

## IATT Call on addressing HIV in Humanitarian Emergencies: HIV and COVID-19

31<sup>st</sup> March 2020

**Co-convenors: UNHCR (Ann Burton) and WFP (Fatiha Terki)**

### Attendees:

- |   |   |                                      |
|---|---|--------------------------------------|
| 1. Briony Stevens (WFP)                   | 13. Laura Moreto (MSF)                    | 26. Shaffiq Essajee (UNICEF)         |
| 2. Elizabeth Tarney (UNHCR)               | 14. Job Muriuki (Global Fund)             | 27. Enkhjon Bavuu                    |
| 3. Michael Smith (WFP)                    | 15. Hugo Farais (WFP - LAC)               | 28. David Sunderland (UNFPA)         |
| 4. Gary Jones (UNAIDS)                    | 16. Hajra Hafeezurrehman (WFP MENA)       | 29. Esther Casas                     |
| 5. Mamadi Diakite (UNAIDS)                | 17. Hilary Wartinger (IAWG)               | 30. Claire Beck (World Vision)       |
| 6. Lasha Gogwadze (Red Cross)             | 18. Boonto Krittayawan (UNAIDS)           | 31. Noah Zahrobsky                   |
| 7. Mariam Traore (UNODC)                  | 19. Charles Ssonko (MSF)                  | 32. Naroesha (Aidsfonds)             |
| 8. Andrew Seale (WHO)                     | 20. Daniel McCartney                      | 33. Aura Fragioni                    |
| 9. Sarah Hoibak (Global Fund)             | 21. Enkhjin Bavuu                         | 34. Manan Mumma (WFP Eastern Africa) |
| 10. Rebecca Frick (Save the Children)     | 22. Fariba Soltani (UNODC)                | 35. Franceso Mosceta (Global Fund)   |
| 11. Marco Vitoria (WHO)                   | 23. Isehak Abdulhamid                     | 36. Emma Diggle (Save the Children)  |
| 12. Lisemarie Lequere (WFP – West Africa) | 24. Kai Roehm (WFP Southern Africa)       | 37. Sara Bernadini (WFP)             |
|   | 25. Nonhlanhla Xaba (WFP Southern Africa) | 38. Alex Telnov                      |
|   |   | 39. Sonia Florisse                   |

### **1. Introduction to the situation and available guidance by UNHCR and WFP, co-convenors of the IATT HIV-E**

- We are now in an unprecedented situation with the global COVID-19 Pandemic
- This call is aimed at discussing current COVID-19 and HIV guidance from WHO, UNAIDS, UNHCR, WFP and other partners as well as addressing questions and challenges people are facing in humanitarian contexts.

### **2. COVID19 and HIV guidance (WHO TBC and UNAIDS)**

#### **WHO – Andrew Seale and Marco Vitoria**

- We are in an unprecedented situation – in last 3 months we have faced a unique global crisis. The COVID 19 pandemic has developed very fast over the last 3 months – and a confirmed 600,000 people have been infected globally, which is likely only a fraction of those affected.

- Now there have been more than 30,000 deaths leading to health systems being compromised. There are ongoing concerns about how this can be managed in different contexts, particularly in developing countries.
- WHO has extensive information and guidance on COVID 19 on their website. Since the end of 2019 WHO has worked closely to get data and collaborate with different countries on the response following the declaration of an international emergency and later a pandemic.
- We have learned a lot about how to manage it with the China response – as there is currently no vaccine or treatment. There are different approaches to reduce the spread -but reducing social contact has been found to be one of the most effective, if done quickly you can flatten the curve of the epidemic and make sure systems are not over loaded leading to collapse.
- WHO has a specific response which has been promoted – including the reduction of human to human infection, especially among close contacts by addressing transmission, and developing a framework for the response in term of vaccines
- WHO is also taking into account the social and economic impacts of the crisis, and how we can coordinate the responses in a more systematic way, looking at how we can mitigate the response in the different contexts.

