

Messaging Guidance for Key-Population-Focused HIV Programs to Mitigate the Impact of COVID-19

April 6, 2020

This COVID-19 and HIV messaging guidance is intended to support HIV programs in mitigating the impact of COVID-19 and safely maintaining HIV outreach and service delivery. It was written for FHI 360-supported HIV programs focusing on key populations (KPs) but may also be useful for general HIV programs. This document will help ensure that program implementers are providing correct and consistent information about coronavirus and COVID-19 to HIV program beneficiaries, staff, and clinical partners (based on currently available information). The document includes four sets of messages prioritized for specific audiences. Some messages should be shared across audiences. Programs using these messages should adapt the messages to be consistent with those of the local health authority and should link to existing resources in relevant languages. Include program- or country-specific information and resources wherever you see red text in the messages.

Intended Audiences



All Audiences

- About COVID-19 and prevention
- COVID-19 clinical care
- Tips for living in a pandemic
- COVID-19 myths



People living with HIV (PLHIV)

- COVID-19 and PLHIV
- HIV service access for PLHIV



Key Populations

- Sex and COVID-19
- Sex work and COVID-19
- Drug use and
 COVID-19
- Maintaining HIV service access



Community and Health Staff

- Community-based facility staff
- Outreach (and mobile) staff
- Providing support online
- Client well-being
- Staff well-being

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.









All Audiences (COVID-19 FAQs)

 Anyone working in, or benefiting from, an HIV program where COVID-19 may be affecting their ability to work or access services. Program staff, community staff, health workers, and KP and PLHIV beneficiaries.
 About COVID-19 and prevention COVID-19 clinical care Tips for living in a pandemic COVID-19 myths Note: To support ongoing, safe delivery of and access to HIV services, combine the messages in this section with those provided for the other audiences (PLHIV, KPs, and staff) in the sections that follow.
 Share directly with program staff to include with other relevant messages and disseminate to all people who interact with the HIV program. This should include in-person, online, and virtual communications.
ention
Coronaviruses make up a large family of viruses that typically infect birds and mammals, including humans. There are many different kinds, and some cause disease. The newly identified coronavirus has caused a global pandemic of respiratory illness now called coronavirus disease (COVID-19).
COVID-19 stands for coronavirus disease 2019. COVID-19 is the illness that can develop if you become infected with the new coronavirus.
You can view the total number of reported cases globally and by country on this online tracker: https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

4. How does the coronavirus spread?	Coronavirus is spread from an infected person to others by respiratory droplets (tiny drops of liquid that come from the nose and mouth) through: Sneezing and coughing Physical touch, like shaking hands and kissing Touching surfaces with germs on them and then touching your eyes, nose, or mouth
5. How can I prevent coronavirus infection or transmission?	 Wash your hands frequently with soap and water for at least 20 seconds. If water and soap are unavailable, use a hand sanitizer with at least 60% alcohol. Avoid touching your eyes, mouth, and nose. Avoid physical contact when greeting others. Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Avoid crowded places and maintain a distance of 6 feet/~2 meters from others. Stay at home and avoid close contact with others in your household if you feel unwell, even with a slight fever and cough. Know when to wear a face mask. If you have COVID-19 or related respiratory symptoms, you should wear a mask when around other people. If you are not sick, wear a mask only if you are caring for someone who is sick with COVID-19 or related respiratory symptoms. Medical providers should refer to their local or national health authority for guidance on when to wear a mask. Know how to remove a mask. Remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.
6. When should I wash my hands?	Wash your hands with soap and water for at least 20 seconds (or use hand sanitizer) as often as you can and every time: After coughing or sneezing After caring for a sick person After touching commonly touched surfaces e.g., doorknobs, handrails, supports on buses, etc. Before, during, and after you prepare food Before eating After toilet use When hands are visibly dirty After handling animals or animal waste After returning home from outside and touching various surfaces

COVID-19 clinical care		
7. How do I know if I have COVID-19?	 Although there are symptoms that may be suggestive of COVID-19, only a COVID-19 test can determine if you have COVID-19, but everyone needs to take precautions. Take this online screening tool to see your recommended steps https://www.apple.com/covid19/ or insert another locally approved tool. Contact us if you have any questions about your result or need guidance on how to take the recommended actions insert contact info for organization. 	
8. What are the symptoms of COVID-19?	 The most common symptoms of COVID-19 are fever and cough in mild cases and shortness of breath in more serious cases. Most people with COVID-19 will have mild symptoms. In more serious cases, you may have difficulty breathing. COVID-19 can cause complications such as pneumonia and organ failure. COVID-19 can also lead to death (more commonly among older people or those with other medical complications). You can have COVID-19 without experiencing symptoms and still infect others. It takes an average of 5 days to show symptoms after infection and as many as 14 days. 	
9. Are some people at greater risk of COVID-19?	 People of all ages can be infected by and develop COVID-19. Older people and people with pre-existing medical conditions (such as asthma, chronic obstructive pulmonary disease, diabetes mellitus, heart disease) may be more vulnerable to developing serious cases of COVID-19. According to current evidence, PLHIV are generally not considered to be at high risk of COVID-19, and PLHIV who are on treatment will have stronger immune systems than those not on treatment and be less susceptible to severe complications from COVID-19. However, PLHIV who are not on antiretroviral therapy (ART) and have a detectable HIV viral load or have low CD4 count may be more susceptible. Smoking increases COVID-19 risk because of frequently touching your mouth when smoking and sharing cigarettes or smoking equipment with others. Frequent smoking also can put you at increased risk of respiratory infections (such as coronavirus). 	

