

Disruption in HIV, Hepatitis and STI services due to COVID-19

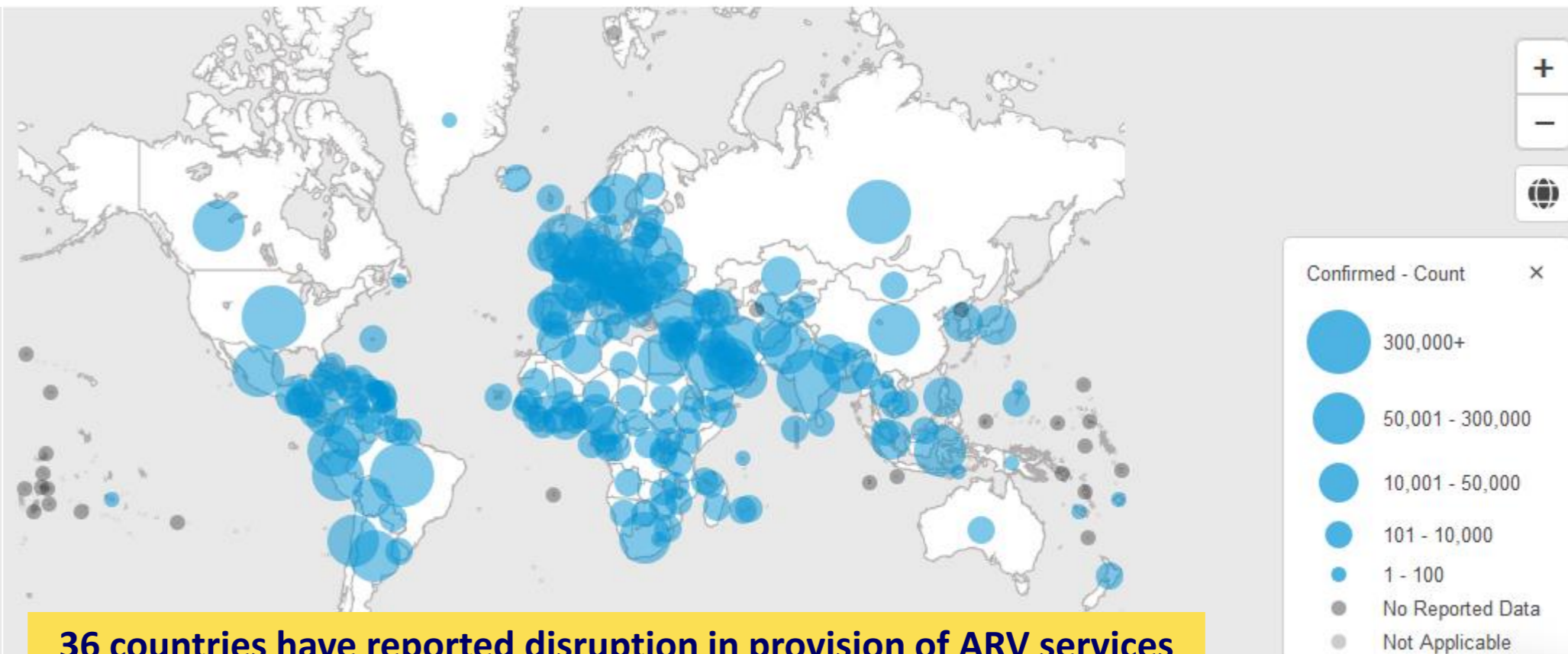
Global HIV, Hepatitis and STI Programmes
World Health Organization

Presentation with latest results as of June, 2020

Global COVID-19 Status – Case Counts

Status as of 8 July 2020
(11:14am CEST) :

