



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

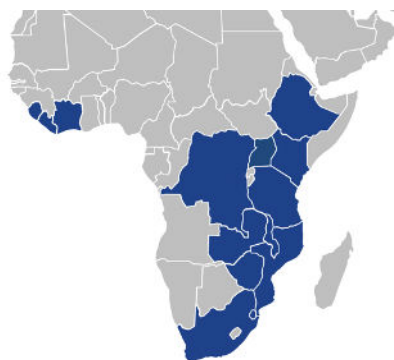
Perspectives from Recipients of Care during the COVID-19 Pandemic

CQUIN DSD and COVID-19 webinar series
April 21, 2020

- Please type your name, organization and email address in the chat box and select “All panelists and participants”
 - If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number 😊
- Please ask questions to the panelists in the “Q&A”



CQUIN DSD and the COVID-19 response webinar series



- Tuesdays in April at 12N Abidjan/2PM Joburg/3PM Nairobi
- <https://cquin.icap.columbia.edu/cquin-covid-webinars/>
- Can access previous slides and recordings
 - 31 March: DSD & COVID-19
 - 7 April: ART supply chains and multi-month dispensing
 - 14th April: Adaptations to facility-based DSD models
- **THIS week – 21 April “Perspectives of recipients of care”**

Housekeeping

- Use the **Q&A section** to ask questions to all the panellists
- Use the “*chat*” and select “***All panellists and attendees***” to discuss with the group and/or for any logistics challenges

Today's Agenda

1. Opening Remarks (Solange Baptiste)
2. Context Setting (Bactrin Killingo)
3. Country Perspectives
 - Sierra Leone (Idrissa Songo)
 - Côte d'Ivoire (Alain Somian)
 - Uganda (Stella Kentutsi)
4. One (1) round of discussion (Bactrin Killingo)
5. Close and Thank You (Solange Baptiste)



What's Happening on the Ground?

Measures to curb viral spread in the general population

NO RESTRICTIONS

No restrictions
(encouraged physical
distancing)

SHUT-DOWNS

Shutdowns (e.g.
schools, mass
gatherings)

