

Seeking the silver lining: differentiated HIV services for safe, sustained connections through COVID-19 and beyond

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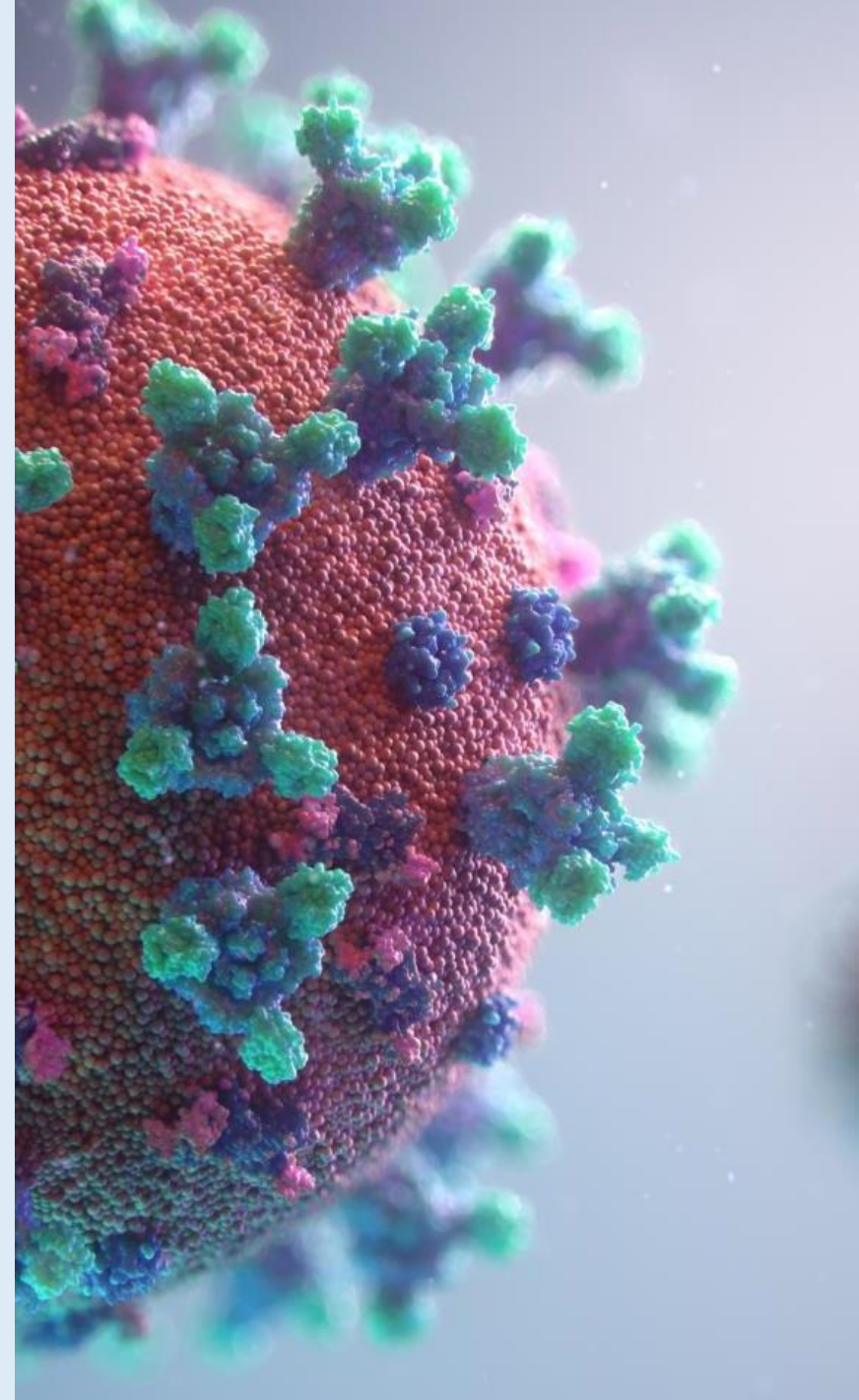


COVID-19: is it even possible to think of a silver lining?

- Almost 60 million cases globally
- Almost 1.4 million global deaths
- Still expanding epidemics in many countries, including the U.S.
- Severe risks of disruptions to HIV and other essential health services

BUT:

- Vaccines on the way?
- Notable successes in curbing COVID-19 transmission in some Asian countries



There are still more than **7 million people** living with HIV globally (19%) who do not know their HIV status...
...closing this gap requires activation of different – and *differentiated* – HIV service approaches