10. What should I do if I have symptoms of COVID-19?

- If you experience symptoms of COVID-19, you should contact your health facility or doctor to ask about the need for COVID-19 testing.
 Insert local/national guidance for when people should access COVID-19 testing or link to an online risk screening tool.
- Your access to some health facilities may be restricted if you have symptoms of COVID-19. Discuss with your health facility staff alternative methods to continue accessing HIV services outside the facility.
- Most people with symptoms of COVID-19 will be only mildly ill and will be able to recover at home.
- Stay at home to prevent infecting others if you live alone. If you are with your family, isolate yourself in a separate room or move to a treatment facility to avoid infecting family. Avoid contact with household members. Use all prevention methods, including wearing a face mask if you are around other people.
- If you have a high fever, severe cough, and difficulty breathing, seek medical care early — but call by phone first. [Insert local COVID-19 care recommendations and contact information.]

11. When should I seek medical care?

You should get immediate medical care if your health provider tells you to seek addition care or if you have difficulty breathing or shortness of breath, persistent chest pain or pressure, feel confused or inability to arouse, or bluish lips or face. Insert local/national guidance on when to seek medical care.

If you have symptoms of COVID-19 and are scheduled to visit a health facility, call in advance to find out whether you should go or visit a separate facility.

12.What is the treatment for COVID-19?	 Currently there is no specific treatment for COVID-19. However, medical care as determined by a doctor can relieve symptoms and reduce the risk of death. Some people may require hospitalization, while most people with COVID-19 can recover from home. There is no evidence that antiretroviral (ARV) drugs used to treat HIV are effective in treating COVID-19. Do not seek to borrow, buy, or access ARVs from PLHIV because there is no evidence they can help protect you from coronavirus; instead, doing so could harm PLHIV who may be in short supply of ART yet need to continue taking all their medicine. There are reports that ibuprofen and other nonsteroidal anti-inflammatory drugs could worsen symptoms, though these reports have not been verified. Follow your provider's guidance. Use this home care guide for patients with COVID-19 or related symptoms: <a "physical="" and="" avoiding="" away="" because="" can="" connections="" distancing"="" distancing."="" even="" from="" gatherings="" however,="" href="https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts </th></tr><tr><td>13.Can people who recover be infected again?</td><td>The immune response to COVID-19 is not yet fully understood. Patients with some other types of coronaviruses were unlikely to be reinfected shortly after they recover, but it is not yet known whether similar immune protection will exist for patients with COVID-19. So it is important to continue to protect ourselves even after recovering from COVID-19 and related symptoms.</td></tr><tr><td>Tips for living in a pandemic</td><td></td></tr><tr><td>14.What is social or physical distancing?</td><td> Physical distancing involves measures to restrict when and where people can gather. The goal is to stop or slow the spread of infectious diseases. Measures can include limiting the number of people who can gather, staying 6 feet (2 meters) away from others, closing schools, asking people to work from home, canceling events, limiting or shutting down public transportation, etc. This has also been called " is="" large="" li="" others.<="" preferred="" remain="" should="" social="" staying="" term="" the="" while="">
15. What is a lockdown?	A lockdown is an emergency protocol that requires people to stay at home, except for essential purposes. Usually, you can still seek medical care, buy groceries, visit the pharmacy, access banking services, get gas/petrol, and collect social services with some governments placing tight controls. [Insert updated status of local lockdown policy and duration.]

16. How can I stay informed of local response to COVID-19?	 Contact your health facility or doctor to learn about local COVID-19 responses and services. Stay informed by watching TV news, listening to the radio, and following trusted sources on social media, such as @WHO and @CDCgov on Instagram, or the WHO chatbot +41798931892 and [insert local sources].
17. How can I cope with the stress caused by the COVID-19 outbreak?	 If you are feeling stressed because of the COVID-19 outbreak, you are not alone. To manage this stress, you can maintain your social connections by talking with friends and family online and by phone. Maintain a healthy lifestyle in ways that work for you, such as maintaining a proper diet, sleep, and exercise if it is possible for you. And try to limit the time you spend watching/reading news and other media that upset you. Prioritize your mental health during this difficult time. Consider these tips for maintaining mental health during a lockdown or physical distancing: https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf If you have the time and ability, reach out to others you believe may need support. The act of supporting others can improve your mental health as well as theirs.
18.What if my livelihood is affected by the COVID-19 outbreak?	 Lockdowns and physical distancing can help slow the spread of COVID-19, but they may also cause many people to lose one or more sources of income. Learn more about local relief and services for people whose livelihoods are affected by COVID-19 by visiting list organizations, websites, and contact numbers. You can also consider alternative income-generating activities.
19. How should I access groceries and provisions?	 If practical, have groceries and other items delivered to your home or coordinate with others so that fewer individuals need to go to crowded markets to shop. When shopping, do not horde items. Leave enough for others. And be sure to wash hands before and after shopping and avoid touching your face and mouth while shopping.

