

THEMATIC SEGMENT ON COVID-19 & HIV

Case Studies

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INTRODUCTION

The Thematic Segment of the 48th UNAIDS Programme Coordinating Board (PCB) meeting will be held on the 2nd of July 2021 and will focus on “COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses”.

In the preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies to inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 25 submissions were received. The submissions reflect the work of governments and civil society, as well as collaborative efforts. The case studies highlight different approaches in addressing HIV in the context of COVID-19.

AFRICAN STATES

1. Eswatini

TITLE OF THE PROGRAMME: N/A

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- **Programme is being implemented since:** 2020 (4 May)
- **Programme end:** N/A – CCD is one of the DSD models that MOH will continue to support
- **Responsible party/parties:** Government, Civil society
- **Population group(s) reached:** People living with HIV, People affected by COVID-19, Key populations, Children, Women and girls, Young people
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
 - Reduce risk of COVID-19 acquisition in at-risk populations by reducing the need to take public transport, queuing for services at health facilities, and traveling significant distances from their homesteads.
 - Bring services closer to clients as they are able to select the site location that is most convenient for them.
 - Reduce HIV associated stigma through integrated commodity delivery (not just ARTs)
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**

The community commodities distribution initiative was implemented before COVID-19 and leveraging this existing strategy helped to address the increased barriers to access services during COVID-19. This initiative establishes continuous and reliable community access to essential medicines and selected health commodities and strengthens the facility-community continuum of care. It brings services closer to clients, helps reduce decongestion and client burden in health facilities, and contributes to reducing HIV associated stigma through integrated commodity delivery (not just ARTs).

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
Data were collected from June 2020 to September 2020 to measure ART refills, visits and acceptability and outcomes of community commodities distribution points. The available data speaks to the positive outcomes of the community distribution points as a model that ensures continuation of HIV and other health related services in times of an outbreak. Data collected at community level is then taken to the facility for capturing into the electronic system.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
Supporting out of facility/community-based differentiated service delivery models as a way to ensure continuation of quality services and avoid the burden on the health systems in times of an outbreak.

BACKGROUND:

The aim of the rollout, scale-up, and implementation of the Community Commodity Distribution (DDD) model was to decongest supported facilities in line with the social distancing guidelines in the COVID-19 response. With the COVID-19 regulations in place, including the lockdown and numerous police roadblocks on the major routes, clients faced challenges with accessing the facilities resulting in some clients defaulting their treatment. The initiative was then also expanded beyond HIV commodities to include HIV negative clients in order to destigmatize the activities. The commodities and services provided included family planning, PrEP initiation and refills, TB preventive therapy, distribution of HIVST kits; provision of drug sensitive TB medication, drawing blood for laboratory investigations e.g., for viral load. COVID-19 screening and referral of the positive cases was also done in the community distribution points.

The plan was to ensure the sustainability of the model post-COVID-19. The initiative was coordinated through the Eswatini National AIDS Program (ENAP) and rolled out by PEPFAR implementing partners that were working at both facility and community levels, including those supporting supply chain management and Client Management Information Systems.

DESCRIPTION:

This program is aimed at ensuring sustainable and ongoing access to ARVs and other essential medicines, while minimizing client exposure to COVID-19 and alleviating the burden on the health system. The Mother-Baby Community (MoBaCo) service decentralization model is a hybrid of current differentiated service delivery models (DSD)

offered in Eswatini, and allows for distribution of ARVs, TB, and NCD medications (anti-diabetic, anti-hypertensives), family planning commodities, PrEP, and condoms. Stable ART clients are decentralized from “mother” facilities to “baby” (satellite) facilities and further to the community sites. Clients are able to select the site location that was most convenient for them.

The objectives of the project include:

- Establish continuous and reliable community access to a standardized list of essential medicines and selected health commodities and strengthen the facility-community continuum of care
- Reduce risk of COVID-19 acquisition in at-risk populations by reducing the need to take public transport, queuing for services at health facilities, and traveling significant distances from their homesteads
- Decongest facility-level service delivery burden, crowding and queuing
- Reduce silo programs and associated stigma through integrated commodity delivery (not just ARTs)

The locations include the Hhohho and Shiselweni Regions of Eswatini. Occurred across a variety of sites, following the MoBaCo model of decentralization from “mother” facilities to “baby” (satellite) facilities, and finally to community sites. Community distribution points included closed schools, churches, neighbourhood care points, and other locations identified by community leadership. The community leadership identified the sites by working with facilities and assistance from EGPAF. Clients are able to select the site location most convenient for them.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

EGPAF supported MoBaCO/CCD scale-up in two regions, Hhohho and Shiselweni. From April to July 2020, 51% of planned health facilities and 80% of community distribution points were fully functional and providing CCD. By September 2020, 87% of the planned distribution points were fully functional.

Over half of ART clients accepted to be enrolled in the CCD services (53%), with no difference in level of acceptance across region or over time. In addition, CCD was similarly accepted among both female (54%) and male (50%) clients. Level of acceptance also did not vary by age, with 54% of clients under 15 and 53% of clients 15+ accepting CCD services.

ART clients who enrolled in CCD had significantly higher rates of ARV refill completion (88% June, 91% July, 92% August), compared to clients who received their refill at the facility (73% June, 75% July, 79% August). In addition, the MoBaCo model had high rates of follow up and re-appointment.

Additionally, the integration of viral load services in MoBaCo contributed to the 4% increase (87%) in viral load coverage during Q3 of FY20, compared to Q1 and Q2 FY20 (83%).

LESSONS LEARNED AND RECOMMENDATIONS:

- Further engagement of adolescents: Gap with disclosure and many may not want to be ‘seen’ collecting ART. Preference to facility-based models.
- Need for Regional Health Management Teams (RHMTs), community leaders and facility manager buy-in: This increase MOH ownership and enhanced acceptability of the initiative.
- Increasing the number of CDPs: The initiative improved access and was acceptable among clients.
- Leveraging partner resources: -Collaboration of facility and community-based implementing partners with coordination from EGPAF availed resources to start.

CHALLENGES:

- Drug stock outs if the current COVID19 situation continues
- Sustainability of the CCD model using government resources

ANNEXES : N/A

2. [Eswatini](#)

TITLE OF THE PROGRAMME: People Living with HIV livelihood programme

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- **Programme is being implemented since:** 2020
- **End:** 2022
- **Responsible party/parties:** Government
- **Population group(s) reached:** People living with HIV
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** People Living with HIV livelihood programme
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
The country has about 200 000 people living with HIV. Socio-economic impact of Covid 19 has affected people living with HIV, and exacerbated their economic vulnerabilities. None of socio-economic emergency response programmes during Covid 19 targeted people living with HIV. Therefore, people living with HIV were left behind on livelihoods support during Covid 19. This programme was designed with an aim to address inequalities by addressing poverty, food insecurity, and HIV treatment adherence and retention.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**
The programme is implemented in collaboration with people living with HIV support groups. Therefore, it has strengthened coordination of people living with HIV support groups, improved mapping of economic vulnerabilities amongst people living with HIV. The programme empowers people living with HIV with skills, resources, and equipment to implement long-term livelihoods projects. For example, people living

with HIV receives seedlings/seeds and other agricultural inputs to start farming projects.

Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes

- **If yes, please describe:**

An electronic data collection forms specific for the programme was developed. The data is collected by Monitoring and Evaluation Officers, and reported in real time. This present a model of community led real time data collection and reporting. The data is used to improve programme targeting and support.

Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes

- **If yes, please describe:**

The programme strengthens the community arm of the health system - demonstrating the impact of community support groups on HIV treatment adherence and retention.

BACKGROUND:

Reaching communities and ensuring that People Living with HIV (PLHIV) are engaged and actively involved in the multisectoral response to HIV and AIDS is at the centre of the response.

The National Multisectoral HIV and AIDS Strategic Framework 2018-2023 is emphatic on the role of communities in ending AIDS; advocating for stronger, resilient and empowered communities. PLHIV have a critical role to play in this regard and support initiatives to achieve the 95% of HIV positive population to be tested and know their status, 95% of those who are HIV positive are enrolled on treatment (ART) and 95% of those on treatment are virally suppressed.

In this regard, a programme for improving livelihoods for PLHIV was designed with the sole purpose of reaching more PLHIV through Support Groups at community level. The aim is to ensure that more support groups members know their HIV status, making sure that those testing positive are enrolled and adhere to treatment. Members testing negative will be encouraged to remain negative. This Programme was announced by His Excellency the Right Honourable Prime Minister in November 2019.

DESCRIPTION:

The Government has set aside a sum of One million Six Hundred Thousand Emalangeni (E1 600,000.00) to be divided equally amongst the four regions (Hhohho, Lubombo, Manzini, Shiselweni) in the country to support the establishment of the PLHIV Livelihoods Support Programme. The implementation is for the period of three years, 2020-2022.

NERCHA implements the programme in collaboration with various partners. Ministry of Agriculture support farming and agricultural projects implemented and they also provide technical expertise in the project implementation. Ministry of Employment support the development of the support groups to become economically viable projects that will contribute to the development agenda of the country. Ministry of Commerce support the development of the small enterprises to become viable enterprises and training of the support groups on various aspects including marketing, organization development, business developments. Other civil Society Actors support with capacity building and monitoring.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Improved HIV treatment adherence and retention to care

Improved livelihoods; and reduced food insecurity and poverty among PLHIV

Economic empowerment of people living with HIV

LESSONS LEARNED AND RECOMMENDATIONS:

The programme has improved coordination among people living with HIV support groups. This stronger coordination is critical for implementation of multi-month dispensation of HIV treatment, treatment enrolment and support for newly diagnosed with HIV, and efficient resource allocation and management of interventions targeting people living with HIV. The programme has demonstrated the critical of community engagement in the design and implementation of monitoring and evaluation. This includes the design of data collection, capacity building on data collection and reporting to produce a real time reports for decision-making and programme improvements.

ANNEXES: N/A

3. [Kenya](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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- **Programme is being implemented since:** 2017
- **End:** N/A
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** People living with HIV, Key populations, Adolescent girls and young women
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** We offer comprehensive sexual reproductive health services, defend human rights for sex workers and Trans persons as well as empower sex workers and Trans economically.
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
In Kiambu County of Kenya, literacy levels are quite low and culture is respected a lot and everything is based on culture and norms. This has seen women expected to be men's subjects and are also expected to be married and consulting everything before they do so. Due to many factors, women have ended up being sex workers as their only way of earning due to the lack of white-collar jobs since the culture does not emphasize girls' education, and the few who get educated struggle a lot to get a job. Due to this, women have ended up seen immoral when they seek HIV services as well as HIV treatment and this inequality has led to the establishment of KIASWA that has bridged the gap of access to HIV services among sex worker and Trans communities.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes

- **If yes, please describe:**
we have tasked three persons to distribute ARVs to people living with HIV and temporarily hired three motorbikes to ensure that we avoid exposing those living with HIV from comorbidities of HIV and Covid-19. We also have ensured that the DICE has an automated thermo gun, automated sanitizer dispenser, clean water for hand washing as well as enough masks to issue to all members who cannot afford masks.
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
we have conducted surveys on how covid has affected the community and how best we can improve our program to ensure readiness of a similar pandemic and this has been well documented.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
we have discovered that home-based service delivery of HIV treatment and collection of blood samples for viral load is effective especially when it involves poverty-stricken persons who also live with HIV since this reduces the burden of travel costs to the clinic as well as minimizing risks of exposure to other opportunistic infections.
- **Title of the programme:** we offer comprehensive sexual reproductive health services, defend human rights for sex workers and Trans persons as well as empower sex workers and Trans economically.

BACKGROUND:

KIASWA was formed to advocate for the human rights issues and sexual reproductive Health well-being of the sex workers and their children in Kiambu County. It has also joined hands with Central Region Male sex workers(CRSW) to have a united front by working together in scaling up services for their clients and beneficiaries. 122FSWs have been initiated on PrEP and they also access other HIV prevention services at the center. KIASWA members are still faced with SGBV and police harassment and we feel there need to have sensitization meetings and training on human rights issues
KIASWA has an office, clinic, and safe space, where they host CRSW to support them in capacity building aspects; strategic planning, development of policy briefs, manuals, operational plans, etc. KIASWA also engages CRSW in different forums as partners for visibility purposes and working on joint resource mobilization strategy

DESCRIPTION:

Organizational Goal

- To improve quality of life for all Trans and female-Sex Workers in kiambu county by providing Bio medical, Behavioral and Structural services

Organizational Objectives

- a) Strengthen the capacity of Sex Workers groups who have never received any funding and or limited funding
- b) Reduce Sex Workers, Trans* risks and vulnerability to HIV/STI
- c) Reduce and address stigma, discrimination, violence and other human rights violations against Sex Workers, Trans*and AGYW by accelerating advocacy targeting Law enforcers, Health Care Workers, Business Community-Bar/hotspot owners and managers

- d) Strengthen Sex Workers, Trans* and AGYW Economic empowerment to enhance their potential to contribute to financial stability, increase resilience, and prevent HIV/AIDS
- e) Strengthen KIASWA institutional capacity to implement, manage, monitor, evaluate and improve the quality of grant implementation and management
- Currently, KIASWA is supported by Global fund for women, UHAI-EASHRI and PEPFAR community Innovation Program

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

With the little that we have in terms of funding, we have been able to reach out to

- 650 female sex workers and 16 Trans persons
- 424 sex workers reached HTS services
- 8 newly diagnosed positive
- 42 known positive identified
- 324 sex workers screened for STI out of which 76 were diagnosed and treated
- 196 GBV reported out of which 91 were solved, while 105 are pending
- 6 linked to care and treatment 2 pending
- 126 sex workers sensitized on entrepreneurship and awaiting to resource mobilize and start income generating activities
- Tested negative 374
- Screened for PrEP eligibility 374, 122 enrolled on PrEP
- 101 Young FSW
- 81 FSW bailed out of police station and court fines
- 37 PEP
- 67,600 pieces of Male condom distributed
- 316 sex workers provided with food stuffs and dignity packs
- 2 groups currently hosted at KIASWA

LESSONS LEARNED AND RECOMMENDATIONS:

Lessons learned

- With appropriate innovations, it is possible to reach out to many peers with minimal resources.
- With enough funding to support several innovations, a lot can be achieved.
- 4 out of every 10 sex workers are always high on alcohol or/ and other drugs
- Sex workers travel kilometers to get septrin procured by KIASWA
- Violence cases are decreasing gradually after meeting police leaders in kiambu county
- Condom uptake among sex workers very high(47,600 pieces in 3 months)

Challenges

- Lack of enough funding to support such ideas
- Inability to report as well as lack targets to guide our work
- Lack of STI drugs which are highly needed
- Lack of cervical cancer screening commodities
- Overwhelming numbers during the activities
- Need for masks and sanitizers
- Lack of adequate Septrin to our HIV positive peers
- Lack of stationed doctor on a daily basis
- Lack of coaches for our member forcing them to sit on condom boxes as they wait to get services
- Acquisition of condoms
- Drug and substance abuse
- Recommendations

- We plead for urgent support to scale up our work.

There is a need to reconsider engagement of other partners such as the Global Fund which was thrown out of the county due to donor demarcation to support Advocacy which is not supported by CDC in FSW programming.

More innovative ideas need to be born to reach out to more sex workers with minimal cost implication.

Addressing KIASWA challenges will Amplify sex worker programming in Kiambu.

ANNEXES: N/A

4. [Lesotho](#)

TITLE OF THE PROGRAMME: N/A

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- **Programme is being implemented since:** 2020
- **End:** N/A
- **Responsible party/parties:** Government, Civil society
- **Population group(s) reached:** All Populations
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:** Provide access to test and vaccine to all populations.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:** It proposes integration of services and maximize existing health infrastructure to respond to people health needs in a holistic way.
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** Yes

- **If yes, please describe:** Strengthening integration and ensuring coordination and efficiencies across health programs.

BACKGROUND:

Lesotho declared the first lockdown on the 29th March-21st April 2020, and reported its first COVID-19 case on the 13th May 2020. The MoH embarked on screening and testing for COVID of all people crossing borders to enter Lesotho.

Lesotho counts with a vaccine plan in three phases. The country was selected to receive support from GAVI for COVID-19 vaccine. The country reached 3% of population vaccinated as of April 2021. Additional funding for vaccines comes from the World Bank (1 million vaccines), African Union and was able to mobilize vaccines for at least 1.6 million of eligible populations.

Description: EGPAF, as the MoH clinical partner, got approval to support COVID-19 activities at borders and workplace. EGPAF mobile clinics deployed to high transit borders to provide COVID-19 screening. ART/TB refills were offered for ART clients. Testing services were offered based on the availability of appropriate PPE. Services commenced on 1st June 2020 in Maseru and Mafeteng. Leribe soon followed.

EGPAF worked a concept note submitted to USAID and CDC for deployment of the COVID-19 vaccines. It includes the integration of COVID-19 vaccine into existing service delivery platforms, mobile services at the borders, factories and tertiary program, and ART/MNCH/TB clinics at health facilities. Through this initiative EGPAF played an important role during the implementation of Lesotho vaccination plans, supporting vaccination for HCWs, border post officials and Port health and PLWHIV with CD4 count <200/stage 3 and 4, cardiovascular diseases and others in Phase 1; clothing and textile factory workers, teachers and students and PLHIV in phase 2.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

From June 2020 to March 2021, EGPAF was able to:

Screen 24,374 people

Test 6,414 people

TB screened 24,374

4,005 ART clients screened

3,714 offered MMD

EGPAF Lesotho supports the national development of the national Vaccination roll out plan.

