

for key

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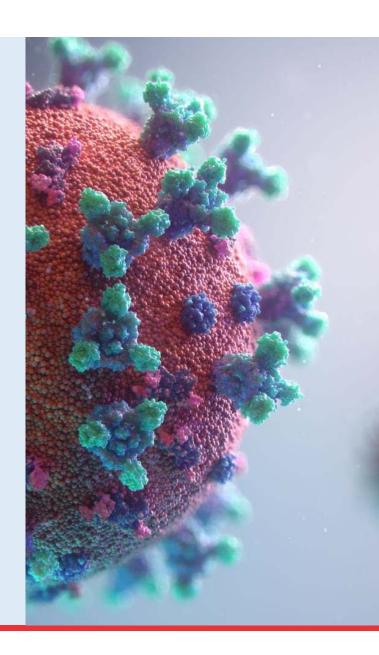


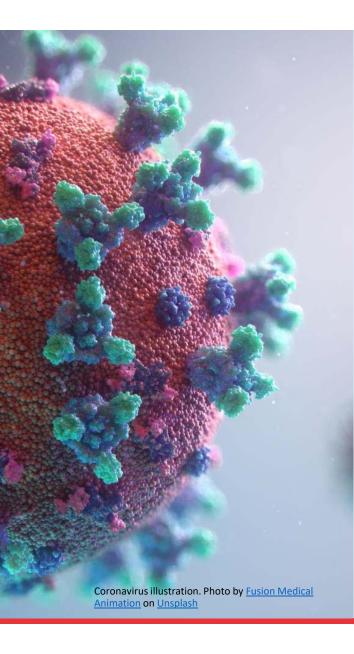




Outline

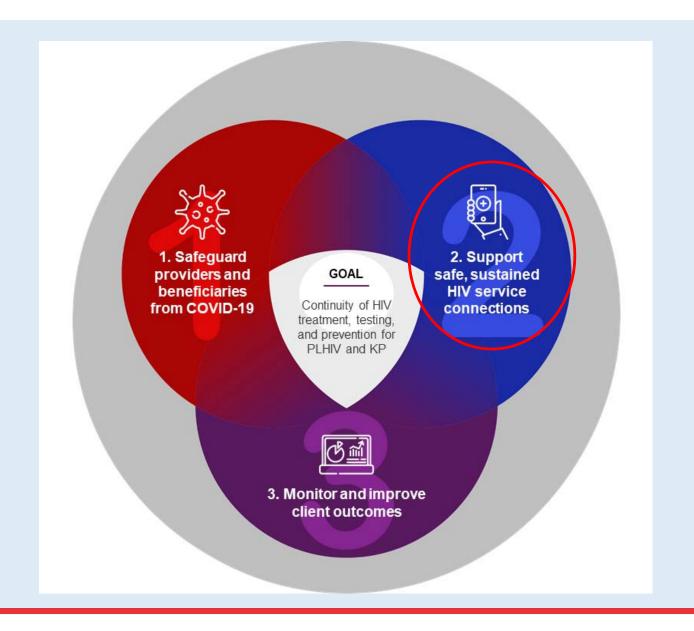
- Impact of COVID-19 on KP programs
- Mitigation measures
- Adaptation at country level
- Conclusion





Impact of COVID-19 on HIV services – examples from the field

- Restrictions on social gatherings and curfews severely impacting community-based activities such as outreaches and service delivery at facilities and at hotspots
- Disruption to HTS, difficulty with accessing ART services for newly diagnosed patients as well as those already on treatment
- Anxiety among program staff, HCWs, peer educators (PEs), peer navigators (PNs), due to fear of infection
- Reported cases of violence
- Limited stock of basic supplies (hand sanitizer, soap, masks) that are needed for prevention of infection
- Although, clinical activities are generally ongoing, some physical distancing measures being put in place particularly in relation to ART and PrEP



EpiC's overall strategy for mitigating impact of COVID-19 on KP-focused HIV programs

Safeguard Providers and Beneficiaries from COVID-19

- Prevent COVID-19 infection among program staff and beneficiaries (e.g., relevant PPE, handwashing, hand sanitizer, physical distancing, etc.)
- Support links to COVID-19-related screening and care among beneficiaries and staff
- CSOs should be supported to consider how to respond when staff are at particular risk for COVID-19 or if they become infected
- Address KP members' broader needs that may be exacerbated by COVID-19 e.g. IPV
- Consider implementer safety holistically rather than focusing only on limiting their risk of exposure to COVID-19

Support safe, sustained HIV service connections



(Ensure integration of physical distancing measures)

