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Information Note

Mitigation of COVID-19 Effects on HIV, TB and Malaria Services and Programs

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Introduction

As the COVID-19 pandemic continues to have a devastating effect on global health systems, an effective response to mitigate the impact of the new pandemic on HIV, tuberculosis and malaria programs remains critical to protect the gains made over the last two decades. The Global Fund will continue to support countries to fight COVID-19 through its COVID-19 Response Mechanism, C19RM, launched in April 2020.

C19RM was designed to provide support across three broad categories:

- COVID-19 control and containment interventions, including personal protective equipment (PPE), diagnostics, treatment, communications and other public measures as specified in WHO guidance.
- COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria including support for COVID-19 interventions needed to safely implement campaigns, community and health facility-level HIV, TB and malaria programs, and additional delivery and procurement costs.
- Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains, and community-led response systems, to address advocacy, services, accountability, and human-rights based approaches.

This document is intended to support:

- Ongoing in-country efforts to mitigate, adapt and catch-up HIV, tuberculosis and malaria programs, and
- Country Coordinating Mechanisms, national HIV, TB and malaria programs and in-country partners when developing funding requests for C19RM.

In addition, the C19RM Technical Information Note provides context and guidance to technical health and community systems aspects as well as the eligible scope (section 2) for C19RM.
The C19RM Guidelines (link forthcoming) provides information and guidance on the application for C19RM funding. For more information visit the Global Fund's C19RM website.

Key Messages

1. C19RM enables countries to sustain HIV, TB and malaria adaptations, protect progress, and respond effectively to the pandemic, ensuring resources are not diverted away from Global Fund-supported programs.

2. Countries are encouraged to use funding from current grants to adapt service delivery and implement **robust mitigation actions,** which will allow them to get back on track to meet ambitious targets set in 2020-2022 allocation period grants.

3. When grant funds are not available to cover all mitigation needs, C19RM will offer additional resources **to protect HIV, tuberculosis and malaria programs** through PPE and other cross-cutting direct COVID-19 activities and by strengthening health and community systems. C19RM will support mitigation measures beyond PPE and cross-cutting interventions, when these are not covered by grants.

4. The Global Fund and partners will continue to support countries to develop mitigation plans based on specific country needs, disease burden, disruption of HIV, TB and malaria services and COVID-19 context.

The information note recognizes and differentiates the challenges that COVID-19 has posed for the three diseases and the tailored responses that are required for each disease.

HIV: Priorities for Restoring and Accelerating HIV Services in the Contexts of COVID-19

Background

The HIV section of this document updates the guidance note published in May 2020. It builds on experiences and data from countries, the Global Fund and its key HIV technical partners since the beginning of the COVID-19 pandemic. Key population prevention services, HIV testing and ART initiations have been heavily impacted, and strategies to preserve and increase these services should be implemented. While priority interventions proposed in May 2020 remain valid, they are complemented by additional recommendations, based on the knowledge gained over the last year.

Countries are strongly encouraged to use their HIV grant funds to adapt and accelerate service delivery. Adapting services will make programs more resilient in the longer term and ensure access to critical, most impacted HIV services and achievement of grant- and program targets. In exceptional circumstances, where significant adaptations may require large proportion of grant funds, C19RM offers additional funding opportunities to cover unfunded costs. Details are provided on the Global Fund COVID-19 Response Mechanism (C19RM) website.

For countries that decide to develop or update HIV mitigation plans technical support can be available through respective Global Fund partners, including the World Health Organization and UNAIDS.

Guidance on HIV in the context of COVID-19 is accessible on the websites from Global Fund key technical partners such as the WHO, UNAIDS and PEPFAR. The Global Prevention Coalition focuses on advice for HIV prevention. Partner guidance is updated regularly.

Key Messages

Countries are encouraged to implement adaptations and innovations across the HIV cascade, including for:

1. **HIV prevention:** Restart, adapt and accelerate integrated SRH/HIV prevention services, prioritizing those populations with greatest needs (key populations in all locations and AGYW and their sexual partners in high HIV incidence locations).

2. **HIV testing:** Remain focused on early diagnosis - prioritize differentiated testing strategies, scale up of HIV self-testing especially for populations not coming forward or being reached by facility testing. Continue testing at ANC and EID. Ensure linkage to ART.

3. **HIV treatment and care:** Focus on early initiation of ART following diagnosis and continuation of ART, ensuring continuous supply of ARVs to achieve/maintain viral suppression. PLHIV with advanced disease should be cared for by qualified providers. Consider the needs of different populations, including children and adolescents.

Key Messages

4 **COVID-19 management for PLHIV (protection, testing and vaccination) should be in line with respective local guidance.**

5 **Commodity security:** Anticipate challenges in procurement and supply, such as delays of shipments, potential increased needs, and adaptations required to deliver essential health products to people affected by HIV.

6 **Health care workers:** Protect the safety and morale of health care workers for all cadres delivering HIV services and support them to execute new tasks where reassigned.

7 **Social protection and human rights:** strengthen current service delivery platforms to address human rights violations, including gender-based violence (GBV).

8 **Community response:** Support the development, adaptation and delivery of additional services through CBOs and expansion of CLM.

9 **Permanent adaptation of service delivery for pandemic resilient services.** Adopt people-centred models using pharmacies and alternative delivery channels for services and commodities. Accelerate the use of digital health platforms, digital tools and mobile apps for communication, data visualization and service delivery for HIV prevention, testing and treatment.

Priority Areas for HIV Program Adaptations

Protecting access to essential HIV services is the highest priority for Global Fund HIV investments. HIV programs should also maintain or strengthen interventions to remove human rights and gender-related barriers to accessing HIV services.

Adapt and accelerate HIV prevention programming

COVID-19 responses have impacted negatively on the operation of HIV prevention programs. Key and vulnerable populations and adolescent girls and young women (AGYW) and their partners have been disproportionately affected as compared to other population groups, and in many cases their HIV risks have increased.