### HIV and COVID 19

- Although there are still many unknowns, we believe that as a principle people living with HIV may be at higher risk of complications if they get COVID, particularly those suffering a more advanced stage of the disease. However, there are very few cases reported of coinfections so far, and those which have been reported to have recovered well. There is a possibility that therapeutics and ART may have some benefit – but there is currently limited evidence on this.
- A number of studies have been undertaken on the impact of ART on the coronavirus. For instance, a systematic review has been done on the impact of ART on the coronavirus. 17 studies have been done so far, which have not shown strong evidence due to a lack of standardisation in sample sizes, so it has been difficult to see if the drugs have had an impact. Drugs to treat malaria are also being assessed to see if they have an impact on the coronavirus.
- A lot of information is included on this on the Q and A on the WHO website:

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>

- In terms of addressing the response to coronavirus in PLHIV, two points are critical:
  1. Recommendation for multi-moth dispensing of ARVs where possible
  2. We need to look at different populations and contexts in the response, and how we can address coronavirus/HIV in contexts and areas where there is a higher burden
- WHO is currently promoting real time monitoring by community groups of the supply chains for ART, given the concerns about interruptions given the lockdowns. There are several potential solutions being explored to address this.

### **UNAIDS – Gary Jones**

- We have been learning from china experience of addressing the coronavirus, including the use of online plat forms for sharing information

- There has been increasing push back against the travel restrictions - as particularly in resource constrained areas, people have been unable to access health services and unable to support themselves following the economic impacts of shut downs on livelihoods.
- In Uganda and Kenya – protests are being made around freedom of movement – we are monitoring this to see how it develops over the coming weeks.

## Presentation

- In Collaboration with the cosponsors – UNAIDS have put together 2 key documents about how we will deal with the epidemic, which are available on our website here:

<https://www.unaids.org/en/covid19>

The key takeaways from these documents are as follows:

- We need to make sure the response to coronavirus is based on rights-based responses, which means:
  - Participation – working closely with communities bearing the brunt through travel restrictions and making them part of the decision-making process
  - Stigma and discrimination – we need to be aware of stigma and discrimination as a result of the pandemic, including the possibility that stigma/discrimination may be magnified against those living with HIV
  - Affordability – People need to be able to afford screening, testing and care – needs to be affordable and not have a price attached
  - Restrictions to public health - need to make sure they are evidence based, there needs to be exceptions for vulnerable groups
  - Coordination – often becomes vertical in nature, but needs to be more horizontal – including right down to the district level
  - There is an ongoing need to protect health care workers, amplify solidarity and build trust
- Key Guidance for PLHIV
  - PLHIV are at higher risk, including those with lung disease
  - We need to know the facts, some of it is hysteria based – better to go to WHO site for easy to use facts
  - Need to ensure the supply of necessary medical supplies which were supported before COVID. WHO HIV treatment guidelines promotes multi month dispensing of ART
  - Support within the community – we must promote collaboration at the community level, including community hubs and support groups
  - Key populations – keen to point out that sometimes KPs are left out of the response, including drug users, sex workers, transgender persons, prisoners – need to make sure that KPs participate in decision making and can benefit from support, and essential supplies
  - Lastly, treatment covid 19 is an active area of research – watch this space. More guidance will likely be released in the coming weeks.