LESSONS LEARNED AND RECOMMENDATIONS:

Active integration of the COVID activities into existing services supported expedited roll out of high quality COVID services (both testing and vaccine). MOH leadership and high commitment is one of the key aspect for the success of the program

ANNEXES: N/A

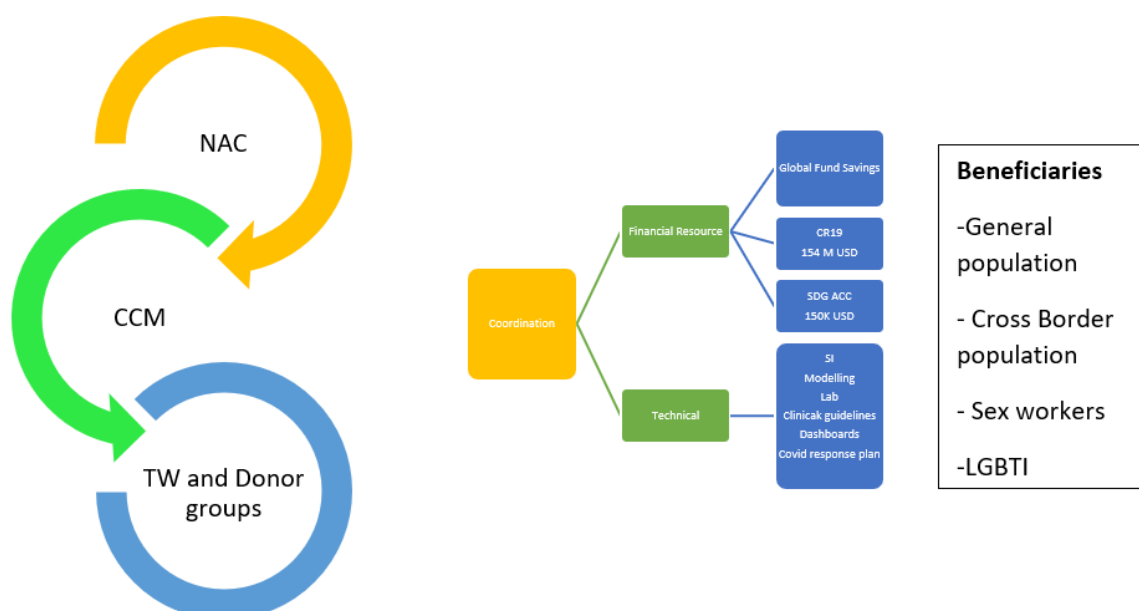
5. Malawi

TITLE OF THE PROGRAMME: Contributions of the HIV Multisectoral Response Model to the COVID-19 Response, the case of NAC and CCM

CONTACT PERSON: N/A

As of 25th April 2021, Malawi had confirmed 34,026 cases of COVID-19 with a case fatality ratio (CFR) of 3.4%, which is above the regional CFR of 2.5%. The country's first three COVID-19 cases were detected on 2nd April 2020 in Lilongwe. All age groups have been affected by COVID-19, but most cases lie between the ages 20 and 49 years and 60% of all confirmed cases are males. The cases have been registered over two significant waves /epidemics of COVID-19. The first wave of the COVID-19 epidemic started in April 2020 till the end of September 2020. This followed a low incidence period between October and December 2020. The country was hit by the second wave of the COVID-19 epidemic which started on 12th December 2020 when an unusual increase in newly confirmed cases was detected through the surveillance system.

Due to the pandemic, Malawi experienced a rise in domestic violence, loss of livelihoods, increase in the number of teenage pregnancies and lack of and reduced access to quality health services among many others. In this regard, various multisectoral platforms previous created for HIV/AIDS response were utilised to for various purposes.



- (i) The Country Coordination mechanism for HIV, TB and Malaria was used to develop funding proposal to address disruption of health service delivery in the context COVID-19. The proposal amount is USD 153,881,724 and guiding by fast track principles. The funding is christened 'Fast Track request' consistent

with UNAIDS advocacy motto of Fast Track to end AIDS. The proposal was developed through a highly multi-sectoral consultative process. CCM organised a National Stakeholders' Dialogue, which comprises of representatives from all the CCM constituencies as well as Global Fund Principal Recipients (MOH and WVI), Government Ministries/Departments which include disease programmes (HIV, TB and Malaria), Private Sector, Civil Societies including Action Aid Malawi, the Key Population and Donor Partners, including both Multilateral and Bilateral Agencies such as WHO, PEPFER, UNAIDS and USAID. UNAIDS is the second Vice Chair of the CCM representing development partners.

- (ii) The national AIDS commission I structures, mechanisms, and model to develop Malawi National Covid Response Plan. The structures include leadership by the head of state, multisectoral partners list while the mechanisms included the adoption of the partnership forum procedures and guidelines model. It is important to recognise that National AIDS commission in Malawi provides the overall coordination, monitoring and evaluation of the HIV/AIDS related activities in the country in order to harmonize response to HIV/AIDS and its effects. It is also important to note that over the years, UNAIDS is the key partner to NAC providing technical, financial and capacity development in order that it discharge its mandate. In the advent of COVID-19 pandemic, the model became a platform for epidemiological surveillance, stakeholder mobilisation, community engagement, leadership mobilisation and CSO subcontracting.
- (iii) Partnership forums, Health cluster. The Health cluster focused on COVID. The linkages between the Protection, the humanitarian and education was activated in order that it could provide nexus needed to synergise already existing capital. The national response plan was developed from this nexus. The Civil society inclusion at various levels. Building on experience using various multisectoral models created infrastructure to tackle Stigma and discrimination. Examples of this groups include and within agendas of HADG, TWG, Joint Team, UNCT and CSO forums.

ANNEXES: N/A

6. Malawi

TITLE OF THE PROGRAMME: Innovations In HIV Service Delivery Using Technology Advancements with Regards to Securing Uninterrupted Access to Services for Key and Vulnerable Populations in the Context of the Covid-19 Pandemic

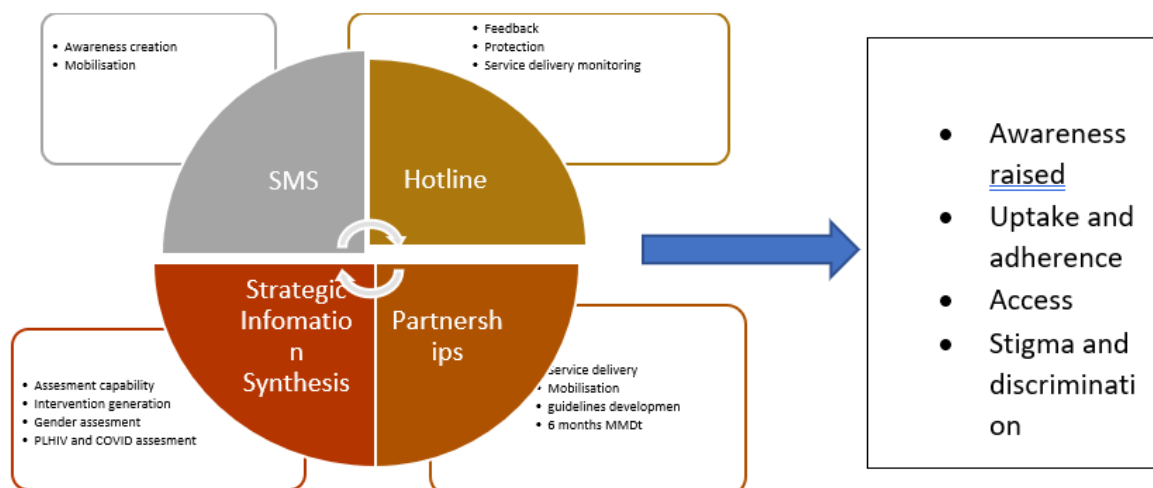
CONTACT PERSON: N/A

The case of SMS messaging to PLHIV on COVID 19 awareness and prevention as well as ensuring reminders for retention on ART by NAPHAM.

NAPHAM recognised that as in the general population, older people living with HIV or people living with HIV with heart or lung problems will be at a higher risk of becoming infected with the COVID 19 virus or suffering serious complications once infected. NAPHAM with support from UNAIDS implemented a project targeting people living with HIV in 27 districts in Malawi for a period of six months starting from April 2020 to September 2020.

The project disseminated reliable information on precautions people living with HIV should follow to prevent COVID – 19 infection while also ensuring that they were aware of the availability in terms of having enough supply for their basic and essential needs that include medical and food and nutrition supplies. In the context of coronavirus the people living with HIV were prepared to know how to access treatment and other support within their community. This included antiretroviral therapy, tuberculosis medication and any other medication for other illness that they may have. NAPHAM also conduct a rapid survey to understand the needs of people living with HIV in Malawi in the context of Coronavirus through NAPHAM district Offices. NAPHAM put up platforms that included reviving its hotline facility, to facilitate receiving feedback from people living with HIV, at no cost to them, on challenges or barriers they were facing in accessing essential services.

Existing HIV innovations and Technical Resources used to respond to COVID 19 threat and Risks



Based on the feedback and the rapid survey supported by UNAIDS, NAPHAM engaged the Ministry of Health and other relevant authorities to lobby for prompt addressing of the challenges and barriers being reported by PLHIV. NAPHAM collaborated with the Ministry of Health through Department of HIV to ensure mechanisms were put in place for quality treatment, care and support services for people living with HIV in the time of this pandemic. It included support by UNAIDS to ministry of health to adopt COVID 19 treatment guideline, train clinicians and sensitize clinicians on addressing stigma and discrimination in health facilities. During the tough restrictions on movements that Government put in place at the height of COVID 19, the Ministry was sensitized to ensure accessibility of ART services, ensure availability of Health Workers at the health facilities as well as ensure that the health facilities are de-congested to avoid creating a situation for fast spreading of the virus. Using the SMS messaging platform that had been developed for dissemination HIV prevention, care and support services.

The initiative achieved the following

- a) Raised level of knowledge on COVID – 19 infection preventive measures among people living with HIV in Malawi (6,000 posters, 30,000 leaflets, sms and radio reaching all PLHIV)
- b) Ensured uptake and adherence to treatment, care and support services for people living with HIV in Malawi was not affected in the context of COVID – 19 (WhasAPP, Hotline);
- c) Advocated for access and availability of quality services for people living with HIV in the context of COVID – 19 (Meetings with stakeholders, MoH, national presidential taskforce on COVID).

ANNEXES: N/A

7. [Malawi](#)

TITLE OF THE PROGRAMME: Use of the HIV infrastructure Data ecosystems and leadership to respond to the COVID-19 pandemic

CONTACT PERSON: N/A

The case of Malawi Health Situation Room (Survey, Gender assessment)

UNAIDS supported the implementation of the HIV Situation Room concept through the provision of technical assistance since early 2015. Kenya was the first country to pilot situation room. Malawi joined and expanded the concept to include other health-related data, calling the analytics tool a “Health Situation Room”. The President of Malawi officially launched the Health Situation Room in the country, opening the way for rapid implementation and use.

The purpose of the Malawi Health Situation Room is to enable leaderships including policymakers and program managers at each level to access relevant health-related data easily and interactively. The use, therefore, requires automated, frequently updated data, and data visualization tools that are mobile and accessible any time. It draws on existing but currently disconnected datasets, making all the national programmatic data accessible through tables, maps and charts by the authorities.

With an increasing demand by partners to access and use the Health Situation Room, the country provided the capacity by building the capacity of national and sub-national partners and authorities on IT administration, dashboard creation and dashboard interpretation using the Sisense data visualization platform. Accordingly, the Ministry of Health and Population (MoHP) in collaboration with UNAIDS Malawi country office conducted eight technical training workshops in Malawi in order to meet the above demands and build capacity of the country.

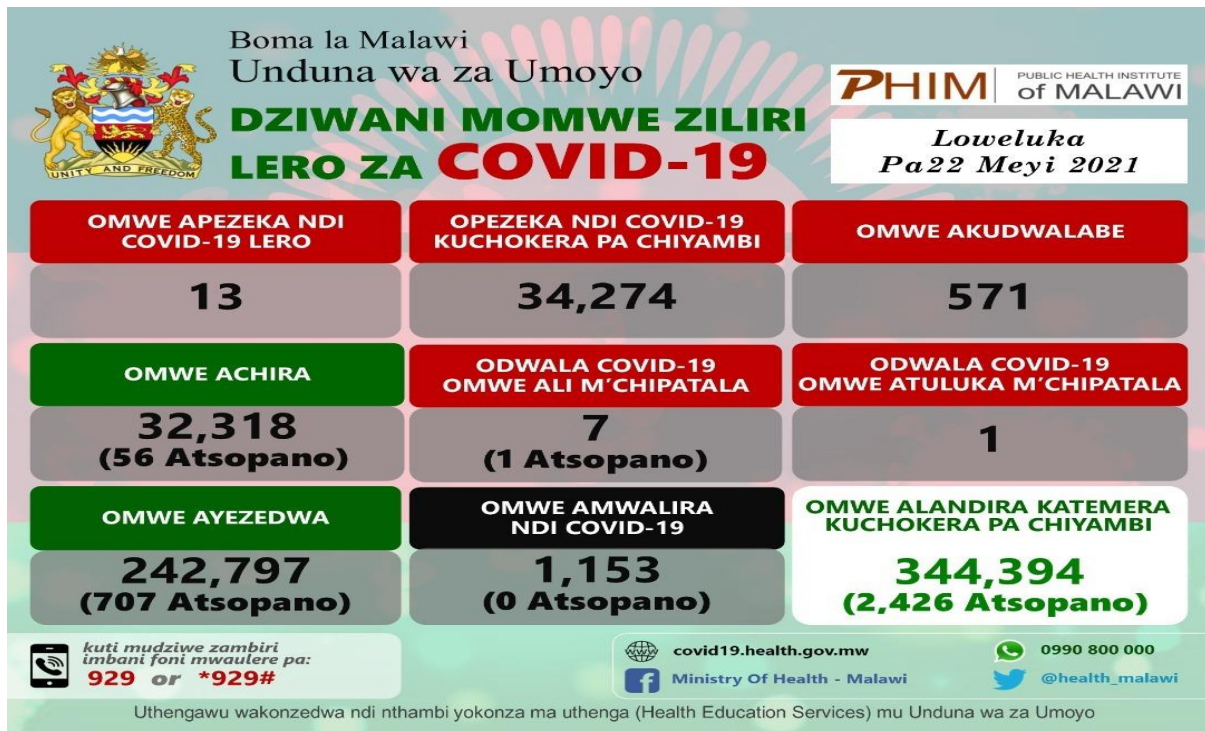
The trainings were undertaken as below:

Activity	Outputs	Date
Training of MoHP and Partners dash viewers for the Northern Zone	40	16th December 2019
Training of MoHP and Partners dash viewers for the Central West Zone	25	17th December 2019

Training of MoHP and Partners dash viewers for the Central East Zone	30	18th December 2019
Training of MoHP and Partners dash viewers for the South East Zone	35	19th December 2019
Training of MoHP and Partners dash viewers for the South West Zone	40	20th December 2019
Training of MoHP dash viewers- Senior Management MoHP	25	23th December 2019
Training of MoHP dash viewers - Program officers - national level	35	24th December 2019

By April 2021, Malawi had confirmed 34,026 cases of COVID-19 with a case fatality ratio (CFR) of 3.4%, which is above the regional CFR of 2.5%. The country's first three COVID-19 cases were detected on 2nd April 2020 in Lilongwe. All age groups have been affected by COVID-19, but most cases lie between the ages 20 and 49 years and 60% of all confirmed cases are males. The cases have been registered over two significant waves /epidemics of COVID-19. The first wave of the COVID-19 epidemic started in April 2020 till the end of September 2020. This followed a low incidence period between October and December 2020. The country was hit by the second wave of the COVID-19 epidemic which started on 12th December 2020 when an unusual increase in newly confirmed cases was detected through the surveillance system.

In May 2020 Malawi Health Situation Room was adopted to display the COVID 19 data hence providing a one stop center for accessing the COVID 19. It made it possible to be accessed by all stakeholders including PLHIV, Key populations, Leadership and policy makers as well decentralised level managers. Because of its unique real time data nature, the situation room became popular and was adopted to be shared in press release.



ANNEXES: N/A

8. [Uganda](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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Title: Director, Technical Leadership, Technical Leadership and Program Optimization

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- **Programme is being implemented since:** 2020
- **End:** NA
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** People living with HIV, Children
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?**
Yes
- **If yes, please describe:**
Preventing disruption of services and adherence to treatment for people living with HIV during restrictions due to the pandemic.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:** by adapting standard package of services to reduce barriers to client retention by focusing on 3 key areas: client flexibility, community delivery, and resource distribution.

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** Yes
- **If yes, please describe:** Adapting programs and service delivery to clients' needs and realities.

BACKGROUND:

Measures to respond to COVID-19, such as transportation restrictions, and decreased care-seeking due to fears of COVID-19, among others, impact retention and treatment adherence.

DESCRIPTION:

The Purpose of this initiative is to ensure continued treatment adherence and client retention despite transportation restrictions and decreased care-seeking due to fears of COVID-19. To achieve this, the existing standard package of services was adapted to reduce barriers to client retention by focusing on 3 key areas: client flexibility, community delivery, and resource distribution. It was implemented in 18 districts in southwestern Uganda: Bushweju, Bushenyi, Ibanda, Isingiro, Kabale, Kanungu, Kazo, Kiruhura, Kisoro, Mbarara, Mitooma, Ntungamo, Rubanda, Rubirizi, Rukiga, Rukungiri, Rwampara, Sheema.

The pre-intervention standard package of Services (December 2019-March 2020) included: Appointment Tracking, adherence, and psychosocial support. This was adapted for COVID-19 (Mid-March-June 2020), including: a) clients flexibility, such as multi-month refills, b) Resource distribution, for example by regularly tracking commodity stock outs and develop inter-facility and inter-district redistribution of medicines and supplies, and c) Community delivery of ARVs

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

By June 2020, only 3 districts (Mbarara, Rubanda, Rwampara) fell below 95% retention, compared to 2 districts (Bushweju, Isingiro) in March. No districts fell below 93% retention. Utilization of existing PHLIV community networks reduced barriers to care and encouraged treatment adherence, while maintaining a relationship between the client and facility. Systematic tracking of client visits, resource needs, and commodity status both within facilities and districts allowed for supplies to be quickly shifted to areas with the most need. Overall, client retention stabilized by June 2020 and returned close to pre-COVID levels. Client retention slightly increased December 2019-June 2020 (+1.9%), with a minimal decline from March 2020-June 2020 (-0.56%).

Net new clients in June (n = - 882) remained below pre-COVID levels (March n = 3467), indicating a potential decrease in care-seeking behavior among those not yet diagnosed.

ANNEXES: <https://pedaids.org/2020/05/22/when-uganda-shuts-down-for-covid-expert-clients-step-up/>

9. Multicountry: Eastern and western African countries

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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- **Programme is being implemented since:** 2020
- **End:** N/A
- **Responsible party/parties:** Government, Civil society
- **Population group(s) reached:** Young people
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:** It provides strong recommendations based on broad consultation with groups of adolescent and young people to ensure the continuation of HIV services during COVID for vulnerable youth.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:** It proposes recommendations that contribute to retention, youth friendly HIV and SRH services and responds to HIV-related stigma among

young people living with HIV (<https://www.pedaids.org/2020/07/02/we-need-to-involve-everyone-in-fighting-the-virus/>)

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** No

BACKGROUND:

With the outbreak of COVID-19, the impact of COVID-19 on adolescents and youth living with HIV were yet to be fully understood; youth-led rapid response measures needed be taken to reduce exposure risk and retain clients with HIV care needs.

DESCRIPTION:

EGPAF's Committee of African Youth Advisors (CAYA), consisting of adolescents and youth living with HIV from 11 sub-Saharan African countries, worked on a rapid response and developed a set of recommendations for adolescent and youth programming amidst COVID-19. That document was prepared for use within EGPAF's programs and was made available to stakeholders, especially providers, who also serve adolescents and youth living with HIV and essential health services during this emergency. These recommendations provide a youth-lens and use simple terminology to adjust clinical services.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Since the beginning of the pandemic, across EGPAF-supported countries, multi-month dispensing (MMD) to pediatric and youth populations has increased. An analysis of routinely reported PEPFAR-program data from 10 countries reveals an increase in the proportion of children and adolescents living with HIV (CALHIV) under 15 years of age on at least six month MMD from 10.6% to 14.6% from October 2019 to September 2020. Malawi and Mozambique experienced the highest increase of CALHIV clients on MMD of at least 3-5 months over this period, with proportions increasing from 2% (n=232) to 91% (n=10,854) and 5% (n=734) to 53% (n=6,120) respectively. This initiative has contributed to this outcome.

