

EDUCATIONAL FUND

COVID-19 and HIV: Latest updates and guidance

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Department of Global HIV, Hepatitis and Sexually Transmitted
Infections Programmes



COVID-19 and HIV: Latest updates and guidance



Meg Doherty:

- COVID epidemiology update
- What we know about HIV & COVID-19 associations
- Disruptions in essential health services for HIV (ARVs/PMTCT/Treatment)
- WHO essential health service guidance & COVID Guidelines

Rachel Baggaley:

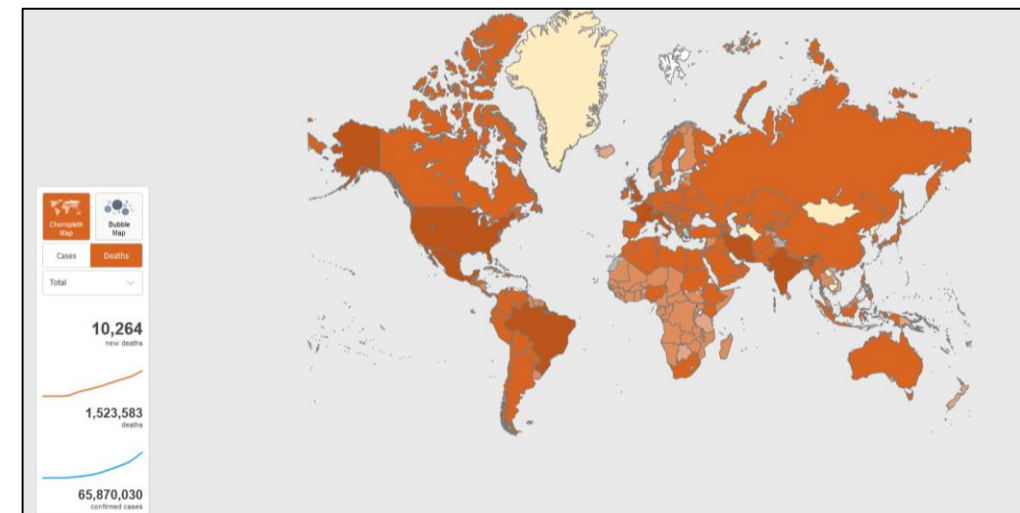
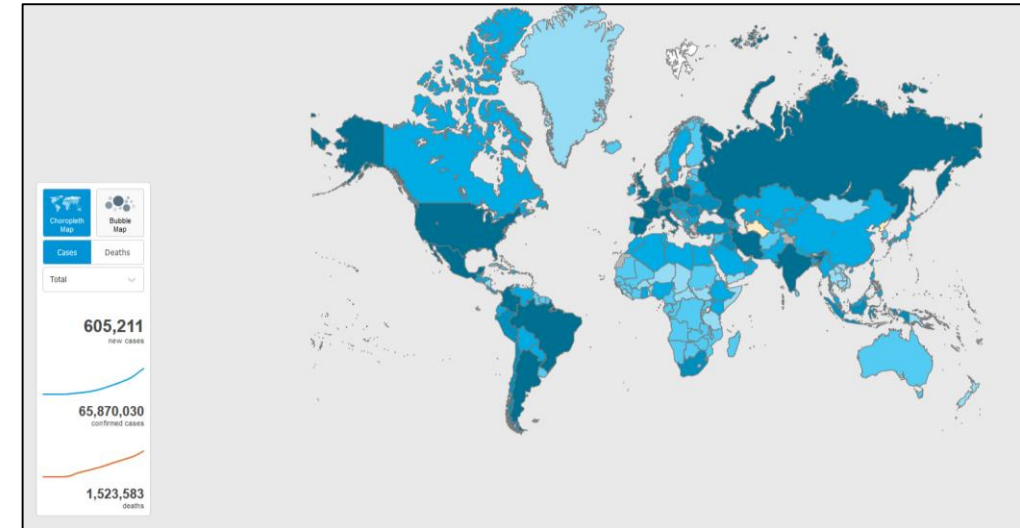
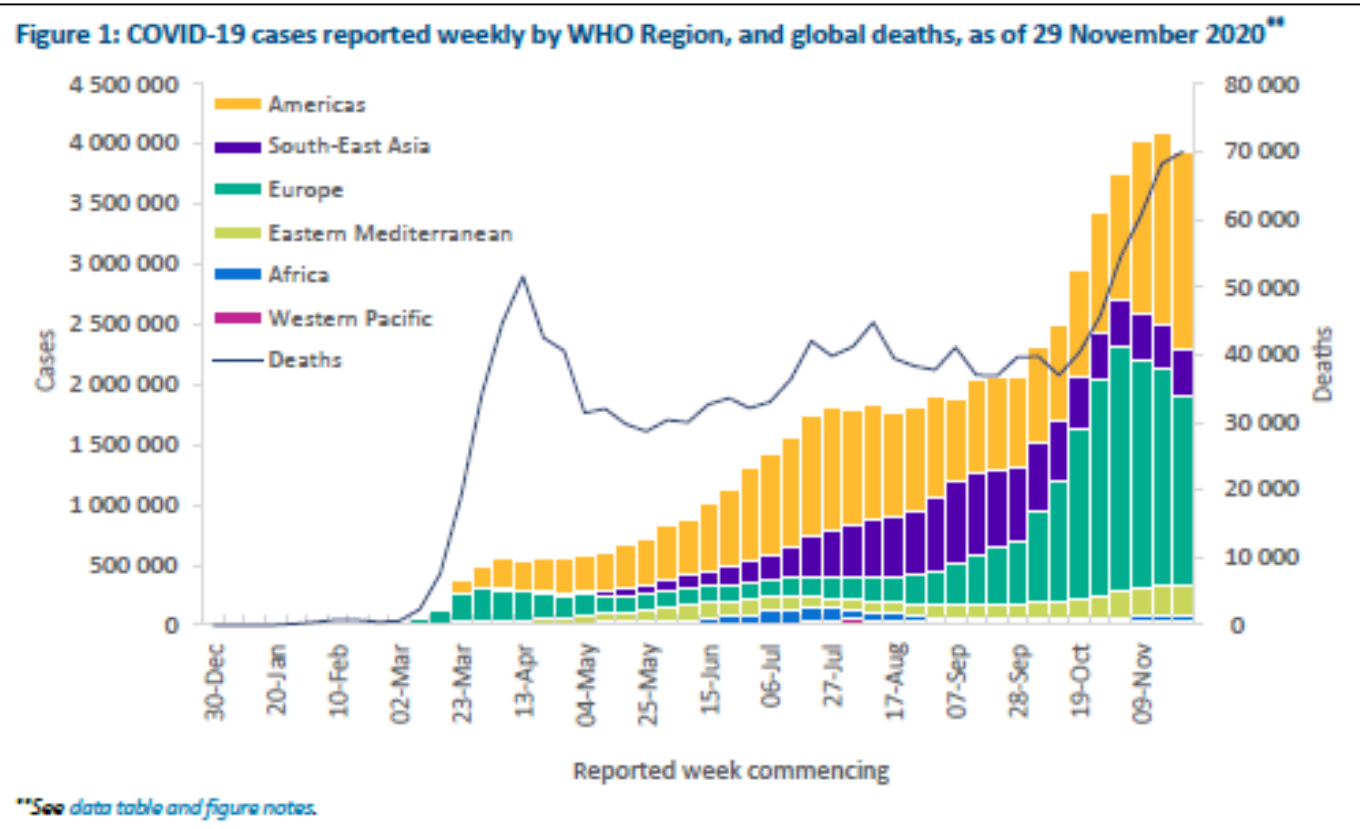
- Prevention disruption & guidance
- Testing disruption & guidance
- What to expect from WHO in the future - guidance for HIV&COVID #buildbackbetter

COVID-19 Situation as of 6 December 2020



Globally, as of 2:48pm CET, 6 December 2020, there have been **65,870,030** confirmed cases of COVID-19, including **1,523,583 deaths**, reported to WHO.

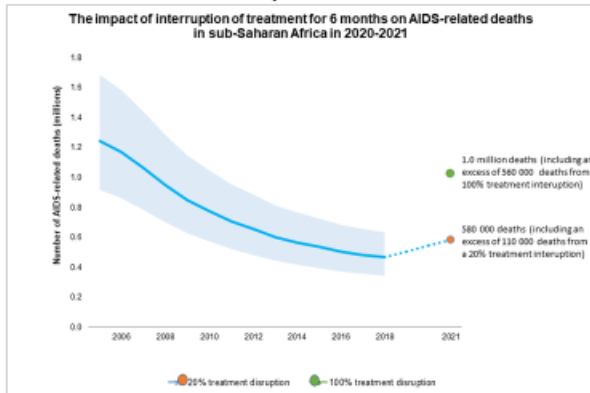
Global Situation



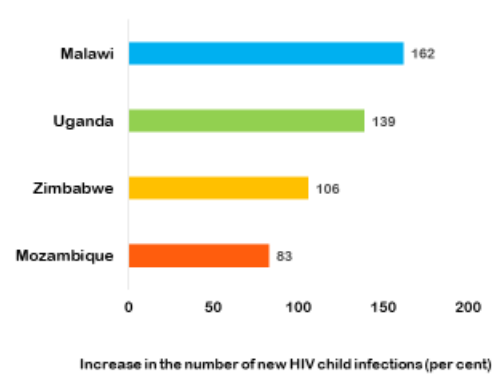
Modeling predicted large impact on HIV deaths and new infections

Indirect effect of COVID-19 on HIV—THE COST OF INACTION is HIGH HIV services must be maintained...

Interruption of HIV treatment for 6 months could result in 1 million AIDS-related deaths in sub-Saharan Africa in 2020/2021



Suspension of prevention of mother to child transmission services for 6 months could result in dramatic increases in new HIV infections among children in 2020/2021

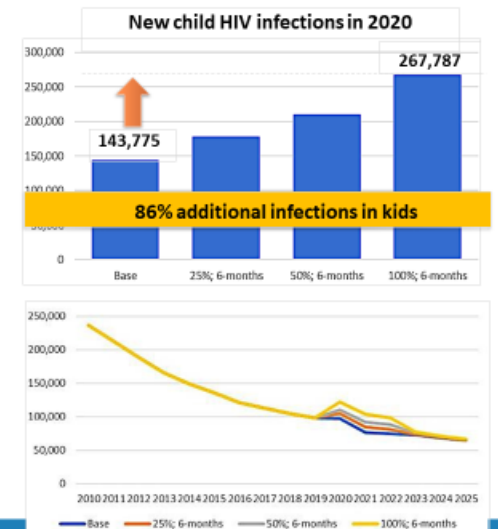


Source: UNAIDS 2019 estimates. Projected estimated HIV related deaths and child new HIV infections derived from mathematical modelling by 5 research groups exploring a complete disruption of HIV prevention and treatment services over 3- and 6-months on HIV mortality and incidence in sub-Saharan Africa. Pre-print manuscript available at: Jewell B, Mudimu E, Stover J, et al for the HIV Modelling Consortium, Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Pre-print, <https://doi.org/10.6084/m9.figshare.12279914.v1>.



