



FAST-TRACK CITIES 2020

September 9-10, 2020

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Addressing the Fragility in Urban HIV, TB, and HCV Responses Revealed by COVID-19

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Universal Health Coverage/Communicable and Noncommunicable Diseases

World Health Organization

9 September 2020

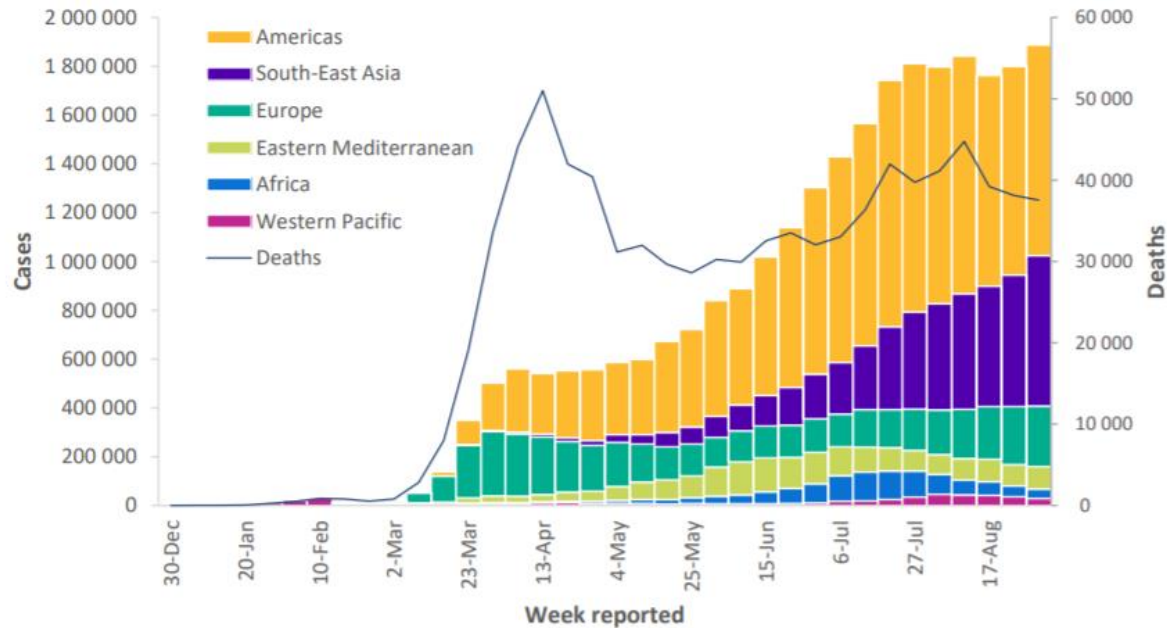
Overview

- Why Urban?
- What does fragility mean in the context of COVID-19?
 - Service disruptions
- Moving from Fragility to Resilience
 - Examples of maintaining essential health services from HIV, Hepatitis, STI and NCDs
 - #Build back better with healthier cities

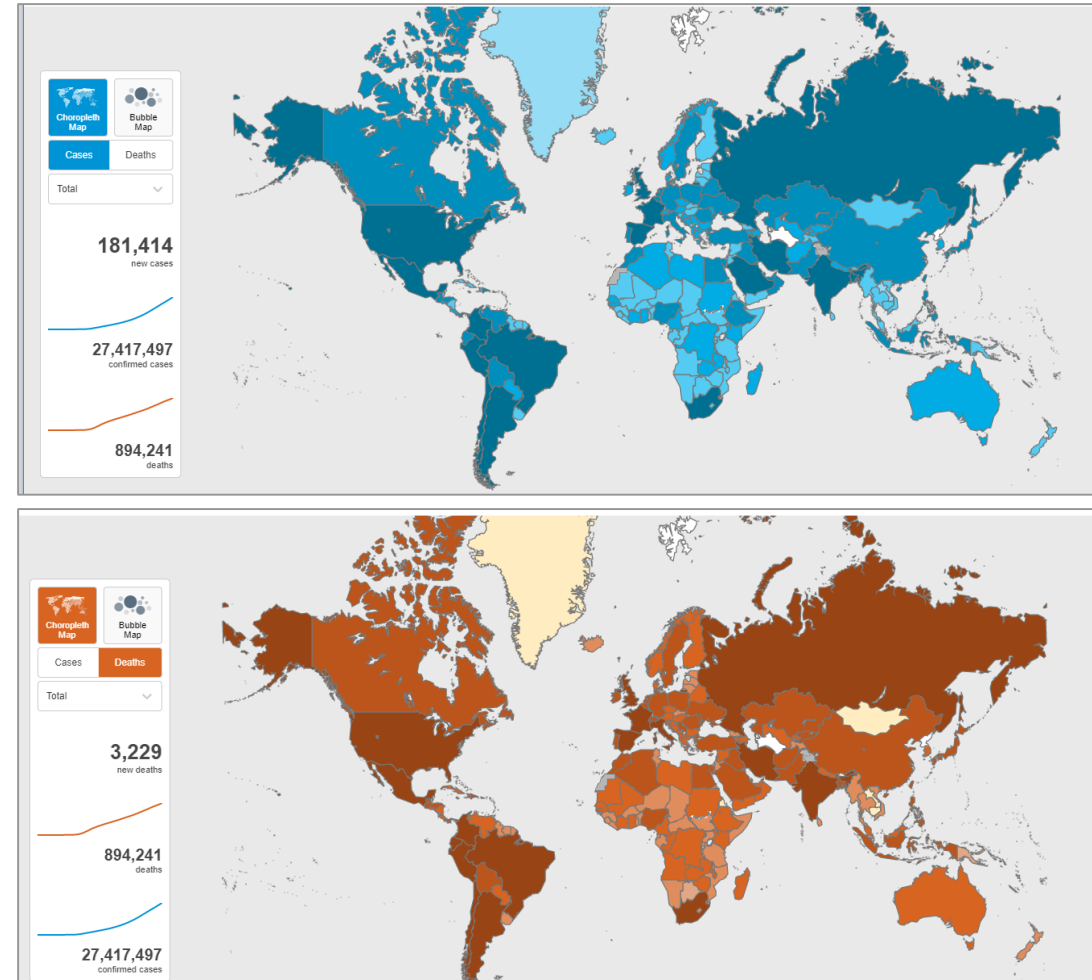
COVID-19 Situation report 9 September 2020

Globally, as of 10:30am CEST, 9 September 2020, there have been **27,417,497** confirmed cases of COVID-19, including **894,241** deaths, reported to WHO.

Figure 1: Number of COVID-19 cases reported weekly by WHO region, and total deaths, 30 December to 6 September 2020**

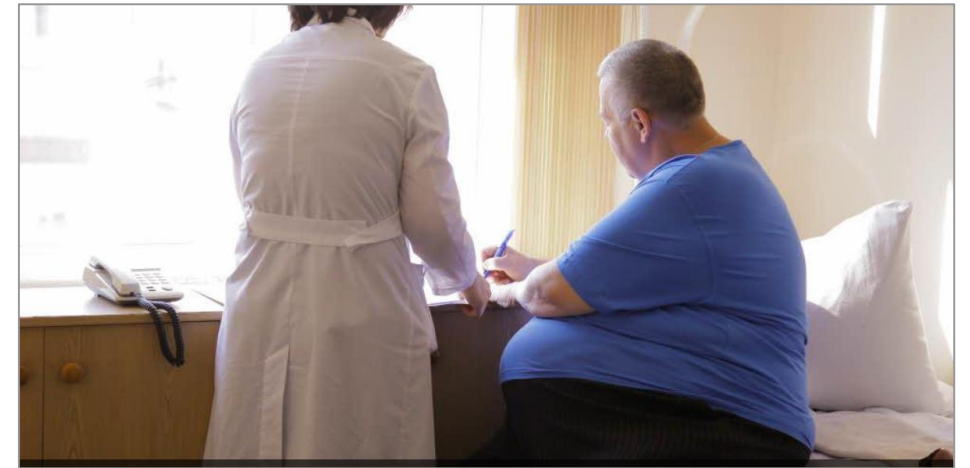


**See data table and figure notes.



Urban health matters

- The majority of the world's population lives in cities.
- By 2030, six out of 10 people will be city dwellers, rising to seven out of 10 people by 2050.
- Urbanization is associated with many health challenges related to water, environment, violence and injury, noncommunicable diseases and their risk factors like tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol as **well as risks associated with disease outbreaks.**



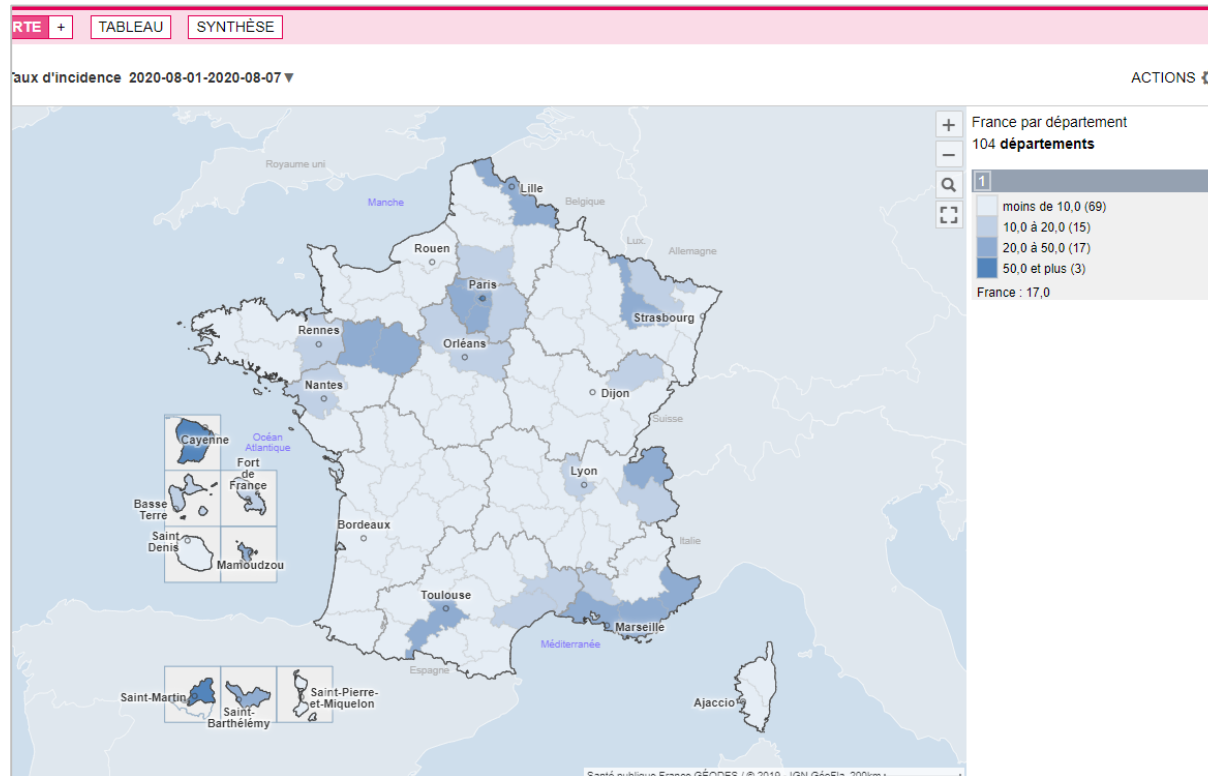
Urban health matters

- Use urban planning to promote healthy behaviours and safety
- **Make urban areas resilient to emergencies and disasters:** locate hospitals in safe areas, strengthen health centres to withstand known dangers, prepare community emergency response, improve disease surveillance.
- **Build healthy, liveable cities.**
 - Integrate health into urban planning policies to deliver highly connected, mixed-use promote active living, sustainable mobility, energy efficiency, healthy diets and access to essential services.
 - Plan places that are more resilient to climate change and natural disasters.
 - Vision for social cohesion and health equity by adopting a people-centred “right to health” framework
 - Ensure cleaner air through
 - Provide well-managed water, sanitation and hygiene facilities, adequate waste management and access to safe and healthy food.