CURFEWS

Time-based curfews

TRAVEL CONSTRAINTS

Inter-regional
travel
restrictions

Intra-region
travel
curtailment

LOCKDOWNS

Partial
lockdown

Full
lockdown

Economic Impact

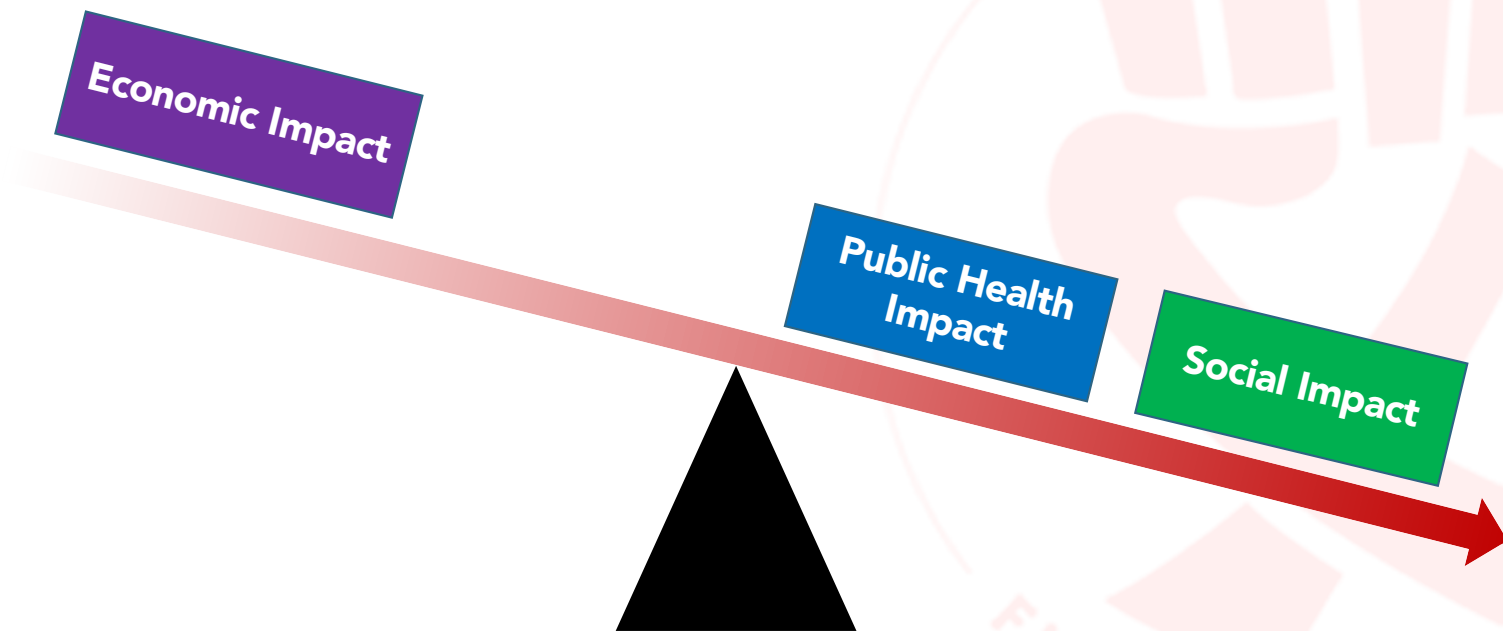
**Public Health
Impact**

Social Impact

Adapted from McKinsey Analysis; April 2020 Jayara, Leke et al "Finding Africa's path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis"

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What's Happening on the Ground?



Adapted from McKinsey Analysis; April 2020 Jayara, Leke et al "Finding Africa's path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis"

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CQUIN Country by Official Policy Directives



	Cote d'Ivoire	Democratic Republic of Congo	Eswatini	Ethiopia	Kenya	Liberia	Malawi	Mozambique	Sierra Leone	South Africa	Tanzania	Uganda	Zambia	Zimbabwe
Full Lockdown						X	X			X	?			X
Partial Lockdown	X	X	X	X	X			X	X		?	X	X	
Start Date	March 29	April 6	March 27	March 30	March 25	?	April 18	April 1	April 12	March 27	?	April 15	April 15	March 30
End Date	May 17	April 20	April 16	?	?	?	May 9	April 30	April 25	April 30	?	May 5	?	May 4
State of Emergency/ Disaster	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RoC/PLHIV allowed to travel to get medicines?	Yes within lockdown areas	X	X	X	X	X	X	X	X	X	X	X	X	X
Does a specific HIV/COVID-19 Policy Exist	X			X	X		X	X	X	X		X		

Impact of COVID-19 on HIV Services

- Government restrictions (lockdowns – full or partial) have severely affected access to services.
 - *“Uniform personnel don't allow more than 50 people into the clinic compound. Like right now a ROC call me saying that pregnant women including her have been denied service.” – Liberia*
 - *“Government does not give access passes to all health workers especially those of us that are volunteers.” – Liberia*
- Essential services in many contexts do not include public transportation and if they do, the cost for the service (due to the limited number of passengers allowed in one taxi) makes it prohibitive for most.
 - *“People had to walk long distances on foot in order to access medicines. ...at security check points they were not recognising opportunistic infections cards as a permit to and from the health facilities. This further complicated the challenges and brought about a lot of distress and **depression among PLHIV**. Some PLHIVare not given proper attention as some health care workers were hesitant to interact with people and no other clinical investigations were done **only refills were provided**. In one of the rural facilities we received information that ROC was **asked to wait 100 metres** away from the health facility and the health care worker will go there collect their OI books and go to the health facility and then bring back their medicines.” – Zimbabwe*

Impact of COVID-19 on HIV Services

- In some countries, some services have completely stopped. Examples include:
 - Voluntary medical male circumcision
 - New initiation of pre-exposure prophylaxis for HIV (PrEP) and TB Preventive Therapy (TPT)
 - Condom distribution to walk-in clients
 - Routine scheduled viral load monitoring for stable adult patients
 - Teen clubs and other patient support groups that involve gathering of people
 - Active tracing involving community visits
- Stigma is exacerbated by “shelter in place” orders and so some people prefer not get their ARVs. Especially for those who have not disclosed their HIV status.

