Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations for Community-Based Providers

May 8, 2020

COVID-19 is a global pandemic with currently more than 3 million people infected and over 250,000 deaths. Many HIV programs funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) are trying to develop mitigation plans to ensure that essential services are still available for people living with HIV (PLHIV) while prioritizing the safety of staff and beneficiaries and reducing their risk of COVID-19 infection and transmission.

HIV service delivery has become more challenging during the pandemic because of social distancing, which restricts large group gatherings; reduced demand for services because community members are fearful of COVID-19 transmission in facilities; and reduced availability of services when providers are assisting with the pandemic response. The lack of personal protective equipment (PPE) also reduces confidence among beneficiaries and service providers because both feel exposed and vulnerable to transmission and acquisition of COVID-19. Therefore, within this context, PEPFAR's priority is the safety and security of staff, volunteers, and beneficiaries. In response, programmatic measures must be put in place to ensure that protection. PEPFAR's second priority is maintaining essential HIV prevention, testing, and treatment services; viral load (VL) testing; and treatment of opportunistic infections to safeguard and prolong lives.

This document, *Mitigating the Impact of COVID-19 on HIV Programs: Practical Considerations for Community-Based Providers,* is linked to the broader *EpiC Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs*. The latter describes the measures that key-population-focused HIV programs should strive to implement at all service delivery levels to mitigate the impact of COVID-19. This community-based document focuses on community HIV services that serve a full range of populations, including adolescent girls and young women, orphans and vulnerable children (OVC), at-risk men, and key populations. The community-based services discussed here might also provide information, commodities, and services related to family planning, tuberculosis, prevention of mother-to-child transmission, voluntary medical male circumcision (VMMC), and safe drug-injecting equipment for people who use drugs.

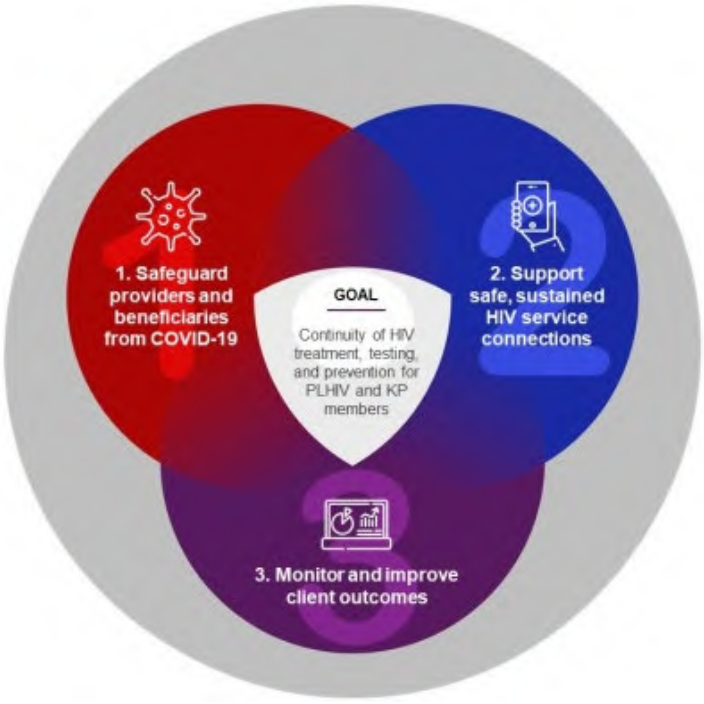
Community-based HIV programs often involve well-trained and supported peers, who share attributes such as gender, sexual orientation, age, health condition, or socioeconomic status with populations the programs are trying to reach. Peer-led interventions have become a standard approach in many programs working with key populations, priority populations, and others who are considered hard to reach. Peers play a critical role in linking beneficiaries to HIV services and

supporting navigation to and retention in treatment and prevention services among people who might drop out without this support. In OVC programs, community volunteers are trained in case management, and they reach and support beneficiaries and their families in their homes.

Unfortunately, the traditional close, face-to-face interaction that makes peer workers so effective also elevates their potential risk for COVID-19 exposure. As a result, innovative strategies to maintain close social connections while practicing social distancing are vital.

This document provides practical guidance to community-based organizations and other implementing partners who support community staff in the provision of HIV services. The guidance describes how to (1) help safeguard beneficiaries and community-based workers (CBWs) from COVID-19 while (2) maintaining and sustaining connections to HIV treatment, testing, and prevention services during the COVID-19 pandemic (Figure 1). The community cadres that are the focus of this document include both paid and volunteer workers who may be community-based supporters, peer educators, peer navigators, case workers, or outreach workers. Throughout the document, the term "community-based worker (CBW)" is meant to encompass all those in the community setting who provide support to peers.

