Lessons Learned Regarding Policy & Pandemic Preparedness for PLHIV in SEA

Adeeba Kamarulzaman

Universiti Malaya, Kuala Lumpur

President IAS

Individual level challenges

- Fear of contracting COVID-19 has led to decreased engagement with care
- National lockdowns
  - Nationwide public and private transportation suspensions
- Financial stress from loss of livelihoods
- Physical distancing guidelines exacerbate isolation that older individuals with HIV
- Depression
- Substance use
- Migrant workers in cities have retreated to the rural areas

Prabhu. J Virus Erad Nov 2020

Country level challenges

- Strained national healthcare systems
- HIV physicians have been called to care for patients with COVID-19, creating staffing shortages
- Delays linkage to care, diagnosis of OI, treatment failure
- Funding diversion

50% of prescribers experienced disruption of HIV care during COVID-19 in terms of frequency of visit & patient load.

A similar disruption in frequency of visit was also reported by at risk people (50%) and to some extent by PLHIV patients (35%).

% of response	Prescribers vs People at risk of HIV	Prescribers vs PLHIV
…less frequent	53.03% vs 37.75%	53.03% vs 23.46%
…delayed or rescheduled due to closure of clinic/ Not yet visited any hospitals	16.96% vs 20.17%	16.96% vs 11.60%

Averaged patient load	People at risk of HIV	PLHIV
BEFORE COVID-19	53.01	135.28
DURING COVID-19	32.87	93.50

KANTAR

Access to HIV testing

Both PLHIV and At-risk population reported a decrease in access to HIV related testing, due to concern of getting infected of COVID-19 and travel constraint.

- **47% of at-risk population reported a decrease in their HIV test frequency**
- **1 out of 5 of PLHIV stated their test frequency has decreased during COVID-19**

Frequency of HIV related test	% of People at risk of HIV	% of PLHIV
Remained the same	48.77%	72.89%
Decreased	**46.64%**	**21.50%**

Change of HIV testing	% of People at risk of HIV	% of PLHIV
Concern of getting infected of COVID	41.50%	45.99%
Travel constraint	34.64%	47.19%
Change of high risk behaviour	51.04%	n.a.

KANTAR

HIV preventive care

Preventive care of HIV is also heavily impacted during COVID-19

- **60% of the prescribers reported a decrease in preventive prescriptions for at risk population, mainly due to travel constraint and people's modified risky/unsafe practices**
- **Aligned with prescriber's perception, over 40% of people at risk of HIV reported a disruption of taking HIV preventive medicine (i.e. either decreased or stopped completely)**

Change in taking HIV preventive medicine	% of People at risk of HIV	% of Prescribers
Decreased or stopped completely	**41.53%**	**60.12%**

Change of HIV preventive medicine	% of People at risk of HIV	% of Prescribers
Travel constraint	41.61%	73.31%
People's modified unsafe practices/ Not engaging in high risk behavior	55.32%	52.18%

KANTAR

- How COVID-19 affected HIV services in Thailand

- The number of new HIV diagnoses and ART initiation dropped.
- Some PLWH cannot travel to obtain ART from their usual providers, especially those migrating across countries or provinces.
- 50-75% decline in number of HIV and STI testing clients in major HIV/STI centers.
- PrEP supply was uncertain.

ART, antiretroviral therapy ; PLWH, people living with HIV; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection

Oxford Policy Management. Social Impact Assessment of COVID-19 in Thailand. July 2020.

HIV service adaptations in Thailand during COVID-19

- **Multi-month dispensing of ART**
  - Endorsed by Thai AIDS Society, MOPH, NHSO and SSO
  - Procurement and stock management at national and local hospital levels
- **ART mailing (and telehealth)**
  - Endorsed by NHSO for ART mailing, same-day ART initiation continued at TRCARC with 99% telehealth F/U
  - Thai Medical Council just announced its practice guideline on telehealth in July 2020
- **Flexibility of ART service access outside of registered/assigned hospitals**
  - Endorsed by NHSO and SSO
  - Not followed by hospitals who reimbursed from NHSO and SSO
- **HIV self-testing not yet available in Thailand**

ART, antiretroviral therapy; MOPH, Ministry of Public Health; NHSO, National Health Security Office; SSO, Social Security Office; TRCARC, Thai Red Cross AIDS Research Centre; Thai Network of Positive People (TNP+). Role of the Continuum of Care Center and TNP+ in the Response to the Covid-19. June 2020. Amatavete S, et al. LBPEE47, AIDS 2020 Virtual.