COVID-19 public health 'earthquake' on paediatric HIV

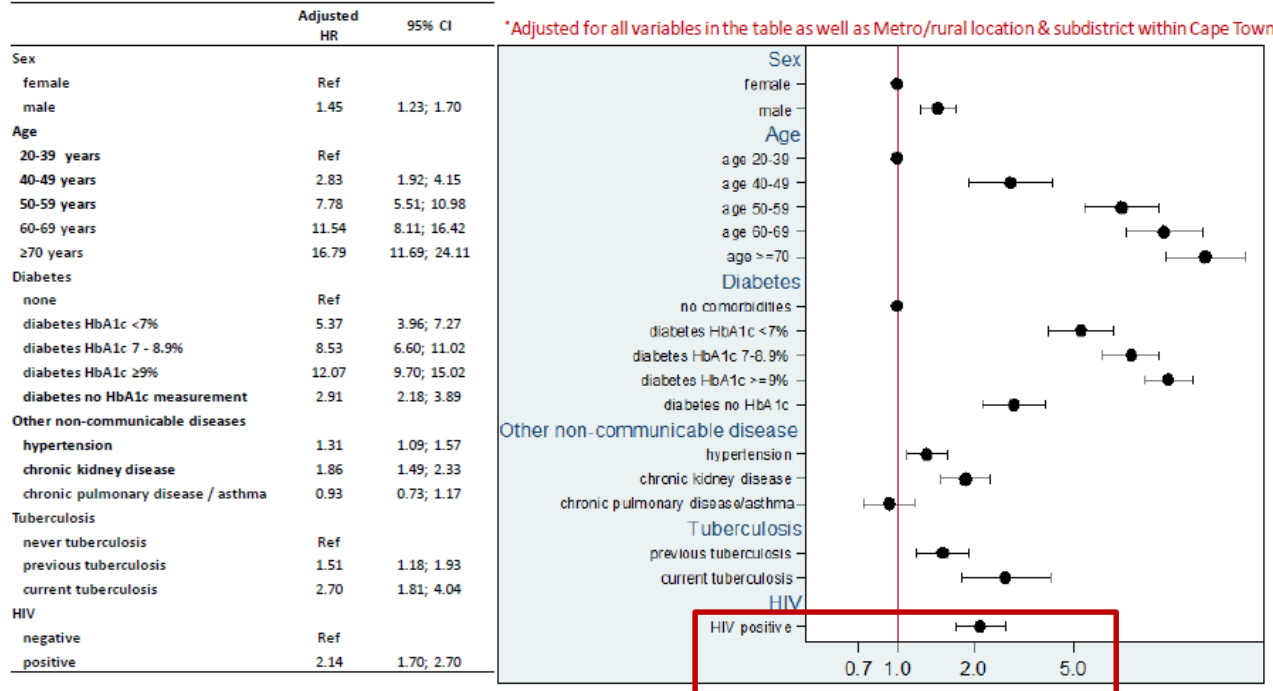
- Reduced uptake of facility-based services due to lockdowns
 - Fear to return to the facility even where lockdowns are not in place
 - Challenges to reach facilities due to lack of transportation
- Fewer women attending antenatal services leading to less HIV testing
- COVID19 testing competing for time and resources
- ARV stock outs of paediatric formulations



Direct effect of COVID-19 on HIV

- Approx. 2 times increased risk of death among PLHIV in S Africa
- Variable associations in the US and UK; low CD4 and comorbidities
- Early systematic reviews without associations; later with moderately increased risk

Adjusted HR for dying from COVID-19 (all active public sector cases); n=3.5m



Outcomes of COVID-19 related hospitalisation among people with HIV in the ISARIC WHO Clinical Characterisation Protocol UK Protocol: prospective observational study

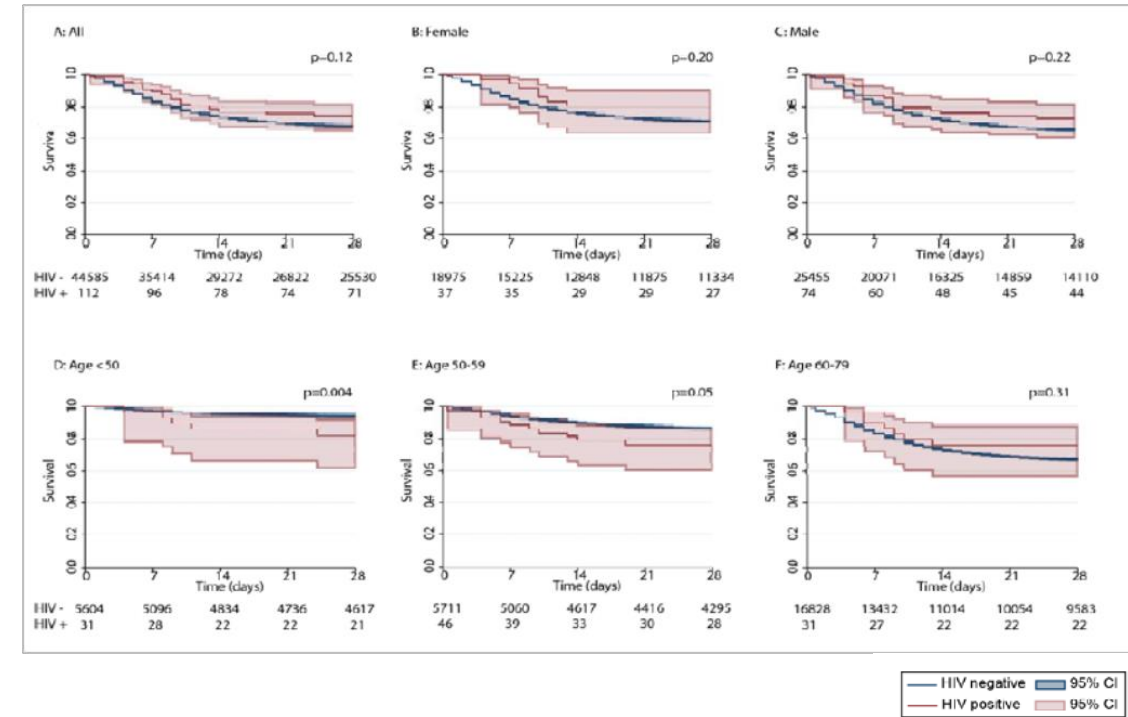


Figure 4. Kaplan Meier survival graphs, stratified by HIV status, sex and age group. P values represent log-rank tests. Plots D, E and F include only individuals from age groups <50 years, 50-59 years and 60-79 years.

COVID-19 mortality in people with HIV or tuberculosis:

Results from the Western Cape Province, South Africa

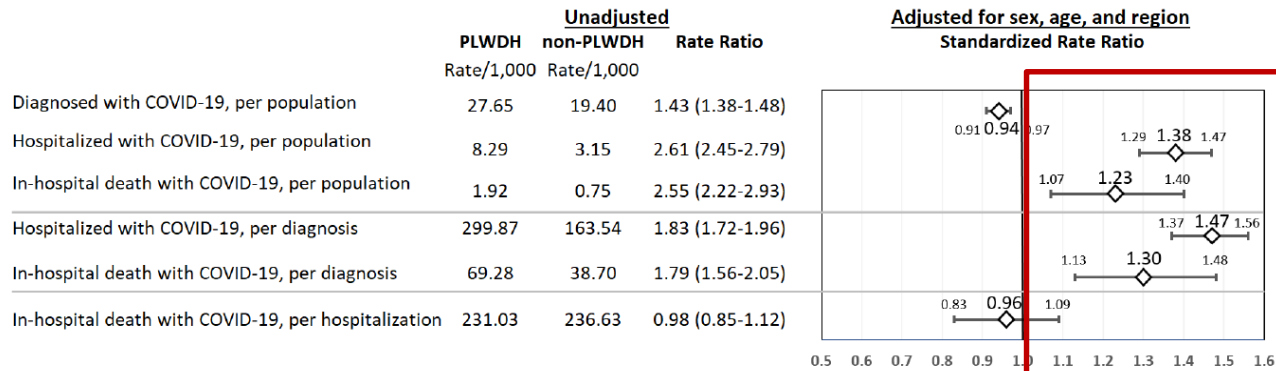
Mary-Ann Davies on behalf of the Western Cape Department of Health

COVID-19 and HIV: Moderate increased risk hospitalization & death

Elevated COVID-19 outcomes among persons living with diagnosed HIV infection in New York State: Results from a population-level match of HIV, COVID-19, and hospitalization databases

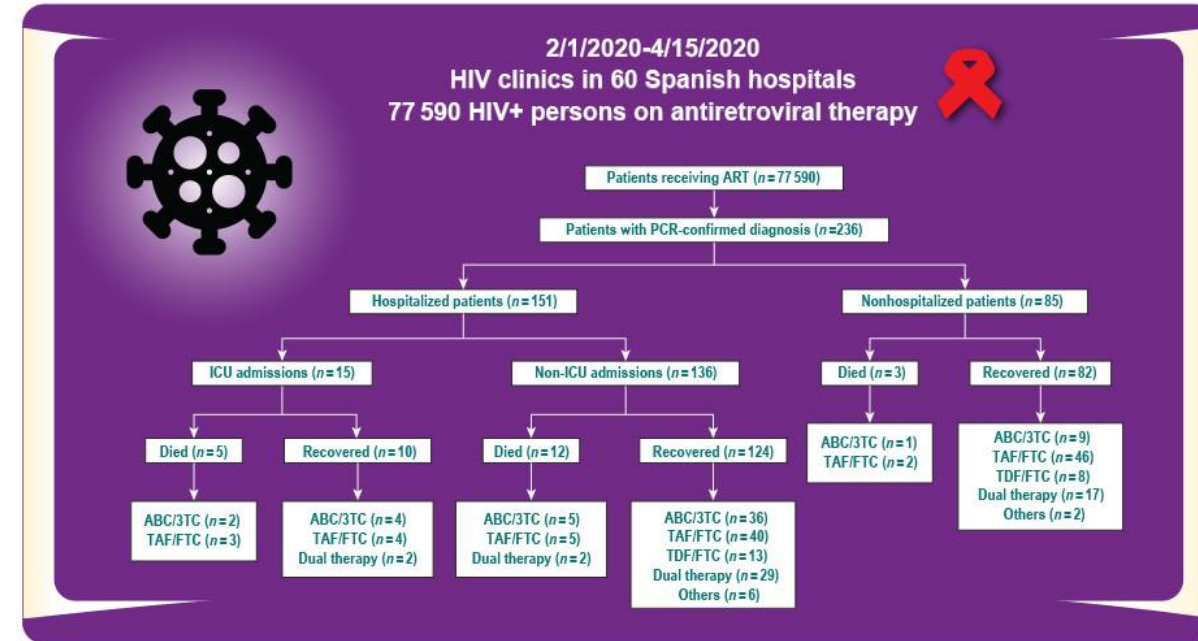
James M. Tesoriero PhD^{a,b,d}, Carol-Ann E. Swain PhD^a, Jennifer L. Pierce BS^a, Lucila Zamboni PhD^a, Meng Wu PhD^a, David R. Holtgrave PhD^{b,d}, Charles J. Gonzalez MD^a, Tomoko Udo PhD^{b,d}, Johanne E. Morne MS^{a,d}, Rachel Hart-Malloy PhD^{a,c,d}, Deepa T. Rajulu MS^a, Shu-Yin John Leung MA^a, Eli S. Rosenberg PhD^{c,d}

Figure: Summary of rates and rate ratios for COVID-19 diagnosis, hospitalization, and in-hospital death, comparing persons living with and without diagnosed HIV infection, by region - New York State, March 1 – June 7, 2020^a



a. Persons diagnosed with COVID-19 through June 7, hospitalized through June 15. Standardized rate ratios adjusted for age, sex, and region.

What is the incidence and severity of COVID-19 among HIV-positive persons on antiretroviral therapy?



