man, be yu aedentifae olsem wan woman)
- A-Sexual (yu no gat interest long sex)
- Still Identifying (yu no save yet)
- Other

4. Were you in Vanuatu between February 2020 and June 2022?

Yu bin stap long Vanuatu bitwin Febuwari 2020 mo Jun 2022?

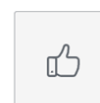
- Yes, the whole time period (Yes, mi bin stap nomo long taem ia)
- Some of the time period (Mi bin stap smol taem nomo long taem ia)
- No, I was outside of Vanuatu during that time (No, mi stap ovasi long taem ia)

5. Pre-COVID-19 (before March 2020), what was your employment status?

Bifo COVID-19 i kasem yumi (bifo Maj 2020), yu bin wok olsem wanem?

- Employed full-time (Wok full taem)
- Employed part-time (Wok part-taem)
- Employed occasionally (Wok wan wan taem nomo)
- Unemployed (Nogat wok)

6. If you were employed, what sector were you working in mostly?  
Sipos yu bin gat wok, yu mekem wanem kaen wok?
- Government/Civil service
  - Tourism/Hospitality
  - Agriculture/Farming/Gardening
  - Fishing
  - Home Care (lukaotem wan sik man long haos blong hem)
  - Health Care
  - Education
  - Creative Sector (Art, music, clothing design, etc.)
  - Sex worker
  - Private Sector/Production
  - Industry/Services (IT/Finance/etc.)
  - I was not employed (mi no bin wok)
7. Did your employment before COVID-19 provide you with sufficient income for :  
Wok we yu bin mekem bifo COVID-19 hemi provaedem inaf mani blong pem:  
(Choose as many as you like)
- housing (ples blong slip)
  - food (kaka)
  - clothing (ol klos)
  - care for family (lukaotem famle blong yu)
  - education (edukesen)
  - transportation (transpot)
  - community contributions (ol kontribusen long komuniti blong yu)
  - savings
  - I did not make any income (mi no bin gat eni inkam)
8. How did COVID-19 affect your employment or ability to produce income?  
Hao nao COVID-19 i bin afektem wok blong yu o abiliti blong yu blong winim mani?  
(Choose as many as you like)
- My job hours went up (ol haoa blong wok i go antap)
  - My pay went up (salari bong mi i bin go antap)
  - My job hours went down (ol haoa blong wok i bin go daon)
  - My pay went down (salari blong mi i bin go daon)
  - I lost my job and did not get another job (mi bin lusum wok blong mi mo mi no bin karem wan narafala wok)
  - I lost my job, but got another job (mi bin lusum wok blong mi, be mi faenem wan narafala wok)
  - I left Vanuatu for seasonal work overseas (mi bin lego Vanuatu blong go wok ovasi)
9. Did your employment during COVID-19 provide you with sufficient income for:  
Wok blong yu long taem blong COVID-19 hemi provaedem inaf mani blong pem:  
Choose as many as you like
- housing (ples blong slip)
  - food (kaka)
  - clothing (klos)
  - care for family (lukaotem famle)
  - education (edukesen)
  - transportation (transpot)
  - community contributions (ol kontribusen long komuniti blong yu)
  - savings
  - I did not make any income (mi no bin gat eni inkam)
10. Were you economically impacted by someone in your household losing job or income?  
Yu bin fesem had taem from we wan long haos blong yu i bin lusum wok o inkam blong hem?
11. Were you affected by COVID-19 in other ways, such as:  
COVID-19 i bin afektem yu long ol narafala we olsem:



Yes



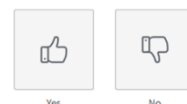
No

Choose as many as you like

- Stress
- Feeling isolated or alone (fil se yu stap yu wan o lonli)
- Less contact with family or friends (taem we yu bin spendem wetem ol famle o fren i bin go daon)
- Increased drinking, smoking or drug use (fasin blong drink, smok o yusum drugs i go antap)
- Loss of a place to stay (yu bin lusim ples blong slip)
- Not feeling safe in your place to stay (yu no fil sef long ples we yu bin slip)
- Not able to travel (no save travel)
- Feeling uncertain or confused (gat ol filing blong no save o stap konfius)
- Other

12. Do you feel you were able to get enough reliable, trustworthy information about COVID-19?

Yu fil se yu save kasem inaf stret mo honest infomesen we yu save?



13. Where did you get your information from?

Yu bin karem infomesen blong yu wea?

