

COVID-19 Information Note: Considerations for Global Fund Support for HIV

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1. Introduction

On 11 March 2020 the WHO declared the COVID-19 outbreak a pandemic. It is likely that COVID-19 will impact dramatically on communities affected by HIV, along with the health systems that serve them. Prevention and rapid containment of COVID-19 is a priority in order to minimize the negative impact on health care providers, as well as services to people living with HIV (PLHIV) and people who need HIV prevention services, especially key populations, and in East and Southern Africa, adolescent girls and young women (AGYW) and their male partners. As such, the COVID-19 pandemic has significant implications for programs that the Global Fund supports.

This communication on COVID-19 and HIV summarizes preliminary messages about the operation of HIV programs and services. It elaborates on how the Global Fund partnership is responding to HIV in the context of COVID-19, supporting technical guidance from technical, implementation and advocacy partners. As we learn more and more deeply analyze what COVID-19 means for HIV and other investments in the different settings and countries the Global Fund supports, we will issue [further guidance](#). This includes COVID-19 and TB and questions related to health systems. The Global Fund is making funding and flexibilities available to support countries as they respond to the COVID-19 pandemic, more information is available [here](#).

2. Supporting Countries Preparing Funding Requests

i. [Protect essential HIV services](#)

This is the highest priority for Global Fund HIV investments. The Global Fund Secretariat supports Principal Recipients (PRs) to conduct contingency planning and to manage prioritization in the context of anticipated disruptions and additional demands arising from COVID-19 screening and treatment.

- Assess the likelihood of interruption of HIV-related services. Special attention is to be paid to HIV prevention, HIV treatment, HIV testing services, in particular HIV testing for pregnant women, children and people with TB, TB treatment and TB preventive treatment (TPT) services, and opiate substitution treatment (OST) for people who inject drugs (PWID). Assessments should consider all platforms including health centers, community centers, mobile health posts and outposts, drop-in centers and safe spaces, with specific reference to key populations and other marginalized populations at high risk of HIV acquisition and or violence and discrimination. An assessment tool for HIV services in emergency settings is included in Annex table 2.
- Assess quarantine measures to ensure access to HIV prevention and medical care such as ART services, TB services for PLHIV, antenatal and maternity care, access to OST and other medicines and testing for pregnant women. Explore, support and ensure provision of

those services in communities, outside health care facilities to decongest these and lower the risk of acquisition of COVID-19 from within those facilities.

- Adapt and protect HIV testing, treatment and prevention-related commodity supply and dispensation.
- Assess service access barriers with a human rights, gender and key and vulnerable population lens, applied to both HIV service adaptations and COVID-19-related services. Ensure that people receiving HIV treatment, key and vulnerable population groups and their communities receive information and other support services, such as consultations with health care providers, hotlines, community support groups via telephone, digital and other media.

ii. Support country-based planning and adaptation

Countries will update their COVID-19 policy and HIV response based on guidance from WHO, UNAIDS and other technical partners. Global Fund Country Teams are encouraged to understand and align Global Fund support with the country guidelines and country specific situation. In countries where no detailed plans are available, Global Fund Country Teams, NGO PRs and others with respective capacity who could support the COVID-19/ HIV response should advocate or engage with governments in planning COVID-19 responses and in adapting HIV services considering COVID-related disruption. Contingency plans should also consider TB/HIV services and procurement and supply management.

iii. Engage civil society and community actors

Civil Society and communities play a critical role in reaching key and vulnerable populations and help them to quickly adapt to the changes imposed by COVID-19. They are also critical in providing respective services, information and other support. Global Fund Country Teams will work with stakeholders in country to support swift service adaptation and to boost the capacity of civil society and communities.