Annals
of Internal Medicine

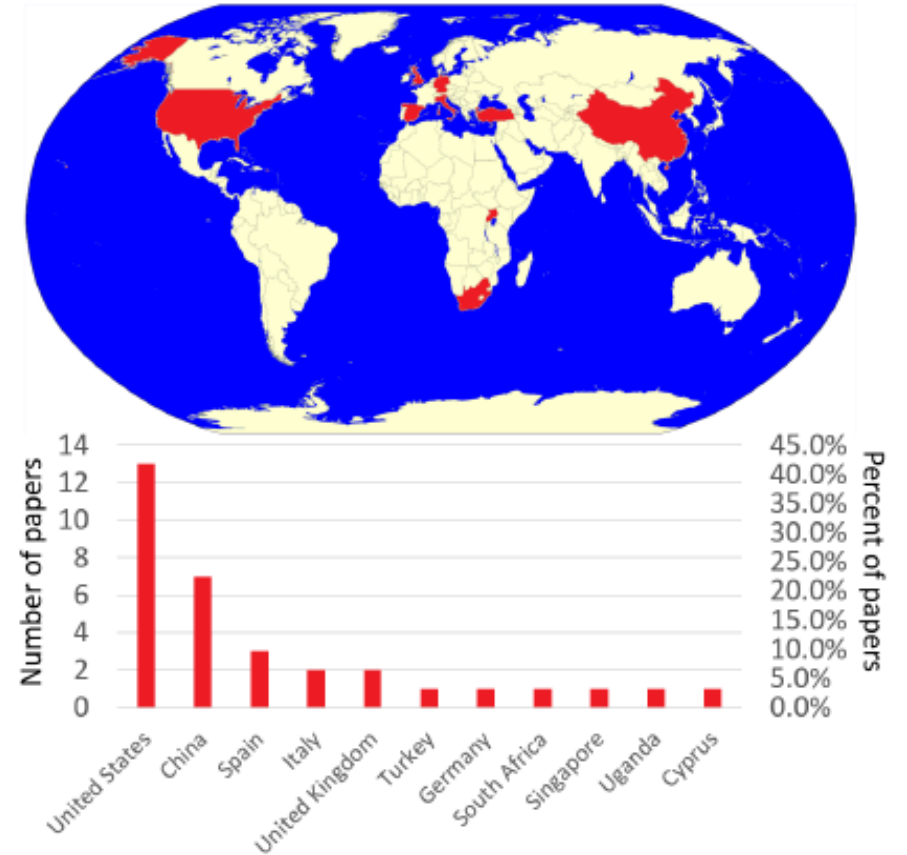
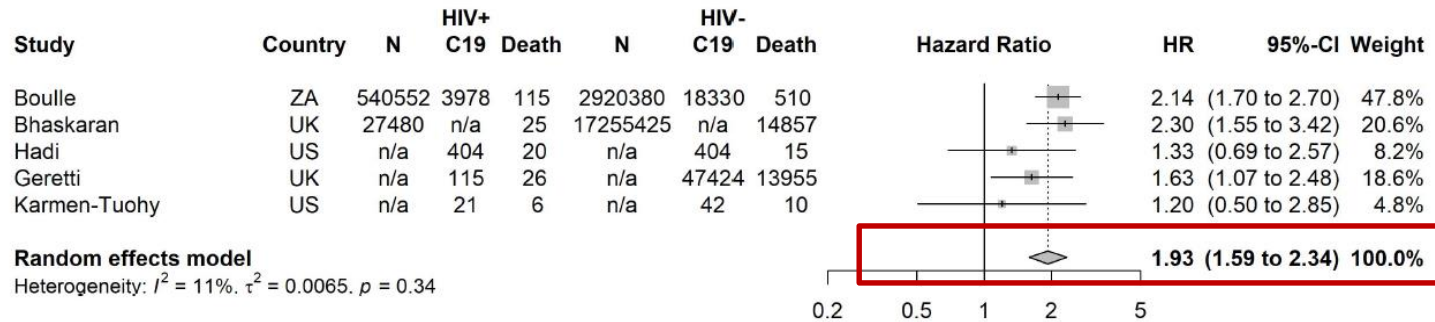
del Amo J, Polo R, Moreno S, et al. Incidence and severity of COVID-19 in HIV-positive persons receiving antiretroviral therapy: A cohort study. *Ann Intern Med.* 2020. [Epub ahead of print]. doi:10.7326/M20-3689
<http://annals.org/aim/article/doi/10.7326/M20-3689>

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COVID-19 and HIV: Systematic reviews point towards likely modest increase risk of severe disease and death from COVID-19

COVID-19 and HIV co-infection: a living systematic evidence map of current research

Gwinyai Masukume^{1*}, Witness Mapanga², Doreen S van Zyl³



SOLIDARITY Trial - LPV/r provides no benefit

MedRxiv (October 15) version

Repurposed antiviral drugs for COVID-19 -interim WHO SOLIDARITY trial results

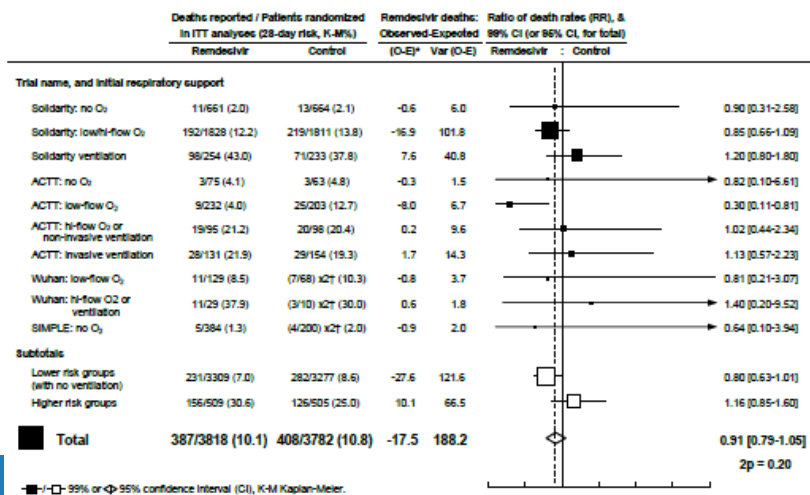
WHO Solidarity trial consortium*

*A complete list of SOLIDARITY Trial investigators is provided in the Supplementary Appendix.

CONCLUSIONS

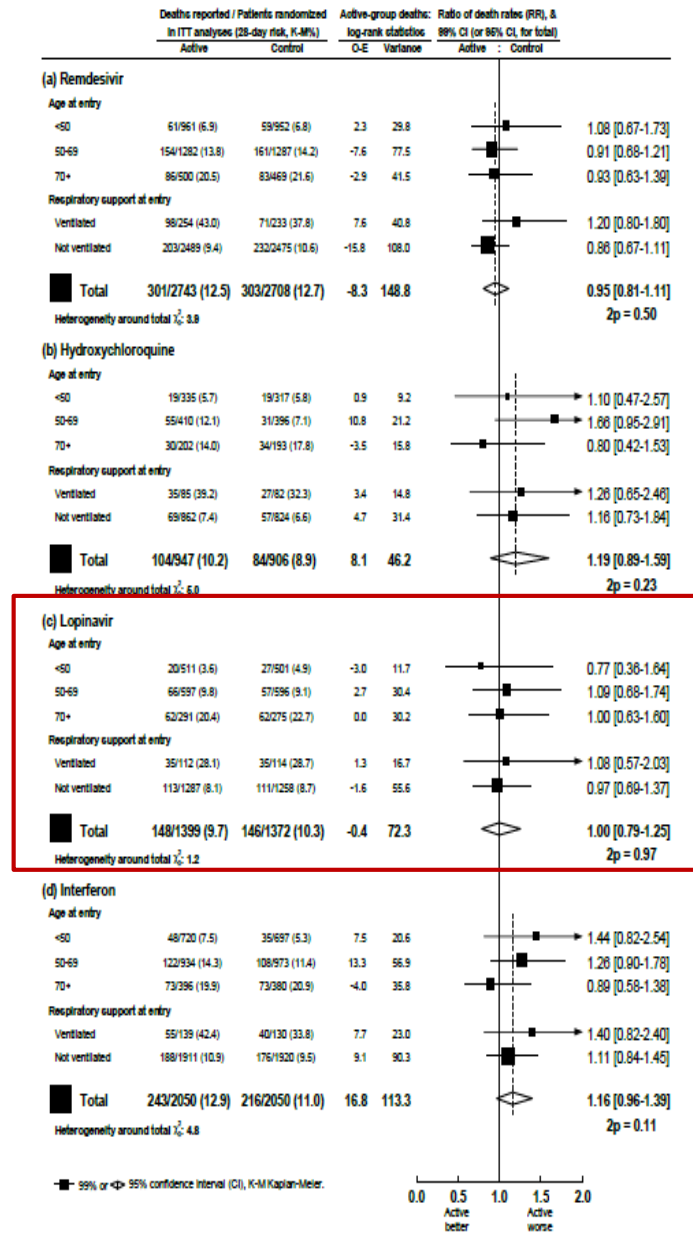
These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay. The mortality findings contain most of the randomized evidence on Remdesivir and Interferon, and are consistent with meta-analyses of mortality in all major trials. (Funding: WHO. Registration: ISRCTN83971151,

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^a Log-rank O-E for Solidarity, O-E from 2x2 tables for Wuhan and SIMPLE, and w.log_{RR} for ACTT strata (with the weight w being the inverse of the variance of log_{RR}, which is got from the HR's CI). RR is got by taking log_{RR} to be (O-E)/V with Normal variance 1/V. Subtotals or totals of (O-E) and of V yield inverse-variance-weighted averages of the log_{RR} values.

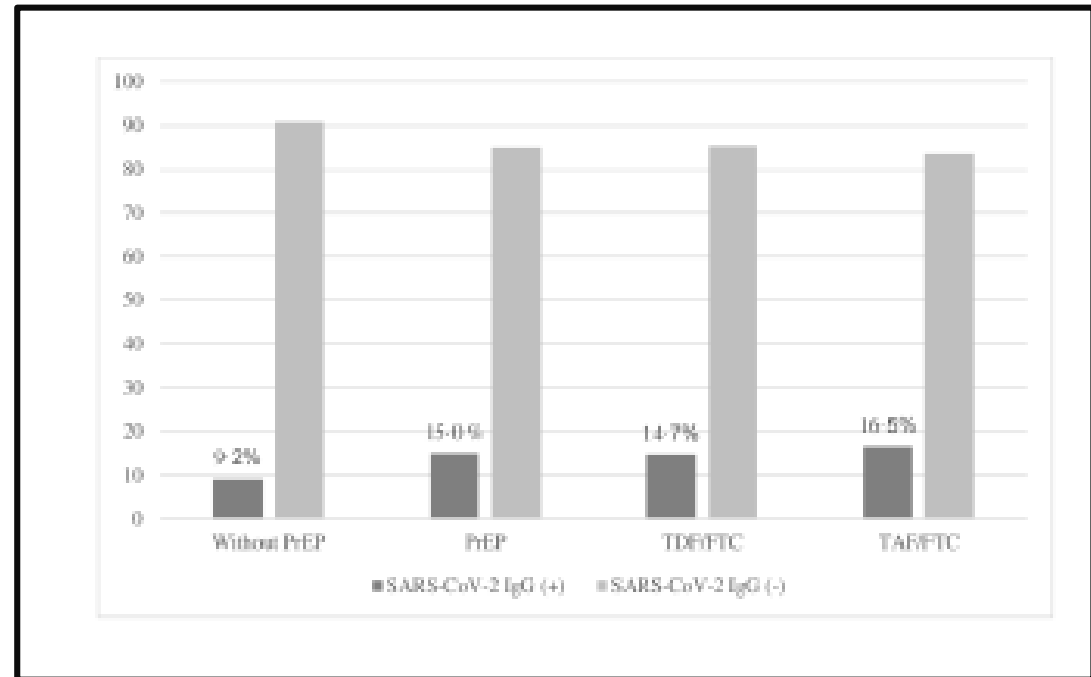
† For balance, controls in the 2:1 studies count twice in the control totals and subtotals.



