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Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs

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Meeting Targets and Maintaining Epidemic Control

Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs

Introduction

COVID-19 is a serious global pandemic with hundreds of thousands of people infected and tens of thousands of deaths.[1] While about 97-99% of individuals infected with coronavirus recover,[2] some populations experience higher mortality (e.g., older people, people with underlying health issues, and people with compromised immune systems), and a high proportion of cases requires hospitalization. As the virus spreads, the COVID-19 pandemic has the potential to quickly overwhelm health systems. While cases are currently concentrated in Europe, East Asia, the Middle East, and the Americas, the COVID-19 pandemic now spans 167 countries and continues to expand. The potential impact in countries in Latin America and the Caribbean, Africa, and Southern Asia that might have lower capacity health systems and large vulnerable populations is still unknown. Appropriate precautions and mitigation strategies must be developed and implemented across all public health sectors to prevent potentially devastating outcomes.

As COVID-19 disrupts health systems and impacts human health globally, it is crucial to protect those most affected by COVID-19, sustain gains made to address other infectious diseases, and maintain people's access to life-saving health services. One of the most prominent priorities during the COVID-19 pandemic is sustaining the gains toward HIV epidemic control and ensuring continuity of treatment and support for viral suppression among people living with HIV (PLHIV), including members of key populations (KPs).

Key Populations and COVID-19

Members of KPs—including sex workers (SWs), men who have sex with men (MSM), people who inject drugs (PWID), transgender (TG) people, and prisoners and other incarcerated people—are particularly vulnerable to COVID-19. Several factors elevating KPs' risk of HIV acquisition may also place them at higher risk of acquiring coronavirus, such as high mobility, close physical contact with others through social and sexual practices, and increased incarceration and risks associated with closed settings. In addition, KP individuals living with HIV who are not on antiretroviral therapy (ART) and virally suppressed may have a compromised immune system, which places them at higher risk of coronavirus acquisition and COVID-19 morbidity and mortality. Stigma and discrimination experienced by KP members in health care settings limit access to and uptake of HIV services and will also likely affect their access to services related to COVID-19. Moreover, concerns about potential exposure to

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 Gobee Group.

[1] View current COVID-19 infections, deaths, and recoveries here: JHU (2020, March 21) JHU Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at John Hopkins University. Link.

[2] Based on 1-3% COVID-19 mortality. NY Times (2020, March 19). Coronavirus death rate in Wuhan is lower than previously thought, study finds. Link.

COVID-19 in health facilities may lead to interruptions in treatment and other essential services for KPs living with HIV. For KP individuals who are HIV negative, the COVID pandemic may reduce their access to pre-exposure prophylaxis (PrEP) and other prevention services.

At the same time, the lives of KP members and KP program implementers are likely to become significantly more difficult because of measures to prevent the spread of COVID-19. Crises such as pandemics lead to increases in violence within relationships, a situation likely to be exacerbated by forced social distancing and shelter-in-place measures and economic distress caused by widescale job losses that will harm the most vulnerable first. Additionally, social distancing measures to prevent the spread of coronavirus may affect the livelihood and safety of sex workers; many will have fewer clients, increasing the risk of homelessness and the need to accept riskier clients. The closing of bars and other hot spots may also cause sex workers to move from a more protected environment to street-based activities.

Program implementers, especially those moving through the community, may face unique risks, such as accusations of spreading COVID-19. Indeed, several KP peer educators have already been arrested after such accusations involved a call to the local law enforcement authorities. HIV program staff, such as health facility workers and community-based cadres of staff providing outreach services, are also at heightened risk of COVID-19 due to their proximity to these beneficiaries and other patients.

Strategy

This strategy is intended to support KP-focused HIV programs in mitigating the impact of COVID-19. Developed for KP-focused HIV programs implemented or supported by FHI 360 in the Caribbean, Asia and the Pacific, and Africa, it may be used and adapted more broadly. Mitigation strategies refer to efforts to reduce exposure to and impact of COVID-19 on HIV program beneficiaries and staff and safely maintain HIV services within KP-focused HIV programs. Not included here are strategies for responding to COVID-19 directly. This is a living document that will be updated frequently to reflect the rapidly changing context of COVID-19 and its impact on KP members, staff, and programs.