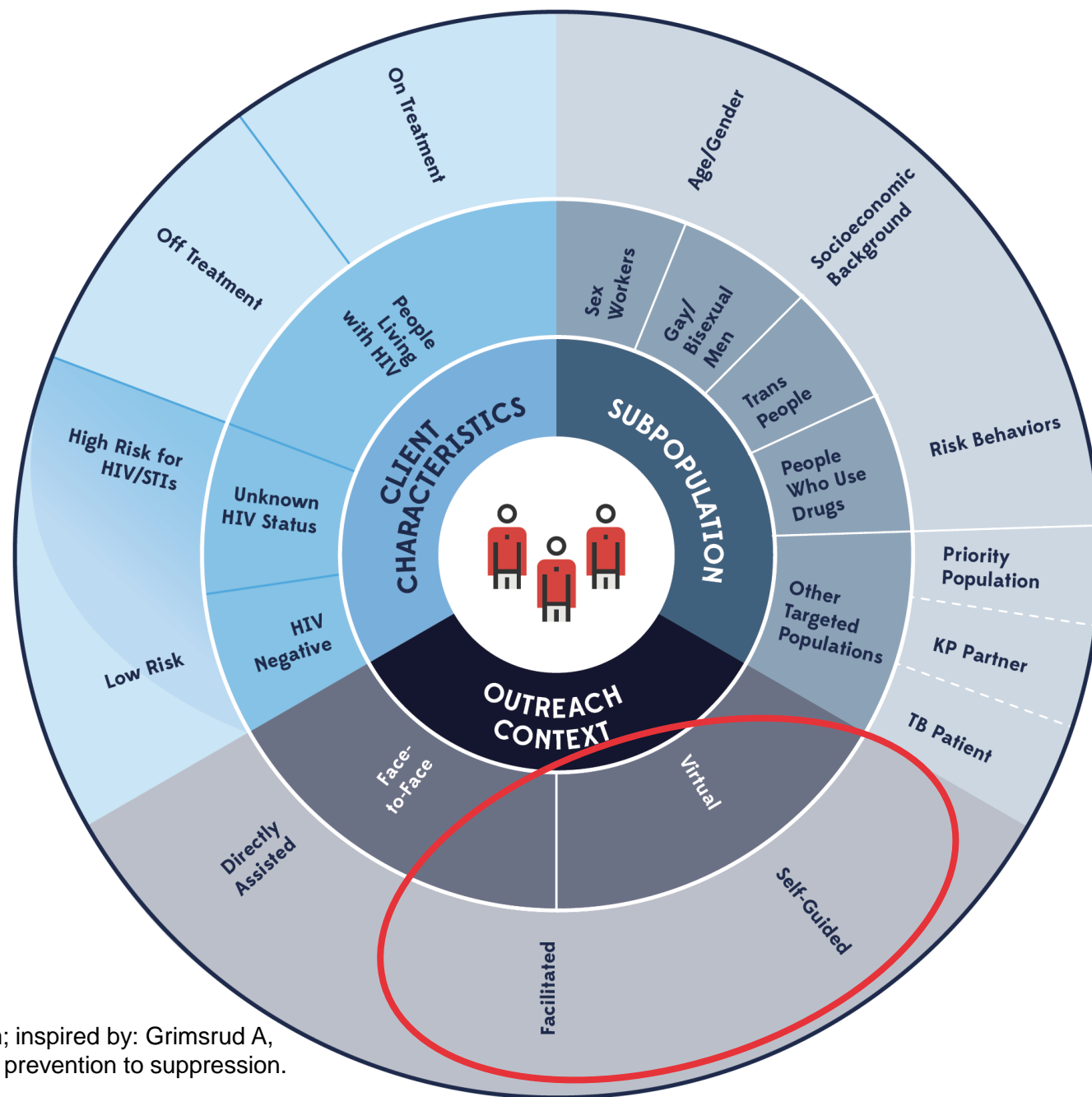
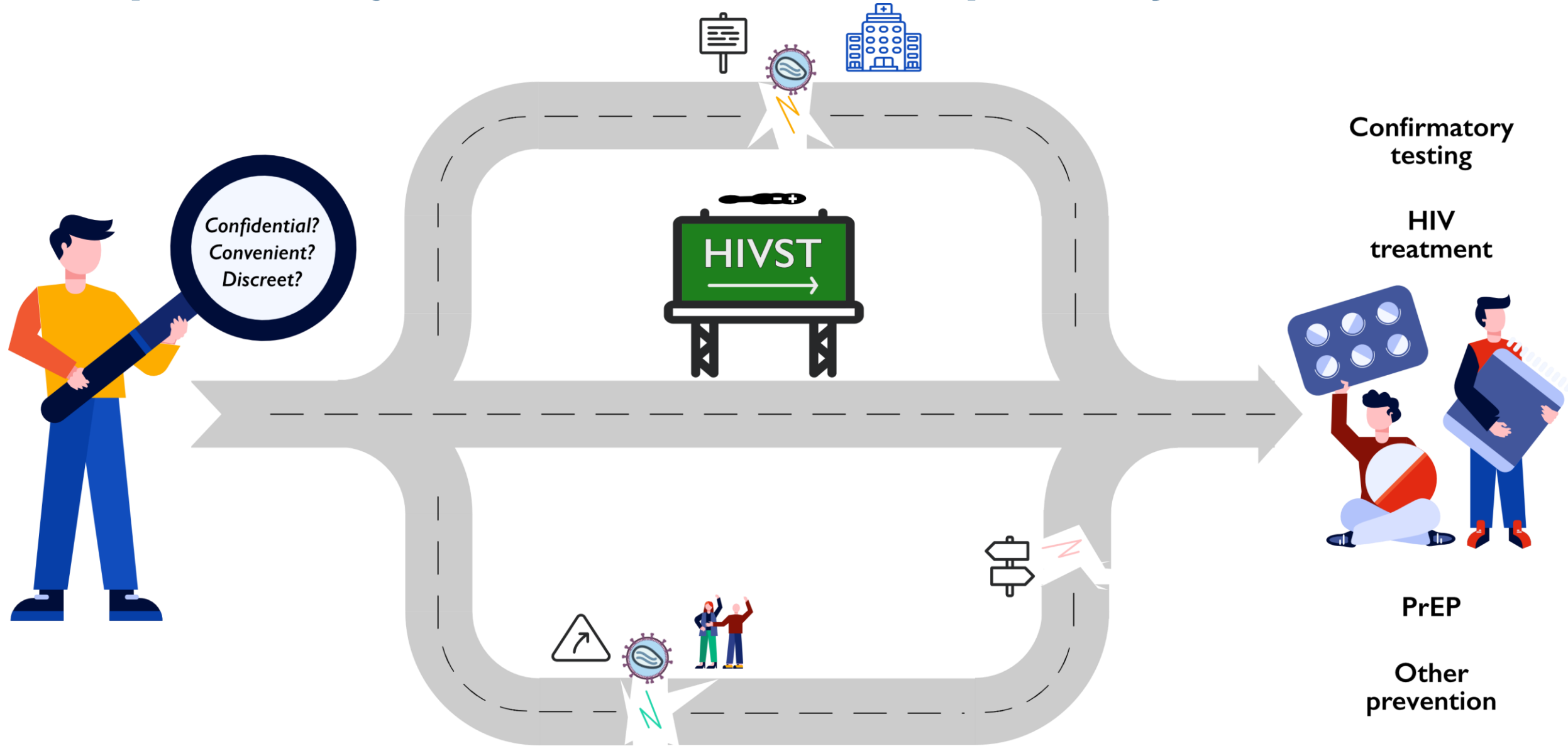


Figure adapted from: Caroline Francis and the LINKAGES Indonesia team; inspired by: Grimsrud A, et al. Reimagining HIV service delivery: the role of differentiated care from prevention to suppression. J Int AIDS Soc. 2016;19(1):21484.

HIV self-testing (HIVST) as an approach to open preferred, *and potentially safer*, service access pathways