World Health Organization

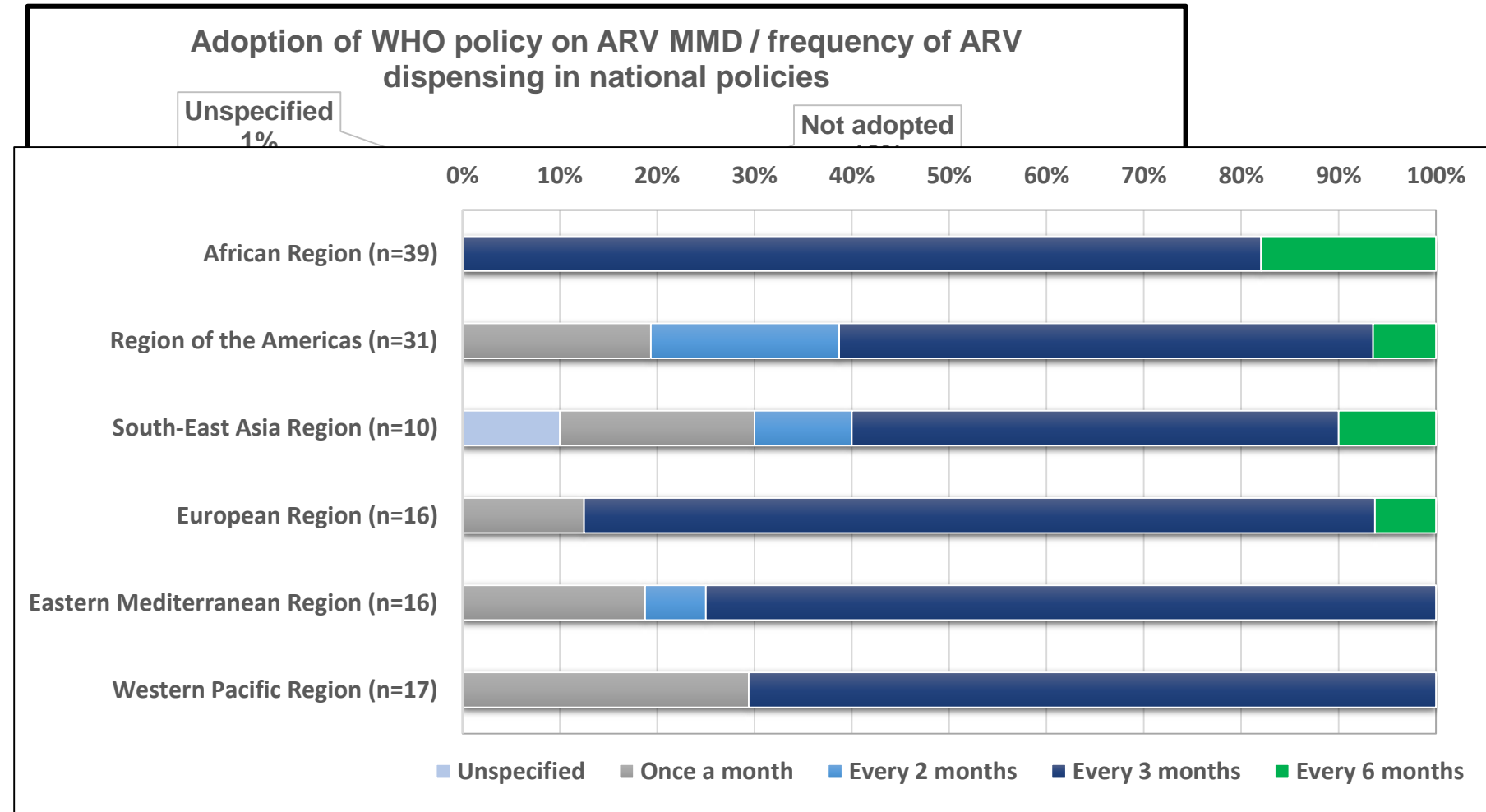
ARVs for COVID-19 PrEP? No evidence that it works

Preventive efficacy of tenofovir/emtricitabine against SARS-CoV-2 among PrEP users



Countries with MMD policy per WHO region (n=129): frequency of ARV pick-up

- ARV MMD policy is adopted in most countries.
- Data available for 144 countries:
 - 129 (90%) adopted MMD policy
- Country cases suggest COVID-19 effect on MMD is double-edged:
 - Sufficient ARV stock → intensified MMD (Namibia, Malawi...)
 - Uncertain ARV stock → shorter MMD (Indonesia, Botswana..)

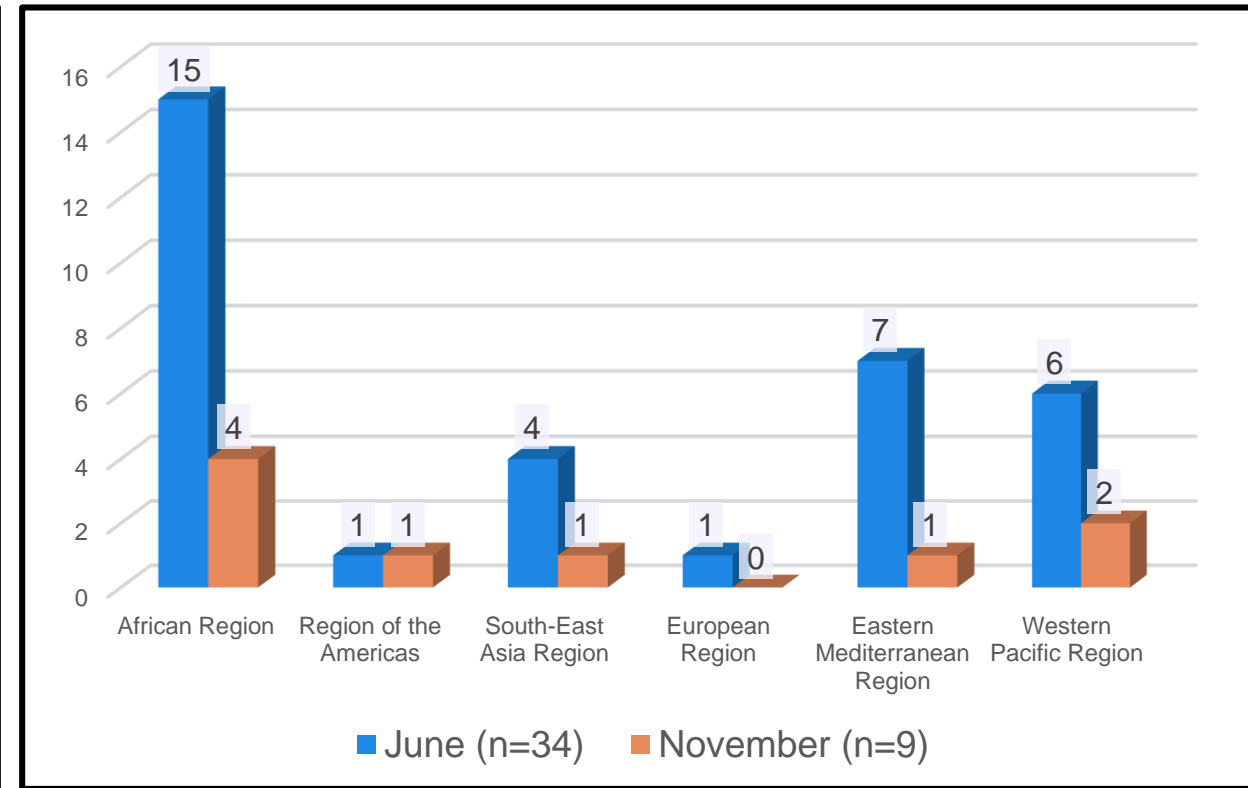
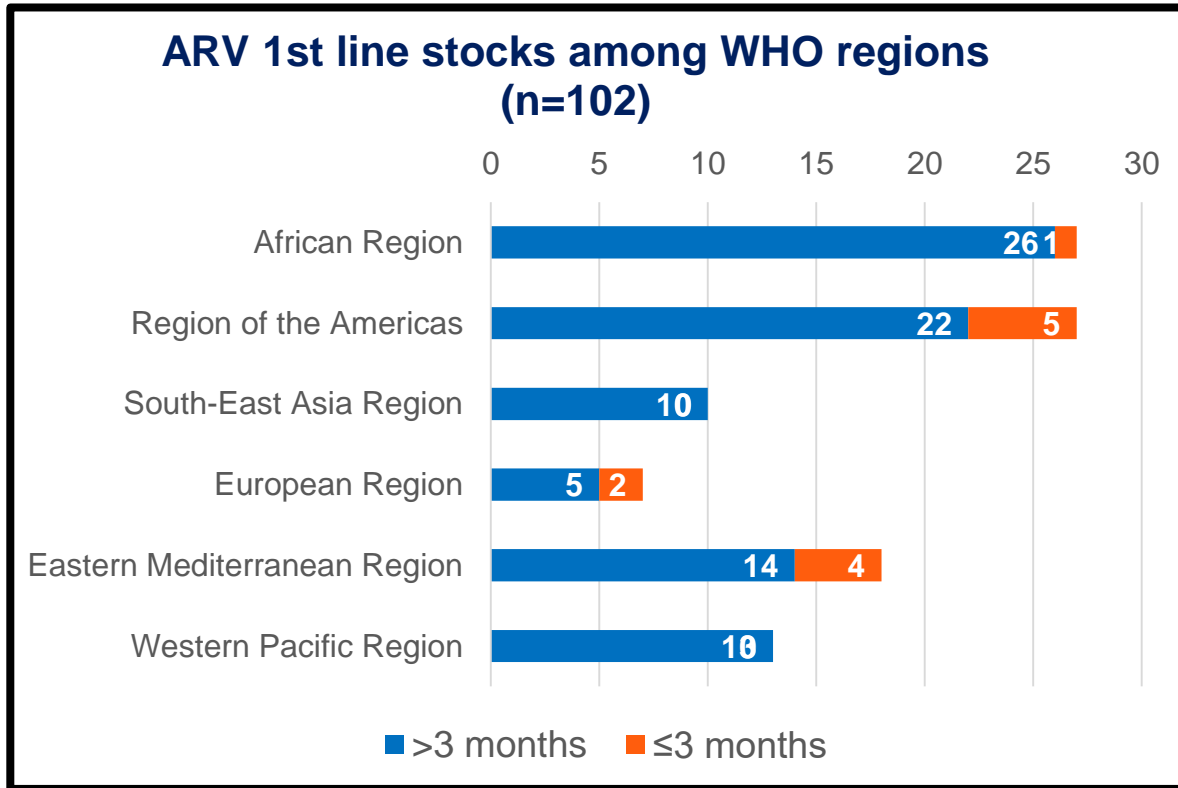


Source: GAM UNAIDS/WHO/UNICEF and WHO HIV/HEP/STI COVID-19 Questionnaire, June 2020

ARV stock availability and ARV disruptions due to COVID-19: June to November 2020

- Data available for **102 countries (November 2020)**
- **From 24 to 12 countries reported ARV stocks availability for major first line drugs (TLE/TEE/TLD) of three months or less**

- **75% reduction in ARV disruptions due to COVID-19**
- **From 34 to 9 countries; LMIC most affected**