3. Specific guidance

i. Vulnerability of PLHIV to COVID

Background: So far there is no evidence for a higher COVID-19 infection rate or different disease course in PLHIV than in HIV-negative people. PLHIV who are on ART with a normal CD4 T-cell count and suppressed viral load may not be at an increased risk of serious illness. WHO warns, however, that PLHIV not on ART or who do not have a suppressed viral load may be more vulnerable to opportunistic infection and disease progression.¹

Guidance:

- Continued focus on HIV testing and treatment (delivered through adapted services to reduce the number of visits to the facility) is a protective measure for undiagnosed and untreated PLHIV who are vulnerable to COVID-19.
- PLHIV should also be encouraged to take the same COVID-19 precautions as the [WHO recommends](#) for the general population. The Global Fund supports PRs to develop clear and trusted health communication specifically for PLHIV.

¹ <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>

ii. HIV prevention- adaptive programming for different risk scenarios

Challenges:

- COVID-19 responses are likely to impact negatively on the operation of prevention programs. Some prevention programs such as VMMC programs have already been affected as they may be considered non-essential, elective surgeries.
- Factors that increase vulnerability to HIV can also potentially increase vulnerability to COVID-19, for example altered patterns of sexual contact, migration, incarceration, being out of school and poor access to health care. Key and vulnerable populations and AGYW and their partners are likely to be affected disproportionately to others, particularly with regards to HIV risk.
- AGYW and sex workers are particularly vulnerable to shocks and risk fluctuations of this kind and do not have alternative livelihood strategies to support themselves or to access food. They are also vulnerable to negative coping mechanisms. "Stay at home" orders can increase HIV and other risks such as gender-based violence for women and girls living in violent or abusive households. Spikes in HIV incidence amongst newly out of school girls, sex workers, people who use drugs and others are therefore increasingly predicted.

Guidance:

- Prevention measures will need to be adapted to be more online/phone-based modalities and less about person to person and group work interventions, while distribution of commodities may be adapted to incorporate physical distancing measures, such as automated distributors and drop-off of commodities rather than hand-to-hand distribution.
- Intensify health information/communication for adolescents in high incidence locations, focus on COVID-19, and on HIV prevention and sexual health. As schools close, access to HIV, safe sex and sexual health information for adolescents will need to adapt towards online platforms.
- Continued supply of condoms and lubricants is critical, and they should be included as a priority in procurement and supply chain adaptations. Support for efforts to distribute condoms to different locations is needed, with a focus on marginalized people, young women and men in high incidence locations, sex workers, MSM, people who use drugs and people in overcrowded housing.
- Continued supply of products that are part of the basic prevention package for PWID should be prioritized; for example, clean needles and methadone/buprenorphine. Forced withdrawal from methadone/buprenorphine leads to dramatic health crises for individuals and may result in further stress on already overburdened health systems.
- VMMC programs should follow country guidelines and carefully assess the safety and feasibility of continued service during the COVID-19 outbreak.
- PrEP should be protected and continued where possible, incorporating physical distancing measures, such as drop-off of commodities rather than hand-to-hand distribution.
- Continued access to post-exposure prophylaxis (PEP) and to emergency contraception where applicable should be assured.
- Continue the availability of shelters that are safe and adapted to meet basic COVID-19 prevention measures, special intimate partner violence/gender-based violence police complaint departments, or other means of protection for people facing violence at home.
- Social protection measures will be provided in some settings. Advocacy to ensure these are made available and accessible to key and marginalized populations is a priority, to ensure that for example, age, immigration status and criminalization, are not barriers to accessing social protection measures. National AIDS Commissions need to make the case for vulnerable populations to minimize increases in HIV vulnerability arising from the COVID-19 pandemic and its related responses.

iii. HIV testing and treatment cascade

Service delivery considerations

Challenges: Frequent visits of PLHIV and those most affected by HIV to already crowded health facilities unnecessarily increase the exposure to COVID-19 co-infection. At the same time, physical distancing and the additional burden that the COVID-19 pandemic places on health services will prevent PLHIV and those at risk of infection from seeking services, such as HIV testing and pick up of ARVs.