Choose as many as you like

- Government postings on Facebook
- Ministry of Health reports (ol ripot blong Ministri blong Helt)
- Other postings on Facebook
- VBTC, Daily Post or other news media in Vanuatu
- News sources outside of Vanuatu (ol nius blong aotsaed long Vanuatu)
- Other

14. Do you feel the Vanuatu government did a good job educating people about COVID-19?

Yu ting se gavmen blong Vanuatu i bin eduketem gud ol pipol long saed long COVID-19?

- Yes
- No
- Somewhat (Smol nomo)
- Not sure (no save)

15. Were you personally involved in any of the government health awareness campaigns?

Yu wan i bin tek part long eni long ol gavmen helt awaenes kampaen?

- Yes, as a paid worker (yes olsem oli pem mi)
- Yes, as a volunteer (yes olsem wan volunteer we oli no pem mi)
- No

16. Were you vaccinated against COVID-19?

Yu bin karem vaksin blong COVID-19?

- No, I was not (no mi no karem)
- I was partially vaccinated - mi karem 1 stik nomo (1 shot Astra Zeneca/Moderna/Sinopharm)
- I was fully vaccinated - mi karem ful vaksin (2 shots or Johnson & Johnson single dose)
- I was fully vaccinated and received a booster shot - mi karem ful vaksin tugeta wetem booster shot

17. Did you have any concerns about the vaccination?

Yu bin gat eni konsen long saed long vaksin?

Choose as many as you like

- I feel I had enough information (mi fil se mi gat inaf infomesen)
- I was not sure about the side effects (mi no sua long ol saed efekt)
- I had questions about how the vaccine would affect my pre-existing conditions (mi gat ol kwestin long hao vaksin bae hemi afektem ol strong sik we mi gat finis)
- I had questions about how the vaccine would affect my medications (HIV, hormone therapy, etc.) (mi gat samfala kwestin long afekt blong vaksin long ol medikesen blong mi olsem HIV, hormone therapy)
- Other

18. Did you feel the vaccination site and staff were SOGIE friendly and inclusive?

Yu fil se ples blong vaksin wetem ol staff blong hem i SOGIE frenli mo SOGIE inklusiv?

- Yes
- No
- Somewhat (smol)

19. Did you follow any of the COVID-19-prevention tips?

Yu bin folem eni long ol COVID-19 prevensen tip olsem?

Choose as many as you like

- Handwashing (wasem han)
- Wearing a mask (warem mask)
- Not shaking hands or touching others (no sek han o tajem narafala)
- Physical distances (fisikal distans)
- Avoiding crowded social spaces (avoidem ol ples wetem fulap man)
- Covering your cough (kaverap maot blong yu taem yu kof)
- Seeking medical attention when needed (karem medikal atensen taem yu nidim)
- Getting tested when sick (go karem testing taem mi sik)
- Other

20. Did you get COVID-19?

- Yu bin kasem COVID-19?
- Yes, I did and I was tested (yes mo mi go karem test)
- Yes, I did, but I was not tested (yes be mi no karem test)
- No, I did not (no mi no kasem)
- I think I did not but I am not sure (mi ting se mi kasem be mi sua)
- I got COVID-19 more than once (mi sik wetem COVID-19 plente taem)

21. If you did get COVID-19, can you tell us a bit about your experience?

Sipos yu bin kasem COVID-19, yu save sharem smol abaot eksperiens blong yu?

Choose as many as you like

- I did not get COVID-19 (mi no kasem COVID-19)
- I did, and I was very sick (mi kasem, mo sik tumas)
- I did, but I did not feel very sick (mi kasem be mi no sik tumas)
- I had a pre-existing condition which made it worse (e.g., asthma, diabetes, HIV)
- Mi gat wan strong sik finis we i COVID-19 i mekem i moa wos long mi (olsem asma, daebitis, HIV)
- The COVID-19 lasted a long time (more than 2 weeks) (COVID-19 i stap wetem mi long taem, olsem ova long 2 wiks)
- I still feel after effects (long COVID-19) (mi filim ol efkts blong COVID-19 yet-olsem "Longfala COVID-19")

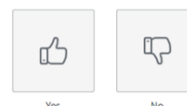
22. As a SOGIE diverse/LGBTQ+ individual, were you comfortable with seeking health aid related to COVID-19 when needed?

Yu olsem wan SOGIE diveas/LGBTQ+ person, yu ting se yu bin komfotabol blong luaotem help long saed blong COVID-19 long taem we yu nidim?