Top Needs of Persons Living with HIV

- Food – nutrition, before medicine, people need food!
- Medicine – Uninterrupted treatment and access to medical services
 - Transport to and from health facilities
 - Diversification of ARV collection and drop-off methods (bike riders, “uber for CAGs/ARVs”)
- Economic safety net
- Accurate, widespread and low-literacy COVID-19 information
 - *“Every cough, sneeze, cold and fever is attributed to it!”*
- Legal aid due to increased gender-based violence (especially for sex workers)
- Clean water and sanitizers

Recipient of Care Perspective



Idrissa D.M. Songo

Executive Director

Network of HIV Positives in Sierra Leone (NETHIPS)

Recipient of Care Perspective

Main **statistics** on COVID-19:

43 cases; 6 recovered; 0 deaths (as of 20th April 2020)

“Lockdown” Status: (partial lockdown, curfew for 14 days from 12th to 25th April from 9:00 p.m. to 6:00 a.m. daily.

No movement allowed from one district to the other except for essential staff and commodities. A state of public emergency has been declared throughout Sierra Leone.



SIERRA LEONE

A **specific Policy** on HIV/COVID-19 exists - The National AIDS Control Programme (NACP) has developed guidance document on HIV/COVID-19.

Recipient of Care Perspective – Sierra Leone

Community involved in the HIV/COVID-19 response

- NETHIPS was involved in the development of the **HIV/COVID-19 National Policy**
- NETHIPS is working together with National AIDS Control Program (NACP) and other partners to **distribute medicines especially during lockdown**. Obtain government passes and use CAGs and hotlines.
- NETHIPS engages **national media** regularly to talk about HIV and COVID-19 to reach PLHIV far and wider as well as the broader community (for example, radio talk shows etc., WhatsApp groups)

Recipient of Care Perspective – Sierra Leone

Impact on DSD:

Positive Impact

- Before COVID-19 CAGs were not functional.
- Increased treatment uptake and adherence thus reducing defaulting especially **with the establishment of Community ART Groups** (CAGs) [usually 6-10 persons].
- Communities will be able **to reach harder-to-reach people** through a passive-health system.

Negative Impact

- Lack of psychosocial support since adherence group meetings are suspended.
- Multi-month dispensing will potentially lead to drug stock outs **without adequate preparation**. (community-led monitoring)
- **Lack of food** during lockdown will negatively impact ARV uptake.

Recipient of Care Perspective – Sierra Leone

Main **Policy Change** Recommendation I would suggest:

- Government should allow *people living with HIV* to qualify for aid (including food aid) during states of emergency and lockdown.

EBOLA LESSONS:

- Work as a team: Relationship between government and civil society is strong due to past outbreak of Ebola.
- Critically important to work with the NACP as PLHIV.
- Weekly virtual meetings hosted by UNAIDS on behalf of NACP and includes other service providers and civil society.

Recipient of Care Perspective – Sierra Leone



**Social Distancing and
CAGs in Action!**

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COTE D'IVOIRE

Alain Somian

Executive Director

Réseau Ivoirien des organisations

vivants avec le VIH (RIP+)



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Recipient of Care Perspective/ Perspective des bénéficiaires de soins

Main **statistics** on COVID-19

879 cases; 287 recovered; 10 deaths
(as of 20 April 2020)

« **Lockdown** » **status:** partial, curfew for 48 days from 29 March to 17 May from 5am to 9pm.

A national state of emergency has been declared. No movement is allowed between Abidjan and surrounding areas and the rest of the country.

Statistiques liés au COVID-19:

879 cas; 287 guéris; 10 décès
(20 avril 2020)

Statut de confinement: couvre-feu partiel, de 5 h à 21h pour une durée de 48 jours, du 29 mars au 17 mai.

Etat d'urgence national déclaré pour la Côte d'Ivoire. Les déplacements sont limités et aucun déplacement n'est permis entre la région autour d'Abidjan et le reste du pays.



COTE D'IVOIRE

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

A **specific policy** on HIV/COVID-19 exists –

The National AIDS Control Program has shared a contingency plan detailing measures on how health workers and community agents have to pursue their activities safely during the current pandemic.

Une **politique spécifique** liée au VIH/COVID-19 existe –

Il existe un plan de contingence partagé par le Programme National de Lutte contre le Sida (PNLS) pour les personnels de santé et les agents communautaires, notamment sur les mesures de sécurité à suivre dans le cadre de leurs activités durant toute la durée de la pandémie.