- Continued and prioritized access to HIV/STI prevention and family planning/sexual and reproductive health (FP/SRH) service packages and commodities. Uninterrupted and potentially increased supply of condoms and lubricants and sexual and reproductive (SRH)/family planning products is critical, with a focus on people vulnerable to HIV infection, especially young women and men in high incidence locations, sex workers, men who have sex with men (MSM), transgender women, people who use drugs, people in prison or detention centers and people in overcrowded housing. Consider distribution via community models/pharmacies, drug stores and in low threshold locations or hot spots.

- Continued supply of products that are part of the basic HIV prevention package for people who inject drugs (PWID) should be prioritized; for example, safe injecting equipment and opiate substitution treatment (OST) - methadone/buprenorphine - and naloxone to prevent overdose. Forced withdrawal from OST leads to dramatic health crises for individuals and may result in further stress on already overburdened health systems. Consider community outlets and pop-up models as much as possible for alternative needle/exchange programs and for distribution of OST. Consider also take-home dosing arrangements for OST and less restrictive initiation procedures.

- Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) access should be protected, continued and expanded where possible. Use systems for drop-off of commodities, collection at community distribution points (pharmacies, drug sellers, community outreach), along with provision of larger duration supplies of drugs (MMD) provided to clients. Use SMS for follow up and adherence support and online demand creation wherever possible.

- Restart voluntary medical male circumcision (VMMC) services where safe and allowed within COVID-19 constraints; ensuring necessary precautions are in place pre-starting. These could include a phased approach to reopening through limiting the number of locations and access volumes at those locations, innovative client scheduling and remote follow ups. Incorporate COVID-19 testing where necessary along with training of health care workers (HCW) on COVID-19 risk and protection.

- Restart and increase community delivered HIV prevention programs for AGYW – use virtual groups and other local support where possible.

- Ensure continuity of access to HIV/SRH services in prisons and other places of detention, displacement and refuge. Support access to justice activities, including remotely, for people living with HIV (PLHIV) and key populations in places of detention.

- Introduce or expand electronic information and behavior change communication, follow up and other community service delivery through community-led or community-based HIV

prevention platforms/organizations. Explore innovative approaches for prevention literacy and demand generation for key prevention services.

Scale up differentiated HIV testing

There have been substantial declines in HIV testing which has reduced achievement of 2020 targets in testing and ART initiation. Some countries are facing the double challenge of mitigating the risk of further disruptions of HIV testing services while having to catch-up on those disruptions that have already taken place. Further differentiation of testing modalities should be pursued- with emphasis placed on populations that are not coming forward or being reached by testing.

- Facility-based HIV testing services during COVID-19 should be provided for those accessing health services for other reasons (for example, acute care, ANC and TB).
- For others, HIV counselling and testing should occur outside of the facility through community testing, including, for example, at pharmacies, or testing services on the grounds of health facilities in separate physical spaces (such as gazebos). Ensure patient confidentiality measures are in place.
- Scale up of HIV self-testing.
- Maintain testing and re-testing of pregnant and breastfeeding women and early infant diagnosis (EID).

Adapt and maintain HIV treatment and care

Service delivery should be permanently adapted to reduce the number of health facility visits for those who are doing well on first line ART, and reserve facility visits for those with advanced HIV disease or issue with tolerating or complying with ART. Minimize congregation of patients through modified dispensing and patient flow. Currently, there are no global recommendations for prioritizing PLHIV in the prevention from COVID-19. PLHIV should follow specific national guidance.

- It is important that PLHIV initiate ART as soon as diagnosed with HIV and continue to take ART.
- Health facilities should focus on providing care for those who are unwell, ensuring patients spend the shortest possible time at the facility. Service delivery adaptations 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.
- Community models for ARV distribution and ART initiation for those who are well are a viable alternative when considered safe in view of the COVID-19 implications on the community. PLHIV support groups play a critical role in raising awareness and increasing literacy related to COVID-19 and HIV.
- Continuous supply of ARVs must be ensured to those on treatment to achieve and maintain virologic suppression. Clinically stable patients should be offered longer times between clinic visits/reviews and alternative places to get top up medicines if well (often referred to as differentiated service delivery [DSD]).Multi-months dispensing (MMD) of first line ARVs for all age groups, including pregnant women, to cover 3-6 months, or community ART delivery should be the priority adaptation. Where there are product constraints, offer monthly pick up's at community level and consider ARV re-distribution among facilities to ensure continued supply. WHO states a supply for a minimum of 30 days of treatment must be safeguarded for every person on ART.
- Ensure PLHIV with advanced disease are in care and remain under review by providers. 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.

- Consider the special needs of adolescents and children living with HIV during service adaptations, such as providing mothers infant ARVs with dosing instructions, mother-baby packs with ARVs for mother-infant pairs together and supply for as long as necessary.
- Offer TB preventive therapy (TPT) through services provided at the community level instead of facility level. Provide drugs for longer time period (MMD) and communicate messages for TB self-care.
- Update methodologies for treatment literacy, using community models and virtual and/or mobile platforms.

- COVID-19 specific considerations:
    - COVID-19 testing among PLHIV: WHO recommends that countries should focus on using the molecular test (or, if not available, Ag-RDTs) in people with clinical symptoms, and not on the screening of asymptomatic people. There are no specific recommendations for more frequent testing of PLHIV.
    - COVID-19 vaccination: WHO currently does not recommend that PLHIV require prioritization for COVID-19 vaccination. At the same time, there is no evidence that COVID-19 vaccination is less effective among PLHIV. Programs should vaccinate PLHIV in line with country-specific plans for vaccine eligibility in order of priority based on their age, health (including immune status and potential co-morbidities), occupation and other factors such as people living in care or residential homes.
    - Personal protective equipment (PPE): Regardless of vaccination status, PLHIV should follow local guidance for preventive measures against the SARS-CoV-2 virus. Local policies should be in place defining mask wearing and hygienic requirements. In line with respective local guidance, facilities providing health services should ensure hand washing facilities are in place; ideally, they offer masks for clients attending.

