

HIV, COVID-19 and Maintaining Essential Health Services: WHO Response

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World Health Organization (WHO), Geneva**

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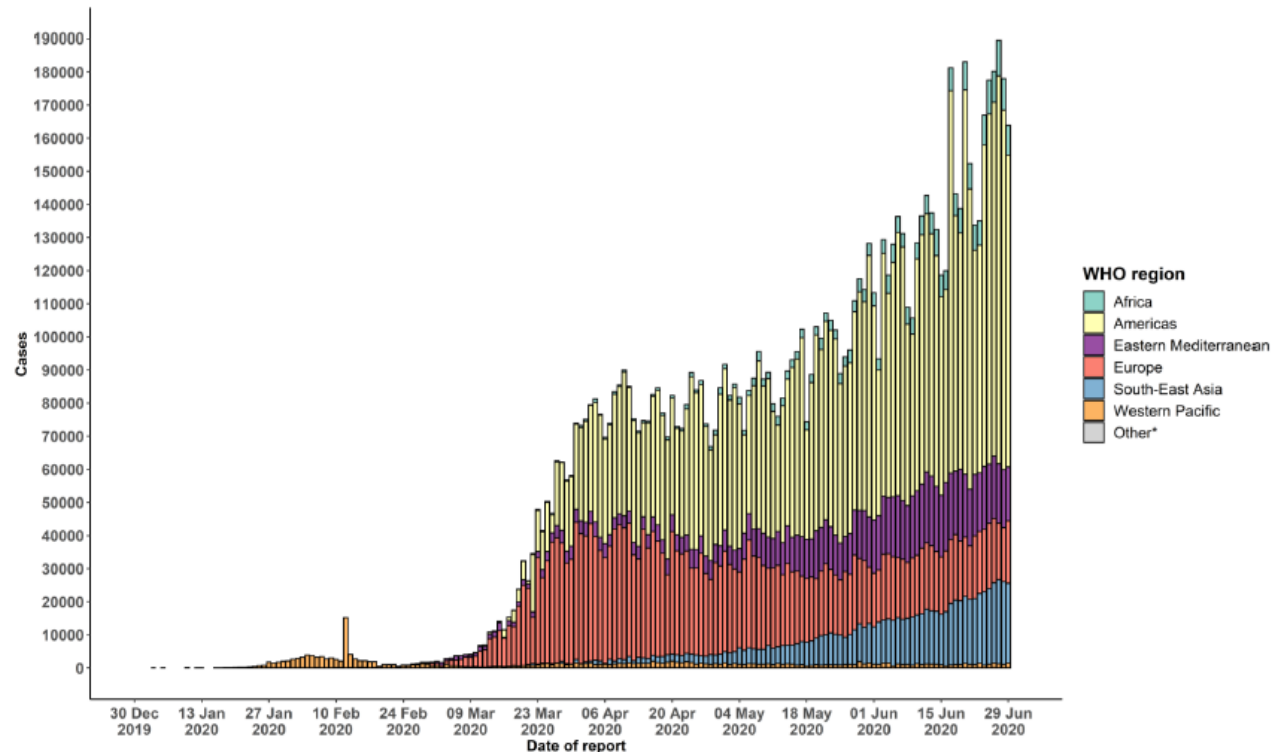


COVID-19 Situation report 30 June 2020

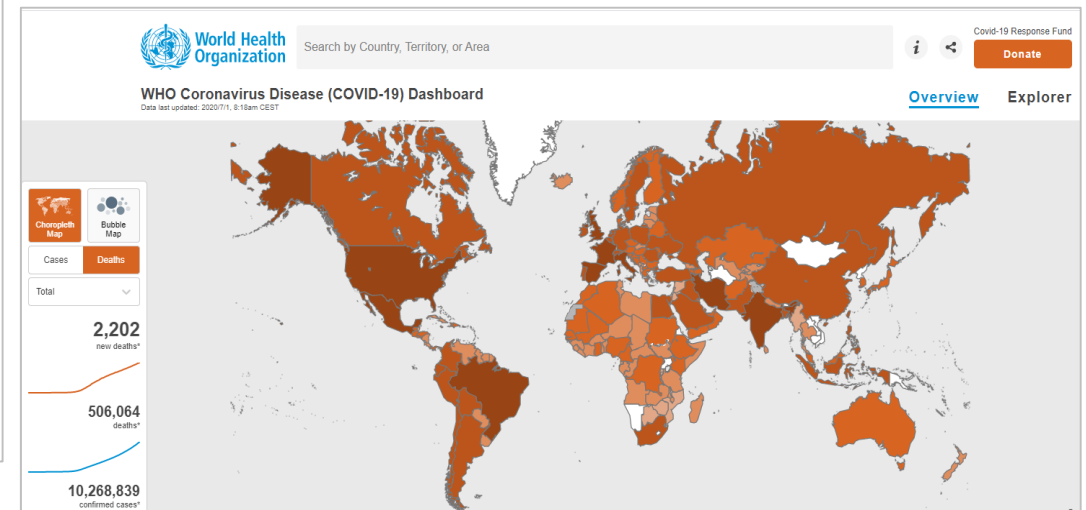
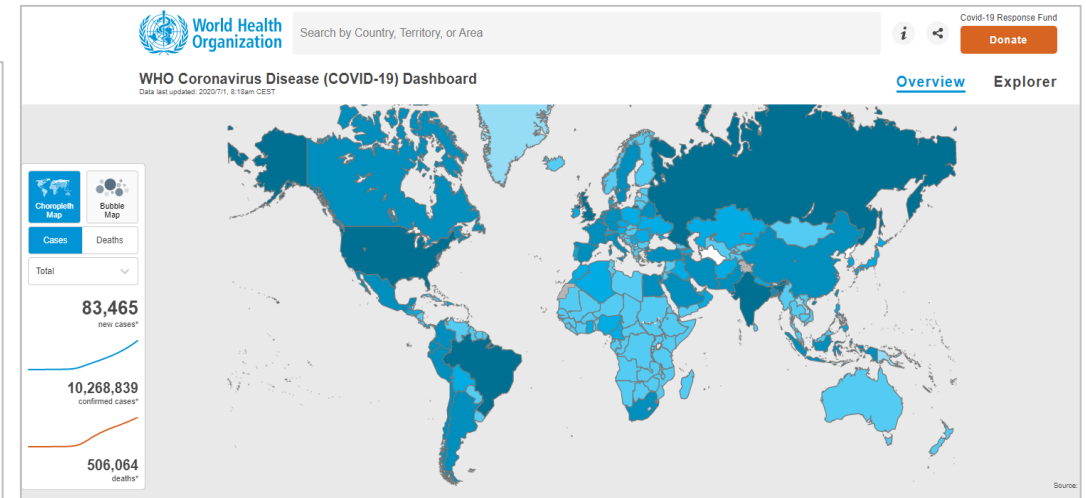


Globally, as of 8:18am CEST, 1 July 2020, there have been **10,268,839 confirmed cases** of COVID-19, including **506,064 deaths**, reported to WHO