Across EGPAF-supported countries, virtual support in the form of counselling and case management were employed and tailored for adolescent and youth (AY) populations. For instance, in Lesotho, a phone script to standardize support for phone based enhanced adherence counseling for adolescent and young people (AY) was developed in recognition of challenges in accessing services and competing priorities that may hinder accessibility of services. In response to COVID-19 and subsequent restrictions, this service was designed to support any AY (10-24) who are unable to access services due to work or school conflicts, who were living or working in South Africa or another district, and who had a high viral load in order to provide them with necessary support.

Peer-based support was emphasized and employed in various forms across programs. In Uganda, this took the shape of group phone conference calls, home drug delivery, and WhatsApp based PSS to keep AY engaged in care – particularly during lock-downs, when

transportation to the facilities was not available. <https://www.pedaids.org/2020/06/02/youth-counselors-help-their-peers-with-medicine-and-encouragement-during-quarantine/>

Several countries also implemented virtual support groups – mostly through WhatsApp, to continue to engage with young people. In Kenya for example, youth champions facilitate the WhatsApp groups discussing various topics including adherence, viral load, but also maintaining positive and motivational messaging, with support from health providers.

Youth-led resources including a Q&A focused on responding and clarifying questions and concerns around SARS-CoV2 and COVID-19 were developed targeting AYLHIV. The resource was translated into French and Portuguese and developed into a WhatsApp-friendly form to be shared and disseminated in virtual PSS groups.

LESSONS LEARNED AND RECOMMENDATIONS:

The intentional and ongoing meaningful participation and engagement of adolescents and youth in the discussion around and development of appropriate and tailored response measures has and continues to be critical. The engagement of young people across the cascade of response allowed for a more tailored, youth-responsive and youth-informed approach.

ANNEXES:

<https://www.pedaids.org/2020/07/02/we-need-to-involve-everyone-in-fighting-the-virus/>
<https://www.pedaids.org/resource/egpaf-committee-of-african-youth-advisors-caya-rapid-response/>

Asian States

10. [Thailand](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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- **Programme is being implemented since:** 2020
- **End:** January 2021
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** Key populations
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:** The programme, through a data collection methodology, has found out that there are gaps in socio-economic aspects for key populations and PLHIV. The COVID-19 pandemic have resulted in unemployment and inequalities in access to financial support.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:** The project enabled the CBOs, especially those based outside the Bangkok Metropolitan area, to understand the situation and needs of their key population constituency in relation to the impacts of COVID-19 pandemic. This established a good trusting relationship between the CBOs and their constituencies

or membership in a particular geographic area; The project enabled the CBOs to strengthen their organisational capacities in terms of establishing mechanisms to identify the immediate needs of the key population who were significantly affected by the COVID-19 pandemic. This also allowed them to facilitate innovative support mechanisms to provide basic supplies to the affected groups; The project helped alleviate the emergency situation among the PLHIVs in Thailand through interventions that allowed them access to life-saving ART. This is especially true for PLHIVs who are living outside Bangkok.

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** Yes
- **If yes, please describe:** An approved methodology was used in the regional scoping activity about the effects of COVID-19 pandemic in different countries in Asia. Such methodology was translated to Thai and adapted to Thai context;
- The project enabled the CBOs, especially those based outside the Bangkok Metropolitan area, to understand the situation and needs of their key population constituency in relation to the impacts of COVID-19 pandemic. This established a good trusting relationship between the CBOs and their constituencies or membership in a particular geographic area;
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** Yes
- **If yes, please describe:** The project enabled the CBOs to strengthen their organisational capacities in terms of establishing mechanisms to identify the immediate needs of the key population who were significantly affected by the COVID-19 pandemic. This also allowed them to facilitate innovative support mechanisms to provide basic supplies to the affected groups;

The project provided opportunities for the CBOs to identify their needs and the needs of the key populations they serve and present the same to identified national authorities. The project strengthened the CBOs' capacity to advocate for a more effective response to key populations in situations of emergencies and pandemic;

BACKGROUND:

ข้อมูล ('Khormoon') means 'information' in Thai language. This new initiative will allow Thai community-based organisations establish service delivery arrangements tailored to PLHIV by providing specific data on their needs in relation to their access to ART. The challenge for PLHIV community in Thailand is a reliable access to ART especially for those who are living in provinces.

The CBOs reported that challenges in accessing ART by PLHIVs are different across the key populations. In general, ART access is challenging because of provincial border restrictions. Although public hospitals are operational, PLHIV from the transgender community prefer to access CBOs for ART because of fear of discrimination to be associated with COVID-19. Although some CBOs deliver ART through courier service or post, MSM PLHIV who are undisclosed with their families and relatives prefer not to receive medication package in their homes. Young people living with HIV who are based in provinces and not coming from privileged families have lost their jobs because of the lockdown. The scarcity of finances limits them cross-border travel and access ARTs.

Key populations affected by HIV including sex workers, people who use drugs and women also experience challenges in accessing HIV services. Although some sex workers are able to receive clients, their negotiating power with clients is much less and their work can be riskier to HIV, STI and COVID-19. People who use drugs, especially MSM who engage in 'chemsex' during night time curfews, are not reached.

By gathering specific information on PLHIVs, especially those who live outside the big cities of Thailand, the CBOs may be able to establish service delivery arrangements tailored to the needs of PLHIVs. This information will also allow CBOs to successfully access financial resources from technical agencies and/or governments to continue service delivery despite COVID-19.

DESCRIPTION:

The initiative's main objective is to provide specific data on key populations in Thailand who are living with HIV and their needs in relation to their access to ART. The information will allow Thai community-based organisations establish service delivery arrangements tailored to PLHIV.

APCOM has started working with local Thai CBOs in relation to collecting necessary information about the needs of different key populations, especially those who are living with HIV. The local Thai CBOs and their work are based on several provinces and cities across the country.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Through the activities in this project, there is a linking and sharing of lessons learned between and among the CBOs in terms of generating resources to support and reach out to a wider group of key populations;

The project provided opportunities for the CBOs to identify their needs and the needs of the key populations they serve and present the same to identified national authorities. The project strengthened the CBOs' capacity to advocate for a more effective response to key populations in situations of emergencies and pandemic;

The project provided opportunities for the CBOs to identify their needs and the needs of the key populations they serve and present the same to identified national authorities. The project strengthened the CBOs' capacity to advocate for a more effective response to key populations in situations of emergencies and pandemic;

The project helped alleviate the emergency situation among the PLHIVs in Thailand through interventions that allowed them access to life-saving ART. This is especially true for PLHIVs who are living outside Bangkok.

LESSONS LEARNED AND RECOMMENDATIONS:

From the perspective of HIV programming, the lessons from this project include the realization of how important the role of community-based organizations in implementing innovative approaches to ensure that the PLHIV have continued access to HIV services. The result of the project showed that reaching more PLHIV to get into treatment is possible if community-based organizations play a part in the implementation of ART delivery. Currently, only public healthcare facilities and some NGOs are allowed to dispense ART to PLHIV. But community models of service delivery need to be scaled up in order to reach more PLHIV and get them to treatment.

From the implementation of the program, it is recommended to include a diverse range of CBOs in terms of geographic coverage and representation. These CBOs include those who

are operating from the different parts of the country, as well as those whose memberships or constituencies include other groups significantly affected by COVID-19 such the key populations (sex workers, transgender persons, people who inject drugs), the entire spectrum of LGBTQI community, and other vulnerable groups including but not limited to: migrants, refugees, people with disabilities, aging population. It is also recommended to ensure that the survey tool is able to disaggregate by age to assess the scale of impact towards each specific age groups.

ANNEXES: N/A

Eastern European and central Asian States

11. [Kazakhstan](#)

TITLE OF THE PROGRAMME: Support to women living with HIV

CONTACT PERSON

Name: Elena Bilokoni

Title: Director

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- **Programme is being implemented since:** 2019
- **End:** N/A
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** People living with HIV, People affected by COVID-19, Key populations, Migrants, refugees or internally displaced people, Children, Women and girls, Young people
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** Support to women living with HIV
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?**
Yes
- **If yes, please describe:**
The programme provides shelter services to the key affected populations in the context of HIV and COVID in crisis situations and situations of partner violence.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes

- **If yes, please describe:**
The programme supported on-hands delivery of ARV drugs and food packages to PLHIV and KAP during COVID19 lockdown.
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
Conducted a full-blown study with support from UN Women rapid assessment of the challenges and needs of women living with hiv and affected by HIV, representatives of key populations in the pandemic period COVID-19 in Kazakhstan.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
By developing and implementing gender sensitive and people-centered activities

BACKGROUND:

According to the legislation in force of Kazakhstan people who use drugs and people with HIV cannot be admitted to the government owned shelters of crisis centres. The programme fills in the gap with shelter and other services to key populations, women living with HIV and victims of violence from among the mentioned groups.

DESCRIPTION:

The programme supports with: assistance in the restoration of documents, registration with housing and medical clinics, referral to harm reduction programs, motivational counseling, psychological support, HIV testing, peer counseling, legal support, assistance in employment, provision of temporary residence, provision of food packages in the city of Almaty and Temirtau. The programme is implemented by NGO Revansh with funding from social contracting and other donors.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Around 500 beneficiaries received food packages, 145 beneficiaries had their documents restored, around 60 people were sheltered during COVID19 lockdown.

LESSONS LEARNED AND RECOMMENDATIONS:

The programme works based on the innovative approach of "Service of social tutors". A social tutor is a social work specialist who patronizes a person in a difficult life situation; a person providing assistance according to an individual program, which is drawn up taking into account the specific problems of the person who asked for help Both women and men can get help at the Center; all services are gender-sensitive and take into account the interests and characteristics of clients.

ANNEXES: https://www.facebook.com/of.revansh/about/?ref=page_internal

12. [Kazakhstan](#)

TITLE OF THE PROGRAMME: National AIDS programme/COVID National Plan

CONTACT PERSON

Name: Dr Nadezhda Cherchenko

Title: Programme Coordinator

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- **Programme is being implemented since: 2020 – End: N/A**
- **Responsible parties:** Government, Civil society, UN or other inter-governmental organization
- **Population group reached:** People living with HIV, People affected by COVID-19, Key populations, Women and girls, Young people
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** National AIDS programme/COVID National Plan
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
If yes, please describe: Providing MSM and transgender sensitive services centered to their specific needs.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**
An online platform that offers psychological services and support for people from key populations has been launched. On it, people can get answers to questions related to different aspects of mental health, request professional consultations with

psychologists or psychotherapists and receive broader information about health and well-being. The purpose of the site was extended beyond COVID19 lockdown.

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
A rapid needs assessment of KAP and PLHIV was conducted that allowed to qualify and quantify the needs of KAP and PLHIV in crisis situations and adjust the existing programmes.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
Psychosocial support centered to the needs of KAP increased adherence to ART.

BACKGROUND:

UNAIDS Kazakhstan office conducted a need assessment survey among the PLHIV and key populations during COVID19 lockdown early in 2020. The survey results showed that during the COVID-19 pandemic, key populations and people living with HIV needed reliable information about the virus and HIV; 25% out of 100 respondents reported about needs to receive psychosocial support, including the online psychological counselling services.

UNAIDS office together with national partners, in particular the Republican Scientific and Practical Center of Mental Health with technical support of the Kazakh Scientific Institute of Dermatology and Infection Diseases developed a website with correct information on

COVID-19 targeted to PLHIV, PWID, SW, MSM and transgender. the key populations and people living with HIV receive on-line psychological targeted consultations and psycho-support to key populations, PLHIV on mental health based on rapid assessment results.

DESCRIPTION:

The key populations and people living with HIV receive on-line psychological targeted consultations and psycho-support to key populations, PLHIV on mental health based on rapid assessment results.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

By the end of 2020 the programme reached around 6000 people from KAP with psychosocial consultations.

LESSONS LEARNED AND RECOMMENDATIONS:

Psychologists trained to work with MSM and transgender made a big difference and they were most difficult to recruit. The need to maintain the programme and scale it up became evident.

ANNEXES:

https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200615_kazakhstan

13. [Kazakhstan](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

Name: Assel Terlikbayeva

Title: Amanbol - HIV self-testing for MSM and TG via post

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- **Programme is being implemented since:** 2019
- **End:** September 2021
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** Key populations
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?**
Yes
- **If yes, please describe:**
Provide access to HIV self-testing through online platforms and post mitigating limited access to facility-based HIV testing restricted due to stigma and COVID-19 movement restrictions
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**
used online/social media platforms for ordering and post for delivery of HIV kits to MSM and TG persons.

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
Real-time data is collected via social media, telegram-bot, business account in What's application
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
The program introduced online outreach, application of social media, marketing approach, effective and optimized SMM, automation of processes, friendly design and personal data security, optimized operational processes and outsourcing of them. Using these innovations allowed to gain access to marginalized MSM and TG communities to link them to HIV services.

BACKGROUND:

Over 60% of new HIV infections in 2018, are estimated to occur among men who have sex with men (MSM) (Kazakhstan's National AIDS Center (NAC)). MSM and transgender persons remain among the least covered groups by HIV testing and treatment programs with only 7.8% HIV testing coverage for MSM (NAC, 2020) across Kazakhstan due to persisting discrimination and stigma

DESCRIPTION:

Funded by Elton John AIDS Foundation (EJAF) and implemented by GHRCCA, AmanBol (2019–2021) is the first HIV self-testing (HIVST) program in the region, dedicated to providing service for MSM and transgender persons in Kazakhstan. AmanBol aims to provide 10,320 HIV self-tests in 3 years for MSM and transgender persons by using web-based solutions such as social networks and automation to gain access to the community. The main services provided include delivering HIV self-tests, providing online support, and publishing articles on sexual and mental health on the website. The programme collaborates with the available post, taxi, local, and national LGBT NGOs/initiatives for confidential, safe, and targeted service.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Since the project started in 2019, 7,315 tests were delivered, 5,048 feedback responses received, 165 positive results reported, 93 clients linked to care, website viewed 266,000 times. Calculations are based on self-reports by the participants and Google analytics. The EJAF-funded Amanbol pilot HIVST project showed feasibility and acceptability of HIV self-testing among MSM and transgender persons in Kazakhstan and might be replicated for other Central Asian countries through NGOs.

LESSONS LEARNED AND RECOMMENDATIONS:

One of the biggest achievements was to gain access to marginalized MSM and transgender communities using social media and creating demand for HIVST by providing information and using marketing tools. With a 5-person team, the project was able to test an equivalent of 11% of estimated MSM population.

This was possible due to the following components:

- Effective and optimized SMM;
- User-friendly interface and language;
- Applying marketing and remarketing tools;
- Automation of database by using CRM;
- Automation of communication using Messagebird and Telegram;

- Proactively requesting feedback from the participants;
- Creating trustworthy experience by securing any personal data;
- Optimizing operational processes and outsourcing them as much as possible

14. [Russian Federation](#)

TITLE OF THE PROGRAMME: HIV response in the context of COVID-19

CONTACT PERSON

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Title: Programme Coordinator

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- **Programme is being implemented since:** 2020
- **End:** N/A
- **Responsible party/parties:** Government
- **Population group(s) reached:** People living with HIV, People affected by COVID-19
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** No
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**
Multimonth ART dispose, wide HIV testing, interactive patient monitoring
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** Yes
- **If yes, please describe:**
Epidemiological and close connections data of COVID19 patients collected in real-

time format

- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
Multimonth ART dispose, interactive patient monitoring, ART delivery

BACKGROUND:

healthcare

DESCRIPTION:

Implemented by infectious disease specialist under the guidance of Ministry of Health

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

PLWH that are registered in State Center for AIDS prevention

LESSONS LEARNED AND RECOMMENDATIONS:

Political mobilisation and support

ANNEXES: N/A

Latin America and the Caribbean

15. Multicounty: Argentina, Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Peru, Venezuela

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

Name: Giulia Zevi

Title: Program Lead, Health

Organisation: International Development Law Organization (IDLO)

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Email: gzevi@idlo.int

- **Programme is being implemented since:** 2010
- **End:** 2017
- **Responsible party/parties:** Civil society, UN or other inter-governmental organization, Academic institution, Individual lawyers, acting pro bono, Government.
- **Population group(s) reached:** People living with HIV, Key populations, Women and girls, Indigenous and/or local communities, Migrants, refugees or internally displaced people, Young people, Children
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
The initiative facilitated access to legal services for people living with HIV and key affected populations across the region and provided capacity building opportunities for the Network members. Two online courses were delivered: one on HIV-related law and policy, and one on the right to health in migration and mobility contexts.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes

- **If yes, please describe:**
In early 2020 the Network members used the platform to communicate about the emerging threat from COVID-19. Network members exchanged information about the application of laws and policies relating to COVID-19 and how they affected people living with HIV
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** Yes
- **If yes, please describe:**
The initiative strengthened access to health systems by addressing discrimination against people living with HIV and key affected populations in the provision of health services.

BACKGROUND:

Many countries do not have laws prohibiting HIV-related discrimination, and human rights violations across the region often go unchallenged. Homophobia and machismo (a hyper and aggressive masculinity) makes sexual activity between men highly stigmatized.

[Refer also to most recent UNAIDS reports on Latin America and the Caribbean, and on discrimination, and on the role of the law and legal services]

DESCRIPTION:

The Latin American and Caribbean Human Rights and HIV-related Legal Services Network (REDLACSEL) is a network of HIV-related organizations, health practitioners, lawyers, and activists. REDLACSEL is based in Fundación Huésped in Argentina and aims to strengthen HIV-related legal services in the member countries. In 2017, REDLACSEL created a joint referral system for legal advice across the region. Network members share information and expertise and refer cases between organizations to optimize use of diverse competencies.

At the request of the participating organizations, the International Development Law Organization (IDLO) provided financial and technical support to establish the regional network, and to develop a regional sustainability strategy. The network later set up a WhatsApp group to facilitate communication between the members.

In early 2020 the Network members used the platform to communicate about the emerging threat from COVID-19. Network members exchanged information about the application of laws and policies relating to COVID-19 and how they affected people living with HIV. Romina Cavallo, a lawyer with Fundación Huésped, reported in May 2021 that in 2020 some people living with HIV needed to travel within countries in the region to receive HIV treatment, but faced difficulty due to COVID-19 travel restrictions.

Fundación Huésped successfully advocated for a change in the COVID-19 policy in Argentina to permit people living with HIV to travel to receive HIV treatment despite the COVID-19 restrictions. This information was then shared through REDLACSEL. Fundación Huésped also developed a protocol to allow people living with HIV to be granted leave with pay from their employment due to 'an increased risk of severe illness from COVID-19' without disclosing their HIV status. The protocol was adopted by the Argentine government. The protocol was also shared through REDLACSEL.