• ADAPTATION

• HIV prevention services during COVID-19

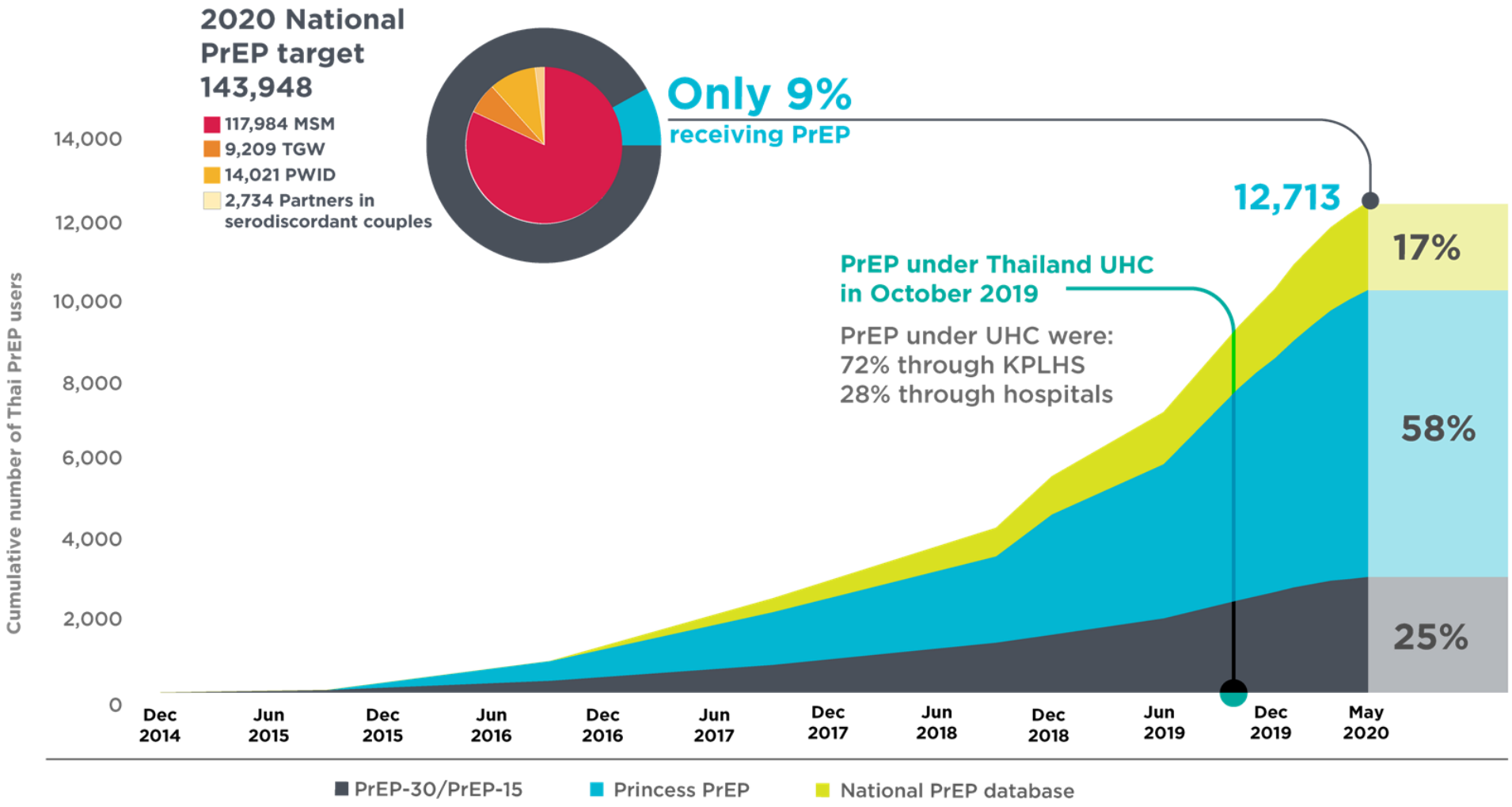
Key Population-Led Health Services (KPLHS): designed and co-delivered by KPs

- A defined **set of HIV-related health services**, focusing on specific key populations
- Services are identified by the community itself and are, therefore, **needs-based, demand-driven, and client-centered**
- Delivered by trained and qualified **lay providers**, who are often members of the key populations

KPs, key populations

Vannakit R, et al. JIAS 2020; 23(6):e25535.

PrEP uptake in Thailand, by service delivery model



KPLHS, key population-led health services; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; PWID, people who inject drugs; TGW, transgender women; UHC, universal health coverage

NAP, Princess PrEP, prepthai.net, May 2020; Phanuphak N, et al. Sexual Health 2018; 15(6): 542-55.