- **135 637** daily new cases
- **11 635 939** cumulative cases



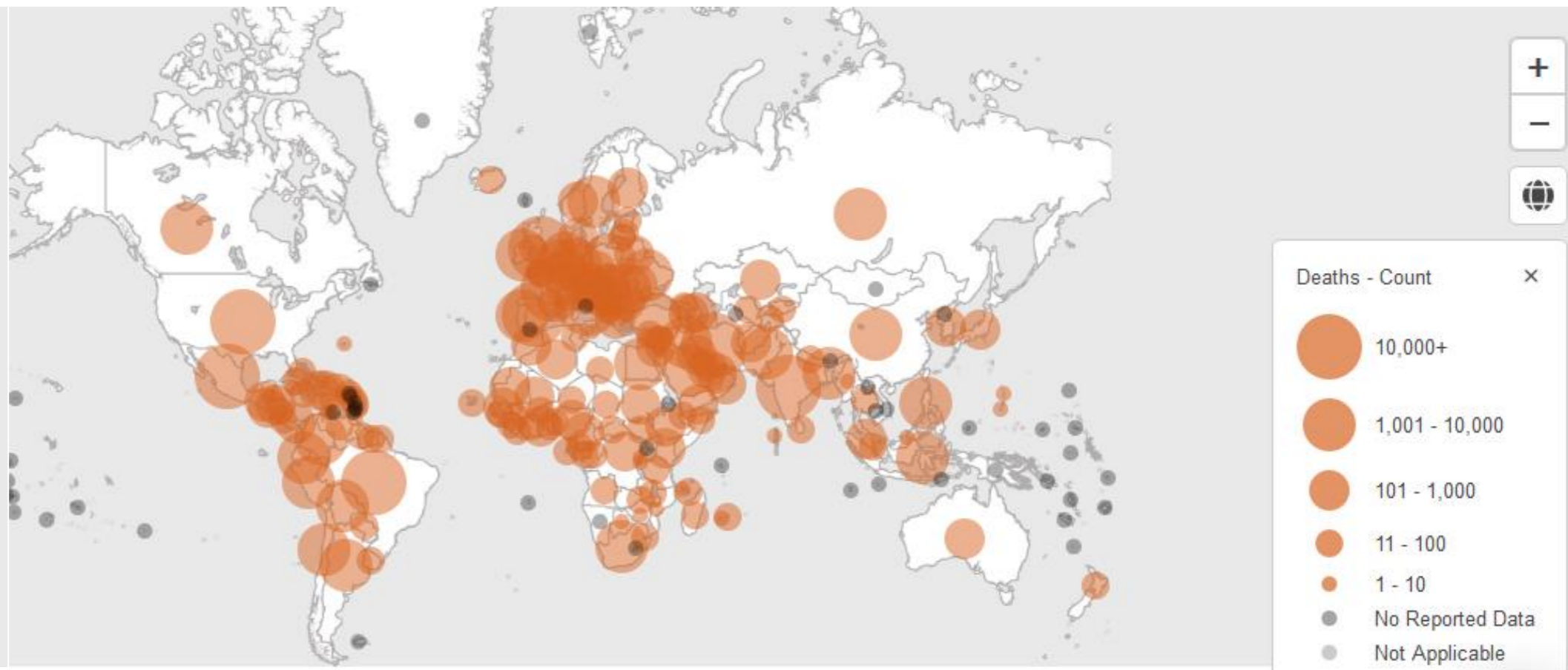
36 countries have reported disruption in provision of ARV services since April. In these countries 11.5 million people were receiving ART (45% of the global number)

Source: WHO Coronavirus Disease (COVID-19) Dashboard

Global COVID-19 Status - Deaths

Status as of 8 July 2020
(11:14am CEST) :