Ensure commodity security

Challenges in procurement and supply management, such as delays of shipments, potential increased needs, and adaptations required to deliver essential health products to people affected by HIV, require programs to constantly monitor the situation in order to ensure that sufficient quantities (including buffers) are available at any point in time.

- Consider demand, pipeline management, procurement, delivery timelines, in-country stock management and distribution capacity as part of the overall monitoring of commodity availability. Anticipate increased use of common consumables for COVID-19 and HIV and TB -related testing in laboratories.
- Requests for potential additional health products to ensure adequate HIV service adaptations should be managed using existing processes in the disease specific grant management, in close coordination with the Global Fund Country Team (i.e., changing the schedule of planned orders, re-adjusting the quantities based on the program need, use grant savings for procurement of health products).
- Enough supply of essential commodities must be ensured for priority services:
    - Condoms and lubricants in significantly increased quantities.
    - Products that are part of basic SRH packages, such as test kits and drugs for the diagnosis and treatment of STIs and family planning commodities.
    - Products that are part of the basic prevention package for PWID such as injecting equipment, OST and naloxone; ARVs for PrEP and PEP.
    - HIV test kits, particularly HIV self-tests.
    - ARVs for ART, drugs to treat opportunistic infections (i.e., supplies for the care of PLHIV with advance disease including TB) and reagents.
    - Consider recent approvals of point of care for viral load (VL) and early infant diagnosis (EID) and examine how its use can reduce risks for patients (i.e., reduce the number

of visits) and healthcare workers (i.e., decongest facilities) and improve health outcomes.

Protect and train health care workers

Health care workers in all cadres (e.g., facility-based providers, CHWs, peer educators and outreach workers) are critical in the response to COVID-19 and in HIV service delivery. Programs should protect their safety and morale and ensure they are appropriately trained in delivering HIV services and to execute new tasks where reassigned.

- Mobilize and train all health workers, including CHWs, other lay providers and volunteer systems, to recognize COVID-19 – and in basic hygiene, infection prevention including ventilation. Provide ongoing supervision and support to ensure adherence to clinical guidelines and quality standards.
- Ensure healthcare worker protection with PPE appropriate for the level of potential exposure. For HIV services, this includes, for example: prevention outreach; HIV testing at facility and community level; HIV care and ART at facility and community level; facilities/pharmacies dispensing commodities related to HIV prevention and care; support to retention; laboratories and specimen transport. Usually in these settings mask wearing is all that is required for health worker protection. Any inpatient care or other high-risk procedures may require more extensive infection prevention measures. Local guidance should be followed.

Safeguard social protection and human rights

Since the outbreak of COVID-19 reports have shown that human rights violations, including gender-based violence (GBV) have increased, particularly affecting vulnerable- and key populations and AGYW. COVID-19 jeopardizes livelihoods and continues to strain health services. Other essential services, such as domestic violence shelters and helplines, have reached capacity. Programs should explore how current platforms should be strengthened to cover increasing needs.

- Gender based violence (GBV) – maintain and scale up existing GBV prevention and support services and introduce virtual support; on-line curriculum to include COVID and HIV information. Information about and easy access to emergency contraception and PEP and rapid access to HIV prevention commodities, HIV testing and ART as part of the GBV response.
- Strong public messaging about COVID-19, focusing on transmission and protection, along with anti-discrimination.
- Increase community and peer-led outreach programs for key populations vulnerable to HIV.
- Time limited provision of livelihood support[1] for PLHIV and key populations in specific countries, with a focus on support during Covid-19 lockdown periods or quarantine-related restrictions.
- Social media networks to connect with at-risk populations and provide support and health communication, considering the digital divide as a potential barrier during planning.

For more detailed guidance on GBV and human rights interventions please refer to the respective sections in the main C19RM Technical Information Note.

[1] Livelihood support here includes nutritional support (within the set boundaries of time limit, and need of specifically vulnerable populations) sanitary kits and, in specific cases, support for emergency accommodation.

Support community systems

Access to non-discriminatory services has been jeopardized and disrupted. Some key and vulnerable populations may face stigma and denial of critical health care at overburdened health facilities. Quarantine, lock downs or isolation may lead to coercion or situations where the basic needs of those affected are not met.

- Support community-based organizations (CBOs) to develop additional services such as distribution of medicines and condoms or reporting back to respective authorities.

- Support the delivery of additional services through CBOs from existing HIV and HIV/TB platforms (e.g., HIV testing, delivery of prevention and treatment products, such as condoms, contraceptives, ARVs, TPT).

- Support expansion of community-led monitoring (CLM) to provide additional information for situational analysis; this could include service disruptions, commodity stockouts or monitoring human rights violations. These reports should inform adaptations in service delivery.
- Support enhanced rapid response mechanisms to address HIV or COVID-related discrimination, violence or harassment of PLHIV and vulnerable and key populations.

- Support to enable online adaptation of community-based services, including IT and human resource-related costs.

Use Digital Health Platforms

Consider use and supervision of IT software and hardware/airtime for service delivery at health and community level, including development of data privacy and digital security guidelines and support for implementation. Integrate up to date information on COVID in existing HIV knowledge platforms.

- Accelerate the use of digital tools for key messages on HIV prevention, testing and treatment.
- Call centers and mobile apps could be used to provide home-based support to PLHIV for counselling, treatment monitoring and reporting adverse drug reactions.
- Digital health platforms are particularly useful during lock downs, i.e., when physical contact between the client and service provider is not possible, or when patients are issued with several months of supply of medicines.

Tuberculosis: Priorities for Restoring and Accelerating TB Services in the Contexts of COVID-19

Background

This document provides guidance to countries on preparing and updating plans to mitigate the impact of COVID-19 on tuberculosis services. The overall goal is to **restore and accelerate TB services to meet national and global targets to end TB**. It includes considerations on setting priorities and planning for interventions based on the country's TB and COVID-19 situation, other contextual factors, and identification and mobilization of required resources from domestic and other sources.