Ensuring clients' essential life needs are met during COVID-19

- Food packages, daily necessities, temporary housing/shelter, emergency funds
- Life-saving guide and toolkit for those who practiced sex work during COVID-19

Janyam S, et al. OAELB0103, AIDS 2020 Virtual.
Janyam S, et al. WHO South-East Asia Journal of Public Health 2020; 9(2): 100-103.

Building block of key population-led PrEP services

POST COVID-19	PrEP screening, initiation and early follow-up (0-3 months)			PrEP continuation (+3 months)
	Screening	PrEP initiation visit	Initiation follow-up	Routine clinical follow-up
WHEN *Service frequency*	Same-day		Months 1, 3	Every 3 months/6 months
WHERE *Service location*	KP-led clinics		KP-led clinics	KP-led clinics/Telehealth
WHO *Service provider*	KP lay providers dispense PrEP (which is prescribed remotely by doctors)		KP lay providers	KP lay providers
WHAT *Service package*	• Same-day HIV/syphilis testing • CR, HBsAg (results come later) • PrEP counseling		• HIV testing • PrEP counseling	• Xpress, self-sampling/testing for HIV/STIs • Syphilis testing and Cr (every 6 months) • PrEP/effective use counseling

KP, key population; PrEP, pre-exposure prophylaxis

Phanuphak N. Bringing PrEP closer to home: Why is now the time for differentiated PrEP? AIDS 2020 Virtual.

NSEP in Malaysia during COVID-19

- Distribution of a three-week supply of needles and syringes by NGOs a day before movement control order (MCO) was enforced
- Clients came to the organization dispensing sites in the community to pick up their packages.
- Collection of used needles and syringes resumed in later months, but the rates of returned needles and syringes dropped from pre-MCO 75% to approximately 30%.
- Pre-MCO, clients who injected 3x/day used 3 needles/day, but during MCO, they limited the use to 1 needle/day
- During the initial stages of the MCO, there were concerns on potential shortages of needles, syringes, and other supplies. However, no major shortages of such supplies were reported during the interviews.

Source: COVID-19 impact on healthcare and supportive services for People who use drugs (PWUDs) in Malaysia. B., Vicknasingam; M.S., Nur Afiqah; C., Weng; S., Darshan; M.Z., Norzarina; K., Adeeba; C., Marek (Currently in review)

Preliminary data: An assessment of key populations accessing harm reduction services in Malaysia

Needle and syringe exchange program

- N = 293, 77 (26%) used drugs in the past one year

Before MCO	During MCO
51 / 77 (66%) accessed NSEP	31 / 77 (40%) accessed NSEP
Obtained needles from - 9 / 51 (18%) pharmacies - 29 / 51 (57%) drop-in centers - 39 / 51 (76%) outreach workers	Obtained needles from - 1 / 31 (3%) pharmacies - 17 / 31 (55%) drop-in centers - 26 / 31 (84%) outreach workers
42 / 51 (82%) reported never had their NSEP interrupted	29 / 31 (94%) reported never had their NSEP interrupted

Challenges to access NSEP during MCO: police roadblocks, fear of interaction with the police, changes in NSEP delivery structure

Source: NA Mohd Salleh et al. Assessing the well-being of key populations engaged in HIV-related services in the context of COVID-19 in Malaysia. Unpublished.

OAT in Malaysia during COVID-19

Changes in the national guidelines for prescribing take home doses

- Allowed for eligible patients to initially receive 3 to 4 days of take-home doses, and subsequently the number of doses could have been increased for up to 2 weeks maximum, for patients who continued with a stable recovery
- There is limited data on the extent to which MMT clinics adhere to these guidelines. However, at least two clinics have reported almost all patients received take-home doses.

New patients enrolled in MMT programs

- NGOs reporting new referrals to MMT programs during MCO. Similarly, MMT clinics reported receiving new patients.
- There is limited information on retention of newly enrolled patients when COVID-19 restrictions were relaxed

CONCLUSIONS

- KPLHS, designed and co-delivered by key populations, has high adaptability to emergency crisis
- HIV prevention services can be continued during COVID-19 and be further optimized
- National public health system needs to institutionalize KPLHS as part of the mainstream service delivery system
- Longer than 3-month scripting, telehealth, Xpress service, self-sampling, and PrEP effective use counseling will become the new normal

KPLHS, key population-led health services; PrEP, pre-exposure prophylaxis