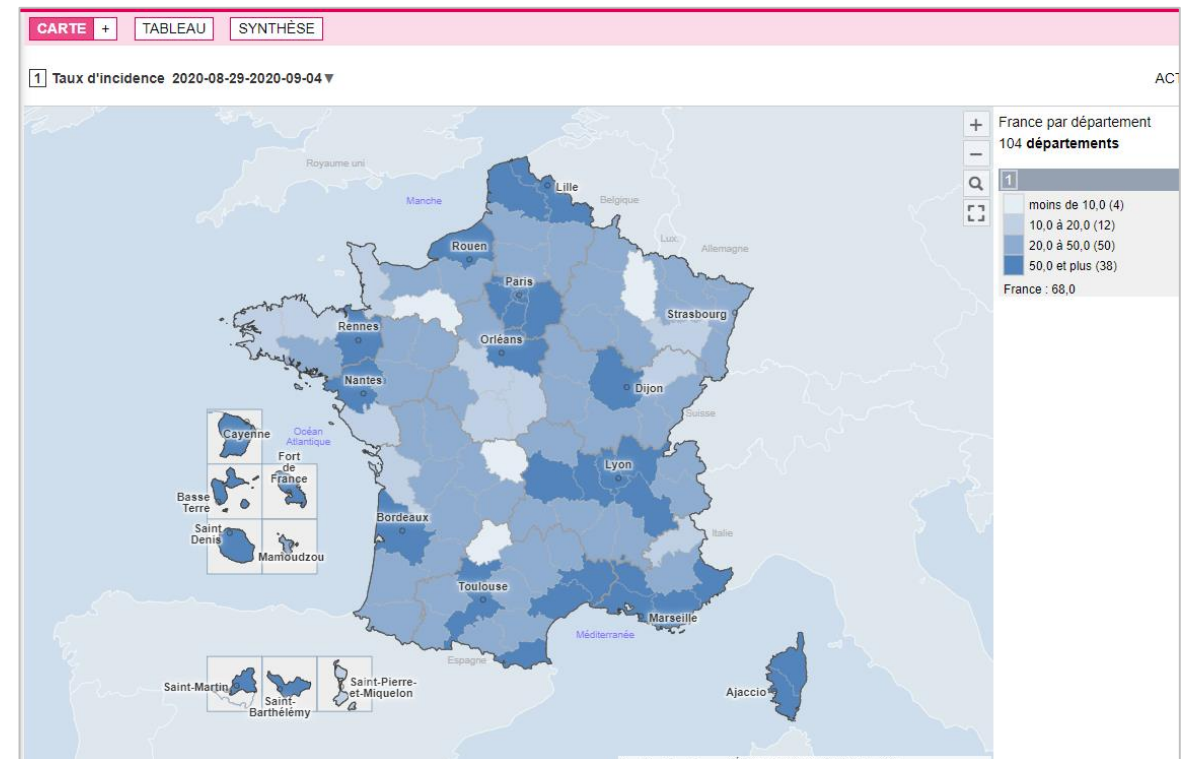


Urban focus of transmission and severe COVID-19

As of 1 August 2020



As of September 2020



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Covid-19, Crises and Fragility

Table 1. Health data in five fragile contexts compared to OECD average

	Population (million)	Health expenditure (% of GDP)	N. physician/ 1 000 inhabitant	N. hospital beds / 1 000 inhabitant
Democratic Republic of the Congo (2016)	84	3.8	0.1	0.8
Libya (2011)	6	6	0.4	0.7
Afghanistan (2016)	37	10.1		
Niger (2016)	20	6.2		
Yemen (2015)	28	5.6		
OECD average (2018)	1 302	8.8		

Source: World Bank (2020) World Bank data: <https://data.worldbank.org/indicator/SH.XPD.CHE>
<https://data.oecd.org/health.htm>

Fragile contexts¹ are beginning to be hit by the Covid-19 pandemic. Most of these countries are insufficiently prepared to cope with the spread of the disease and its consequences across the multiple dimensions of fragility. The most vulnerable have difficulty in accessing hospitals and rely on poor public services. Confinement measures are hardly applicable and the mobilisation of security actors to enforce them creates further risks. The crisis highlights social inequalities and governance issues in many contexts. While the pandemic has created new peace dynamics, most conflicts continue unabated as peacekeeping missions and humanitarian response are extremely constrained.

Recovering from the crisis will require international support, but public systems such as health should not be supported in isolation as these public services are not weak in isolation. Covid-19 emphasises the need to help countries address the drivers of fragility in a holistic manner and for long-term engagement.



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Fragile settings – Refugee Camps, Cox's Bazar Bangladesh



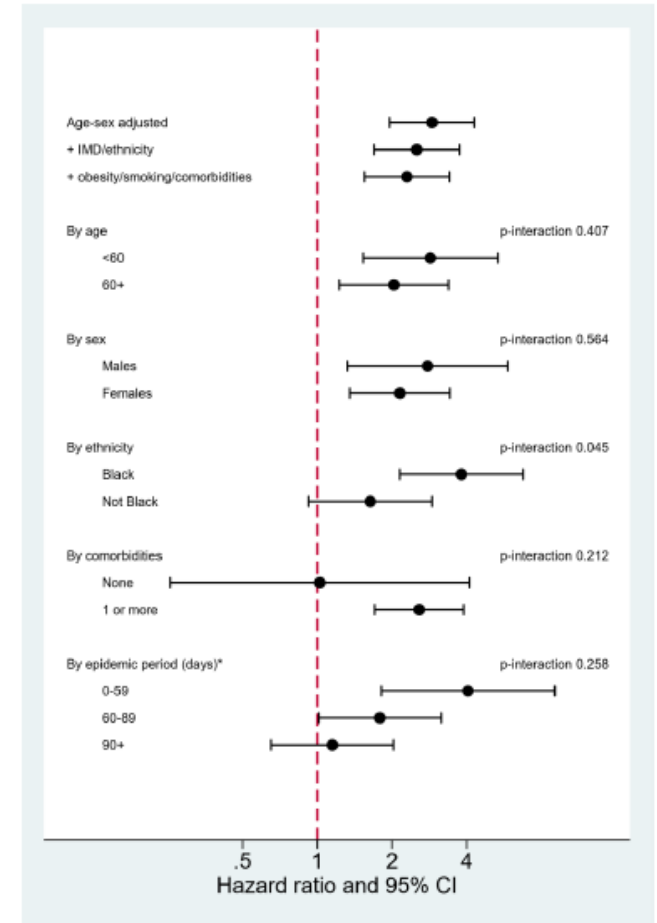
Ghana metropolis – Maintaining RMNCH programmes during COVID-19



Direct effect of COVID-19 on HIV, Hepatitis, TB and STI

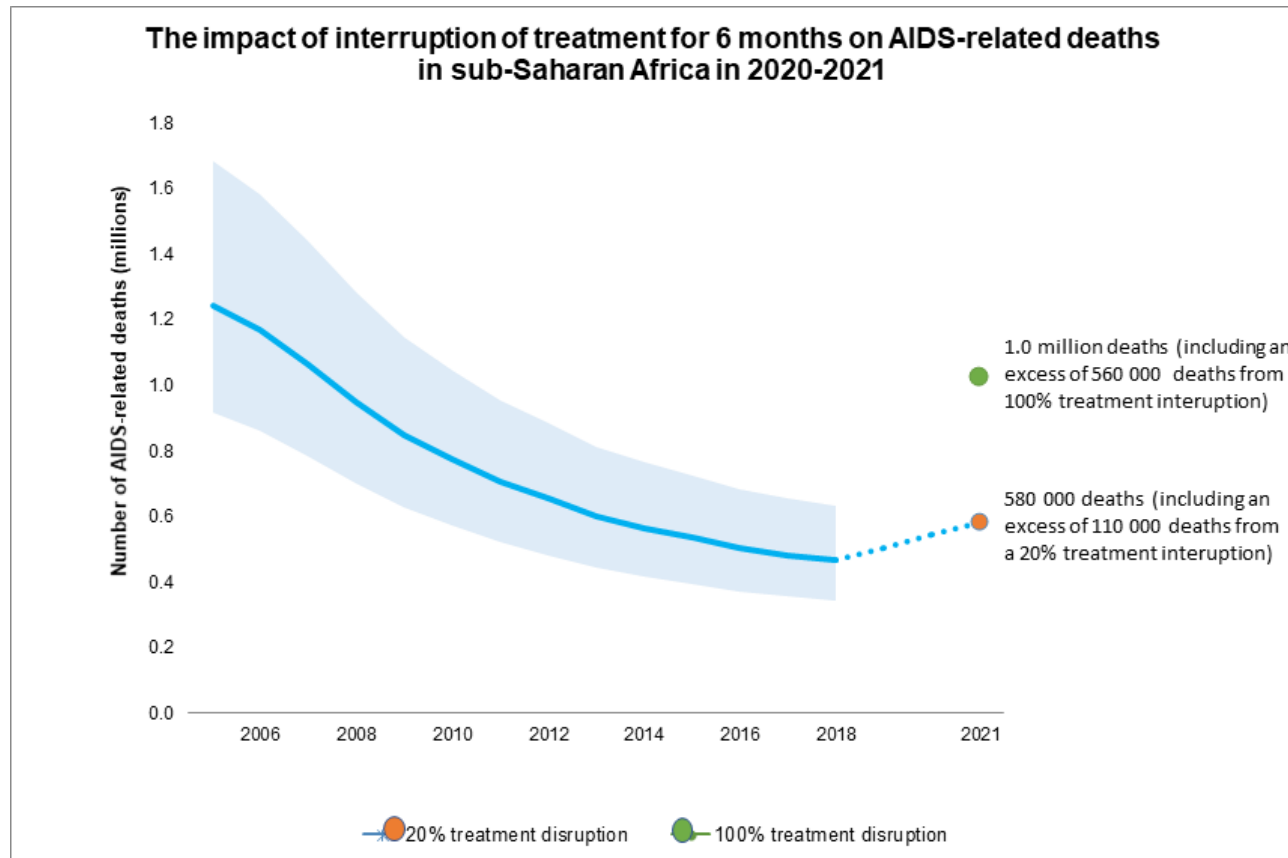
- Approx. 2 times increased risk of death among PLHIV in S Africa (Davies et al)
- Variable associations in the US and UK; may have an increased risk of hospitalization with low CD4 and due to comorbidities
- People with viral hepatitis (B or C) do not appear to be at higher risk of severe illness unless they also have advanced liver cirrhosis.
- TB mixed evidence and possible small risk of increase death from S Africa
- STIs reported declined

Figure 3: Hazard ratios for the association between HIV and COVID-19 mortality



Black = self-report as African, Caribbean or other Black. * = days from 1st February 2020. 0. Models including ethnicity used multiple imputation to handle missing data; "comorbidities" refers to diagnosed hypertension, chronic respiratory disease, asthma, chronic cardiac disease, diabetes, non-haematological cancer, haematological cancer, chronic liver disease, stroke/dementia, other neurological diseases, reduced kidney function, organ transplant, asplenia, rheumatoid arthritis/lupus/psoriasis, other immunosuppressive conditions. Excluded hypertension from the list of comorbidities gave stratified HRs of 1.57 (0.59-4.19) and 2.52 (1.64-3.87) for those without and with comorbidities respectively (p-interaction 0.39)

Indirect effect of COVID-19 Impact on deaths from HIV and TB



Dramatic setback to progress predicted if continuity of essential TB services not ensured.



