



Reckoning and Resilience: How Key Populations Met the Challenges of COVID-19

A call to action to ensure the future success of HIV programs

Photo credit: The Global Fund/Atul Loke.

COMMUNITY-LED, DIFFERENTIATED HIV SERVICES DRIVE RESILIENCE AND RESULTS DURING THE COVID-19 PANDEMIC

As governments and public health officials rushed to implement measures necessary to flatten the COVID-19 curve in the first half of 2020, advocates and others sounded the alarm about the potential implications for another global pandemic: HIV. Models, such as those developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), predicted that a six-month disruption of HIV treatment could cause an excess of 500,000 deaths in sub-Saharan Africa alone, eroding gains made in the last decade and returning HIV-related deaths to 2008 numbers.¹ Modeling further predicted a lack of access to condoms for six months could result in a 20%–30% relative increase in HIV incidence. However, as we near the end of 2020 routine program data show these serious setbacks in the struggle for epidemic control have not come to pass.

The source of the resilience and ingenuity that have prevented these dire predictions from becoming reality sits firmly where communities most impacted by HIV have always predicted success would lie—with the community-based organizations led and trusted by key populations

most affected by HIV, namely gay and bisexual men, sex workers, people who use drugs, and transgender people. The COVID-19 pandemic has demanded service delivery innovations and adaptations that decongest clinics and ensure uninterrupted access to HIV services despite lockdowns and restrictions on movement while minimizing risk of exposure to COVID-19. Community-based, key-population-led service providers were poised to advance the differentiated service delivery approaches that COVID-19 necessitated. And, indeed, they have delivered, enabling HIV programs to largely weather the pandemic to date.

The lessons learned during this natural experiment offer both immediate and longer-term instruction for government policymakers, donors, and community advocates and program implementers who want to see gains maintained and amplified in the future. This advocacy brief summarizes insights gained from members of key populations and allies regarding their efforts to deliver HIV services during COVID-19. It also articulates recommendations that will contribute to stronger key-population-focused and -led programs, as well as more flexible and resilient health systems overall, now and after the pandemic.

¹ Jewell BL, Mudimu E, Stover J, Kelly SL, Phillips A. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple mathematical models. [Preprint]. 2020 [cited 2020 Nov 17]: [23 p.]. Available from: https://figshare.com/articles/Potential_effects_of_disruption_to_HIV_programmes_in_sub-Saharan_Africa_caused_by_COVID-19_results_from_multiple_mathematical_models/12279914/1.





BOX 1: STATE RECOGNITION PAVES THE WAY FOR SUCCESSFUL SERVICE DELIVERY

In some contexts, key-population-delivered services are considered vital to health systems and lay providers are acknowledged as professionals with a vital role to play. In these locations, case managers were classified as essential workers and could visit clients to keep them in care during lockdowns. In other locations, lay providers were severely limited in their movement, especially where curfews were violently enforced, and services could not be delivered at home. A similar phenomenon was observed with drop-in centers. Those that provide clinical care but were not officially registered as clinics could not remain open during lockdowns, even as their services became more important to key population members needing health support.

WHAT KEY POPULATION COMMUNITIES WANT NOW AND AFTER COVID-19

To understand which HIV service delivery strategies and program adaptations introduced or scaled up in response to COVID-19 are most valued by key population members and which services they want expanded both during and beyond the pandemic, the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project and its partner MPact administered an online survey and organized a series of virtual community discussions with key population program leaders, implementers, service beneficiaries, and advocates.

Survey respondents were from 19 countries across Asia and Africa. Just under 80% of those completing the survey identified as key population members; 45% of whom identified as men who have sex with men, 24% as sex workers, 15% as transgender people, and 14% as people who use drugs. Respondents were then invited to participate in one of five virtual discussions. These discussions, offered in English and French, drew participants from Cameroon, Cote d'Ivoire, Ghana, Kenya, Lesotho, Malawi, Nepal, Nigeria, Thailand, and Togo.