TB has been disproportionately affected by COVID-19 due to the similarities of symptoms, double stigma and discrimination, shift of TB equipment, facilities and staff for the COVID-19 response. Although most countries were making steady progress towards global goals for "finding and treating people with TB", this progress has now stalled and is in fact being reversed by COVID-19. Similar setbacks are expected on targets for pediatric TB and drug-resistant TB (DR-TB) diagnosis and treatment, and coverage of TB preventive treatment (TPT).

COVID-19 has resulted in an estimated 21% reduction in TB notification in 2020 (that means 1.4 million additional people with TB were missed in 2020 increasing the pool of missing people with TB to 4.4 million), causing 0.5 million additional TB deaths and erasing gains that were made during the last decade. Data emerging from India, South Africa, and other countries show that COVID-19 patients with concurrent TB have about close to three times higher mortality than those without TB (WHO, Stop TB Partnership).

TB and COVID-19 are airborne infections and addressing one, helps to address the other. This multiplier effect improves systems preparedness for future pandemics, as well as more efficient utilization of existing platforms and resources to mitigate the disruption on TB services and strengthen response to Covid-19. TB and COVID-19 are manifested with overlapping symptoms such as cough, fever and difficulty breathing. Variants of the diseases resistant to treatment or without an effective vaccine or preventive measures will continue developing if these pandemics are not controlled and will continue to present severe global health security challenges. In the background, economic contractions induced by COVID-19 are set to exert a long-term effect on TB epidemiology in many countries as poverty and undernutrition fuel the disease.

Guidance on TB in the context of COVID-19 and additional information on disruption of TB services are accessible on the websites from Global Fund key technical partners such as WHO and Stop TB Partnership.

Key messages

Countries are encouraged to implement prioritized mitigation measures and innovations across the TB cascade of care and response, including:

1. **Diagnosis:** campaigns, active and intensified case finding, bi-directional screening/testing for people with symptoms of TB and COVID-19, using X-rays with computer-aided detection (CAD), access to rapid molecular diagnostic tests, sample transportation, integrated TB/Covid-19 contact investigations.

2. **Treatment:** community/home delivery of medicines, e-pharmacy, multi-month drug dispensing, all-oral regimens for DR-TB, digital adherence technologies, community engagement, social protection for high-risk groups including nutritional and psychosocial support.

3. **Prevention:** Airborne Infection Prevention and Control (IPC) especially in health care and congregate settings, scale up contacts tracing and new regimens for TPT among contacts, PLHIV and other high-risk groups.

4. **Adapting TB Programming to the COVID-19 situation**:
    - shift the TB response model to a community, home-based and people-centered models, strengthen linkages between the community and facility-based interventions,
    - promote integration with wider health system including COVID-19 responses,
    - train and protect health and community workers from COVID-19 and TB, eLearning to swiftly scale up health care worker capacity building.
    - strategic use of COVID-19 control measures, in view of the political attention and resources that have been mobilized for this disease.

5. Ensure scale up of interventions and activities to address community (population) fear of both COVID-19 and TB and to address the associated **stigma and discrimination** and implement interventions to address the long-term pulmonary and other sequelae of TB and COVID-19 infection.

6. **Enhanced surveillance with real-time case-based reporting** and use of digital technologies to improve programmatic reporting and use of data for agile and responsive decision-making.

7. **Private Sector Engagement**: contracting, scaling up innovative approaches to increase TB diagnosis, notifications, and treatment support of private patients.

Responding and Adapting to the COVID-19 Pandemic

Several national TB programs (NTPs) have taken urgent measures to mitigate the effect of the COVID-19 related lockdown and restrictions on TB services and helped to regain some lost grounds. Recognizing that case detection was impacted the most, such plans focused on improving access to TB diagnostic services, and scaling up screening, testing and contact tracing. Initial implementation of innovative approaches led to important learnings. However, funding constraints have either limited the ambitiousness of these plans or have limited their scaled-up implementation.

There is an urgency to strengthen the operational platforms in TB programs as this will immediately contribute to the COVID-19 response while also helping to mitigate the impact of COVID-19 on TB. Several pillars of the COVID-19 response, such as laboratories, surveillance, IPC, integrated TB/COVID-19 contact tracing, strengthening community system and engagement can include interventions that could benefit both COVID-19 and TB due to the similarities in the responses to the two respiratory airborne diseases (WHO, Stop TB Partnership).

The overall goal of the TB Mitigation plan is to **restore** and **accelerate** the diagnosis, treatment and prevention of TB.

Key Considerations when planning and implementing a response to mitigate the impact of COVID-19 on TB services

The epidemiological context for TB and COVID-19 differs between and within countries. Therefore, a differentiated response plan based on the epidemiology of both diseases, high risk and vulnerable groups for both TB and COVID-19, disruption in TB services, socio-economic conditions, should be considered.