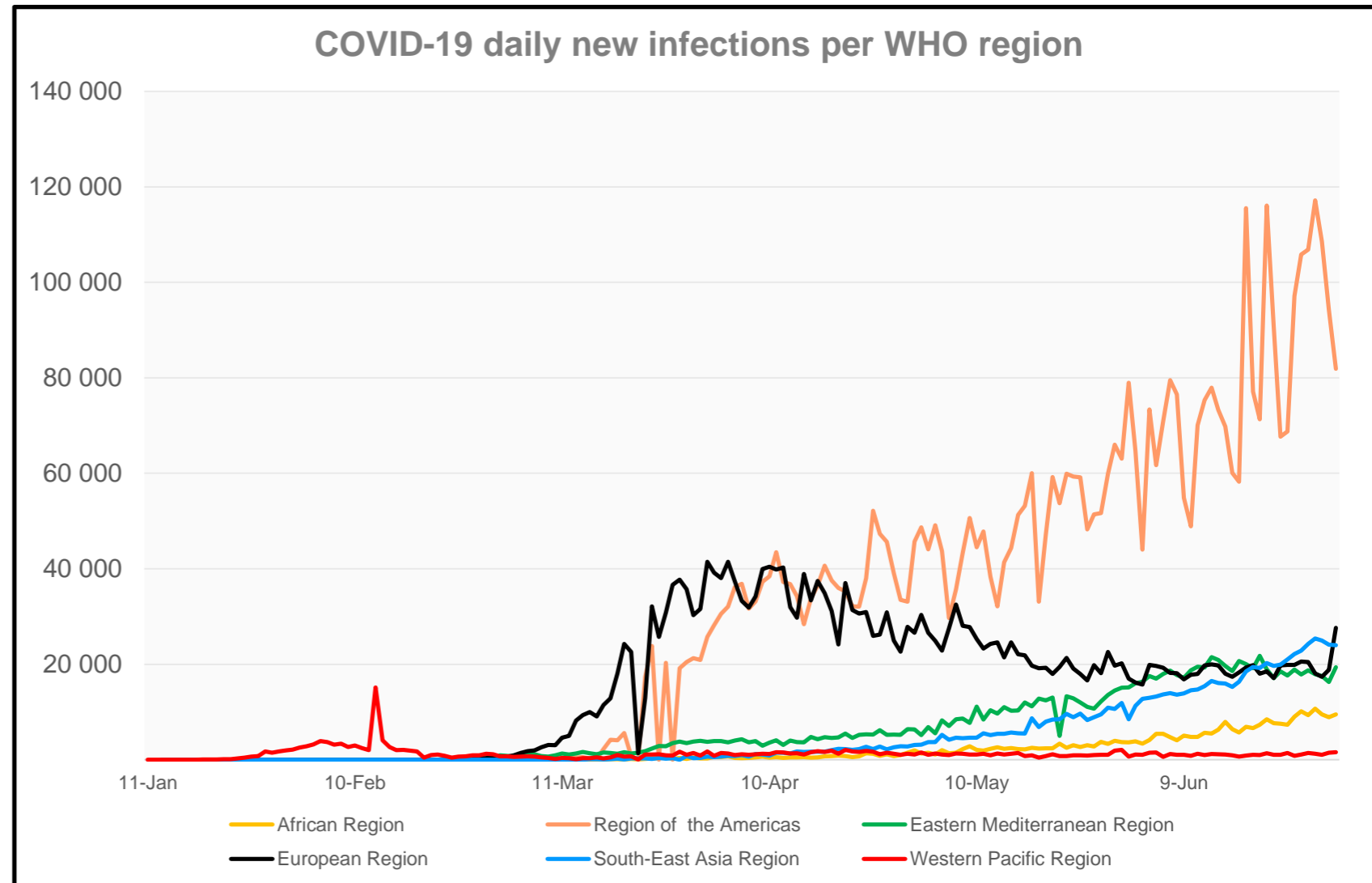
- **3 267** daily deaths
- **539 026** cumulative deaths