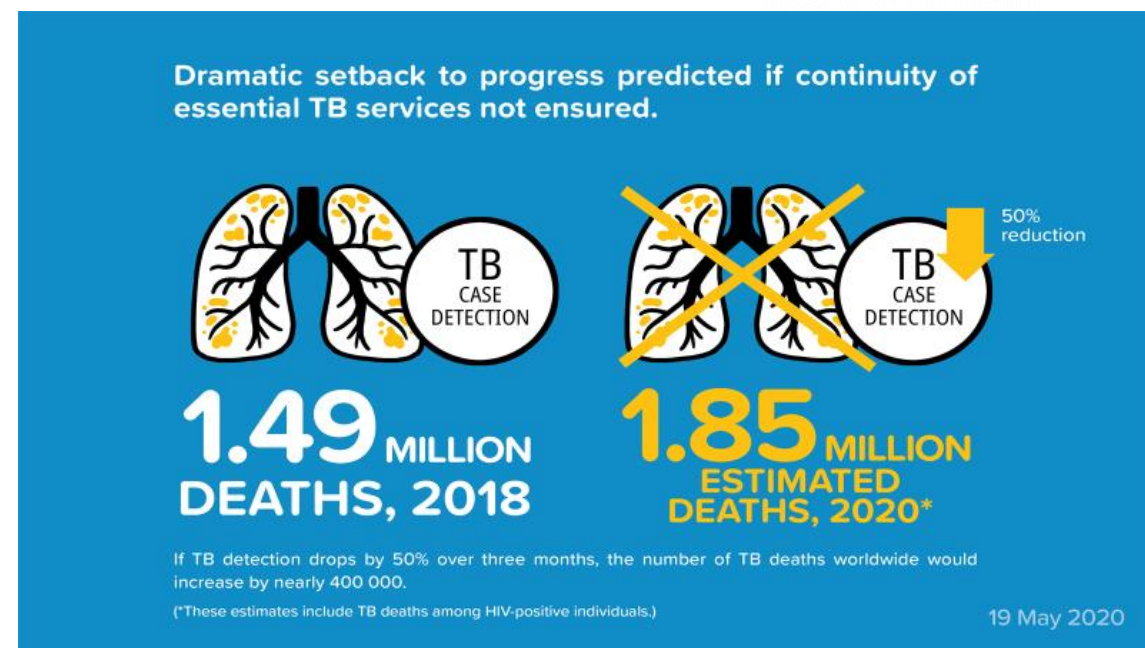
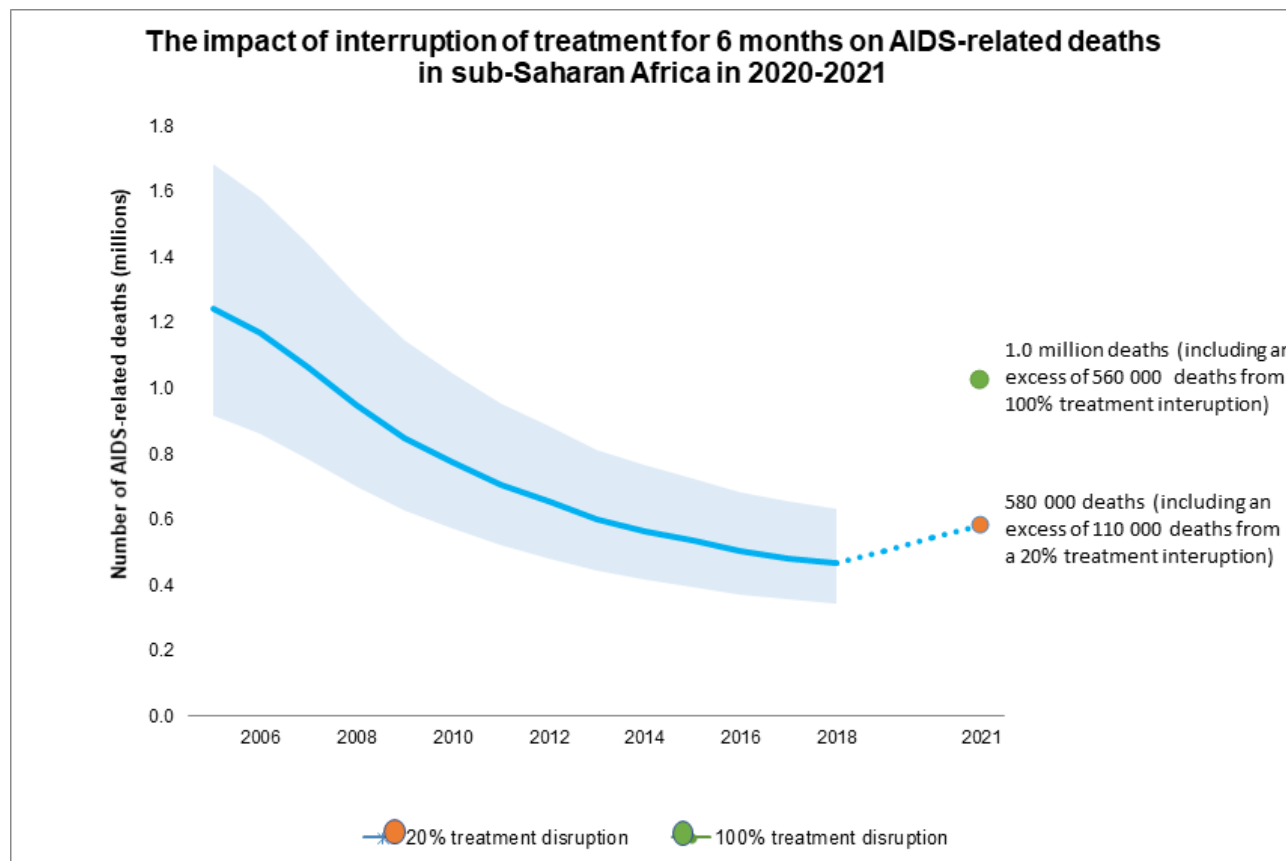
Figure 2. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 30 June**



**See [Annex 1](#) for data, table and figure notes.



COVID and HIV in SSA— Impact on Deaths from HIV and TB



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>, <https://doi.org/10.6084/m9.figshare.12279932.v1>.

Alexandra B. Hogan, Britta Jewell, Ellie Sherrard-Smith et al. *The potential impact of the COVID-19 epidemic on HIV, TB and malaria in low- and middle-income countries*. Imperial College London (01-05-2020). doi: <https://doi.org/10.25561/78670>.

Stover J, Chagoma N, Taramusi I, et al. Estimation of the Potential Impact of COVID-19 Responses on the HIV Epidemic: Analysis using the Goals Model. Pre-print. medRxiv 2020.05.04.20090399; doi: <https://doi.org/10.1101/2020.05.04.20090399>

COVID-19 and HIV - what is the relationship?

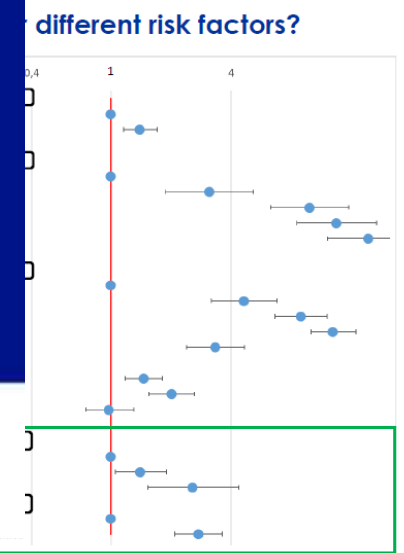
- Patients with complications
- Reports of PLHIV in South Africa (~1-2% classical severe COVID-19) (Davies, 2020; Hartshorn, 2020)
- Lack of SARS-CoV-2 testing in many HCWs
- Several case reports of COVID-19 in PLHIV (not immunodeficient) (HIV/MERS - S, 2020)
- PLHIV low COVID-19 mortality (Davies, 2020)
- Increased (AHR=2.75) risk of COVID-19 death associated with HIV in Western Cape (Davies, 2020)



FACTORS THAT CAN INCREASE RISK OF MORTALITY

FACTORS THAT CAN REDUCE RISK OF MORTALITY

...ion inflammatory capacity
...igate COVID's cytokine
...immunosuppression)
...protective effect (TAF, DTG,
...ATV/r)
...interference?



STAY SAFE.SAVE LIVES.

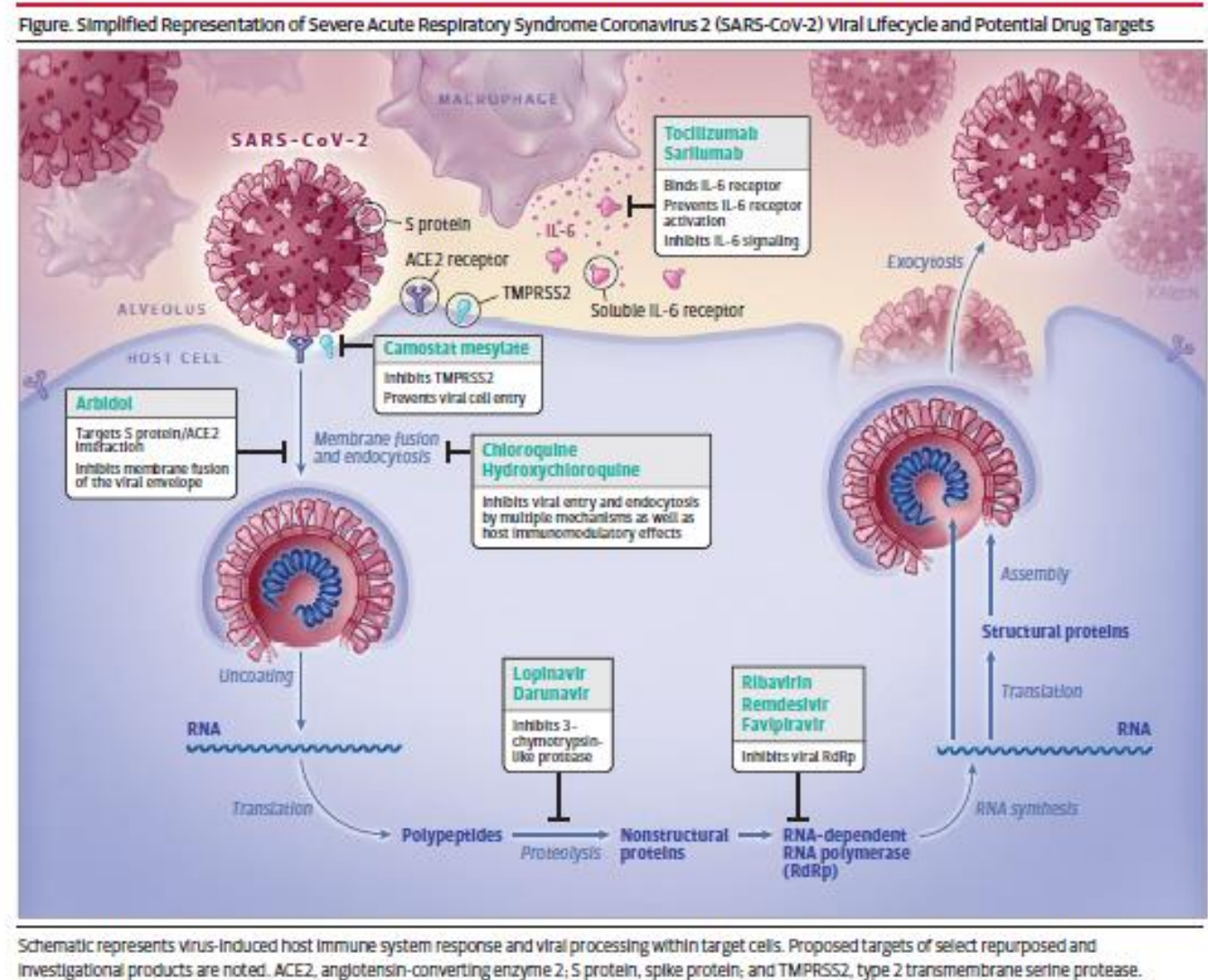
Major Drugs in Clinical Development to treat COVID-19