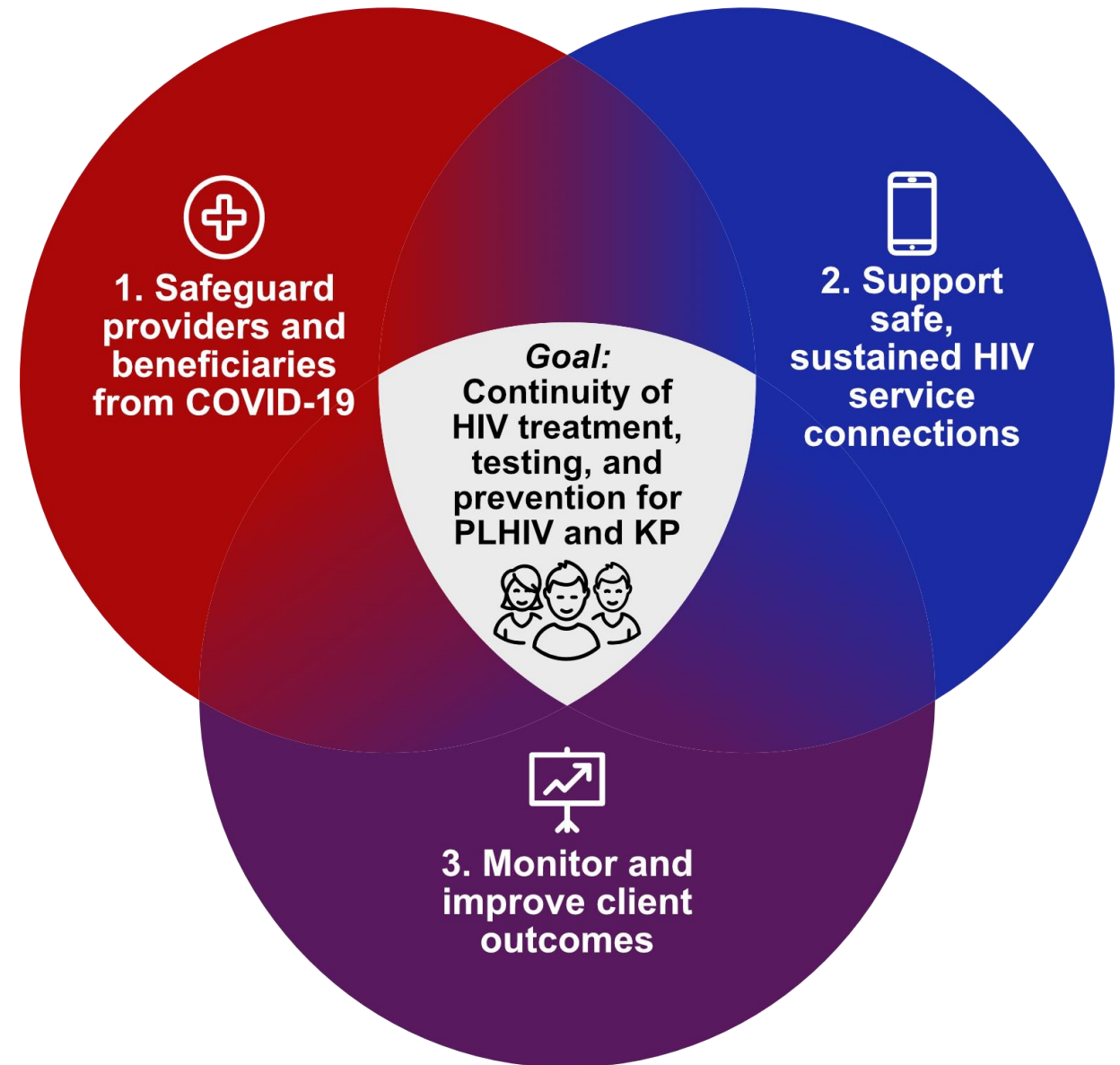
Strategic considerations

With USAID and PEPFAR support, the global Meeting Targets and Maintaining Epidemic Control (EpiC) Project compiled technical resources to help HIV programs mitigate the impact of COVID-19

All of these resources reflect a core strategy with elements focused on:

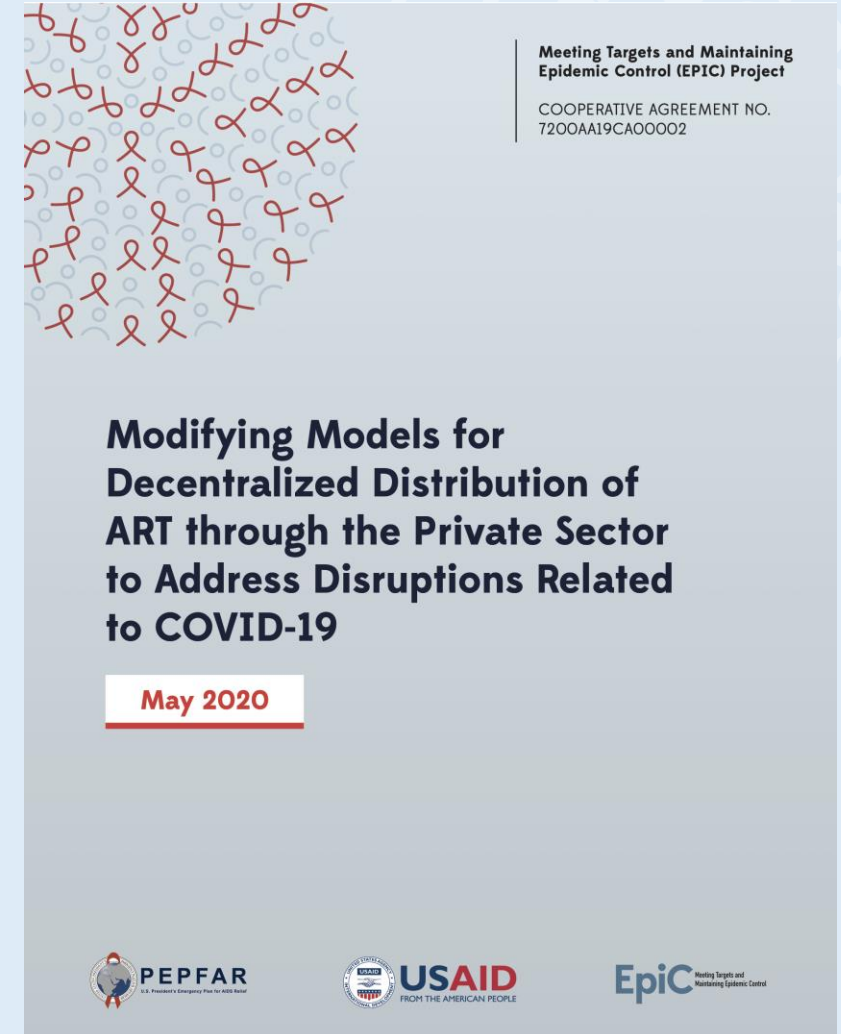
- Safeguarding;
- Sustaining safe connections; and
- Monitoring and improving outcomes

Elements of a differentiated, client-centered approach to mitigating the impacts of COVID-19 on HIV program beneficiaries, providers, and outcomes



Key elements of a strategic response

- Decentralizing services to limit COVID-19 exposure in facilities
- Multi-month dispensing of ART and PrEP
- “Going online”
- Navigation support
- Self-led services, including HIV self-testing



Safeguarding community and clinical services

- Virtual training and capacity building
- Protecting providers
- Moving engagement and case management online
- Hotline and virtual navigation
- Delivering commodities
- Tracking progress and pitfalls

Meeting Targets and Maintaining Epidemic Control (EpiC) Project

May | 2020

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




May 8, 2020

COVID-19 is a global pandemic with currently more than 3 million people infected and over 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 providers 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 safeguard and prolong lives.

This document, *Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations for Community-Based Providers*, is linked to the broader [EpiC Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs](#). 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




  

MEETING TARGETS AND MAINTAINING EPIDEMIC CONTROL (EPIC) PROJECT

COOPERATIVE AGREEMENT NO. 7200AA19CA00002

Ensuring uninterrupted essential HIV treatment services to clients during the COVID-19 pandemic

MAY 2020

Messaging Guidance for Key-Population-Focused HIV Programs to Mitigate the Impact of COVID-19

April 6, 2020

This COVID-19 and HIV messaging guidance is intended to support HIV programs in mitigating the impact of COVID-19 and safely maintaining HIV outreach and service delivery. It was written for FHI 360-supported HIV programs focusing on key populations (KPs) but may also be useful for general HIV programs. This document will help ensure that program implementers are providing correct and consistent information about coronavirus and COVID-19 to HIV program beneficiaries, staff, and clinical partners (based on currently available information). The document includes four sets of messages prioritized for specific audiences. Some messages should be shared across audiences. Programs using these messages should adapt the messages to be consistent with those of the local health authority and should link to existing resources in relevant languages. Include program- or country-specific information and resources wherever you see red text in the messages.

Intended Audiences



All Audiences

- [About COVID-19 and prevention](#)
- [COVID-19 clinical care](#)
- [Tips for living in a pandemic](#)
- [COVID-19 myths](#)



People living with HIV (PLHIV)

- [COVID-19 and PLHIV](#)
- [HIV service access for PLHIV](#)



Key Populations

- [Sex and COVID-19](#)
- [Sex work and COVID-19](#)
- [Drug use and COVID-19](#)
- [Maintaining HIV service access](#)



Community and Health Staff

- [Community-based facility staff](#)
- [Outreach \(and mobile\) staff](#)
- [Providing support online](#)
- [Client well-being](#)
- [Staff well-being](#)

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 International, Population Services International (PSI), and Gobe Group.

