

COVID-19: Priorities for Global Fund HIV Support

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1. Introduction

On 9 April the Global Fund Board approved a new response mechanism to support countries to respond to COVID-19 (C19RM) and mitigate the impact on programs to fight HIV, TB, malaria and systems for health. The COVID-19 Response Mechanism authorizes funding of US\$500 million and comes in addition to up to US\$500 million in grant flexibilities previously announced by the Global Fund. Since 22 April 2020 application materials for this response mechanisms are available on the [Global Fund website](#).

This document was elaborated in close collaboration with Global Fund key technical partners. It lists priority interventions and procurements aimed at mitigating the impact of COVID-19 on HIV programs. The document builds on a more detailed Global Fund document: [COVID-19 Information Note: Considerations for Global Fund HIV Support](#).

2. Priority Areas for Funding Requests

Protecting essential HIV services 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.

Priority 1. Adaptive prevention programming for different risk scenarios

COVID-19 responses are likely to impact negatively on the operation of prevention programs. Key and vulnerable populations and AGYW and their partners are likely to be disproportionately affected than others, particularly with regards to HIV risk.

- Continued supply of condoms and lubricants is critical, 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 people who inject drugs (PWID) should be prioritized; for example, 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 as much as possible for alternative needle/exchange programs and for distribution of OST. Consider also take-home dosing arrangements for OST.
- PrEP should be protected and continued where possible, incorporating physical distancing measures, such as drop-off of commodities rather than hand-to-hand distribution and provision of larger duration supplies of drugs provided to clients.

- 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.
- Continue the availability of shelters that are safe and adapted to meet basic COVID-19 prevention measures, including shelters for AGYW. The shelters provide support related to special intimate partner violence/gender-based violence and post abuse.. Consider police complaints, or other means of protection for people facing violence at home.
- Continued and prioritized access to family planning/sexual and reproductive health services and commodities.

Priority 2. HIV testing for those at risk for HIV

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: community testing, self-testing modalities or testing services on the grounds of health facilities in separate physical spaces (for example, gazebos). Continue testing and re-testing of pregnant and breastfeeding women and early infant diagnosis (EID), prioritizing modalities outside facilities.

Priority 3: 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.

- Service delivery should be adapted to reduce the number of health facility visits. Community models for ARV distribution and ART initiation (particularly for children, adolescents, pregnant women and breastfeeding mothers, and KPs) 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. 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, prioritizing MMD or community ART delivery.
- Ensure PLHIV with advanced disease are in contact with providers: 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.

Priority 4. Commodity security

Challenges in procurement and supply management, such as delays of shipments, and adaptation of delivery of essential commodities to people affected by HIV require programs to constantly monitor the situation.

- Ensure continued supply of essential commodities needed to provide priority services:
 - Condoms and lubricants.
 - Products that are part of the basic prevention package for PWID such as injecting equipment, OST and naloxone, ARVs for PrEP.

- HIV test kits, particularly HIV self-tests.
- ARVs for ART, drugs to treat opportunistic infections (i.e., supplies for the care of PLHIV with advanced disease including TB) and reagents.
- Identify critical gaps, quantify stock, order well in advance, plan for changing demands related to MMD for ART, and assess measures to strengthen local supply chains.

Priority 5. Health care worker protection and training

If healthcare workers do not report for duty because of fear of contracting COVID-19 or fall ill with COVID-19, then HIV services will suffer.

- 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.

Priority 6: Protect and Support Community Systems

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.

- Protect and support community systems and responses and health systems more broadly, and encourage a flexible shift of 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).
- Community-led monitoring (CLM), both during COVID-19 and in everyday circumstances, can provide rapid, granular data on where bottlenecks or other challenges to HIV program delivery are occurring. This could include reporting of service disruptions, commodity stockouts or monitoring human rights violations. Within the context of COVID-19, CLM provides an additional level of information on the rapidly shifting situation in countries as the pandemic progresses.

Priority 7: Use Digital Health Platforms where feasible

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.

Priority 8: Ensure access to essential tests for the management of HIV

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.

- Anticipate and budget for increased use of common consumables and Personal Protective Equipment for COVID-19 and HIV and TB -related testing in laboratories.
- 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.