- Yes
- No
- Somewhat (smol)

23. Do you personally know someone who died from COVID-19 in Vanuatu?

Yu bin save wan man o woman we bin ded from COVID-19 long Vanuatu?

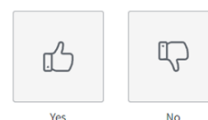


24. Is there anything else you would like to share with us about your COVID-19 experience in Vanuatu?

I gat eni narafala samting we yu wantem serem wetem mifala abaot ekspirens blong yu wetem COVID-19 long Vanuatu?

25. Would you like to be contacted for a half hour follow-up interview on your experience?

Hemi oraet sipos mifala i kontaktem yu blong storian moa long eksperiens blong yu?





## Appendix 2 Interview Questions

1. Vanuatu's experience with COVID-19 was quite different from that of other countries. We lived with a 2-year border closure, then experienced an acute breakout and strict lockdown, and then went back to "life as normal:". Looking back on your experience with COVID-19 in Vanuatu,
  - How did you experience the 2-year border closure – did it impact your life, your work, your mental health, your studies...
  - What were the most difficult parts of those experiences for you? Why were they difficult?
  - How did you experience the actual lockdown (February/March 2022) did it impact your life, your work, your health, other parts of your life?
  - What were your feelings during those times?
2. What were the direct effects of COVID-19 on you physically?
  - Were you vaccinated? Did it affect you?
  - Did you get COVID-19? Once, more? How bad was the experience?
  - Any long COVID-19 effects?
3. How did COVID-19 affect you mentally?  
Stress, isolation, fear, uncertainty, depression, etc.
4. Looking back again on your experience with COVID-19 in Vanuatu,
  - what was the most challenging part of your experience? Why were they challenging?
  - What difficult choices did you make, due to COVID-19?
5. Do you think your experience with COVID-19 as a SOGIE diverse person was different from the experience of other people? How so/why/why not?

## End Notes

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<sup>1</sup> Ministry of Health COVID-19 Update. <https://COVID-1919.gov.vu/index.php/vaccination/information>

<sup>2</sup> VPride (2021). SOGIE Diversity in Vanuatu: A preliminary study.

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_3e04f95ef28e49f09609c7d1b3c6dde1.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_3e04f95ef28e49f09609c7d1b3c6dde1.pdf)

<sup>3</sup> Vanuatu Chamber of Commerce and Industry (2022). Oxfam Unblocked Cash Transfer Program Now Extending to Shefa <https://vcci.vu/oxfam-unblocked-cash-transfer-program-now-extending-to-shefa/#:~:text=Oxfam%20Unblocked%20Cash%20Transfer%20Program%20Now%20Extending%20to%20Shefa,-With%20the%20successful&text=This%20program%20provides%20assistance%20to,in%20many%20areas%20of%20Vanuatu.>

<sup>4</sup> For basic definitions within SOGIE, see <http://www.chp.edu/-/media/chp/departments-and-services/adolescent-and-young-adult-medicine/documents/gender-and-sexual-development/basic-definitions-SOGIE.pdf?la=en&hash=C2D13108540DD7D4A685C55CB30C7ACD6C71D310>

<sup>5</sup> <https://www.nationsonline.org/oneworld/map/vanuatu-map.htm>

<sup>6</sup> Vanuatu population. Worldometer. <https://www.worldometers.info/world-population/vanuatu-population/>

<sup>7</sup> Vanuatu Demographics. <https://www.worldometers.info/demographics/vanuatu-demographics/>

<sup>8</sup> World Bank. Vanuatu Country Data. <https://data.worldbank.org/country/VU>

<sup>9</sup> Derek Brien. Working Paper Series Macroeconomic Policy and Financing for Development Division WP/19/04 April 2019 LDC Graduation Vanuatu: Challenges and opportunities.

[https://www.unescap.org/sites/default/files/publications/WP-19-04%20LDC%20Graduation\\_Challenges%20and%20Opportunities%20for%20Vanuatu.pdf](https://www.unescap.org/sites/default/files/publications/WP-19-04%20LDC%20Graduation_Challenges%20and%20Opportunities%20for%20Vanuatu.pdf)

<sup>10</sup> Vanuatu 2030 <https://www.gov.vu/index.php/resources/vanuatu-2030>

<sup>11</sup> Vanuatu 2030 <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=1201&menu=3170>

<sup>12</sup> <https://data.unwomen.org/country/vanuatu>

<sup>13</sup> VWC and VNSO (2011). Vanuatu National Survey on Women's Lives and Family Relationships.