Messaging guidance

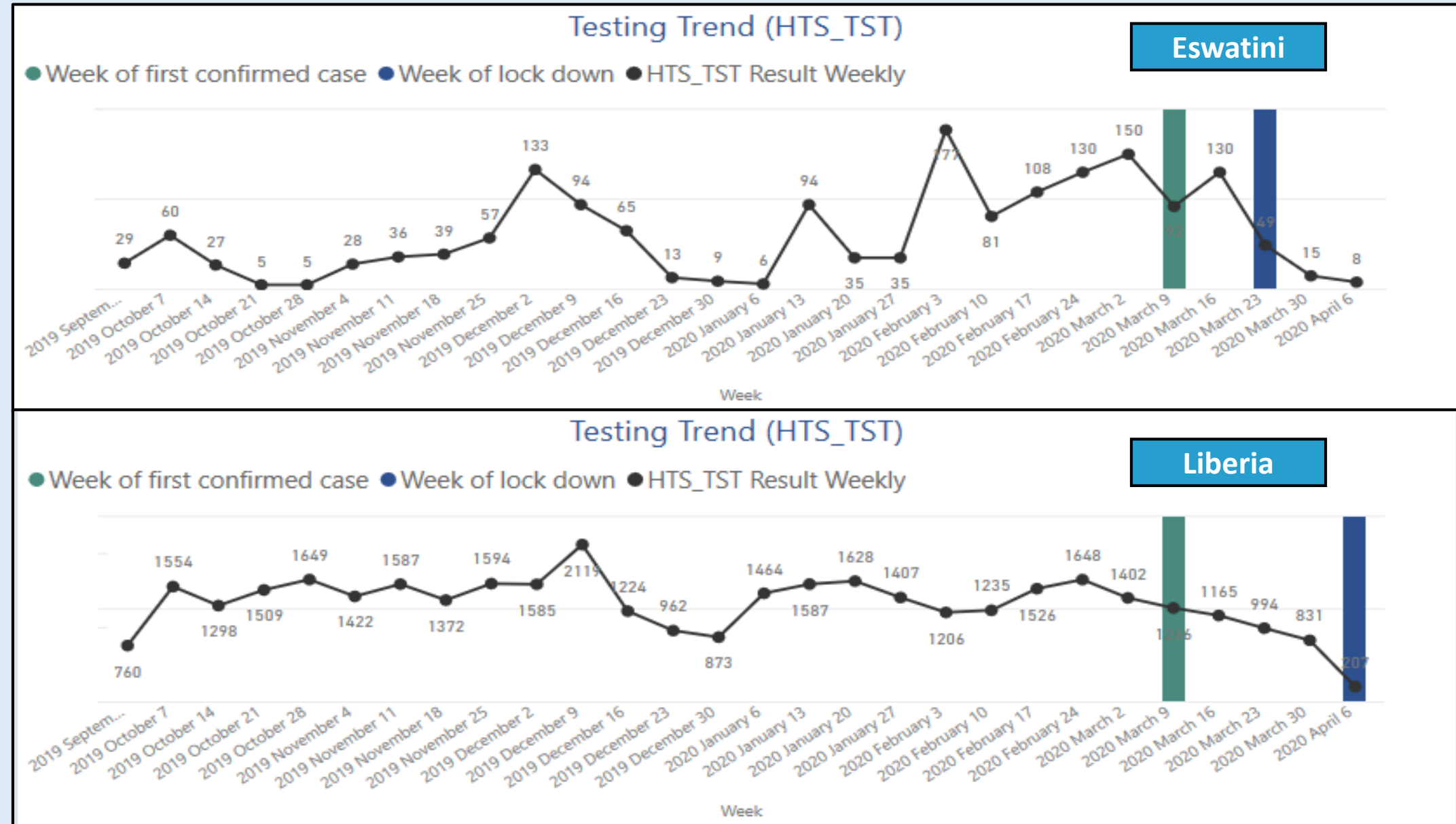
- Driven by concerns that uncertainties about COVID-19 risks would constrain access to and provision of essential HIV services
- Focus on minimizing COVID-19 and HIV risks among providers and prospective clients
- Strategies to “safely sustain” HIV prevention, care, and treatment in the face of COVID-19
- Updated regularly to reflect and link to new data