Figure 1. Priorities for Maintaining HIV Services during COVID-19

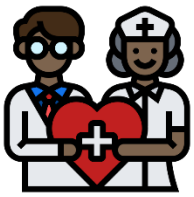


The guidance follows the structure illustrated in Figure 1: the first section discusses safeguarding providers and beneficiaries from COVID-19, and the second section reviews how to maintain access to HIV and related health services while minimizing COVID-19 risks. The subsections under the two main strategies are below:

1) Safeguard providers and beneficiaries from COVID-19
   a. Preparing and training CBWs
   b. Providing education on COVID-19 prevention to CBWs and beneficiaries
   c. Pre-screening for COVID-19 and pre-existing conditions
   d. Safety and security in the time of HIV and COVID-19: risk of harassment, threats, and violence
   e. Preparing programs for social distancing

2) Maintaining access to HIV services and other related health services
   a. Continuing HIV outreach services
   b. Maintaining HIV testing services
   c. Maintaining antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP)
   d. Tracking the impact of COVID-19 on HIV programs

Safeguard providers and beneficiaries from COVID-19



The health and security of CBWs is always paramount, but it is even more difficult to ensure during the COVID-19 pandemic given the high risk of infection, the social anxiety that is linked to the virus, and the hardships CBWs themselves experience because of COVID-19 prevention measures that limit their access to basic necessities and cause a more volatile working environment.

Like all HIV program staff, CBWs should (1) exercise social distancing, (2) pursue alternative (virtual) means of providing individuals with HIV services and support, and (3) direct individuals who have potentially been exposed to COVID-19 or are exhibiting symptoms to attend officially endorsed COVID-19 screening services. (Refer to EpiC's *Strategic Considerations* for more general guidance HIV programs should take to protect all program staff, providers, and beneficiaries.) CBWs should not direct people who may have COVID-19 to HIV testing, treatment, or prevention sites and facilities but instead refer them to COVID-19 pre-screening services. However, CBWs should develop a clear understanding of beneficiaries' HIV-related needs so they can provide appropriate, frequent, and safe follow-up.

The section below describes procedures recommended specifically for safeguarding CBWs and beneficiaries.

Preparing and training CBWs

- Integrate COVID-19 prevention practices into routine activities.
  - Use PPE such as gloves and face masks during community activities.
  - Ensure that infection prevention control (IPC) measures are complied with when delivering physical outreach services. IPC includes conducting outreach activities outdoors, avoiding crowded areas, practicing social distancing, ensuring good ventilation, using water/soap/hand-sanitizers, and cleaning surfaces.
  - Follow national, ministry of health (MOH), and health district procedures for referring colleagues and beneficiaries to testing locations if they have been exposed to a person with COVID-19 and/or are exhibiting COVID-19 symptoms. Or, help them use national COVID-19 hotlines while self-isolating and waiting for guidance from the COVID-19 emergency response team.
  - Provide information on how CBWs should report and respond to possible exposure to a person with COVID-19, including quarantining and not working if they feel ill or test positive for COVID-19.
  - Ensure that CBWs have a list of nearby COVID-19 testing locations/options.
- Train CBWs on key considerations in the time of the COVID-19 pandemic. These include:
  - Information on COVID-19 transmission, symptoms, and prevention methods.
  - Ways to safely provide virtual outreach and support, including communicating about privacy risks to beneficiaries who are using social media platforms for the first time.
  - Methods for sustaining services while social distancing measures are implemented. These include moving toward multi-month dispensing (MMD) and alternate delivery methods (such as decentralized distribution) for ART, HIV self-testing (HIVST), PrEP, tuberculosis preventative treatment, co-trimoxazole preventative therapy, tuberculosis treatment, and methadone maintenance treatment. Both MMD and decentralized distribution can reduce the burden on clinical sites as well as reduce the risk of COVID-19 exposure.
- Train CBWs on **how to support beneficiaries who are experiencing hardships as a result of COVID-19 prevention measures.** People may experience anxiety from isolation, inability to work, lack of income, lack of clients, forced eviction, and forced quarantine with a violent family member or partner. Help CBWs in this effort by creating and funding mechanisms that bring beneficiaries together virtually to receive information and support one another.