Early Results:

- **Remdesivir (GS-75734) ✓**
- **Low-dose Dexamethasone ✓**
- **Anticoagulant therapy ✓**
- HIV protease inhibitors (**LPV/r**, DRV/COBI, ASC09/RTV & DAAs)
- **Cloroquine/Hydroxicloroquine** +/-Azithromycin (a commonly used antibiotic)

Under study:

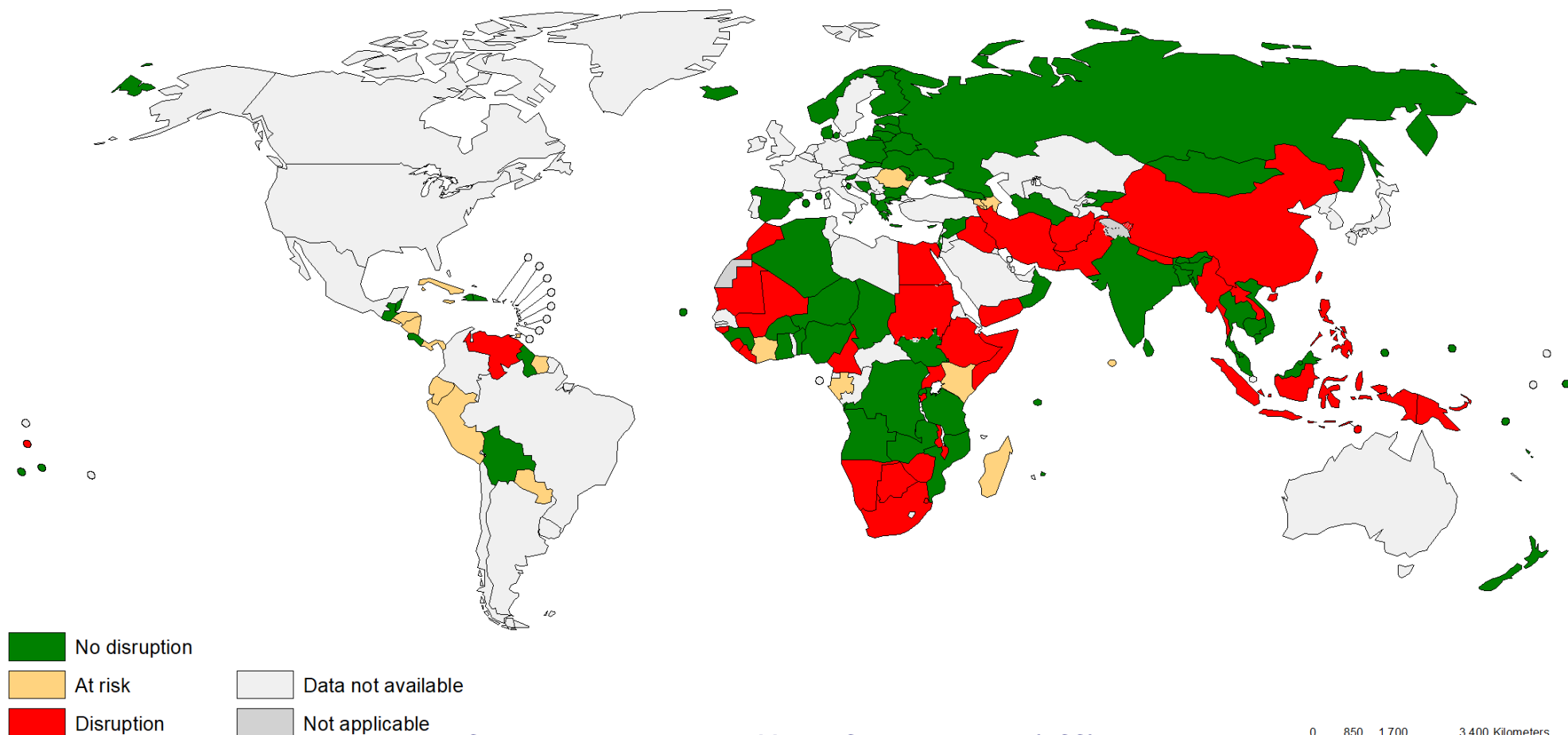
- Broad activity antivirals (Baloxavir marboxil, Favipiravir, Galidesivir, Umifenovir)
- Monoclonal antibodies (Camrelizumab, Eculizumab, Tocilizumab, Sarilumab)
- Immunomodulators (Interferon-alfa 2b, thymosin-alfa)
- Convalescent plasma (donors recovered from COVID-19)
- Traditional Chinese Medicine



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



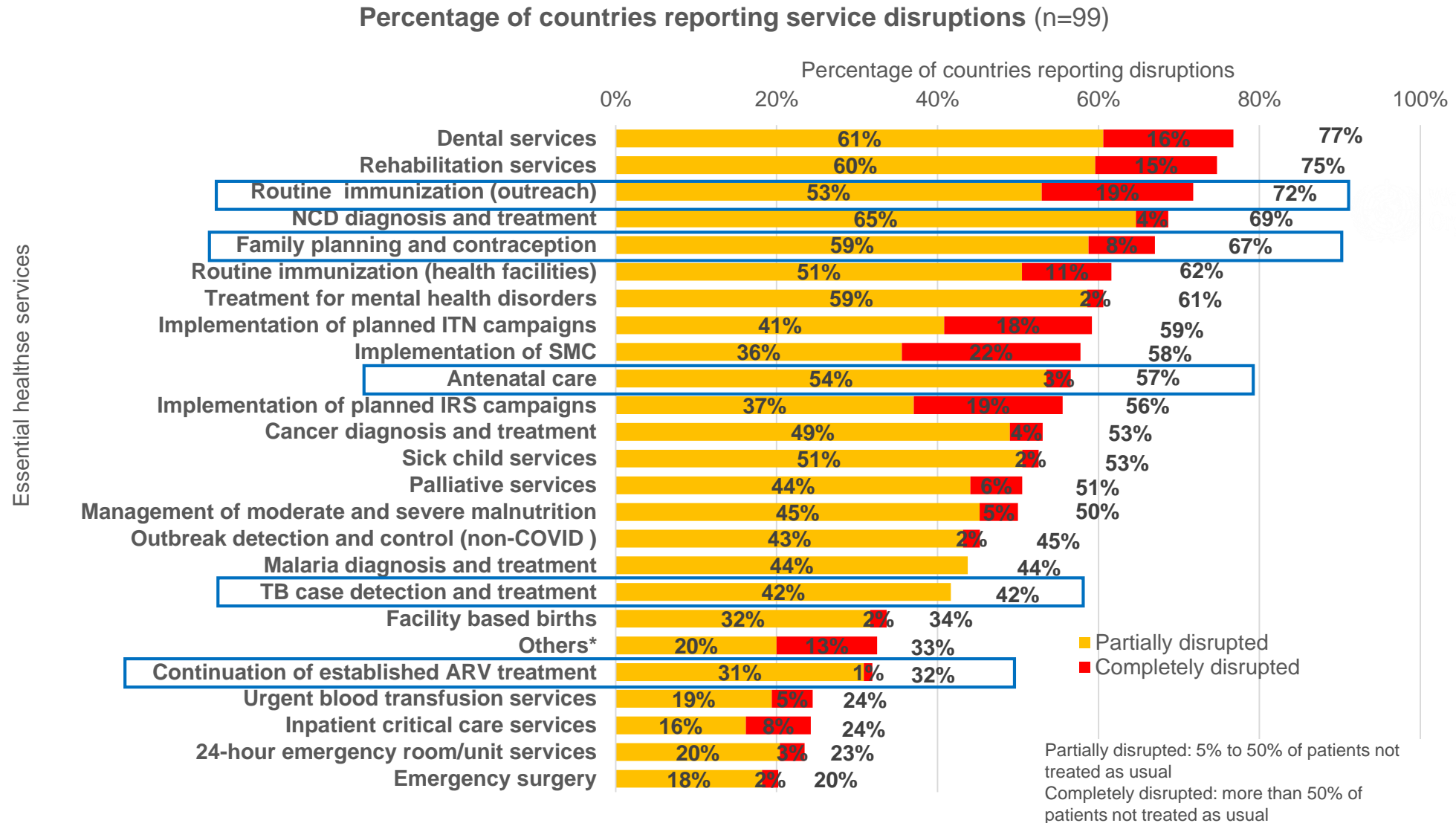
Preliminary results compiled from a survey conducted by WHO between April and June 2020 (n=127)



Source: Global HIV, Hepatitis and STIs Programme (HSS), WHO, 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.