### 3. COVID and HIV Response in Humanitarian Settings

UNHCR – Ann Burton; WFP – Fatiha Terki

- Increasingly PLHIV in Humanitarian settings are already on ART. National programs and efforts increasingly extend prevention, screening and treatment of HIV to population in humanitarian situations
- For countries already facing a humanitarian crisis, the COVID-19 outbreak will likely be much more difficult to control and potentially further exacerbate tensions. In humanitarian contexts, health systems may be weak resulting in interruptions in HIV care and treatment, specifically disrupting medical supply chains and access to antiretroviral drugs. In these contexts, responding to COVID-19 can result in a collapse of health systems, potentially resulting in serious disruptions in HIV care and treatment. Without ARV, PLHIV are immunocompromised and may be at higher risk of becoming infected with COVID-19, and potentially developing more serious symptoms.
- It is important for us to learn from previous outbreaks, such as the ebola response. To divert funding and programming from ongoing humanitarian HIV programmes at this time, would reverse the progress made in the HIV response, more children would become malnourished, and emergency contexts would only become more vulnerable. We cannot afford to lose the gains made in the HIV response and in the SDGs. At the same time, we must plan and respond to the additional pressures will have or will soon arise from the COVID-19 response.
- This pandemic will have devastating consequences on people's livelihoods and employment, especially in post-fragile, crisis and post-crisis environments. Millions will lose their income. Access to food will be limited. Inflation and increase food prices may occur. Food insecurity will worsen. Those already vulnerable will be most affected. Food insecurity has both a direct and indirect effect on HIV and TB. As we know, people from food insecure households are more likely to engage in HIV-related risky behaviours and become malnourished. Risky behaviours such as transactional sex increases their exposure to unprotected sex and ultimately their risk of HIV. PLHIV from food insecure households are less likely to adhere to treatment and are at an increased risk of disease progression, TB infection, malnutrition and other opportunistic infections. Malnourished PLHIV have decreased health outcomes and an increased risk of TB infection, disease progression and mortality. Further, PLHIV with advanced HIV-related illnesses may not be well enough to produce or earn the resources necessary to buy their food.
- In emergencies where malnutrition is already high, for example – Yemen, we can expect to see high morbidity and high mortality rates; despite the younger demographic – if a COVID-19 outbreak occurs in-country.

#### Vulnerable Groups:

- PLHIV who have not achieved viral suppression through antiretroviral treatment; reduced immunity
- Malnourished and food insecure PLHIV
- PLHIV of an older age
- IDPs, refugees, asylum seekers, returnees, migrants, people with disabilities, marginalised groups and people in hard to reach areas.
- Women and girls - Gender inequalities will be compounded by this pandemic. Risks of GBV will increase. In times of crisis such as an outbreak, women and girls are at higher risk of intimate partner violence and other forms of domestic violence due to heightened tensions in the household. Women and girls also typically have reduced access to protective networks and services including sexual and reproductive health care, as a result of public health emergencies, and may be at increased risk of violence in quarantine. Greater harm can also be expected for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people who typically face prejudice, discrimination and barriers to care, due to their sex, sexual orientation, and/or gender identity.

- PLHIV who have frequent social contacts and movements for labour or other livelihood activities
- People who lose their income
- For PLHIV, the risk of developing serious disease outcomes from COVID-19 is greatest in PLHIV who have not achieved viral suppression through antiretroviral treatment and that may have a compromised immune system and those with a low CD4 count. However, PLHIV, or vulnerable to HIV, that are undernourished including due to food insecurity, lowered immunity, with certain disabilities and old age, are at increased risk to viral infection, including COVID-19.

#### Supply Chains:

- The impact of the pandemic on supply chains is massive for health and humanitarian partners as well as Governments. More than 107 countries have enacted nationwide travel restrictions and border closures. Border closures, import/export and port restrictions, reduced commercial aviation and shipping operations, and restrictions on movement to/from and within countries have directly impacting availability of food, fuel and other essential needs. Supply chain disruptions put the continuation of HIV prevention, treatment and care services at stake and significantly complicate any scale-up
- The main short-term implications on both commercial and humanitarian supply chains relate primarily to the disruption of movement of items and people and the interruption of services, including the suspension of flights and maritime traffic: the imposition of quarantine periods and export restrictions; border closures; decreased availability of containers, equipment and space; port closure; and reduced market functioning, among others. Some of these issues are expected to persist for the foreseeable future as the outbreak continues to spread

#### Responding to Coronavirus in Emergencies

- Ensure integration of services – food and nutrition support; social protection
- Prevent HIV transmission: a) condoms; b) safe blood transfusion c) PEP d) Standard precautions in health facilities
- Reduce morbidity and mortality: ensure access to ART, anti-TB drugs and cotrimoxazole
- Provide longer refills of ARV (3-6 months) when possible for stable patients.
- Utilize existing community platforms to facilitate ART distribution.
- Ensure eMTCT services all pregnant, breastfeeding women and children with known HIV status.
- HIV testing should be reserved for clinically indicated cases and, when safe and according to standard infection control procedures.
- Delay any other form of HIV testing and outreach services until the situation stabilizes
- Key populations:
  - Continue essential preventive services
  - Community based condom and lubricant distribution
  - PreP for those already on PreP
  - STI testing and treatment
  - Oral substitution therapy and needle syringe programming
  - Support to peer educators and community based organizations
  - Drop in centres may need to be scaled back
  - Telephone follow up is preferred over in-person contacts