People living with HIV and from across the region continue to contact REDLACSEL for legal advice. Where possible, they are referred to REDLACSEL members for legal services in their own country.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Argentina, Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Peru, Venezuela

LESSONS LEARNED AND RECOMMENDATIONS:

Legal services for people living with HIV and key affected populations are recommended in Guideline 7 of the United Nations International Guidelines on HIV/AIDS and Human Rights and are included among the key program areas effective in reducing human rights-related barriers to HIV services recommended by UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As many countries in the region have legal, cultural and linguistic commonalities, networking between them to address HIV-related discrimination and other obstacles to accessing services has proven particularly effective.

Engaging with the academic sector also proved productive. The network benefitted from the participation of Professor Renè Leyva, Coordinator of the Health and Migration Unit of the Mexican National Institute of Public Health. He developed the online course on the right to health and migration.

The network also benefitted from digital innovation. A WhatsApp group was established to facilitate secure communication between the members.

ANNEXES: N/A

16. [Argentina](#)

TITLE OF THE PROGRAMME: RedTraSex Series of Workshops: Empowerment and employing technology to face the COVID-19 pandemic

CONTACT PERSON

Name: Elena Eva Reynaga

Organisation: RedTraSex - Red de Mujeres Trabajadoras Sexuales de Latinoamérica y el Caribe

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- **Programme is being implemented since:** 2020
- **End:** N/A
- **Responsible party/parties:** Civil society, UN or other inter-governmental organization, academic institution
- **Population group(s) reached:** Key populations, People affected by COVID-19," Women Sex Workers (WSWs)
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
Through a series of workshops and virtual meetings, we provide easy-to-use information so WSWs can adjust prevention measures related to COVID-19 and sex work, followed by a peer-training approach to expand our outreach. Our partners have successfully employed Information and Communication Technologies (ICTs). We taught them how to leverage ICTs to participate in key decision-making spaces and raise awareness about sex workers' vulnerabilities and the impact of social distancing/ lockdown on our community. We also used ICTs to mobilize resources (merchandise, cleaning products and toiletries) to guarantee economic sustainability for many WSWs and their national organizations (NOWSWs) during the pandemic.

- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future? Yes**
- **If yes, please describe:**

Based on weekly meetings, each NOWSW agreed to convene a small number of WSWs in their offices on the same day (Wednesday) – whenever the lockdown rules in their location allowed it; others shared the invitation link for the Wednesday talks with their members and still others replicated the training with their peers on another day of the week.

Later, audiovisual materials used in each of the training meetings were shared with National Organizations so participants could use it to reinforce what they had learned and replicate it with their peers in-country. We are uploading those materials, in edited versions, to the RedTraSex YouTube channel.

In this way, we created meetings that became safe spaces for peer-to-peer support, growth, and exchanges.
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**

In this context, RedTraSex also managed to sign a Research Agreement with the Carleton University and the Leeds University in Canada to examine mutual help practices developed by WSWs in Latin America to combat the world COVID-19 pandemic.

The first phase of the project started in September, with WSWs surveying 300 of their peers and a second round of interviews (with WSWs and NOWSW leaders) is currently underway. The experience has been a very positive one for the compañeras involved and it has allowed us to collect information that will serve as evidence on WSWs' realities in the context of the pandemic.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**

For WSWs, particularly for those based in the poorest countries, it has been hard to be able to connect to and access the Internet. "COVID-19 has made evident the huge inequality that exists. Some WSWs want to participate but lack Internet and not all of them manage technological tools – not all are proficient in WhatsApp, Zoom or video calls."

We are also promoting health prevention by providing tools so WSWs in Latin America and the Caribbean increase their awareness about the risks COVID-19 poses in relation to sex and sex work. "Right now, many health centers are closed, all doctors are focussed on COVID so WSWs go there to get condoms or care and we find nothing".

"Besides that, it has always been said that health centres will not provide the same level of care, not all doctors are sensitized or may be trained, or they are not aware of sexual prophylaxis protocols. Those are the main concerns of our compañeras".

BACKGROUND:

Women Sex Workers (WSWs) in the region are experiencing serious difficulties owing to our complete lack of income, difficulties in access to healthcare and the aggravation of institutional violence.

We are also in a doubly precarious situation as the pandemic makes it hard for us to go out to work and at the same time we are excluded from government protection measures to mitigate the economic effects of COVID on self-employed workers.

According to the study “Aportes de las trabajadoras sexuales a las economías de América Latina y el Caribe” (RedTraSex, 2019), 98% WSWs contribute to our households’ livelihood and more than half of us are the only income providers. 85% of us have at least one person who depends on us economically.

WSWs suffer this reality in our countries and this context, to some or a larger extent, restricts our opportunities to mobilize, organize and politically engage.

DESCRIPTION:

The Board discussed the workshops’ agenda and content, and the calendar was organized so the project issues could be combined with existing work on skills development for advocacy and political communication in the region.

National Organizations of WSWs were invited to select WSWs to be trained as peer-teachers through the weekly RedTraSex virtual training and then replicate it with their peers. So a group of 23 WSWs was created. From June to December they took part in the training activities, along with other WSWs who benefitted from the training organized by NOWSWs at a later stage, connecting from their homes or workplaces.

During the project, training activities were promoted through RedTraSex internal communication channel (email, WhatsApp) every week. Webinars and lectures open to the general public were advertised through RedTraSex social media (Facebook, Twitter and Instagram) and through the NOWSWs communication platforms in their countries. These special activities were also aired through Facebook Live as in all cases the number of participants allowed by the virtual platform was surpassed.

RedTraSex’s Executive Secretariat also secured the involvement of representatives from allied institutions in these workshops such as UNAIDS and UNPD staff from their regional offices; researchers working on feminist, human rights and participatory budgeting issues; and communicators. A summary of the different events that made up our series of workers and the speakers involved is provided at the end of this document.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Some of these events were open to the general public and very well received. At the closing of the projects, the numbers are as follows:

July 22nd: Regional responses to human rights violations against Women Sex Workers in times of COVID-19 was attended by 2,874 persons.

August 12: Sex work, the economy and COVID in Latin America was attended by 2,819 persons.

September 14: Sex work and the media was attended by 2,022 persons

The total number of persons reached by these three events is 7,705. It is worth mentioning that these data include only Facebook participants attending the live event. The whole series of workshops will have a wider outreach as they are posted on social media and there is an audience that keeps visiting the page and watching these events. Another element to highlight is that we had not paid for publicity but the outreach was entirely done by the network, organically. This is an indicator of the network’s strong social media presence resulting from our ongoing and persistent work to position it there, our interactions and our handling of hashtags.

LESSONS LEARNED AND RECOMMENDATIONS:

The crisis that humanity as a whole is facing exposes the unfair class conditions under which we live and we, WSWs, are placed in a double position of vulnerability. However, there are no public policies or laws protecting us.

Once we identified these issues, we expanded our agenda and our field of action: it is not HIV or COVID that renders us vulnerable but the lack of clear and specific regulation of our work. We identify as working class women and from that identity we strategically plan

advocacy actions and our engagement with different decision-making spaces and processes.

Stigma and discrimination against the WSWs community persist: “In a way, we are being considered responsible for spreading this virus, same as happened with HIV”, said a compañera from Brazil.

With pride and in spite of the serious difficulties we face, we can say that lockdown has not stopped us; on the contrary, we are mobilizing even more strongly. No other civil society network has done an action similar or on the same scale as us with our series of workshops. As an outcome of these actions to empower our compañeras and give visibility to our realities, in April UNAIDS-LAC issued a call to States to take immediate and critical measures from a human rights perspective to protect the health and rights of women sex workers in the context of COVID-19: “We must ensure that the solidarity responses, even in times of crisis, include sex workers. They are great allies in the struggle against AIDS but are also more vulnerable when faced with a crisis. To protect their human rights is a public health imperative and we must not forget that it reduces the risk of HIV infection”.

By the end of 2020 we had produced 8 statements; 2 joint statements with UNAIDS-LAC and 1 with Amnesty International. On the basis of data and reports circulated by RedTraSex, the IAHRRC issued two other statements on the situation of WSW in the region during the pandemic.

ANNEXES:

- RedTraSex Series of Workshops in 2020
- <http://www.redtralsex.org/Seminario-web-COVID-19-y-su>

- The most remarkable presentations in the RedTraSex Series of Workshops in 2020
<https://www.youtube.com/playlist?list=PL99zIEinYVkjE-LFsGDSOYZGTwj8H8LkT>

- RedTraSex participation at the OAS (2020)
- <http://www.redtralsex.org/Las-trabajadoras-sexuales-de-2961>

- Presentation of the study of Contribution of WSWs to the economies of LATAM within the framework of the ECLAC (2020)
- <http://www.redtralsex.org/Trabajo-Sexual-y-economia-regional>

17. [Brazil](#)

TITLE OF THE PROGRAMME: O enfrentamento comunitário à pandemia de Covid-19

CONTACT PERSON

Name Gustavo Bernardes

Organisation: Associação das Vítimas e Familiares de Vítimas da Covid-19 - AVICO BRASIL

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- **Programme is being implemented since:** 08/04/2021
- **End:** Em andamento
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** People affected by COVID-19
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
A Associação das Vítimas e Familiares de Vítimas da Covid-19 busca pressionar os gestores publicos para que respondam corretamente a pandemia seguindo as orientações da OMS e da ciência. A Associação oferece orientação jurídica para as vítimas da covid, divulga informacoes adequadas sobre a pandemia e busca responsabilizar governantes negacionistas. A AVICO também oferece um grupo de apoio ao luto organizado por profissionais da psicologia e psiquiatria voluntários.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**

Como a Associação tem como principal missão trabalhar no controle social e na pressão política sobre os governantes, todas as suas ações e projetos podem ser utilizados no enfrentamento a epidemia de aids no futuro.

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
A Associação já conta com mais de 100 voluntários e uma grande divulgação na mídia. Isso permitiu que a AVICO começasse a ser procurada diretamente pelos sobreviventes e familiares de vítimas da covid. Tal situação permitiu que tivéssemos uma visão geral sobre o quando a epidemia tinha afetado a vida das pessoas. Identificamos, por exemplo, o quanto o luto estava afetando a saúde mental das pessoas o que nos fez criar, ato contínuo, um grupo de trabalho para acolher as pessoas enlutadas. Essa experiência pode ser usada tb para atender outras pessoas vítimas de outras doenças.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
Sim, ele mostra como a organização social e o enfrentamento comunitário a uma pandemia é fundamental. Toda epidemia deve contar com uma mobilização social para que a sociedade não fique refém de governantes negacionistas.

BACKGROUND:

Já convivemos há 15 meses com a pandemia de Covid-19 no Brasil. Mais de 450 mil brasileiras e brasileiros já perderam suas vidas para o coronavírus. A OMS estima que o número de mortos pode ser 3 vezes maior que o registrado. O número de infectados pelo vírus são mais de 16 milhões, considerando a baixa testagem realizada no Brasil, esse número pode ser muitas vezes maior do que o registrado. Mas o drama da pandemia não se resume a saúde. São crianças órfãs, milhares de negócios fechados e milhões de pessoas desempregadas em razão da pandemia, famílias empobrecidas, cultura abandonada, um cenário dantesco.

Foi diante desse cenário que, no dia 08 de abril de 2021, um grupo de sobreviventes e familiares de vítimas da pandemia fundou a Associação das Vítimas e Familiares de Vítimas da Covid-19 – AVICO BRASIL aqui em Porto Alegre. A AVICO acredita na importância da sociedade civil organizada no enfrentamento a uma pandemia dessa dimensão. O enfrentamento a outra epidemia, a do HIV/aids, demonstrou o quanto a comunidade pode ser um ator relevante na luta contra o vírus. Ademais, diante de um estado inoperante, omissivo e que sabota ações de prevenção e distanciamento social, nunca foi tão relevante a organização social.

DESCRIPTION:

A Associação das vítimas e familiares de vítimas da covid-19 - AVICO, visa atuar no controle social, pressionando os gestores públicos para que invistam na prevenção e assistência da Covid-19. Também tem por objetivo oferecer apoio jurídico e psicológico para os sobreviventes da covid-19. A Associação tem uma direção que se reúne semanalmente de maneira remota, tem grupos de trabalho para diversos temas como criação e apoio a adolescentes e pessoas em privação de liberdade, apoio a enlutados, vacinas, solidariedade, previdência e trabalho, entre outros. Os mais de 100 voluntários estão distribuídos nesses grupos que organizam dados e propõem ações. A Associação também conta com um Comitê Nacional que reúne voluntários de outros estados e municípios. Atualmente, além de Porto Alegre, temos

pontos focais em Santa Catarina, Paraná, São Paulo, Rio de Janeiro, Brasília, Maranhão, Ceará, Goiás e Alagoas.

O foco principal da Associação é controle social e embora tenhamos solicitado apoio governamental para o funcionamento da Associação ela está funcionando a partir de doações dos próprios voluntários. Não temos sede própria nem recursos financeiros para custear os gastos mínimos.

Temos estabelecido parcerias com outros movimentos. Já dialogamos com as outras poucas associações existentes. Temos um diálogo com o movimento LGBT e de HIV/aids e com parlamentares em todos os níveis.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Nós já atingimos cerca de 500 pessoas diretamente em pouco mais de 40 dias de existência. Esperamos ampliar os atendimentos assim que tivermos uma sede, telefone próprio e nosso site em funcionamento. Até o final desse mês já pretendemos colocar nosso site no ar.

LESSONS LEARNED AND RECOMMENDATIONS:

Nos temos ciência que nosso sucesso nesses poucos dias de funcionamento advem do desespero das pessoas diante de uma pandemia descontrolada. O presidente da Associação é militante da luta contra o HIV/aids e foi essa luta que inspirou o surgimento da Associação. Ademais as pessoas estão desconfiadas das informações advindas dos órgãos públicos, em especial os órgãos federais. Esses órgãos estão sendo colonizados por uma ideologia negacionista de extrema direita e resta para a população apelar para a própria sociedade civil organizada que tem um histórico positivo na luta contra epidemias. Por isso é fundamental esse trabalho desenvolvido pela AVICO BRASIL

ANNEXES: N/A

18. [Colombia](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

Name: Nestor Alvarez Lara

Title: Presidente

Organisation: Pacientes Alto Costó

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- **Programme is being implemented since:** 2021
- **End:** 2022
- **Responsible party/parties:** Government
- **Population group(s) reached:** People living with HIV
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** No
- **If yes: which programme:** COVID
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
Por que no hay cantidad suficiente de vacunas, y en zonas rurales se demorará más en vacunarse
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** No
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** No

BACKGROUND:

No tengo información confiable
Pero pobreza aumentó un 20%

DESCRIPTION:

Plan del gobierno

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

No tengo información

LESSONS LEARNED AND RECOMMENDATIONS:

No ha sido un éxito, más deficiencias

ANNEXES: N/A

19. [Ecuador](#)

TITLE OF THE PROGRAMME: **Modelo comunitario de prevención combinada**

CONTACT PERSON

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Title: Directora Ejecutiva

Organisation: Kimirina

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- **El programa se está implementando desde (indicar el año de inicio):** Programa de VIH desde 2016; covid-19 desde 2020
- **Fecha de finalización del programa:** N/A
- **Partido (s) Responsable (s):** Sociedad civil
- **Grupo (s) de población alcanzado (s):** Personas que viven con el VIH, Personas afectadas por COVID-19, Poblaciones clave, Migrantes, refugiados o personas desplazadas internamente
- **¿El programa es parte de la estrategia nacional de eliminación del sida o de la respuesta de emergencia ante la pandemia de COVID-19?** Sí
- **¿El programa es parte de un plan nacional que no sea la respuesta nacional de emergencia ante una pandemia de sida o COVID-19?** No
- **¿Este programa aborda las desigualdades como una forma de responder al VIH y / o COVID-19?** Sí
- **Por favor describa:** El modelo comunitario de prevención combinada
- **¿Este programa ha abordado el brote de COVID-19 de formas que puedan ayudar en nuestra respuesta al VIH en el futuro?** Sí
- **Por favor describa:**
Durante los periodos de confinamiento general, Kimirina estableció mecanismo de

entrega a sus usuarios de; a) insumos de prevención como condones y PrEP; b), ARV para nPEP o tratamiento de personas en situación de movilidad o con dificultades de acceso a servicios de salud; c); información sobre los lugares y mecanismo de entrega de TAR, por parte del MSP. El proceso lo desarrollaron promotores comunitarios, y, en los casos que lo ameritaron, por médicos a través de una plataforma de telemedicina.

El modelo posibilitó la implementación comunitaria de intervenciones de tamizaje para covid-19, con trabajadoras sexuales, vinculando a las personas con sospecha de Covid a las unidades de salud o apoyándola con kits alimentarios para que mantenga un aislamiento domiciliario.

- **¿Este programa ha mejorado nuestra recopilación de datos en tiempo real de manera que puedan usarse para futuros brotes y / o la respuesta al VIH? Sí**
- **Por favor describa:**
Kimirina dispone de un sistema de información automatizado que recupera información sobre el usuario, la prueba de VIH, Sífilis y Hepatitis, participación en programas de PrEP , PEP y atención por ITS y Covid.
- **¿Este programa muestra cómo podemos fortalecer los sistemas de salud para que sean útiles para la respuesta al VIH y mejorar el acceso a los servicios relacionados con el VIH? Sí**
- **Por favor describa:**
El modelo implementado por Kimirina posibilita evidenciar el rol de la comunidad en actividades de prevención y vigilancia epidemiológica.

ANTECEDENTES:

Una imagen del contexto en el que se está implementando este programa: el entorno político, económico y social, incluidos los datos que puedan estar disponibles. Se debe indicar claramente el problema que el programa busca abordar. Deben proporcionarse referencias donde se presenten los datos. □ La epidemia de VIH en Ecuador es concentrada en poblaciones clave HSH1 y MTF2, cuyas prevalencias alcanzan hasta el 16.5% y 35% respectivamente. No se dispone de información sobre TS3. En relación con la meta de ONUSIDA 90-90-90, los avances del Ecuador para el 2016, evidencian que el 58% de las personas que viven con VIH conocen su condición y de ellas el 88% tienen acceso a servicios y 50% tienen una carga viral indetectable, es decir que existen limitaciones de acceso al diagnóstico y vinculación como a la adherencia al tratamiento, relacionados con barreras administrativas y estigma y discriminación a las poblaciones clave. (1)

La crisis humanitaria en Venezuela, afecta también a las PVVs, quienes tienen dificultades para acceder a los ARV(2) por lo que la migración en busca del mismo, a países que los ofrecen gratuitamente, como el Ecuador, se justifica. Desafortunadamente, el acceso al tratamiento y a los servicios del MSP, se ve limitada por las por las barreras ya anotadas.

El Ministerio de Salud Pública (MSP) y el CEMSIDA4, ha elaborado el cuarto Plan Estratégico Nacional Multisectorial (PENM) 2018-2022, que articula la respuesta nacional frente al VIH y que toma en cuenta la prevención combinada, que permita la disminución de nuevas infecciones de VIH, la mortalidad por sida, y el estigma y discriminación, con el fin de mejorar la calidad vida de las personas afectadas por la epidemia.

