

Mitigating the impact of COVID-19 for key populations

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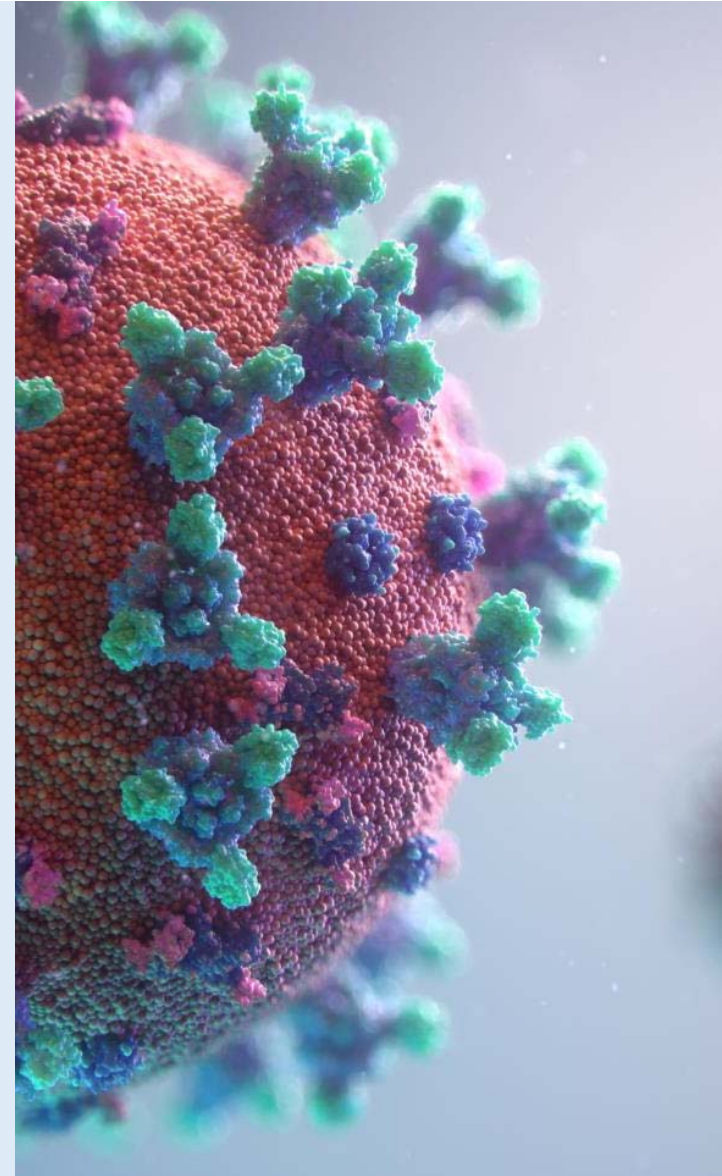
FHI 360, Washington, DC, USA

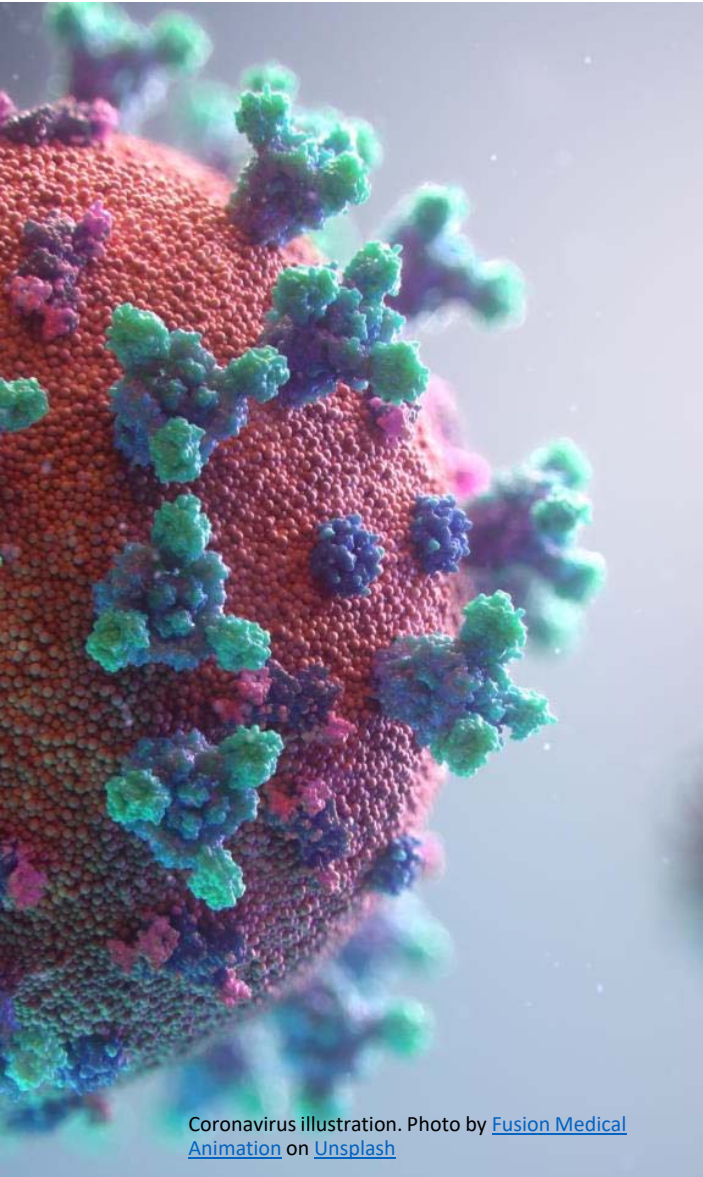
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Outline

