COVID-19 and TB/HIV services
WHO guidance and considerations

HIV-TB Implementation for Impact Working Group
April 15 2020
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Overview

- A pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on 31 December 2019

- The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020

- By 14 April 2020, more than 1,844,863 confirmed cases reported and 117,021 deaths in 206 countries

- WHO leading the response and working 24/7 to analyse data, provide advice, coordinate, help countries prepare, increase supplies, manage expert networks

- WHO resources available online https://www.who.int/emergencies/diseases/novel-coronavirus-2019

- Potential areas concern for HIV and TB programmes
  - Continuity of services
  - Reducing covid risk to health care workers and patients
  - TB diagnosis and treatment
  - TB preventive treatment
  - HIV differentiated service delivery, high risk groups
  - Diagnostics and supply chain
COVID-19 response in Africa

https://www.afro.who.int/health-topics/coronavirus-covid-19

African countries move from COVID-19 readiness to response as many confirm cases

The global community is racing to slow down and eventually halt the spread of COVID-19, a pandemic that has claimed thousands of lives and sickened tens of thousands of others. In Africa, the virus has spread to dozens of countries within weeks. Governments and health authorities across the continent are striving to limit widespread infections.
OBJECTIVE OF TODAY’S WEBINAR

• To discuss potential concerns for disruption of TB and HIV services in low and middle-income settings due to COVID-19

• To share technical guidance and resources from WHO and partners to mitigate disruption

• To learn from partners, MOH representatives, and civil society about emerging issues on the ground and potential solutions and experiences in preparedness and response

• To summarize key messages from this group and highlight country-level needs
Overarching technical guidance: WHO resources

Country & Technical Guidance - Coronavirus disease (COVID-19)

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Maintaining Essential Health Services

https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. This document expands on the content of the Operational planning guidelines to support country preparedness and response, and provides guidance on a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.

WHO TEAM
HIV related questions and answers

Q&A on COVID-19, HIV and antiretrovirals
24 March 2020 | Q&A

Are people living with HIV at increased risk of being infected with the virus that causes COVID-19?

Can antiretrovirals be used to treat COVID-19?

Can antiretrovirals be used to prevent COVID-19 infection?

What studies on treatment and prevention of COVID-19 with antiretrovirals are being planned?

What is WHO’s position on the use of antiretrovirals for the treatment of COVID-19?

https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals
Key messages

• PLHIV who are taking ARV drugs should ensure that they have at least 30 days of ARVs if not a 3 to 6-month supply and ensure that their vaccinations are up to date (influenza and pneumococcal vaccines).

• Adequate supplies of medicines to treat coinfections and comorbidities and addiction should also be ensured.

• Adapted and evidence-based measures to reduce possible transmission should be considered and implemented.

• Services that reach vulnerable populations such as community-based services, drop-in centres and outreach services can continue providing life-saving prevention (distribution of condoms, needles and syringes), testing and treatment while securing safety of staff and clients.

• Simplified antiretroviral therapy delivery models which include multi-month prescriptions and dispensing for clinically stable patients (3-6 month supply).
Maintaining essential HIV prevention and sexual health services

- Some HIV prevention activities likely to be **paused or scaled down**, eg VMMC
- But **condoms, harm reduction programmes** need to continue with modifications
  - Delivery of supplies with social distancing through pharmacies, vending machines, post
  - Larger supplies for longer time periods
- **Continue HIV testing** including through expanding access to self-testing
- **Prioritize continuation of contraception services**
  - Ebola in West Africa: increased unplanned and teenage pregnancies during emergency response → unsafe abortions and AGYW morbidity

**CONDOM SHORTAGE LOOMS AFTER CORONAVIRUS LOCKDOWN SHUTS WORLD'S TOP PRODUCER**

Malaysia's Karex Bhd makes one in every five condoms globally. It has not produced a single condom from its three Malaysian factories for more than a week due to a lockdown imposed by the government.