La Constitución de la República del Ecuador¹ garantiza los derechos de las personas y

grupos de atención prioritaria, así como el acceso universal, gratuito y solidario a los servicios de salud.

El Estado, a través de la Red Pública Integral de Salud (RPIS), garantiza el diagnóstico de VIH, el TARV y el seguimiento de las personas afectadas por la epidemia.

La Corporación Kimirina, desde 2016, cuenta con una red de servicios comunitarios, los cuales están ubicados en las capitales de las provincias de la costa y en la ciudad de Quito.

Los servicios se entregan a los usuarios a población clave: hombres que tienen sexo con hombres, mujeres trans, trabajadoras sexuales y personas con VIH, independientemente de cualesquiera otras características. Sin embargo, no se niega la atención a ninguna persona.

Los servicios que se ofrecen todas las sedes son: prueba de VIH y vinculación con las unidades de atención integral a las personas con VIH del MSP; y, promoción del uso y entrega de condones y lubricantes. Estos servicios se entregan de manera gratuita.

Las pruebas de VIH, condones y lubricantes son entregadas a Kimirina por el MSP.

En agosto del 2019 abre las puertas de los Centros médicos comunitarios (CMC) en Quito y Guayaquil con el apoyo de;

- La Coalition Plus/Alcandía de París con el proyecto piloto de implementación de la PrEP fundamentalmente en personas trans (30) de la ciudad de Quito.
- El proyecto Centro Comunitario para la prevención combinada: Lucha contra el VIH/SIDA para poblaciones en situación de movilidad humana con el apoyo de la Embajada de Francia.
- El MSP que a través de la firma de convenios con Kimirina, entrega los antirretrovirales necesarios para la PrEP y el tratamiento a personas con VIH.

De Julio del 2020 a diciembre del 2022, Kimirina en calidad de subreceptor del proyecto de VIH financiado por el Fondo Global (FG), contará con financiamiento para la realización de pruebas de VIH y promoción de uso entrega de condones y lubricantes en las provincias de Guayas, los Ríos, Sta Elena y la ciudad de Quito. De esta manera el financiamiento de las sedes de Quito y Guayaquil y Sta. Elena está financiado, así como el recurso humano que realiza las pruebas de VIH. A partir del 2021 (abril) se contará además con financiamiento para entregar servicios de PrEP.

De julio/2020 a diciembre del 2021 de las sedes de Esmeraldas, Portoviejo, Sto. Domingo y Machala, cuentan con financiamiento para su recurso humano, funcionamiento e dotación de insumos para la prevención de VIH y atención de PVVs, de las siguientes fuentes:

- Embajada de Francia
- Coalition PLUS
- Alcaldía de París.

DESCRIPCION: Modelo Comunitario de Prevención Combinada

Un enfoque en las personas más expuestas al VIH

La epidemia en Ecuador está concentrada en PC y al interior de ellas existen algunas personas quienes, por sus prácticas sexuales (tipo, frecuencia, número de parejas), o decisiones propias de acudir o no a sistemas de salud presentan exposiciones diferenciadas

a la infección por VIH. Existe una transmisión más dinámica de la epidemia entre personas con más exposición que coincide con frecuencia con aquellas que están más alejadas de los servicios. Por tal motivo el modelo de Kimirina busca activamente e integra a esas personas a programas de prevención combinada y de vinculación con el tratamiento.

Enfoque comunitario

Integra equipos comunitario y de profesionales de salud en una perspectiva única de respuesta al VIH y otras problemáticas de salud con una complementación de los saberes técnico y comunitario fundamentado en la participación activa y empoderada en la toma de decisiones y en las acciones.



El modelo se enmarca en la prevención combinada, por lo que los tres objetivos están estrechamente relacionados, constituyéndose en el modelo de Prevención de base comunitaria de Kimirina.

El modelo implementado por Kimirina, tiene como pilar básico de la prevención de VIH (desde 2016) los “Servicios comunitarios entre pares”. Este primer pilar incluye:

Pruebas de tamizaje y diagnóstico para VIH, actividad básica de prevención del VIH pues permite que las personas conozcan su estatus serológico frente al VIH y toman acciones para precautelar su salud y evitar la transmisión del virus a otras personas.

Vinculación de las personas diagnosticadas como positivas, a las unidades de salud integral del MSP u otra entidad pública, para que reciban tratamiento y alcancen un nivel de intrasmisibilidad al alcanzar una carga viral indetectable en sangre, y por ende evitar la aparición de nuevos casos del VIH.

Vinculación de las personas negativa a programas de prevención, tales como:

diagnóstico y tratamiento de ITS Y Hepatitis virales; profilaxis pre-exposición; profilaxis post exposición; y, tratamiento antirretroviral en situaciones específicas. 5

Promoción de prácticas saludables relacionadas con VIH y promoción del uso de condón, acciones dirigidas a prevenir nuevas infecciones.

Las actividades descritas estuvieron dirigidas fundamentalmente a hombres que tienen sexo con hombres (HSH) y mujeres trans-femeninas (TF), y fueron y son ejecutadas por pares de los usuarios, capacitados por Kimirina y abalizados por el MSP.

Las actividades de tamizaje/diagnóstico de VIH se ejecuta tanto en los centros comunitarios, como en los a lugares de encuentro de las poblaciones Clave.

Kimirina propone, en el marco de la Prevención Combinada, la complementación de su modelo comunitario con actividades biomédicas de prevención, que conforman el pilar clínico. Estas actividades son:

- **Ámbito de prevención**
 - Profilaxis pre exposición (PrEP)
 - Profilaxis post exposición no laboral (nPEP)
 - Diagnóstico y tratamiento de infección de transmisión sexual (ITS) y Hepatitis B (HVB) y hepatitis C (HVC)
 - Vinculación a las personas seropositivas a los servicios de atención del sistema público de salud.
- Atención y tratamiento a población con dificultades de acceso a servicios de atención integral en el marco de la estrategia de ONUSIDA tratamiento para la prevención. EL modelo Posibilita la oferta de servicios no solo a la población clave, excluida tradicionalmente, sino también a población en situación de movilidad y población de acogida, indistintamente de su sexo o género. Cabe anotar que hasta el momento de la evaluación Kimirina es la única institución pública o privada que ofrece estos servicios.

El modelo originar de Kimirina, tiene un componente o pilar relacionado con la generación de conocimiento a través de estudios epidemiológicos que facilita el conocimiento de la epidemia, la ejecución de proyectos piloto y la incidencia en busca de políticas públicas para la prevención y control del VIH. Este fue el caso del “proyecto piloto” de tamizaje de VIH realizados por pares (Orozco L, 2015) y el estudio “mapeo programático” (Acosta ME, 2015) que facilito la implementación de programas de pruebas voluntarias de base comunitaria. El modelo de prevención combinada logrado por Kimirina como resultado de la implementación del proyecto se resume de la siguiente manera.

Modelo Comunitario – Prevención combinada



RESULTADOS E IMPACTO DEL PROGRAMA:

El número de personas alcanzadas y la cobertura geográfica. ¿Qué ha logrado el programa?

MES	personas tamizadas para VIH											
	TOTAL	Nacionalidad		Tipo de población					Positividad y Vinculación			
		Ecuatorianos	Migrante	HSH	PPL	TF	TSF	OTRO	Persona positivas	% de positividad	Personas Vinculadas al TAR	% de Vinculación
Enero	710	517	193 (27,2%)	451		23	4		20	4,2%	20	100%
febrero	581	456	125 (21,5%)	425		21			32	7,2%	32	100%
Marzo	322	276	46 (14,3%)	213		14	7		8	3,4%	8	100%
Junio	116	97	19 (16,4%)	70		14		1	14	16,5%	13	93%
Julio	351	312	39 (11,1%)	260		36	3	4	27	8,9%	27	100%
Agosto	344	301	43 (12,5%)	246		41		5	29	9,9%	29	100%
Septiembre	905	670	235 (26%)	975		189	16	54	61	6,1%	50	82%
Octubre	3753	2994	759 (20,2%)	3041	151	287	259	512	120	3,1%	87	73%
Noviembre	5441	4588	853 (15,7%)	3346		834	253	1485	146	2,6%	95	65%
Diciembre	4950	3985	965 (19,5%)	3651		584	233	726	113	2,2%	63	56%
Total general	17473	14196	3277 (18,8%)	12678	151	2043	775	2787	570	3,3%	424	74%

Los datos presentados, se publicarán en el informe anual de Kimirina: Se encuentra en elaboración artículos sobre el modelo y los logros alcanzados.

LECCIONES APRENDIDAS Y RECOMENDACIONES:

¿Qué factores ayudaron al éxito del programa, incluida la estructura institucional, la

participación de personas que viven con el VIH y / o poblaciones clave, el entorno legislativo y político, la coordinación, la movilización política y el apoyo? ¿Cuáles fueron los mayores desafíos? ¿Qué recomendaciones se podrían hacer para mejorar aún más el programa o programas similares en otros entornos?

Lecciones aprendidas

- Fortalecer capital social: movilización y organización social, actualmente en Ecuador esto está muy consolidado y lo que se propicia es asociar con actores. Se forma, capacita y certifica a profesionales comunitarios de la respuesta al VIH, que son pares, quienes tienen una comunicación directa y horizontal con las personas afectadas o viviendo con el VIH.
- Capacitados continua en derechos, respuesta al VIH y conocen y realizan destrezas para el diagnóstico, la consejería la vinculación con servicios de salud. Es el equipo comunitario.
- Con el equipo comunitario trabaja un equipo de médico y otros profesionales de salud especializado y sensibilizado y empático con las realidades de la PC, quien provee las atenciones específicas que se requieran.
- Los equipos comunitario y de profesionales de salud están organizados a través de un coordinador comunitario (OM) para 2021 (2: TE y JM) quienes forman parte del equipo de conducción que está liderado por una dirección técnica que mantiene una perspectiva integral del funcionamiento y se apoya en un proceso de monitoreo y evaluación que, a su vez, tienen una perspectiva integral nacional y una participación con miradas de localidad a profundidad.
- La intervención se basa en evidencia por lo cual es un pilar fundamental la investigación comunitaria que funciona con la misma lógica y cuya conducción la hace la dirección técnica con la complementación del MyE.
- El modelo y sus equipos de gestión se articulan en la institución, en su programa general.
- Trabajo cercano y coordinado con el MSP, en modelos demostrativos como es el caso del presente programa Capacitación en control de infección y dotaciones de los insumos necesarios, prendas de protección y otras medidas de bioseguridad para posibilitar la continuidad del trabajo comunitario.

RECOMENDACIONES

- Reglamentación del modelo comunitario y apoyo del Estado para facilitar la sostenibilidad y ampliación del mismo.
- Reconocimiento del personal comunitario como de primera línea para la vacunación frente a enfermedades como la del Covid-19

ANEXOS : N/A

20. [Peru](#)

TITLE OF THE PROGRAMME: Emergency cash transfers program

CONTACT PERSON

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- **Programme is being implemented since:** August 2020
- **End:** March 2021
- **Responsible party/parties:** Civil society, UN or other inter-governmental organization
- **Population group(s) reached:** People living with HIV, Key populations, Migrants, refugees or internally displaced people, People affected by COVID-19
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** Emergency cash transfers program
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
The national program on emergency cash transfers was implemented by the Government to mitigate the economic impact of Covid19 pandemic in Peruvian families, under the framework of social protection policies. However, since the program was supported in the national database on families receiving help from social programs, it did not include migrants and refugees, and the Ministry of External Affairs asked to WFP to support this gap, with focus on food security and migrants and refugees. Alongside, the strategic alliance built in between WFP and UNAIDS to implement the program, included people living with HIV and Key Populations both

migrants and refugees and Peruvians. During the pilot of the program, vulnerability criteria sensitive to HIV were introduced in the eligibility assessment: transgender, people living with HIV (with specific categorization) and sexual work.

- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future? Yes**

- **If yes, please describe:**

Yes, for the first time HIV is integrated in social protection programs in Peru. Likewise, it has been a good opportunity to: 1) highlight the HIV related variables (to be transgender of person with HIV) and also the sexual work as variables of vulnerability to ensure people affected by HIV are included in a social protection program; 2) be part of an extended network of CBOs, NGOs, public services and UN agencies that can provide support to specific cases, such people with AIDS that needed hospitalization, single pregnant mothers, etc.; 3) recognize the role of CBOs in reaching the most vulnerable / hidden populations to link them to the social protection programs; 4) educate private sector in human rights and paying respect to gender identity of the beneficiaries of the program (case of Western Union)

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**

- **If yes, please describe:**

The program worked on a basis of benefit tracking database, with unique identifiers per each beneficiary. Since one of the eligibility criteria was to not having received another cash transfer in the last month, the unique ID database permitted to carry out cross validation of duplicated cases in two stages: 1) cross-validation among each applicant registered in the databases of the five NGOs plus UNAIDS that participated in the program led by WFP (CBI platform); and 2) cross-validation of each applicant to the cash transfer in the national database of cash transfers from the Ministry of Social Inclusion.

The MoH in Peru has not developed a unique identifier based - information system so far, then this experience is able to be replicated and / or scaled up in HIS for HIV and other diseases.

- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? No**

BACKGROUND:

Peru has an estimated of 87,000 PLH and a concentrated epidemic. Most prevalent groups are transgender women (31.8%) and MSM (10%); also indigenous people from the Amazonia (1.8% prevalence) and female sexual workers (0.6%) are considered vulnerable populations and prioritized by the public policies on HIV. About 47% of people living with HIV have experienced stigma and discrimination and, regarding a household survey by Ministry of Justice, people living with HIV, LTGBI community and migrants and refugees are perceived by 70% of the population as the most affected groups by stigma and discrimination in the whole country.

Since March 3rd, 2020 to of May 8th 2021, there have been 1,853,370 COVID-19 confirmed infections with 63,826 confirmed deaths, reported to WHO. As of May 8th, 2021, a total of 2,087,463 vaccine 1st doses have been administered. Due to the severe health emergency, the government has extended the “state of emergency” to September 2, 2021. The effects of the COVID-19 epidemic are disproportionately affecting key populations and those who are being left behind, who have been structurally subjected to multiple dimensions of inequality,

exclusion, and discrimination, in terms of their access to quality social services and infrastructure, and in detriment of the full exercise of their rights.

Previous the beginning of the COVID-19 pandemic, Perú was implementing public policies related to social protection through the Ministry of Social Development and Inclusion with differentiated interventions addressing children <5 years old, elder people, population groups in poverty situation and under line of poverty (indigence) and people with disabilities, among others.

In addition, an unprecedented health and socio-economic emergency exacerbates existing vulnerabilities among more than 1,5 million Venezuelan migrants in Peru who are fleeing their country following the political and economic crisis. The barriers to access income-generating activities, the lack of a regular status and the inability to satisfy their essential needs, aggravated by the COVID-19, are only few factors impacting migrants' ability to cope with this emergency and a growing inequality is likely to exacerbate, pushing millions of migrants, including migrants living with HIV and key populations, towards a silent pandemic of poverty and food insecurity.

In this context, WFP and UNAIDS started the implementation of a project on emergency cash transfers, targeting people with HIV and key populations, both migrants and refugees and Peruvians that were not being covered by the social programs in the country.

DESCRIPTION:

This intervention is a joint effort thru UN to UN agreement in between WFP and PAHO, and a complementary MoU with partners in Health (PR of GFATM Covid19 program) on the provision of cash transfers to PLHIV, key populations and migrants and refugees living with HIV in the context of COVID-19 epidemic in Lima and Callao in Peru. This emergency cash transfer has the main objective of mitigating the impact the COVID-19 pandemic has in terms of coverage of food security, housing and access to health services.

This community led intervention consists in the provision of two instalments of 380 soles (approx. USD 105) paid by Western Union to a group of people living with HIV, female sex workers and transgender women, both Peruvians and migrants and refugees, living under extreme socio-economic vulnerability who are not included in the data base of the government social protection system, and who were selected by a CBO following prescribed strict criteria.

The First phase of the project, carried out from August to October 2020, reached 200 vulnerable families (PLH, KP and poor families). A pilot led by the Trans CBO "Amigas por Siempre" from Callao was implemented in early August with 20 transgender women living with HIV. This pilot permitted to adapt the eligibility criteria to the characteristics of transgender women living with HIV and survive with sexual work and give specific score to the conditions of living with HIV, being transgender and / or be sexual worker. 200 families of KP and PLH were reached in this phase.

The Second phase was carried out from November 2020 to March 2021. For this stage, the CCM included costs in the Peruvian Covid19 program to increase the team of enrollment, and UNAIDS signed an MoU with Partners in Health (PR) in order to work together in accelerating the coverage of the project. With this joint venture, the Second phase reached 636 additional families, more CBOs were involved (both PLH, KP, TB patients' and migrants and refugees' organizations) and a network was built for referring special cases to other social services (comprehensive health, food baskets, mental health, documentation, maternal services for pregnant women, etc.).

The process of enrollment of beneficiaries involved different steps: 1) calling for mailing lists prepared by CBOs of PLH, KP, TB patients and migrants and refugees; 2) clear explanation of vulnerability and eligibility criteria to the community leaders, including the two filters conducted by UNAIDS and WFP to avoid duplication of benefits to the applicants; 3) first contact to the applicants by mobile / WhatsApp; 4) interviews to assess the vulnerabilities and eligibility of all family members; 5) score card; 6) filter one by UNAIDS (cross validation of family members in the CBI platform created by WFP); 7) second filter by WFP (cross validation of family members in the national databases of beneficiaries of cash transfers

provided by the Government; 8) delivering first tranche of cash transfer, via Western Union; 9) interview to confirm and evaluate well reception of the cash transfer; 10) delivering second tranche of cash transfer; 11) interview on client satisfaction and use of the cash transfer; 12) monthly feedback meetings to the CBOs about the progress in enrollment and bottlenecks were carried out.

The funding was shared among three players: WFP funded the cash transfers and administrative costs of the operation, included the systematization, technical officer and consultant for supporting the overdemand in the last month (\$ 186, 200); UNAIDS shared with WFP the costs of the technical officer and teamleader of the project (\$ 24,900); and PiH (GFATM) funded two officers for enrollment (\$ 12,000). Cost per beneficiary was \$ 267, and 22% represents indirect costs.

UCO had a key role to convene and engage CBOs; to educate and sensitize Western Union for the moment of relating with trans people; and advocacy for sustainability.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

- 1) A total of 836 families of PLH, KP and TB patients, both migrants and refugees (81%) and Peruvians (19%) were benefited with the cash transfers, covering their needs of food security, medicines, rental rooms, etc. The project was implemented in 6 regions, but UNAIDS intervention was focused in Lima (Capital City) and Callao.
- 2) 24 CBOs of PLH, KP and TB patients contributed to reach and link to the project to the 81% of the caseload. The solidarity among communities was greatly mobilized reaching beyond members of the CBOs to the migrant and refugees, people affected by HIV living in streets, extreme poverty families, etc. The remain 19% contacted directly to the project by themselves or were referred by other beneficiaries
- 3) The cash transfer was mainly used in food, medicines, transportation to the health services and to catalyze small businesses for income generation.
- 4) A waiting list of 1700 PLH and KP (mostly migrants and refugees) is in place, to receive the cash transfers in the next phase of the project (currently under negotiation with WFP).