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

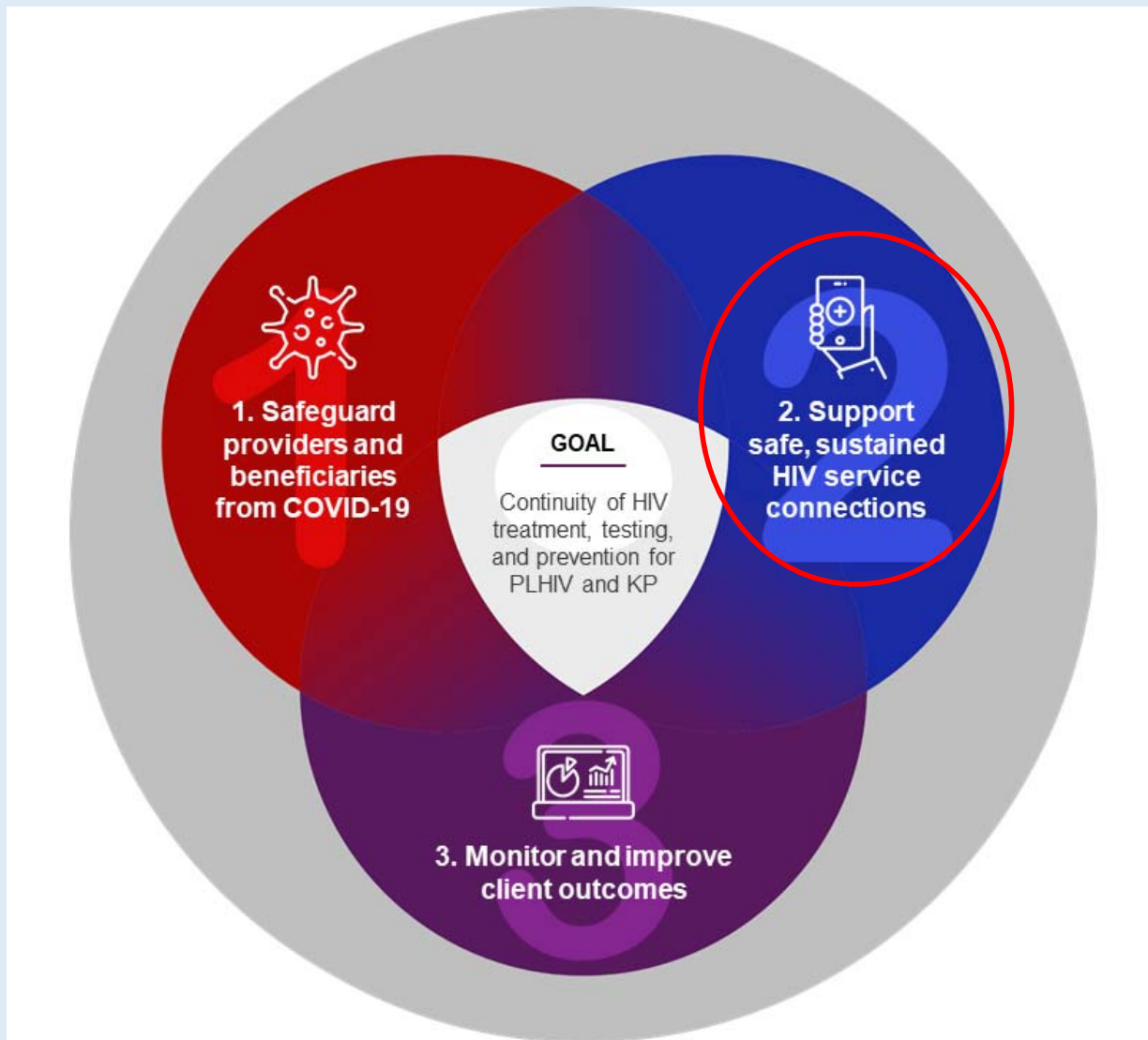




Coronavirus illustration. Photo by [Fusion Medical](#)
Animation on [Unsplash](#)

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)

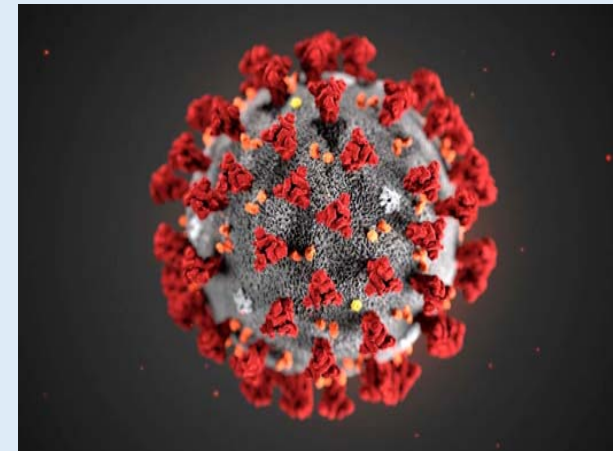
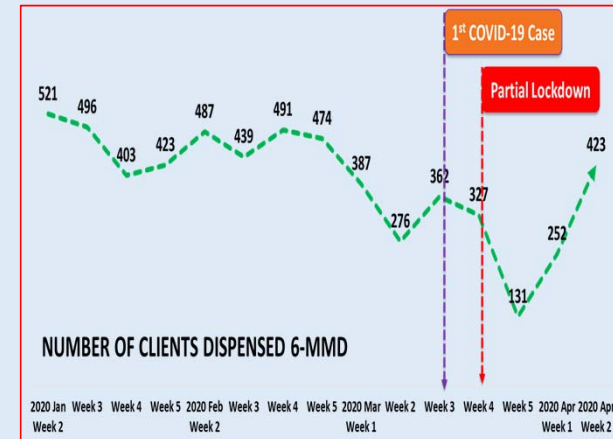


Wraparound services

- 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.

