

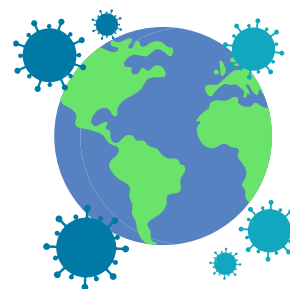
Resilience of HIV services during the COVID-19 pandemic

Voices of people living with HIV



Introduction

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the novel coronavirus (2019-nCoV) a Public Health Emergency of International Concern. In the WHO Eastern Mediterranean Region, the first case of COVID-19 was reported in February 2020. To date, the pandemic has been rapidly evolving, affecting all 22 countries in the Region. The COVID-19 pandemic and the subsequent lockdowns authorized by governments as containment measures have had a profound impact on the HIV response. While countries have been working tirelessly to respond to the COVID-19 pandemic, other essential health services such as HIV services have been affected and disrupted, causing challenges for people living with and affected by HIV and putting their lives at risk.

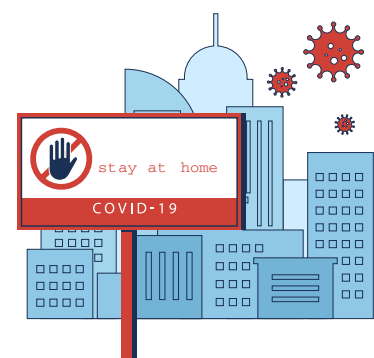


Despite efforts to scale up HIV services in recent years, countries in the Region still have gaps in the scale of the response needed to achieve Target 3 (ending AIDS) of Sustainable Development Goal 3. COVID-19 threatens the gains made in the response to HIV and to widen gaps, especially in access to services by the most marginalized. *A modelling exercise convened by WHO and UNAIDS in May 2020 forecast that a 6-month disruption in access to antiretroviral therapy (ART) could lead to a doubling in AIDS-related deaths in sub-Saharan Africa in 2020 alone.*¹

¹ The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV [website]. Geneva: World Health organization; 2020 (<https://www.who.int/news/item/-2020-05-11the-cost-of-inaction-covid-19related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>).

Impact of COVID-19 mitigation measures on HIV services

A qualitative survey completed by eight countries in the Eastern Mediterranean Region in April 2020 reported the disruption of HIV services, including prevention, testing, treatment and viral load testing (See Fig. 1). This was the result of restrictions on movement and the redirection of resources and facilities in response to COVID-19. Staff, diagnostic devices and health care facilities were reportedly fully deployed for the COVID-19 response, and services for key populations were disrupted in most countries. Four countries in the Region reported a complete stockout or low stocks of antiretroviral medicines (ARVs).



In response to the pandemic, WHO and UNAIDS have developed guidance which indicates that people living with HIV (PLHIV) might be at high risk from COVID-19 compared to the general population, and stresses the need to ensure the continuity of HIV services while responding to COVID-19.² In the UNAIDS Middle East and North Africa (MENA) region, UNAIDS has conducted rapid assessments during the pandemic among PLHIV in five countries. These indicate a need to redirect HIV funds towards the main gaps highlighted by the assessments.