#### Covid and TB

- Use of digital health technologies should be intensified to support patients and programmes through improved communication, counselling, care, and information management, among other benefits. In line with WHO recommendations, technologies like electronic medication monitors and video-supported therapy can help patients complete their TB treatment.
- At present, there is no available data on how COVID-19 impacts people co-infected with HIV and TB. However, the risk of developing TB is estimated to be between 16-27 times greater in PLHIV. TB is a serious health threat, and is the leading cause of death among PLHIV. TB and HIV coinfection is particularly high in regions where we see a high prevalence of HIV, for example in Southern and Eastern Africa. Like TB, COVID-19 typically affects the lungs. It is likely that people with lung damage, such as people with TB or TB survivors, may be particularly vulnerable to severe forms of COVID-19, if infected. As mentioned earlier, if food and nutrition support is linked to DOTS – liaise with the relevant programme/cluster, and consider aligning the food and nutrition support with the adjusted DOTs schedule; to lower frequency of health centre visits.

**Guidance on these issues is available on the WFP Nutx website, and will shortly be available on the IATT website here. <https://cdn.wfp.org/nutrition/nutx/>**

#### **4. Member updates on COVID19 and HIV guidance and experiences from the field (members)**

##### **UNAIDS – Mamadi Diakite**

- From someone who experienced the Ebola outbreak in the field – the response to COVID should make us all human rights activists– we need to sustain the principles of inclusiveness, and protection and we need to avoid non-discriminatory treatment. We need to think about how we can advocate for human rights in the future.
- Looking forward we should address how can we better coordinate our own efforts considering our comparative advantage to address the humanitarian challenges – particularly at the country and community levels, while addressing this overall pandemic.
- We will be facing some tremendous burdens in terms of arbitrary detention and arrest of humanitarian populations, so we need to set up a database for those facing these issues in the humanitarian contexts to have evidence-based programming.
- We should look at developing ways of collectively collecting data on these issues so we can better monitor the situation in communities.

##### **AIDSFonds**

- A lot of the measures discussed here, are good but are part of the regular work. We work with a lot of community groups networks.
- Currently doing regular work is not possible – especially if you look at countries which are already criminalised, e.g. Looking at Zimbabwe 500% inflation – people were already struggling to get food and now there is a lock down so worried about how it will affect things there?
- We have also had concerns about supply chains for condoms. It has been reported that condom manufacturers in Malaysia cannot produce condoms. This may not affect HIV prevention now but may well do in the future.

##### **WFP - Fatiha Terki**

- Regarding condoms, we are hoping that the Chinese market is now opening up now – supply chain is being discussed, but it is important we continue to monitor this situation

- We also agree regarding the increased level of food insecurity in a number of countries – WFP working with many other actors to address levels of food insecurity – we will keep people informed on the situation moving forward.

#### **UNFPA – David Sunderland**

- UNFPA have released a short technical brief on supply chains, organised by SRHM- looking at contraceptive commodity supply chains. We will share with IATT what is being done in terms of supplies of contraception as well as the latest status on this.

**Action point: follow up on situation in regards to condom supplies after the call with UNFPA and other Key partners**

#### **UNODC - Fariba Soltani**

- Key populations are often the last to receive services. UNODC have been working closely with countries to make sure supplies are continuing for harm reduction centres, we have released some guidance information on this, available here:

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>

- Another population group left behind are prisoners – we have been working with countries to assist with the response as they cannot do social distancing as they are in overcrowded spaces, with limited chance of getting protective equipment. We have been working to support prison administrations to make sure prisoners and prison staff can protect themselves. We have also been working to provide guidance for groups of officials about how they can approach the response in prisons.

#### **WFP Johannesburg - Kai Roehm**

- We would like to get some more clarity about how covid/HIV clients can be more effected? As currently there seems to be limited evidence of enhanced risk.

#### **WHO – Andrew Seale**

- Currently evidence is limited, however we have recently done some extra work on who we mean by PLHIV – this can include those who do not know their status, or whom are not adhering to treatment. In all these groups people have comorbidities. We updated last week and went into to some more detail in terms of risk factors – we are trying to get more evidence on this, but it is difficult because of the small population thus far. We will continue to provide updates.