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Community involvement in the HIV/COVID-19 response

- RIP+ has proposed a plan to build the capacity of community agents to respond to COVID-19 and meet the needs of PLHIV. This plan has been shared with UNAIDS and Didier Drogba Foundation, to address community needs notably access to treatment, to information and food support.

Implication de la communauté dans la réponse au VIH/COVID

- Le RIP+ a développé un plan de travail qui a été partagé avec l'ONUSIDA et la fondation Didier Drogba pour le renforcement des capacités des agents communautaires afin de répondre aux besoins des PVVIH et leurs familles, notamment à l'accès aux médicaments ARV, à l'information et aux kits alimentaires.

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Community involvement in the HIV/COVID-19 response

- RIP+ has developed a summary document on COVID-19 current effects on the PLHIV and shared it with UNAIDS.
- A meeting between the Minister of Health and Public Hygiene and civil society is planned to discuss a joint action plan on COVID-19.

Implication de la communauté dans la réponse au VIH/COVID

- Le RIP+ a également partagé les informations sur les effets du COVID-19 sur les PVVIH avec l'ONUSIDA
- Une réunion entre le Ministre de la Santé et de d'Hygiène Publique est prévue le mardi 21 avril 2020 à 14H30 à l'INSP pour des propositions sur le plan de riposte de la lutte contre le COVID-19 en Côte d'Ivoire.

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Impact on DSD:

- Stable recipients of care no longer receiving 6 months supply of medicines, as per the national policy, due to insufficient stocks
- Lack of psychosocial support for PLHIV as community support groups activities have been halted due to COVID-19.

Impact sur les soins différenciés:

- Les patients stables ne bénéficient plus de 6 mois de traitement comme prévu dans les directives nationales à cause du COVID 19, dû à l'insuffisance de boîtes pour les patients
- Manque de soutien psychologique et social pour les PVVIH suite à l'arrêt des groupes de soutien à cause du COVID19

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Impact on DSD:

- Community outreach has been halted to protect some community counsellors vulnerable to COVID-19, and the lack of protective gear. Reduced access to medicines for PLHIV in lockdown.

Impact sur les services différenciés:

- Arrêt des activités communautaires à cause de la vulnérabilité de certains conseillers communautaires face au COVID 19 et le manque de matériels de protection. Dispensation de médicaments réduit pour les PVVIH en confinement.

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Impact on DSD:

- Lack of protective gear for some medical personnel at health facilities.
- Low utilisation of health facilities by recipients of care and others due to fear around COVID-19.
- Limited access to services for some recipients of care (clinical check ups, renewing prescriptions and access to ARVs).

Impact sur les services différenciés:

- Manque de matériels de protection pour certains personnels de santé dans les centres de prise en charge.
- Centres de santé peu fréquentés par les patients et les tous venants à cause de la psychose du COVID-19.
- Limitation pour certains patients à l'accès aux soins (Bilan de suivi, renouvellement des ordonnances et ARV).

Recipient of Care Perspective/ Perspective des bénéficiaires de soins – COTE D'IVOIRE

Main **Policy Change** Recommendations:

- Provide food packages for PLHIV and their families who are in locked down
- Provide personal protective equipment for community workers (face masks, hand sanitizers, gloves, etc.)
- In collaboration with the PLHIV networks, support travel of TB / HIV+ co-infected PLHIV to health centers within their lockdown area

Recommandations de changement de politique principale:

- Acquérir des kits alimentaires pour soutenir 100% des PVVIH et leurs familles confinées
- Acquérir des équipements pour les acteurs communautaires en équipements de protection individuelle (masque faciaux, gels hydro alcoolique, gants etc.)
- Contribuer aux frais de déplacement de patients TB/VIH+ dans les centres de santé des zones où ils sont confinés en s'appuyant sur les réseaux



Professor **Eugène Aka Aouélé**,
Minister of Health and Public Hygiene
in Côte d'Ivoire raising awareness on
COVID-19

Sensibilisation sur le COVID-19 par le
Ministre de la santé et de l'hygiène publique
de Côte d'Ivoire, le professeur **Eugène Aka
Aouélé**.