Map of LINKAGES/EpiC Buy-Ins as of March 31, 2020

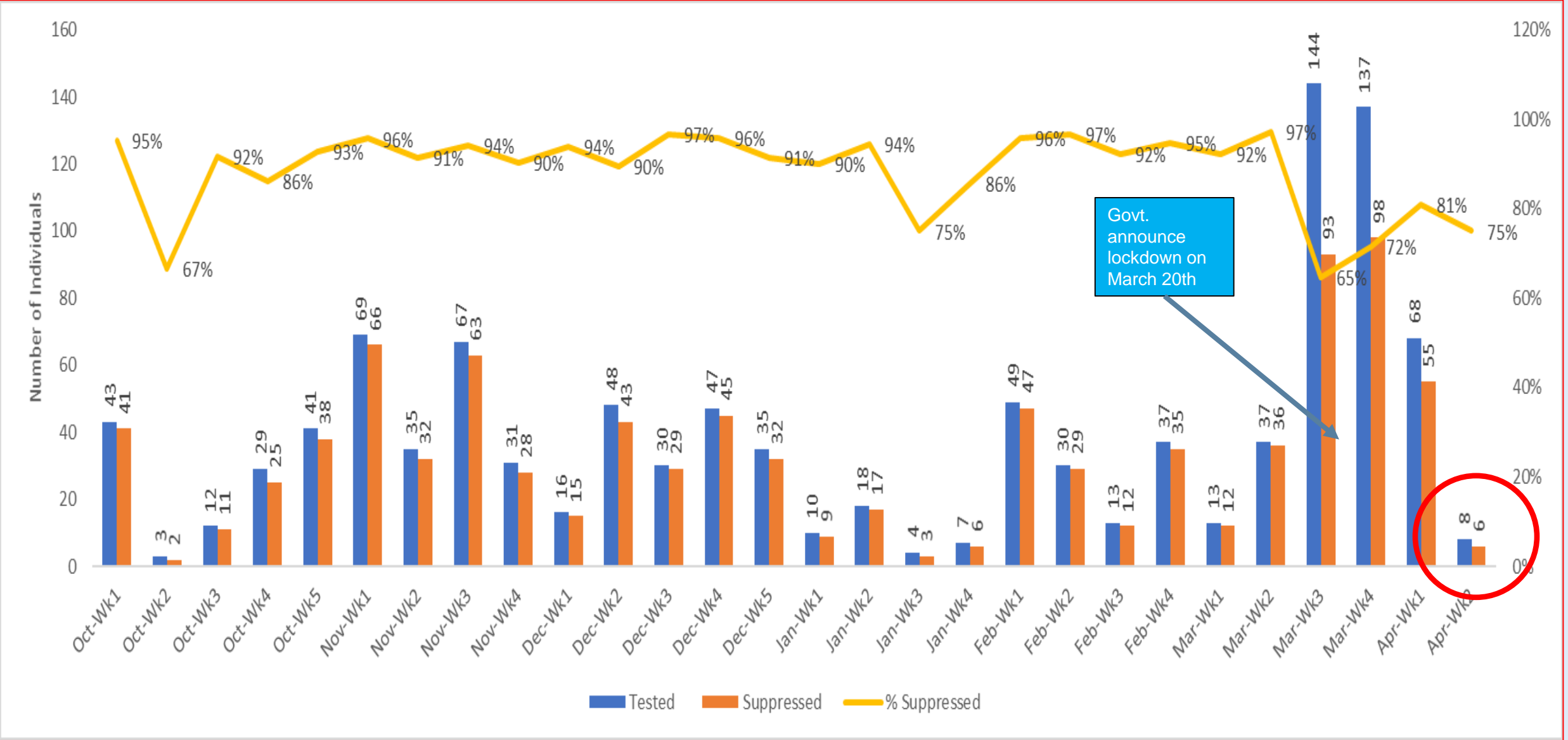


Latin America & the Caribbean (4)	Africa (19)		Asia (12)	Middle East & North Africa (5)
Eastern Caribbean (Barbados, Guyana, Jamaica) Haiti	Botswana Burundi Cote d'Ivoire Democratic Republic of Congo Djibouti Eswatini Kenya Lesotho Liberia	Malawi Mali Namibia Nigeria South Africa Tanzania West Africa Burkina Faso, Ghana, Liberia, Mali, Senegal, Togo	Cambodia Central Asian Republics Kyrgyzstan, Kazakhstan, Tajikistan India Indonesia Laos Myanmar Nepal Sri Lanka Thailand	Middle East and North Africa Algeria, Egypt, Lebanon, Morocco, Tunisia
 LINKAGES country  EpiC country  Both EpiC & LINKAGES				

Impact of COVID on HIV Testing trends



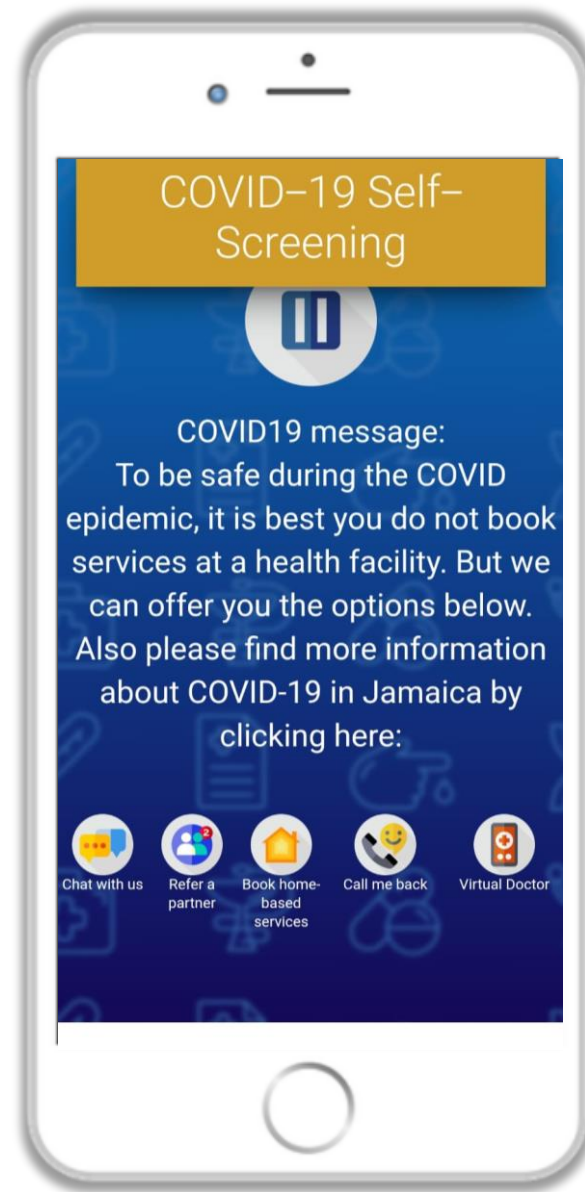
LINKAGES Liberia – Viral Load Trend FY20 – (Oct. 1, 2019 – April 10, 2020)





No-contact outreach and referral

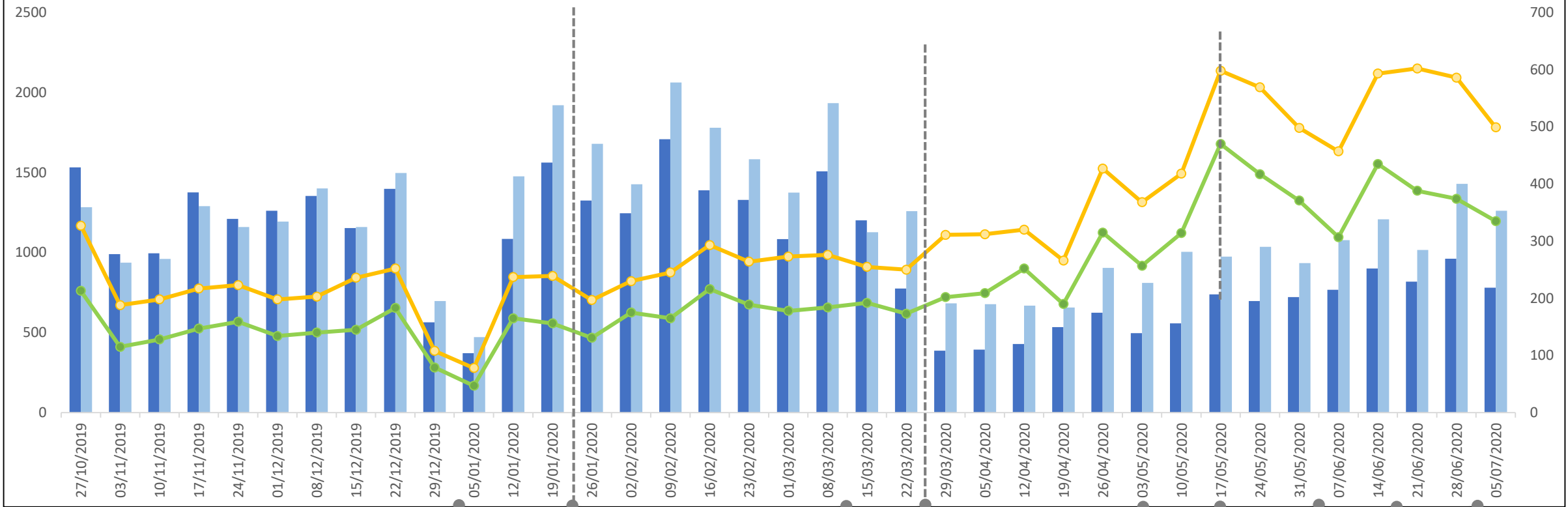
An entirely online process from outreach, risk screening, referral, and arrival at clinics. No passing of paper referral forms between outreach workers, clients, and clinics staff. Allows clinics to pre-screen for COVID-19