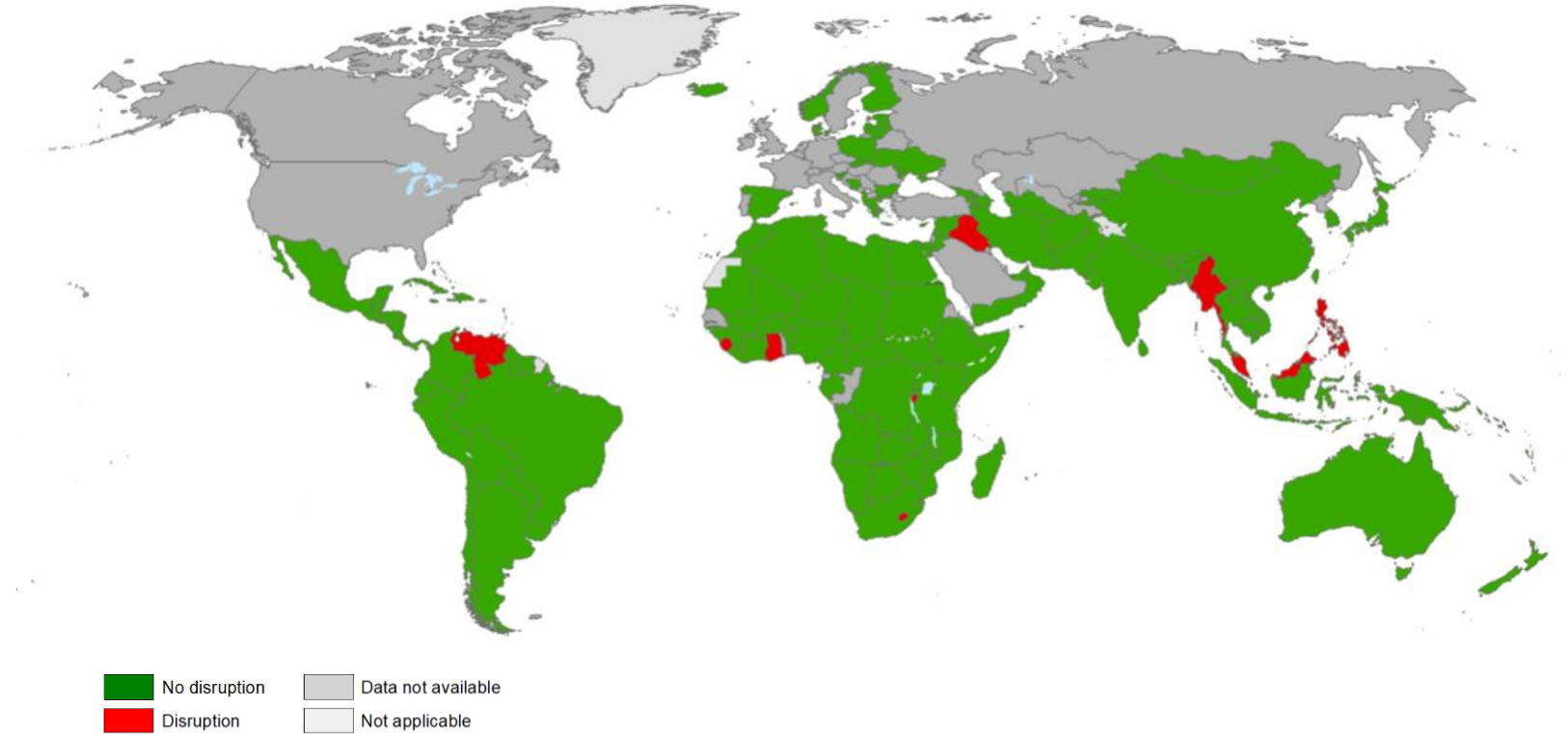


Source: WHO HIV/HEP/STI COVID-19 Questionnaire, November 2020

Countries reporting on ARV disruptions due to COVID-19, 2020

Results compiled from a survey conducted by WHO between April and June 2020 (n=127): 34 countries reported ARV disruptions

Results compiled from a survey conducted by WHO in November 2020 (n=152): 9 countries reported ARV disruptions

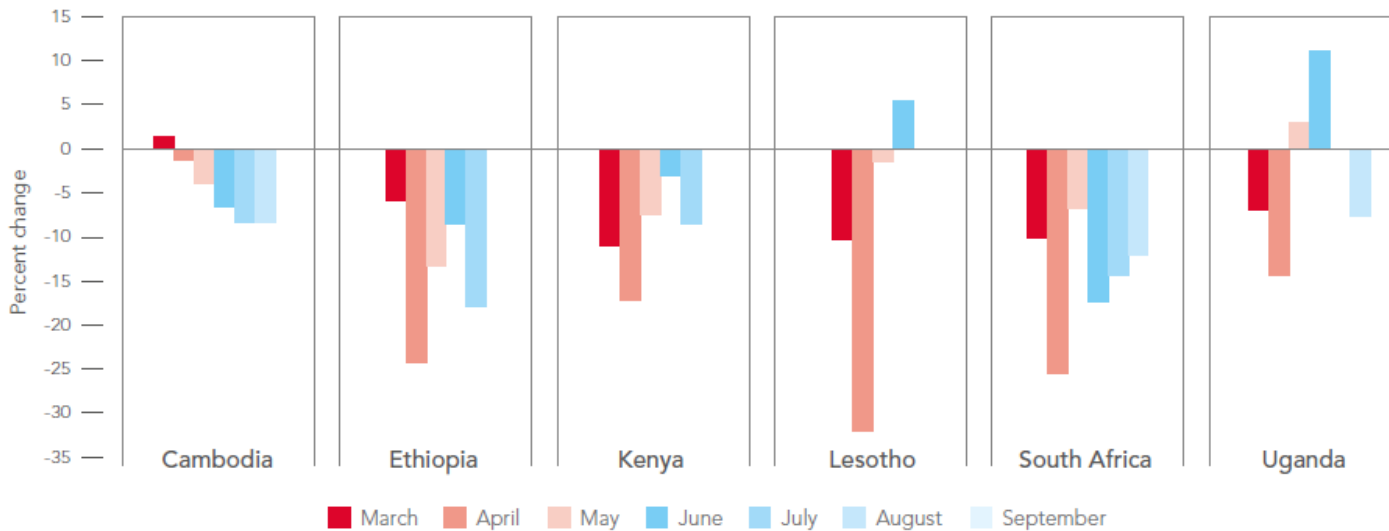


Source: WHO HIV/HEP/STI COVID-19 Questionnaire, June and November 2020

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

COVID-19: Impact on Pregnant women tested, GAM March-Sept 2020

Change in the number of pregnant women tested for HIV per month, compared to baseline, selected countries, 2020



13 countries reported sufficient monthly data analyze trends	1 country did not experience disruptions	6 countries experienced disruptions and then fully rebounded by September	6 countries experienced sustained disruptions.
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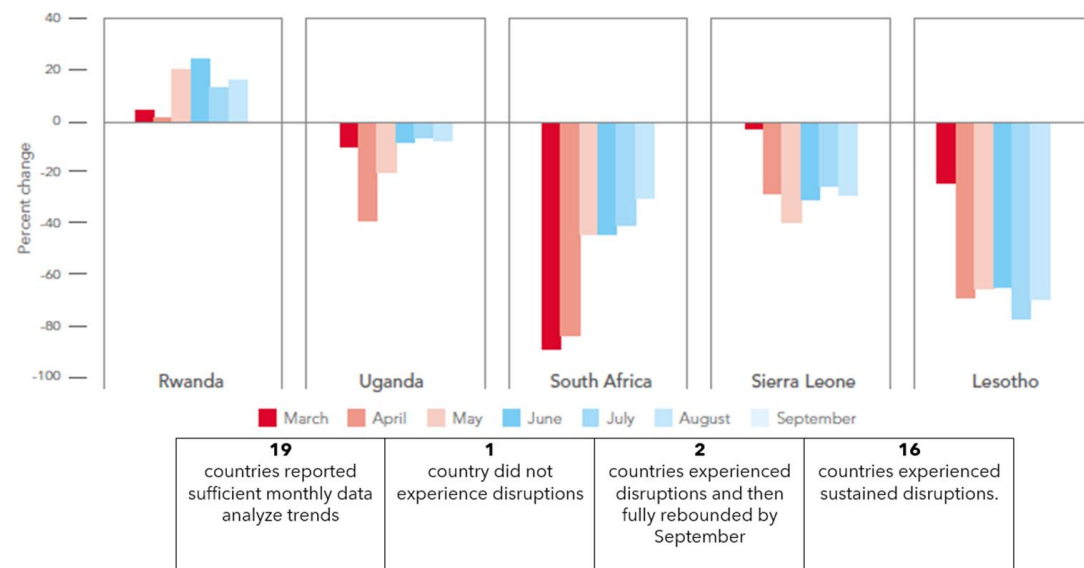


- Change in number of pregnant women tested for HIV in 5 SSAfrica countries
- **Initial disruption and rebound**

Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.
 Note: The baseline is the average of January and February reports.
 Note: The six countries selected were among 13 that fulfilled the following criteria: (a) had data for January 2020; (b) had more than 50 pregnant women in January data; (c) had more than 50% of facilities reporting or data from 50% of estimated births; and (d) had at least six months of data.

COVID-19 Impact on reduced testing and partial rebound on newly initiating ART by month, Mar-Sept 2020

Change in the number of HIV tests and results returned per month, compared to baseline, selected countries, 2020

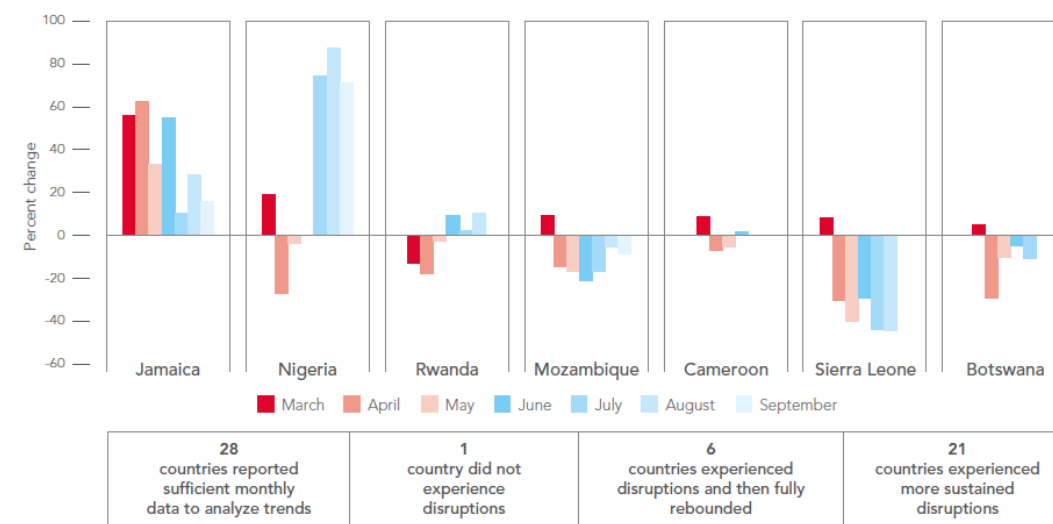


Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of services reporting in January; and (d) had at least six months of data.

Change in the number of people newly initiating antiretroviral therapy per month, compared to baseline, selected countries, 2020



Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of services reporting in January; and (d) had at least six months of data.