Guidance:

- It is of utmost priority to maintain people on ART. Continuous supply of ARVs must be ensured to those on treatment to achieve and maintain virologic suppression. This should include multi-months dispensing (MMD) of ARVs to cover 3-6 months. According to WHO, a supply for a minimum of 30 days of treatment must be safeguarded for every person on ART. Global Fund Country Teams will dialogue with PRs about the need for different pack sizes according to the situation in the respective country.
- Service delivery should be adapted to reduce the number of health facility visits. Community distribution models can be a viable alternative when considered safe in view of the COVID-19 implications on the community. Recipients of care must be advised to minimize visits to the facility during COVID-19 outbreak and to only return when unwell. PLHIV support groups play a critical role in raising awareness and increasing literacy related to COVID-19 and HIV.
- All facility models should focus on ensuring the shortest possible time for patients to receive care and treatment and interaction with the fewest possible services providers – ideally with one single provider. Appropriate infection control and physical distancing measures must be put into place to decrease COVID-19 transmission risk at facility level. This could include, for example, i) alternative consultation and monitoring models by phone, SMS or electronically; ii) changes in patient flow and staggering of patient appointments; and iii) optimized use of space to avoid overcrowding in the facility, especially in waiting rooms, including use of space outside of facility buildings.
- For patients who are clinically stable but not yet enrolled in a differentiated service delivery (DSD) model, immediately offer and enroll in a DSD model, preferably an out of facility model.
- WHO advises that PLHIV not on ART start treatment immediately. Same-day ART initiation offers soonest protection of PLHIV against HIV disease progression and complications from any other comorbidities and reduces unnecessary returns to the health facility. In contexts where community ART initiation such as outreach and mobile models are available and safe, these must be encouraged.
- People who feel they may have been at HIV risk are advised to seek testing. Facility-based HIV testing services during COVID-19 should be provided for those accessing health services for other reasons (for example, ANC and TB). For others, HIV counselling and testing should occur outside of the facility through either community testing, self-testing modalities or through testing services on the grounds of health facilities in separate physical spaced (for example, gazebos).
- Particular attention should be paid to PLHIV who: have a low CD4 count; may be particularly vulnerable and at risk of COVID-19 infection; have other underlying conditions, especially TB.
- PLHIV and contacts receiving TPT should be encouraged to complete their course of therapy. Drugs should be provided for the entire duration of preventive treatment.

COVID-19 and Antiretrovirals

Challenge: Information on the benefits of using ARVs in the treatment of COVID-19 infection may lead to diversion of drugs for which continued long lead times have already led to concerns in some countries about risks of stock-out.

Guidance: According to the WHO, there is currently no evidence that would support the use of antiretrovirals, including lopinavir/ritonavir in the care of adults with severe COVID-19. It is also not justified to switch a patient's treatment from their usual antiretroviral therapy.¹ However, PRs are advised to check the frequently updated Global Fund website on [COVID-19 Procurement and Supply Update for Global Fund Principal Recipients](#) (see Annex 1), as partner guidance may change as research is communicated.

iv. Ensuring community-based service delivery and a human rights and gender-based approach

Challenges:

Communities must be part of decision-making, governance and the design, implementation and monitoring of COVID-19 responses. Established community systems should be utilized to facilitate communication with PLHIV with or affected by HIV. They also play an important role in the delivery of services during times when visits to health centers should be restricted to an absolute minimum.

During the time of the COVID-19 pandemic there is a risk to roll back gains on the access to non-discriminatory services. Well-established HIV services may be disrupted, and some members of key and vulnerable populations may face stigma and denial of critical health care at overburdened health facilities. Quarantine or isolation may lead to coercion or situations where the basic needs of those quarantined are not met.