The considerations and approaches listed as part of this strategy aim to support the following objectives:

1. The individual health of program beneficiaries and staff
2. The health of communities where programs operate
3. Health system capacity to respond to COVID-19

1. INDIVIDUAL HEALTH – COVID-19 PREVENTION AND HOLISTIC WELL-BEING

Individual health can be supported by preventing COVID-19 infection, supporting links to COVID-19-related screening and care, and maintaining access to HIV services for beneficiaries and staff.

- **Prevent COVID-19 infection among program staff and beneficiaries**
  - Train all staff on COVID-19 transmission, symptoms, and prevention methods.

- Develop or adapt social and behavior change (SBC) materials to support adoption of COVID-19 prevention behaviors and use of appropriate personal protective equipment (PPE) for relevant clinical staff and other protective measures for beneficiaries (i.e., masks, gloves, etc.).
- Ensure adequate supply of soap and water for handwashing, alcohol-based hand sanitizer, face masks, gloves, thermometers, and other relevant materials for staff working at facility and community levels.
- Review, revise, or create staff/facility strategic operating procedures (SOPs) to integrate COVID-19 prevention practices:
  - Washing hands frequently
  - Conducting regular/daily health checks of staff (e.g., taking temperature)
  - Avoiding crowded areas and social gatherings
  - Screening clients for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before they enter the facility
  - Developing and practicing procedures for staff who exhibit COVID-19 symptoms (e.g., testing locations, quarantine, designated staff to report results and status, and no-work policy for staff who test positive for COVID-19 or are ill)
  - Establishing a risk mitigation plan that addresses continuity of essential care programming in the event of lock downs, staff illness, supply chain dysfunction, etc.
  - Making accommodations for staff who feel uncomfortable performing assigned tasks due to increased COVID-19 risk, especially in the absence of PPE (such as masks, gloves, and sanitizer) and where staff care for elderly and/or those who have compromised immune systems (including cross-training staff and task-shifting to fill gaps due to absent staff)

- **Support links to COVID-19-related screening and care among beneficiaries and staff**
  - List nearby COVID-19 testing locations/options.
  - Develop protocol for how to respond to clients/patients who experience COVID-19 symptoms or suspected infection.
  - Support pre-screening of clients for COVID-19 symptoms at the community level.

- **Maintain access to HIV services and related health services**
  - Establish procedures for the program to track and remain in contact with all clients, including those newly diagnosed HIV positive and those newly initiated on ART to monitor and support their uninterrupted access to ART, particularly for clients who are infected with COVID-19 and those affected by limited mobility due to lockdowns, quarantines, and social distancing.
  - Support multimonth dispensing (MMD) of ART and PrEP for clients, including other measures for more convenient and consistent access to ART and PrEP (see Objective 2 for more details).

- Ensure the continued capacity to perform confirmatory HIV testing for clients screened in the community and immediate access to ART in traditional ART sites or in new community-based organization (CBO) start-ups.
- Maintain delivery of all essential HIV prevention services/commodities, however with context-appropriate social distancing (see Objective 2 for more details).
- Establish systems to ensure that data collection is uninterrupted as much as possible. Additional tools on "divergent" services may become necessary (i.e., some outreach workers are now involved in linking PLHIV to COVID-19 testing, and their numbers need to be documented). Likewise, tools may be needed for tracking PLHIV through online platforms to ensure sufficient ART supplies are available (e.g., even while the peer navigators/case managers are unable to go to the clinic to "verify" ART pick up). Ensure that all staff have access to all relevant monitoring and evaluation (M&E) tools, including electronic versions to allow tools to be printed outside the offices and facilities when needed, and digital tools for data collection.

- **Address KP members' broader needs that may be exacerbated by COVID-19**
  - Train health care workers (HCWs) about the increased risk of intimate partner violence and other forms of violence that beneficiaries are likely to face during the pandemic. Encourage HCWs to continue to identify cases of violence and provide appropriate support to those who disclose violence (including online or phone-based first-line support).

SUPPORTING CSO RESPONSE PLANS

Community service organizations (CSOs) are central to the HIV response globally, especially for KPs, and the safety and health of their staff are always paramount, but now more than ever in the context of COVID-19. CSOs should be supported to consider how to respond when staff are at heightened risk for COVID-19 or if they have become infected.