1.49 MILLION
DEATHS, 2018



1.85 MILLION
ESTIMATED DEATHS, 2020*

If TB detection drops by 50% over three months, the number of TB deaths worldwide would increase by nearly 400 000.

(*These estimates include TB deaths among HIV-positive individuals.)

19 May 2020

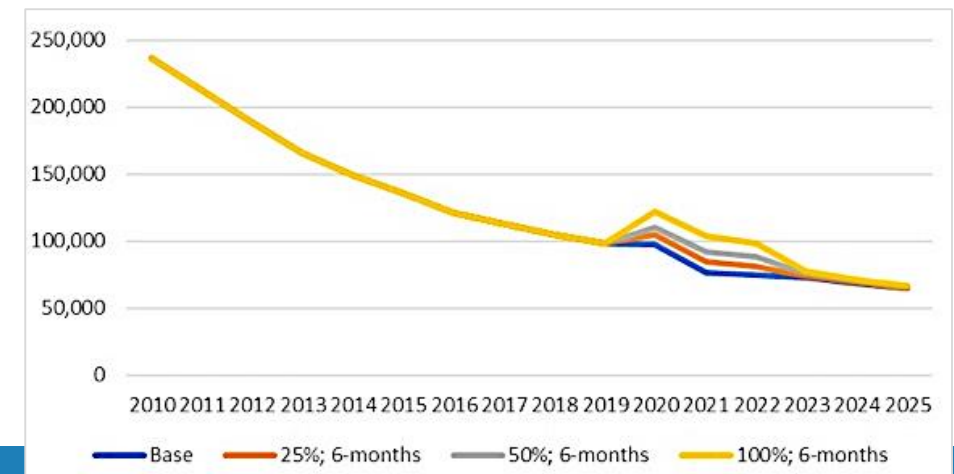
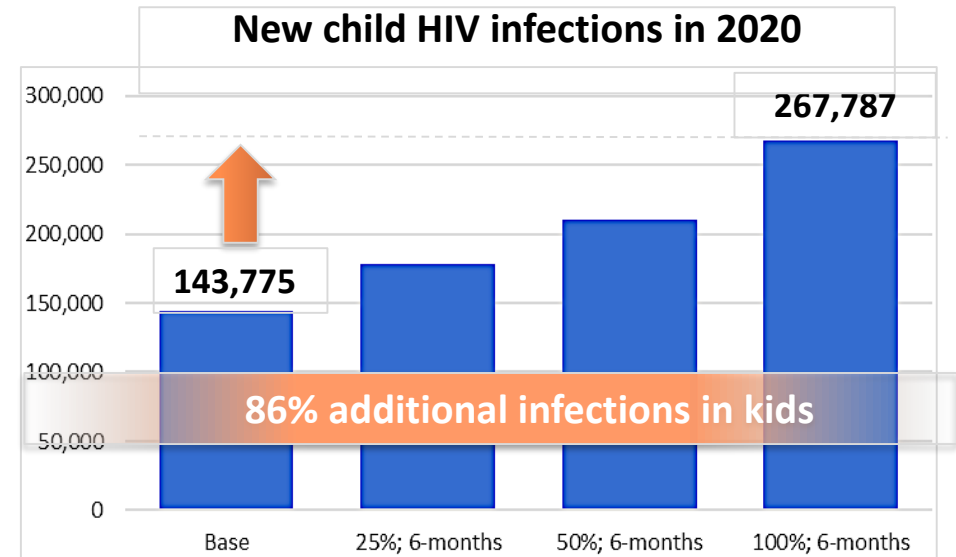
Jewell B, Mudimu E, Stover J, et al for the HIV Modelling consortium, *Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models*. Pre-print, <https://doi.org/10.6084/m9.figshare.12279914.v1>, <https://doi.org/10.6084/m9.figshare.12279932.v1>.

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>

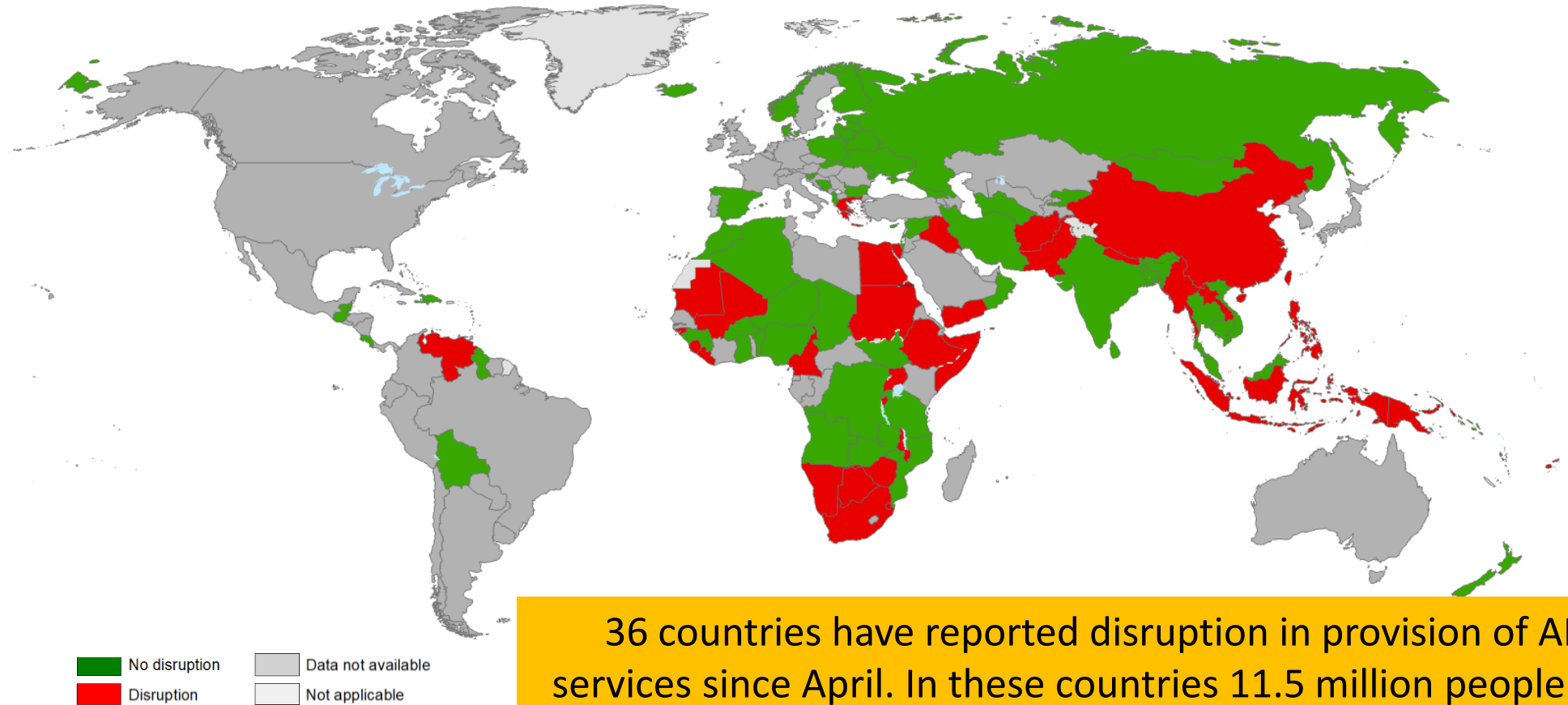
COVID19 public health ‘earthquake’ on paediatric HIV

- 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



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)

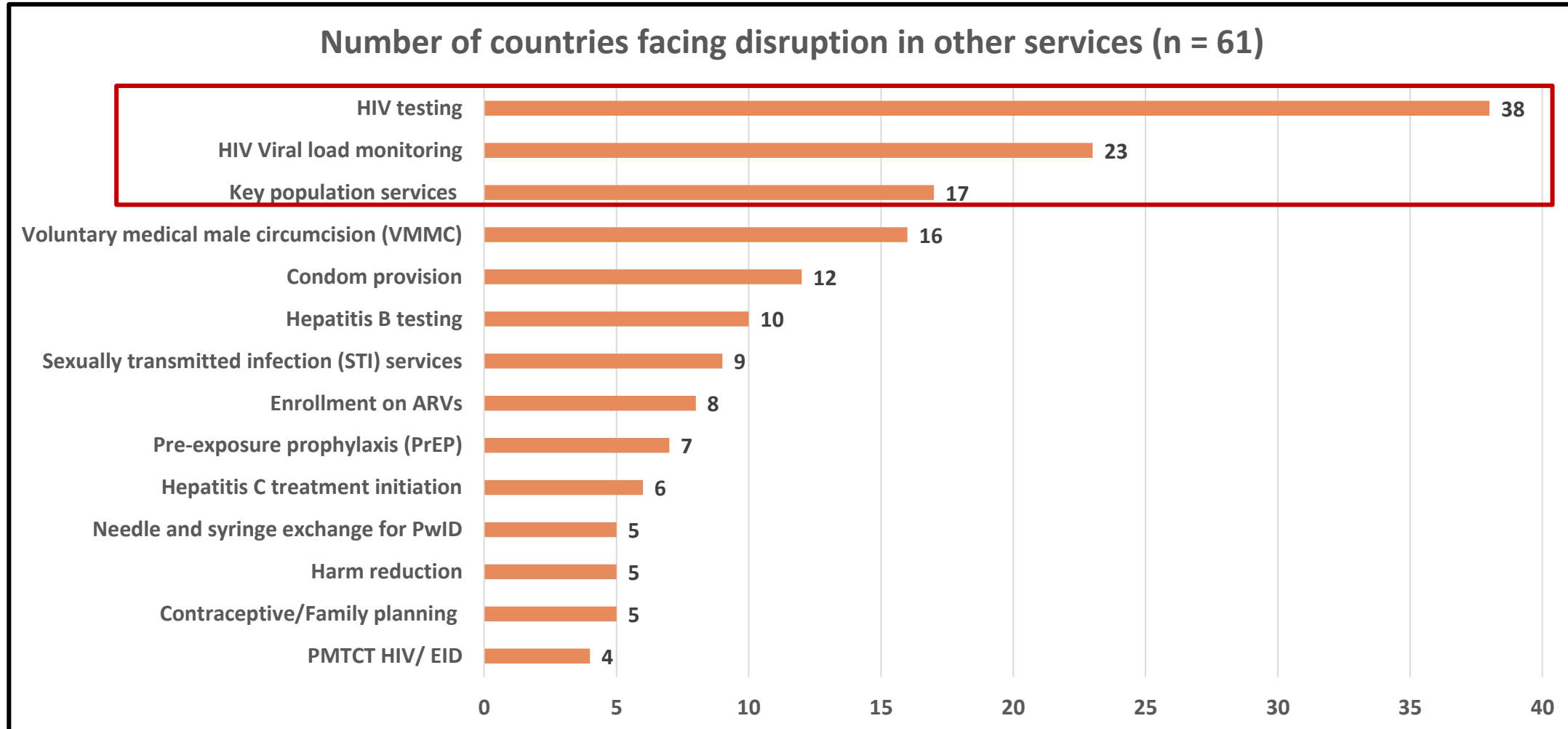


36 countries have reported disruption in provision of ARV services since April. In these countries 11.5 million people were receiving ART (45% of the global number)

Source: Global HIV, Hepatitis and STIs Programmes (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.