<sup>14</sup> VPride (2021). SOGIE Diversity in Vanuatu: Preliminary Study

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_3e04f95ef28e49f09609c7d1b3c6dde1.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_3e04f95ef28e49f09609c7d1b3c6dde1.pdf)

<sup>15</sup> VPride (2022). Effective SOGIE Inclusion in Times of Disaster.

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_4382ebc38c1049f197fc650833841b9d.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_4382ebc38c1049f197fc650833841b9d.pdf)

<sup>16</sup> Kellog, K. (2022) What We Know 2 Years Later: COVID-19's Impact on LGBTQ+ Communities <https://pridefoundation.org/2022/04/what-we-know-2-years-later-COVID-19s-impact-on-lgbtq-communities/>

- 
- <sup>17</sup> KFF (2021) The Impact of the COVID-19 Pandemic on LGBT People <https://www.kff.org/coronavirus-COVID-19/poll-finding/the-impact-of-the-COVID-19-pandemic-on-lgbt-people/>
- <sup>18</sup> For additional medical studies, see <https://pubmed.ncbi.nlm.nih.gov/35537518/>
- <sup>19</sup> HRC. LGBTQ+ Health Equity and COVID-19: Building trust and confidence for the health of our communities. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/assets/COVID-19-VaccineStudy-110421.pdf>
- <sup>20</sup> HRC (2022) LGBTQ+ Health Equity and COVID-19-10: Vaccines, Boosters and Pathways to Positive Long-Term Health. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/assets/LGBTQ-Health-Equity-COVID-19-032322-1.pdf> f
- <sup>21</sup> HRC. LGBTQ+ Health Equity and COVID-19: Building trust and confidence for the health of our communities. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/assets/COVID-19-VaccineStudy-110421.pdf>
- <sup>22</sup> Kellog, K. (2022) What We Know 2 Years Later: COVID-19's Impact on LGBTQ+ Communities <https://pridefoundation.org/2022/04/what-we-know-2-years-later-COVID-19s-impact-on-lgbtq-communities/>
- <sup>23</sup> Hidden Figures <https://lgbt.foundation/coronavirus/hiddenfigures>
- <sup>24</sup> ILGA Europe (2020) COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact <https://www.ilga-europe.org/files/uploads/2022/04/COVID-19-specific-impact-LGBTI-people-what-authorities-should-be-doing-mitigate-impact.pdf>
- <sup>25</sup> HRC (2022) The economic impact of COVID-19 on the LGBTQ community. [https://assets2.hrc.org/files/assets/resources/COVID-1919-EconomicImpact-IssueBrief-042220.pdf?\\_ga=2.155878715.1405531626.1669524527-566276494.1669524527](https://assets2.hrc.org/files/assets/resources/COVID-1919-EconomicImpact-IssueBrief-042220.pdf?_ga=2.155878715.1405531626.1669524527-566276494.1669524527)
- <sup>26</sup> HRC (2022) LGBTQ+ Health Equity and COVID-19: Vaccines, Boosters and Pathways to Positive Long-Term Health. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/assets/LGBTQ-Health-Equity-COVID-19-032322-1.pdf> f
- <sup>26</sup> HRC (2022) The economic impact of COVID-19 on the LGBTQ community.
- <sup>27</sup> Kellog, K. (2022) What We Know 2 Years Later: COVID-19's Impact on LGBTQ+ Communities <https://pridefoundation.org/2022/04/what-we-know-2-years-later-COVID-19s-impact-on-lgbtq-communities/>
- <sup>28</sup> KFF (2021) The Impact of the COVID-19 Pandemic on LGBT People <https://www.kff.org/coronavirus-COVID-19/poll-finding/the-impact-of-the-COVID-19-pandemic-on-lgbt-people/>