Monthly trends of persons tested and put on treatment = March to September 2020

<https://www.unaids.org/en/resources/documents/2020/prevaling-against-pandemics>



HIV& COVID Stories from countries.... https://www.who.int/health-topics/hiv-aids/#tab=tab_1

News

All →



30 November 2020 | Departmental news
World AIDS Day 2020 – WHO calls for global solidarity to maintain HIV services



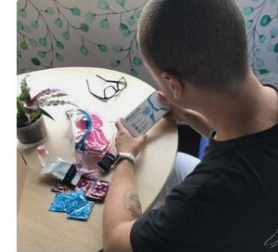
26 November 2020 | Departmental news
Existing HIV and TB laboratory systems facilitating COVID-19 testing in Africa



26 November 2020 | Departmental news
Pre-exposure prophylaxis services in Thailand during COVID-19



26 November 2020 | Departmental news
Successful continuation of antiretroviral therapy delivery during COVID 19 – best practices from the South East Asia Region



26 November 2020 | Departmental news
Continuing PrEP services for adolescents in Brazil despite COVID-19 disruptions



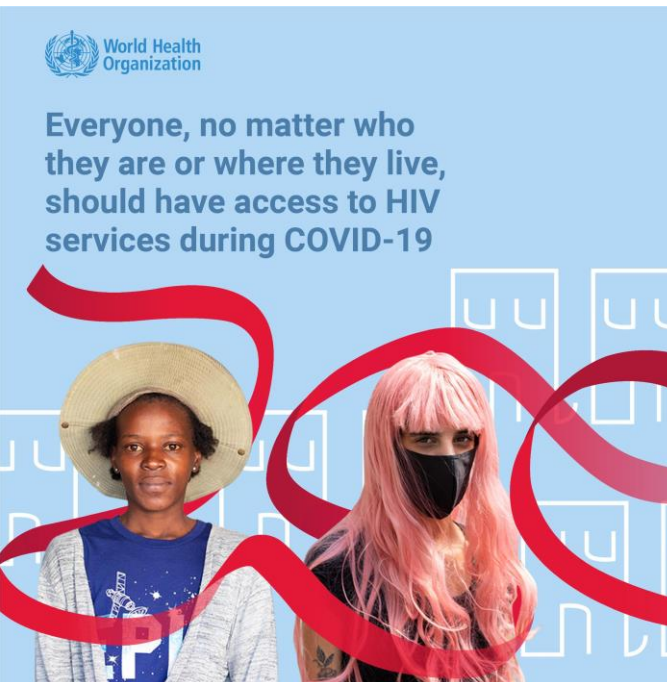
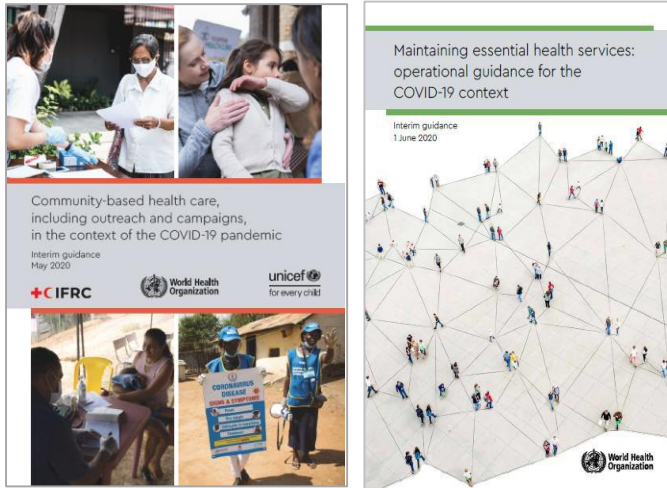
20 November 2020 | Departmental news
WHO and other stakeholders join forces to accelerate access to effective paediatric HIV and tuberculosis diagnostics and medicines

Existing HIV and TB laboratory systems facilitated COVID-19 testing in Africa

- 412 laboratories in 17 African countries (SLIPTA)
- 78 laboratories achieving accreditation ISO standards.
- > 20 million HIV viral load tests and > 11 million molecular TB test in 2019
- **Platforms repurposed for COVID-19 test & >10 million tests conducted**
- Machines, infrastructure, sample transport systems, and highly skilled staff shared
- Led to disruptions for HIV and TB testing but on rebound now



Maintaining Essential Health Services



- **Recommends practical measures** to take at national, subnational, and local levels to organize and maintain access to services in full safety with the highest quality
- **Provides indicators for surveillance of essential health services and describes considerations of when to stop and when it safe to restart essential health services during COVID-19**
- **Divided in two parts**
 - Part 1: Operational strategies to maintain essential health services
 - **Part 2: Specific information regarding specific diseases**
 - Annexe: Indicators for following EHS
- <https://www.who.int/publications-detail/10665-332240>
- <https://www.who.int/news-room/detail/01-06-2020-maintaining-essential-health-services-new-operation-guidance-for-the-covid-19-context>

Harmonized suite of health service capacity assessment modules in the context of the COVID-19 pandemic



Hospital readiness and case management capacity for COVID-19

A set of modules to assess hospital preparedness and response planning and COVID-19 case management capacity including essential medicines, diagnostics, and supplies. It also includes in-depth modules on essential biomedical equipment for COVID-19, COVID-19 safe environments, and infection prevention and control.



Continuity of essential health services in the context of the COVID-19 pandemic

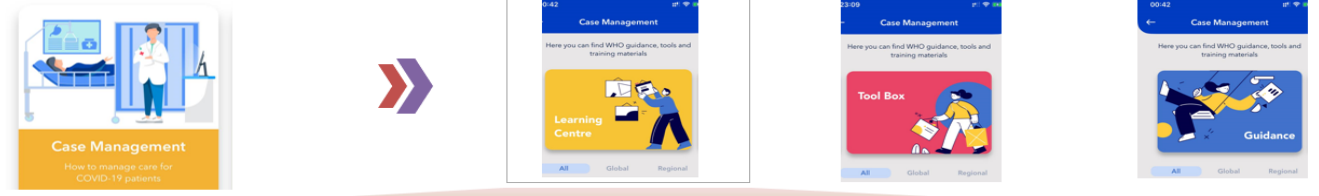
A set of modules to assess and monitor health facility capacities to provide essential health services during the COVID-19 outbreak. It looks at changes in service utilization and delivery, and includes in-depth modules on the availability of essential medicines, diagnostics, and supplies, as well as on community needs and perceptions.



Guidance and tools available for countries



One section by pillar of WHO Strategic Preparedness and Response Plan



Introduction to COVID-19	ABCDE approach to the acutely ill patient	Corticosteroid therapy and COVID-19
Key elements of WHO guidance for clinical management of COVID-19	Approach to patient with difficulty in breathing	COVID-19 Complication: Sepsis and septic shock
Infection prevention and control for COVID-19	Oxygen therapy	COVID-19 Complication: Acute respiratory distress syndrome (ARDS) - Delivering lung protective ventilation
Surge planning	Caring for pregnant and breast feeding women with COVID-19	COVID-19 Complication: Acute respiratory distress syndrome (ARDS) - Managing pain, agitation and delirium
Designing and Operating a Treatment Centre	Caring for older persons with COVID-19	COVID-19 Complication: Acute respiratory distress syndrome (ARDS) - Liberation from mechanical ventilation
Repurposing an existing building into a Treatment Centre	Specimen collection & diagnostic tests for COVID-19	COVID-19 Complication: Preventing complications in the critically ill
Screening and triage of COVID-19	Monitoring patients with suspected or confirmed COVID-19	COVID-19 Ethical Considerations
Transfer and handover of acutely ill patients	Antimicrobials for COVID-19	Quality improvement in emergency and critical care

Maintaining essential health services: operational guidance for the COVID-19 context

- Rapid hospital readiness checklist
- Biomedical equipment for COVID-19 case management – inventory tool

WHO surge calculators:

- Forecasting supplies, diagnostics and equipment requirements
- Forecasting health workforce requirements
- Community-based health care, incl outreach and campaigns, in the context of COVID-19 pandemic
- Preventing and managing COVID-19 across long-term care services: Policy brief

Educational platforms for clinical management of COVID-19:

- WHO Academy COVID-19 app
- OpenWHO online course



What has happened to HIV prevention and testing in the time of COVID-19



World Health Organization

- Condoms
- VMMC
- PrEP
- Services for KP
- Services for AGYW
- HIV testing



Maintaining essential HIV prevention (and contraception services)



Maintaining and prioritizing HIV prevention services in the time of COVID-19

Introduction

In the time of coronavirus disease (COVID-19), sex and drug use will continue, regardless of physical distancing orders and policies. People

Preserving momentum and focus on HIV prevention

Several critical actions and temporary modifications need to be considered for continued effectiveness of

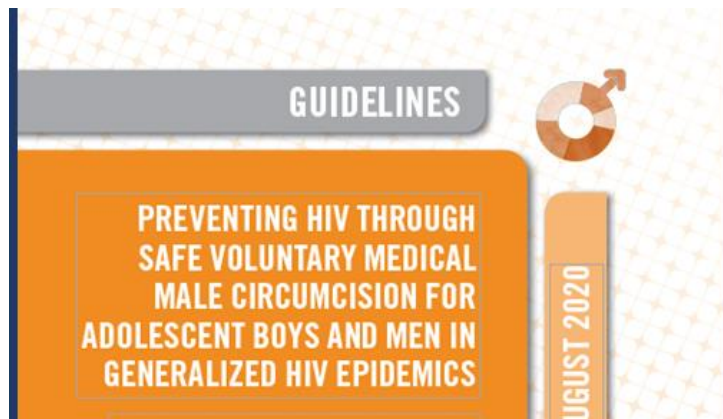
CONDOM SHORTAGE LOOMS AFTER CORONAVIRUS LOCKDOWN SHUTS WORLD'S TOP PRODUCER

Malaysia's Karex Bhd makes one in every five condoms globally. It has not produced a single condom from its three Malaysian factories for more than a week due to a lockdown imposed by the government.



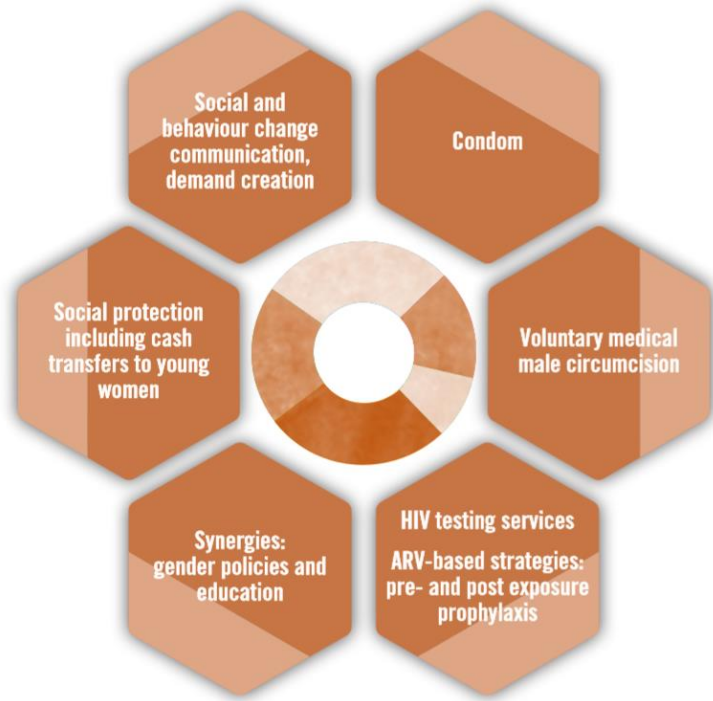
- Learning from Ebola in West Africa: increased unplanned and teenage pregnancies during emergency response → unsafe abortions and AGYW morbidly
 - **Prioritize continuation of contraception services**
- Many HIV prevention activities likely to be paused or scaled down eg VMMC, community outreach activities.
- **But condoms, harm reduction and methadone programmes need to continue with modifications**
 - Delivery of supplies with social distancing through pharmacies
 - Larger supplies for longer time periods
- **Continue to support HIV testing** including through expanding access to self-testing

Thanks to WHO VMMC leads Wole Ameyan, and Julia Samuelson



**Voluntary
medical male
circumcision
(VMMC) services
for HIV
prevention,
COVID-19
disruptions &
continuation**

VMMC programme disruptions in 2020 due to COVID-19



- WHO recommended that VMMC programme activities be suspended in a pandemic context to ensure essential services continue to be delivered ¹
- In several countries, VMMC programme activities were suspended during COVID-19 measures between April-June 2020
- In some counties such as South Africa, VMMC **services pivoted towards the COVID 19 response, by contributing staff and supplies** ²