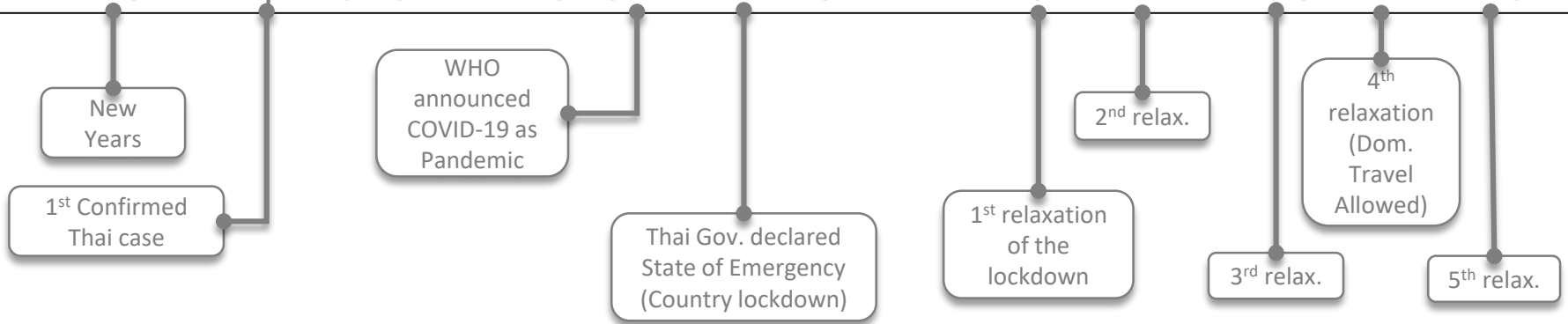
COVID-19 self screening result page for on HealthConnectJA

KP_PREV vs HTS_TST vs O2O, FY20 Weekly

■ KP_PREV
 ■ HTS_TST
 ● O2O-Reservations
 ● O2O-Arrivals

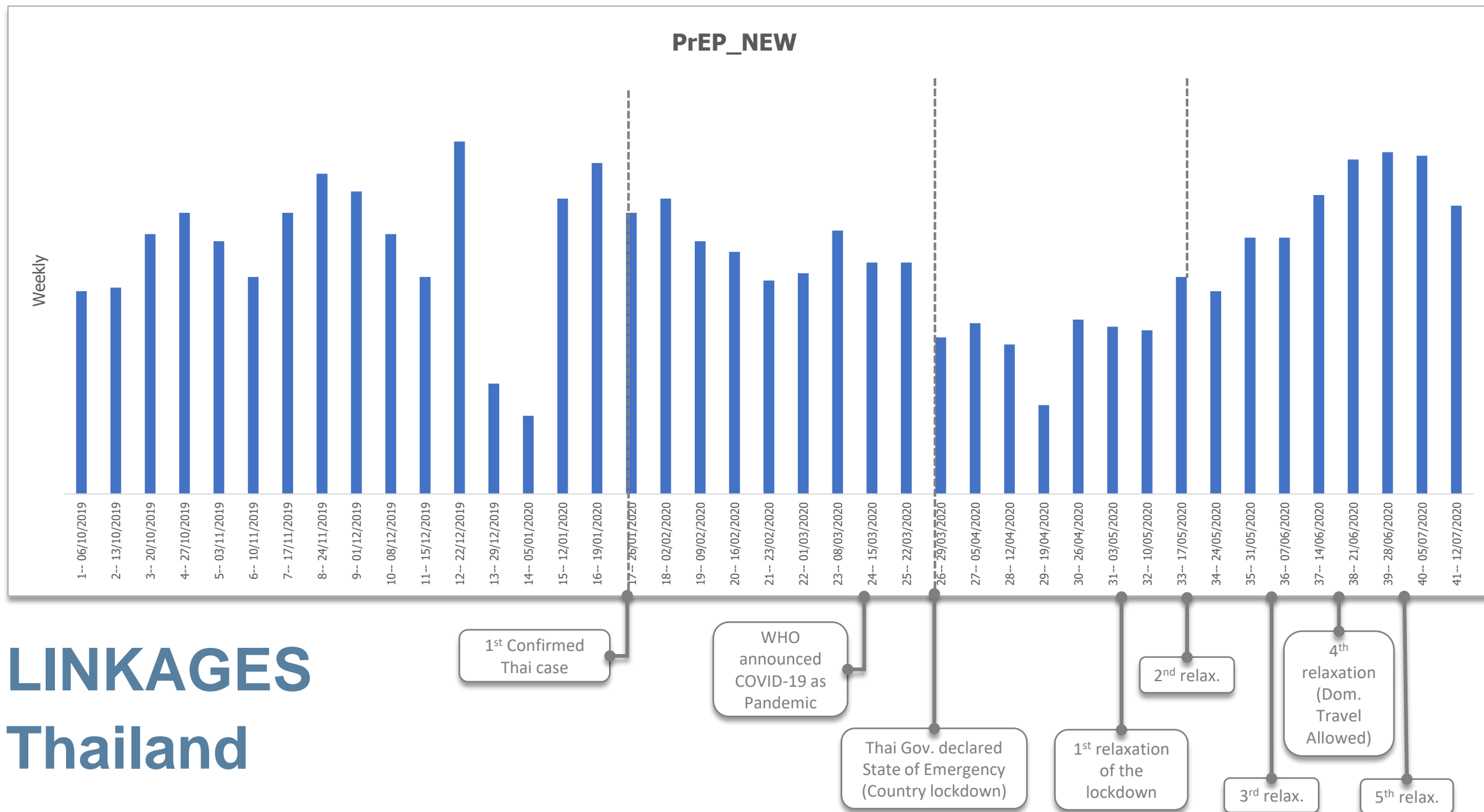


LINKAGES Thailand



LINKAGES

Thailand



Thailand: Online promotion and “xPress” services doubled the proportion of PrEP clients

- PrEP uptake declined during the lockdown period but has seen a strong rebound as restrictions have eased
- Proportion of negative clients accessing PrEP actually increased (17% in Q3 versus 8% in Q2)
 - Intensive online service promotion by IPs on dating applications, Facebook and a Facebook closed group, PrEP Me Now campaign
 - PrEP xPress model limiting time spent physically in a clinic