- <sup>29</sup> Human Rights Campaign (HRC). The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis. <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-COVID-19-crisis>
- <sup>30</sup> HRC (2022) The economic impact of COVID-19 on the LGBTQ community. [https://assets2.hrc.org/files/assets/resources/COVID-1919-EconomicImpact-IssueBrief-042220.pdf?\\_ga=2.155878715.1405531626.1669524527-566276494.1669524527](https://assets2.hrc.org/files/assets/resources/COVID-1919-EconomicImpact-IssueBrief-042220.pdf?_ga=2.155878715.1405531626.1669524527-566276494.1669524527)
- <sup>31</sup> Kellog, K. (2022) What We Know 2 Years Later: COVID-19's Impact on LGBTQ+ Communities <https://pridefoundation.org/2022/04/what-we-know-2-years-later-COVID-19s-impact-on-lgbtq-communities/>
- <sup>32</sup> TCEN/Kaleidoscope Trust (2020) LGBTI+ IN THE COMMONWEALTH IN THE COVID-19 ERA. <https://www.commonwealth-COVID-19.com/>
- <sup>33</sup> TCEN/Kaleidoscope Trust (2020) LGBTI+ IN THE COMMONWEALTH IN THE COVID-19 ERA – An update <https://www.kaleidoscopetrust.com/Administrator/pdfforms/LGBTI+%20People%20in%20the%20Commonwealth%20in%20the%20COVID-19%20Era:%20An%20Update974430.pdf>
- <sup>34</sup> Ministry of Health COVID-19 Update. <https://COVID-1919.gov.vu/index.php/vaccination/information>
- <sup>35</sup> Statistics from Ministry of Health dashboard <https://app.powerbi.com/view?r=eyJrIjoieYzhIMGNIZGUtNDEzZS00MjAwLTgzODMtOWQyODNjMzJhYTEyIiwidCI6IjMzZiJlMThmLWZkYmEtNDEzZS1hNDRmLWU3OWMyMGnkYzUxNyIsImMiOiJlEwFQ%3D%3D&pageName=ReportSectione06f4e6a8e7926c2da44>
- <sup>36</sup> Australian Government (2020) Partnerships for Recovery: Australia's COVID-19 Development Response <https://www.dfat.gov.au/sites/default/files/COVID-19-response-plan-pacific-regional.pdf>
- <sup>37</sup> Kitara, T and Farbotko, C (2020, July 08). Youth resilience to COVID-19: indigenous knowledge in Tuvalu. *DevPolicy Blog*. <https://www.devpolicy.org/2020/07/08/youth-resilience-to-covid-19-indigenous-knowledge-in-tuvalu/> - *Devpolicy Blog from the Development Policy Centre*, cited in ABC International Development. Youth Digital Engagement during COVID-19: Girls Online (GO!) Participating meaningfully and safely in cyberspace. Retrieved from [https://abcportal-my.sharepoint.com/:w/g/personal/firkin\\_elizabeth\\_abc\\_net\\_au/EUcw66S6hENIlg69E-7k7FJkBP2dWMZ9\\_Kq5UfwwhBQy7w?e=EwcwYG](https://abcportal-my.sharepoint.com/:w/g/personal/firkin_elizabeth_abc_net_au/EUcw66S6hENIlg69E-7k7FJkBP2dWMZ9_Kq5UfwwhBQy7w?e=EwcwYG)
- <sup>38</sup> See e.g. US Office for Civil Rights (2021) Education in a Pandemic: The Disparate Impacts of COVID-19 on America's Students <https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-COVID-1919.pdf>; Parker, M. and Alfara, P. (2021) Education during the COVID-19 Pandemic: Access, inclusion and psychosocial support – leaving no Caribbean child behind. [https://www.cepal.org/sites/default/files/events/files/education\\_during\\_the\\_COVID-19\\_pandemic.pdf](https://www.cepal.org/sites/default/files/events/files/education_during_the_COVID-19_pandemic.pdf) Human Rights Watch (2021) Problems with education around the world during COVID-19 [https://www.hrw.org/sites/default/files/media\\_2021/05/global\\_COVID-19education0521\\_ETR.pdf](https://www.hrw.org/sites/default/files/media_2021/05/global_COVID-19education0521_ETR.pdf) and

