

Covid-19 and HIV in Humanitarian Situations:

Considerations for Preparedness and Response

INTER-AGENCY TASK TEAM ON ADDRESSING HIV IN HUMANITARIAN EMERGENCIES



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HIV in Humanitarian Situations

Every year hundreds of millions of people around the world are affected by humanitarian crises including a significant proportion of people living with HIV (PLHIV). In 2016, it is estimated that **1 in 14 PLHIV were affected by a humanitarian emergencies**. Although many still lack access to treatment, increasingly, PLHIV in humanitarian settings are already on ART. In addition, national programs and efforts increasingly extend prevention, screening and treatment of HIV to populations 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 situations, 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 will put significant pressure on already weak health systems, potentially resulting in serious disruptions in HIV care and treatment. Without ARVs, PLHIV are immunocompromised and may be at higher risk of becoming infected with COVID-19, and potentially developing more serious symptoms.

FAST FACTS: COVID-19 AND HIV

At present, there is insufficient evidence to suggest people living with HIV and on effective antiretroviral treatment (ART) are at an increased risk of getting coronavirus, or developing severe symptoms.

People living with HIV not on treatment or virally suppressed may be at a greater risk.

As with the general population, older people living with HIV and those with other underlying health conditions should take extra precautions to prevent illness.

As more people become infected with coronavirus, we will learn more about how it behaves and updates will be made to this document.

The Socioeconomic Impacts of COVID-19 in Humanitarian Situations

This pandemic is likely to have devastating consequences on people's wellbeing, especially in fragile, crisis and post-crisis environments. The challenges and potential impacts of this on PLHIV affected by emergencies are presented in the table below.

Challenges	Potential Impacts
<ul style="list-style-type: none"> ▶ Health system overstretched with COVID response (staff, structures, drugs and materials) ▶ Women are the majority of healthcare workers/ caregivers, bearing disproportionate burden ▶ Potential pipeline breaks in HIV/TB supplies ▶ Reduced mobility, transportation and outreach ▶ Containment measures and social distancing with adverse economic impacts ▶ Increased fear and stigma in communities ▶ Increased vulnerability to power imbalances ▶ Loss of income ▶ Loss of care for OVC due to HIV/AIDS ▶ Lack of PTE for health professionals 	<ul style="list-style-type: none"> ▶ Prevention and screening for HIV may be reduced/delayed ▶ Reduced supply and/or access to condoms ▶ Adverse impact on HIV and AIDS treatment due to reduced access to services, medication (ARTs and cotrimoxazole) and less attention to clinically critical HIV patients ▶ Long term impact on ART supplies and potential future stock rupture ▶ Reduced livelihood opportunities and access to basic needs increasing vulnerability and alternative coping mechanisms ▶ Increase in sex work as a coping mechanism ▶ Increased food insecurity; poorer adherence to ART ▶ Increased rates of malnutrition within PLHIV =increased vulnerability to severe COVID-19 outcomes ▶ Increased irregular migration ▶ Increase in violence and abuse ▶ Reduced number of health professionals

Vulnerable Groups

For PLHIV, the risk of developing serious disease outcomes from COVID-19 is greatest in those who have not achieved viral suppression and/or recovery of CD4 counts through antiretroviral treatment with a resultant compromised immune system. Additionally, PLHIV that are undernourished, have lowered immunity, a variety of disabilities¹ and the elderly are also at increased risk from viral infection, including COVID-19.

In times of crisis, 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, while still expected to perform traditional and normative roles within the household, will typically have reduced access to protective networks and services, including sexual and reproductive health care, as a result of the public health emergency, 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.

The wave of deaths amongst older adults/grandparents may significantly impact the care of children orphaned by AIDS.

It is important to note that these population groups have intersecting vulnerabilities that compound the health and secondary impacts of the COVID-19 pandemic. Households of PLHIV with any one or several of these vulnerabilities are particularly at risk of adverse impact from the crisis.

Travel Restrictions

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 a direct impact on the availability of food, fuel and other essential needs. Supply chain disruptions may put the continuation of HIV prevention, treatment and care services at stake and significantly complicate any scale-up of these services.

Maintaining Essential HIV Services

In humanitarian emergencies, every effort must be made to continue treatment. Modes of innovative delivery of ARV need developing to ensure treatment continuity. Such delivery mechanisms need to be expanded where appropriate to reach to networks of key populations and other marginalized groups to assess for both COVID-19 needs, as well as a broader continuum of HIV services (like harm reduction, prevention and social and economic support).