Source: WHO Coronavirus Disease (COVID-19) Dashboard

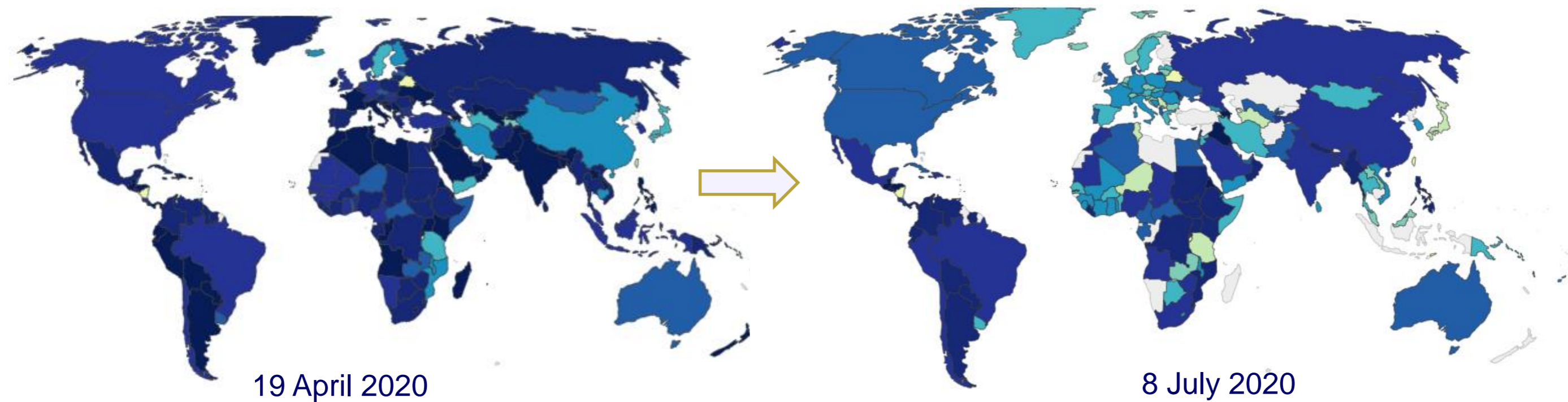
Variation in Regional Trends

- Daily new infections are still fluctuating in all regions
- Increasing trend in the African, South-East Asia, American and Eastern Mediterranean Regions in the past few weeks
- Plateauing trend in the Western Pacific and European Region in the past few weeks



Countries adjust intensity of response over time

- **COVID19 Government Response Stringency Index (Oxford University)**
 - Composite measure based on nine response indicators including school closures, workplace closures, and travel bans
 - Darker blue = more stringent response



Source: Oxford University. Coronavirus Government Response Tracker. <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>