Disruptions in other services due to COVID-19

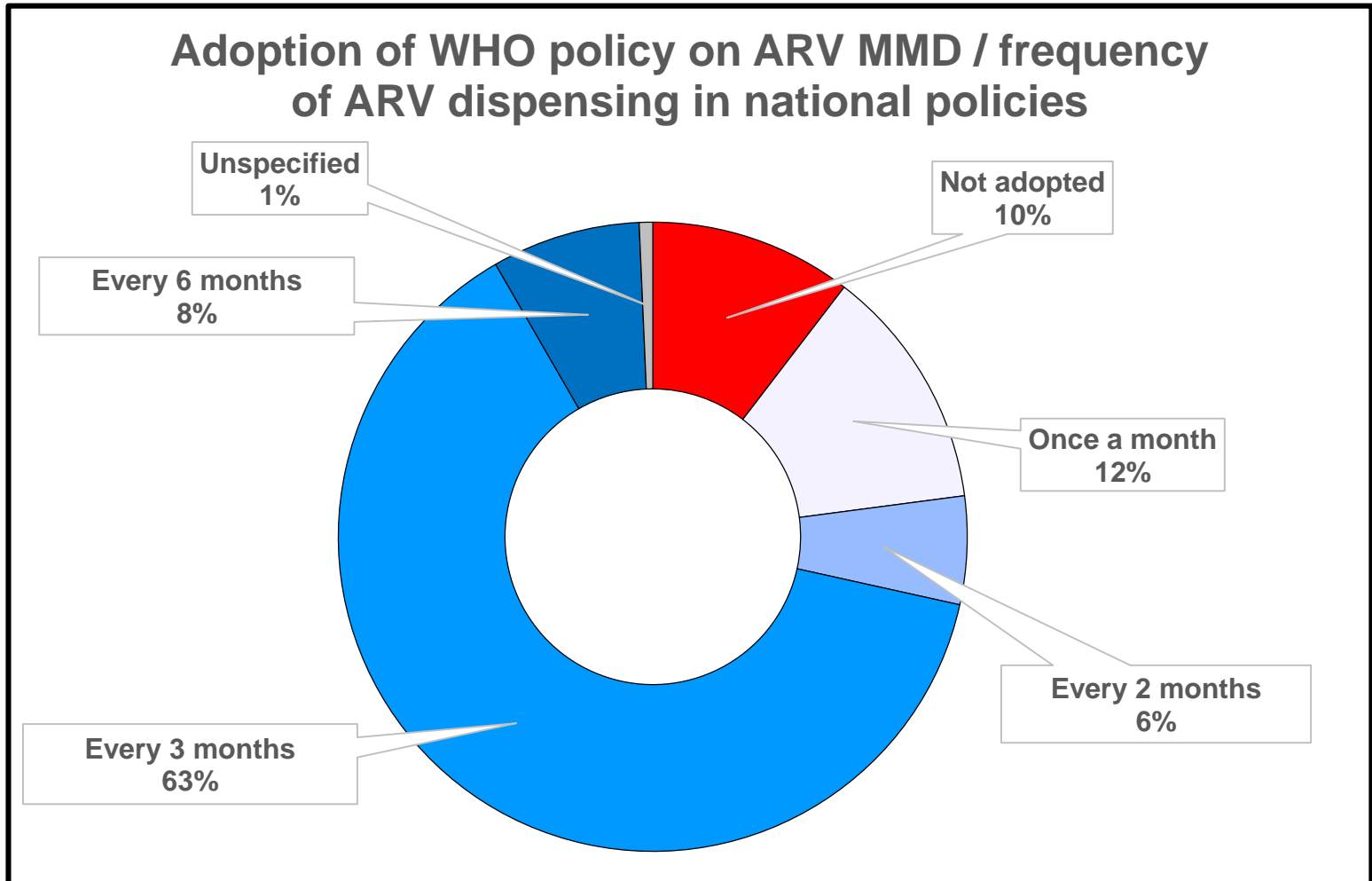


Prevention programs for VMMC and PWID are in selected countries, so disruption may be in most countries where there is a program

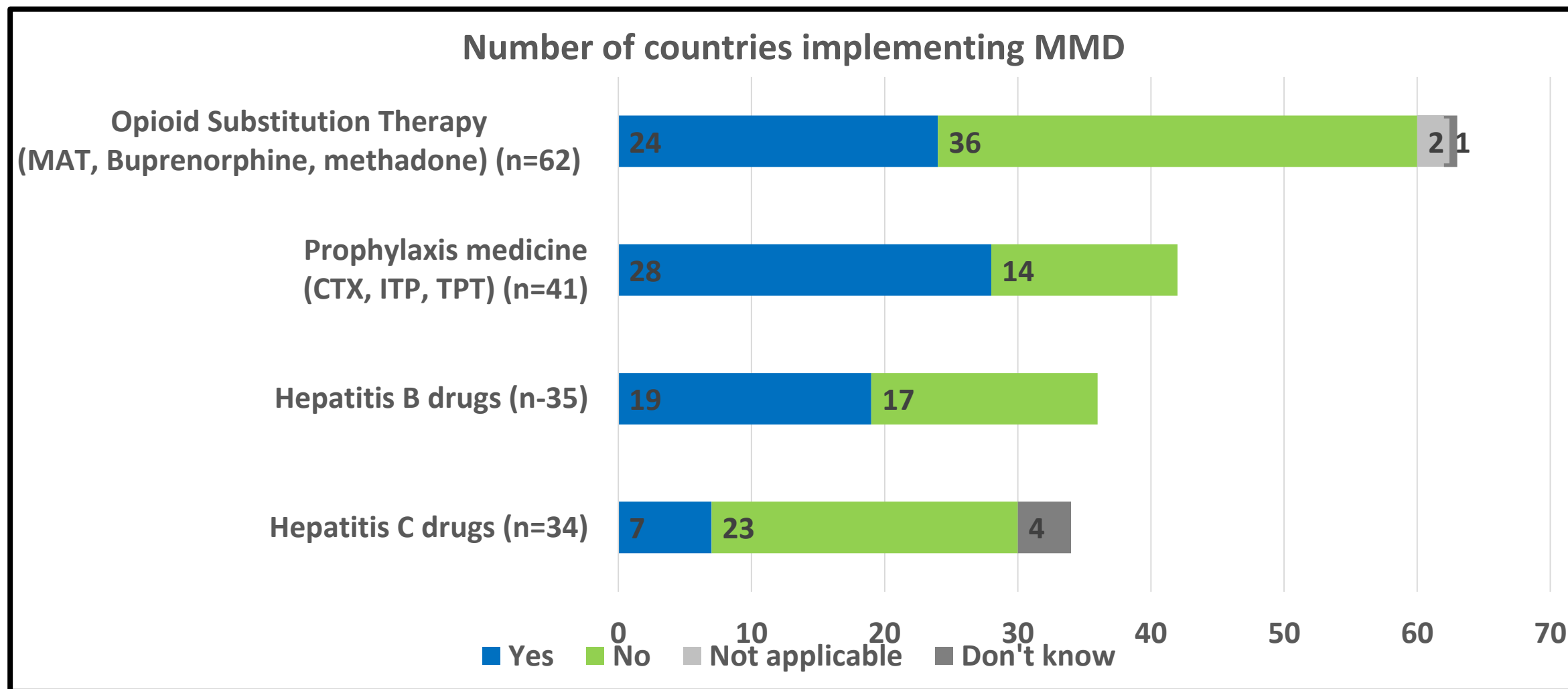
Source: WHO HIV/HEP/STI COVID-19 Questionnaire

ARV multi month dispensing

- 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..)