Countries reporting disruptions (partially or completely) across 25 types of health services

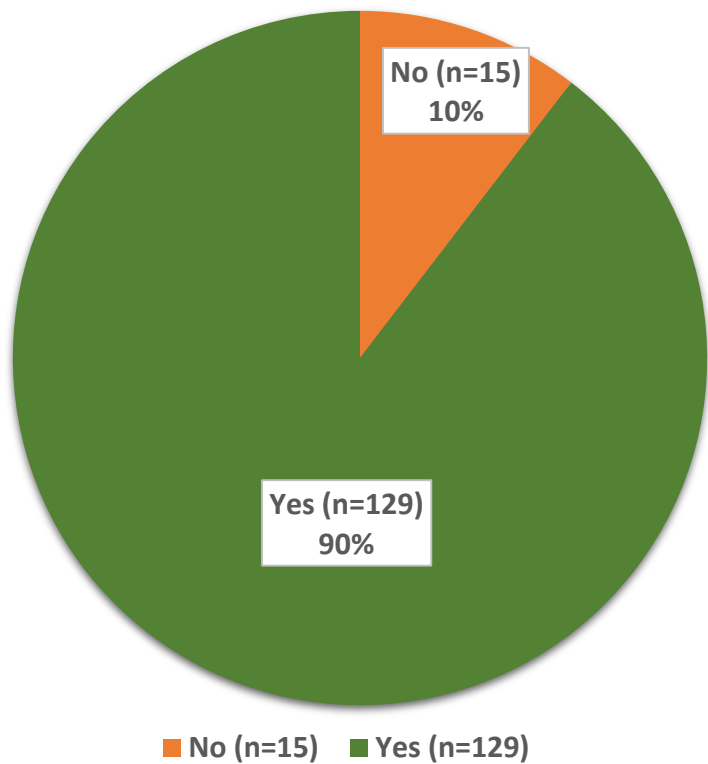


*includes postnatal care, school-based services, elective surgeries, sanatorium treatment, screening programs, blood donation and collection, and polio services

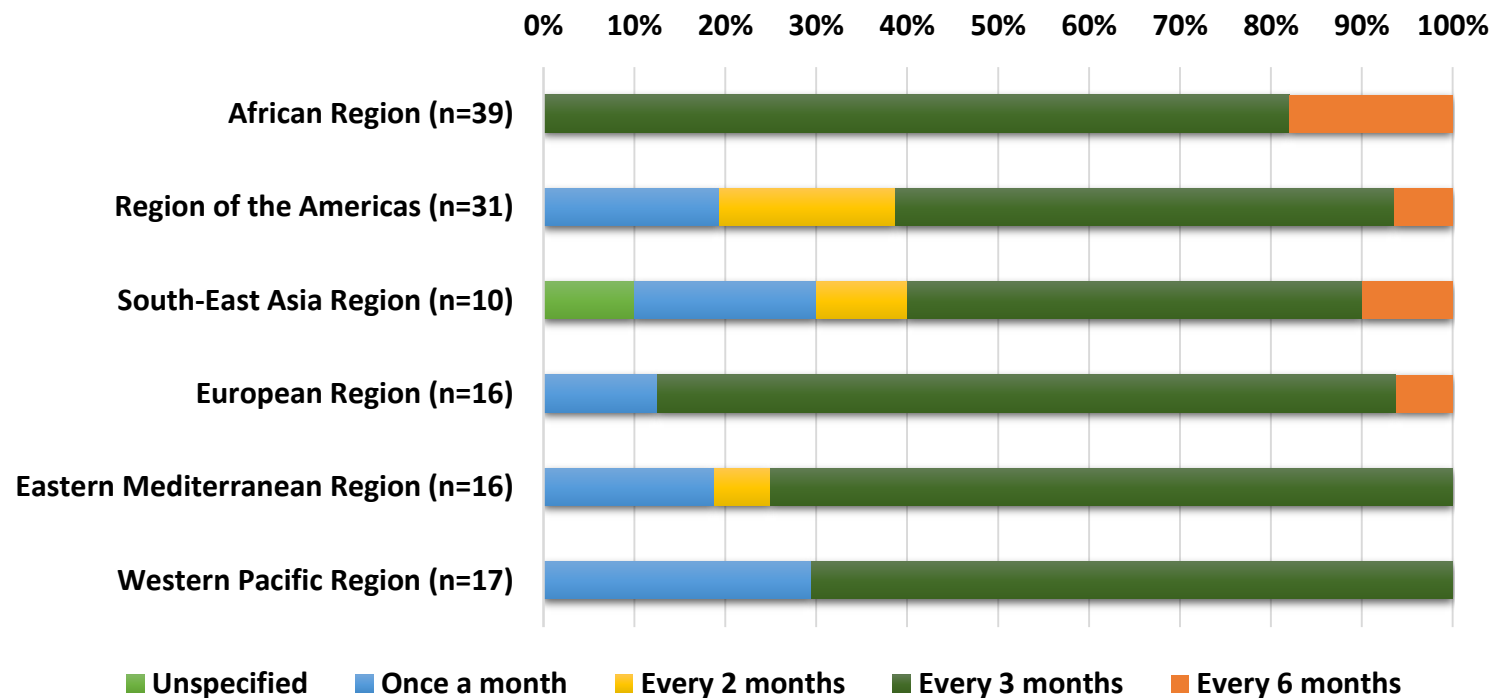
National policies on frequency of ART pick-up for people who are stable on ART, 2020



ARV multi-month dispensing policy adoption (n=144)

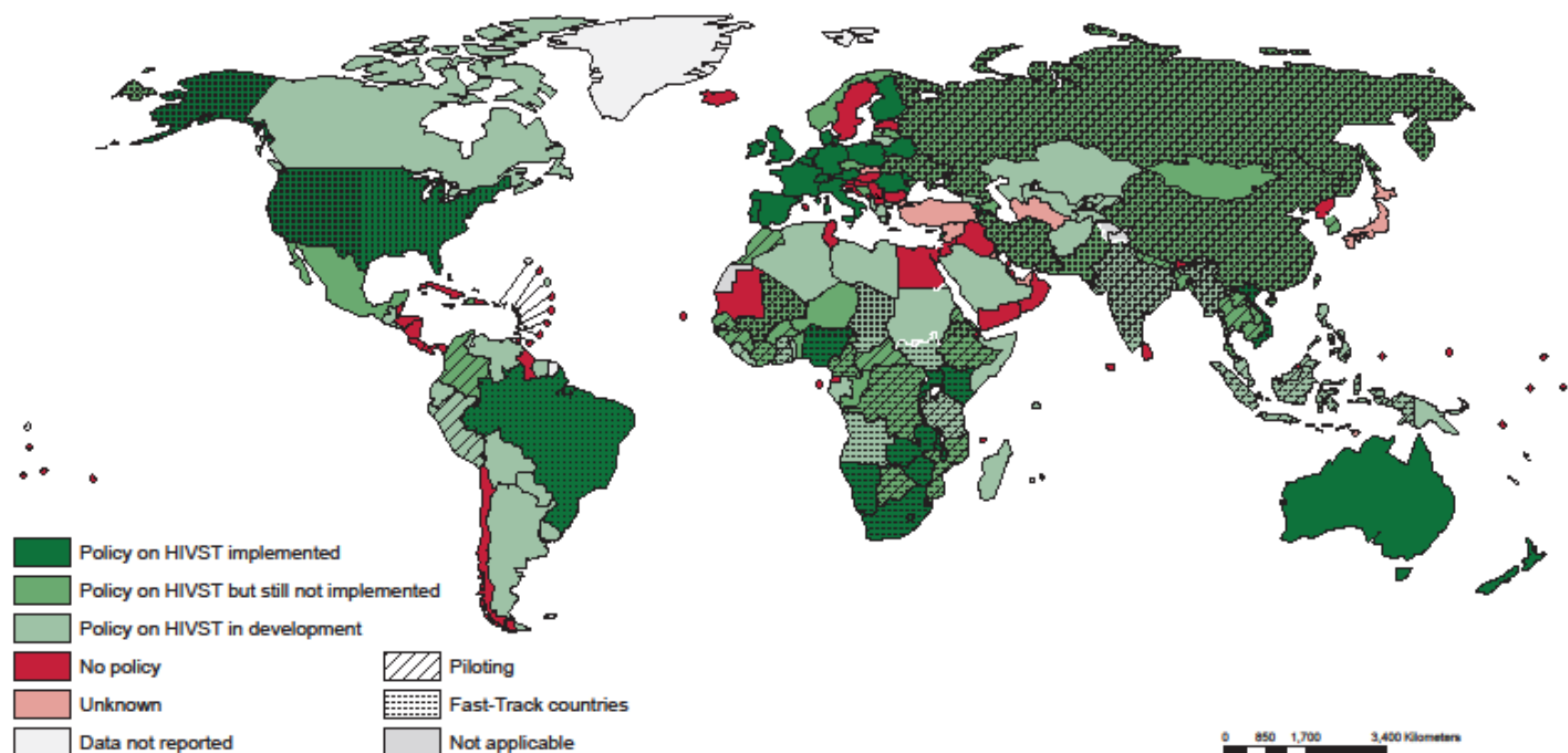


Frequency of antiretroviral dispensing in national policies by WHO Region (n=129)



Source: Global Aids Monitoring, UNAIDS/WHO/UNICEF and WHO HIV/HEP/STI COVID-19 Questionnaire, 2020

Status of HIV self-testing (HIVST) in national policies (situation as of July 2019)



Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO HIV Country Intelligence Tool, 2019

Preliminary update as of June 2020:

- **10 additional countries** have reported HIVST policies in 2020
- **4 additional countries** have reported HIVST implementation in 2020

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Countries identified the top priority and technical assistance needs for maintaining EHS during COVID-19 (n=99)



1

Provision of PPE and other equipment

"Unless the lock down is relaxed the service providers and the clients are reluctant to come to the service facilities. Unless we provide PPE and other protective measures both sides may not attend the health facilities" – Nepal