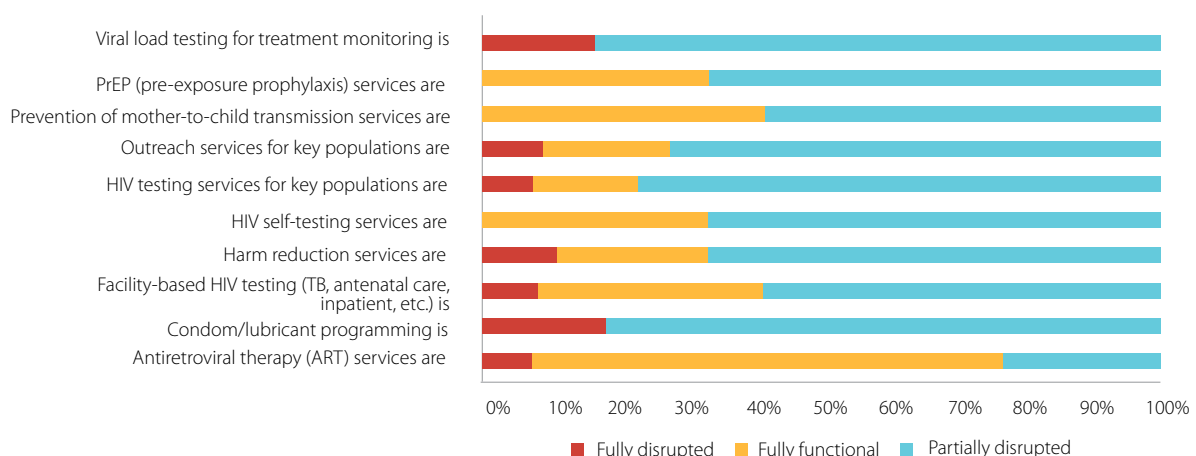


Fig. 1. Disruption to HIV services in the Eastern Mediterranean Region

² Coronavirus disease (COVID-19): HIV and antiretrovirals [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-hiv-and-antiretrovirals>, accessed 18 November 2020).



The experience of PLHIV during the COVID-19 pandemic

Between August and October 2020, with the support of civil society organizations from several countries in the Region, WHO and UNAIDS collected testimonials from around 40 PLHIV about their experience during the COVID-19 pandemic. These mostly addressed service delivery and access, how they have coped with the situation and the mechanisms that have helped them to continue receiving services. The key areas highlighted include the following.

- **Fear and lack of information:** When COVID-19 started, there was little information available about the disease and how it might affect PLHIV. This situation created a level of anxiety and made some PLHIV feel scared, believing they were at a higher risk because of their low immunity due their the HIV infection.



As a person living with HIV, the confinement period was difficult for me. COVID-19 is a new virus on which we have practically no information. We heard a lot of rumours and had plenty of questions. I was fearful, stressed and depressed. PLHIV, Morocco.



- **Lack of clarity on measures to ensure continuity of services:** PLHIV were also worried about how they would collect their medications should there be a lockdown.



I was running out of medicine and wondering how I would be able to get my treatment without travelling to the nearest city as strict travel restrictions were in place. PLHIV, Morocco.



- **Low stocks of medicines:** In the context of the COVID-19 pandemic or any other emergency, the continuity of essential life-saving antiretroviral therapy services must be a priority, in order to safeguard the health and well-being of PLHIV. Lockdowns and border closures during the pandemic have resulted in supply chain disruptions globally. Stockouts of essential ARVs have been reported in several countries in the Region.



- **Decreased accessibility of services:** Movement restrictions have made it hard for some PLHIV to easily access services, especially when the services are centralized and clients have to travel to other cities.



We could not access services like before. Everything was closed and it was difficult to reach the clinic. Person who injects drugs, Pakistan.



- **Lack of social and financial support, especially among marginalized women and girls:** Vulnerable and marginalized people are often the most affected by COVID-19, physically, economically and socially. Social and economic hardships were among the challenges frequently reported by PLHIV in the Region. Financial instability due to unemployment and a lack of savings drove concerns about food security, accessing services and the ability to provide for the family.



I am a divorced woman with two children. I had a hairdressing salon business in my neighbourhood, but I wasn't able to pay my debts due to the pandemic. PLHIV, Morocco



What made a difference?

Role of civil society organizations during the COVID-19 pandemic: Civil society organizations and community activists have played a longstanding role in the HIV response in the Region, where they have always been at the forefront of ensuring effective and equitable services. At the beginning of the HIV epidemic, civil society organizations were the first responders, with community-led initiatives to fight stigma and discrimination, undertake advocacy for human rights for people living with and affected by HIV, and raise the profile of HIV on the public health agenda. Additionally, civil society organizations have played a critical role in





delivering HIV services to key at-risk populations, who are among the most marginalized and underserved population groups in the Region.