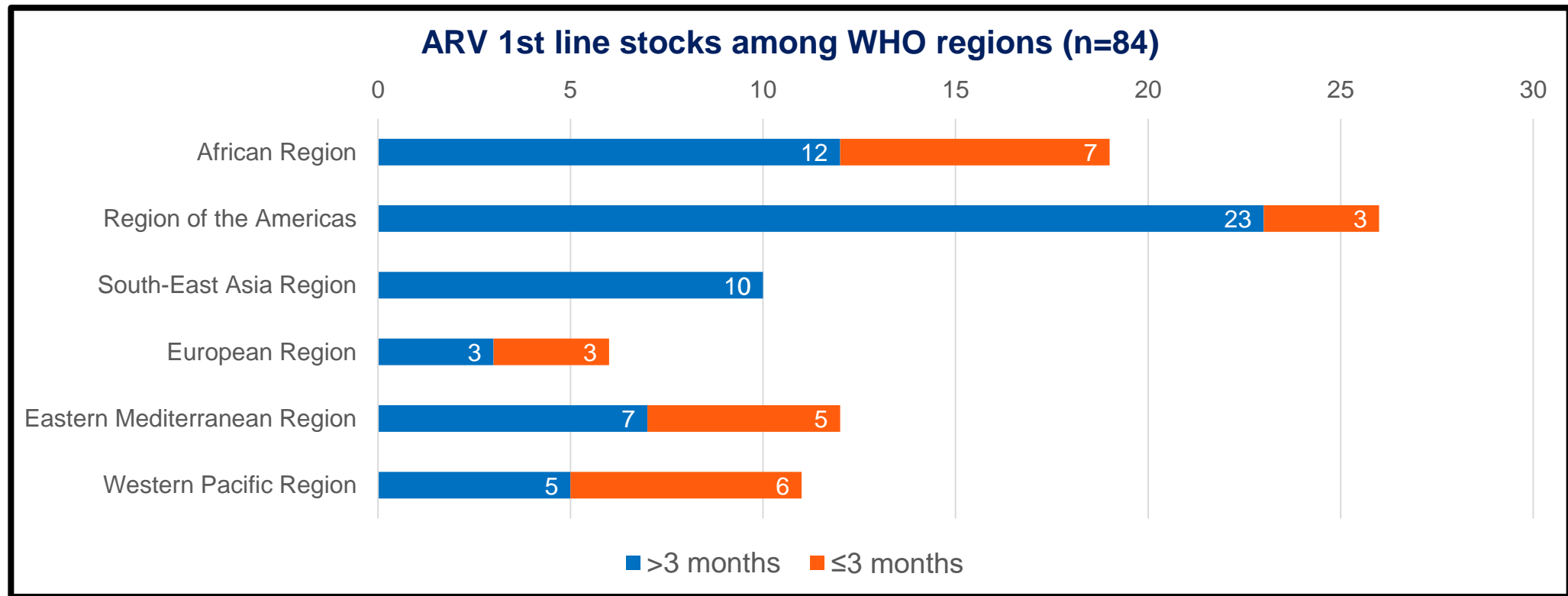
MMD for other HIV/Hepatitis/STI drugs



Source: WHO HIV/HEP/STI COVID-19 Questionnaire

ARV stock availability of first line stocks

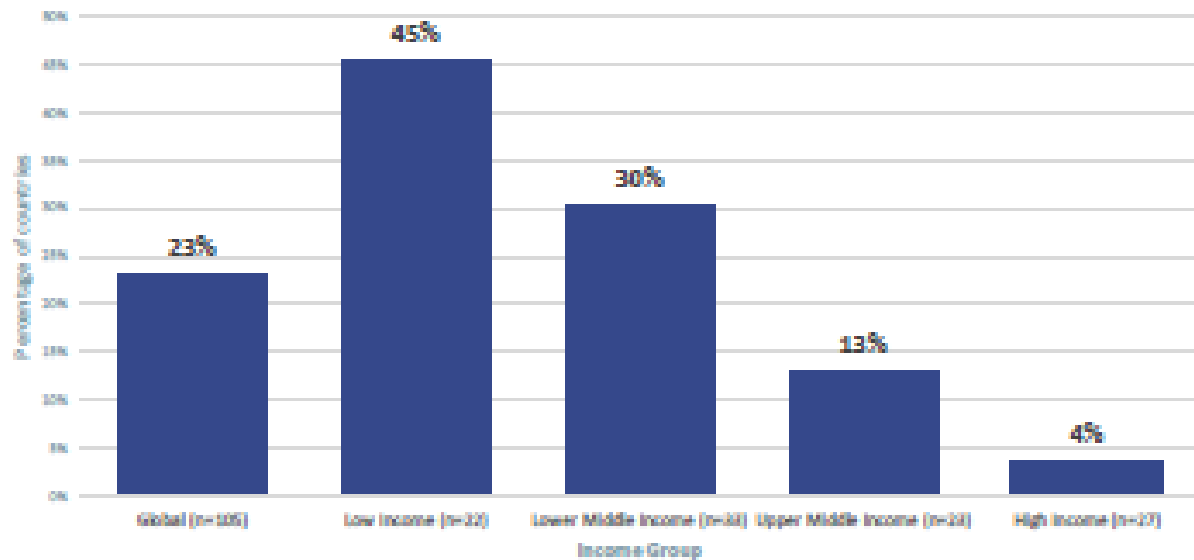
- Data available for 84 countries
- 24 countries reported ARV stocks availability for major first line drugs (TLE/TEE/TLD) of **three months or less**



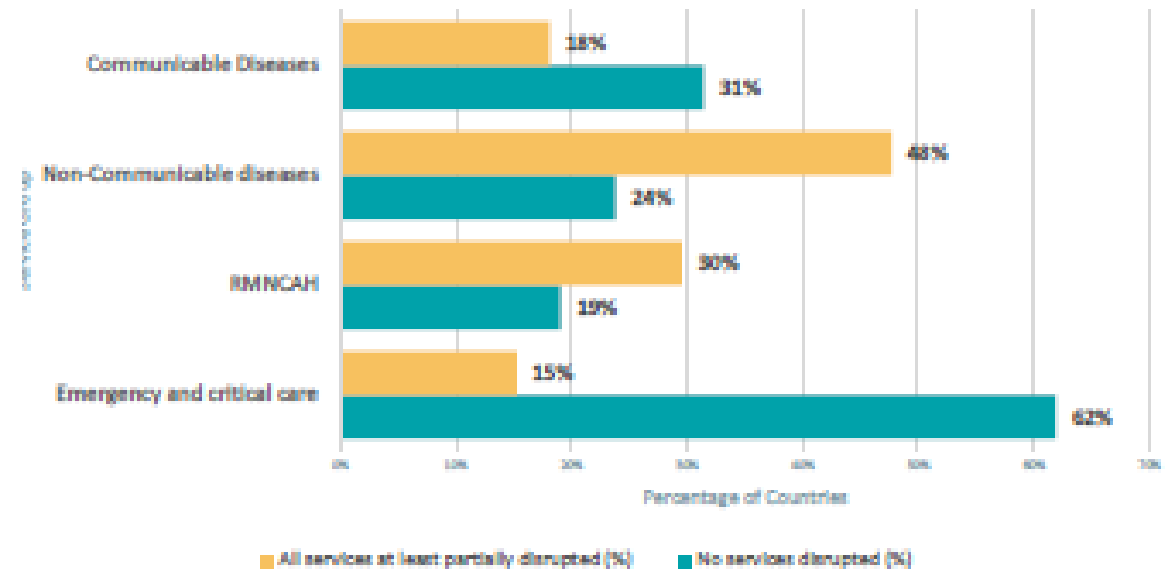
Source: WHO HIV/HEP/STI COVID-19 Questionnaire

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

Percentage of countries reporting at least partial disruption in at least 75% of services (by income group) (n=105)



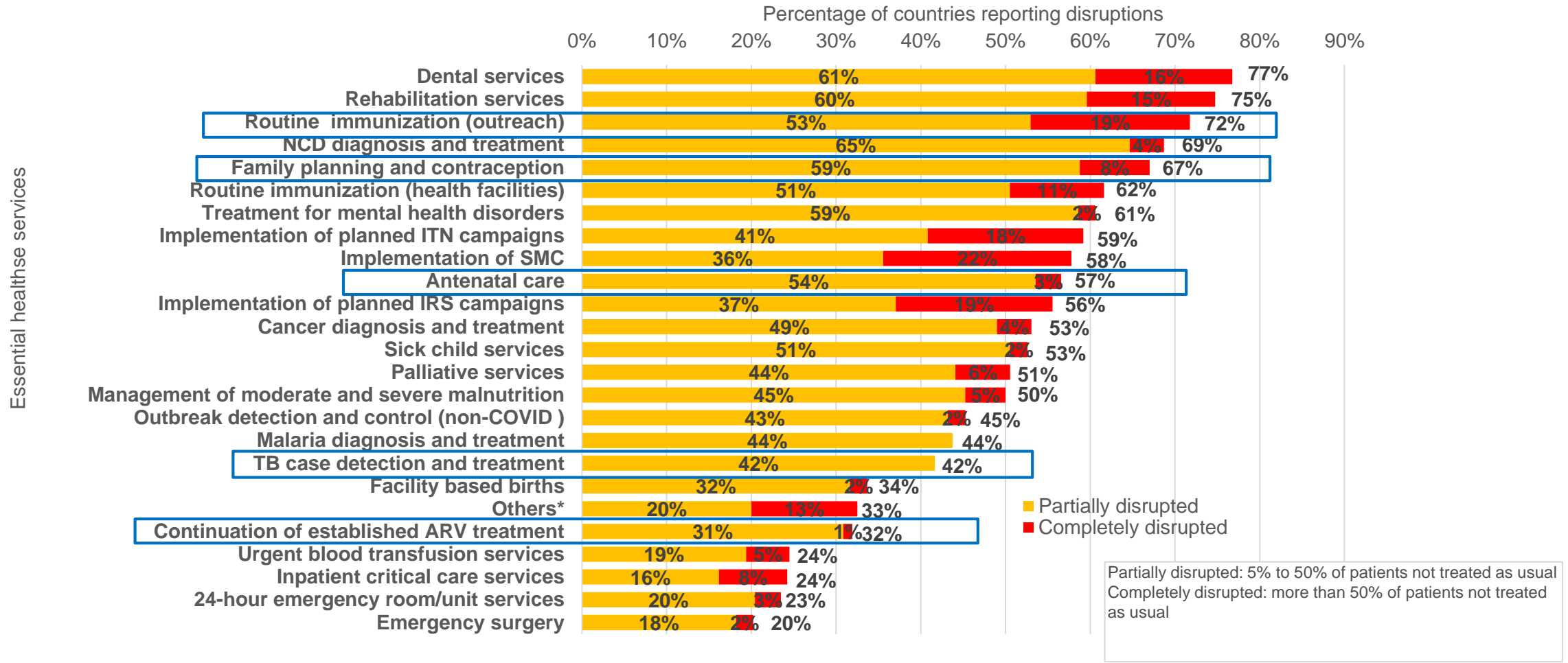
Percentage of countries reporting disruptions across entire service groups (n=105)



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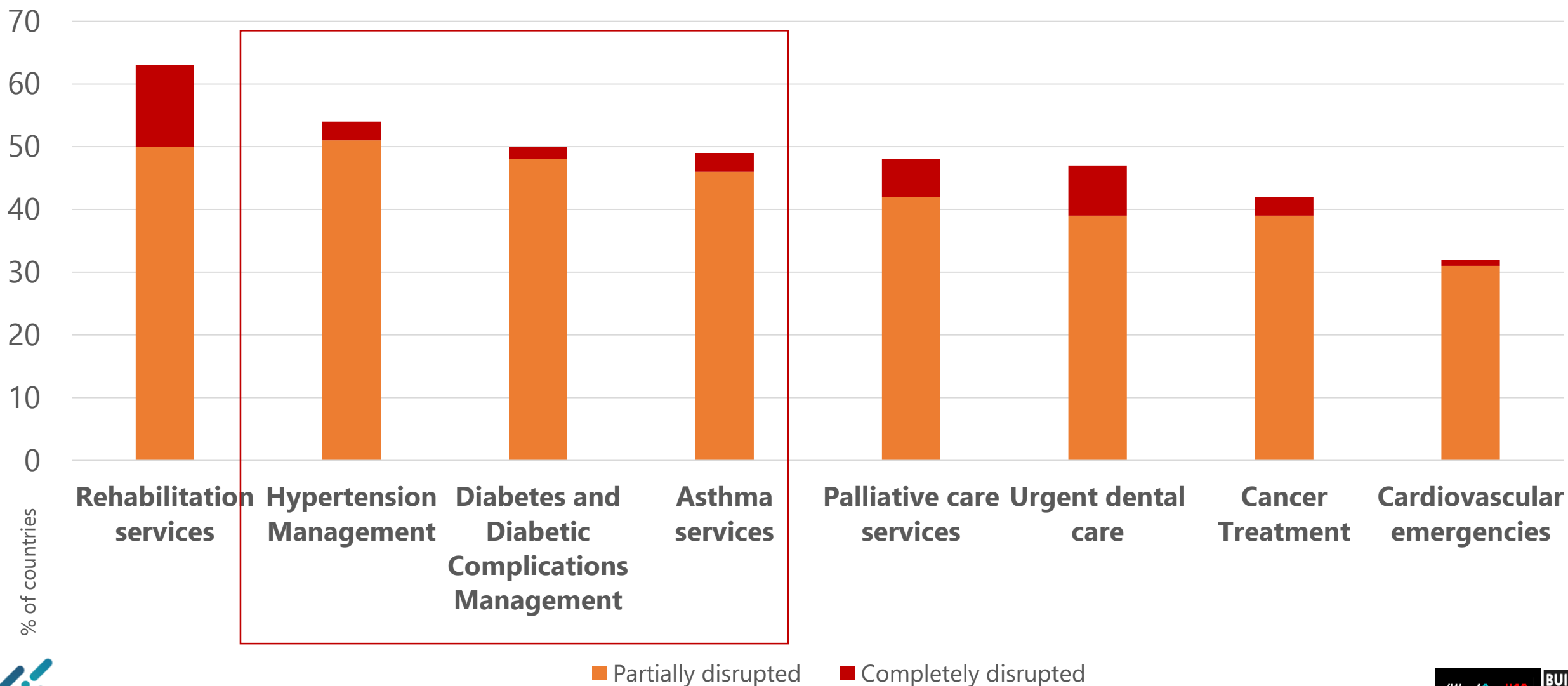
Countries reporting disruptions (partially or completely) across 25 types of health services