Guidance:

- It is now more critical than ever to protect and fund community systems and responses and health systems more broadly, and to encourage PRs to very flexibly shift focus from what they are doing (such as implementing programs to reduce barriers to HIV services, to interventions to reduce barriers to effective rollout of COVID-19 responses for all, including the most marginalized; or reducing policy barriers to innovative approaches that will now be required).
- COVID-19 -related modifications to Global Fund-supported programs should strive to ensure that human rights and gender-related barriers to health services are not exacerbated and that the health needs and human rights of those most vulnerable to COVID-19, as well as to HIV are fully met. Global Fund PRs and SRs must continue to adhere to the five minimum human rights standards that are part of every grant agreement and ensure they do not discriminate against anyone while providing services and maintain the confidentiality of service users. Guidance on Global Fund investments in human rights in the times of COVID-19 will be available soon.
- Eligibility Requirements have not changed, CCMs must ensure an inclusive and transparent country dialogue process and that communities have an opportunity to meaningfully participate remotely using different technologies. The Global Fund is developing a guidance note on how to organize an inclusive country dialogue virtually, which includes practical tips.

4. Ensuring critical components of the health systems

This section presents selected issues related to COVID-19 and HIV. Refer to the [Global Fund website](#) for more comprehensive guidance on resilient and sustainable systems for health (RSSH).

i. Human resources for health

Challenge: COVID-19 will present several health systems challenges which will directly or indirectly affect service delivery.

Guidance:

- Ensure investments in healthcare worker protection with Personal Protective Equipment at all levels of the health system, including the community.
- Mobilize and train all health workers, including CHWs, other lay providers and volunteer systems, for COVID-19 recognition and care. Provide ongoing supervision and support to ensure adherence to clinical guidelines and quality standards.

ii. Procurement and Supply

Challenge: Delays in delivery of commodities, including of ARVs, of a few weeks or more are currently expected.

Guidance: National programs play a critical role in ensuring sufficient supply of essential commodities. They also have a responsibility in ensuring that people receive the drugs they require to adhere to treatment. Global Fund Country Teams will provide support, as needed, in identifying critical gaps, quantifying stock and assessing measures to strengthen local supply chains. The Global Fund Supply Operations department is leading efforts to coordinate supply with partners. Information on procurement and supply chain is available and updated weekly on the [Global Fund website](#) (see Annex table 1).

iii. Laboratory and diagnostics

Challenge: Molecular testing is the current recommended method by WHO for the identification of infectious cases of COVID-19. Commonly used equipment for HIV viral load/ EID instruments and GeneXperts have recently received regulatory approvals for COVID-19 testing. This may jeopardize testing capacity including sample transport for HIV.

Guidance:

- Laboratories and people that handle and transport samples should follow strict infection control measures.
- Sample transportation systems used for HIV should be maintained and can also be used to transport samples for COVID-19 testing.
- In integrated laboratories running COVID-19 and HIV and TB related testing on the same instrument, SOPs should be developed to account for prioritization of testing (for example, COVID-19, EID, VL, TB testing on GeneXpert) and workflow.
- It is important to ensure that the increasing demands of tests does not negatively impact on the access to essential tests for the management of HIV. Anticipate and budget for increased use of common consumables and Personal Protective Equipment for COVID-19 and HIV and TB -related testing in laboratories.
- The Global Fund's Supply Operations department is providing [updates](#) every week, including lead time guidance and where PRs can verify their specific orders through different platforms.

iv. Surveillance, monitoring and evaluation

- Studies and community-based surveys could potentially be deprioritized in Global Fund grants.
- Established data systems shall be quickly adapted to collect and report COVID-19 cases and deaths. The Oslo University developed a DHIS2-COVID-19 module (<https://www.dhis2.org/covid-19>).

5. Financing the COVID-19/HIV response

- The Global Fund has provided immediate opportunities to utilize in-country resources (staff, lab reagents, PPE) and to shift grant funds to support a country's preparedness (see [Memorandum: COVID-19 – helping countries to prepare and respond](#). 4 March 2020).
- Additionally, PEPFAR teams can request for additional resources. USAID, in collaboration with WHO, has a large funding source to also respond to needs.