Condoms “not essential” – purchase banned in a supermarket in South Africa
Leverage differentiated service delivery approaches

6 monthly clinic visits improves retention in Zambia

Good adherence with 3 monthly clinic visits in Spain

Home delivery of ART feasible and improves outcomes in UK & Spain

3 monthly clinic visits reduces costs to patients and health system in Kenya and Uganda

Mody, Clin Inf Dis 2017

Munoz- Moreno, IAS 2016

Leon PlosONE 2011; Harte I J STD AIDS 2008
WHO recommendations supporting DSD for clinically stable clients during COVID-19 (advise multi-month dispensing (MMD) and avoid group meetings)

**WHEN**
- 3-6 monthly ART refills
- 3-6 monthly clinic visits

**WHERE**
- ART maintenance at community level

**WHO**
- Trained non-physicians/nurses/midwives can initiate and maintain ART
- Trained/supervised lay providers can distribute ART
- Trained/supervised CHWs can dispense ART between clinic visits

17 April, 2020
COVID-19 Diagnostics considerations

- Three molecular technologies have US FDA emergency use authorization (undergoing WHO prequalification emergency use listing review – Roche acquired April 7th) that are commonly used by HIV and TB programmes – Abbott m2000, Cepheid Xpert, Roche cobas 6800/8800

- A Diagnostics Supply Consortium has been developed that includes WHO, Unicef, Global Fund, World Bank, Unitaid, Gates Foundation, FIND, and CHAI.
  - This consortium is working with suppliers, particularly Abbott, Cepheid, Hologic, Roche, and ThermoFisher, to negotiate access to tests as well as pricing considerations.
  - Discussions have progressed well and final numbers from each supplier are being finalized.
  - Countries and partners are encouraged to consider a multi-pronged testing approach, not just relying on one technology or solely on automated technologies, due to limited test availability.
  - Additional technologies will be brought into the consortium as available.

- For these and upcoming automated and manual technologies, an allocation plan is under development to support distribution to LMICs.

- Several guidance documents already exist, while an operational guidance document to support COVID-19 testing that should provide practical and programmatic guidance is in development.
HIV and COVID-19 Diagnostics considerations

While sharing technologies in this emergency response, it will remain essential to maintain other critical molecular diagnostics, particularly:

- Early infant diagnosis
- Tuberculosis testing for people living with HIV
- Viral load testing for people living with advanced HIV disease; those suspected of failing treatment, including pregnant and breastfeeding women; infants, children, and adolescents.
COVID19 | Supply Chain Interagency Coordination Cell: Workstreams – Enablers – Goal

**Supply and Demand**
Visibility over the supply and demand of critical items for COVID19 response: PPE, lab diagnostic and clinical equipment.

**Logistics and Access**
Up to date information about access and logistics constraints, availability of assets and services.

**Programme Continuity**
Flag disruptions to ongoing humanitarian and development programme.

**Scale up of Operations**
Provide visibility to the COVID19 response, identify gaps and appropriate actors to fill them and facilitate access to finance.

**Information Management & Advocacy**
Collect, analyze and disseminate the appropriate products through different platforms.

**Coordination**
Establish a main entry point for the COVID19 response to support informed decision making among partners.

Enable an efficient and effective supply chain response across the community through the dissemination of information to support strategic guidance, operational decision-making, and overall monitoring.

17 April, 2020
Leverage existing systems to address fear, stigma and discrimination through engagement and information, including social media.

WHO, UNICEF and IFRC issued guidance on risk communication and community engagement for COVID-19 preparedness and the response:

Civil society and community engagement

Engagement facilitated through:

• UNAIDS Joint Programme
• Global Fund
• Global Action Plan for healthy lives and wellbeing
• UHC 2030
• Initiatives from communities and civil society

Issues:
• Coordination and content management
• Language and adaptation
Addressing TB prevention diagnosis and treatment within HIV services: selected questions

• How can we distinguish between TB and COVID-19 among PLHIV?

• How does WHO recommend ART initiation be offered in patients with TB symptoms in this COVID-19 pandemic situation, to avoid multiple visits to health facilities?

• What is the guidance around multi month drug dispensing strategies for ARV and TB treatment during the COVID-19 pandemic?

• How can we continue provision of TB preventive treatment?

• How will COVID-19 affect contact tracing and community outreach for TB and HIV treatment?