Percentage of countries reporting service disruptions (n=99)

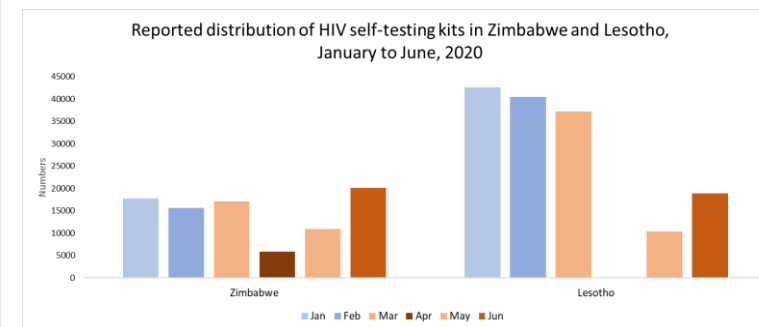
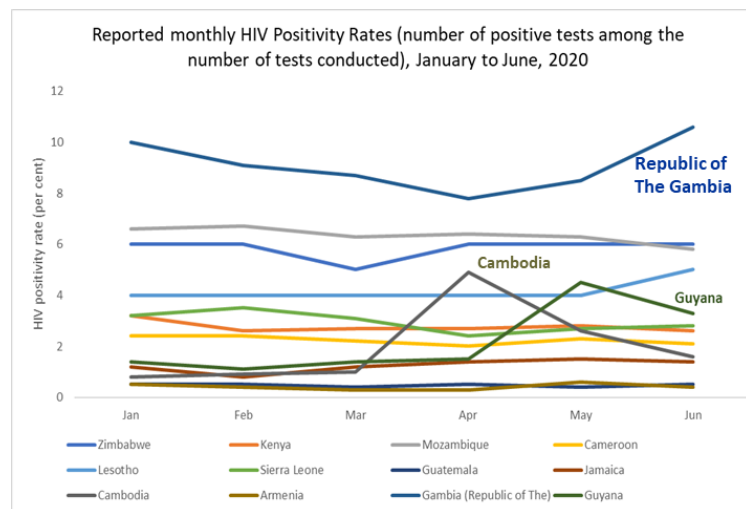
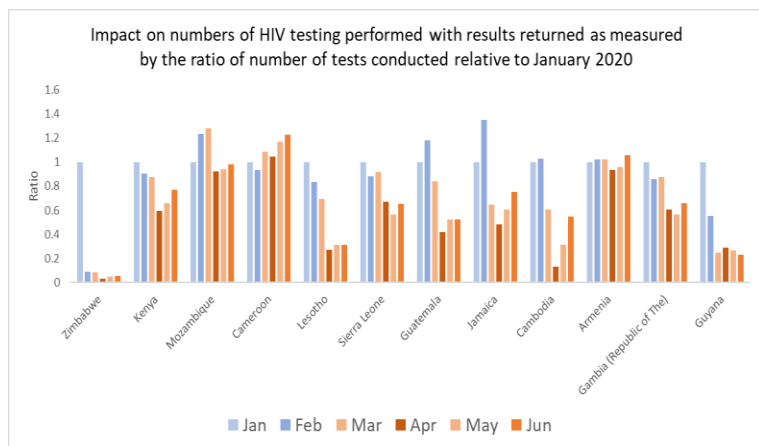


*includes postnatal care, school-based services, elective surgeries, sanatorium treatment, screening programs, blood donation and collection, and polio services

123 countries reported that NCD services are disrupted



UNAIDS, WHO, UNICEF Survey – Preliminary results



30 Countries reporting

- In all but two countries large, **sustained decreases in HIV testing services were seen**. This reduction started for most countries in April.
- **Testing positivity rates were largely stable** over time. Increases could be explained if testing services were preferentially made available to those most at risk.
- **Distribution of HIV self-testing kits declined** in Lesotho and Zimbabwe dramatically after March, although by June, **services rebounded in Zimbabwe**.

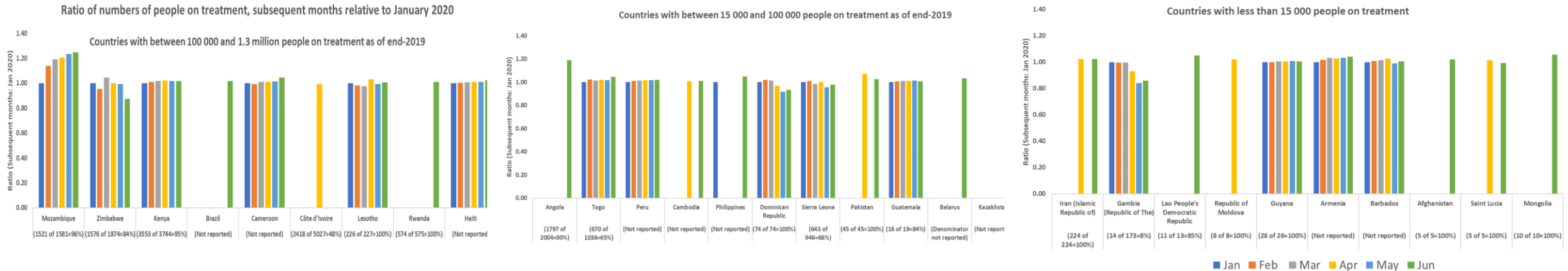
Source: UNAIDS HIV services tracking tool, 2020

Notes: Monthly data are reported by country teams, with UNAIDS, Unicef, and WHO support. Historical data may be revised during each monthly submission; thus results may change.



World Health Organization

UNAIDS, WHO, UNICEF Survey – Preliminary results



30 Countries reporting

- 5 countries reported monthly declines in the numbers of people on treatment between January and June 2020
- And new people are not starting treatment
- Confirmed through qualitative surveys among PLHIV

Source: UNAIDS HIV services tracking tool, 2020

Notes: Monthly data are reported by country teams, with UNAIDS, Unicef, and WHO support. Historical data may be revised during each monthly submission; thus results may change.

Impact of COVID-19 on HIV services – Afghanistan

Harm reduction services	✓
Condom/lubricant programming	✓✗
PMTCT services	✓✗
Outreach services for key populations	✓
HIV testing services for key populations	✓✗
Facility-based HIV testing (TB, ANC, inpatient, etc.)	✓
ART services	✓
Viral load testing for treatment monitoring	✗

- ✓ Functional
- ✓✗ Partial disruption
- ✗ Total disruption

Data reported in May 2020

Overall impact of COVID-19 on HIV services in Afghanistan

Context

Overall coordination and management

Some of the program staff were taken COVID related tasks, affected program's daily activities

Input

1 case of COVID-19 and 1 death among NAP staff members
Genexpert machines fully deployed to COVID-19 diagnosis

Process

Less accessibility to services
No access to viral load testing due to deployment of PCR and GeneXpert machines for COVID-19 diagnoses
No stock out of medications or diagnostics reported
Multi-month dispensing of ARVs (3 months) and take-home methadone doses for PWID on MMT

Output

HIV Testing

Drop of 40% in the no. of the tests in Q2 compared to Q1
Drop of 80% in tests in 2020 compared to 2019
Drop of 56% in number of cases identified in Q2 compared to Q1

Care and treatment

- 62 PLHIV diagnosed Jan-June 2020, 61 initiated on ART [Comparison with before?]
- 5 patients lost from care and treatment, 2 Q1, 3 Q3

Viral Load testing

PLHIV tested for viral suppression in 2020 = 53% of the number in 2019

Outcome

% diagnosed

- No major drop but small numbers
- increase in diagnosed cases in the first 6 months of 2020 follows the same trend as in previous years

% on ART

As opposed to steady annual increase in ART coverage of 1% since 2017, 1st 6 months of 2020 show ART coverage will remain the same as in 2019 (10%) due to small numbers

% virally suppressed

Indicator not available. Assumption is that suppression should be stable as treatment continued

Impact

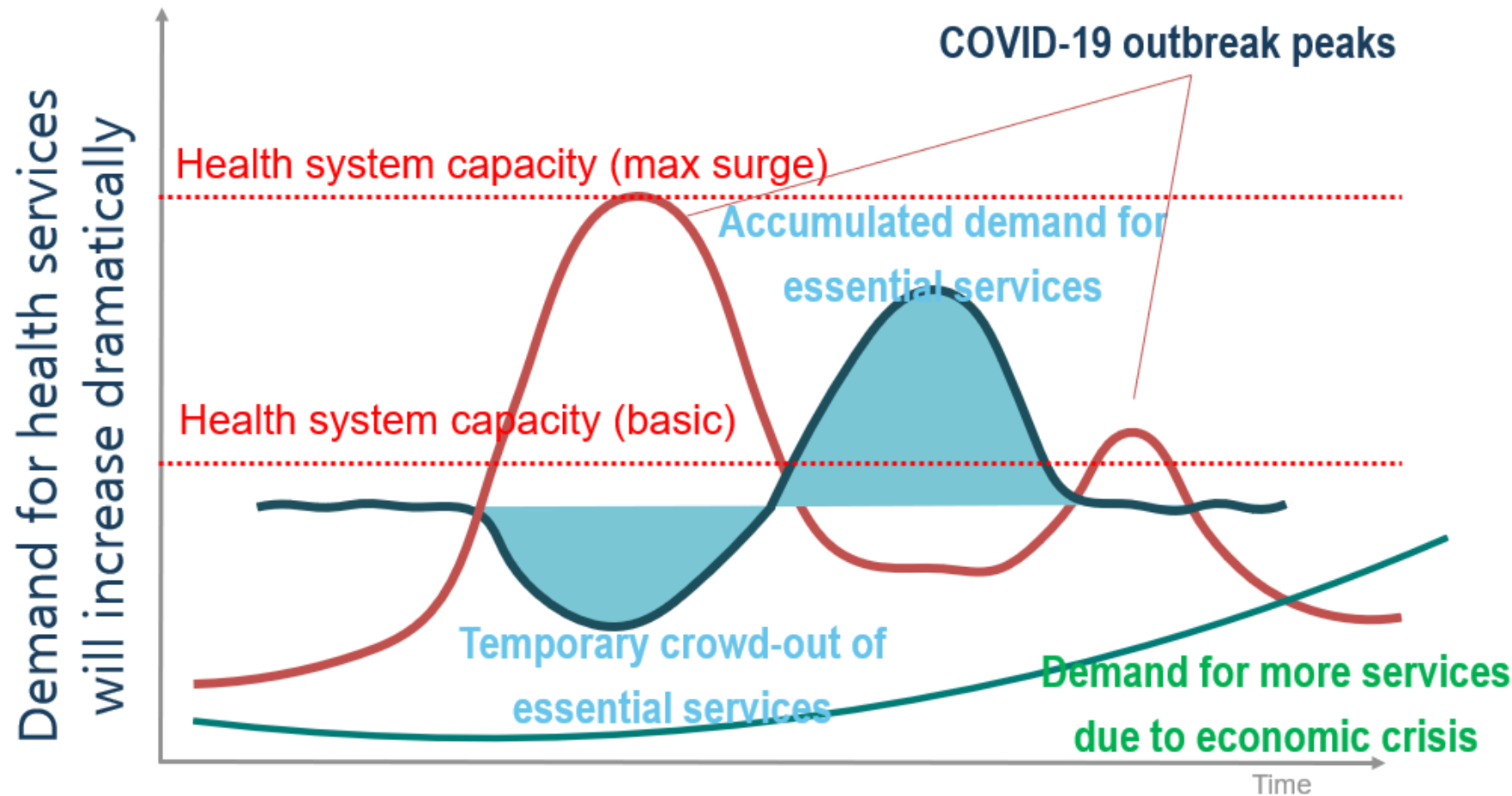
Mortality and Incidence

Need to be modelled.