Considerations include:

- Establishing strong links to COVID-19 testing and care for infected staff for rapid recovery
- Appointing contact people to communicate with infected staff and provide updates
- Immediately testing potentially exposed coworkers (and others)
- Communicating quickly about service disruptions due to COVID-19 (to beneficiaries and FHI 360)
- Implementing facility sanitation processes, including disinfecting frequently touched surfaces, routine cleaning, proper waste disposal, and staff hygiene steps and etiquette
- Adopting quarantine and work-from-home procedures for noninfected staff

- Consider tasking case managers who normally provide support only to PLHIV with tracking the services received by individuals who report violence, regardless of their HIV status. At a minimum, this should be done for those who are initiating PrEP.
- Check violence response services routinely to avoid referring people to services that have been halted in light of COVID-19 (e.g., routinely check the functionality of hotlines and the availability of services such as post-exposure prophylaxis and emergency contraception in emergency departments, which may be closed to focus on COVID-19, before referring individuals to those services).
- Engage counselors and social workers to provide mental health services—including through virtual platforms—and link beneficiaries to a range of supportive services, such as for nutrition, safe housing, and child support. As the crisis evolves, so will the organizations and state institutions offering services to those affected; make sure that KP program staff can help beneficiaries navigate these services and work with service providers to ensure that these services are KP-friendly.

- **Consider implementer safety holistically rather than focusing only on limiting their risk of exposure to COVID-19**
  - Work with national AIDS control programs, ministries of health (MOH), local authorities, and other relevant actors to ensure that community-based activities are understood as pro-health and not as increasing the spread of COVID-19. Share written permissions with peers and others doing outreach that can be presented to law enforcement and others as needed.
  - Explain the evolving situation and its potential risks to outreach and other staff and describe their rights as implementers. These include the right to engage in outreach only when it feels safe to do so, the right to a program-supported lawyer if they are arrested during outreach, and the right to support from the program if they are exposed to COVID-19.
  - Consider having peers tasked with outreach share information on COVID-19 with the community beyond KP members (for example, if adequately protected, they could pass out sanitizer and information on COVID-19 symptoms during outreach) in order to bolster the image of the program and its implementers, which may improve their safety.
  - Provide guidance to all front-line staff on how to protect their own families if they believe they have been exposed. Include tips for infection control for crowded living quarters. Develop guidance on ways that the program will support staff who must stay home to care for sick family members.
  - Make mental health support available to front-line staff through online or mobile platforms and encourage the use of these services.

2. COMMUNITY HEALTH – SOCIAL DISTANCING WITHIN HIV SERVICES

The health of communities where KP-focused HIV programs are implemented should be supported through social distancing measures in line with local and national efforts to prevent and slow the transmission of COVID-19. KP programs provide community- and facility-based services often through physical outreach and face-to-face service delivery, so they create a vulnerability for the transmission of COVID-19. During the COVID-19 pandemic, KP programs must integrate social distancing measures that allow KP-focused HIV outreach and service delivery to be provided with minimal physical contact. The following are considerations for incorporating social distancing within KP programs in relation to some of the services provided across the HIV prevention, care, and treatment cascade (reach, test, prevent, treat, and retain).

- **Prepare for social distancing**
  - To help maintain virtual contact, collect contact information (telephone number and backup numbers, email address, and/or preferred social media) for all beneficiaries, using a form that does not disclose KP or HIV status.
  - Communicate with beneficiaries and staff new to virtual outreach how information shared using online and phone-based services will be kept confidential.
  - Share updates with beneficiaries on social distancing policies using contact lists of outreach staff.
  - Screen KP members for COVID-19 risk and then prioritize those who have underlying medical conditions or are in an older age group for remote services.
- **Integrate social distancing within HIV outreach services while outreach is possible**
  - With more countries going into the lock-down mode, programs will need to adapt or suspend outreach strategies as the pandemic evolves. However, where peer outreach is possible and advisable:
    - Reduce frequency of outreaches and, if possible, increase the number of service delivery points or offer multiple outreach sites at various locations to avoid overcrowding.
    - Limit the number of clients who can join outreach events, and stagger participation.
  - Prioritize clients at high risk of COVID-19 (e.g., those with underlying medical conditions) to receive virtual case management and to remain at home.
  - Avoid exposure by delivering pre-packaged “touchless” prevention materials (e.g., use gloves to place condoms and lubricants in paper bags and leave them at a central place for easy access).
  - Expand use of social network and online approaches to maintain contact with beneficiaries online or virtually and reduce or end physical or hot-spot-based outreach. This will require training outreach staff, developing guidance and tools, and providing new mobile devices and airtime to conduct online outreach.
  - Develop new or leverage existing social media channels to disseminate HIV program messages, including those related to COVID-19.