1. WHO (2020) COVID-19: Operational guidance for maintaining essential health services during an outbreak. Interim Guidance 1 June 2020
2. <https://bhekisisa.org/opinion/2020-06-22-medical-male-circumcision-hiv-prevention-covid-coronavirus-response-south-africa/>

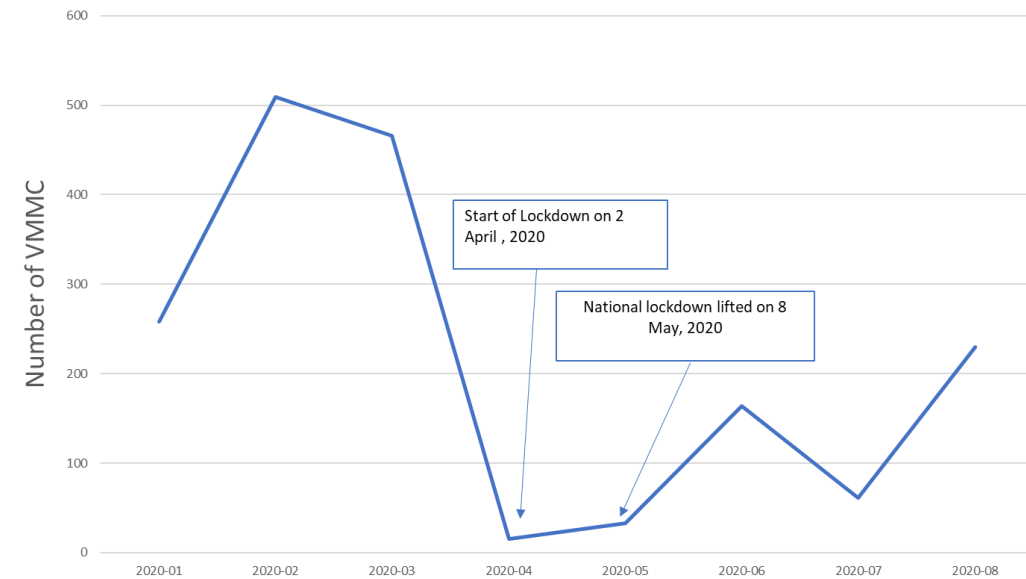
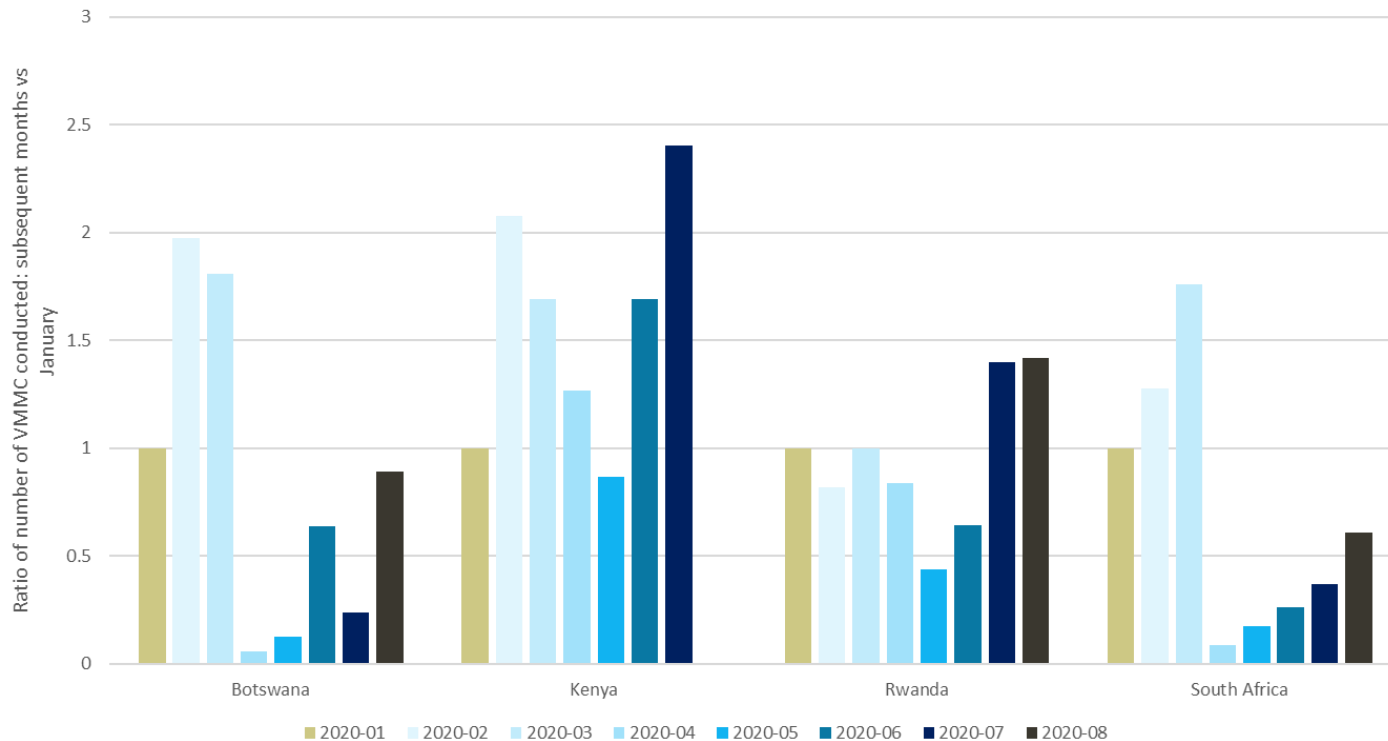
VMMC Service Disruptions

Temporary suspension of services due to COVID-19 slowed down progress in 2020

- 11 of 15 priority countries for VMMC scale up have reported data on service disruptions
- 8 countries reported more than 2 consecutive months of service disruption data
- 4 of these 8 countries have reported data that represent >50% of facilities providing VMMC services (Botswana, Kenya, Rwanda, and South Africa)

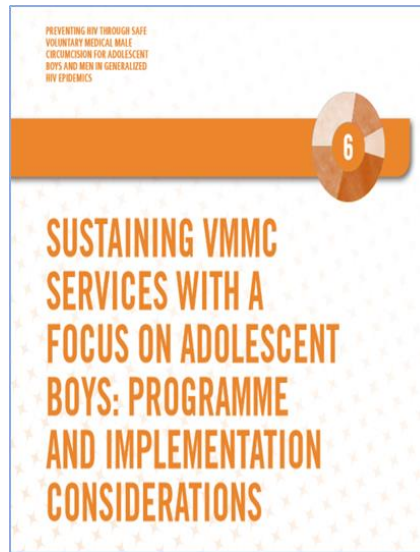
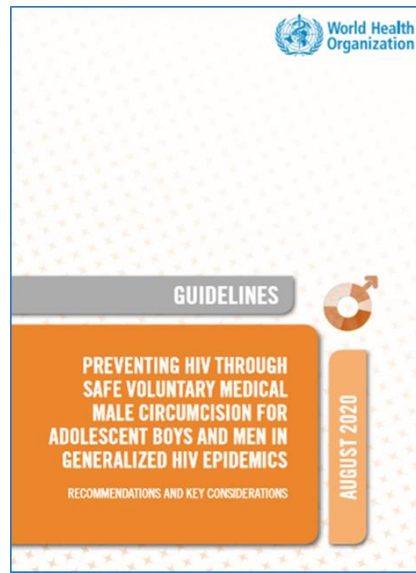
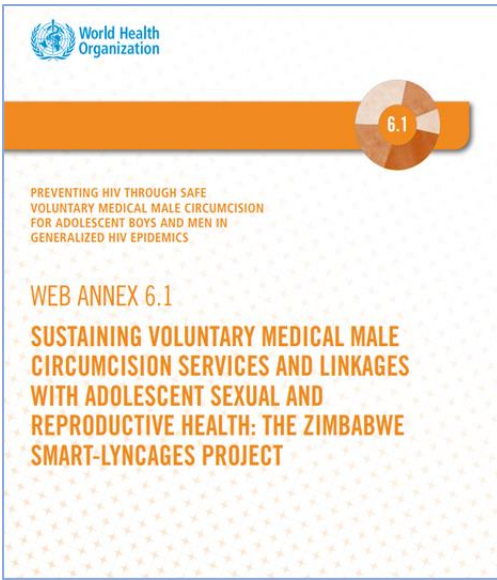
In Botswana, Kenya, Rwanda, and South Africa VMMC services were suspended or slowed down in April 2020, however services are resuming

VMMC Service Disruptions: Botswana, January to August 2020



Source: UNAIDS HIV services tracking tool, 2020

Notes: Data are reported monthly by national country teams, with support from UNAIDS, UNICEF, and WHO. Historical monthly data may be updated or revised at the time of each submission; thus results may change.



WHO VMMC plans

New WHO guidance launch and dissemination in midst of COVID-19

WHO Project ECHO virtual webinars and case-based studies

- August Series of 3 on all chapters
- November ASRH and VMMC linkages
- December Transitioning

HERE FOR PrEP

COMMUNITY FORUM



Pre-exposure prophylaxis

Thanks to WHO
VMCM leads Robin
Schaeffer and
Michelle Rodolph

PrEP during COVID-19 – a mixed picture - less use, less access ... but ? less need

Torres, Brazil

During lockdown April to May 2020:

- 28% of previous PrEP users stopped PrEP use
- reasons for stopping: 47% impediments to pick up PrEP refills and 40% sexual abstinence

Reyniers, Belgium:

- 47% stopped taking PrEP during lockdown
- 22.6% of PrEP users said that their PrEP appointment was postponed due to lockdown.
- but changes in sexual behaviour, so lower PrEP use not necessarily the same as more risk exposure.

Hammoud, Australia

- 41% of PrEP users stopped using
- those who stopped, 86% gave COVID as a reason, but only 17% said that they found it difficult to access PrEP (stopping may be due to changes in sexual behaviour and reduced risk)

Dvora Davey, Cape Town, South Africa, PrEP in Pregnant and Postpartum Women (PrEP-PP),

During SA nationwide lockdown missed PrEP visits increased significantly

- 63% at the 1-month visit
- 55% at the 3-month visit
- The relative risk of missing a study visit increased during lockdown compared with before lockdown (odds ratio 2.36, 95% CI 1.73–3.16).

Douglas Krakower, Fenway Health, Boston, US,

March and April of 2020

patient lapses in refilling PrEP prescriptions ↑191%.

patients starting PrEP ↓72.1%

total # patients with an active PrEP prescription ↓18.3%

HIV tests ↓85.1%.