2

Capacity building (triage, IPC, COVID-19 case management, community information, checklist for restoring)

"Capacity building of health workers on triage, IPC and case management [and] strengthening community engagement in ensuring continuity in the uptake of essential health services" - Lao People's Democratic Republic

3

Guidelines, tools, TA (IPC in PHC, staff safety, strengthening EHS, monitoring performance)

"The provision of an integrated tool for regular monitoring of trends in key indicators in the implementation of essential programs" (FR translation) - Burundi

4

Sharing of experiences and best practices

"Experiences from other countries on delivery of essential services under the new Normal" -Sri Lanka

5

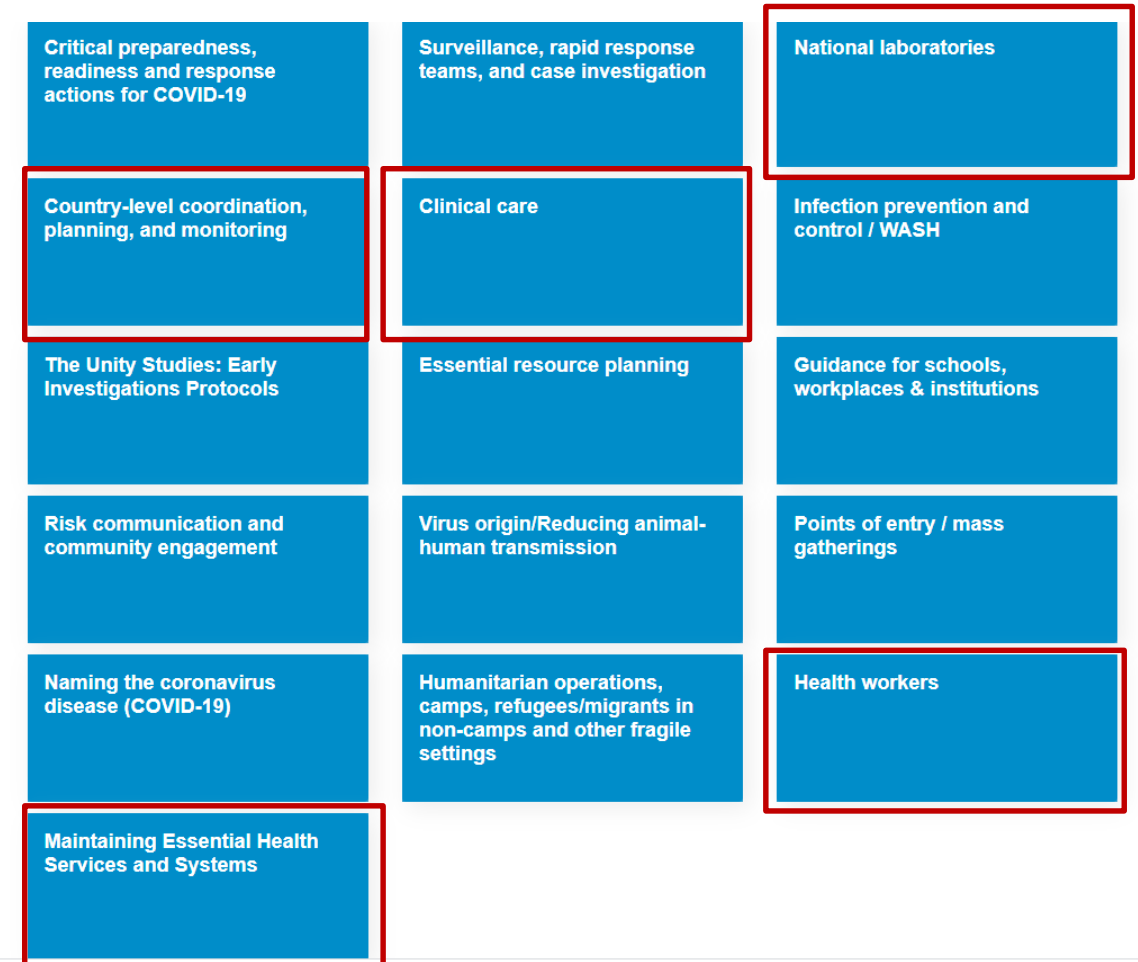
Telemedicine strategies

"Strengthening outreach services via telemedicine and mHealth" - Philippines

What is WHO doing to mitigate the impact?

- **New Guidance**

- **Surveillance:** Operational considerations for surveillance of COVID-19 using GISRS
- **Clinical care:** Severe Acute Respiratory Infections Treatment Centre: Practical manual (section on women and children)
- **Lab:** Guidance for laboratories shipping specimens to WHO reference laboratories that provide confirmatory testing for COVID-19 virus
- **Logistics:** Essential Supplies Forecasting Tool



<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

Clinical Management of COVID-19

Clinical management of COVID-19

Interim guidance
27 May 2020



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9. Management of critical COVID-19: acute respiratory distress syndrome (ARDS)
10. Management of critical COVID-19: septic shock
11. Prevention of complications in hospitalized and critically ill patients with COVID-19
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Appendix 1: COVID-19 care pathway

Appendix 2: Resources for supporting clinical management of COVID-19

Appendix 3: Palliative care therapies

References

12. Antivirals, immunomodulators and other adjunctive therapies for COVID-19

- ✗ We recommend that the following drugs not be administered as treatment or prophylaxis for COVID-19, outside of the context of clinical trials:
- Chloroquine and hydroxychloroquine (+/- azithromycin), including but not limited to:
 - Antivirals, including but not limited to:
 - Lopinavir/ritonavir
 - Remdesivir
 - Umifenovir
 - Favipiravir
 - Immunomodulators, including but not limited to:
 - Tocilizumab
 - Interferon-β-1a
 - Plasma therapy.

14. Treatment of other acute and chronic infections in patients with COVID-19

The prevalence of acute co-infections or secondary infections coinciding with COVID-19 has been not adequately described but appears to be low (75), and will be based on local factors and endemic or other emerging infections (48, 73, 74, 121). Antibiotic overuse increases the risk of emergence and transmission of multidrug-resistant bacteria. Infections with multidrug-resistant bacteria are more difficult to treat, and associated with increased morbidity and mortality.

Acute co-infections

We recommend for patients with:

- ✗ suspected or confirmed mild COVID-19, against the use of antibiotic therapy or prophylaxis;
- ✗ suspected or confirmed moderate COVID-19, that antibiotics should not be prescribed unless there is clinical suspicion of a bacterial infection;
- ✓ suspected or confirmed severe COVID-19, the use of empiric antimicrobials to treat all likely pathogens, based on clinical judgment, patient host factors and local epidemiology, and this should be done as soon as possible (within 1 hour of initial assessment if possible). Ideally with blood cultures obtained first. Antimicrobial therapy should be assessed daily for de-escalation.

Chronic infections

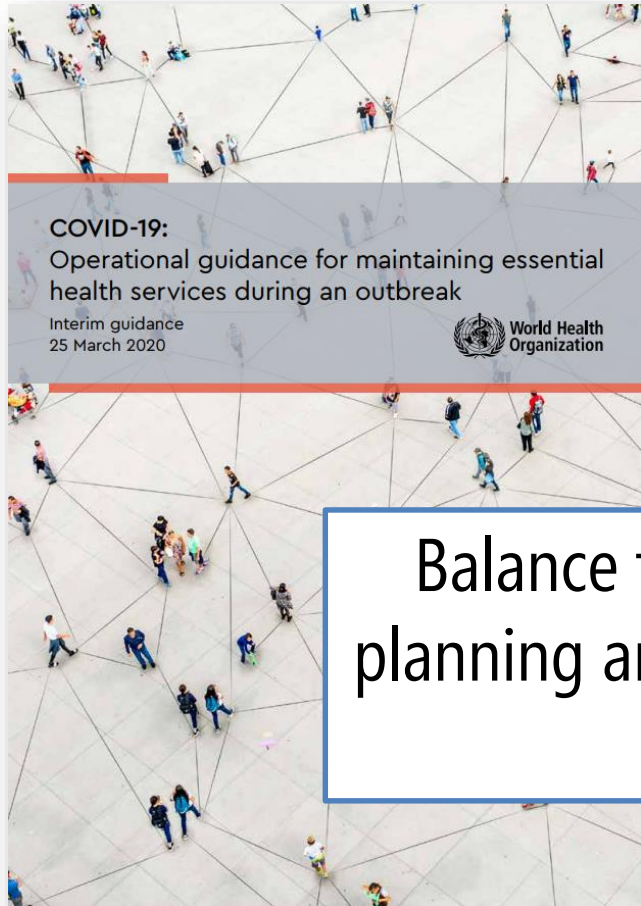
It is currently unknown whether immunosuppression caused by chronic co-infections such as human immunodeficiency virus (HIV) puts persons at greater risk for severe COVID-19 disease. However, people living with HIV with advanced disease have an increased risk of opportunistic infections (notably TB) and related complications in general. Facility-based HIV testing services should continue and those newly diagnosed should start antiretroviral therapy as soon as possible. For people living with HIV already on treatment, continuity of antiretroviral therapy and prophylaxis for co-infections is essential, with multi-month prescribing.