- Continue delivery of HIV outreach services where feasible (virtual)
- Continue delivery of HIV testing services (HIVST)
- Access to ART for newly diagnosed HIV positive clients
- Continued access to ART for clients already on ART
 - MMD, home delivery, DICs, community-based pick-up, online pharmacy)
 - Ensure safe and sustained adherence and retention support (SMS, phone, online, online reservation app, online case management)
- Support safe and sustained access to VL testing (DBS, sample collection at the community)
- Support safe and sustained access to PrEP services (MMD, virtual support for continuation)

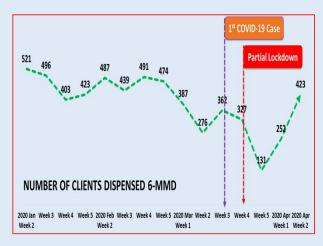


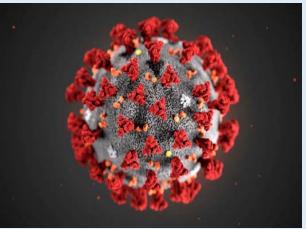
Wraparound services

- HIV prevention services should include MMD of condoms and lubricants, access to STI services, etc.
- Implement measures for addressing COVID-19 related stigma as well as stigma linked to HIV and LGBTQI member status
- Promote access to mental and psychosocial support services
- Sustained access to TB services, including treatment and TPT
- Contraceptives, gender-affirming treatment, including hormone replacement therapy for transgender people
- Extra supplies of syringes, naloxone, and harm reduction equipment for safer smoking, snorting and injecting drug use

Tracking the Impact

- Ensure adequate supplies of relevant data collection tools
- A small set of indicators should be tracked that can quickly demonstrate changes in service availability, uptake, and outcome (using the standard indicators or additional ones).
- Consider keeping a list/track of government policy changes to provide information on directives that affect implementation (e.g., those affecting movement of implementers or the number of people who can be gathered for any event, such as a training).
- E.g., PLHIV access to ART (# eligible for ARV refills, # who received refills at facility, community, home delivery, # of months received, etc.)





Adaptations - Community Outreach

- Develop new, or leverage existing, social media channels to maintain contact with beneficiaries - Nepal, Indonesia
- Use online approaches for making connections and referrals (e.g. ORA) - CI
- If outreaches are possible:
 - Virtually pre-screen/triage for COVID-19 signs/symptoms
 - Comply with IPC measures: hold outreach activities outside, ensure good ventilation, provide of water/soap/hand-sanitizer and face masks, and clean all surfaces.
 - Maintain 6 feet or 1-2 meters distance between beneficiaries and CBWs
- Work with MOH to ensure that activities are understood as pro-health and not as increasing the spread of COVID-19 (e.g. official letter, badge)
- Ensure an uninterrupted supply of prevention commodities (e.g. MMD for condoms/lubricants and PrEP)

Adaptations - HIV Testing

- Prioritize models of HIVST that reduce clinic walk-ins and physical contact
- Support clients with assisted HIVST and peer mediated HIVST by phone, Skype, or other social media platforms.
- Prioritize the use of HIVST within index testing
- Consider home-based testing in settings where CBWs can conduct testing
- Provide CBWs access to the directory of private labs within their catchment area (and by agreement) so that they can refer for a free HIV test.
- Expand the use of the enhanced peer outreach approach and other social network testing strategies to create demand for HIV testing. Note that online social networks may expand during social distancing.

Adaptations - Clinical Services

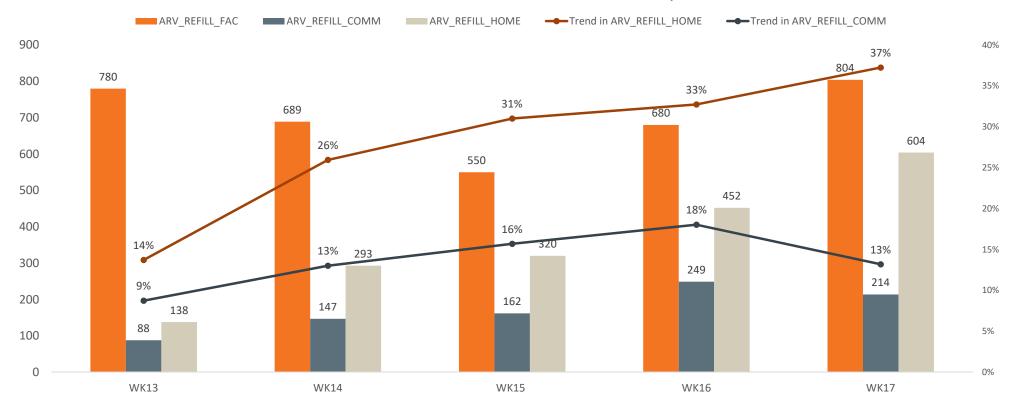
- Clinic services
 - 73% of clinics/DICs have reduced services
 - 63% moving to more 3-5 and 6 month MMD
 - 50% expanding to online strategies
 - 32% have set up satellite/temporary ART dispensing sites
- Countries moving to home and community delivery of ART, including at DICs
- Task shifting arrangements employed
- Community activities continuing adherence activities remotely/in small groups
- MMD3 for PrEP with virtual support