20. What if I am not safe in my house?

- If, because of lockdowns or physical distancing, you are quarantined with a violent individual, see this online resource for information:
 https://www.thehotline.org/2020/03/13/staying-safe-during-covid-19/
 Or call this local organization for support: insert phone #
- If you experience violence or worry that you may experience violence at home, consider looking into your social network for other places to stay.
- Consider safety planning in case you are at home with an abuser. For example, have a code word to use on the phone or via text to let others know that you need help; go to the bathroom and run the shower to create background noise to have private calls; consider which rooms in your home have fewer items that could be used as weapons; keep your identification with you at all time. More ideas can be found here: https://mailchi.mp/avp.org/tips-for-when-staying-home-isnt-the-safest-plan?e=f43e5100b4

COVID-19 myths

- 21. I've heard lots of things about COVID-19. What's true?
- Cold weather and snow CANNOT kill the coronavirus.
- The coronavirus can be transmitted in areas with hot and humid climates.
- Taking a hot bath does not prevent COVID-19.
- The coronavirus CANNOT be transmitted through mosquito bites.
- Hand dryers are not effective in killing the coronavirus.
- UV lamps should not be used to sterilize hands or other areas of skin;
 UV radiation can cause skin irritation.
- Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body.
- Vaccines against pneumonia do not provide protection against the coronavirus.
- There is no evidence that regularly rinsing your nose with saline will protect you from the coronavirus.
- Garlic is a healthy food that may have some antimicrobial properties.
 However, there is no evidence that eating garlic will protect you from the coronavirus.
- Antibiotics do not work against viruses, only bacteria. The coronavirus is a virus so antibiotics should not be used as a prevention or treatment method.
- Antiretrovirals are NOT an effect treatment of COVID-19; however, continuing to take them is important for individuals living with HIV as this will strengthen immune function.

Note: Myths vary from place to place. These statements are correct and counter some of these myths. Be sure to address the myths most relevant in your local context.



People Living with HIV

ABOUT	
Target audience	• PLHIV
Topics	 COVID-19 and PLHIV Maintaining HIV service access Note: Use these messages in combination with the messages for all audiences to support PLHIV's individual health related to COVID-19.
Channels	 Share with health workers to include in their discussions with all patients living with HIV. Share with peer navigators and case managers to include in discussion with PLHIV in their cohort. Circulate among conveners of support groups for PLHIV. Adapt for social media communications for PLHIV.
Messages	
COVID-19 and PLHIV	
1. COVID-19 risks for PLHIV	 Currently there is no evidence that PLHIV taking daily ART are at increased risk for COVID-19 infection or illness than other people. PLHIV not taking daily ART and who have low CD4 count are at increased risk for opportunistic infections, which may include COVID-19. PLHIV not on ART also face greater risk of transmitting HIV. Daily ART strengthens the immune system to help prevent infections and can eliminate the risk of transmission of HIV. Read more: https://www.avert.org/living-with-hiv/antiretroviral-treatment/what-does-undetectable-mean PLHIV who are older than 65 or have heart or lung conditions may be at higher risk of becoming infected with COVID-19 and more severe disease.
2. Preventing COVID- 19 for PLHIV	 Currently there is no vaccine to prevent COVID-19. The best way to prevent getting infected is to avoid exposure to the virus. PLHIV should take the standard precautions to help prevent the spread of COVID-19.

Maintaining HIV service	
3. Stock up on ART and other commodities	 Given interruptions in health services and commodities, it is important that PLHIV have uninterrupted access to ART, condoms, and lubricant. Discuss with your health facility or doctor the option for a longer supply of ART, such as three to six months. Also ask your health facility for a longer supply for condoms and lubricant. As of now, there are no reported ART shortages please update with local information.
4. Get your clinic contact info	 It may be challenging or unsafe to visit a clinic given COVID-19, or the clinic may be closed or on a limited schedule, so be prepared to contact them by phone. Identify other areas where you could get your refills if your clinic becomes inaccessible. Some examples include the community pharmacy or a grocery store; communicate this information to your provider. Options may be available to have your medications delivered or for you to pick them up in a location you feel is more convenient, if needed. If you need medical attention or advice, call your clinic for a phone consultation [enter #] or your case manager [enter #].
5. Maintain a social network that includes others from the clinic or HIV program	 Although physical distancing is required, it is important to maintain a social network remotely, such as online, by phone, or by video chat. This can help you stay socially connected and mentally healthy, which is especially important for PLHIV. Ask your friends, family, and any support groups to connect with you by phone or online through social media or messenger apps. Consider becoming "buddies" with one other person, for example, another support group member. The two of you can check in on each other regularly to make sure that each is OK. Consider sharing your contact information with a peer educator or other outreach staff so that they can connect with you regularly. If you have any concerns about being contacted by someone associated with an HIV program, let the program know what times of day are safe to contact you or whom they should say is calling/writing.