- Maintain the **ambitious performance targets** agreed in the national strategic plans and the Global Fund grants. To do so, mitigation plans should aim to make up for the loss in 2020 while achieving the 2021 targets to get back on-track to meet the UNHLM target by 2022 (UNHLM Declaration).
- Increase or at least maintain the commitments made by governments of **domestic funding for TB for the period 2020-2022**. Ensure that critical elements of the TB programs are maintained, and any shortages are addressed immediately. **Step-up proactive advocacy efforts in countries** to highlight the consequences of TB budget shifts, re-program current funds to focus on mitigation actions, ensure inclusive and accessible health care for all, particularly the most vulnerable populations, through multi-sectoral response.
- **Assess exacerbated human right, gender, other social and economic barriers** (including stigma and discrimination) to accessing TB and related support services, including from the perspective of TB key populations. Develop interventions and approaches to overcome the identified barriers including interventions and activities to address community (population) fear of both COVID-19 and TB and the associated stigma and discrimination (. Implement interventions to address a higher burden of TB and COVID-19 among men in addition to differentiated approaches to reach women and children with TB. (The Impact of COVID-19 on the TB epidemic – A Community Perspective)
- Identify opportunities for the TB program to benefit from the COVID-19 response, including through supporting cross-cutting responses such as strengthening laboratory capacities, IPC (See the Global Fund C19RM Technical Information Note). Consider implementing interventions to address the long-term pulmonary and other sequelae of TB and COVID-19 infection.
- **Phase interventions considering urgency and feasibility**. TB diagnosis, treatment and prevention services, need to be implemented with no delay to minimize service disruptions. Preparing plans and securing investments (including from domestic, Global Fund grants, portfolio optimization, C19RM and other sources) for these interventions should be done as soon as possible.
- **Document success and challenges** when implementing innovative approaches and interventions, to inform and guide further scale-up and document and share lessons learnt. Where appropriate and feasible, consider operational research to determine their impact.

Priority Interventions to Restore and Accelerate TB Services

Innovations for TB Diagnosis

Campaigns to increase TB notification and treatment coverage: plan campaigns to recover the backlog of people with TB that were missed due to the COVID-19 pandemic and lockdown. Campaigns can take different forms depending on the COVID-19 situation. This could be a one-off or periodic, facility-based or community-based campaigns to promote and increase TB testing and patient support services by mobilizing community volunteers, civil society organizations and the public at large. It could be part of other activities such as COVID-19 screening, testing, contact tracing, vaccination; reproductive, maternal, newborn and child health (RMNCH) campaigns. These initiatives should be accompanied by media campaigns to inform and mobilize communities to access TB services and to supplement efforts of health care workers. For more information, see WHO Guidance on People-centred Framework for TB programming.

Integrated bi-directional TB and COVID-19 screening: screening TB patients for COVID-19 and COVID-19 patients for TB needs to be explored in settings where simultaneous exposure to both diseases is high. This will entail development of diagnostic algorithms, planning and strengthening laboratory capacity to cater to both diseases, and observance of necessary ICP measures. For more information, see the Stop TB Briefing on Bi-directional testing for COVID-19 and TB.

Decentralize and mobile TB testing to improve access: increase TB testing at the community and household levels using fully equipped mobile vans, expand active case finding activities, and strengthen specimen collection and transportation systems. The availability of portable molecular tests which can be used for both diseases (e.g, GeneXpert and Truenat), x-ray machines (with CAD), and integrated contact tracing offer an opportunity to significantly improve access to TB and COVID-19 diagnosis and TPT. Explore possibilities for sputum collection and transportation to be supported with call centers, mobile apps and courier services, through community health workers, support groups and volunteers. For more information, see the WHO Guidance on TB Screening.

Innovations for TB Treatment

Explore innovative options for distribution of medicines to people with TB to avoid treatment interruption caused by restriction in mobility, e.g. e-Pharmacy, use of volunteers and TB and COVID-19 responders for home delivery of medicines. Allow flexibility to issue additional stock of medicines (multi-month) to ensure uninterrupted supply of drugs to people with TB (WHO Information Note on TB and COVID-19).

Accelerate the use of digital treatment adherence technologies and other digital tools including for provision of “enabling packages” for people on treatment. For more information, see WHO Digital Tools for TB, KNCV Digital Adherence and Stop TB Information Note on Digital tools.

Expedite the roll-out of WHO recommended all-oral treatment regimens for DR-TB and TPT. This will also help in doing away with the need for patients to frequently visit health facilities for injections (WHO consolidated guidance on treatment of DR-TB).

Invest in community and non-government workers to support people with TB to complete their treatment. Establish or expand systems to provide social protection, mental health, nutritional and financial support[2] to high-risk groups with TB and their families through government schemes, grants or other sources.

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[2] Financial support here includes transportation to treatment sites or for purchasing food packages. In some cases, compensation for loss in income due to sickness, e.g. where government schemes exist.

Innovations for TB Prevention

TB programs should use this opportunity for TB contact tracing and testing followed by treatment for either TB disease or infection. Contact tracing and screening apps for COVID-19 can be adapted and used for TB contact screening. Bi-directional reporting with real-time data sharing, while ensuring confidentiality, needs to be established between the TB program and COVID-19 response team.

Special focus should be given to initiate and complete TPT by high-risk groups including people living with HIV, children under 5 years and other household contacts, in line with the ambitious UNHLM targets. For more information on integrated contact investigation, please see Stop TB Briefing on COVID and TB contact investigation and screening.

The attention received globally on airborne IPC measures needs to be utilized for TB prevention with sustained public health messaging on use of masks, handwashing, physical distancing, and ban on spitting, to influence community behavior. Adequate PPE for health care and community workers, training on its proper use, ensuring health care facilities have the necessary measures in place to protect health care workers and people seeking TB services, monitoring implementation of IPC measures in health facilities are all critical to prevent the spread of TB. Health facilities need to establish or strengthen mechanisms to systematically identify people with presumptive TB and/or COVID-19 attending health care facilities, separate them from other clients (triaging), and enable fast-tracked rapid screening, diagnosis and treatment to prevent further transmission. Patients with TB should also use masks to protect themselves from COVID-19 and to prevent the spread of TB to others.

Private Sector Engagement Innovations

In countries where private health care sector is prominent, they should take a vital role in restoring TB services, with appropriate funding, linked to quality of performance, facilitated by information technology solutions. Where appropriate, accelerate engagement with private health care providers to support early and appropriate diagnosis, treatment and notification of TB patients. WHO Information Note on TB and COVID-19.

Private sector could also contribute through their corporate social responsibility funds and by implementing or expanding workplace TB programs and complement social protection systems.