Resources

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

Use this home care guide for patients with COVID-19 or related symptoms: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

Providing education on COVID-19 prevention to CBWs and beneficiaries

- Build the CBWs' **motivational communication skills** to help better engage and retain beneficiaries in virtual services under social distancing measures.
- Train CBWs to use existing monitoring tools **to track conversations** and questions that arise about COVID-19 during virtual or face-to-face outreach so that messages and materials can be updated to reflect new information and to address any myths and misconceptions.
- Ask that CBWs use **various channels**—such as social and behavior change (SBC) materials, on-line platforms, social media, and SMS push messaging—to integrate education on COVID-19 transmission, prevention, and local screening resources into their activities.
- Have CBWs distribute hand sanitizer or soap, as appropriate and possible, in order to clearly demonstrate the project's **commitment to COVID-19 reduction** and to help reduce community fears that CBWs may spread COVID-19 infection.

Resources

CDC print resources
https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

COVID-19 resources for SBC
https://www.thecompassforsbc.org/trending-topics/covid-19-resources-social-and-behavior-change

Pre-screening for COVID-19 and pre-existing conditions

- Ensure that CBWs follow MOH/health department guidance on if/when to integrate **COVID-19 pre-screening** protocols and referral procedures into their work. For example, some countries have adopted hotlines and/or on-line screening tools that provide information on COVID-19 and refer people to appropriate services if they have signs/symptoms and/or have been exposed to someone with COVID-19. CBWs should refer beneficiaries potentially infected with or exposed to COVID-19 to these country-approved resources.
- If trained on national COVID-19 guidelines, and with approval from the MOH, CBWs can ask about the presence or absence of any **pre-existing conditions** (e.g., asthma, TB, hypertension, heart disease, chronic obstructive pulmonary disease, diabetes mellitus) and make appropriate referrals, including remote or virtual. Individuals with these conditions may be more likely to suffer critical or severe outcomes if infected by COVID-19.
- **Regularly screen** CBWs for COVID-19 signs/symptoms/contact. Those who are living with HIV or who have other underlying medical conditions should be given alternate work responsibilities and/or recommended to do only virtual work.

Resources

Coronavirus disease (COVID-19) advice for the public:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

When and how to use masks:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

Safety and security in the time of HIV and COVID: risk of harassment, threats, and violence

- Train CBWs on the **increased risk of intimate partner violence**, violence against children, and other forms of violence that beneficiaries might face during the pandemic. Encourage CBWs to continue to identify cases of violence and provide appropriate support to those who disclose violence (including online or phone-based first-line support, and the LIVES model put forward by WHO). CBWs should keep an up-to-date list of the violence response services available, ideally including online or phone-based support from a trained counselor.
- Ensure that CBWs understand the **evolving situation and its potential risks** in order to assess their own vulnerability to both COVID-19 infection and violence from partners, family, community, and police. CBWs should also understand their rights as HIV implementers, including any support that the project will provide if they are infected with COVID-19 through their work. CBWs can make their own decisions about the level of risk they feel comfortable undertaking when providing HIV services.
- CBWs should carry **official identification**, such as a badge or official letter that demonstrates that they have permission from health or government authorities to conduct their work
- Ensure that CBWs follow the organization's **existing security, safety, and response plan**. The plan should be reviewed and updated often to determine whether referral organizations and other support services are still currently operating.
- CBWs should **report any incidents** of harassment, threats, arrest, and violence using an incident reporting tool. CBWs should monitor and report these kinds of incidents whether they affect themselves, a colleague, a peer, or a client. These incidents should be reported to the CBW's direct supervisor as soon as possible, either by phone or WhatsApp group. Typically, the CBW should wait to receive guidance from his/her supervisor on how to manage the situation; however, if under immediate and urgent threat, then he or she should act immediately to safeguard him/herself and/or the safety of a client/peer/colleague.
- CBWs should be aware of and check in on their **colleagues' mental health** and overall well-being and report to their supervisors if someone needs support.

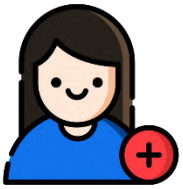
Resources

If, because of lockdowns or social distancing, CBWs or beneficiaries 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 #

Consider safety planning in case someone is home with an abuser. For example, have a code word to use on the phone or via text to let others know that he/she needs help; go to the bathroom and run the shower to create background noise to have private calls; consider which rooms in the home have fewer items that could be used as weapons; keep identification with you at all times. More ideas can be found here: https://mailchi.mp/avp.org/tips-for-when-staying-home-isnt-the-safest-plan?e=f43e5100b4

