Facilitating Continuity of Urban HIV Services in the Context of COVID-19

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THANK YOU ALL

Where would we be now for COVID without the HIV response so far?

- Lessons learned from the HIV response are informing COVID-19 responses

- HIV infrastructure is being leveraged for COVID-19...must also drive agile and innovative HIV responses to prevent harm

- HIV & COVID-19 responses offer an opportunity to build a bridge to agile, results-driven systems for health
Where we’re at for HIV:

Before & After COVID-19
Before COVID-19, world was not on track to reach 2020 fast-track targets

Number of new HIV infections and AIDS-related deaths, global, 1990-2019

Sources: UNAIDS epidemiological estimates, 2020 (see https://aidsinfo.unaids.org/); Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see https://aidsinfo.unaids.org/).
But we **have** seen great progress:
*City responses are critical to achieving sub-national and national success*

HIV incidence among young women 15-24 years, sub-national level.

Treatment cascade in selected cities, end 2019

Source: Data provided by cities, unpublished.

Source: UNAIDS 2019 epidemiological estimates, Naomi model
Potential “costs” of service interruptions—in lives & new infections

We could lose a decade of progress in just one year….

The impact of six months of varying levels of treatment interruption on AIDS-related deaths, sub-Saharan Africa, 2020-2021

Source: UNAIDS epidemiological estimates, 2019. Projected estimated AIDS-related deaths and child new HIV infections were derived from mathematical modelling by five research groups exploring disruptions of HIV prevention and treatment services over periods of three and six months and their effect on HIV mortality and incidence in sub-Saharan Africa.


20% disruption: Britta L Jewell; Department of Infectious Disease Epidemiology, Imperial College London; Ednah Mudimu, Department of Decision Sciences, University of South Africa; John Stover Avenir Health; Debra ten Brink, Burnet Institute; Andrew N Phillips, Institute for Global Health, University College London; 25 June 2020.
UNAIDS Target-setting and HIV Strategy beyond 2021
*Rapid recovery & “surge” approaches?*

- 2025 AIDS TARGETS
- Target-setting for 2025 and resource needs and impact estimation for 2020–2030
- UNAIDS is leading a process for the development of updated HIV targets and estimates of the resources needed for the global AIDS response up to 2030. The outputs from the process will guide the global AIDS response from 2021 to 2030 by informing the decision-making of major global partners and national target-setting and strategic planning.
  - PROCESSES AND TIMELINES
    - WHO WE ARE
    - MEETING REPORTS

What do people say they want and need?

SERVICE CONTINUATION:
Requires agility, permissive policies, communities
Restrictions and COVID-19 related lockdowns have disrupted services for key and vulnerable populations (March to June 2020)

Source: Data reported by UNAIDS country offices through the UNAIDS data portal (n = the number of countries reporting)
HIV treatment initiation declined during COVID-19 but some solutions found

Ratio of numbers of people newly initiating HIV treatment in 11 countries, subsequent months relative to January 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. Data from Peru were excluded until further validation can be done.
The continuity of HIV services depends on innovation and resilience

HIV services during the COVID-19 pandemic should be adapted to include:

• Service delivery models that emphasize client autonomy and self-care
• Community-based and community-led services
• Home deliveries of HIV self-test kits, ARV and other essential medications
• Multi-month dispensing of HIV and other medicines
• Adapting services for key populations
Turning a crisis into an opportunity for people-centred differentiated services, including multi-month dispensing of ARVs

Distribution of countries by national policy on the dispensing schedule of antiretroviral medicine refills, and proportion of the global number of people on treatment, by region, 2019

Source: 2020 WHO policy data
Note: For each country, the maximum possible monthly dispensing schedule is reported. The western and central Europe and North America region, which accounts for 7% of the global total of people on HIV treatment, is not included. The Middle East and North Africa region, which accounts for <0.5% of the global total of people on HIV treatment, is also not included.
Multi-month dispensation of ARVs can reduce the frequency of clinic visits, and save time and money for health systems and affected individuals and communities.

Comparison of different antiretroviral dispensing policies on the total number of visits to a health facility for people on HIV treatment, selected countries, 2020

Optimized scenario:
Two scenarios (15%–10%–75% and 10%–20%–70%) that yield the same result.

Source: UNAIDS epidemiological estimates, 2020 (see https://aidsinfo.unaids.org/); UNAIDS special analysis, 2020 (see methods annex). Note: The analysis is from 46 low- and middle-income countries, based on the estimated number of people receiving HIV treatment in 2019. This represents more than 40% of the global total of people on HIV treatment.
Avoid potential disruptions in the supply chain and availability of ARVs

• Lockdowns have impacted transport of goods across the value chain of production and the distribution of HIV medicines

• Barriers to the supply chain and economic breakdowns might result in fluctuations in the availability of ARV and an increase in cost

• Manufacturers face logistic issues that may cause disruptions

• Governments need to take action to ease the supply chain and distribution of medicines
Community-led Solutions are critical
Communities are leaders and central actors in the recovery