Adapting TB Programming to the COVID-19 Situation, including Enhanced Surveillance

The COVID-19 pandemic has shown the limitations of the vertical, clinic-based and medicalized way of responding to TB. NTPs need to adapt program management and monitoring system to make it effective in the COVID-19 pandemic era.

Approaches that can help with this adaptation include:

- **Shift the TB response model** to a community and home-based model with increased reliance on better tools and approaches.
- **Better integration** with the wider health systems, including the private sector where appropriate, to leverage opportunities and synergize actions to benefit the TB response.
- Ensure that all care facilities have proper IPC measures in place to protect health workers and people seeking TB care from the risk of COVID-19 infection.
- **Procurement and supply management:** There may be current or expected increases in the need for TB diagnosis, treatment and prevention commodities associated with the COVID-19 context, resulting from changes in case finding approaches, bi-directional screening/testing, provision of medicines and treatment support modalities.

- **Challenges in procurement and supply management**, such as delays of shipments and adaptation of delivery of TB products require programs to a) plan early with appropriate quantifications and ordering schedules and b) constantly monitor the situation including the demand, pipeline management, procurement, delivery timelines, in-country stock management and distribution capacity in order to ensure that sufficient quantities (including buffers) are available at any point in time. The existing processes in the disease specific grant management must be applied, in close coordination with the Country Teams (i.e. changing the schedule of planned orders, re-adjusting the quantities based on the program need.
- **Enhanced TB surveillance to monitor** the situation and inform actions: case-based, digital system for real-time monitoring of performance and identify gaps and challenges to inform timely corrective actions. The COVID-19 pandemic situation should be utilized for building and strengthening the TB disease surveillance system incorporating epidemiological and program monitoring data and analytics. Preferably this should be integrated into existing health management information system. For more information, see partners' guidance and tools on digital technologies for TB at WHO, Stop TB and KNCV websites)

Technical Assistance

Technical support to develop or update costed TB mitigation plans can be available through partners organizations including the World Health Organization, Stop TB Partnership, USAID, The Union, KNCV and others.

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This document reflects the joint effort of a wide array of partners and partner communities, including: the World Health Organization (WHO), Stop TB Partnership, United States Agency for International Development (USAID), Bill and Melinda Gates Foundation, International Union Against TB and Lung Disease (The Union), KNCV TB Foundation (KNCV), and select NTP managers.

Malaria: Considerations for Malaria Programming in the Context of the COVID-19 Pandemic

Background

The World has seen the direct and indirect impact of the COVID-19 pandemic in the fight against malaria. Countries have demonstrated their capacity to deliver malaria services under extremely challenging circumstances, including successfully making essential adaptations to insecticide treated net (ITN), indoor residual spraying (IRS) and seasonal malaria chemoprophylaxis (SMC) campaigns to ensure these activities can continue. More concerning has been the impact on case management, with changes to care-seeking behavior, and stock-outs, threatening the ability to ensure malaria cases are rapidly diagnosed and treated.

In the current scenario, we must remain focused on ensuring that malaria control interventions continue to be considered essential services, with their schedules maintained. There will be a need to put measures in place to ensure activities adhere to COVID-19 guidance and adapt and/or decentralize as appropriate to the context. These mitigation and adaptation measures will come with a range of operational, human resource, logistic and/or commodity needs and costs.

WHO, the RBM partnership and other partners have provided guidance and best practice on mitigating the impact of COVID-19 on malaria. Key guidance documents include:

- Tailoring malaria interventions to the COVID-19 context;
- Guidance on Maintaining essential services in the context of the COVID-19 pandemic (malaria section (p.48-49)), and
- The WHO website for guidance on malaria in the context of COVID-19.

Links to the other detailed technical and operational guidance from WHO and other partners, are provided throughout this document.

Below you will find a summary of the key points that Global Fund-supported National Malaria Control/Elimination Programs (NMCPs) should be aware of in order to mitigate the impact of COVID-19 on malaria programming.

NMCPs should consider the needs across all activities regardless of source of funding, to ensure robust and holistic mitigation against COVID-19 impact on malaria. This document outlines the options available for use Global Fund resources.

Key Messages

NMCPs should consider the needs across all activities regardless of source of funding, to ensure robust and holistic mitigation against COVID-19 impact on malaria through to at least the end of 2022, and to the end of 2023 if appropriate.

1. **Keep up-to-date with local COVID-19 related restrictions** (e.g. lockdowns, curfews, limitations on number of people gathering, and others) and evaluate how they could impact malaria activities (particularly campaigns) to ensure good planning for mitigation activities. Contingency plans should also be in place.

2. Regularly check on changing **lead-times for malaria commodities**; these may be longer than usual. It is advised to order vector control and SMC commodities ~1 year before they are needed in country.

3. **Ensure continued access to and uptake of malaria case management services.** Review quantification of malaria case management commodities, planning early for additional commodities, waste management transport and storage if necessary. Consider adapting the case management model if needed, including decentralization with CHW expansion if not included elsewhere.

4. Ensure the wider health system **PPE** needs include those for malaria community health workers.

5. **Ensure continued access to and uptake of malaria vector control and chemoprevention services.** Ensure ITN, IRS and SMC campaigns go ahead on time, planning and procuring as early as possible, considering operational adaptations, including consideration of digitization, with PPE procurements planned as needed.

6. Consider whether there is a need for additional **SBCC** activities promoting continued prevention and care seeking behaviours, including in specific groups.

7. Consider how **surveillance, monitoring and evaluation** can be adapted to the COVID-19 context, improving data for planning and intervention as well as enabling continuation of key data collection in line with local restrictions.

8. Assess whether the COVID-19 context has altered **equity of access**, with particular consideration to the gender (pregnancy) and age vulnerabilities of malaria as well to migrants, refugees and mobile populations. Consider the needs of ensuring equity of access in all groups during planning and implementation. Ensure meaningful involvement of these communities throughout.