Prepare programs for social distancing	
To help prepare programs for social distancing, CBWs can: ▪ **Collect contact information** (telephone number, email address and/preferred social media) for all beneficiaries to help maintain virtual contact. Use a form that does not disclose key population or HIV status. ▪ Communicate with and reassure beneficiaries, especially those new to virtual outreach, **how information shared** using online and phone-based services will be **kept confidential**. ▪ Establish simple mechanisms to ensure that CBWs **sustain social contact** with one another under conditions of social distancing. They can use online chat groups, phone trees, or WhatsApp groups to discuss and share concerns and enhance group solidarity.	**Resources** Prepare yourself emotionally and mentally for less social and physical contact with friends and family. Consider these tips for maintaining mental health during a lockdown or social distancing: https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf

Maintaining Access to HIV and Related Health Services



PEPFAR's second priority, after safeguarding the safety and security of staff and beneficiaries, is to protect the gains in the HIV response by ensuring the continuous supply of PrEP to reduce transmission and ART to maintain virologic suppression. The most critical intervention for all HIV programs is to accelerate and complete scale-up of 3- to 6-month dispensing of ART and 3-month dispensing of PrEP. This will minimize patient contact with health facilities to both reduce COVID-19 infection and reduce burden on the facilities. One solution to reducing crowding at the health facility is the Online Reservation Application (ORA), an appointment booking systems that helps clinics manage client flow by forward-triaging clients before they arrive at the clinic. CBWs should use virtual and online platforms (ORA, phone calls, SMS, WhatsApp, program websites, social media sites) as much as possible to:

1) Make appointments for services that are safe and at low risk of COVID-19 exposure (provided that the beneficiary does not have COVID-19 signs/symptoms)
2) Access medications, test kits, and or other HIV commodities
3) Connect with other CBWs or a clinical provider

Continuing HIV outreach services

- Based on national policy and social distancing measures, in-person **small groups are generally not recommended**. However, if they are taking place, then observe the following measures. (1) When inviting beneficiaries to small outreach events, they should be pre-screened/triaged for COVID-19 signs/symptoms and any possible exposure. Do not invite anyone who potentially has or has been exposed to COVID-19, and instead, virtually navigate them to a COVID-19 hotline and/or testing service. (2) At the selected venue, comply with IPC measures: hold outreach activities outside, ensure good ventilation, provide of water/soap/hand-sanitizer and face masks, and clean all surfaces. (3) Maintain 6 feet or 1-2 meters distance between beneficiaries and CBWs. Groups of five or fewer people and meetings that last no longer than 30 minutes are recommended.
- Develop **new, or leverage existing, social media channels** to maintain contact with beneficiaries online or virtually, and reduce or end physical or hot-spot-based outreach. This may require new mobile devices and airtime to conduct online outreach. These channels can be used to disseminate HIV program messages, including those related to COVID-19.
- Use **online approaches** for making clinical referrals (e.g., ORA) to avoid the need to meet clients in person to refer them to health services. CBWs can help clients schedule appointments with health care providers in advance in order to control client flow and avoid facility overcrowding, especially if a transportation lockdown is going to be imposed.
- Work with National AIDS Control Programs, ministries of health, local authorities, and other relevant actors to ensure that community-based activities are understood as **pro-health** and not as increasing the spread of COVID-19. Provide CBWs with written permissions that can be presented to law enforcement and others as needed. Consider other visuals that connote authority such as a project- or government-branded sticker on CBWs' shirts, an official badge, and/or an MOH or other official government letter.
- Ensure an **uninterrupted supply of commodities** (such as condoms and lubricants) at community distribution points via hot spot managers and vending machines. Provide a larger supply to beneficiaries (such as MMD for ART/PrEP) if social distancing measures limit face-to-face contact and discourage frequent trips to resupply.

Continuing HIV Testing Services

- Prioritize **models of HIVST** that reduce clinic walk-ins and physical contact, such as facility pick-up, peer delivered, at-home testing, and home delivery. Continue to maintain contact with beneficiaries once they take the HIV test and support them as they navigate confirmatory testing and ART/PrEP services, as needed. CBWs can tele-navigate beneficiaries to the reference service, either at a facility or at the community level, depending on country-specific standard operating procedures.
- **Support clients with assisted HIVST** and **peer mediated HIVST** by phone, Skype, or other social media platforms. CBWs can describe how the test is administered, provide pre- and post-test counseling, "sit" with the client while they take the test and wait for the results, and provide links to other prevention and treatment services based on the result.
- Prioritize the use of **HIVST within index testing** and/or risk network referral (RNR) by giving kits to sexual/injecting partners. CBWs can continue to follow up through phone calls, SMS, on-line, and other alternative forms of communication.
- Train CBWs on **whom and how to refer to facility-based HIV testing services (HTS)** based on need. These facility-based HTS services include provider-initiated testing and counseling; antenatal care; diagnostic testing (for those with signs and symptoms suggestive of HIV infection); treatment for TB, sexually transmitted infections, or malnutrition; confirmation after a reactive HIVST screening; early infant diagnosis (EID); and passive partner/index testing.
- In settings where CBWs can conduct testing, **home-based HTS** should be considered.
- Provide CBWs access to the directory of **private labs** within their catchment area (and those with which the project has an agreement) so that they can refer beneficiaries to these facilities for a free HIV test.
- Expand the use of the **enhanced peer outreach approach** to create demand for HIV testing. Note that online social networks may expand during social distancing.