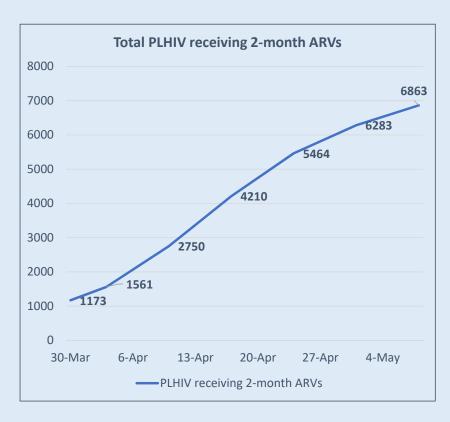


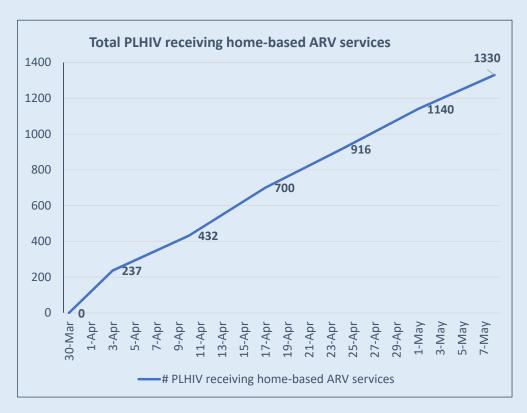
Method of Receiving ARVs: FY20: Week 13 (3/23) to Week 17 (4/20) – EpiC/LINKAGES (Nepal)

Variation in Method of ARV Refill Distribution by Week



486% increase in PLHIV receiving MMD-2 and 1,330 PLHIV receiving home-based ARV services at 20 "first phase" facilities

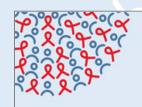




(30 March – 04 May 2020, all Jakarta sites)

Conclusion

- KP program staff and beneficiaries need to be protected from COVID-19 infection and supported to continue providing the necessary services as well as access the available services.
- Programs should put in place necessary measures to ensure uninterrupted access of KPs to all HIV and wrap-around services.
- Consider tracking a small set of indicators that that will demonstrate the impact of COVID-19 and the mitigation measures on KP programs.
- Refer to the <u>Strategic Considerations for Mitigating the</u> Impact of COVID-19 on KP-focused HIV Programs and Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations fo Community-Based Providers for further information.



EPIDEMIC CONTROL (EPIC) PROJECT

COOPERATIVE AGREEMENT NO

Strategic Considerations for Mitigating the Impact of COVID-19 on Key-**Population-Focused HIV** Programs

Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations for Community **Based Providers**

250,000 deaths. Many HIV programs funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) are trying to develop mitigation plans to ensure that essential services are still available for people living with HIV (PLHIV) while prioritizing the safety of staff and beneficiaries and reducing their risk of COVID-19 infection and transmission

HIV service delivery has become more challenging during the pandemic because of social distancing, which restricts large group gatherings; reduced demand for services because community members are fearful of COVID-19 transmission in facilities; and reduced availability of services when providers are assisting with the pandemic response. The lack of personal protective equipment (PPE) also reduces confidence among beneficiaries and service proving the providence are confidence are c because both feel exposed and vulnerable to transmission and acquisition of COVID-19. Therefore, within this context, PEPFAR's priority is the safety and security of staff, volunteers and beneficiaries. In response, programmatic measures must be put in place to ensure that protection. PEPFAR's second priority is maintaining essential HIV prevention, testing, and treatment services; viral load (VL) testing; and treatment of opportunistic infections to safeguar

This document, Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations for Community-Based Providers, is linked to the broader <u>EpiC Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs</u>, The latter describes the measures that key-population-focused HIV programs should strive to implement at all service delivery levels to mitigate the impact of COVID-19. This community-based document focuses on community HIV services that serve a full range of populations, including adolescent girls and young women, orphans and vulnerable children (OVC), at-risk men, and key populations. The community-based services discussed here might also provide information commodities, and services related to family planning, tuberculosis, prevention of mother-to-child transmission, voluntary medical male circumcision (VMMC), and safe drug-injecting equipment for people who use drugs.

Community-based HIV programs often involve well-trained and supported peers, who share attributes such as gender, sexual orientation, age, health condition, or socioeconomic status with populations the programs are trying to reach. Peer-led interventions have become a standard approach in many programs working with key populations, priority populations, and others who are considered hard to reach. Peers play a critical role in linking beneficiaries to HIV services and



















EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.