9. Consider accessing **technical assistance** for the development or implementation of costed COVID-19 mitigation plans for malaria, or components thereof. Partners are available to provide technical assistance (ex. WHO, RBM partnership, AMP, Unicef, etc.)

Guidance on malaria programming in the context of COVID-19

A summary of key points is shown here with the main critical guidance documents indicated by technical area. The main essential actions are shown in bold and summarized as the 'Key Messages' above.

Timely ordering of commodities

- Support and mitigation strategies to ensure timely delivery of commodities can be consulted with procurement agents who can help with timely planning.
- At the time of publishing this note, the lead times for Global Fund procured malaria commodities are as below, latest updates can be found on the Global Fund website.

Commodity	Delivery time (months)
Artemether-Lumefantrine	6
Artesunate-Amodiaquine	6
Injectable Artesunate	7
Rectal suppositories	7
RDTs	7-8
Pyrethroid only ITNs	7
Pyrethroid-PBO ITNs	11
Dual a.i. ITNs (if part of Strategic Initiative)	12
Insecticide for IRS	10

Case Management

- The focus should be on ensuring that malaria diagnostic and treatment services continue to be accessible and that care-seeking continues.

- **Consider whether adaptations to the modality of delivery (community, public and/or private sector) are needed** to respond to the changing capacity of the health system and local recommendations for physical distancing. An example could be supporting more decentralization of care, through community health workers. There may be associated cost implications.

- **Ensure consistent supply of case management commodities (ACTs, RDTs, and drugs for severe malaria).**

    - There may be current or expected increases in the need for malaria case management commodities associated with the COVID-19 context resulting from changes in fever case numbers, care seeking behaviour, case management behaviour or case management delivery modalities.

    - When considering quantification needs, programs should use local data for malaria commodities quantification, as well as undertake regular quantification exercises to adjust any change, particularly during situations where there is a community-level transmission of COVID-19 and an increase of fever cases and malaria cases.

    - Challenges in procurement and supply management, such as delays of shipments and adaptation of delivery of malaria case management products require programs to a) plan early with appropriate quantifications and ordering schedules and b)

constantly monitor the situation including the demand, pipeline management, procurement, delivery timelines, in-country stock management and distribution capacity in order to ensure that sufficient quantities (including buffers) are available at any point in time.
    - The existing processes in malaria grant management must be applied, in close coordination with the Country Team (i.e. changing the schedule of planned orders, re-adjusting the quantities based on the program need.
    - Keep in mind that transport to country may have higher than normal cost.

- Other febrile-management commodities such as antibiotics, ORS/Zn, paracetamol, and others should also be quantified, and these figures shared with national authorities and partners (e.g. UNICEF) to ensure proper adherence to fever and malaria treatment protocols.

- Adaptations for resumption of quality improvement of service delivery (e.g. training, supervision) should be considered as well as frequent reviews of the feasibility of their operationalization if the COVID-19 situation worsens.

- Note that all PPE, adaptations and waste management needed to maintain primary health services (both at facility and community level, **including any malaria specific community health workers**) should be considered for funding in the C19RM funding request as part of the "direct COVID" category of funding.

- **Associated costs:**
    - For malaria case management commodities (including transport to country) – cover from grant savings or other funding sources.
    - For all other associated costs including in-country transport, storage, waste management or other operational, logistic or human resource costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance sources:
    - CHWs role
    - CHW PPE: see section infection prevention and control and Table 1
    - CHW PPE

Vector Control and Chemoprevention: Campaign Activties

- **The focus should be on ensuring that malaria prevention services continue.**

- **Ensure PPE and operational adaptations to allow campaigns (ITN, IRS, SMC, regardless of financing partner) to proceed in the Covid-19 context are planned and budgeted, through the end of 2023.**

    - Operational adaptations to campaigns may include modifications to approaches to training, supervision, planning meetings, transport, storage and distribution with a range of associated personnel, operational, logistics and supplies costs.

    - Distribution itself may need to move to door-to-door approaches, digitization of campaigns may ease planning and be important to facilitate a move to a more granular delivery model (as well and producing data which may feed into wider digitization for COVID-19 planning, surveillance and response).
    - Early planning (and contingency planning) is more critical than ever considering the evolving contexts, potential for unforeseen issues with international and local supply, and others.

- Operational guidance for campaigns should be followed. Guidance released for either ITN, IRS or SMC campaigns (as well as immunization and NTD campaign adaptation guidance) may have aspects that are relevant across the three types (given similarities in some upstream or macro/micro level activity types). National programs should consider drawing on these documents as they emerge, links are below.

- Consider the needs for all campaigns regardless of financier.

- Campaign staff may require PPE, these will have associated waste management needs.

- If a country government decides to postpone, suspend, or cancel a campaign, please ensure discussions with the Global Fund Country Team and Malaria Team take place. There is no established threshold on whether to move forward with campaigns.
We strongly advise that modifications be made so that campaigns can continue, if at all possible. The Global Fund can work with the NMCP and the RBM partnership to support high level advocacy for campaign continuation, if needed.

- **Associated costs:**
  - For ITN, IRS or SMC commodities (including transport to country) – cover from grant savings or other funding sources.
  - PPE: for any COVID-19 related PPE costs (i.e. excluding standard PPE for IRS), and associated waste management costs not funded from other sources - include in a C19RM funding request ensuring their purpose – for malaria campaigns – is noted.
  - Operational adaptations (all associated costs) to Global Fund funded campaign activities - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.
  - Operational adaptations (all associated costs) to activities not under Global Fund grants (e.g. PMI financed or domestic financed campaigns/other activities) - if other funding sources cannot cover these consider including in a C19RM request.

- Key guidance sources:
  - AMP toolkit for planning malaria campaigns in the context of COVID-19, with guidance on a range of technical areas and available in English, French, Spanish and Portuguese.
  - SMC adaptations: English, French
  - Current WHO guidance on PPE.
  - Note that newer WHO guidance on PPE, specific to community activities such as campaigns, is in development but not yet published at the time of writing. Once published it should be available on the WHO-GMP malaria and COVID-19 website: ***Use of medical and non-medical/fabric masks for community outreach activities in the context of COVID-19, based on current WHO mask advice.***

Vector Control and Chemoprevention: Routine Services

ITN continuous distribution

- Review stocks for ANC and EPI or other continuous distribution and be ready to order a resupply early.