6. Don't give away your ART	 There is no evidence that ARVs are effective to treat COVID-19. Do not share your ARVs with anyone (including people who are HIV negative) because this will reduce your supply and there is no evidence that they effectively prevent or treat COVID-19.
 Dealing with stigma and discrimination at service sites 	Heath centers and staff are under tremendous pressure given COVID- 19, but you should not be denied services or treated unfairly as a result. Reach out to us if you feel like you were mistreated at a health facility insert contact information. You may also provide your anonymous feedback for the facility using this online survey insert link client feedback survey if available.



ABOUT	
Target audiences	 HIV program beneficiaries, including KP members and those in their networks who are reached by outreach workers or influencers
Topics	 Sex and COVID-19 Sex work and COVID-19 Drug use and COVID-19 Maintaining HIV service access (for ART, see PLHIV audiences) Note: Use these messages in combination with the messages for all audiences to support KP individuals' health as it relates to COVID-19.
Channels	 Train/orient outreach staff on messages and how to use them in discussions with clients. Adapt messages into images or lists that can easily be shared on social media with influencers or peer mobilizers who can adapt them into their own content or repost.
MESSAGES	
Sex and COVID-19	
Can the coronavirus be transmitted through sex?	 Coronavirus is transmitted from one person to another through close physical contact (less than 6 feet or 2 m). Coughing and sneezing or direct contact with saliva or mucus (e.g., kissing, making out) can transmit coronavirus. Coronavirus has been found in feces of people who are infected. Rimming someone (licking their anus) may carry risk for transmitting coronavirus. Coronavirus has not yet been found in semen or vaginal fluid, but HIV and other STIs can still be transmitted that way. If distribution of condoms is disrupted, go to the local pharmacy or to other locations where they are sold at reasonable prices.
Can I still enjoy sex and avoid the coronavirus?	 As much as possible, avoid close contact — including sex — with anyone outside your household. If you do have sex with others, limit your sex partners—avoiding those with COVID-19 symptoms as much as possible—and avoid group sex.

	 If you usually meet your sex partners online or have sex for money, consider taking a break from in-person dates. Video dates, sexting, or chat rooms may be options for you. You are your safest sex partner. Masturbation will not spread coronavirus. Be sure to wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after you masturbate. The next safest partner is someone you live with. Having close contact — including sex — with only a small circle of people helps prevent the spread of the coronavirus.
3. How can I reduce my risk of coronavirus infection when having sex?	 Kissing can easily pass COVID-19. Avoid kissing anyone who is not part of your small circle of close contacts, ideally only people in your household. Avoid rimming (licking someone's anus) since the coronavirus can enter your mouth. Condoms can reduce your contact with saliva or feces during oral or anal sex. Washing up before and after sex is more important than ever. Wash your hands with soap and water for at least 20 seconds before and after sex. Wash sex toys with soap and warm water. Disinfect keyboards and touch screens that you share with others (for video chat, for watching pornography, or for anything else).
4. When should I avoid sex altogether?	 If you or a partner may have COVID-19, you should avoid sex, and especially kissing. If you start to feel unwell, or develop symptoms of COVID-19, which include fever, cough, sore throat, and shortness of breath. If you or your partner has a medical condition that can lead to more severe COVID-19, you may also want to skip sex. Medical conditions include lung disease, heart disease, diabetes, cancer, or a weakened immune system (for example, having unsuppressed HIV and a low CD4 count).

Sex work and COVID-19

- 5. What impact will COVID-19 have on sex work?
- COVID-19 may result in closures of brothels, bars, and may even limit street-based sex work. Insert local policy related to closures, lockdowns, and any limitations related to sex workers.
- You may experience fewer clients or limited access to places where you would meet clients, which can reduce your income and make it more challenging to make ends meet.
- Prepare yourself for a period of reduced income and mobility.
 Consider alternative work and income-generating activities and reaching out to friends and family for support.
- Talk to project staff about new government or nongovernmental organization initiatives to support those who have lost income as a result of COVID-19. Get staff's support to access these new services.
- 6. How can I reduce the risk of sex work?
- As much as possible, avoid taking on clients who have COVID-19 symptoms such as coughing, fever, or difficulty breathing.
- Consider setting up a sanitation station if you will have clients or partners at your home; sanitize your client's hands and your own as you meet.
- Avoid touching your clients' faces and avoid being touched on the face
- Consider offering services that do not require intimate touch, such as web-based services.
- Consider safer sex practices that are less likely to transmit COVID-19, such as avoiding kissing, using sex positions that avoid face-toface contact, using a condom and a dental dam for oral sex to reduce exposure, and washing up and disinfecting before and after sex. Remember anal or vaginal sex can still cause HIV and STI infection, which condoms and PrEP can help prevent.
- Consider using mobile money or cashless payments to avoid coming into contact with infected materials.
- Talk to project staff about your ideas to reduce the risk of COVID-19 during sex work or about techniques you've heard others are using.
 Project staff can share ideas with others and clarify in case there are any misconceptions.
- 7. What support services are available for sex workers?
- If you are unable to have enough clients to survive and may become homeless, contact this organization at this number, which is supporting people who are affected by COVID-19.
- If you feel like you are at increased risk for violence because of lockdowns or pressure to stay at home, contact this organization at this number to receive advice and support.