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Increasing demand from multiple sources



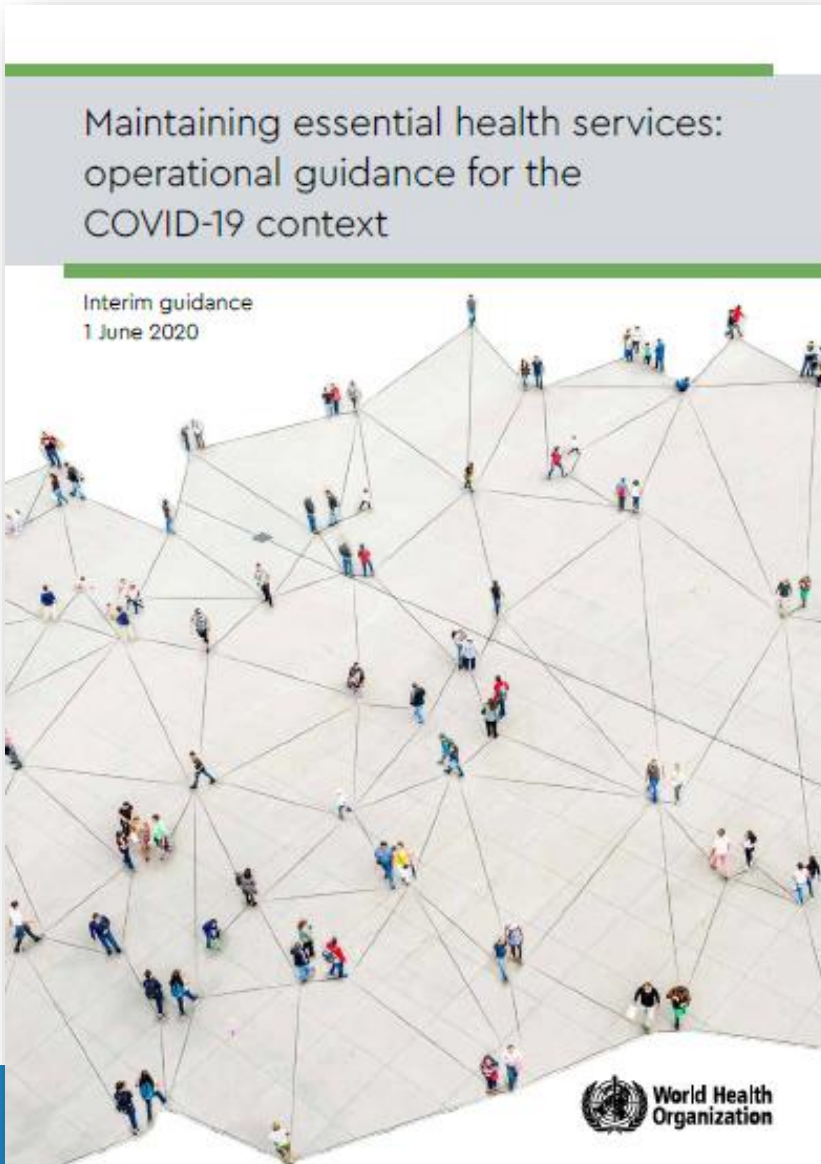
Public health surge capacity

Primary health care in the core

Elasticity in acute and intensive care

Protect the vulnerable

Maintenance Essential Health Services

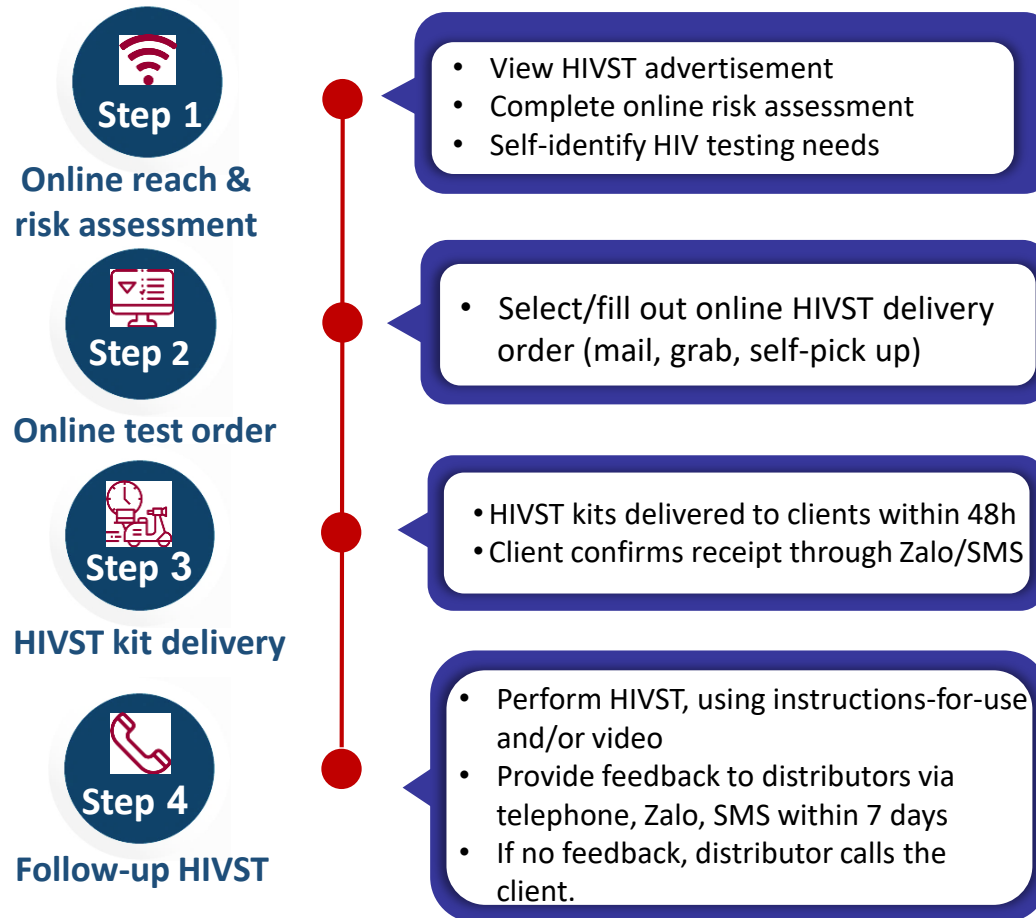


- Recommends **practical actions that countries can take at national, sub regional and local levels to reorganize and safely maintain access to high-quality, essential health services**. It also outlines sample indicators for monitoring the maintenance of essential health services and describes considerations 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>

Vietnam (USAID/PATH Healthy Markets): Client-directed online HIVST



'Grab' delivery

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



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DSD and MMD to maintain ART, OST, DAAs and comorbidity treatments

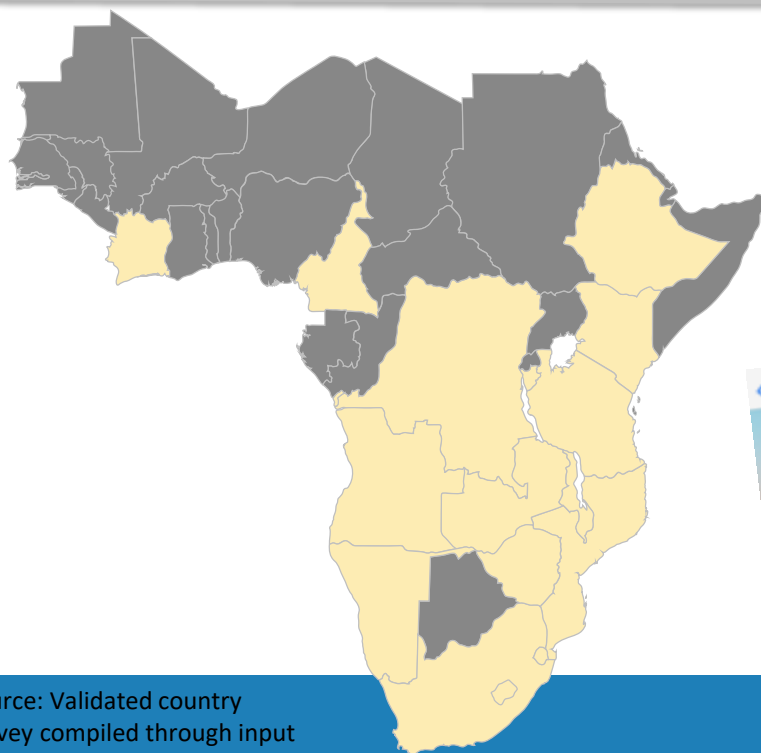
- Clinically stable populations (including key populations) benefit from simplified ART delivery models including multi month prescriptions (3-6 month supply)
- Take-home doses of methadone or buprenorphine for stable people on opioid substitution therapy (OST)
- Required adequate supplies of medicines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



COVID-19: a stress test for change

Reframing the way we deliver care and support to children and adolescents

Policies to support multi-month dispensing for children and adolescents



Source: Validated country survey compiled through input from WHO, PEPFAR, CHAI, EGPAF and IAS

UNICEF
REPORT resources

Digital shift



@YPLUSNETWORK
video advice

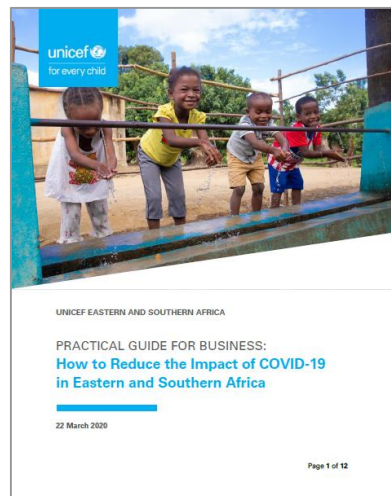
'Running low on ARVs?'

'Need support?'