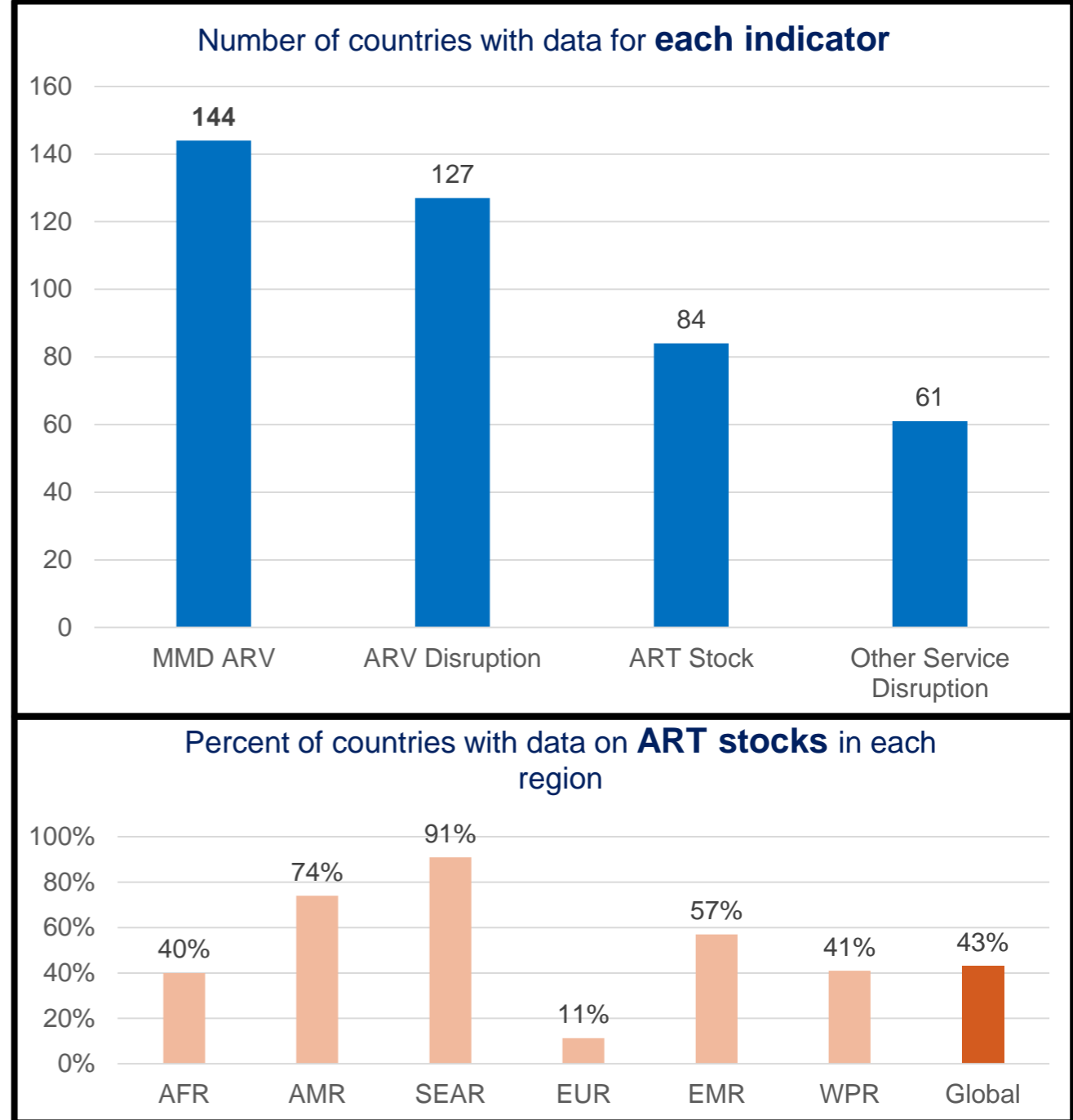
Methods

- The World Health Organization undertook a **survey of relevant policies, drug stocks, service disruptions** to treatment, testing and prevention and country responses, to inform WHO action to countries
- The data was provided by WHO country and regional offices for 144 countries and triangulated with other sources of **policy** and **health service disruption** data
 - Global AIDS Monitoring data on the adoption and implementation of major HIV policies
 - A comprehensive WHO survey on impact of the pandemic on 25 essential health services across life course
- **Survey undertaken between April and June 2020, and is updated regularly for country action**
 - Critically low stock of ARVs is defined as stock of three months or less
 - Disruption of ARV services is reported by countries as a % of PLHIV on ART affected by disruption now. Risk of ARV disruption is forward looking risk of ARV disruption, as reported by WHO regional and country offices
 - Disruption of services was collected for Prevention, Testing and Treatment Services for HIV, Hepatitis B and C, and Sexually Transmitted Infections, and for 25 essential health services within WHO (Health Service Performance Assessment, HSA)
 - Data are updated regularly to facilitate WHO action for continuity of essential HIV, Hepatitis and STI services. ART manufacturing data are collected by WHO SEARO

Questionnaire completion (as of June 2020)