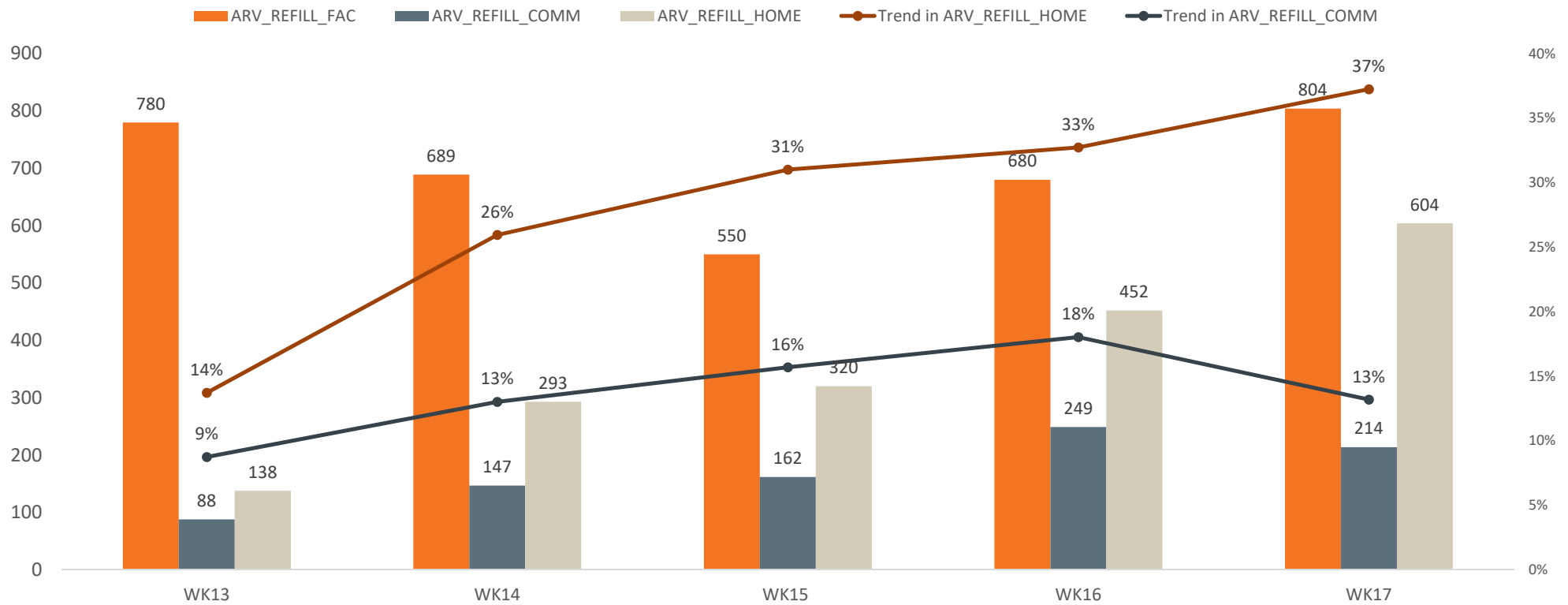
Adaptations - Clinical Services

- 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