LESSONS LEARNED AND RECOMMENDATIONS:

LESSONS:

1. HIV related vulnerabilities incorporated in social protection programs: the project allowed highlighting the vulnerability criteria for people affected by HIV in the instruments and score card. Next step will be to include these criteria in the national social protection policies.
2. Flexibility in the design in order to fit the beneficiaries' needs: The project design was flexible and allowed changing elements and procedures of the original strategies designed by WFP for general population to adapt them to the specific profile and vulnerabilities of KP and PLH (for example, registration of social name for transwomen, or specific score of vulnerability for sexual work as income generation activity)
3. Pilot phase allowed adjusting procedures to make them more efficient by scaling the intervention to a larger population, and to score properly the vulnerabilities of people affected by HIV
4. Win-win work in between UN entities: WFP expressed their satisfaction for having the opportunity of working for the first time with a gender identity sensitive approach, and for the UCO we appreciate learning about how to operate a social protection program focused on KP and PLH. Joint plan to advocate with the Ministers to be carry out by WFP and Unaid's Representatives will also potentiate the message of incorporating KP and PLH in social protection policies.
5. The project worked on the basis of synergies with civil society, community based organizations and private sector to reach those left behind and underpin human rights: 24 Community based organizations' involvement in identifying and enrolling the beneficiaries and monitoring was the core of the success of this project. The involvement of the FM and SES project was relatively direct and showed the possibility of synergies with existing

projects for the development of emergency interventions. The project also showed the feasibility of involving private sector actors who can be quickly sensitized to work with historically discriminated vulnerable groups.

6. Participative monitoring, permanent accountability and open communication are best options to solve bottlenecks, to contain community concerns and keeping engagement of the CBOs as strategic allies of the intervention, as well as to neutralize potential effect of fake news / rumors about the project.

7. One of the main barriers for contacting potential beneficiaries has been the access to connectivity (mobiles, internet, free data), both for community leaders working in the project and for potential beneficiaries as well, especially for those more vulnerable groups like migrants and refugees.

RECOMMENDATIONS:

1. Capacity building components for community based organizations participating in the project, in the areas of nutrition and food security for adherence to ART, assessment of vulnerabilities of potential beneficiaries, community led responses and fundraising.

2. Specific budget for closing connectivity's gap for community leaders.

3. Advocacy with Ministries of Social Inclusion, Health and Women for sustained achievements in terms of including KP and PLH in social protection national policies.

4. Roundtable to promote coordination among sectors (Health, education, social inclusion, social protection, external affairs, etc.), in order to ensure the mechanisms of social protection and that social protection reaches all those left behind.

5. Referral system for extended social support and promote Access of KP and PLH to social services (both public and community services) beyond the emergency cash transfers.

6. To review the team members's number, profile and division of labor, including calculating proper rate beneficiaries enrolled per person per week, in order to avoid overwhelming of the team in times of high demand

ANNEXES:

1) Systematization report: this report is available upon request. Contact:

bracamontep@unaid.org / smangiante@gmail.com

2) Graphics and charts extracted from the databases of beneficiaries and the waiting list (ie. socio-demographic profile of beneficiaries, vulnerabilities profile, food security status, use of the cash transfer, etc.)

LISTA DE ESPERA PROYECTO BONOS DE EMERGENCIA 2021

Entre agosto y octubre del año 2020, en coordinación entre ONUSIDA y el Programa Mundial de Alimentos, miembro del Equipo Conjunto en el Perú, implementaron un proyecto conjunto que otorgo bonos de emergencia a 200 familias de trabajadoras sexuales, mujeres trans y personas con VIH, entre peruanas y refugiadas y migrantes, a fin de mitigar el impacto económico que han tenido sobre estas familias las medidas sanitarias (cuarentena prolongada y otras) de control de la COVID19 en el Perú.

En noviembre de 2020 se inició la segunda fase de este proyecto, esta vez dirigido primordialmente a migrantes y refugiados venezolanos afectados por el VIH y la TB. Siempre en el marco del acuerdo de trabajo conjunto ONUSIDA – PMA, se estableció una nueva meta de 600 familias adicionales a ser beneficiadas por el bono, en un periodo de 4 meses (noviembre 2020 – Febrero 2021).

AVANCES:

A continuación, se hace llegar la información registrada, que si bien es cierto no es la totalidad ya que se priorizaron las listas enviadas por las OBCs (Organizaciones de Base Comunitaria), los MCC (Mecanismo Coordinador Comunitario), Organizaciones de la Sociedad Civil que vienen realizando trabajo en el tema de VIH y TB no solamente con población nacional, sino

también con población migrante, sobre todo en el marco de la pandemia COVID-19 y sus consecuencias.

Este análisis evidencia la gran problemática que viene viviendo la población vulnerable, entre ellas Personas Viviendo con VIH (PVV), Personas Afectadas por TB (PAT), población LGTBI (gais, HsH, hombres y mujeres TRANS) personas migrantes con diferentes afecciones de salud y que al mismo tiempo la problemática que vienen viviendo a raíz de la situación de emergencia en la que el país sigue inmerso por la pandemia de la COVID-19, es una situación que ha dañado notablemente la economía de las personas que realizaban el trabajo ambulatorio, al no poder salir a trabajar por las restricciones impuestas por el gobierno, dejando de percibir ingresos monetarios llevándolos a la desesperación por no poder dar solución inmediata.

Muchas de las personas que no solamente no podían ejercer el trabajo ambulatorio, fueron despedidas de sus trabajos por el cierre de locales comerciales, agudizando mucho más las necesidades que ya venían viviendo y que a duras penas podían solventar con los pocos ingresos diarios que tenían. Condición que ha ido empeorando con el pasar de los días, llevándolos a buscar ayuda humanitaria en diferentes organizaciones.

Los datos a continuación muestran:

- Cómo las mujeres toman las riendas para buscar ayuda y sostener a la familia, solicitan apoyo, brinda sus datos incluyendo los del esposo o pareja.
- Muchas de las mujeres solicitantes son MADRES SOLTERAS
- Se muestra un número importante de GESTANTES
- Se evidencio un par de casos de violencia en el hogar
- Muchas personas desempleadas, sin oportunidades de volver a trabajar, obligándoles a salir a vender caramelos y exponerse al virus.
- Personas mayores (ADULTO MAYOR)

GRÁFICO 1:



TOTAL DE PERSONAS EN PRIMERA LISTA DE ESPERA		1758
GRAFICO 1	NACIONALIDAD VENEZOLANA	1605 91.30%
	NACIONALIDAD PERUANA	149 8.47%
	NACIONALIDAD TAILANDESA	1 0.06%
	NACIONALIDAD COLOMBIANA	1 0.06%

NACIONALIDAD ECUATORIANA	1	0.06%
NACIONALIDAD PERUANO-VENEZOLANA	1	0.06%

Se debe tener en cuenta que esta etapa del proyecto tenía como característica, el apoyo a personas migrantes en mayor porcentaje:

NACIONALIDAD:

- VENEZOLANA – 1605, es decir el 91% del total de personas registradas con venezolanas
- TAILANDESA – una sola persona registrada
- ECUATORIANA - una sola persona registrada
- COLOMBIANA - una persona registrada
- PERUANO-VENEZOLA - una persona registrada
- PERUANA - 149 personas registradas

GRÁFICO 2:

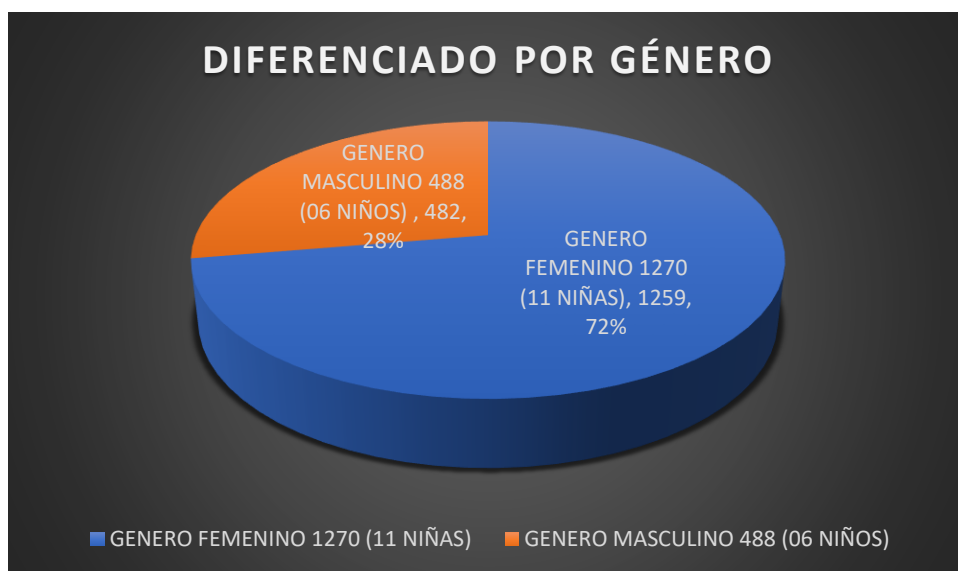


GRAFICO 2	GENERO FEMENINO	1270 (11 NIÑAS)	1258
	GENERO MASCULINO	488 (06 NIÑOS)	482

Cabe resaltar que dentro de la lista se ingresaron los datos de las y los hijos de algunas personas que aplicaron, sin embargo, se tomará en cuenta esta información, para los siguientes registros evitando la duplicidad de datos.

GRÁFICO 3:

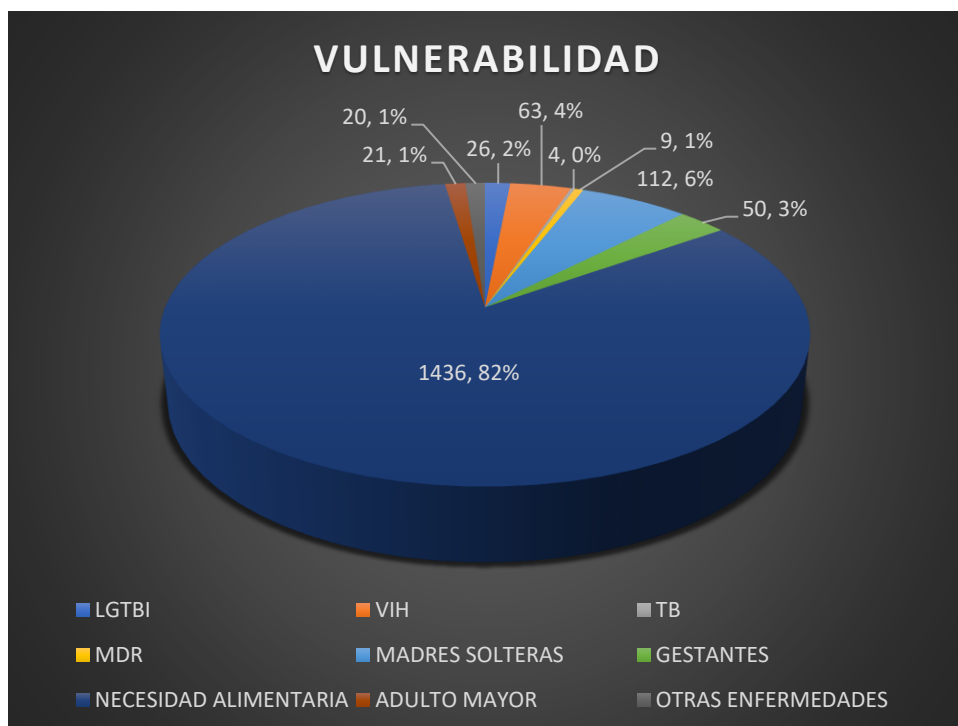


GRÁFICO 3	LGTBI	26 (GAY-HSH-TRANS)	
	VIH	63	59 VARONES 04 MUJERES
	TB	4 (MUJERES)	
	MDR	9 (04 MUJERES)	(05 VARONES)
	MADRES SOLTERAS	112 (07 PERUA.)	(105 VENEZOL.)
	GESTANTES	50	
	NECESIDAD ALIMENTARIA	1436 (OCACIONADO POR DESEMPLEO)	
	ADULTO MAYOR	21	
	OTRAS ENFERMEDADES	20	

En este gráfico se ha querido evidenciar los grupos de vulnerabilidad según clasificación de la descripción y explicación que daban al aplicar al bono de emergencia. Existen enfermedades que han sido agrupadas en "otras enfermedades" como diabetes, cáncer, discapacidad, fibrosis pulmonar, lupus, fracturas, hipertensión, fibrosis pulmonar, casos que ameritan atención psiquiátrica, quiste cervical.

Por otro lado, si bien es cierto el mayor número es por NECESIDAD ALIMENTARIA, también es cierto que no solamente requieren de este apoyo, ya que la solicitud viene acompañada de una serie de necesidades como vivienda (apoyo económico para pagar el arriendo, desalojo, asistencia médica, trabajo, etc...) y que, pensando en la familia, prioriza la alimentación. Pasa que muchas veces dejan de alimentarse las madres y padres por darle a sus hijas e hijos pequeños.

GRÁFICO 4:

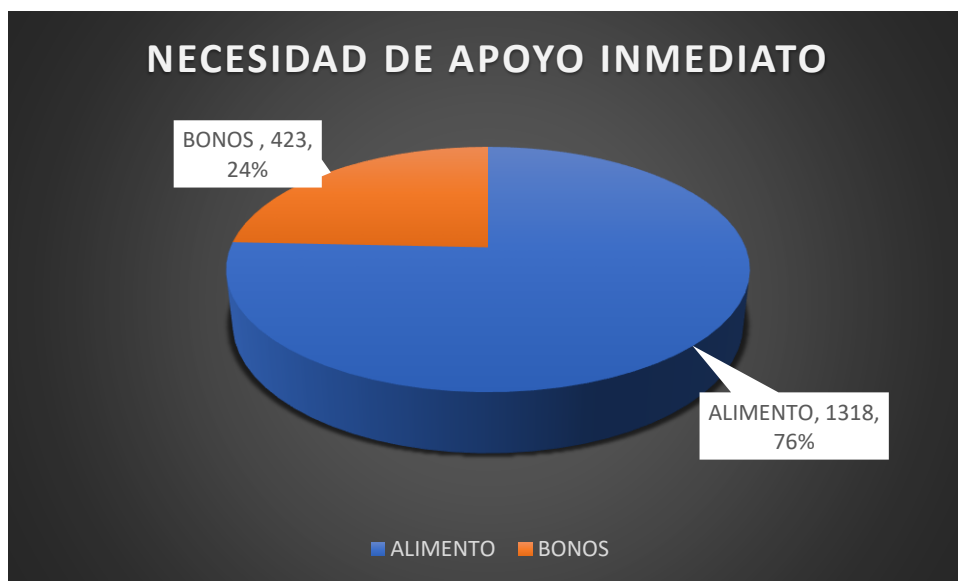


GRÁFICO 4 ALIMENTO 1318 1335-17 NIÑOS
BONOS 423 EMPRENDIMIENTO

Como se mencionó en el cuadro anterior, las necesidades son muchas, sin embargo, priorizan el alimento, por ejemplo, a las madres solteras no solamente se les podría apoyar con alimento sino también con bonos para que realicen alguna actividad de emprendimiento, tienen mucho deseo de trabajar, pero la pandemia hace que esto no sea posible, pues el trabajo ambulatorio es muy restringido debido a que incluso las autoridades los “corren” de la esquina o lugar donde están vendiendo sus caramelos. Tanto madres como padres salen con sus niñas y niños a las calles ya que no tienen con quien dejarles en casa o en el cuarto donde habitan. Hay familias que piden desesperadamente ayuda para pagar arriendo, los desalojan sin pensar en las creaturas, en las y los hijos. Ha sucedido que se han pasado días tomando agua. Debería trabajarse en algún programa de emprendimiento y que puedan generar sus propios recursos “legalmente”.

GRÁFICO 5:

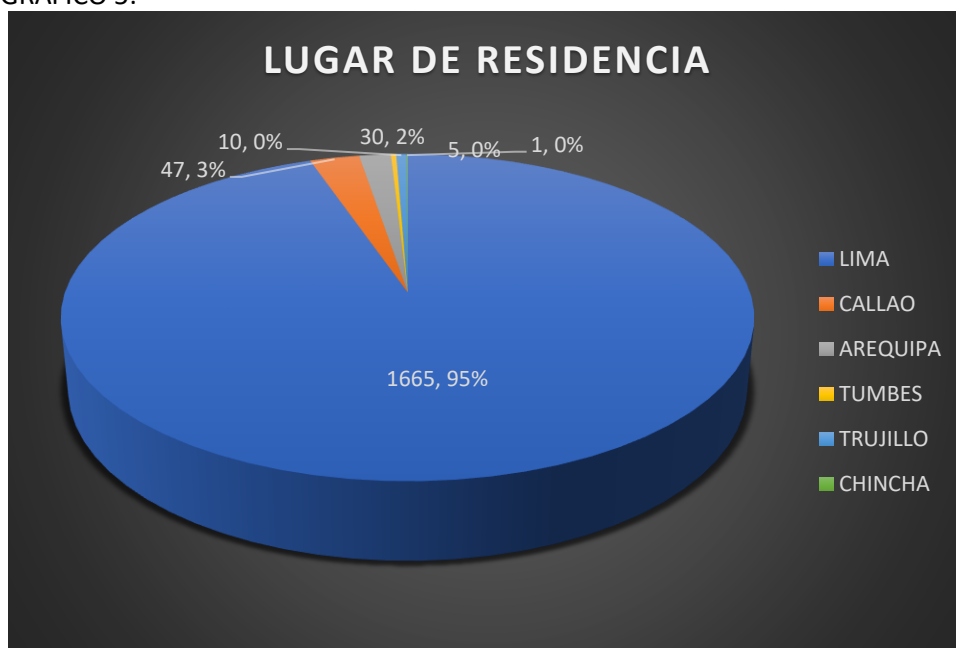


GRÁFICO 5		LUGAR DE RESIDENCIA
	LIMA	1665
	CALLAO	47
	AREQUIPA	30
	TUMBES	5
	TRUJILLO	10
	CHINCHA	1

Cuando se habla que el gran porcentaje de estas personas registradas viven en Lima, nos referimos a los diferentes distritos de la capital, es decir:

- San Juan de Lurigancho
- San Juan de Miraflores
- Ate
- Santa Anita
- Santa Clara
- El Rímac
- Comas
- San Martín de Porres
- Cercado de Lima
- Villa el Salvador

Existe un gran número de personas buscando apoyo y la razón es porque se pasan la voz y envían mensajes no solamente por correo electrónico, sino también a los teléfonos que se utilizan para hacer la verificación de datos y seguimiento, envían por WA a todos los teléfonos, demorando un poco el vaciado de esa información.