'Not sure if it's still safe to go for appointments?'



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Sustaining HIV testing, treatment and care for children and adolescents during COVID-19

Adaptation of the Zvandiri model of DSD for 38,094 CAYPLHIV by 1043 CATS during COVID-19

Adaptations to HTS

- CATS identify ALHIV in need of testing through virtual support and collaborate with community based Zvandiri Mentors to take HIV self test kits to an agreed meeting point

Support to MMD

- Rapid baseline assessment conducted in March 2020 among 25,045 CAYPLHIV to ascertain what proportion of clients had access to ART. CATS then partnered with the health facilities to arrange MMD

Virtual Case Management

- CATS adapted home visits to virtual case management to sustain information sharing, counselling, referrals, linkage and support through phone calls, SMS and WhatsApp.

Taking ART Refill to the Community

- Targeted community outreach by Zvandiri and MoHCC for those unable to access the clinic for ART Refill



Sustaining HIV testing, treatment and care for children and adolescents during COVID-19

Community Viral Load Monitoring

- Line listing of CAYPLHIV due for VL by Zvandiri and MoHCC; then travel to the community to conduct test

Supporting access to second line

- Zvandiri collects 2nd ART line from the central hospital and delivers to the family

Virtual Support Groups for children, adolescents and their caregivers
Development of peer-led IEC materials to cascade developmentally appropriate information

Zvandiri-ECHO Hub

- Virtual training, mentorship and case management to support service delivery for CAYPLHIV with governments, IPs and youth in 8 partner countries.



Decentralising service delivery to decongest facilities - PrEP

- Mobile units parked outside of clinics so clients could access services without entering the clinic
- Additional external medicine pick up points identified and patients registered for CCMDD and PrEP delivery
- Targeted high yield AGYW entry points –testing and initiation at TVET and university residences, aligning to school re-opening and providing services to grade 12 learners
- Conducted health talks on HIV testing and adherence to ART, SRH, PrEP and COVID-19 at clinic and non-clinic sites
- mobile clinic van drives around demarcated streets loud hailing and handing out promotional fliers about SRH services (including PrEP)



FEELING
CONFIDENT



health

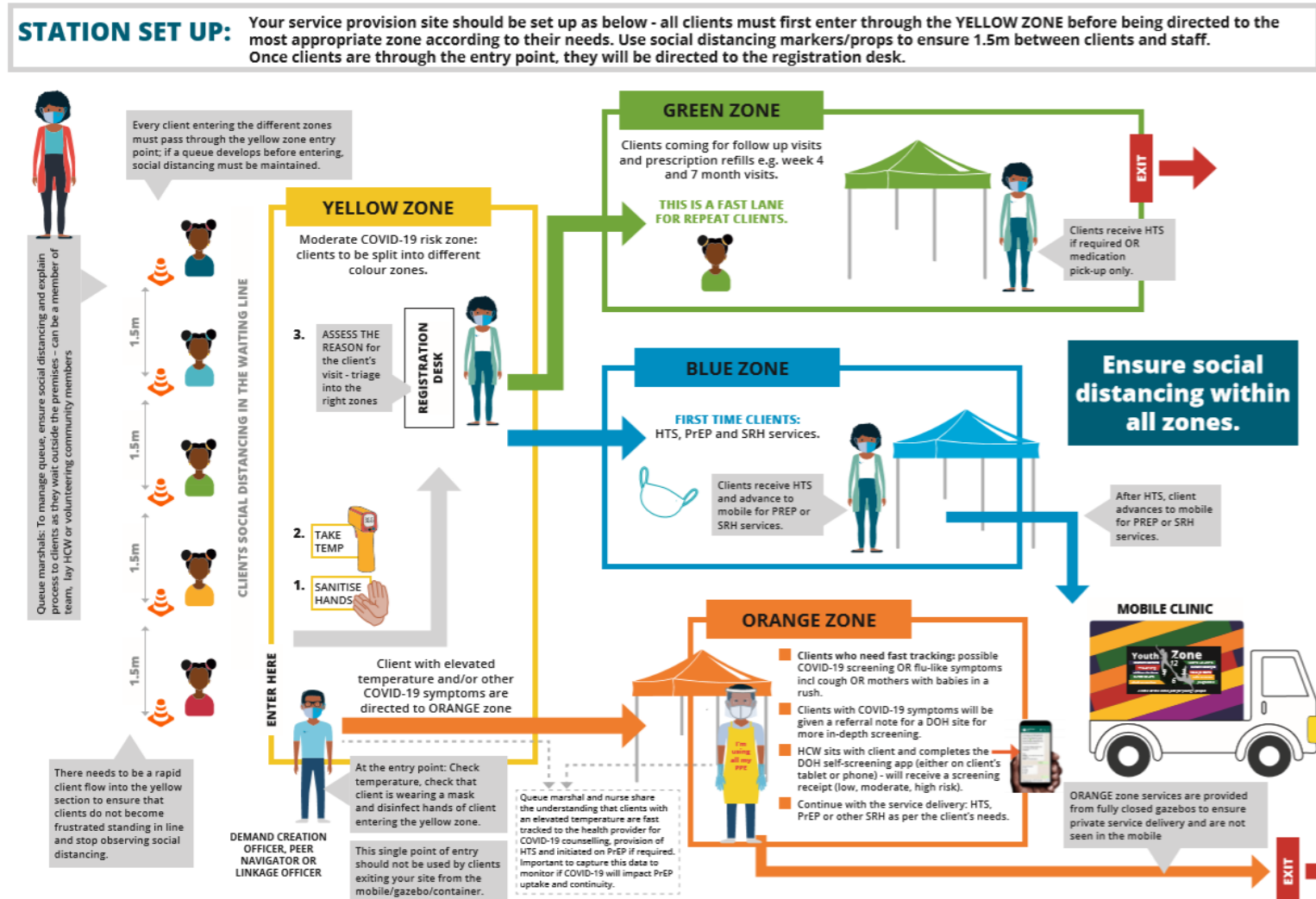
Department:
Health
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WITS RHI



IPC through zoning and triaging at fixed and mobile clinics - minimize COVID-19 risk for staff and beneficiaries



Increased GBV and mental health awareness and information sharing during COVID-19

Messages through social media content highlights various GBV hotlines and platforms to encourage reporting and seeking GBV help

My PrEP
April 22 · 🌐

There is help and support for everyone! Remember to contact these helpline numbers if you or anyone you know are experiencing any form of distress, abuse or violence.

Gender-Based Violence services open during the lockdown

WESTERN CAPE Athlone House of Strength Counselling 012 862 9983 Badisa Counselling 021 957 7130 Carehaven Centre Emergency support 021 638 5511 Mosaic counselling & Legal Aid 021 761 7585 Sex Workers Education & Advocacy Taskforce Counselling 021 448 7875	Lifeline Vaal Triangle Shelter & Counselling 016 428 1640 Little Saints of Bethany Shelter & Counselling 011 614 3245 Army Temporary Shelter Shelter & Counselling 012 379 6671 Teddy Bear Clinic Crisis support for kids 011 660 3077 NATIONAL Childline 24hr Crisis line & Counselling 080 055 5555 Gender Based Violence Helpline & command Centre 0800 428 428 Lifeline Crisis 24hr Crisis intervention service 0861 322 322	Lifeline Counselling WhatsApp call 065 989 9238 Lifeline Stop Gender Violence Toll-Free 0800 150 150 MobieG Live chat counselling for teens www.mobieg.co.za *Sun from 18h00 *Mon-Thu from 19h00 South African Depression & Anxiety Group (SADAG) 0800 455789 SMS: 31393 SADAG Suicide crisis line 0800 567567 TEARS GBV help line SMS *134*7355#
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GAUTENG
Beth Shan Centre Shelter & Counselling
012 379 6671

Help someone during the Covid-19 Lockdown:
-Call or text friends & family
-Help people to find a place to stay
-Phone the police if you hear a cry

My PrEP
May 14 at 10:32 AM · 🌐

Be that neighbour who cares. #SPEAKOUT. Report domestic violence: Toll-FREE 0800 428 428 or dial *120*7867#
Sonke Gender Justice

I AM NEXTDOOR I WILL #SPEAKOUT



My PrEP
@myPrEPSouthAfrica

Report violence by dialling 0800 428 428 or *120*786#

I WILL REPORT DOMESTIC VIOLENCE. I WILL #SPEAKOUT

My PrEP
Health & Wellness Website

552 People Reached 30 Engagements

Community: 455 video views this week, 10,210 people like this, 10,340 people follow this

About: 084 493 9430, Typically replies instantly, Send Message, http://www.myprep.c..., Promote Website, Health & Wellness Website, Suggest Edits

Page Transparency: Facebook is showing information to help you better understand the purpose of a Page. See actions taken by the people who manage and post content. Page created - October 17, 2018

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Self-sampling collection for CT/NG during COVID-19 Outbreak

Self-collection sampling during COVID-19 outbreak (March 02 – May 15, 2020)

187
CLIENTS = **131** MSM + **56** TGW
conducted self-sampling collection for CT/NG

Acceptability varied by anatomical sites:

- 100% for urine collection
- 100% for rectum
- 100% for neovagina, and
- 78.6% for oropharynx.
- No invalid test results

Tested positive for CT/NG

- 19.1% MSM
- 19.6% TGW

63.4% of MSM and TGW on PrEP
14.2% engaging in sex work
10.4% using injecting substances
52.8% had inconsistent condom use
8.3% had condomless sex
30.3% tested syphilis reactive



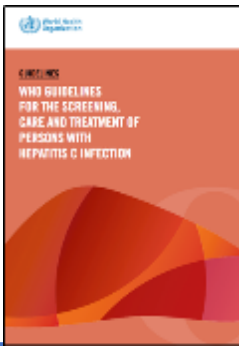
health
Department:
Health



University of the Witwatersrand
WITS RHI



Different approaches to implement simplified Hepatitis service delivery models to achieve elimination



- **Micro-elimination** projects in specific populations (prisoners, PWID, HIV-infected)
- **Rural setting/gen population:** Comprehensive prevention, test-and- treat model for high prevalence rural settings
- **Hard to reach:** Mobile/Same-Day HCV + HBV test and treat
- **Model for cities/urban settings?**
- **Role of Self-testing**

Pakistan and Thailand – Urban COVID-19 responses need urban solutions



Conclusions

- **Essential health services need to be maintained** and restarted safely
- **HIV/Hep/STI, Malaria and TB and NCD gains at risk during COVID-19**
- **Resilient responses includes:** DSD models and multi-month provision of meds, community pickup, use of ehealth and mhealth technology, & **strong community engagement**
- **Subnational planning and governance**
- ACT-Accelerator, training resources and multi-stakeholder initiatives preparing the terrain to **#BuildBackBetter within Healthier Cities**



Thank you

- Michel Beusenburg
- Daniel Low-Beer
- Marco Vitoria
- Andy Seale
- Martina Penazzato
- Morkor Newman
- Nathan Ford
- Lara Vojnov
- Vindi Singh
- Rachel Baggaley
- Cheryl Johnson
- Annette Verster
- Virginia McDonald
- Teresa Babovic
- Riomardo Sitorus
- Kathy O'Neill
- Bente Mikkelsen
- Teri Reynolds
- Mary Mahy
- Kim Marsh