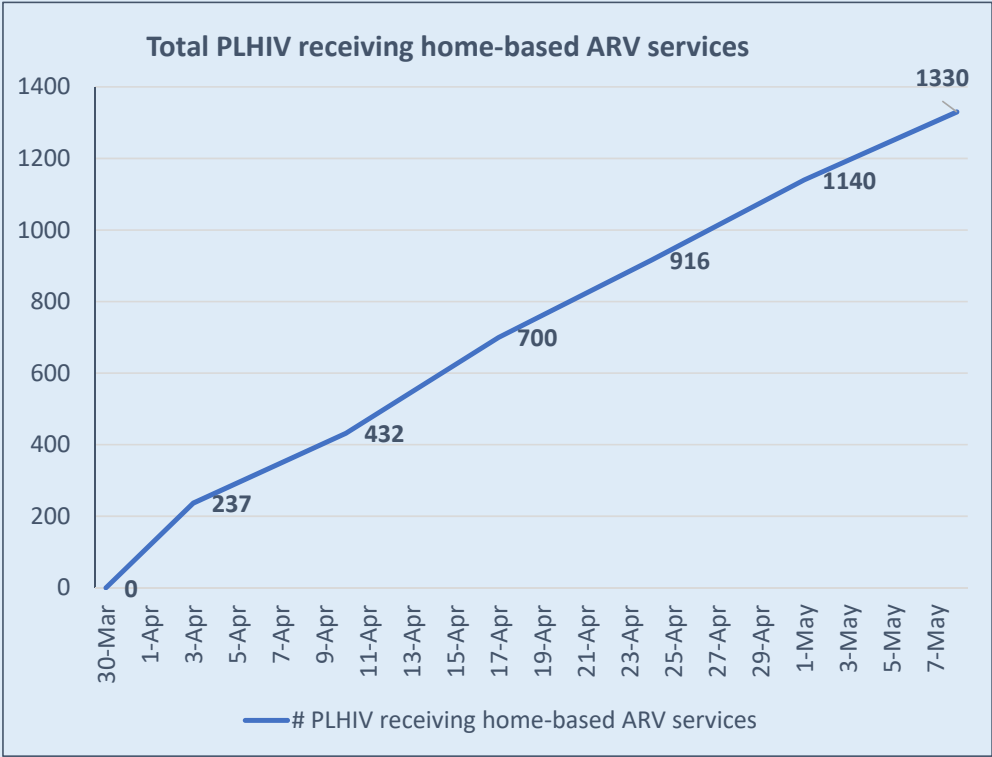
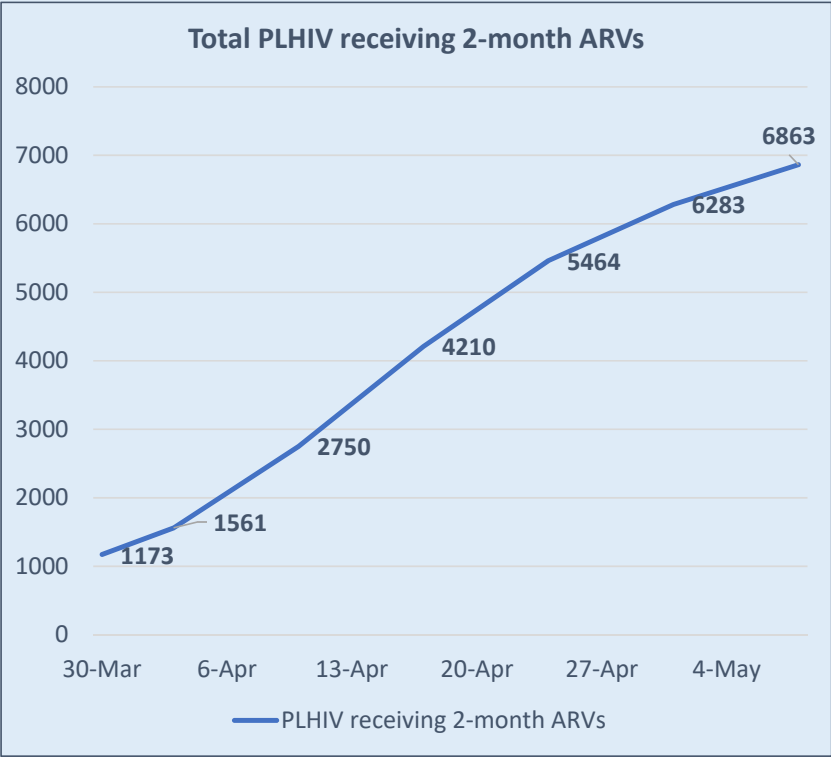