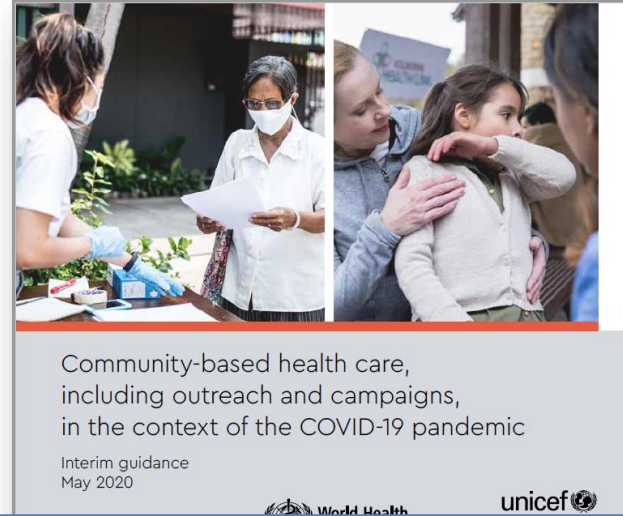
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HEALTH
EMERGENCIES
programme

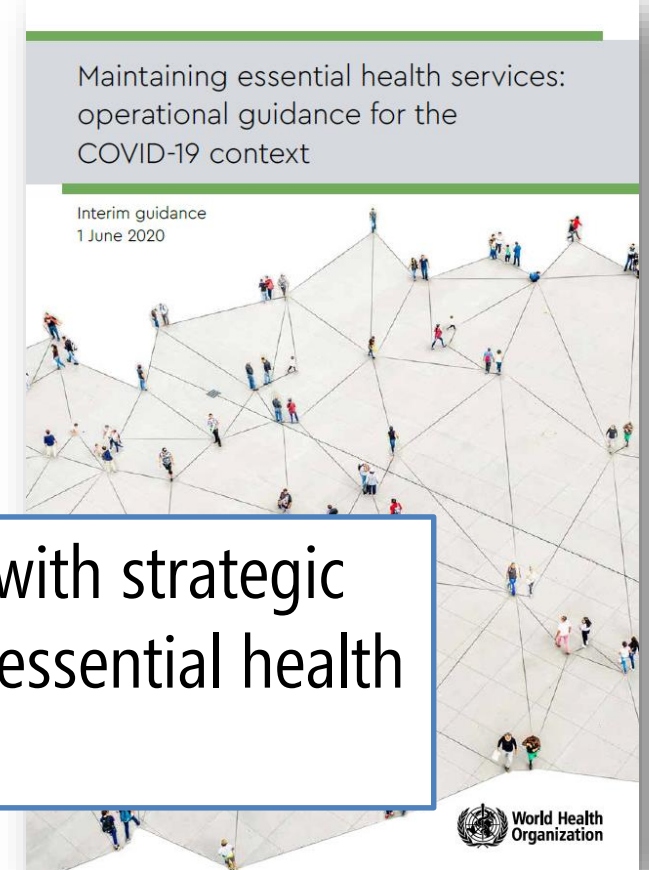
Maintaining Essential Health Services



March 2020



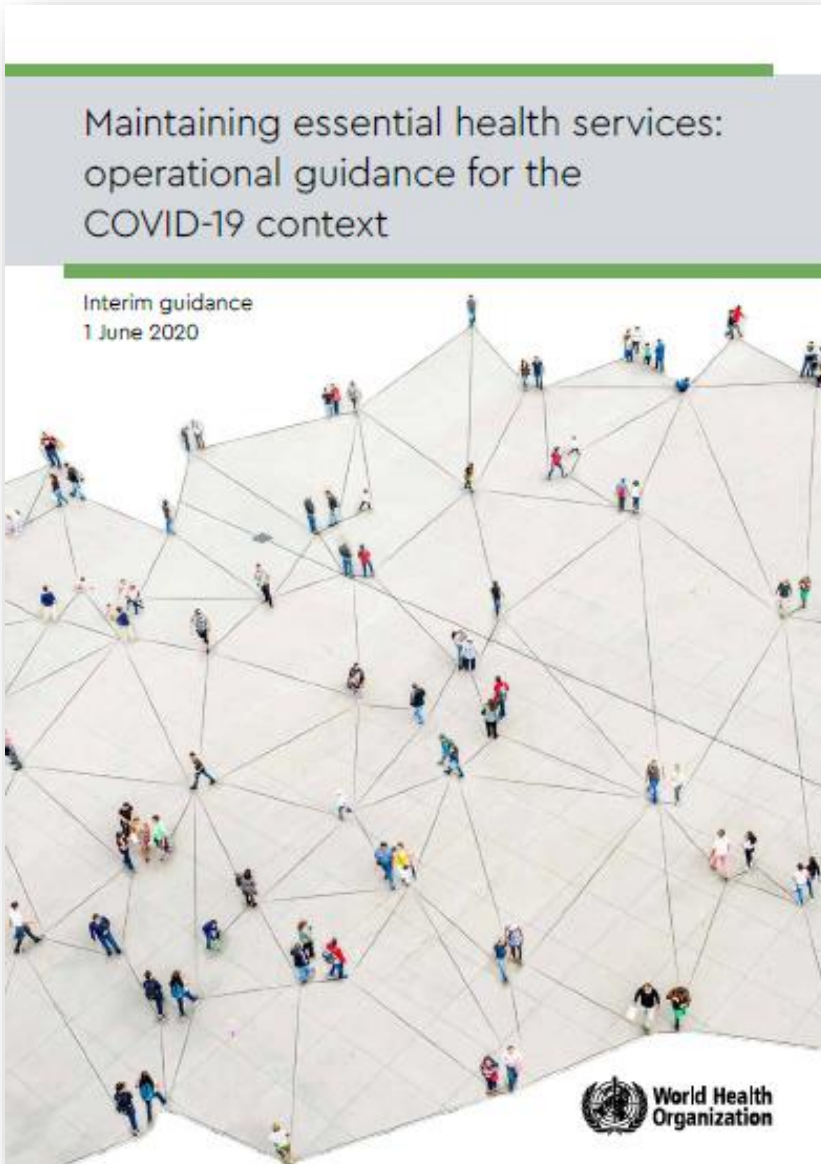
May 2020



1 June 2020

Balance the demands of responding to COVID-19 with strategic planning and coordinated action to maintain quality essential health services

Maintenance Essential Health Services



- Recommends **practical actions that countries can take at national, sub regional and local levels to reorganize and safely maintain access to high-quality, essential health services.** It also outlines sample indicators for monitoring the maintenance of essential health services and describes considerations about when to stop and restart services as COVID-19 transmission waxes and wanes.
- **Divided into two parts**
 - Part 1: Operational Strategies for maintain essential health services
 - **Part 2: Life course and disease considerations**
 - Annex: Sample indicators for monitoring EHS

<https://www.who.int/publications-detail/10665-332240>

<https://www.who.int/news-room/detail/01-06-2020-maintaining-essential-health-services-new-operational-guidance-for-the-covid-19-context>

Maintaining essential HIV prevention and sexual health services

- Some HIV prevention activities likely to be **paused or scaled down**, e.g. VMMC
- But **condoms, harm reduction programmed** need to continue with modifications
 - Delivery of supplies with social distancing through pharmacies, vending machines, post
- **Continue HIV testing** including through expanding access to **self-testing**
- **Prioritize continuation of contraception services**
- **PEP and PreP services**

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.



Condoms “not essential” – purchase banned in a supermarket in South Africa



Differentiated HIV testing services (HTS) in COVID-19 Context

- **It is important to support undiagnosed PLHIV to get tested and linked to ART**
 - PLHIV, who do not know their status and are not ART and those with known risk factors (e.g. diabetes) may be at risk of COVID-19 complications
- **Safety of HTS providers needs to be ensured during testing procedures**
 - practices including PPE, hand hygiene, respiratory hygiene, and physical distancing measures.
 - increased use of phone calls, digital tools (e.g. videos, websites, social media, text messages)
- **Considerations for prioritizing and adapting HTS programmed**
 - Continuing ongoing critical clinical services (e.g. ANC, individuals with symptoms or conditions indicative of HIV or with related co-infections or other co-morbidities (e.g. TB , STIs, malnutrition), and EID of HIV-exposed children).

Considerations for HIVST

- HIVST may be an acceptable alternative to maintain services while adhering to physical distancing guidance.
- It is important to strategically implement HIVST **prioritizing areas and populations** with the 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 key populations
- **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

Ensure continued treatment - DSD and MMD

- Clinically stable populations (including key populations) can benefit from simplified ART delivery models including multi month prescriptions (3-6 month supply)
- Take-home doses of methadone or buprenorphine for stable people on opioid substitution therapy (OST)
- Ensure that there are adequate supplies of medicines to treat HIV, coinfections and comorbidities including substance dependence



Key Populations - Continued access to essential services

- Ensure that people from key population groups and/or living with or affected by HIV are offered the same access to **essential clinical services continue** without disruption
- It is **critical** that **services that reach key populations** such as community-based services, drop-in centres and outreach services **can 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
- Ensure vaccinations are up to date (including influenza and pneumococcal vaccines)



People in prisons and other closed settings

- To mitigate potential outbreaks it is crucial that **prisons and immigration detention centres** are embedded within the broader public health response
- **Close collaboration** between **health** and **justice ministries** and includes **protocols** for entry screening, personal protection measures, physical distancing, environmental cleaning and disinfection, and restriction of movement, including limitation of transfers and access for non-essential staff and visitors
- Develop **non-custodial strategies** in order to prevent overcrowding in closed settings
- **Governance of prison health by a ministry of health** can facilitate



Diagnostics Consortium for COVID-19

A Diagnostics Consortium for COVID-19 has been developed that includes WHO, Global Fund, Unicef, Gates Foundation, ACDC, CHAI, FIND, GDF, MSF, PAHO, UNDP, Unitaid, UN DOS and World Bank

- Gathering information and data on tests in development
- Working with suppliers to negotiate access to tests as well as lower prices
- Developing an equitable minimum volumes plan for distribution to all LMICs and small island states
- Additional technologies will be brought into the consortium as available

Key considerations for HIV and TB diagnostics

WHO encourages collaboration and sharing of currently existing molecular diagnostic platforms to support the COVID-19 preparedness response

- It will be essential to maintain current critical molecular diagnostic services, especially for:
 - Early infant diagnosis
 - HIV viral load testing for people living with advanced HIV disease and those suspected of failing treatment (non-suppressed), including pregnant and breastfeeding women
 - HIV viral load testing for infants, children, and adolescents
 - Tuberculosis testing in all patient groups

https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf
- It is not recommended to move equipment to centralized settings in response to COVID-19 as that could cause significant disruptions to current testing networks

Laboratory testing for coronavirus disease (COVID-19) in suspected human cases.