- Community engagement, buy-in and leadership are essential for addressing health and development crises
- Affected communities should be at the centre of the response: in governance and planning, direct service delivery and community monitoring and accountability
- Communities are leading local COVID-19 responses, challenging misinformation and stigmatization, delivering essential supplies to vulnerable populations and organizing local support systems
- Empowering and partnering with communities can support governments in reaching more people, achieving impact and equity
Youth in Lusaka part of a multi-sectoral risk communication community

Phenomenal Positive Youths

- HIV positive youth disseminate messages and information on COVID-19, HIV, reproductive health and rights
- Work with healthcare workers and health facilities to implement the multi-month dispensing policy
- Develop innovative approaches to ensure that members have an ongoing supply of ARV medicine
- Encourages openness and virtual interactions to help maintain adherence
- Speak openly about mental health among young people including key populations and vulnerable people
Communities are central to the contingency plans in Lagos, Nigeria

Contingency plan

- Ensure continuation of supply of ARV drugs for all PLHIV and that all have at least 3 months refills from the present period
- Addressing health care providers fears of becoming infected
- Provide correct information on preventing the spread of corona virus to PLHIV/KPs/AYP
- Designate specific facilities for PLHIV needing services during lockdown in anticipation of some treatment centres being converted to COVID 19 isolation centers
Cities are at the forefront of innovation, with communities at the center

Manila, Philippines - Love on Wheels: e-bikes to ensure continuity of HIV services to key populations

- As part of the “Love on Wheels” Initiative in Manila, Project Red Ribbon mobilized resources to buy e-bikes and other bicycles to ensure continuity of HIV services to key populations.
MULTISECTORALITY:

HIV has ALWAYS been about more than just health...and so it is with COVID-19
Urban settings have been the epicenters of COVID-19

- 90-95% of estimated COVID-19 cases reported in urban settings in early stages
- Disproportional impact on vulnerable groups, including people living in informal settlements and key populations

INCREASED Gender-Based Violence with COVID-19

- Reports of domestic violence have, in some countries, increased by 30% since the beginning of the epidemic.

- Less than 40% of women who experience violence report these crimes or seek help of any sort.

Source: UN Women, COVID-19 and Ending Violence Against Women and Girls, 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.
The only EFFECTIVE public health response is a RIGHTS-BASED response

- Remove punitive, arbitrary and discriminatory legal and policy measures that increase marginalization and undermine access to essential services.
- Address the specific needs of individuals, in collaboration with vulnerable communities, to ensure that no-one is left behind.

“We need to build a culture of solidarity, trust and kindness. Our response to COVID-19 must be grounded in the realities of people’s lives and focused on eliminating the barriers people face in being able to protect themselves and their communities. Empowerment and guidance, rather than restrictions, can ensure that people can act without fear of losing their livelihood, sufficient food being on the table and the respect of their community. Ultimately it will give us a more effective, humane and sustainable response to the epidemic”.

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Invest in multi-sectoral systems that address social and structural inequalities

- Stigma and discrimination, punitive laws and practices pose barriers to service delivery and uptake
- Education, information, and access to basic social and health services improve health outcomes
- Service provision and social assistance that covers the needs and vulnerabilities of people living with HIV prevents their exclusion
- We need to ensure the long-term sustainability of livelihoods, businesses, jobs and the protection of workers and incomes during and after COVID-19
UNAIDS providing support to communities to address the dual epidemics of HIV and COVID-19

- Tailored communication tools for PLHIV
- Community-led engagement
- Women and girls

Rights in the time of COVID-19
Lessons from HIV for an effective, community-led response.
And….MONEY MATTERS
HIV and COVID-19 responses rely on global solidarity and shared responsibility

- **GFATM**: USD 1 billion available for the response to COVID-19. USD 500 million through the COVID-19 response mechanism and USD 500 million from the 5% reprogramming flexibilites of existing grants

- **WB**: Over 15 months, the World Bank Group will be providing up to $160 billion in financing tailored to the health, economic and social shocks countries are facing

- **G20**: Bilateral Debt Standstill for 8 months for all low income countries (76 countries) – tied to increased health and socio-economic spending for addressing the COVID-19 crisis

- **UN Secretary General**: funding appeals for the health response; the humanitarian response; the socio-economic impact response

- **EU and Partners**: The European Commission has raised almost €16 billion since 4 May 2020 under the Coronavirus Global Response - the global action for universal access to tests, treatments and vaccines against coronavirus and for the global recovery. On 31 August 2020, the European Commission announced its intention to contribute up to €400 million in guarantees to support the COVID-19 Vaccine Global Access Facility (COVAX)
Conclusion

- COVID-19 contributed to further gaps in progress in the HIV response
  - 2020-2021 Rapid Recovery and Acceleration
- Communities must be leaders and central actors in the response
- Innovations in Services and Policies:
  - Maintain After COVID-19
  - Evaluate for improvements
- Cities at the forefront of agile and transformative health responses

"The current pandemic has shown that society is capable of rapid transformation and adaptation. Avoiding a return to the pre-pandemic status quo and instead transforming cities globally for future resilience, inclusion, green and economic sustainability has never been more urgent”