Now, facing the COVID-19 pandemic, civil society organizations have again put themselves at the forefront. They have partnered with national AIDS control programmes and adapted their services to ensure the continuity of health services for people living with and affected by HIV. They have used their platforms to share information and increase awareness about COVID-19 and its relationship to HIV/AIDS, delivering medicines to stranded PLHIV and ensuring the continued engagement of people living with and affected by HIV in the provision of health care services.

“ My experience was good as we received weekly services from outreach workers. We did not face many difficulties. We received many services. We were also provided with masks, sanitizers, syringes and ARVs. Person who injects drugs/PLHIV, Pakistan. ”

Adaptation of service policies: Most countries of the Region have adapted their service delivery models and policies. Multi-month dispensing of medicines, including ARVs and opioid substitution therapy, courier distribution and involvement of communities in the distribution of ARVs, has ensured that PLHIV have received their supply of medicines in ways that protect against COVID-19.



“ I was very positively surprised by your phone call, informing me that my treatment could be shipped directly via courier services. You really saved my life! PLHIV, Morocco. ”

Protection of health care workers and clients against COVID-19: Protecting health care workers and their clients has been paramount to ensuring safe delivery and equal access to services.



“ We coped with coronavirus with the help of masks and sanitizers provided by the organization. We used hand sanitizers before accessing services and wore a mask before HIV testing. Person who injects drugs, Pakistan. ”

Investing in human resources and infrastructure:

Decentralization of care to the primary health care level, bringing it as close as possible to the doorsteps of PLHIV, is of paramount importance during the periods of restricted movement required during the pandemic and other emergencies.



I lack personal transportation and sometimes have to spend the night in the city in order to arrive early at the clinic. It necessitates a lot of logistical preparation, additional cost and is more troublesome for me, but if I don't arrive by midday, I find the clinic closed. PLHIV, Morocco.



Attributes of resilient HIV services during emergencies

To protect the investments already made in the response to HIV and the results achieved so far to control the HIV epidemic, it is vital to maintain antiretroviral therapy, prevention services, case identification and the linkage of newly diagnosed cases to treatment and care. WHO has developed guidance for countries on how to safely maintain access to essential health services during the COVID-19 pandemic, including for all people living with or affected by HIV.³ The guidance encourages countries to limit disruptions in access to HIV treatment through “multi-month dispensing,” a policy whereby medicines are prescribed for longer periods of time – up to 6 months. To date, most of the countries in the Region have adopted this policy, which has been a game-changer in improving access and adherence to antiretroviral therapy.



The voices of PLHIV have reiterated the need for resilient health systems that ensure the continuity of essential health services, including for HIV, during the COVID-19 pandemic and other emergencies.

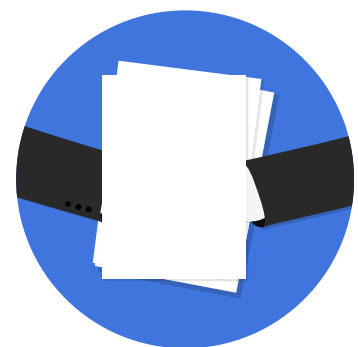
³ Maintaining essential health services: new operational guidance for the COVID19- context [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/news/item/-2020-06-01-maintaining-essential-health-services-new-operational-guidance-for-the-covid-19-context>, accessed 18 November 2020).



This resilience starts with preparedness, which involves having adequate data systems that provide information on the people who need services, their geographical spread and the services that they need, as well as potential service providers. According to this information, health services can plan and manage their stocks of medicines and commodities and can mobilize and trigger a response as soon as an emergency arises. Communities and civil society organizations can play a crucial role in ensuring the linkage between the health system and the users of services, particularly those that are hard to reach or have restricted movement. Flexible and adaptable service delivery models are required for such a response, including a focus on primary health care services, multi-month dispensing of ARVs and the involvement of community organizations, to enable a rapid adjustment to the emergency situation.

Acknowledgments

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