Drug use and COVID-19

- 8. How will COVID-19 affect people who use drugs?
- If you are on opioid substitution therapy (OST), ask your health facility
 or doctor for an extended prescription of at least one month. Ask if
 you can skip urine testing and appointments for at least one month.
- Stock up on equipment/materials for drug use (that will last you at least 3-4 weeks).
- Be prepared to go through involuntary withdrawal. Stock up on necessary medications and food to support your detox. Your supplier may get sick, or lockdown measures may prevent them from supplying you.
- In some places, essential services that may remain open during lockdowns do not include tobacco product sales. If you are still able to, consider stocking up on products that you know you will need.
- For some people, drug use is a coping mechanism and may increase
 or begin during COVID-19. If you find yourself increasing your drug
 use or beginning to use new drugs, think about other ways to deal
 with stress including speaking to friends and family or project staff.
- 9. If I use drugs, how can I avoid coronavirus?
- Don't share pipes, bongs, vapes, or joints, nasal tubes, and all injecting equipment including sterilizing water, cookers, filters, wipes, ties, etc., with anyone.
- Wash hands with soap and water for at least 20 seconds before and after handling money and drugs.
- Prepare drugs yourself and do not let anyone else touch your equipment or drugs. Don't touch someone else's equipment or drugs.
- Avoid putting drug bags/wraps in your mouth. Wash bags with cleaner containing 60% or more alcohol.

Maintaining HIV service access

- 10. Stock up on PrEP and other commodities
- Ask your health facility or provider if you can be given a longer supply of PrEP, condoms, and lubricant, such as a three-month supply.
- You should continue taking your PrEP daily if you are having unprotected sex and you are vulnerable to acquiring HIV.
- There is no evidence that PrEP prevents the acquisition of coronavirus.
- There is no evidence that PrEP helps someone recover quicker from COVID-19.
- If you are taking hormonal therapy or other regular medications, consider arranging for extra supplies; some health services may experience stockouts or have limited staff capacity.

11.HIV outreach and testing	 You should be able to continue accessing HIV testing during a lockdown; however, we recommend against attending group HIV education and testing events in person. Ask for an HIV self-test kit so you can screen yourself for HIV at home and outside a health facility. Insert local instructions for what clients should do in case they have a reactive self-test result. Ask for the phone number of your local community health center and community outreach staff so you can access information and service referrals for sexual health services virtually. Some overburdened health facilities may ask you to postpone some elective HIV services, such as routine HIV testing or consultations. If you may have been exposed to HIV since your last HIV test, explain this to the health facility staff or doctor so you can be prioritized for testing. Follow some local HIV service organizations on social media so you can get program updates, including tips on how to continue accessing HIV services and keep yourself safe from COVID-19. Follow insert social media handles of local partners.
12.Ask for virtual services	• Make it easier to get medical support over your phone. Ask your health providers if you can call them by phone or video chat for routine questions, concerns, or check-ups. If yes, save their contact information in your phone for future use.
13.Stigma and discrimination at service sites	Some health staff may be over-worked, but this is not a reason to discriminate or stigmatize you. Reach out to us if you feel like you were mistreated at a health facility insert contact information. You may also provide your anonymous feedback for the facility using this online survey insert link client feedback survey if available.



Community and Health Staff

ABOUT	
Target audiences	 Community-based health providers connected to the HIV program (may be relevant to broader health staff) Community staff such as outreach workers, peer navigators, and case managers
Topics	 Community-based facility staff Outreach (and mobile) staff Proving client support online Support client well-being Staff well-being Note: Use these messages in combination with messages for all audiences to support HIV program staff's health as it relates to COVID-19.
Channels	 Email to focal point and management at all facilities where HIV program beneficiaries are referred for health services. Develop posters and job aids with key messages and place in partner facilities. Develop simplified list of messages and share in group chat (WhatsApp) for partner health providers and facility staff.
MESSAGES	
Community-based	facility staff
1. Protect your facility, staff, and clients	 Limit how germs can enter the facility and screen clients for COVID-19 before they enter the facility. Consider these recommendations. Isolate symptomatic patients as soon as possible and know if your facility is equipped and approved for COVID-19 screening and care. See other considerations for facilities providing COVID-19 screening and care here. When interacting with patients and clients, wear personal protection equipment (including face mask and gloves as a standard and gown and eye protection if clients are coughing or sneezing). Remove mask and gloves properly. Remove the mask from behind and gloves from inside and do not touch the front of the mask or outside of gloves; discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