Interim guidance
19 March 2020



Background

This document provides interim guidance to laboratories and stakeholders involved in COVID-19 virus laboratory testing of patients.

It is based in part on the interim guidance on laboratory testing for Middle East Respiratory Syndrome (MERS) coronavirus.¹ Information on human infection with the COVID-19 virus is evolving and WHO continues to monitor developments and revise recommendations as necessary. This document will be revised as new information becomes available. Feedback is welcome and can be sent to info@who.int.

The virus has been named SARS-CoV-2 by the International Committee of Taxonomy of Viruses (ICTV).² This virus can cause the disease named coronavirus disease 2019 (COVID-19). WHO refers to the virus as COVID-19 virus in its current documentation.

Laboratory testing guiding principles for patients who meet the suspect case definition

This document is not intended to be used as clinical or epidemiological guidance and should be used in conjunction with the laboratory's standard operating procedures (SOPs) for clinical management and outbreak control and laboratory testing. The document is intended to be used as a reference for laboratory testing. The document is intended to be used as a reference for laboratory testing. The document is intended to be used as a reference for laboratory testing.

For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>. For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>. For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>.

If case management requires, patients should be tested for other respiratory pathogens using routine laboratory procedures, as recommended in local management guidelines for community-acquired pneumonia. Additional testing should not delay testing for COVID-19. As co-infections can occur, all patients that meet the suspected case definition should be tested for COVID-19 virus regardless of whether another respiratory pathogen is found.

In an early study in Wuhan, the mean incubation period for COVID-19 was 5.2 days among 423 cases, though it varies widely between individuals.^{3,4} Virus shedding patterns are not yet well understood and further investigations are needed to better understand the timing, composition, quantity and quality of viral shedding in saliva, sputum, specimens collected. Although respiratory samples have the greatest yield, the virus can be detected in other specimens, including stool and blood.^{5,6} Local guidelines on informed consent should be followed for specimen collection, testing, and potentially future research.

Specimen collection and shipment

Safety procedures during specimen collection
Ensure that adequate standard operating procedures (SOPs) are in place and that staff are trained for appropriate specimen collection, storage, packaging and transport. All specimens collected for laboratory investigations should be regarded as potentially infectious.

Ensure that health-care workers who collect specimens adhere rigorously to infection prevention and control guidelines. Specific WHO interim guidance has been published.⁷

Box 1. Biosafety practices in the laboratory
Testing of clinical specimens from patients meeting the suspected case definition for COVID-19 should be conducted in a laboratory with appropriate biosafety and safety procedures. National guidelines on laboratory biosafety should be followed in all circumstances. There is still limited information on the risk posed by COVID-19, but all specimens should be handled as if they are infectious. For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>. For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>. For more information on COVID-19 risk assessment, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>.

1. <https://www.who.int/emergencies/mers-cov/infection-prevention-and-control>

2. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>

3. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/risk-assessment>

Research & Science - SOLIDARITY Trial & Surveillance

Global research on coronavirus disease (COVID-19)

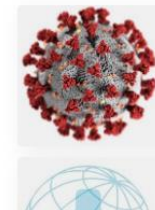
"Solidarity" clinical trial for COVID-19 treatments

"Solidarity II" global serologic study for COVID-19

WHO is bringing the world's scientists and global health professionals together to accelerate the research and development process, and develop new norms and standards to contain the spread of the coronavirus pandemic and help care for those affected.

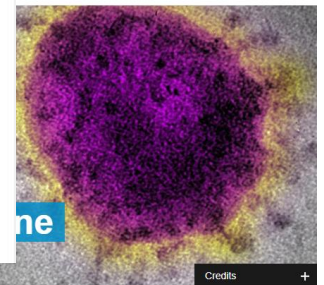
The [R&D Blueprint](#) has been activated to accelerate diagnostics, vaccines and therapeutics for this novel coronavirus.

The solidarity of all countries will be essential to ensure equitable access to COVID-19 health



Update on research activities for novel coronavirus

International Clinical Trials Registry Platform



Take action now

Commitments to share knowledge, intellectual property and data

The COVID-19 Technology Access Pool (C-TAP) will compile, in one place, pledges of

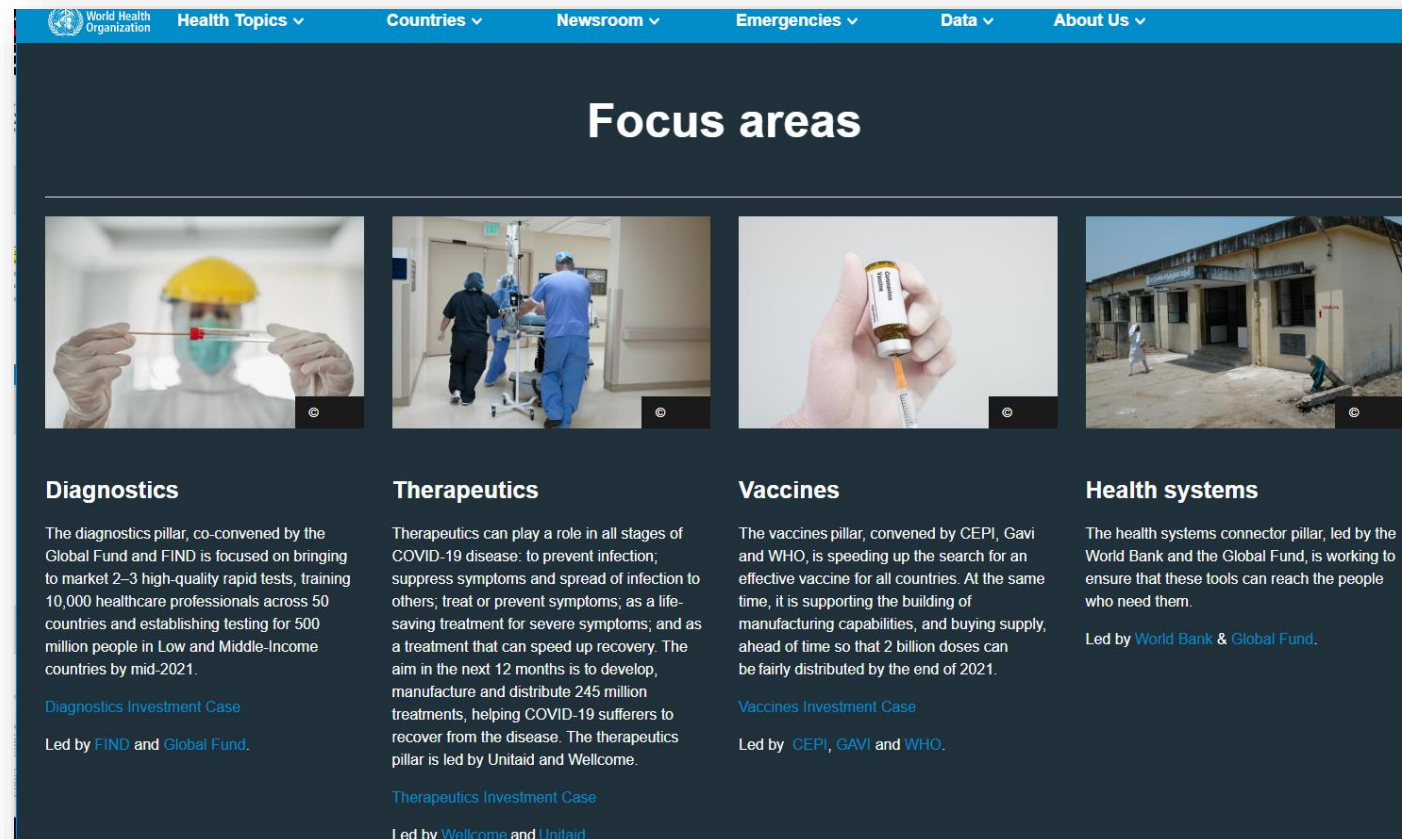
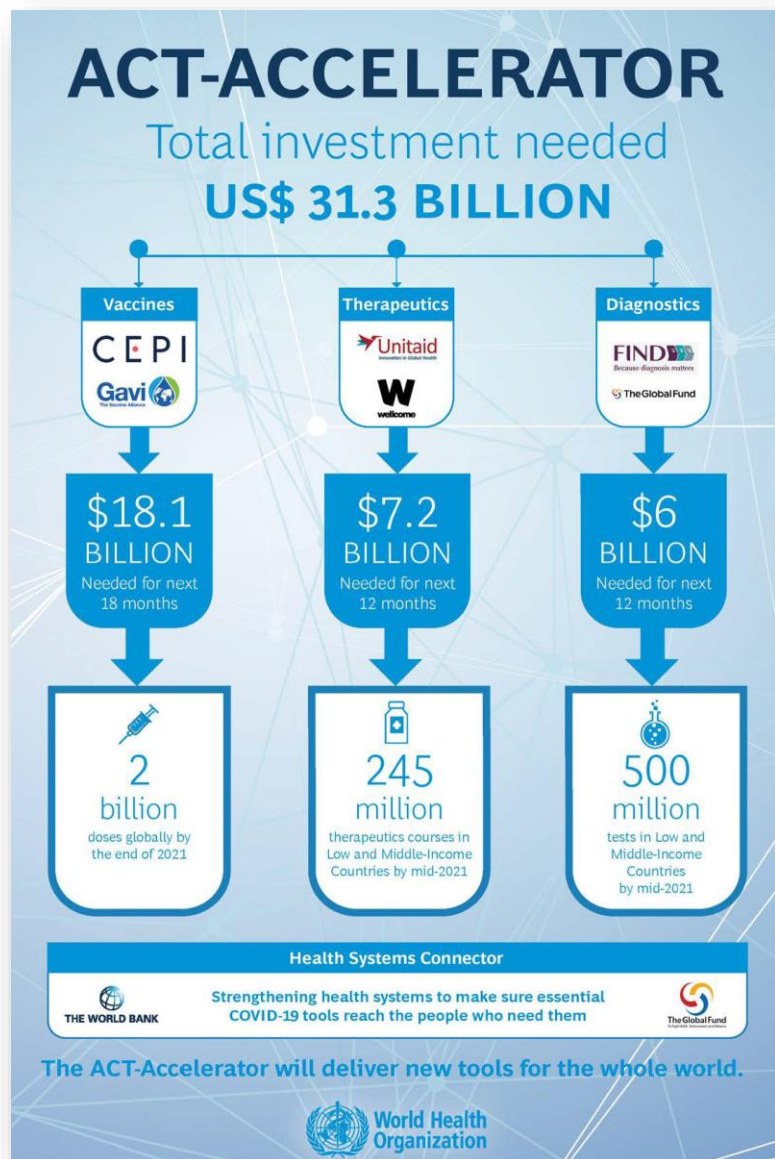
Global research on coronavirus disease (COVID-19)