In addition to identifying the innovations that key population communities have found most valuable, three key themes emerged from the survey and discussions.

Survey participants identified the following HIV-related service delivery strategies as most beneficial to their communities during the pandemic:

- Task shifting of services such as case management, HIV testing, and dispensation of antiretroviral (ARV) drugs so that service delivery is led more routinely by trained and accredited members of key population communities including peer educators, case managers, navigators, and outreach workers
- Scaling up HIV self-testing (HIVST)
- Offering multi-month dispensing (MMD) of pre-exposure prophylaxis (PrEP), condoms, and lubricants
- Expanding access to 3- and 6-month MMD of ARVs to members of key population communities

- Decentralizing ARV service delivery through mechanisms such as home delivery
- Expanding online case management and virtual support for testing, and to people on treatment and PrEP

1. Community-led responses work. COVID-19 has proven what community-led organizations already knew: community leadership works. In the contexts in which key-population-led organizations are recognized by government as legitimate service delivery providers, HIV programs suffered fewer disruptions (see Box 1), demonstrating that communities most affected by HIV are best positioned to respond. These organizations not only know their communities' needs and are trusted by them, but also are adaptable to challenges and often offer beneficiaries more holistic services that become so important in a crisis, such as food support and violence prevention and response. Programs must invest in communities and give them the legal and political legitimacy to operate in a way that reflects how important they are to health system functioning. Resilience of key population communities is making it possible to maintain HIV services during COVID, but HIV programs need to continue to support community empowerment and mobilization so that unnecessary barriers to their functioning are removed.



A community worker in Nepal provides community-based delivery of ART.
Photo credit: FHI 360/LINKAGES Nepal

A community worker demonstrates to a friend how to book HIV services on their own phone using the QuickRes online reservation app
Photo credit: KP STAR Project IntraHealth Namibia

“We can’t revert to a world where COVID-19 didn’t exist. Telehealth and postal delivery of medicines are the new normal, and we have evidence that they work.”

Key population service provider, Asia

“When COVID came, we did a lot of things we thought would be impossible. We were able to do things very well, so we should document everything, and policymakers should know of it so we can sustain what we’ve done.”

Key population service provider, Africa

2. Strategies that have benefited key populations during COVID-19 must be continually resourced and leveraged. The strategies embraced and expanded by key-population-led organizations during the pandemic are in line with global guidance from the World Health Organization and technical recommendations from PEPFAR that advance differentiated care. Moreover, they are valued by key population members, have been effective at maintaining access to critical HIV services during the pandemic, and will continue to benefit key population communities regardless of constraints imposed by the COVID-19 pandemic. However, many of these strategies still need to be endorsed in national and local policy frameworks to ensure they are incorporated into routine practice and scaled up over the long-term and not merely seen as emergency measures.

3. Governments should be inclusive of key populations in emergency responses. Community-led organizations’ efforts to respond to COVID-19 showed they are capable of quickly adding or modifying services and reaching those who are unlikely to trust government or unknown institutions with their health needs. Government COVID-19 responses that collaborated with and received feedback and guidance from key-population-led organizations were more effective and far-reaching (see Box 2). Community inclusion in the design and monitoring of efforts to respond to crises will strengthen the response in future emergency situations, such as natural disasters and public health crises predicted to become more common as the climate changes, and ensure no segments of the population are left behind.



BOX 2: INCLUSIVE POLICIES ARE EFFECTIVE POLICIES

Some countries responded to the pandemic by encouraging their citizens to remain at home, including, in some cases, by providing food staples to avoid work by those who live day to day. Often these initiatives were accompanied with a requirement to present government identification to receive support. When this occurred, some of the most marginalized were unintentionally excluded. Such requirements were especially difficult for transgender individuals whose government ID does not reflect their gender identity. In countries where key-population-led organizations were part of crafting policies from the very beginning, pitfalls like these were avoided because communities understood the barriers and opportunities represented by various program approaches being proposed.