	 Perform hand washing frequently, including before and after meeting with each client, after contact with potentially infectious material, and before putting on and after removing personal protective equipment. Staff should perform hand hygiene by using a hand rub with at least 60% alcohol or washing hands with soap and water for at least 20 seconds. Ensure that hand hygiene supplies are readily available to all personnel in every care location. Conserve personal protective equipment so stock can last longer. Follow these tips https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Stop work and notify your supervisor if you experience COVID-19 related symptoms. Seek COVID-19 testing according to local or national recommendations. Return to work only when healthy.
2. Reduce unnecessary facility visits for routine clients	 Dispense three months or more of ART and PrEP at a time (in accordance with local guidelines) and consider dispensing a long supply of condoms and lubricant. When supplies allow, offer all stable clients 6 months of ART. Consider relaxing the eligibility criteria for multimonth dispensing of ART (following local guidelines). Consider alternative ART delivery models, such as the community pharmacy, private clinics, and home delivery. Provide all clients with a phone number or other method to connect virtually with clinic staff for consultation and check-in. Deliver ARVs to clients who are self-quarantining at home. Consider delaying routine viral load testing. Prioritize remote or home-based care for older clients or those with preexisting conditions (such as asthma, chronic obstructive pulmonary disease, diabetes mellitus, and heart disease) to prevent unnecessary facility visits and potential exposure to the new coronavirus.
3. Support continued access to HIV services for clients with COVID-19 or related symptoms	 Ask clients to wait outside and have facility staff go inside to pick up requested commodities or medications for client. Ask clients to send a healthy relative or friend to pick up drugs on their behalf for their next visit. You can also refer the client to another facility that is equipped to provide COVID-19 care. Some HIV service facilities with appropriate COVID-19 precautions include list of facility names and contact information. Share home care tips with clients with COVID-19 or related symptoms here.
Prepare for service disruptions	 Review your stock to make sure that you have enough for all patients expected. Prioritize those who are due for refills in April, May, and June.

 Supply case managers and counselors with phones with airtime and collect patient contact information to allow for routine virtual check-ins.

Outreach (and mobile) staff messages

- 5. Protect outreach staff and clients from COVID-19
- Use personal protection equipment (like mask, gloves, and hand sanitizer) while conducting physical outreach in hot spots or individually, where this is still possible. Insert local guidance and best practice for PPE use in outreach services.
- Outreach staff should limit physical gathering, particularly large gatherings.
- Instruct all clients to use an HIV self-test kit on their own. Stay at least 2 meters (approximately 6 feet) from them as they use the kit to avoid possible exposure. Insert local instructions on what to do if they have a positive screening result.
- Stop work and notify your supervisor if you experience COVID-19 related symptoms. Seek COVID-19 testing according to your doctor's advice and local or national recommendations. Return to work only when healthy.
- Support clients to continue receiving services
- Use virtual platforms to stay in contact with clients if physical distancing, lockdown, and curfews limit your ability to meet physically.
- Follow national and local protocols for physical distancing and lockdowns. Currently in city/country outreach staff are/not allowed to conduct outreach activities, however, list any restrictions or alternatives. List any relevant policies here.
- Ask clients to provide phone or social media contacts so you can stay in touch with them if there is a lockdown or limited mobility. Or, update existing client contact information before commencement of lockdown.
- Store client contact information in a secure place (such as passwordprotected phone) and do not include any sensitive information along with contact info (KP or HIV status).
- Use WhatsApp, voice calls, SMS, or other platforms to stay in contact with clients and support their continued access to HIV services. particularly for PLHIV to access ART.

Providing client support online

- Precautions for program staff
- Work in a way that does not compromise the confidentiality of those with whom you are interacting. For example, make sure that no one can see your screen or hear you speaking; also, avoid sharing clients' names or other identifying information out loud.
- If people you live with are not aware of the kind of work you do, consider whether it is safe for them to learn about your work or about the communities with whom you work. You may need to delete conversation history or avoid speaking about certain topics.

Know your local laws and policies about sharing information on COVID-19. In some countries, individuals who share data that contradict government tallies of COVID-19 cases or criticize the government's response to COVID-19 can be targeted by authorities. Try not to leave your work around the house. If you have printed documents, maintain a "clean desk policy" so that they cannot easily be found by others. Have a system to destroy or delete sensitive information, including from your computer, as needed. Know how to safely transmit data on your work to project staff. For example, password protect files that contain any identifying information and send the password separately via WhatsApp or another platform. Prepare emergency numbers and keep them in your phone, pinned up to the wall (if safe), and in your wallet. Help beneficiaries decide what type of information is safe to share before 8. Precautions for starting each call/chat/interaction. For example, can they speak without clients and being overheard? patients Help beneficiaries delete call/chat/interaction records when an interaction is complete in case others use the same technological equipment Help beneficiaries decide on a safe location within their home for online conversations. It may be a bathroom or other room where water could be run to drown out the sound of a conversation or where they are simply less likely to be observed. If beneficiaries disclose that they are not safe in their location, decide together on a word that they could text you that alerts you of their urgent need for help. Offer beneficiaries the opportunity to create a phrase that can let you know that someone else has entered the room. For example, if someone suddenly enters, a beneficiary could say, "How has your grandmother been?" which would alert you to begin to talk about other topics or to wrap up the call.

Supporting client well-being

- Holistic wellbeing of patients and clients
- Keep KP members and PLHIV informed about COVID-19 and help support their access to accurate information and social connections. This may include conducting WhatsApp or other group calls where information can be shared and myths dispelled.
- Be aware of the other services that beneficiaries may need, such as shelter, nutrition support, and other health care. Remain up to date on government supported initiatives to meet basic needs and help KP members and PLHIV access these new services.
- Recognize that many of your beneficiaries are likely to experience
 violence in their homes. Even when someone does not disclose violence,
 share tips on staying safe (see messages under <u>all audiences</u> on "What
 if I am not safe in my house?").
- 10.Avoid stigmatizing clients/patients with COVID-19
- Avoid responding dramatically to clients or patients if you learn they have COVID-19 or are experiencing related symptoms, because you may stigmatize them and unnecessarily alarm other nearby people. Respond calmly by providing them support and referrals as appropriate.
- People are not a disease. Refer to people affected by COVID-19 as "people who have COVID-19," "people who are being treated for COVID-19," or "people who are recovering from COVID-19." Do not refer to them as "cases," "victims," or other stigmatizing language that defines a person's identity by COVID-19.