- Use online approaches for making clinical referrals (e.g., Online Reservation App – ORA) to avoid the need to meet clients in person to refer for health services.
- Develop and launch simple tools (may include apps) for screening KP members for COVID-19 within the community.
- Use virtual support groups and communication channels for beneficiaries to report experiences of violence, stigma, discrimination, and emotional or economic distress to staff who are trained to respond to such disclosures.
- Ensure a well-stocked, uninterrupted supply of commodities (e.g., condoms and lubricants) at community distribution points.

- **Integrate social distancing within HIV testing services**
  - Prioritize HIV self-testing procedures that reduce clinic walk-ins and physical contact, such as facility pick-up, peer-delivered, at-home testing, and home delivery (while ensuring links to confirmation testing and to ART).
  - Prioritize private lab HIV testing.
  - Consider home blood collection for relevant testing services.
  - Consider social network strategies (e.g., enhanced peer outreach approach [EPOA]) using one-on-one and online links to safe locations for HIV testing and ART access. This may be particularly useful where group meetings and outreach are prohibited.

GOING ONLINE TO MITIGATE THE IMPACT OF COVID-19 ACROSS THE CASCADE

Going Online is a framework and set of approaches for KP-focused HIV programs to conduct outreach and service delivery through online and mobile platforms. It can help mitigate the impact of COVID-19 by:

- Developing and adapting online channels to deliver vital information on public health promotion, disease prevention, and essential health services even while social distancing, such as through social network outreach
- Reducing the volume of health facility visits through virtual case management and online appointment booking systems
- Improving the convenience and responsiveness of KP HIV services for the mobile generation
- Monitoring client challenges and access to care

Developed under the USAID- and PEPFAR-funded LINKAGES project in 2018, these approaches are now used in more than 20 countries among PEPFAR- and USAID-funded global HIV projects.

Learn more: fhi360.org/goingonline

- **Integrate social distancing within ART and PrEP services**
  - Consider MMD for PrEP as well as community-based distribution, including distribution by peer educators and peer navigators, especially for refills.
  - Update training and communications with health facility staff, peer navigators, and counselors on the importance of immediate linkage to ART for clients diagnosed HIV-positive.
  - Establish alternate ART distribution plans with clear SOPs if clinics and drop-in-centers (DICs) are unable to function (decentralized community distribution, pharmacies, private clinics, home delivery, etc.). Processes for referral to new distribution sites should be tested ahead of time.
  - Create a directory of ART facilities available for clients in case they are unable to access ART at preferred DICs (e.g., health centers, other DICs or clinics within the areas being supported by the DIC). The list should continue to be updated with the MOH and/or other local authorities.
  - Help peer navigators/case managers to continue supporting HIV-positive KP individuals, including ensuring their safety and protection from COVID-19 through innovative approaches that include virtual follow-up.
  - Use online or virtual case management software to support peer navigators and case managers to follow their cohort of PLHIV and provide services by phone or online platforms.

MAINTAINING ACCESS TO ART FOR PEOPLE LIVING WITH HIV

Ensuring continued access to ART for people living with HIV is critically important for maintaining gains in global HIV response during the COVID-19 pandemic. Priority actions for programs include:

- Support fast-tracked and emergency policies for full implementation of 3- and 6-month MMD of ART as recommended by UNAIDS to allow clients to maintain ART adherence while health facilities are overwhelmed by COVID-19 cases and when lockdowns and social distancing limit ART refills.
- Train case management and peer navigator teams to support clients with uptake of MMD of ART.
- Adequately supply case management and peer navigator teams with tools and devices to maintain contact with all beneficiaries living with HIV to provide virtual check-ins and support their continued access to ART.

