Continuity of HIV Care in the Presence of COVID-19

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Shared responsibility, Global Solidarity
AIDS-related Deaths

2020 Global TARGET: <500,000

2018 Deaths: 770,000

COVID-19 Impact: 10% Increase in HIV-related deaths over next 5 years…

Imperial College, London, Report 19, May 1 2020
Presentation Outline

• What People Want & Need: Communities in the lead

• HIV Service Continuity: Flexibility & Creativity

• Beyond Healthcare Services: Social & Economic Inequalities

• Global Solidarity: Financing, Commitments
What are the needs of PLHIV, key and other vulnerable groups and what can we mobilize?

In Indonesia, sex workers are adapting to COVID-19 through support following rapid needs assessments

- Sex workers are increasingly needing mental health support to combat the stress and anxiety
- OPSI is supporting the urgent needs of the sex worker community though social media
- A video teaching meditation and breathing techniques was recently launched to help sex workers cope with stress and to improve their general well-being
- Innovative approaches including making masks for sex workers
- For those who need one-on-one support, OPSI has also established a counselling hotline
Community-led Resiliency

• Governance: dialogue, decisions, designs

• Community-led Service Delivery

• Community-led Monitoring

UGANDA

• 3-6 months MMD as part of differentiated service delivery during COVID-19 for all clients regardless of age and viral load.

• Community drug distribution through Community Drug Distribution Points (CDDPs) and Community Client Led ART Delivery (CCLADs).

• Monthly appointments and refills at the facility for the following:
  – The very sick e.g. clients co-infected with TB and are in intensive phase of TB treatment
  – Pregnant mothers
  – Breastfeeding mothers with babies below 6 months of age
HIV Service Continuation: Expansion of flexible models
Focus on……Multi-month dispensing (MMD)

• Rapid assessments to:
  • Know where we are at - % of people on MMD
  • Identify and address barriers – real, perceived, political will
  • Design strategies to give power to people/ensure continuity of services across – ART, TB, OST, PREP, Testing
  • Make positive change – permanent

• Additional Quality Supports - community supports for treatment/treatment questions, a staffed call-in line at clinics for patients to be able to call in with questions, virtual platforms for prevention services
Virtual Platforms - Community networks extend arms to connect people to medicine in Viet Nam

Virtual platforms

• To offer info on health-related issues;
• Find solutions for people stuck out of hometowns/countries and without ARVs;
• Offer mental health support
Stocks & Supply Chains

- **Global coordination** with partners for global supply chain updates for ALL essential medicines including for HIV

- **Monitoring** of national and site level stocks

- **Address** perceived supply chain fears as well as offer solutions when shortages are on the horizon

- **Change** regulations for minimum stock required – move towards a 12month equivalent of supply requirement

- Overall situation stable but caution required: no immediate ARV production shortages for adults – lockdowns in countries might impact distribution

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Social, Economic Inequalities—Joint Political Voice & Actions

• PEOPLE: Political Voice with key populations – joint UN Statements and Calls to Action with:
  • Sex Workers,
  • LGBT persons
  • People in Detention and Prison

• PLACES: Don’t overlook High density / High Vulnerability Settings: refugee camps, slums, overcrowded urban settings
  • Comprehensive package of interventions – access to information/engagement, hygiene (soap, water) food, income along with prioritisation for testing, tracing and treatment for pandemic control

• ISSUES:
  • Increasing Gender-based Violence, Violence Against Children
  • Human Rights Abuses

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Human Rights Principles for an Effective COVID-19 Response

The Seven Principles

1. Engage affected communities from the beginning
2. Combat all forms of stigma and discrimination
3. Ensure access to free or affordable screening, testing and care for the most vulnerable and hard to reach
4. Remove barriers to people protecting their own health or that of their communities
5. Restrictions to protect public health must be of limited duration, proportionate, necessary and evidence based
6. Countries must support each other to ensure no country is left behind
7. Support and protect health care workers
Global Solidarity

- **MONEY**
  - **GFATM** 1 B USD available for response to Covid 19 through 5% reprogramming AND Rapid Response Mechanism—including sustaining HIV, TB services under difficult circumstances
  - **WB** offering 14 B USD in loans as Fast Track Financing Facility – process for 25 first wave countries launched on 2nd April
  - **G20** - Bilateral Debt Standstill for 8 months for all Low Income Countries (76 countries) – tied to increased health and socio–economic spending for addressing covid crisis.
  - **UN Secretary General** funding appeals for: The health response; the humanitarian response; the socio economic impact response
  - **EU and Partners** International pledge marathon for affordable access to Covid-19 vaccine, treatment and testing for all – 7.4 out of 8.5 billion USD requested raised within the first day

- **COMMITMENTS…**
  - *This is also about PRIORITY and ACCESS…to tests, treatments, vaccines*
  - **Africa CDC PACT:** Partnership to Accelerate COVID-19 Testing in Africa

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COVID-19