Por las redes también se dio a conocer sobre el Proyecto de Bonos de Emergencia, situación que hizo que las personas con necesidades acudieran pidiendo ayuda.



- 3) Video and other communication material produced by WFP:
https://twitter.com/WFP_Peru/status/1394356923437305857
- 4) Pictures and quotations of the beneficiaries are also available upon request. Contact:
bracamontep@unaid.org / smangiante@gmail.com

21. [Venezuela](#)

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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- **Programme is being implemented since:** 2018
- **End:** N/A
- **Responsible party/parties:** Civil society
- **Population group(s) reached:** People living with HIV, People affected by COVID-19, Key populations
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** The program is part of the National Multi-stakeholders Master Plan to respond to HIV, TB and malaria,
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
Since 2018, Acción Ciudadana Contra el Sida (Citizen Action Against AIDS) (ACCSI) and the Red Venezolana de Gente Positiva (Venezuelan Network of Positive People) (RVG+) have confronted the complex humanitarian emergency caused by their country's political, economic, and social collapse. The health crisis caused by the Covid-19 pandemic is accentuating the incapacity of the health system and the threats to and violations of human rights of key and most vulnerable populations. Both organizations are implementing a country-wide community-led monitoring project supported by the Global Fund to Fight AIDS, TB and Malaria and ICASO, in the context of the Master Plan for strengthening the response to HIV, tuberculosis and malaria. The project focuses on monitoring the procurement, management and

distribution of antiretrovirals (ARVs) and the linking and referral of people living with HIV (PLHIV) to treatment and care.

- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future? Yes**
- **If yes, please describe:**
The community-led monitoring project identified and documented how COVID-19 had a devastating impact on the ongoing humanitarian emergency in general and on the AIDS response. Some of the identified issues include:
 - Lack of transparency and disinformation about COVID-19 in general and how it affects people living with HIV and their communities.
 - Limited access to ARV pharmacies caused by mobility limitations (i.e., quarantine and fuel shortages), continued power outages, and closures of facilities.
 - Scarcity of personal protective equipment (PPE) for project personnel and beneficiaries
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**

BACKGROUND:

Acción Ciudadana Contra el Sida (Citizen Action Against AIDS) (ACCSI) and the Red Venezolana de Gente Positiva (Venezuelan Network of Positive People) (RVG+) are non-governmental organizations in Venezuela with a long history of responding to the HIV epidemic from a human rights perspective.

Since 2018, these organizations have confronted one of the most severe challenges of their institutional life: the complex humanitarian emergency caused by their country's political, economic, and social collapse. The health crisis caused by the Covid-19 pandemic is accentuating the incapacity of the health system and the threats to and violations of human rights of key and most vulnerable populations.

DESCRIPTION:

Both organizations are implementing a country-wide community-led monitoring project supported by the Global Fund to Fight AIDS, TB and Malaria and ICASO, in the context of the Master Plan for strengthening the response to HIV, tuberculosis and malaria. The project focuses on monitoring the procurement, management and distribution of antiretrovirals (ARVs) and the linking and referral of people living with HIV (PLHIV) to treatment and care. The project is based on the premise of having community monitors (all people living with HIV) being present at health service facilities, including ARV pharmacies, that provide HIV-related treatment and care. The government-imposed constraints on access to relevant information and civil society and community organization work challenged this approach from the very beginning. In addition, COVID-19 forced the establishment of limitations to mobility and access to these facilities, compounded by shortages in fuel and public transportation all across the country.

The community-led monitoring project identified and documented how COVID-19 had a devastating impact on the ongoing humanitarian emergency in general and on the AIDS response. Some of the identified issues include:

- Lack of transparency and disinformation about COVID-19 in general and how it affects people living with HIV and their communities.

- Limited access to ARV pharmacies caused by mobility limitations (i.e., quarantine and fuel shortages), continued power outages, and closures of facilities.
- Scarcity of personal protective equipment (PPE) for project personnel and beneficiaries

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

- ACCSI and RVG+ documented hundreds of instances where people could not access their ARVs because of the mobility and accessibility restrictions. With this information, they pushed for changes on how ARVs were provided to people living with HIV, from a monthly dose to a three months' supply, thus ensuring better access and adherence.
- ACCSI and RVG+ negotiated changes to the project to ensure they could include PPE in the budget. They were also able to include alternative energy resources (portable solar panels and battery units).
- ACCSI and the RVG+ created an alliance with the Sociedad Venezolana de Infectología (Venezuelan Society of Infectious Diseases) (SVI) to train key project personnel and volunteers on COVID-19 (through an online workshop), including prevention and protection. Workshop participants are also able to access expertise through online platforms.
- Online communication platforms are also used to keep in contact with ARV pharmacies and public health centers to facilitate the exchange of information and rapid action. In addition, a private online group was created to provide support to project staff and volunteers.
- The forms used to collect information from beneficiaries are now adapted for online completion and include indicators on COVID-19 and HIV.

LESSONS LEARNED AND RECOMMENDATIONS:

The community sector's resilience was once again evident in how this life-saving project has evolved, adapted, and continued despite adversity.

ANNEXES: N/A

Middle East and North Africa

22. [Sudan](#)

TITLE OF THE PROGRAMME: Search and Rescue program

CONTACT PERSON

Name: Mujtaba Hassan ELfaadul Elhassan

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Federal Ministry of Health

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- **Programme is being implemented since:** 2020
- **End:** 2021
- **Responsible party/parties:** Government, UN or other inter-governmental organization, Civil society
- **Population group(s) reached:** People living with HIV
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
Search and Rescue program is designed and implemented by FMOH, WHO and UNAIDS to track PLHIV who stopped their medications due to Covid-19 situation, and to bring them back to care and treatment services. The program involved update of patients records, enlisting defaulters and calling them to explore reasons of stopping medications and help them get back to care. The program was implemented in Omdurman hospital, which is the largest ART center that accommodates one third of PLHIV who are on AR in Sudan. the program is planned to involve other ART centers in Khartoum and other states.
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes

- **If yes, please describe:**
The search and rescue program can be expanded to track lost to follow up patients, who stopped treatment due to causes other than Covid-19.
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
The program encourages the utilization of already designed tracking tools in ART centers.
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? Yes**
- **If yes, please describe:**
Involvement of PLHIV in the patient monitoring and tracking, with proper use of tracking tools is probably improving health systems serving HIV response.

BACKGROUND:

As per the last Global AIDS Report, only 37% of the estimated 46,000 PLHIV in Sudan knows their HIV status. Only 60% of diagnosed PLHIV are currently on care and treatment. Leakage of PLHIV along the continuum of care starts with the inefficient testing modalities that still unable to reach those who are at higher risk of infection. Linkage of diagnosed PLHIV to care services is also challenged by several factors leading to the dropping of further numbers of patients. Considerable number of those linked to care services are later lost to follow up or dead.

Omdurman ART center is the largest ART center accommodating one third of PLHIV who are on ART in Sudan. The Covid -19 situation has negatively affected the retention of patients of the center in treatment.

DESCRIPTION:

Objectives of the program:

1. Update of the patients' records since the establishment of the ART center.
2. Tracking of lost to follow up patients
3. re-engagement of PLHIV who are lost to follow up to care and treatment services.

The program was implemented in two phases:

1st Phase: Records of patients are updated with a comprehensive list of patients who are lost to follow up produced.

2nd Phase: Lost to follow up patients are tracked, verified and brought back to care and treatment services.

Nurses and counselors from several ART centers were selected to carry on this exercise, with involvement of PLHIV who work as adherence supporters in the ART centers.

The program was closely managed by the Federal and state MOH represented by the AIDS program staff, Omdurman ART center team with the support of WHO and UNAIDS. WHO and UNAIDS provided the financial support of the program.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

The first phase of the campaign identified 2,143 people who appeared to have been lost to follow-up. About one third of the patients thought to have been lost to follow-up could not be reached, due to incorrect or missing contact information. The campaign team traced 1,411

(66%) individuals within three months. A majority of them—891 people—were found to be unrecorded deaths, while another 332 patients had either transferred to another clinic or were still on treatment at the centre (but with out-of-date records).

This meant that only 190 (9%) patients indeed had been lost-to-follow-up. They cited several reasons for halting their treatment, including side effects, financial troubles, COVID-19 lock downs and, most commonly, health improvements, a sign that patients' education and counselling also needed to improve. The Campaign succeeded in returning 177 (94%) of the lost-to-follow-up patients to treatment, with more are expected to return back to care even after the campaign is ended. Women were slightly more likely than men to re-engage in care.

LESSONS LEARNED AND RECOMMENDATIONS:

1. Careful planning for the program is a key to success.
2. Proper consultation and involvement of HCPs in ART centers is essential for the smooth implementation of the program.
3. the meaningful involvement of PLHIV helps in building ownership, and in providing real life examples for PLHIV.

ANNEXES: N/A

23. Multicountry: Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan, Tunisia

TITLE OF THE PROGRAMME: N/A

CONTACT PERSON

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- **Programme is being implemented since:** 2010
- **End:** N/A
- **Responsible party/parties:** Government, UN or other inter-governmental organization, Civil society, Academic institution
- **Population group(s) reached:** People living with HIV, Key populations, Migrants, refugees or internally displaced people, Women and girls, Young people, Police / law enforcement
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
The program facilitated access to legal services for people living with HIV and key affected populations across the region and provided capacity building opportunities for the MENAL Network members. The program also addressed obstacles arising in the context of police and key affected populations by sensitizing law enforcement actors about the HIV response.

- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** No
- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response?** No
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services?** Yes
- **If yes, please describe:**
The initiative strengthened access to health systems by addressing discrimination against people living with HIV and key affected populations in the provision of health services. The criminal law, and its interpretation and application, is an obstacle to health services for people living with HIV and key affected populations in some contexts. 'Harm reduction policing' engages police as partners in the HIV response.

BACKGROUND:

Non-supportive legal and policy environments are one of the major challenges hindering a comprehensive and effective response to HIV in the Middle East / North Africa. This includes the criminalization of key populations, based on their behaviour. Punishment varies from imprisonment to death in some countries. Legal services are key to the response to these issues, including law enforcement practices.

[refer to most recent UNAIDS reports on Middle East / North Africa, and on discrimination, and on the role of the law and legal services]

DESCRIPTION:

Middle East and North Africa Network for AIDS and Law (MENAL)

Since 2010, HIV, health and rights civil society organizations engaged in the HIV response in the MENA region have been working together and meeting annually. In 2016, the Middle East and North Africa Network for AIDS and Law (MENAL) was formed, and now includes CSOs from Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan and Tunisia.

MENAL members share information and resources on HIV-related legal issues, and use the network to mobilize resources to support their work. MENAL was established with technical and financial support from IDLO. During the COVID-19 pandemic MENAL members have continued to provide legal services (legal information, legal advice and legal representation) for people living with HIV and key affected populations in spite of the lockdowns and other restrictions in the countries in which they operate, including through social media channels.

Law enforcement and HIV

In 2019 IDLO and the Middle East and North Africa Harm Reduction Association (MENAHR) organized the third in a series of regional consultation, included the participation of police from the countries participating, on police and HIV, including

- Police Leadership in Harm Reduction and the HIV Response (2013)
- Law Enforcement and the HIV Response (2016)
- Law Enforcement and the rights of PLHIV and KAPs (2019)

At the 2019 consultation the Beirut Declaration was adopted and a regional experts group was formed.

Following the above, in July 2021 MENAHRA will host a regional training on Law Enforcement and the HIV and Harm Reduction Response in the Middle East and North Africa Region. IDLO is a technical partner in this activity. The regional training aims at reducing stigma and discrimination against people living with HIV and key affected populations, particularly during COVID-19 and other public health and social crises. For example, police need to understand how - during lockdowns and other travel restrictions - people living with HIV and people who use drugs may need to travel to access medication.

The regional training will be followed by law enforcement and police trainings in 5 countries (Egypt, Jordan, Lebanon, Morocco and Tunisia), supported by MENAHRA.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan and Tunisia.

Achievements include:

1. The adoption of legal services as a component of national strategic plans in the region
2. Strengthened and expanded access to HIV-related legal services, and national and regional networking of legal service providers to share information and experiences in providing these services
3. Continued and expanded engagement with police services in the region on issues related to HIV and key affected populations, laying the ground for regional and national training in 2021.

LESSONS LEARNED AND RECOMMENDATIONS:

Lessons

- Both government and civil society organizations see value in the role of civil society providing legal services for people living with HIV and key affected populations. This was achieved through sustained capacity building, technical and financial assistance.
- The program facilitated dialogue between civil society organizations and the governments in the program countries.
- The engagement of a technical partner with related expertise and contacts - the Law Enforcement and HIV Network (a project of the Global Law Enforcement and Public Health Association - GLEPHA) proved valuable.
- Partnership with UN system agencies engaged in the response - UNAIDS, UNODC, UNDP - was also valuable.
- The program was able to engage on a broad range of legal issues, including relating to access to medicines, and related organizations in the MENA region (including ITPC) - and also in Latin America through the IDLO project in that region

Recommendations

- Continue to strengthen and expand HIV related legal services and rights, and the engagement with the regional networks, and law enforcement in the region.
- Continue to explore integration of HIV into other programs such as gender and public health, such as the COVID-19 response.

ANNEXES: N/A

Western European and other States

24. [Spain](#)

TITLE OF THE PROGRAMME: Spanish Plan for prevention and control of HIV and STIs; 2021-2030

CONTACT PERSON

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Organisation: National Plan on AIDS, Ministry of Health of Spain

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- **Programme is being implemented since:** 2020
- **End:** N/A
- **Responsible party/parties:** Government, Health Services
- **Population group(s) reached:** People living with HIV, People affected by COVID-19
- **Is the programme part of the national AIDS elimination strategy or COVID-19 pandemic emergency response?:** Yes
- **If yes: which programme:** Spanish Plan for prevention and control of HIV and STIs; 2021-2030
- **Does this programme address inequalities as a way of responding to HIV and/or COVID-19?** Yes
- **If yes, please describe:**
The plan incorporates the data obtained from the publication Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy, Ann Intern Med 2020. doi:10.7326/M20-3689
- **Has this programme addressed the COVID-19 outbreak in ways that can help in our response to HIV in the future?** Yes
- **If yes, please describe:**
Incorporating new technologies to contact tracing and self sampling

- **Has this programme improved our collection of real time data in ways that could be used for future outbreaks and/or the HIV response? Yes**
- **If yes, please describe:**
The plan incorporates the data obtained from the publication Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy, Ann Intern Med 2020. doi:10.7326/M20-3689
- **Does this programme show how we can strengthen health systems to be helpful for the HIV response and improve access to HIV services? No**

BACKGROUND:

The incidence and severity of coronavirus disease 2019 (COVID-19) among HIV-positive persons receiving antiretroviral therapy (ART) have not been characterized in large populations.

DESCRIPTION:

Our objective was to describe the incidence and severity of COVID-19 by nucleos(t)ide reverse transcriptase inhibitor (NRTI) use among HIV-positive persons receiving ART. We constructed a cohort study from HIV clinics in 60 Spanish hospitals between 1 February and 15 April 2020. Participants were 77 590 HIV-positive persons receiving ART. We estimated risks (cumulative incidences) per 10 000 persons and 95% CIs for polymerase chain reaction–confirmed COVID-19 diagnosis, hospitalization, intensive care unit (ICU) admission, and death. Risk and 95% CIs for COVID-19 diagnosis and hospital admission by use of the NRTIs tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC), tenofovir alafenamide (TAF)/FTC, abacavir (ABC)/lamivudine (3TC), and others were estimated through Poisson regression models. Results: Of 77 590 HIV-positive persons receiving ART, 236 were diagnosed with COVID-19, 151 were hospitalized, 15 were admitted to the ICU, and 20 died. The risks for COVID-19 diagnosis and hospitalization were greater in men and persons older than 70 years. The risk for COVID-19 hospitalization was 20.3 (95% CI, 15.2 to 26.7) among patients receiving TAF/FTC, 10.5 (CI, 5.6 to 17.9) among those receiving TDF/FTC, 23.4 (CI, 17.2 to 31.1) among those receiving ABC/3TC, and 20.0 (CI, 14.2 to 27.3) for those receiving other regimens. The corresponding risks for COVID-19 diagnosis were 39.1 (CI, 31.8 to 47.6), 16.9 (CI, 10.5 to 25.9), 28.3 (CI, 21.5 to 36.7), and 29.7 (CI, 22.6 to 38.4), respectively. No patient receiving TDF/FTC was admitted to the ICU or died. We acknowledge the imitation of potential residual confounding by comorbid conditions, which cannot be completely excluded. In conclusion, HIV-positive patients receiving TDF/FTC have a lower risk for COVID-19 and related hospitalization than those receiving other therapies. These findings warrant further investigation in HIV preexposure prophylaxis studies and randomized trials in persons without HIV.

RESULTS OUTCOMES AND IMPACT OF THE PROGRAMME:

Please note it is not a program but a good practice on a large data collection exercise (77 590 HIV-positive persons receiving ART) in the context of the pandemic but it has helped to understand the epidemiology of the co-infection, has provided data for key decision regarding vaccination and service allocation and set the bases to set up a randomized clinical trial EPICOS National Institutes of Health, U.S. National Library of Medicine. Randomized Clinical Trial for the Prevention of SARS-CoV-2 Infection (COVID-19) in Healthcare Personnel (EPICOS) to understand the role of TDF/FTC as a potential intervention drug.

LESSONS LEARNED AND RECOMMENDATIONS:

Please note it is not a program but a good practice on a large data collection exercise (77

590 HIV-positive persons receiving ART) in the context of the pandemic. The factors which helped success was the leadership from the National Plan on aids and the pre-existing collaboration with all HIV clinicians in Spain, with HIV surveillance and HIV research networks and with international research centers. This exercise is currently being updated to assemble data from 100 hospitals in Spain with data collected all through 2020 and included co-morbid conditions.

ANNEXES:

The publication Del Amo J, Polo R, Moreno S, et al. *Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy*, Ann Intern Med 2020. doi:10.7326/M20-3689 is available upon request. Contact: rpolor@mscbs.es

Multicountry

25. Multicountry submission by Frontline AIDS

This submission includes several best practice case studies based on Frontline AIDS partners' work as well as work by other organisations whose experiences are described in the COVID-19 related Frontline AIDS publications. Detailed references are included in the submission.

The use of the HIV infrastructure, particularly community-led responses, and leadership to respond to the COVID-19 pandemic; and examples of policies/service delivery changes introduced during COVID-19 that have been formalized and enable improvements

Advocacy by people who use drugs community-led organisations achieves take-home methadone and other positive developments, including for effective COVID-19 responses

Thanks to many years of civil society advocacy, innovation and delivery, Ukraine currently serves the highest number of opioid substitution therapy (OST) clients in Eurasia. Ukraine's OST programmes are fully funded by the government, reaching a total of 13,700 people. Nevertheless, a number of barriers prevail, such as the requirement to receive approval from a medical facility (regarding the need for OST), the need to collect and consume their medicine from the treatment centre on a daily basis, and the obligation to cease drug use during OST. Take-home dosages are mainly reserved for people who have been enrolled in an OST programme for at least six months.