Yamoussoukro : Recipients of care are staying away from the hospital due to COVID-19 related fear
Attendance at this regional health facility is significantly lower than normal (18 April 2020)

Yamoussoukro : Des malades refusent de se rendre à l'hôpital à cause de la psychose du COVID19
Le CHR n'est plus fréquenté comme dans un passé récent. (18 avr. 2020)



A disinfectant is being sprayed on the market at Port Bouet à Abidjan, (30 March 2020).

Un travailleur pulvérise un désinfectant sur le marché de Port Bouet à Abidjan, le 30 mars 2020.



Change in attitude of the population towards COVID-19 in Abidjan

Changement d'attitude de la population contre le COVID19 à Abidjan

Recipient of Care Perspective



Stella Kentutsi

Executive Director

National Forum of People Living with HIV/AIDS

Networks in Uganda (NAFOPHANU)

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Recipient of Care Perspective - Uganda

- **Main statistics on COVID-19:** 55 cases; 38 recovered; 0 deaths (as of 20th April 2020).
- **“Lockdown” Status:** (lockdown, curfew up to 5 May from 7:00 p.m. to 6:30 a.m. daily.
 - Cargo cars allowed but no public and private cars allowed except with government sticker, motorcycles up to 5:00pm. All public places including places of worship closed, weddings allow maximum 10 people, funerals up to maximum 30 persons. Stay home being enforced by combined security personnel. **Pregnant women now allowed to move without government permission.**
- **A specific Policy on HIV/COVID-19 exists** – The AIDS Control Programme (ACP) MOH has developed guidelines on HIV/COVID-19, HIV/TB/COVID 19, FAQs fact sheets, continuously updated as issues emerge.

Recipient of Care Perspective – Uganda

Community involved in the HIV/COVID-19 response

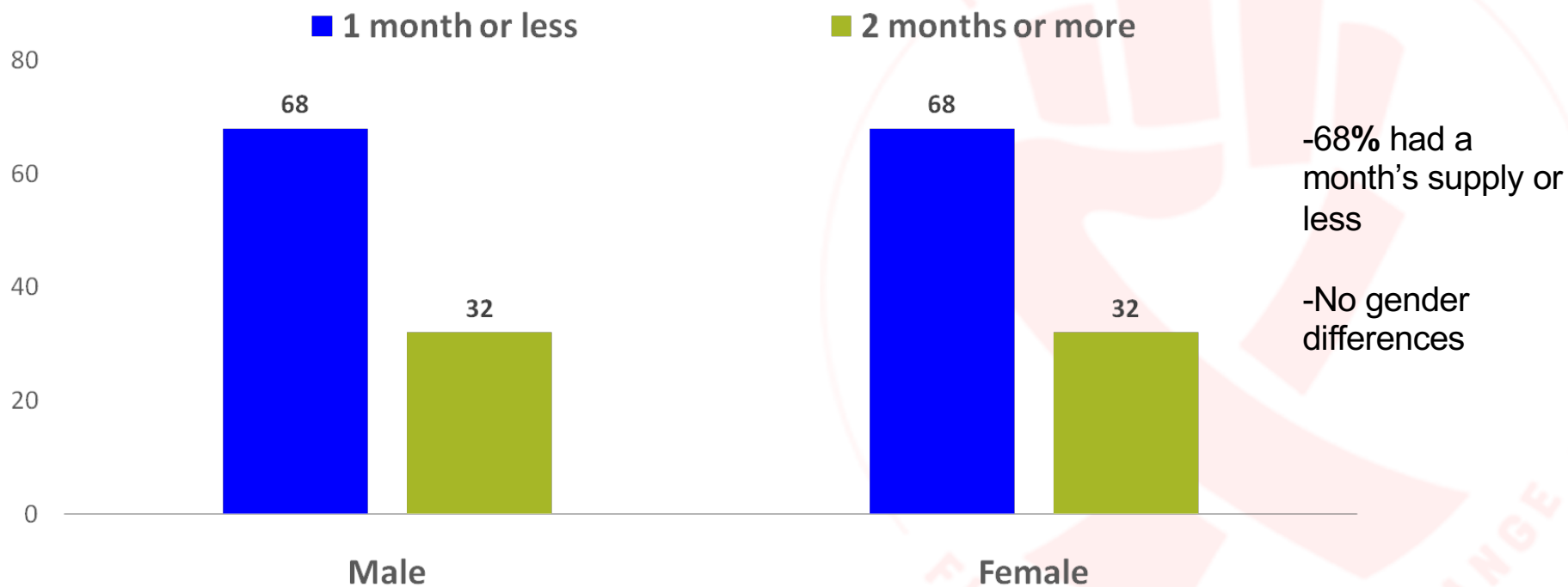
- NAFOPHANU was involved in the development of the **HIV/COVID-19 National Policy** by MOH. Virtual consultations were made.
- Works closely with MOH, Implementing Partners (IPs), member PLHIV networks and CSOs to ensure uninterrupted supply of ART/TB and regular feedback is expected of NAFOPHANU.
- PLHIV continue to receive ART from CDDPs, CCLADS but several health facilities remain open for refills. Most have received, including ‘visitors’ who get for at least a monthly refill.