- If local guidance on ITN distribution through health facilities changes—e.g. using health facilities as a higher volume distribution channel than normal or supplying ITNs to people testing positive for Covid-19 to support self-isolation—then consider the need for additional stocks.

- **Associated costs:**
  - For ITNs – cover from grant savings or other funding sources.
  - For all other associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

Malaria in Pregnancy

- Programs should continue to work with the RMNCH programs to ensure pregnant women, as a key vulnerable group, attend ANC, and that adequate PPE and stocks for IPTp (and ITN) delivery are available.

- Delivery of malaria in pregnancy services remain critical.

- **Associated costs:**
  - For malaria case management commodities – cover from grant savings or other funding sources.
  - For all other associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance source: English, French

Exceptional Measures

- As circumstances evolve during the COVID-19 pandemic, national programs may be faced with diverse reasons for invoking strategies to clear malaria from populations. For example, malaria burden could increase dramatically if routine services are brought to a standstill, or evidence may become available that demonstrates malaria to be a specific risk factor for COVID-19 severe disease and death. During these or other such events, extraordinary measures could be considered.

- Exceptional measures may include presumptive treatment of fever or mass drug administration.

- **Associated costs:**
  - For malaria case management commodities – cover from grant savings or other funding sources.
  - For all other associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance source.

Communication

- **Consider whether there is a need for additional social behaviour change (SBC) activities promoting continued prevention and care seeking behaviours in the COVID-19 context.**

- Particular focus will be needed on the balance between physical distancing and the importance of seeking care if febrile or with other symptoms. Consideration should be given to messaging aimed at vulnerable populations in particular migrants or newly returning mobile populations.

- Costs may relate to multi-media campaigns (consider radio, TV and mobile phone SMS/IVR as key communication platforms when in-person activities are limited), development and distribution of SBC communication products, advocacy to policy makers, social mobilization of communities and community and religious leaders, human-resource cost specific to SBC and not part of routine activities.

- It is crucial that communication for malaria prevention and control continue in the Covid-19 context and pay particular attention to managing any misinformation and rumors.

- May be addressed by cross-cutting SBC that goes beyond malaria.

- **Associated costs**:
    - For all associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance source in English and French

Surveillance, Monitoring and Evaluation

- We recommend supporting and strengthening capacity for surveillance, epidemics detection and response, particularly at district and service delivery levels, including exploring the use of simple mobile reporting apps.

- We recommend supporting development / updating of georeferenced master facility and CHW lists and analytics, capturing GPS coordinates of health facility and CHWs to inform decisions on mitigating impacts on malaria (as well as broader COVID response). This could be included as a direct COVID-19, RSSH or malaria mitigation measure in a C19RM request. (Note the potential to use any proposed campaign digitization activities as an opportunity to collect geo-references).

- Many countries have resumed planning/implementation of malaria studies and community-based surveys. Ensure COVID-19 mitigation approaches are included. For community-based surveys, guidance on mask requirements is similar to that of campaigns (see above).

- **Associated costs:**
    - For all associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance sources: English, French and Portuguese.

Community, Rights and Gender and Ensuring Access in Specific Groups

This section is cross-cutting and should inform considerations for all the technical areas above.

- The COVID-19 context may change affect accessibility to services in some groups more than others. To address this possibility, consider the actions below:
    - Undertaking human rights and gender assessments of malaria-related risks and access to services.
    - Strengthening community systems strengthened where needed.
    - Reviewing laws, regulations and policies that enable malaria responses and access.
    - Reviewing access to services for underserved populations such as mobile populations, migrants, refugees, and others affected by emergencies, making changes to delivery models and service provision as appropriate.
    - Ensure meaningful participation of affected populations in all the above.

- Malaria Matchbox Tool: While in many contexts, carrying out this equity assessment may be put on hold, consider carrying out the desk review and virtual interviews.

- Integrate malaria core activities for refugees, migrants and mobile populations, prisoners, and other underserved populations with COVID-19 responses.

- **Associated costs**
    - For all associated costs - if grant savings or other funding sources cannot cover these, consider including in a C19RM request.

- Key guidance sources
    - Global Fund's guide to human rights and gender programming in challenging operating environments.
    - Examples of CRG-related investments during COVID-19: summary of COVID-19 Guidance Notes and recommendations from Civil Society and Communities.
    - RBM Partnership Malaria Matchbox tool: English; French; Portuguese.

Abbreviations (HIV, TB and Malaria)

ACT: Artemisinin based Combination Therapy

aDSM: Active drug safety monitoring and management

BCG: Bacillus Calmette–Guérin vaccine

CAD: Computer-aided detection

CHW: Community Health Worker

COVID-19: Coronavirus disease 2019

CRG: Community, Rights and Gender

DR-TB: Drug-resistant TB

HMIS: Health Management Information System

IPC: Infection Prevention and Control

IRS: Indoor Residual Spraying

ITN: Insecticide Treated Net

MDR-TB: Multi-drug resistant Tuberculosis

NT: National Tuberculosis Program

PPE: Personal Protective Equipment

PHC: Primary Health Care

PLHIV: People Living with HIV

RBM: Roll Back Malaria Partnership

RDT: Rapid Diagnostic Test

RMNCH: Reproductive, Maternal, Newborn and Child Health

SMC: Seasonal Malaria Chemoprophylaxsis

TA: Technical Assistance

TB: Tuberculosis

TPT: Tuberculosis preventive treatment

UHC: Universal Health Coverage

UN: United Nations

UNHLM: UN High-level Meeting

WHO: World Health Organization