For years, people who use drugs in Ukraine have advocated for reforms to abolish these barriers and to improve accessibility for take-home dosages. These advocacy efforts have been made possible, as well as more meaningful and impactful, through the inclusion of people who use drugs. For example, people who use drugs participate in decision-making mechanisms such as the Cabinet of Ministers' advisory body where they "have equal seats/votes to the Ministry of Health, Ministry of Justice, or even the Vice-Prime Minister", as explained by Anton Basenko of Alliance for Public Health and Country Focal Point of PITCH in Ukraine.

Though rarely acknowledged, formal and informal networks of people who use drugs and allied NGOs have played a significant role in the advocacy to extend of take-home OST during COVID-19. At the beginning of the pandemic, community-led organisation Hope and Trust – that also manages Ukraine's national OST hotline – submitted an official written appeal to the Ministry of Health, resulting in an official call for all OST providers "to move all patients to take-home for the period of lockdown", according to Anton Basenko¹. Before COVID-19 restrictions proliferated, only around half of all the people enrolled in OST were able to access 10 days' worth of take-home dosages of their medicines. By late April 2020, the number of people granted access to take-home dosages rose to 90% of all OST clients. The amount of take-home dosage also increased – some were able to receive up to 15 days' worth of medicine, and one region provided up to 30 days' worth². This has helped minimise in-person contact at

¹ According to Anton Basenko (of Alliance for Public Health and Country Focal Point of PITCH in Ukraine) in an email interview.

² #SOS Project & Alliance for Public Health, 2020. Lessons from COVID-19 to reshape a sustainable response to HIV, TB and HCV among inadequately served populations in the countries of Eastern Europe and Central Asia. [Online] http://cvccoalition.org/sites/default/files/EN_Lessons%20from%20COVID%2019.pdf [Accessed 30 Nov. 2020] p. 6

treatment centres and therefore the risk of COVID-19 transmission, while ensuring that more clients have continued access to the treatment.

In addition to making take-home OST more accessible, COVID-19 has also led to the adoption of home delivery of ART medications (of four to nine months' worth of supply) – managed by an NGO – in six regions of the country. Similar developments occurred for TB and, to a lesser degree, hepatitis C medications³. However, unlike for OST, these changes did not require specific approval from the Ministry since these medications are less tightly controlled than those used in OST.

Online and phone counselling services for people who use drugs have also expanded during COVID-19. The NGO VOLNA has become an important model for this kind of peer-led harm reduction delivery⁴. Andriy Klepikov, Executive Director of Alliance for Public Health in Ukraine, also noted that the “PITCH project created a unique partnership which allowed bringing changes and innovations not where it is easier to do, but where is the most relevant and needed! With prioritising person focused approach nowadays in the time of COVID pandemic PITCH project helps communities and patients to have even improved access to services using technologies and Apps, having access to 24/7 hotline and chatbots.”

People who use drugs in Ukraine will continue to advocate towards policymakers to maintain access to take-home OST and other life-saving harm reduction programmes, recognising the essential roles of peers and community-led networks in managing – and sustaining – these programmes during and beyond COVID-19. As Anton Basenko remarked in INPUD's Peers in the Pandemic campaign, take-home OST “is simply a constitutional right.”⁵

The infrastructure of community-led people who use drugs organisations enabled critical innovations to sustain and adapt services for people who use drugs and keep people who use drugs in touch with health services during the lock down, including developing the pathways for COVID-19 testing and other services.

RECOMMENDATIONS

Invest in community-led responses and infrastructure

Formal and informal networks of people who use drugs are playing a critical role during the pandemic, including in developing via advocacy COVID-19 innovations and services for the key populations communities, expanding service delivery, providing expert advice to professionals, and disseminating crucial health information to people who use drugs, sustaining the innovations.

Sustain harm reduction and other HIV prevention services

The pandemic has demonstrated that community-based harm reduction services are responsive and innovative, and can effectively connect marginalised populations to other key social and health services. Ministries of Health, Law Enforcement and Finance as well as Presidential offices must therefore include harm reduction in basic packages of health services and funding should be sustained during COVID-19 emergency. COVID-19 has prompted donors and governments to reallocate funds to address the pandemic. Though this is important, it should not be done at the expense of existing grants and programmes for harm reduction and related services, especially as these were already struggling to secure sustainable funding before COVID-19.

³ Ibid.

⁴ Ibid, and Eurasian Harm Reduction Network, 2020. Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. [Online] https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_-FINAL_ENG.pdf [Accessed 30 Nov. 2020]

⁵ INPUD, 2020. Don't roll back #TakeHomeOAT: Anton Basenko of Ukrainian Network of People who Use Drugs. <https://www.facebook.com/watch/?v=3758893344123336> [Accessed 9 Dec. 2020]

Sustain the life-saving innovations

Many of the changes provoked by the COVID-19 pandemic have long been advocated for by civil society and community-led organisations. New approaches with longer take-home periods, less restrictive initiation procedures and home delivery have shown that these interventions are feasible and beneficial. We ask governments to sustain these life-saving innovations.

Source: 'Innovating for survival during COVID-19: Positive practices in action'. PITCH programme forthcoming report. Frontline AIDS and Aidsfonds, 2021. The full version of the publication in progress is available upon request from Olga Golichenko, ogolichenko@frontlineaids.org

Community-led advocacy by sex workers expands social protection schemes in India helping sex workers to survive during COVID-19

In India, in response to the economic hardship caused by COVID-related lockdown measures, the government formulated emergency social protection measures to provide basic necessities to economically vulnerable groups. Initially sex workers were excluded from these relief measures.

Under Indian law 'seducing any person for the purpose of prostitution' or running a brothel is illegal. The Immoral Traffic Prevention Act 1956 equates 'prostitution' with exploitation, which in effect criminalises consensual sex work⁶. The law exacerbates stigma, discrimination, and violence towards India's sex workers. For decades, collectives have tried to remove the association of 'voluntary' sex work with trafficking and exploitation, advocating for sex work to be recognised as work, for sex work to be decriminalised, and for sex workers' self-determination.

During COVID-19, sex workers have faced many barriers to accessing relief schemes: they often lack government-approved identification like voter IDs, ration cards and Below Poverty Line (BPL) cards. They are unable to provide proof of residence, as most sex workers live in the brothels where they work, which are illegal.

Unable to work during lockdown, India's sex workers faced poverty, food insecurity and interruptions in essential health services. A 32-year-old sex worker from Pune said in April 2020: "I am now reduced to a beggar and rely entirely on free cooked meals distributed in our area,"⁷. The lockdown and the fear of COVID-19 meant that this primary bread winner of her family of five had no source of income, perhaps for months to come.

The National Network of Sex Workers (NNSW), a national network representing 20 sex worker-led organisations and allies, highlighted the devastating impact of the pandemic on its members, and advocated for their protection by the government. Along with sex worker collectives such as Vadamalar Federation of Sex Workers in Tamil Nadu and SIAAP, NNSW distributed dry ration kits to the most desperate sex workers⁸. However, this temporary relief was not enough.

In July, the State of Maharashtra issued an advisory, ordering state officials to ensure that sex workers receive "free ration and essential services", recognising that "The women in sex

⁶ <https://www.thenewsminute.com/article/nhrc-recognises-sex-workers-informal-workers-what-advisory-means-ground-135473>

⁷ https://www.thehindu.com/news/national/lockdown-sex-workers-anxious-over-the-months-ahead/article31332714.ece?fbclid=IwAR0ANdhRIsIt6h0kuyM_7v_cF89SXWY3XzbiEeu9g9rnDQyRAmOLHTYpqT8

⁸ <https://www.thenewsminute.com/article/nhrc-recognises-sex-workers-informal-workers-what-advisory-means-ground-135473>

work...have lost their income generation options”⁹. The NSW commended the State of Maharashtra, and recommended that other states follow suit¹⁰.

Then, in October, the National Human Rights Council issued an advisory on the rights of women during the COVID-19 pandemic¹¹, and, historically, recognised sex workers as ‘women who work’. The advisory recommended that all state governments follow the example of Maharashtra and provide assistance and relief to sex workers. They further advised that sex workers should be eligible for the same unemployment benefits as other informal workers, that migrant sex workers should be eligible for the relief measures given to all migrant workers, and that sex workers who lacked proper documentation should be issued with temporary documents.

Sex worker organisations, who had advocated for these changes welcomed the decision. Aarthi Pai from sex worker organisation, Sangram explained its significance: “The understanding of sex workers as informal sector workers is a move forward not just for the immediate pandemic, but also the medium to long-term benefit they will get...Their recognition as out-of-work workers and their right to unemployment benefits moves the discussion to the next level, where you are looking at their demands through the rubric of workers’ rights”¹².

RECOMMENDATIONS

Fund and further strengthen community-led sex worker organisations

Community-based and community-led sex worker organisations have shown they are best placed to address the needs of sex workers in crises, and should be adequately funded and supported to provide holistic, integrated, person-centred services to sex workers. Donors and national governments should substantially increase support for these programmes. Resources are needed urgently in the short-term, as sex workers are still experiencing the adverse effects of economic downturns on their livelihoods from COVID-19. In addition, community systems and social capital need to be strengthened to protect against future pandemics.

Economic empowerment is essential

Economic empowerment programmes for sex workers should be strengthened, as they reduce sex workers’ vulnerability, and can both help mitigate the impact of economic shocks on sex workers, and sustain livelihoods during crises. Economic empowerment programmes should not be confused with so-called exit programmes or rehabilitation programmes, which frame sex workers as victims to be rescued or criminals to be rehabilitated. Instead, economic empowerment programmes are rights-based, respect the agency of sex workers and are based on the principle that whether sex workers opt to remain in sex work or not, they should have access to programmes that empower them, build their skill base and expand their range of income generating options^{13 14}.

Proactively address human rights violations against sex workers

⁹ <https://www.thehindu.com/news/national/other-states/maharashtra-govt-directs-officials-to-help-sex-workers/article32199125.ece>

¹⁰ <http://nnswindia.org/upload/NNSW-submission-NHRC.pdf>

¹¹ <https://nhrc.nic.in/sites/default/files/Advisory%20on%20Rights%20of%20Women.pdf>

¹² <https://www.thehindu.com/news/national/10000-sex-workers-decry-effort-to-deny-them-rights/article32896575.ece>

¹³ SWEAT (2017). Evidence on Exit. Available at: <http://www.sweat.org.za/resources/>

¹⁴ NSWP (2015). Economic Empowerment Programmes for Sex Workers: Regional Report: Africa. Available at: <https://www.nswp.org/sites/nswp.org/files/SUSO%20Report%20Africa.%20final%20EN.pdf>

Governments should recognise the vulnerability of sex workers to human rights violations, and act to prevent and respond to such violations. Programmes to reduce stigma and discrimination against sex workers, address violence, and improve access to justice should be adequately funded, strengthened and scaled up.

Decriminalise sex work

Recognising that criminalisation compounds the impact of humanitarian and health emergencies on sex workers' livelihoods, health and human rights. It is of a key importance for the governments to decriminalise all aspects of sex work and remove all punitive and discriminatory laws and policies, particularly during the global pandemic.

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Innovations in HIV service delivery using technology advancements especially with regards to securing uninterrupted access to services for key and vulnerable populations in the context of the COVID-19 pandemic

The digitalisation of treatment support for adolescents in Zimbabwe increase access to COVID-19 and related information, and supports adolescents and young people to adapt to living in the COVID-19 affected environments

Zvandiri is a community-based Zimbabwean organisation which seeks to ensure that children, adolescents and young people living with HIV have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives. To support adolescents living with HIV, Zvandiri employs a team of Community Adolescent Treatment Supporters (CATS). CATS are HIV-positive people aged 18-24, who visit young people at their homes to link them to health facilities, and to increase uptake of testing, adherence, retention in care, and both SRH and mental health services. CATS work with health facilities supervised by the Ministry of Health, and with social workers, community health workers and clinic health workers. They also facilitate monthly community-based support groups for youth living with HIV. Through these interventions, the Zvandiri programme builds mental, emotional, and physical resilience. The CATS are supervised by mentors, who are adult health professionals.

Since its inception, the CATS model has been scaled up to 51 districts in Zimbabwe, and adopted in Mozambique, eSwatini, Namibia, Rwanda, Tanzania and Uganda.

When COVID-19 containment measures were introduced in Zimbabwe, Zvandiri had to adapt its CATS model to keep young people safe. They started by developing youth-friendly Youtube videos and comics in English, Shona and Ndebele, explaining what COVID-19 is, how to take care of their mental health during COVID-19, and tips for young people living with HIV¹⁵. Zvandiri also uses a free SMS monitoring tool with the videos and comics, so that young people can respond, ask questions, and participate in polls, as well as share on social media. Zvandiri also shifted to virtual case management, to cut down clinic visits. The mentors shifted most of their consultations to WhatsApp, sharing information on when and how to collect ARVs from the clinic; providing adherence monitoring, support and counselling; screening for

¹⁵ <https://www.africaid-zvandiri.org/covid-19>

symptoms of COVID-19; screening for SGBV; and providing psychosocial support. The CATS also switched to providing support to their cohort of adolescents virtually, either one-to-one, or in support groups, to reduce isolation and maintain connections.

However, not all young people have access to devices and internet, so Zvandiri mentors still continue home visits with some young people, including those who are high-risk or living in vulnerable circumstances, and those who are unable to attend clinic, or have not collected their ARV refills.

The pandemic and subsequent economic hardship have taken their toll on adolescents' caregivers too, with food and housing insecurity increasing stress within families. Therefore Zvandiri also provides virtual support to caregivers, including emotional support; support for people experiencing SGBV; advice on chronic medication; and referrals for services, as well as emergency relief schemes.

RECOMMENDATIONS

Sustain online service delivery

Online services, including telemedicine, virtual support groups and meetings, and online learning are undoubtedly here to stay, and should be supported going forward. Digital platforms can be convenient, reduce costs, enhance privacy and potentially reach more people with services. Community-led and community-based organisations working with adolescent girls and young women have rapidly shifted to virtual ways of working, harnessing young peoples' extensive use of social media and the internet for learning and connecting with each other. However, service providers should proceed with caution. Online service delivery can widen the 'digital divide', excluding poor, rural or marginalised adolescent girls and young women who lack access to the internet. It is still critically important to maintain in person interventions.

Identify and support marginalised adolescent girls and young women

Marginalised women and girls are bearing the brunt of the COVID-19 pandemic, as it exposes and widens entrenched inequalities and gendered power dynamics. Special attention and effort must be paid to the needs of those adolescent girls and young women who are marginalised, including those living in poverty, in rural areas, with disabilities, lesbian, bisexual or transgender, migrants, refugees or internally displaced, sex workers, indigenous, using drugs, and in prisons. Interventions should also address the long-term goal of tackling discrimination and inequality that adolescent girls and young women in their diversity face in terms of their opportunities, resources, decision-making, and influence.

Ensure access to sexual and reproductive health and rights services

SRHR services are essential to adolescents and young women's health and equality. Governments and implementing partners should ensure that these services, including HIV and STI prevention, diagnosis, and treatment, family planning, safe abortion and post-abortion services, and maternal health services are not interrupted. Going forward, self-care options and telemedicine for SRH and HIV should continue and be expanded. Specific attention should be paid to the SRHR of poor, marginalised and excluded women and girls.

Keeping girls in school

Multi-layered interventions to keep girls in school are more critical now than ever. Proven strategies which enhance girls' retention in school – such as CSE, mentorship, safe spaces, cash and voucher assistance, violence prevention and response and menstrual health support

– should be sustained. Specifically, multiple platforms for expanding access to CSE, both in and out of school settings, should be scaled up. Economic support – such as school feeding, food and hygiene parcels, and free mobile data – will now be even more critical. Finally, governments should urgently review policy barriers which limit girls' access to education, such as laws banning pregnant learners from returning to school.

Sexual and gender-based violence and prevention response are essential services

Governments have an obligation to prevent and protect women and girls from, and hold perpetrators accountable for, SGBV. They should ensure that women and girls who are victims or at risk of SGBV, have swift, effective, non-judgemental and non-stigmatising access to justice and support. This should include protection orders, legal advice and support; health care; psychosocial support; and shelters. Community-led and community-based initiatives to respond to survivors of SGBV, including psychosocial support and counselling, safe spaces and shelters, and hotlines, must be funded and sustained.

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More examples and emerging trends

- **Capacity building** specifically on the use of, and access to, online support. For example, for RedTraSex this aimed to create a cascade of learning: “The new thing we did [teach] sex workers to use technologies and helped them pay for data. We built the capacity of younger sex workers who are better placed to then help the older sex workers on using new technologies.” Other organisations also provided training for key populations to enable better and more effective use of interactive tools. Other organisations also note the benefit of reaching more people – for MENA Rosa, “A lot of women are in remote areas – so we asked them to attend online events, so we were reaching more in the end. This is good and bad – for the secretariat it gave us visibility and we could attend the webinar which broadened our horizons and where we could advocate and talk about sex workers and women. But at the same time some people were left behind because of they don't have capacity or education or learning. We did sessions on how to use Zoom and Skype. But there is always the need to do more.”
- **Creating/expanding digital hubs.** Some organisations strengthened their core online presence to cover informational gaps for key populations and stakeholders. For example, Eswatini's Rock of Hope created a portal for health care workers who were caring for increasing numbers of people from key populations. “When we realised that people were not able to get to facilities [we sought funding]. We were able to share [information] with facility nurses in hot spot areas. They would take sensitisation training [on supporting KPs] virtually and we [provided] information to get people acclimatised to the issues.” Rock of Hope used social media to direct nurses to online training that already existed but was now a key resource in the context of COVID-19 and the changes in the provision of care and support. GDX, who already had an online platform prior to 2020, expanded the use of this provision and provided COVID-19-specific information, including applying for food vouchers.

Some of the services where the digitalisation is happening include:

- **Essential health information** such as via mass SMS to reinforce COVID-19 and HIV messages. Other CBOs provided question and answer services via WhatsApp, voice calls,

or free SMS messaging. EVA, based in Nigeria, reported that since May 2020 over 1m messages have been received from young people

- **Information about HIV and sexual health services.** In all countries, this was severely disrupted during 2020, and for Alliance India it was a prime area to address. This issue was compounded by mass migration of people between cities, with the risk of threatening access to services. Using WhatsApp and virtual meetings “helped us to inform fast” and “make sure those who were trapped had access to ART and essential medicines”. This priority was also addressed in Zimbabwe by ZCLDN, whereas with other countries it was easy to lose track of beneficiaries as they were forced to relocate or stay in the home because of lockdown. By using SMS (and providing ‘top up’ time) information could be shared about access to services and medication, partly to ensure maintenance of treatment but also to prevent key populations using other medication – because of problems accessing their usual treatments - they have little information about.

Source: ‘Digital re(evolution)’. Forthcoming paper. Frontline AIDS, 2021. The full version of the publication in progress is available upon request from Olga Golichenko, ogolichenko@frontlineaids.org

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