Staff well-being

- 11. Consider how the perception of your work will affect the safety of implementers
- Health workers who visit communities may be accused of spreading COVID-19. As you engage in field activities, carry your official work identification, wear the required personal protection equipment, and ensure that the purpose of your work is clearly articulated and supported openly by local authorities and others. Contact us if you experience any issues insert phone number of local HIV program staff.
- Use this message matrix with clients and patients to share accurate messages about COVID-19 to show that you are supporting the response to COVID-19.

Health care workers may worry about bringing COVID-19 into their own 12. Protect your homes. Some have asked family members to take care of their children family in order to limit exposure. Others take additional precautions inside the home, such as physical distancing and limited or no sharing of foods and beverages. If someone in your home shows signs of COVID-19, get tested before reporting to your job at a health facility. When returning to your home from work at a health facility or community outreach, remove any possibly contaminated clothes, separate used clothes to be washed, conduct hand hygiene, and put on new clothes. Think about your personal risk for severe complications of COVID-19 as 13. Self-care well as the risk to others in your household. For example, do you have an underlying condition that may make you more vulnerable? If you are not comfortable providing services in the field or facility because of COVID-19, talk to your supervisor about the process for fairly and transparently assigning tasks that takes personal vulnerability into account. Supervisors should be open to having dialogue with staff in order to receive input and clearly communicate any decisions about assignments during COVID-19. Supervisors and organizations should also clearly communicate what protections the organization has in place to prevent COVID-19 infection and any support that will be provided to individuals who contract COVID-19 through their work. Taking care of yourself ensures you can take care of others. Here are some tips for self-care for medical staff: https://emergency.cdc.gov/coping/responders.asp COVID-19 can also place additional stress on health and community staff, and you can use these tips to manage stress: https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stressanxiety.html

Additional Guidance for Health Facilities

TOPIC	GUIDANCE
Limiting how germs enter the facility	 Consider canceling elective procedures. Use telemedicine when possible to provide confidential consultations by phone or video chat (e.g., on WhatsApp or FaceTime). Screen patients for COVID-19 symptoms including coughing, fever, and shortness of breath <u>before they enter</u> the facility. Use this guidance to set up a triage station: https://iris.wpro.who.int/handle/10665.1/14482 Encourage patient hygiene (e.g., use a face mask or use tissues to cover cough). Clients with COVID-19 or related symptoms should not be encouraged to come into the facility unless it is equipped for COVID-19 care or designated as a COVID 19 screening facility by the relevant local health authority. Encourage clients to call ahead of time if they have symptoms. Rather than accepting clients and risking infecting others, implement rapid triage so patients can be sent urgently to a facility equipped for COVID-19 care. Insert list of approved local facilities or online directory.
Considerations for COVID-19 care in health facilities	 Develop a protocol for determining if you will admit a client with COVID-19 or related symptoms into your facility. This protocol should follow guidance from the local health authority and consider staff concerns and facility resource and capacity. Consider these basic standards for facilities to admit clients with COVID-19 or related symptoms: Separate triage area for clients before they enter the facility Separate waiting area for clients with COVID-19 or related symptoms Handwashing and sanitizing throughout the facility Cleaner and disinfectant to use on surfaces and diagnostic equipment PPE including respirator or face masks for staff and clients, eye protection for staff, gloves for staff, gowns for staff Training staff on how to properly use and dispose of PPE Separate single-person room with door closed to meet with clients with COVID-19 or related symptoms Separate bathroom for COVID-19 clients (and limit clients' access to public spaces) See the CDC's more comprehensive set of recommendations here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#adhere

COVID-19 home care tips

Home care tips for people with COVID-19 or related symptoms:

- Stay at home and away from other household members (where possible). If you must go out, wear a mask and avoid contact with other people, such as avoiding using public transport or taxis.
- Remove mask and gloves properly. Remove the mask from behind and gloves from inside and do not touch the front of the mask or outside of gloves; discard immediately in a closed bin; clean hands with alcoholbased hand rub or soap and water.
- Monitor symptoms. If they worsen, contact a health care provider immediately. Provide clinic phone number.
- Take care of yourself. Get enough sleep and drink lots of water.
- For future medical appointments, call our clinic before you leave your house and let us know if you have COVID-19 or related symptoms.
 Provide clinic phone number.
- For emergencies, call insert local emergency number and notify them that you have COVID-19 or related symptoms.
- Use standard precautions such as covering your coughs and sneezes, washing hands often, avoiding sharing personal items (like phones), and cleaning all commonly touched surfaces with disinfectant or bleachbased cleaner.
- If other family members experience COVID-19 symptoms call your health facility or doctor, ensure that family members stay home, and follow these home care tips. Insert local recommendation on testing and add list of testing locations.