PLHIV in humanitarian situations, practitioners, and staff involved in the provision of services are strongly recommended to follow respective government guidance and the guidance shared by UNAIDS on how to prevent exposure to COVID-19², as well as standard IPC guidance from the WHO³. Additionally, WHO recommends clinically stable adults, children, adolescents, pregnant and breastfeeding women, as well as key populations to benefit from simplified ART delivery models, which include multi month prescriptions (from 3-6 months supply) which reduce the frequency of visits to clinical settings and facilitates continuity of treatment during possible movement restrictions and disrupted clinic schedules during the coronavirus outbreak.

The following measures are recommended to be prioritised to maintain essential HIV services:

- ⇒ Ensure continued access to ART, anti-TB drugs and cotrimoxazole; if facilities have closed, make them available in alternative sites.
- ⇒ Provide longer refills of ARV supply (3-6 months depending upon stocks) and distribute through mobile clinics and at community level when possible.
- ⇒ Prioritize all pregnant, breastfeeding women and their children with known positive HIV status for eMTCT services.

1. WHO - Disability considerations during the COVID-19 outbreak. 2020

2. UNAIDS - What people living with HIV need to know about Covid 19 - <https://www.unaids.org/en/covid19>

3. WHO - Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. 2020.

- ⇒ Maintain HIV prevention services: a) Distribute condoms; b) ensure safe blood transfusion services and standard precautions continue in all designated health facilities and c) provide post-exposure prophylaxis (PEP) for both occupational and non-occupational exposure.
- ⇒ Utilize existing community platforms to facilitate ART distribution and other services, including food and nutrition support, when possible. Platforms that could assist in ART distribution and also help trace defaulters include a) community health workers b) PLHIV networks c) community-based and women's organizations and d) mobile teams (that do not interfere with the COVID-19 response efforts).
- ⇒ In the peak of an outbreak 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 an outbreak situation stabilizes
- ⇒ **Key populations are at heightened vulnerability and risk** and every effort should be made to continue these services:

Essential preventive services

- Community based condom and lubricant distribution
- Preexposure Prophylaxis 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

HIV and TB

At present, there is no available data on how COVID-19 impacts people co-infected with HIV and TB. TB and HIV coinfection is particularly high in regions where there is a high prevalence of HIV (e.g. Southern and Eastern Africa). 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. People with TB or who are TB survivors should pay attention to guidance on social distancing, ensure their vaccinations are up to date (for example influenza and pneumococcal vaccines) and make sure to know how to get in touch with their health care facility and that they have a plan in place if they feel unwell and need to stay at home.

Some of the measures recommended for the provision of services for those co-infected with HIV and TB include:

TB patients should take precautions as advised by health authorities to be protected from COVID-19 and continue their TB treatment as prescribed.

Screen for TB symptoms in newly diagnosed PLHIV

Continue TB preventive therapy including for newly diagnosed PLHIV after appropriate screening

Consider less frequent follow-up and distribution of several months of TB medications if in the continuous phase and good adherence with remote forms of follow up

In addition, the 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.

HIV in Emergencies Guidance Relevant in the COVID-19 Context

- **COVID-19: Operational guidance for maintaining essential health services during an outbreak** <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
- **UNHCR Continuity of Essential Health, Nutrition and Mental Health Services in the Context of COVID-19**
- **WHO Information Note Tuberculosis and COVID-19** https://www.who.int/tb/COVID_19considerations_tuberculosis_services.pdf
- **The Sphere standards and the Coronavirus response** <https://spherestandards.org/coronavirus/>
- **Inter-agency Field Manual on Reproductive Health in Humanitarian Situations 2018**
- **SRH-COVID-19 Programmatic Guidance. IAWG March 2020** <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>
- **Clinical management of rape and intimate partner violence. 2020. WHO, UNFPA and UNHCR** <https://apps.who.int/iris/bitstream/handle/10665/331535/9789240001411-eng.pdf>
- **HIV in Humanitarian Settings: Contingency Planning. UNICEF and Save the Children, July 2014** http://files.unicef.org/archive/ssr/files/IASC_Guidelines_Workshop.pdf
- **Adolescent sexual and reproductive health in humanitarian settings: A practical guide 2019 for launching interventions** <https://www.unhcr.org/5d52bcbd4>
- **UNAIDS – What people living with HIV need to know about Covid 19** <https://www.unaids.org/en/covid19>
- **WHO – Q and A on HIV and Covid 19** <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>
- **UNODC – Covid 19 and HIV for people who use drugs and those in prison** <https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>
- **The Global Fund – COVID 19** <https://www.theglobalfund.org/en/covid-19/>

Further guidance on these issues is available on the WFP Nut^x website:

<https://cdn.wfp.org/nutrition/nutx/>