Method of Receiving ARVs: FY20: Week 13 (3/23) to Week 17 (4/20) – EpiC/LINKAGES (Nepal)

Variation in Method of ARV Refill Distribution by Week



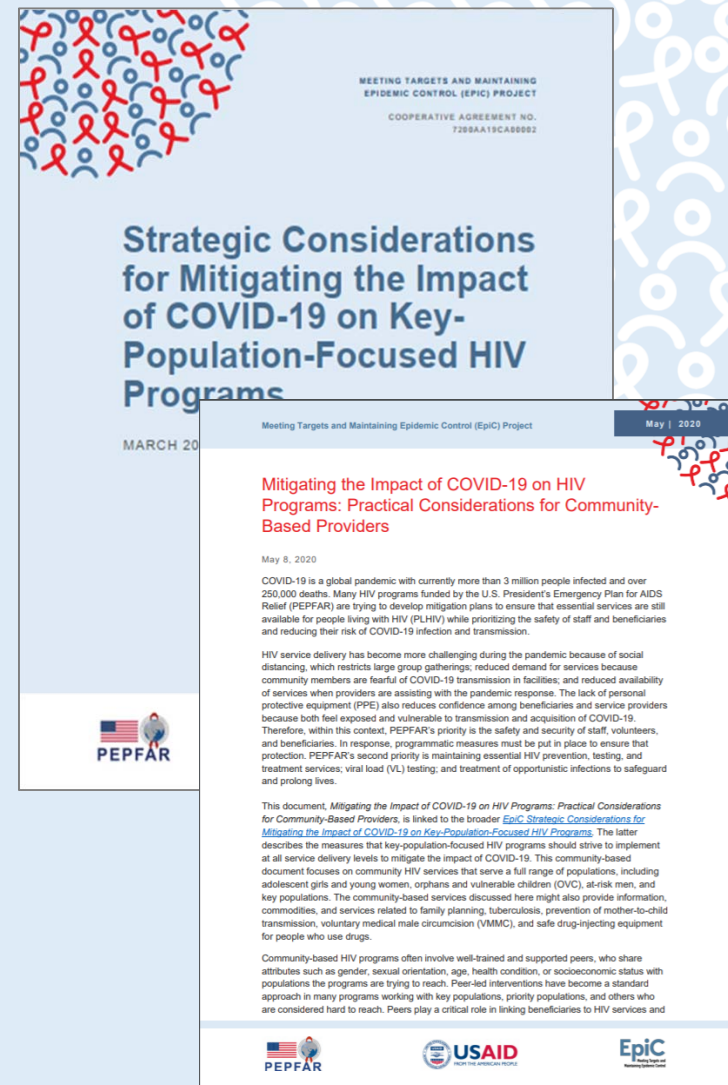
486% increase in PLHIV receiving MMD-2 and 1,330 PLHIV receiving home-based ARV services at 20 "first phase" facilities



(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 [Strategic Considerations for Mitigating the 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.





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.