#### **MSF – Charles Ssonko**

- Given the trials of HIV drugs in response to coronavirus, we would like to know if this is likely to have an impact on the existing supply chain for ART?
- Health systems will be overwhelmed in developing countries – are there any measures in place to support health systems in these countries?

#### **WHO – Marco Vitoria, Andrew Seale**

- We are monitoring this in terms of stock outs of specific drugs, only one HIV drug is being used in the trial – though it is not a preferred or widely used drug. We have therefore seen no impact so far on supply chains, and there is no recommendation for this drug to be used for COVID as things stand.
- A number of meetings held in the last few days have looked at medium to long term contingency planning – the best thing to do is be aware of what is happening and see how we can plan for the future. We are particularly concerned about health systems in Africa – need to gear our focus to sharing information from Europe and other countries in real time to help the response and learn lessons which can be used elsewhere. The Global fund have looked a lot of this and have put a number of measures in place – this is a long term event, this is not going to be a matter of months.

#### **Global Fund - Sarah Hoibak**

- We suggest reaching out to global fund financing in the countries where you are working, also looking at the supply chains in terms of bottlenecks looking at the impact, including delays for orders in shipment.
- There are currently ongoing discussions in countries looking at measures such as multi month prescriptions – looking at what is available in countries and what are the delays in terms of delivery in terms of the orders which are being placed. All countries are being asked to put orders in at the end of this week so we can assess the impact in terms of supply chains.
- In terms of reprogramming requirements – countries have been given flexibility to reprogramme 5% of their grants, and countries will be asked to give contingency plans for all 3 diseases, which is something countries will be looking at with the CCMs in the next 3 weeks to make sure we can sustain gains. We encourage IATT members to reach out in countries and engage with them and ensure strategies are put into place to sustain impact.
- All information on the Global Fund's approach to COVID is available here:

<https://www.theglobalfund.org/en/covid-19/>

#### **WFP – Fatiha Terkhi**

- Is there any appetite for GF to receive emergency funding in addition to 5%? Will original timelines be kept in terms of access to funding?

#### **Global Fund – Sarah Hoibak and Francesco Mosceta**

- In terms of access to funding – window 1 has already gone in, but windows 2 and 3 will be subdivided into windows within different time frames, which will give more time for countries to work with some flexibility about when documents can be submitted. In some countries there may be much more difficulties with coordination and funding requests by writing given the lockdown, so we are taking this into account.
- In regard to the emergency fund – we provide portfolios with agreed flexibilities of 5% and sometimes more in some instances. We think that there is enough room to use existing funding by now, however we will see if there is a need to mobilise additional funding in future – however we hope that it will not reach that level. However, we do believe there will be a need to focus on larger IDP settings and refugee sites – which we will discuss bilaterally with UNHCR.

#### **UNHCR – Ann Burton**

- Response plans in place for covid in a number of different countries including Bangladesh – we will get back to the Global Fund about preparedness in different countries in terms of emergency surge support.
- For guidance on COVID in emergencies – Interagency standing committee document – about covid response in humanitarian responses with a focus on camp situations. As it is a fast evolving situation, a new version will be shared soon with more advice on how to deal with recommendations. The current version is available here:

<https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>

- Social distancing impossible to implement in many of our situations – we are looking at this closely and field operations are requesting more support on this. Also looking at refugees and guidance in non-camp situations – will reach out on what we are doing in non-camp settings.

#### **Save the Children – Rebecca Frick**

- Save the children have developed programme guidance – we have rolled out a programme framework and document guidance looking at how to adapt existing programmes, addressing how to support covid case management. This focused on:
  - Need to continue community-based care
  - Enhance community work with covid management packages
  - Adapt in areas where we don't have community packages
  - Trying to get community health workers to look at different options for shielding high risk people –including looking at neighbourhood sector level case management.

#### **5. Discussion on potential gaps and way forward (WFP and UNHCR).**

- WFP and UNHCR will share an NFR in the coming days
- We can potentially have another call to give an update on the situation in 2 weeks
- All guidance documents and presentations will be shared.