6. HIV partner responses

i. [Organizing the COVID-19/HIV response](#)

Last 18 March 2020, UNAIDS convened a teleconference with key partners in HIV², TB and malaria. This meeting provided a forum for partners to present their current interventions and plans to address the COVID-19 pandemic. Participants also agreed on urgent steps forward ensuring an aligned and effective response to mitigate the impact of COVID-19 on HIV programs. Several guidance documents are being developed and will be made available in due time on respective partners' websites (Annex table 2). The Global Fund is adding [partner guidance](#) on its website on a daily basis.

ii. [Support to funding requests](#)

The WHO-UNAIDS Joint Peer Review workshop in Nairobi for Window 2 countries has been cancelled. WHO and UNAIDS are working on a system for a virtual mock Technical Review Panel (TRP), methodology and dates will be announced soon. In addition, distance support is available through technical webinars in English and French on key technical areas, dates will be shared soon. Options for UNAIDS Technical Support (TSM) and other partners' support to in-country processes will continue but will be adapted to long distance support or pairing international with national consultants or relying more on local expertise. The UNAIDS-WHO remote review mechanism of draft funding requests for Window 2 countries will continue with reviews completed within three days. Continuous exchange of information between the partners and the Global Fund on up-to-date submission timelines and support- and review mechanisms is planned to ensure submission of quality funding requests while taking into consideration COVID-19 related challenges.

Considering these extraordinary circumstances due to the COVID-19 pandemic, the Global Fund is introducing flexibilities in the timing of funding request submissions for Windows 2 and 3. Additional dates for submission have been added in Window 2 and 3 (Table 1).

Table 1. Window 2 and 3 submission dates

Window 2	Window 3
Window 2a: 30 April Window 2b: 31 May Window 2c: 30 June	Window 3a: 31 July Window 3b: 31 August

² GNP+, PEPFAR, The Global Fund, UNICEF, WHO

ANNEX. General information and resources

Table 1. Resources on COVID-19

General Resources	
WHO	<ul style="list-style-type: none">• WHO Country and Technical Guidance - Coronavirus disease (COVID-19)• Interim guidance from WHO on the immediate public health interventions to support readiness assessments in health facilities and referral systems: https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf
The Global Fund	
a. Generic	<ul style="list-style-type: none">• https://www.theglobalfund.org/en/covid-19
b. Sourcing & Management of Health Products	<ul style="list-style-type: none">• COVID-19 Procurement and Supply Update for Global Fund Principal Recipients (updated on a weekly basis)• COVID-19 Impact on Supply Chain Logistics: Assessment and Recommendations

Table 2. List of HIV specific guidance documents³

<p>UNAIDS</p>	<ul style="list-style-type: none"> • Special COVID-19 page: https://www.unaids.org/en/covid19 • Brochure - What people living with HIV need to know about HIV and COVID-19: https://www.unaids.org/en/resources/documents/2020/HIV_COVID-19_brochure • Infographic - What people living with HIV need to know about HIV and COVID-19: https://www.unaids.org/en/resources/infographics/hiv-and-covid-19 • Report - Rights in the time of COVID-19 — Lessons from HIV for an effective, community-led response: https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19
<p>WHO</p>	<ul style="list-style-type: none"> • WHO Q&A on COVID-19, HIV and antiretrovirals
<p>PEPFAR</p>	<ul style="list-style-type: none"> • Guidance to PEPFAR Country teams with focus on prioritization: https://www.state.gov/faqs-on-pepfars-hiv-response-in-the-context-of-covid-19/ • Update with four key priorities related to COVID-19: https://www.state.gov/statement-on-pepfars-action-on-covid/
<p>CDC</p>	<ul style="list-style-type: none"> • Resources for drug use and COVID-19 risk reduction
<p>USAID/ PEPFAR</p>	<ul style="list-style-type: none"> • Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs

³ As of 6 April 2020