PrEP innovations during COVID-19

Vietnam (Healthy Markets): Online support and counseling for PrEP clients

Online promotion



Online customized counseling



HIVST kit delivered to client with follow-up instructions



Slide curtesy Dr. Kimberly Green, Global Director – HIV & TB, PATH



WHO PrEP plans

- Updated oral PrEP guidance
- Guidance on the DPV vaginal ring
- Following developments with long acting preparations eg CAB-LA



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Exciting new results from long-acting PrEP study show it to be effective in preventing HIV acquisition in men who have sex with men and transgender women



20 May 2020 | Departmental news | Reading time: 5 min (1000 words)

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European Medicines Agency (EMA) approval of the dapivirine ring for HIV prevention for women in high HIV burden settings



24 July 2020 | Departmental news | Reading time: 3 min (742 words)

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Home / Trial results reveal that long-acting injectable cabotegravir as PrEP is highly effective in preventing HIV acquisition in women



Trial results reveal that long-acting injectable cabotegravir as PrEP is highly effective in preventing HIV acquisition in women

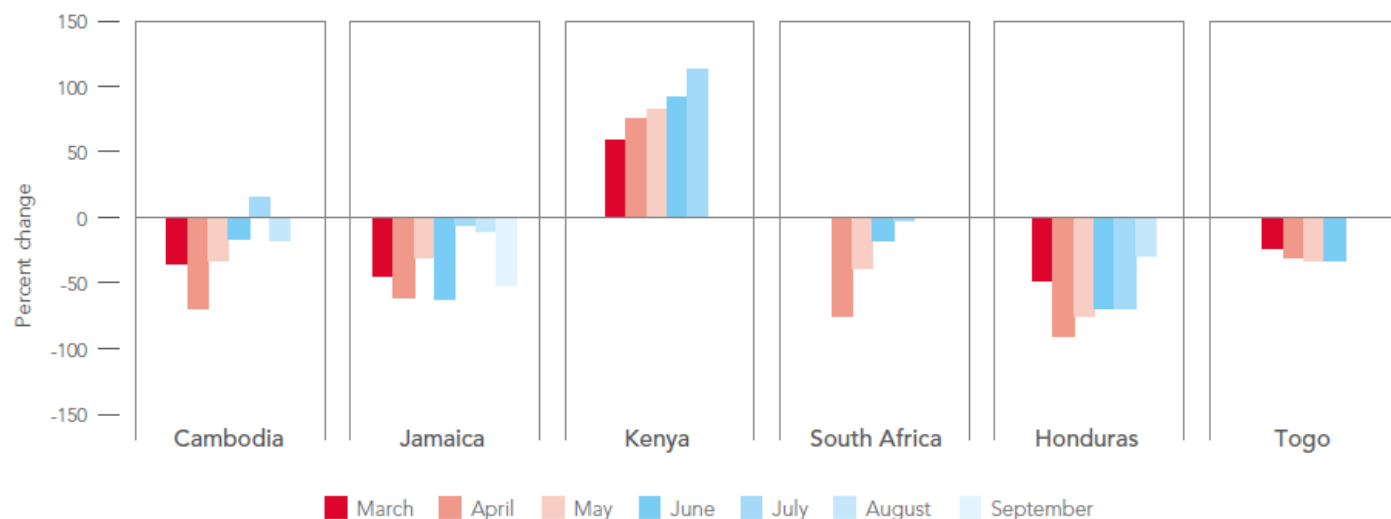


9 November 2020 | Departmental news | Reading time: 5 min (1444 words)

Related

HIV prevention and key populations

Change in the number of gay men and other men who have sex with men reached by HIV interventions per month, compared to baseline, selected countries, 2020



Source: UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

Note: The baseline is the average of January and February reports.

Note: Selected countries fulfilled the following criteria: (a) provided data for January 2020; (b) had no significant change in the number of facilities reporting; (c) provided monthly, not cumulative, data; and (d) had at least six months of data.

- A Global Network of Sex Worker Projects survey across 55 countries found that a majority of respondents in every region, except Europe, reported reduced access to condoms, lubricants and services for screening and treating STIs
- A global survey among MSM using a social networking app in April-May 2020 found that many reported interruptions to HIV prevention services, including condoms and PrEP.

WHO plans for KP work

During COVID-19

- Support services that reach KP eg community-based services, drop-in centres and outreach services
- continue providing life-saving prevention (distribution of condoms, needles and syringes), testing and treatment (for HIV and opioid dependence) while securing safety of staff and clients
- Alterations in implementation and service delivery
 - Take home OST

New KP guidelines

- Updated planned for 2021
- Include HIV, viral hepatitis and STIs
- Person centred with population specific modules
- Continue advocacy to address structural barriers with enabling interventions
- Prioritised health packages by population



Maintaining HIV testing services during the time of COVID-19



Thanks to the WHO testing team -
Cheryl Johnson, Muhammad
Shahid Jamil, Maggie Barr-DiChiara

WHO suggested measure in April 2020

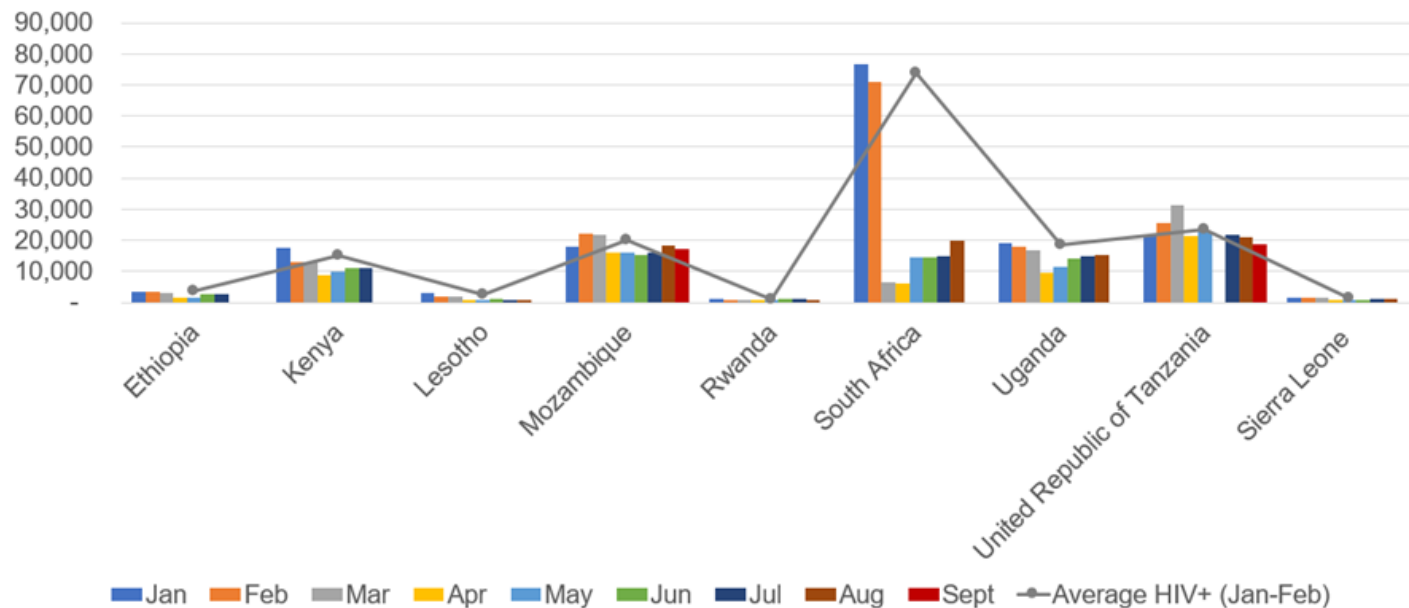
- **Support undiagnosed PLHIV to get tested → linked to ART**
 - PLHIV, who do not know their status & not ART inc those with risk factors (e.g. diabetes ↑ BMI), who acquire a COVID-19 may be at risk of COVID-19 complications
- **Ensure safety of HTS providers -PPE etc**
 - adaptations eg phone calls, digital tools (e.g. videos, websites, social media, text messages) and use of **HIV self-testing (HIVST)**
- **Considerations for prioritizing and adapting HTS programmes**
 - **continuing ongoing critical clinical services** (e.g. ANC (inc dual HIV/syphilis), individuals with symptoms/conditions indicative of HIV or co-infections or other co-morbidities (e.g. TB , STIs, malnutrition), and EID of HIV-exposed children).
 - **partner/index/family testing** to reach the partners of PLHIV and KP programmes; increasingly using phone calls; partner delivered HIVST
 - **key populations** who need HTS, sexual health services, and social protection
 - restricting/pausing community outreach – focus on HIVST and virtual support
 - **maintain linkage and referrals to ART**, and supply of **condoms, contraception**
 - **monitor supply chain management** - may be increased HIVST demand & risks of disruptions



Decline in testing during COVID-19 restrictions seen across Africa

Total number of HIV positive tests in Africa

Comparing Jan-Sep 2020 GAM to average HIV+ tests in Jan-Feb 2020



- Testing in ANC largely maintained
- Greatest declines in testing in men, non pregnant women and KP
- Significant difference across countries
- Positivity rate in testing stable – but indicates a significant drop in absolute new # of diagnoses

Realizing the role of HIV self-testing (HIVST) in the time of COVID-19

Considerations for HIVST

- HIVST may be acceptable alternative to maintain services while adhering to physical distancing guidance.
- strategically implement HIVST **prioritizing areas & populations** with greatest needs and gaps in testing coverage.
- **HIVST approaches include:**
 - distribution for personal use and/or sexual and/or drug injecting partners of PLHIV and social contacts of KP
 - in high HIV burden settings, pregnant women can provide HIVST kits to their male partners.
- **Priority settings to consider**
 - pick up at facilities or community sites
 - online platforms (e.g. websites, social media, digital platforms) and distribution through mail
 - pharmacies, retail vendors, vending machines



Countries with HIVST programmes

Expand and adapt HIVST

- replace facility with HIVST (to decongest health facilities)
- use HIVST for partner and social network testing

Countries yet to use HIVST

- Lobby for rapid HIVST approval

Ukraine (Serving Life): HIVST direct delivery

161 self-tests with nutrition packages delivered.

25 new HIV-positive partners of index clients in civil sector diagnosed and initiated on ART.

Slide curtesy Dr. Kimberly Green,
Global Director – HIV & TB, PATH



Exploring opportunities for HIV testing & prevention in the COVID-19 response

In high HIV burden settings ... could consider

- **Community contact tracing key element of the COVID-19 response**
 - Provide HIVST or offer HTS when screening for COVID-19 in homes (for those who have not have a recent HIV test) – potentially an opportunity to reach men offer testing & link to ART, messages about prevention
- Offer HIV testing/HIVST for people presenting with COVID-19 symptoms in facilities

In high TB burden settings

- **? TB screening**
https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf



Step 5: Screening questions

Also ask each person if they are on chronic medications, if they are taking their medicines as prescribed and if they need help identifying a place to pick-up their medications if they are running short.

- Make sure they know how important it is to stay on their medicines in order to stay healthy and
- Provide them with the information sheet entitled. **“Knowledge is Power” on COVID, HIV, and TB.**

CHW household screening tool South Africa NDoH

COVID-19 has and will continue to change many aspects of health care delivery.

Some learning and approaches may endure in the longer term and result in better testing and prevention, more access, more empowerment, more self-care, better efficiency and cost-effectiveness

Opportunities to build back better health systems

- **Prevention**
 - Decentralising service delivery to decongest facilities for PrEP & mobile PrEP;
 - Restarting VMMC & EMTCT safely; restarting EPI/HepB vaccinations (ANC innovations)
- **Adaptations to HIVST to COVIDST**
 - Client-directed online HIVST
 - Using HIVST as pathway to COVID ST in S Africa
- **Support to MMD for ARVs, DAAs, OST, TPT and other coinfections (AHD package)**
 - ART & DAA refill in the community & community delivery
 - MMD of new ARV regimens (DTG&4:1) for children and adolescents;
 - Take home methadone, buprenorphine, TPT
 - Ensure AHD clients seen; community re-engagement/restart of ART
- **Virtual Case Management and DSD**
 - Telemedicine, tele-results for viral load & EID
 - Virtual Support Groups for children, adolescents and their caregivers
 - Development of peer-led IEC materials for children, adolescents, adults
- **Person centered care:**
 - Self care options - self-sampling and self collection
 - Self-sampling collection for CT/NG (STIs)



UNICEF EASTERN AND SOUTHERN AFRICA

PRACTICAL GUIDE FOR BUSINESS



Busting myths and delivering services



"People living with HIV peers and community-based supporters are assigned to deliver ARV drugs to the specified location where the people living with HIV have agreed to get it. This may be at the district hospital, or other desirable places where clients feel comfortable, including at their homes."

Community Health and Inclusion Association, Laos
"We have done a 30 minutes radio talk show covering most frequent asked questions around COVID-19 and being young, HIV positive and COVID-19."
Africaid Zvandiri, Zimbabwe

Findings from a survey of networks of people living with HIV



Organization

Thank you

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