Maintain ART and PrEP services

Tracking and maintaining clients

- CBWs can use **virtual online case management** approaches, phone, SMS, and other alternative methods of communication to ensure continuity of services and adherence support. Consider virtual support groups and follow-up for HIV-positive individuals and PrEP users and use these opportunities to discuss measures they are taking to prevent exposure to COVID-19. Ensure that the online platform is secure and confidential.
- Encourage CBWs to **maintain active contact** with all PrEP and TB clients and PLHIV to remind them of their clinical appointments, inform them where to pick up their medication, or directly distribute it to clients. A case-by-case decision will be made by the clinic and community team on the best course of care/action. If systems allow, a one-stop-shop service can be offered, at least for TB/HIV-infected patients.
- Support CBWs to **track all clients**—including those newly diagnosed HIV positive, newly initiated on PrEP, newly initiated on ART, those who are not virally suppressed, and those who have underlying medical conditions that put them at higher risk for COVID-19. Monitor and support their uninterrupted access to ART and PrEP, particularly for clients who are infected with COVID-19 or have a family member who is infected, which limits their mobility due to lockdowns, quarantines, and social distancing.

Resources

COVID-19 and HIV
https://www.iapac.org/hiv-covid-19/

What people living with HIV need to know about HIV and COVID-19
https://www.unaids.org/en/20200317_covid19_hiv

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

MMD

- Based on national policy and supply, **immediately** establish at least a 3- and 6-month MMD option if stocks allow, so clients do not come to the clinic during possible peak COVID-19 transmission periods.
- In order to minimize client contact with physical facilities, CBWs should try to increase their ability to **pick up, store, and distribute** ART and PrEP if clinics and DICs are unable to function. Other modalities of ART/PrEP distribution—such as decentralized community distribution, pharmacies, private clinics, and home delivery—can also be explored to reduce the potential exposure of PLHIV to people with COVID-19.
- Have a **directory of ART facilities** available for clients in case they are unable to access ART at preferred sites. Test processes for referrals to new distribution sites ahead of time to be sure they are well understood by CBWs.

Viral load

- Following national/district health guidelines, train CBWs on how to work with clinical services to **identify when clients are due a VL test** during COVID-19 restrictions, and then to navigate them to where samples will be taken, support access to results (e.g., virtual access to VL test results via phone/social media), and explain results if necessary. Prioritize VL testing for EID; pregnant and breastfeeding women; children; and people whose last VL test indicated they were not virally suppressed, especially those who were recently initiated on ART but are eligible for VL testing and those with adherence challenges. CBWs should provide ongoing support for all those not yet eligible for VL to track and alert when they are eligible.
- VL sample taking, in partnership with the VL lab, could be **offered in the community** by using dried blood spot or by transporting the VL sample to the lab using necessary IPC measures. CBWs can also tele-navigate the client to the health facility, after ensuring that the client is pre-screened/triaged for COVID-19 before he/she leaves the household.
- Consider **delaying routine VL testing** until the situation improves, but with ongoing support for adherence.
- **Explain** to the beneficiary **why the VL test is delayed** and why it is important to adhere to treatment/prophylaxis. Provide the beneficiary with the date of the VL test to be scheduled if they do not know after the COVID-19 pandemic is resolved and/or government policies reopen full access to the health facility services.

Tracking the impact of COVID-19 on HIV programs

- Ensure that **data collection is uninterrupted** by providing access to all relevant monitoring and evaluation tools.
- Prioritize HTS_POS, TX_NEW, PrEP_NEW, VMMC_NEW, TX_MMD disaggregated by facility/community and adults/pediatric, TX_CURR, and OVC_HIVSTAT.
- Ensure that CBWs track their on-line, SMS, emails, phone calls, and other virtual support so the program can demonstrate their level of effort.
- To minimize data breaches or loss of confidentiality, ensure that there are **data safety and security** measures in place for any data collection documents and/or devices that are used.
- Provide a guide/template, ideally in electronic format, on tracking key PEPFAR MER indicators.
- Provide a guide/template, ideally in electronic format, on tracking COVID-19 pre=screening and outcomes. especially during each encounter with PLHIV.