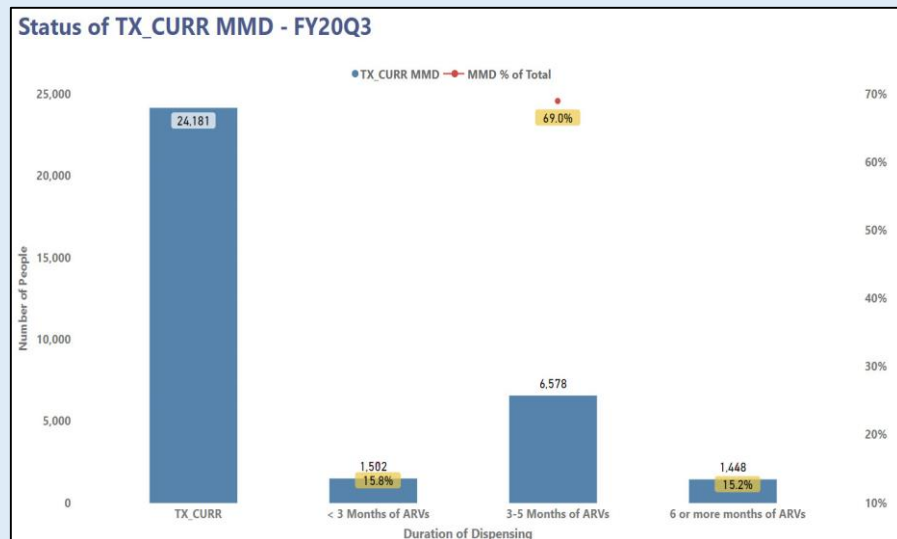
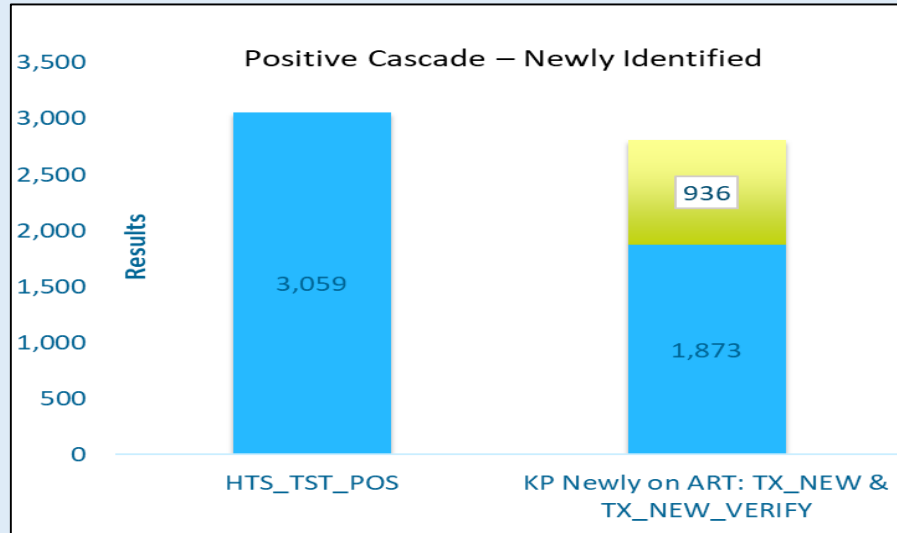
Virtual, personal, confidential, and client-centered follow-up

- Post HIV test counseling and linkage to ART
- ART adherence support
- Support for multi-month dispensing (MMD)
- Viral load navigation support



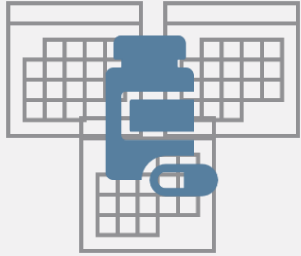
- Nivedita, an online outreach worker in India, helps a client access HIV services

Thailand: proactive case management support fostered high levels of treatment uptake



- The overall number of clients diagnosed and linked to treatment declined, but linkage to treatment at the end of Q3 was >90%
 - IPs used SMS to send mass treatment reminders, compiled directory of treatment info, followed up aggressively via social media/telephone
 - Hospitals embraced ART by mail, fast-track refills of hospital supplies
- 84% of clients for whom data were available were receiving MMD3 or MMD6 (compared to 81% in Q2 before the outbreak measures were put in place)
 - most hospitals declined to provide this information
 - Government reimbursement schemes discourage multi-month dispensing in many settings

In Vietnam, USAID SHIFT supported scale-up and tracking of MMD during COVID-19, and worked to mitigate impact of COVID-related ARV stock shortages



MMD

- 3MMD eligibility expanded to all stable patients (from just patients on TLE)
- 2MMD allowed for unstable patients on all regimens (only April/May)

Therefore USAID SHIFT...

- advocated for expansion to all regimens to become permanent part of clinical guidelines
- worked with 31 supported sites to provide 3MMD for all regimens and 2MMD for unstable patients
- helped sites monitor stock closely
- created weekly tracking tool for use by sites to measure MMD and track barriers
 - used tool in April/May and August/September during COVID waves



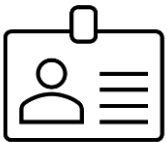
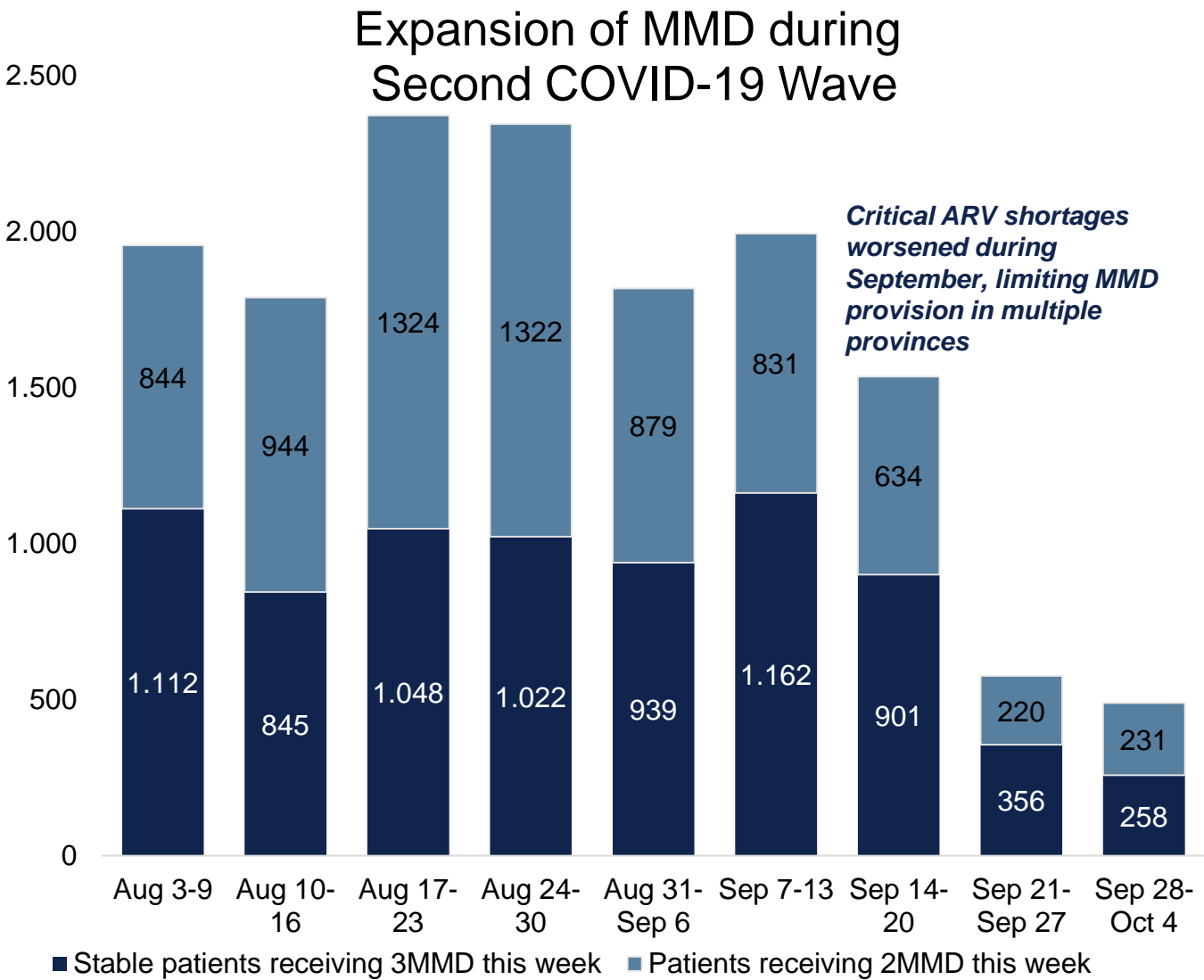
ARV Stock

- Global supply chain challenges prevented ARV drug shipments from arriving in Vietnam as planned
- Sites (especially in HCMC) faced critical drug shortages

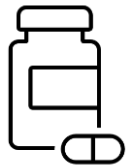
Therefore USAID SHIFT...