The availability of a safe and effective vaccine for COVID-19 is well-recognized as an additional tool to contribute to the control of the pandemic. At the same time, the challenges and efforts needed to rapidly develop, evaluate and produce this at scale are enormous. It is vital that we evaluate as many vaccines as possible as we cannot predict how many will turn out to be effective.

Key links

R&D Roadmap for COVID-19

ACT-Accelerator – Equitable Access to Tests, Treatments, Vaccines and Resilient Health Systems



Focus areas

| Diagnostics | Therapeutics | Vaccines | Health systems |
|--|--|--|--|
| <p>The diagnostics pillar, co-convened by the Global Fund and FIND is focused on bringing to market 2–3 high-quality rapid tests, training 10,000 healthcare professionals across 50 countries and establishing testing for 500 million people in Low and Middle-Income countries by mid-2021.</p> <p>Diagnostics Investment Case Led by FIND and Global Fund.</p> | <p>Therapeutics can play a role in all stages of COVID-19 disease: to prevent infection; suppress symptoms and spread of infection to others; treat or prevent symptoms; as a life-saving treatment for severe symptoms; and as a treatment that can speed up recovery. The aim in the next 12 months is to develop, manufacture and distribute 245 million treatments, helping COVID-19 sufferers to recover from the disease. The therapeutics pillar is led by Unitaid and Wellcome.</p> <p>Therapeutics Investment Case Led by Wellcome and Unitaid.</p> | <p>The vaccines pillar, convened by CEPI, Gavi and WHO, is speeding up the search for an effective vaccine for all countries. At the same time, it is supporting the building of manufacturing capabilities, and buying supply, ahead of time so that 2 billion doses can be fairly distributed by the end of 2021.</p> <p>Vaccines Investment Case Led by CEPI, GAVI and WHO.</p> | <p>The health systems connector pillar, led by the World Bank and the Global Fund, is working to ensure that these tools can reach the people who need them.</p> <p>Led by World Bank & Global Fund.</p> |

The Access to COVID-19 Tools (ACT) Accelerator, is a new, groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

<https://www.who.int/initiatives/act-accelerator>

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EPI-WIN: WHO information network for epidemics


EPI-WIN seeks to give everyone access to timely, accurate, and easy-to-understand advice and information from trusted sources on public health events and outbreaks: currently the COVID-19 public health emergency.

[About us >](#)


Highlights



30 June – 16 July 2020
1st WHO Infodemiology Conference



Published 26 June 2020
Framework for managing the COVID-19 infodemic: Methods and results of an online, crowdsourced WHO technical consultation



26 June 2020
Tips for health and safety at the workplace in the context of COVID-19

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Countries




Individuals and communities




Employers and workers




Cities and local governments




Health sector



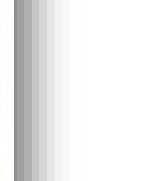
Food and agriculture sectors



Travel and tourism sector



Faith-based organizations and faith leaders



Large event organizers

World Health Organization

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Emerging respiratory viruses, including COVID-19: methods for detection, prevention,...



Virus respiratoires émergents, y compris le COVID-19 : méthodes de...



新发呼吸道病毒—包括新型冠状病毒病毒: 检测、预防、应对和控制



Nuevos virus respiratorios, incluido el COVID-19: métodos de detección,...



Infection Prevention and Control (IPC) for COVID-19 Virus



Профилактика и контроль новой коронавирусной инфекции (COVID-19)



新型コロナウイルス感染症 (COVID-19) の感染予防と管理



Pencegahan dan Pengendalian Infeksi (PPI) untuk Novel Coronavirus...



Self-paced
Bahasa Indonesia
Selamat datang di Kursus Singkat Pelatihan Perawatan Klinis WHO untuk Infeksi Saluran Pernafasan Akut Berat (SARIS)



Self-paced
Portuguese
Bem-vindo ao curso de curta duração da OMS em Cuidados Clínicos na Síndrome Respiratória Aguda Grave



Self-paced
Español
Bienvenido al curso de corta duración de la OMS para manejar el Síndrome Respiratorio Agudo Grave



Self-paced
Arabic
مرحباً بك في الدورة القصيرة التدريبية من منظمة الصحة العالمية حول الرعاية السريرية للإصابات الجهاز التنفسي الحادة الوخيمة



Self-paced
English
Go Data is a field data collection platform focusing on case data (including lab, hospitalization and other variables) through case...



Self-paced
English
Go Data is a platform que permita la recolección de información en terreno sobre casos (con un formulario para caso que incluy...



Self-paced
English
This is a guide for healthcare workers involved in patient care activities in a healthcare setting. It aims to show the type of personal protective...



Self-paced
Igbo
Otu coronavirus bu nnuuku ezinulo nke nje ama na ebute oja bido na oyi nkti ruo na orja ndi joro oke njo di ka Middle East Respiratory



Self-paced
isiZulu
Ama-Coronavirus awumndeni omkhulu wamagcwane aziwayo ukuthi abangela izifo ezihlukahlukene ezihlanganisa umkhuhlane

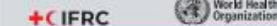
Community and Civil Society Engagement

- Community and civil society-led initiatives – several supported by WHO including on HIV and COVID-19
- Analysis of levels and types of CSO engagement – including through UHC 2030 - action to address gaps
- Technical guidance and assistance to countries on engaging communities in COVID-19 service delivery and research
- DG Town Hall with CSOs and commitment to regular briefings
- ACT-Accelerator opportunities



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Interim guidance
May 2020



WHO R&D Blueprint
novel Coronavirus
Working with Community Advisory Boards for COVID-19 related clinical studies

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23 April 2020



June 30th, 2020

POSITIVE LIVING IN THE TIME OF COVID-19

WE WANT TO HEAR FROM YOU AND WANT TO SALUTE YOU – LIKE HEALTH CARE WORKERS YOU ARE ALSO ON THE FRONTLINE.



World Health Organization




Commentary

BMJ Global Health

Governance of the Covid-19 response: a call for more inclusive and transparent decision-making

Dheepa Rajan¹, Kira Koch¹, Katja Rohrer¹, Csongor Bajnoczki¹, Anna Socha², Maike Voss³, Marjolaine Nicod², Valery Ridde⁴, Justin Koonin⁵

Summary

- 
- A graphic on the left side of the slide features a large, light blue circular brushstroke. Inside this circle, several hands of different colors (orange, yellow, purple, teal, pink, and green) are reaching towards the center, symbolizing unity and collective effort.
- HIV gains at risk during COVID-19
 - Essential health services need to be maintained and restarted safely
 - Resilient responses includes: DSD models and multi-month provision of meds, community pick-up, use of ehealth and mhealth technology, & strong community engagement
 - ACT-Accelerator, training resources and multi-stakeholder initiatives preparing the terrain to [#BuildBackBetter](#)

Thank you

- Michel Beusenburg
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- Vindi Singh
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- Bente Mikkelsen
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- Mary Mahy
- Kim Marsh