Resources

- 1. African Sex Workers Alliance (18 Mar 2020) Safety Tips for Sex Workers on the Coronavirus: https://twitter.com/AfricaSexWork/status/1240281794542526464/photo/1
- Associated Press (2020) Coronavirus Topical Guide: https://www.apstylebook.com/topical most recent
- 3. Building Healthy Online Communities (2020) Sex and Coronavirus Disease (COVID-19): https://www.bhocpartners.org/coronavirus/
- 4. CDC (4 Apr 2020) How to Protect Yourself & Others: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html
- 5. CDC (5 Apr 2020) What to Do if You Are Sick: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
- 6. CDC (18 Mar 2020) Caring for Yourself at Home: 10 Ways To Manage Respiratory Symptoms At Home: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/caring-for-yourself-at-home.html
- CDC (1 Apr 2020) COVID-19: How to Prepare: Managing Stress and Anxiety: https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html
- 8. CDC (19 Mar 2018) Emergency Responders: Tips for Taking Care of Yourself: https://emergency.cdc.gov/coping/responders.asp
- CDC (30 Mar 2020) Healthcare Professionals: Frequently Asked Questions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
- 10.CDC (1 Apr 2020) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- 11.CDC (3 Apr 2020) Optimizing the Supply of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- 12. Emojipedia. Coronavirus Emojis Explained: https://emojipedia.org/coronavirus/
- 13.FHI (Dec 2019) Decentralized Distribution of Antiretroviral Therapy through the Private Sector: https://www.fhi360.org/sites/default/files/media/documents/epic-project-strategic-guide-scale-up.pdf
- 14.FHI 360 (Mar 2020) Strategic Considerations for Mitigating the Impact of COVID-19 on Key Population-Focused HIV Programs: https://www.fhi360.org/projects/meeting-targets-and-maintaining-epidemic-control-epic
- 15. Frontline Defenders (27 March 2020) Physical, emotional and digital protection while using home as office in times of COVID-19. https://www.frontlinedefenders.org/en/statement-report/physical-emotional-and-digital-protection-while-using-home-office-times-covid-19
- 16. Harm Reduction Coalition (11 Mar 2020) Safer Drug Use During the COVID-19 Outbreak: https://drive.google.com/file/d/1L7BslaZtYHyd5aK wpCktfEBrb2dmiN /view
- 17.IAPAC. (2020) COVID-19 and HIV https://www.iapac.org/hiv-covid-19/
- 18.INPUD (11 Mar 2020) COVID-19 Crisis: Harm Reduction Resources for People who Use Drugs https://www.inpud.net/en/covid-19-crisis-harm-reduction-resources-people-who-use-drugs
- 19. Medicines for Humanity (2020). MFH Resources for Communities and Clinics on COVID-19 https://medicinesforhumanity.org/covid-19-global-pandemic/
- 20.MPACT (2020) COVID-19: 10 Tips for LGBTI Advocates Worldwide: https://mpactglobal.org/covid-19-10-tips-for-lgbti-advocates-worldwide/

- 21.NEJM (13 Mar 2020) COVID-19 Incubation Period: An Update: https://www.jwatch.org/na51083/2020/03/13/covid-19-incubation-period-update
- 22.NYC (27 Mar 2020) Sex and Coronavirus Disease (COVID-19) https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf
- 23.SAMHSA (2014) Tips for social distancing, quarantine, and isolation during an infectious disease outbreak: https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf
- 24. The Compass for SBCC (3 Apr 2020) COVID-19 resources for social and behavior change https://www.thecompassforsbc.org/trending-topics/covid-19-resources-social-and-behavior-change
- 25. The Medical Letter on Drugs and Therapeutics (27 Mar 2020). COVID-19: Some Drug-Related Issues: https://m.medicalletter.org/w5014a
- 26.UNAIDS (2020) What People Living with HIV Need To Know About HIV and COVID-19 https://www.unaids.org/en/20200317 covid19 hiv
- 27.WHO (2020) Connect with WHO chatbot here +41.79.893.18.92
- 28.WHO (2020) Coronavirus Disease (COVID-19) Advice for the Public: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
- 29. WHO (2020) When and How to Use Masks: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks
- 30. WHO (13 Mar 2020) Clinical Management of Severe Acute Respiratory Infection When COID-19 Is Suspected https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected
- 31.WHO (August 2009) Hand Hygiene for Health Workers https://www.who.int/gpsc/5may/Hand Hygiene Why How and When Brochure.pdf
- 32.WHO (17 Mar 2020) Home Care Guide <a href="https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts
- 33.WHO (7 Mar 2020) Responding to Community Spread of COVID-19 https://www.who.int/publications-detail/responding-to-community-spread-of-covid-19
- 34.WHO (10 Mar 2020) Risk Communication Package for Health Care Facilities https://iris.wpro.who.int/handle/10665.1/14482
- 35. WHO (29 Jan 2020) Simplified Guidance on the Use of Masks https://www.who.int/docs/default-source/documents/advice-on-the-use-of-masks-2019-ncov.pdf
- 36. WHO (2020) Technical Guidance for Health Workers https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

This document is made possible by the generous support of the American people through the United States

Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

through the terms of cooperative agreement 7200AA19CA00002. The contents are the responsibility of the EpiC

project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.