- mediated site/province/national conversations to expedite access to TLE and other regimens
- developed ARV continuity plans with sites and provinces, supported implementation
- established 24/7 hotline for MMD to support sites to make sound decisions on stock availability for MMD
- worked with provincial authorities to transfer ARV stock and/or patients between sites to meet client needs

USAID SHIFT's tracking tool evaluated use of 2MMD and 3MMD by stable and unstable patients, as well as the reasons patients received <56 days of MMD.

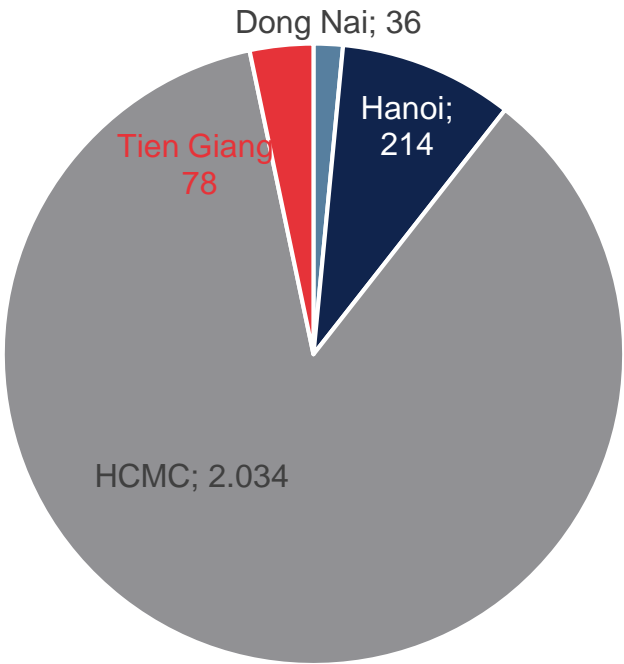


241 patients did not receive MMD because of an expired SHI card



2,362 patients did not receive MMD because of **ART stock issues**

PATIENTS NOT RECEIVING MMD DUE TO ART STOCK ISSUES, AUGUST AND SEPTEMBER, BY PROVINCE

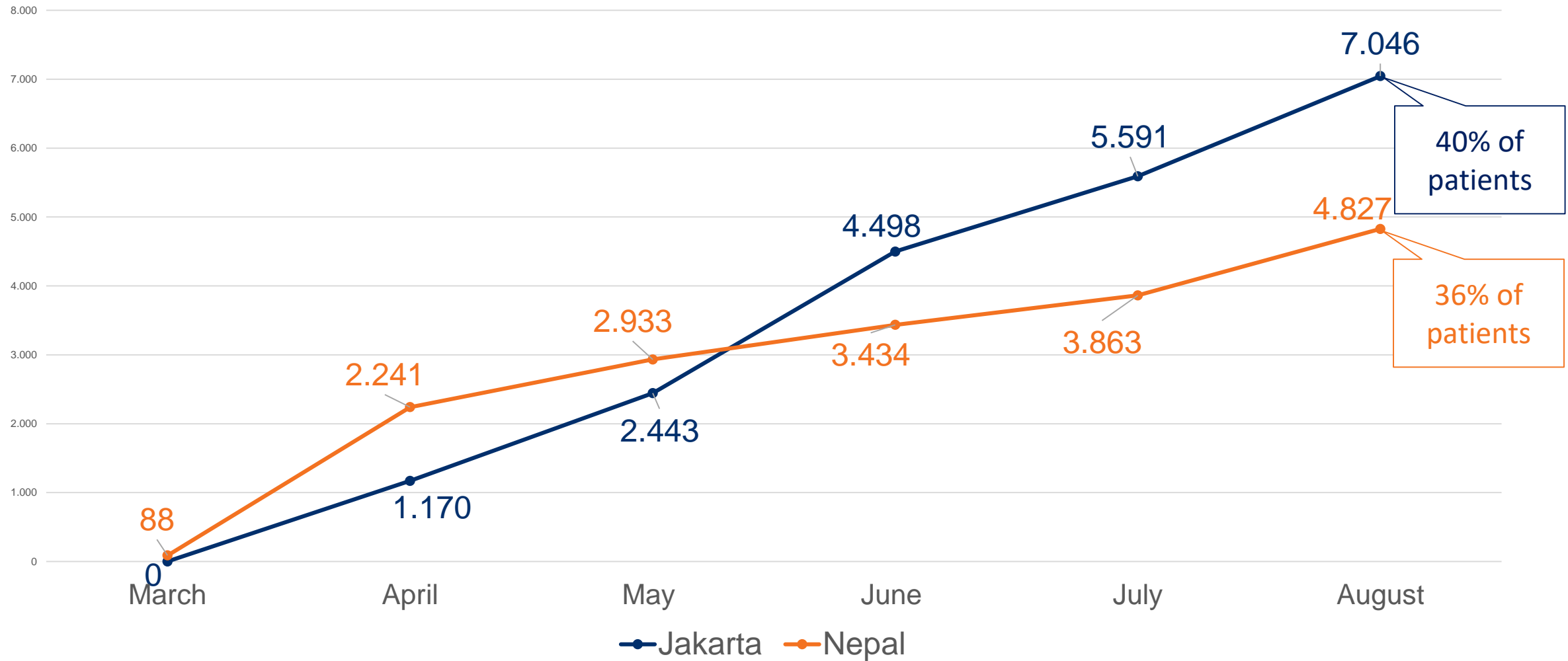


Home-delivery

- Programs needed to develop solutions that would not compel clients to choose between sustaining HIV treatment access and avoiding COVID-19 exposure
- Supply chain issues constrained multi-month dispensing, making home-delivery an imperative
- Joint advocacy resulted in adoption of emergent policies that enabled implementation of country-specific home delivery approaches



Cumulative patients receiving home delivery by August 31, 2020





A differentiated approach

- Indonesia activated popular and confidential courier services
- Nepal and Laos benefitted from robust community support systems
- Laos modified “home-delivery” to deliver in other settings preferred by clients to help preserve their confidentiality
- Programs are now pursuing additional analyses to assess potential cost and other benefits of investments in home dispensing to prevent patient loss

In summary: a small silver lining?

- Commitments to scaling up differentiated services may have helped countries to mitigate the impacts of COVID-19 on HIV programming
- COVID-19 may indeed have compelled countries to innovate and accelerate differentiated services to make and sustain safe and sustained connections for HIV program beneficiaries
- Sustaining this acceleration and innovation beyond the duration of COVID-19 may be critical to advance HIV epidemic control



Thank you!

<https://www.fhi360.org/resource/meeting-targets-and-maintaining-epidemic-control-epic-covid-19-and-hiv-technical-resources>



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