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Years Don't Wait for Them: Increased Inequalities in Children's Right to Education Due to the COVID-19 Pandemic <https://www.hrw.org/report/2021/05/17/years-dont-wait-them/increased-inequalities-childrens-right-education-due-COVID-19>

<sup>39</sup> ABCID (2022) Research brief: Vanuatu Youth digital engagement during COVID-19.

<https://live-production.wcms.abc-cdn.net.au/9b7cf14665ead9b574722aeb55b62c88>

<sup>40</sup> Terauds, K. (June 2022) Prospects for the post-pandemic tourism and economic recovery in Vanuatu. UNCTAD Research Paper No. 86. Retrieved from [https://unctad.org/system/files/official-document/ser-rp-2022d6\\_en.pdf](https://unctad.org/system/files/official-document/ser-rp-2022d6_en.pdf), p. 14.

<sup>41</sup> Vanuatu National Statistics Office, 2012

<sup>42</sup> Asian Development Bank (2022). Proposed Grant and Administration of Grants Republic of Vanuatu: COVID-19 Response for Affected Poor and Vulnerable Groups Project <https://www.adb.org/sites/default/files/project-documents/54196/54196-002-rrp-en.pdf>. See also World Travel and Tourism Council. 2020. Vanuatu: 2020 Annual Research. London; and Department of Tourism and Vanuatu Tourism Office. 2020. National Tourism Business Impacts Survey—TC Harold and COVID-19 Pandemic. Port Vila.

<sup>43</sup> ILO/OECD (2020) The impact of the COVID-19 pandemic on jobs and incomes in G20 economies.

[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms\\_756331.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms_756331.pdf)

<sup>44</sup> Asia South Pacific Association for Basic and Adult Education. (2021). Youth-Led Action Research on the Impact of COVID-19 Pandemic on Marginalized Youth: Consolidated Research Study Report 2020, p. 44.. Retrieved from [https://www.ungei.org/sites/default/files/2021-05/YAR\\_Impact\\_COVID-19\\_MarginalisedYouth\\_1.pdf](https://www.ungei.org/sites/default/files/2021-05/YAR_Impact_COVID-19_MarginalisedYouth_1.pdf)

<sup>45</sup> Vanuatu National Statistics Office. Census 2020 [https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/89/89814a86ed19dac44791abb50f6a6572.pdf?sv=2015-12-11&sr=b&sig=r8XnhoCXwkskP%2F9iC%2FInxlgl8yFFTMgFr74C4Mut0c%3D&se=2023-07-11T03%3A58%3A06Z&sp=r&rscc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22Vanuatu\\_2020\\_Census\\_basic\\_Tables\\_Report\\_Vol\\_1.pdf%22](https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/89/89814a86ed19dac44791abb50f6a6572.pdf?sv=2015-12-11&sr=b&sig=r8XnhoCXwkskP%2F9iC%2FInxlgl8yFFTMgFr74C4Mut0c%3D&se=2023-07-11T03%3A58%3A06Z&sp=r&rscc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22Vanuatu_2020_Census_basic_Tables_Report_Vol_1.pdf%22)

<sup>46</sup> VPride (2021). SOGIE Diversity in Vanuatu: A preliminary study.

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_3e04f95ef28e49f09609c7d1b3c6dde1.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_3e04f95ef28e49f09609c7d1b3c6dde1.pdf)

<sup>47</sup> OHCHR (202). Independent expert letter <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/lgbt-inclusive-response-COVID-19>

<sup>48</sup> 42Degrees. ASPIRE Guidelines on COVID-19 response and recovery free from violence and discrimination based on sexual orientation and gender identity. <https://www.42d.org/2020/08/14/aspire-guidelines-on-covid-19-response-and-recovery-free-from-violence-and-discrimination-based-on-sexual-orientation-and-gender-identity/>. See also [https://www.ohchr.org/sites/default/files/IESOGIASPIREGuidelinesReport\\_v5\\_20200622.pdf](https://www.ohchr.org/sites/default/files/IESOGIASPIREGuidelinesReport_v5_20200622.pdf)

<sup>49</sup> VPride (2021). SOGIE Diversity in Vanuatu: Preliminary Study

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_3e04f95ef28e49f09609c7d1b3c6dde1.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_3e04f95ef28e49f09609c7d1b3c6dde1.pdf)

VPride (2022). Effective SOGIE Inclusion in Times of Disaster.

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_4382ebc38c1049f197fc650833841b9d.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_4382ebc38c1049f197fc650833841b9d.pdf)

VPride (2022) Improving Vanuatu SOGIE Inclusive Health Care: A Social Accountability Project

[https://www.vpridevanuatu.org/files/ugd/f6ecf4\\_7f86a229749f4a02869186b10ccd97a3.pdf](https://www.vpridevanuatu.org/files/ugd/f6ecf4_7f86a229749f4a02869186b10ccd97a3.pdf)

<sup>50</sup> TCEN/Kaleidoscope Trust (2020) LGBTI+ IN THE COMMONWEALTH IN THE COVID-19 ERA – An update

<https://www.kaleidoscopetrust.com/Administrator/pdfforms/LGBTI+%20People%20in%20the%20Commonwealth%20in%20the%20COVID-19%20Era:%20An%20Update974430.pdf>. For additional recommendations, see also Haworth, B. (2020) Learning from LGBTIQ+ experiences of COVID-19 in the UK for future crises: Recommendations to policymakers and practitioners for more inclusive strategies <https://documents.manchester.ac.uk/display.aspx?DocID=53042>