- Consider establishing MMD-3/6 options immediately if stocks allow, so clients do not come to the clinic during possible peak COVID-19 transmission periods.
- Advocate for and support revision of government policies to permit MMD for more clients on ART, including relaxing the criteria for eligibility for MMD.
- Prioritize MMD for elderly clients and those with other co-morbidities and encourage the same for TB preventive therapy (TPT), cotrimoxazole, and other relevant medications.
- Operationalize other adherence support measures, such as the use of text messaging and online case management.
- Consider delaying routine viral load (VL) testing until the situation improves, but with ongoing support for adherence.
- Prioritize VL testing for unstable clients, especially those who were more recently initiated on ART and eligible for VL testing, and those with adherence challenges. This measure will help to reduce the burden of testing on clinical laboratories, some of which may already be overburdened by the COVID-19 pandemic.

3. HEALTH SYSTEM CAPACITY – "FLATTEN THE CURVE"

Health system capacity can be supported by efforts that "flatten the curve" and prevent an influx of patients that can lead to shortage of beds, ventilators, and human resources, in turn resulting in higher COVID-19 mortality and inability to care for routine emergencies. The following efforts should be made to slow transmission and enable a steady flow of patients that health systems can handle and address with care.

- Limit need for clients to visit health facilities and conserve time of health workers responding to COVID-19:
  - Use appointment booking systems (e.g., ORA) for clinics to manage clients and limit client flow.
  - Conduct telemedicine consultations for clients, including triaging of clients before they arrive at the clinic through virtual consultations.
  - Implement approaches to deliver services virtually and reduce the number of facility visits and laboratory services (e.g. MMD for ART, PrEP, and TB medications).
  - Use improved HIV risk assessments to estimate the need for HIV testing, reduce over-testing, and increase case-finding.

Tracking the Impact of COVID-19 on KP Programs

As country programs adjust HIV implementation to meet the demand for COVID-19 mitigation measures, it will be imperative to have M&E systems in place to monitor the impact on HIV projects. Projects should ensure that all sites and outreach workers have adequate supplies of relevant data collection tools. Depending on the services that are affected, a small set of indicators should be tracked that can quickly demonstrate changes in service availability,

uptake, and outcome among KPs. This could be done using the standard indicators or additional ones that are able to quickly detect changes in the health of the project, the staff, or individual beneficiaries. Potential indicators that can be used for this purpose include: KP_PREV, TS_TST, HTS_TST_POS, TX_NEW, and PrEP_NEW.

Where possible and useful, the weekly data collected for high frequency reporting (HFR) is another source for tracking trends on service uptake. It is critical to track policy changes and interruption of services that may affect program implementation, such as facility closures due to COVID-19. Use security incident logs to capture issues faced during outreach or at facilities. Also, consider keeping a list of government policy changes to provide information on directives that affect implementation (e.g., those affecting movement of implementers or the number of people who can be gathered for any event, such as a training). Finally, CSOs should be asked on a weekly basis about challenges faced by their staff so that these can be routinely captured and addressed (e.g., the need for more laptops as all staff begin to work from home).

Additional resources

1. COVID-19: Special Considerations for People with HIV: https://www.hivma.org/globalassets/covid-19-special-considerations_updated.pdf
2. What people living with HIV need to know about HIV and COVID-19: https://saafrica.org/new/wp-content/uploads/2020/03/hiv-and-covid19_infographic_A3_en.pdf
3. Interim Guidance for COVID-19 and Persons with HIV: https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv
4. Coronavirus (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/index.html
5. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125
6. Country & Technical Guidance - Coronavirus disease (COVID-19) https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
7. MPACT (2020, March 20). 10 tips for LGBT advocates worldwide. https://mpactglobal.org/covid-19-10-tips-for-lgbti-advocates-worldwide/
8. COVID-19 resources for advocates. https://docs.google.com/document/d/1L0QDmrgXfqty17OWd1D4qj8H8_FAyFZt-Aqski8Fvg0/edit
9. Manage Anxiety & Stress https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html
10. ITPC Personal and Community Guidance—Coronavirus Disease (COVID-19) http://itpcglobal.org/resource/personal-and-community-guidance-coronavirus-disease-covid-19/

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