CALL TO ACTION

Key population program implementers and advocates, national and local policymakers, and funders all have a role to play in ensuring the experience and lessons learned from preserving HIV services for the most vulnerable during the COVID-19 pandemic inform current and future HIV and public health policy, program, and funding decisions.

Key population program implementers and advocates should:

- Call for greater recognition and expansion of the role that key-population-led organizations play in national HIV and health responses, and push for increased financing for community-led services across the HIV prevention, care, and treatment cascade.
- Urge governments to endorse differentiated programmatic approaches as standards of care in national policy frameworks that are not yet widely implemented but valued by and proven to be effective with key population members, including:
 - » Multi-month dispensing of ARVs, PrEP, and condoms and lubricant
 - » Home delivery of ARVs and distribution of ARVs at community-based pickup points, like drop-in centers
 - » HIV self-testing accessible through a range of community-based channels, including online platforms, home delivery, pharmacies, and other preferred, decentralized pickup points
 - » Use of online platforms to reach key population members and deliver HIV services while ensuring privacy and safety
- Document the program innovations and adaptations key-population-focused programs have adopted in response to the COVID-19 pandemic and illustrate with data the impact they are having on community members' access to services across the HIV prevention, care, and treatment cascade. Use case examples to advocate with funders and policymakers for sustained implementation and policy support.
- Develop standard operating policies and procedures that allow effective emergency innovations to be easily adopted and integrated into or replace services already in place.
- Demand representation in national and subnational HIV policymaking processes.
- Embrace intersectional approaches that bring key population communities together as a way of strengthening health systems and advocacy movements.

National and local policymakers should:

- Acknowledge the essential leadership role that key population communities play in delivery of HIV services within national and subnational HIV policies, strategies, and guidelines; expand and fund appropriately this role beyond HIV into other areas, especially when crises arise and trusted organizations need to disseminate public health messages and services quickly.
- Support and recognize peer educators and peer navigators as an essential part of the country's health workforce and compensate them accordingly.
- Enable community-led drop-in centers and other community service delivery platforms to be accredited to provide clinical services and dispense medicines, including ARVs and PrEP.
- Increase domestic financing of community-led services, including task shifting of services across the HIV prevention, care, and treatment cascade.
- Endorse differentiated programmatic approaches that are not yet widely implemented but valued by and proven to be effective with key population community members in national policy frameworks, including:
 - » Multi-month dispensing of ARVs, PrEP, and condoms and lubricant
 - » Home delivery of ARVs and distribution of ARVs at community-based pickup points, like drop-in centers
 - » HIV self-testing accessible through a range of community-based channels, including online platforms, home delivery, pharmacies, and other preferred, decentralized pickup points
 - » Use of online platforms to reach key population members and deliver HIV services while ensuring privacy and safety
- Engage key population community leaders in developing policies that affect HIV prevention, care and treatment as well as responses to other crises that impact their communities.

Funders should:

- Prioritize and increase investments in community-based, key-population-led services; at minimum, hold them harmless to budget cuts in an era of shrinking resources for HIV.
- Provide flexibility in meeting program targets when global crises interrupt service provision.
- Consider the needs of key population communities more holistically, recognizing that integration of mental health services, violence prevention and response, food security, and other essential support into key-population-led programming will yield effective HIV outcomes as well as improved outcomes in future global pandemics or other crises.
- Devote resources to structural and community-level interventions that help facilitate enabling policy environments and key-population-led organizations' participation in decision-making. Interventions include advocacy, community mobilization, demand generation, violence prevention and response, and legal services—in addition to sensitization programs for health care workers, police, and policymakers.
- Fund community-led monitoring systems to promote accountability for high-quality, stigma-free health services.
- Invest in strengthening the capacity of nascent key-population-led organizations to broaden the network of local partners capable of providing community-led services and helping lead the HIV response.

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