Recipient of Care Perspective – Uganda

Together with UNAIDS, NAFOPHANU conducted a **rapid assessment on needs of PLHIV** in context of COVID 19, late March-early April 2020 monkey survey based:

- Reached 78 PLHIV, 55% male; 67% from urban areas, average age was 27 years, range 19 to 58 years, nationwide covering 22 districts:
 - **60%** of participants **had two or more people** on ART in the household including the respondent
 - **23% (18/78)** of respondents had children in the household who were taking ARVs
 - **73%** of the respondents knew three months as the usual/standard supply for ARVs (3MMD)
 - **68% of all respondents** had ARV supplies for only a month or less. **32% had ARV supplies for 2 or more months**, no significant gender and age differences
 - Of the 38 PLHIV who attempted refill previous week, 35% got a partial refill and 65% did not get any refill. **(But this has since changed, with home deliveries by IPs, expert clients)**

MONTHS OF ARV SUPPLY REMAINING (%)



n=78 respondents

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ACCESS TO OTHER SERVICES AMONG THOSE WHO NEED THEM

- Can access TB treatment: 52% (n=27/52 respondents)
- Can access condoms: 57% (n=35/61 respondents)
- Can access contraception: 33% (17/51 respondents)



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KEY ISSUES RAISED BY RESPONDENTS

- Open-ended questions showed that the major challenges faced by PLHIV include:
 - Lack of transport yet public banned, no ambulances
 - Long distances to reach their 'usual' facility which is sometimes far from home
 - Not having disclosed
 - Lack of protective gear (masks)
 - Fear of exposure to COVID-19; and
 - Lack of money for other drugs such as paracetamol and multivitamins
- 23% of respondents had children taking ARVs and given difficulties of caretakers going with a child to pick ARVs on foot, there is need to prioritize transport access for caretakers and children (silent population)
- Analysis also suggested need for TB screening and to ensure completion of TB treatment to minimize risk of transmission to other household members, and to reduce vulnerability to COVID19



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Recipient of Care Perspective – Uganda

Impact on DSD:

Positive

- New CDDPs formed but social distancing must be applied
- Home deliveries
- MOH more responsive, been very quick at providing guidance

Negative

- No group meetings
- Multi-month dispensing affected by stock outs of Atazanavir and Lopinavir
- Hunger and starvation to affect adherence
- Limited integration of COVID 19 with other prevailing chronic care

Recipient of Care Perspective – Uganda

Main **Policy Change** Recommendation I would suggest:

- Government through Office of the Prime Minister should consider PLHIV as a special category for food aid
- Need to start planning for mitigation of COVID 19 on PLHIV now; post pandemic phase
- Increased need for Treatment Literacy



A SIMPLE BUT EFFECTIVE
EXAMPLE OF
COMMUNITY INNOVATION!

Thank You!

- Questions in English for CIV; and all unanswered questions
- Details of the past and future webinars in this series can be found at <https://cquin.icap.columbia.edu/cquin-covid-webinars/>
- Same time next Tuesday for “**Updates from Ministries of Health**” hosted by ICAP
- DSD & COVID-19 resources:
 - bit.ly/DSDCOVID
 - <https://cquin.icap.columbia.edu/network-focus-areas/covid-19/>
 - <http://itpcglobal.org/resources/>

THANK YOU!

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