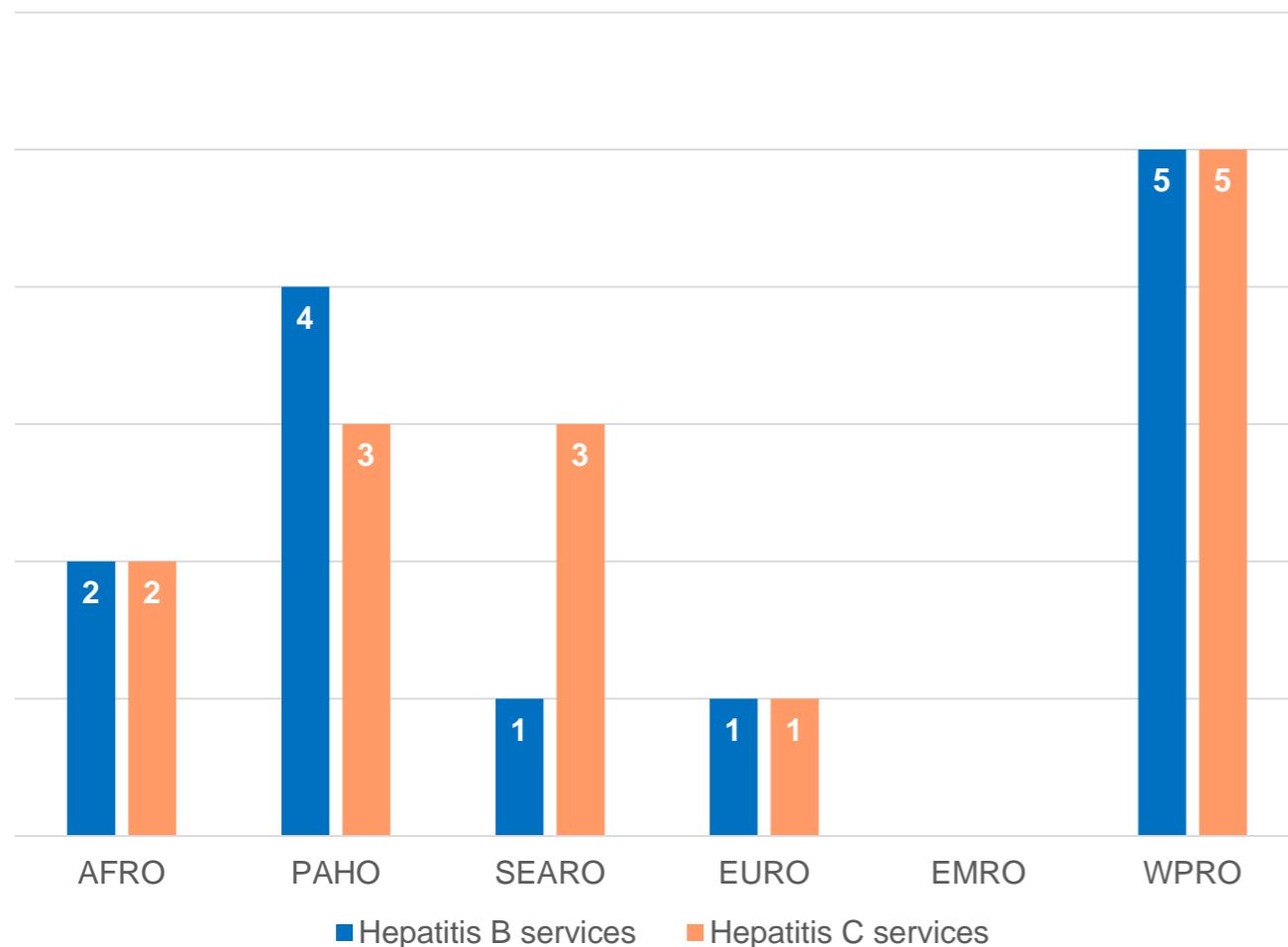
- Varies between regions and indicators
 - MMD ARV most complete (includes GAM contribution)
 - Strong data on ART stock from some regions, but less from others
- Incomplete or no data for some focus countries:

Angola	Kenya
Cameroon	Lesotho
Côte d'Ivoire	Malaysia
DRC	Mexico
Ghana	United Republic of Tanzania
Haiti	



Disruption in Hepatitis Services

Number of countries reporting disruption
(including potential stock-outs)



- **Argentina:** Overall reduction in service provision across the health sector has impacted HBV and HCV testing and treatment initiation. There is a stock-out of DAAs, and procurement process was initiated to replace them.
- **Thailand:** The key services among higher risk groups such as HCV, HBV screening test and IEC in the community cannot be carried out in COVID-19 context
- **Russian Federation:** Viral hepatitis in Russia is exclusively treated by infection specialists who are all now engaged in COVID-19 treatment; this affects the situation of diagnosis and treatment of viral hepatitis

- **Hepatitis B:** Argentina, Belize, Botswana, Brazil, China, Ecuador, Ethiopia, Fiji, Kiribati, Philippines, Russian Federation, Thailand, Vanuatu
- **Hepatitis C:** Argentina, Belize, Botswana, China, Costa Rica, Ethiopia, Kiribati, Philippines, Russian Federation, Thailand, Indonesia, Myanmar,

Disruption in STI services

- STI service disruption in 16 countries (including PMTCT for syphilis, possible drug stock-outs, testing kits stock-outs), of which:

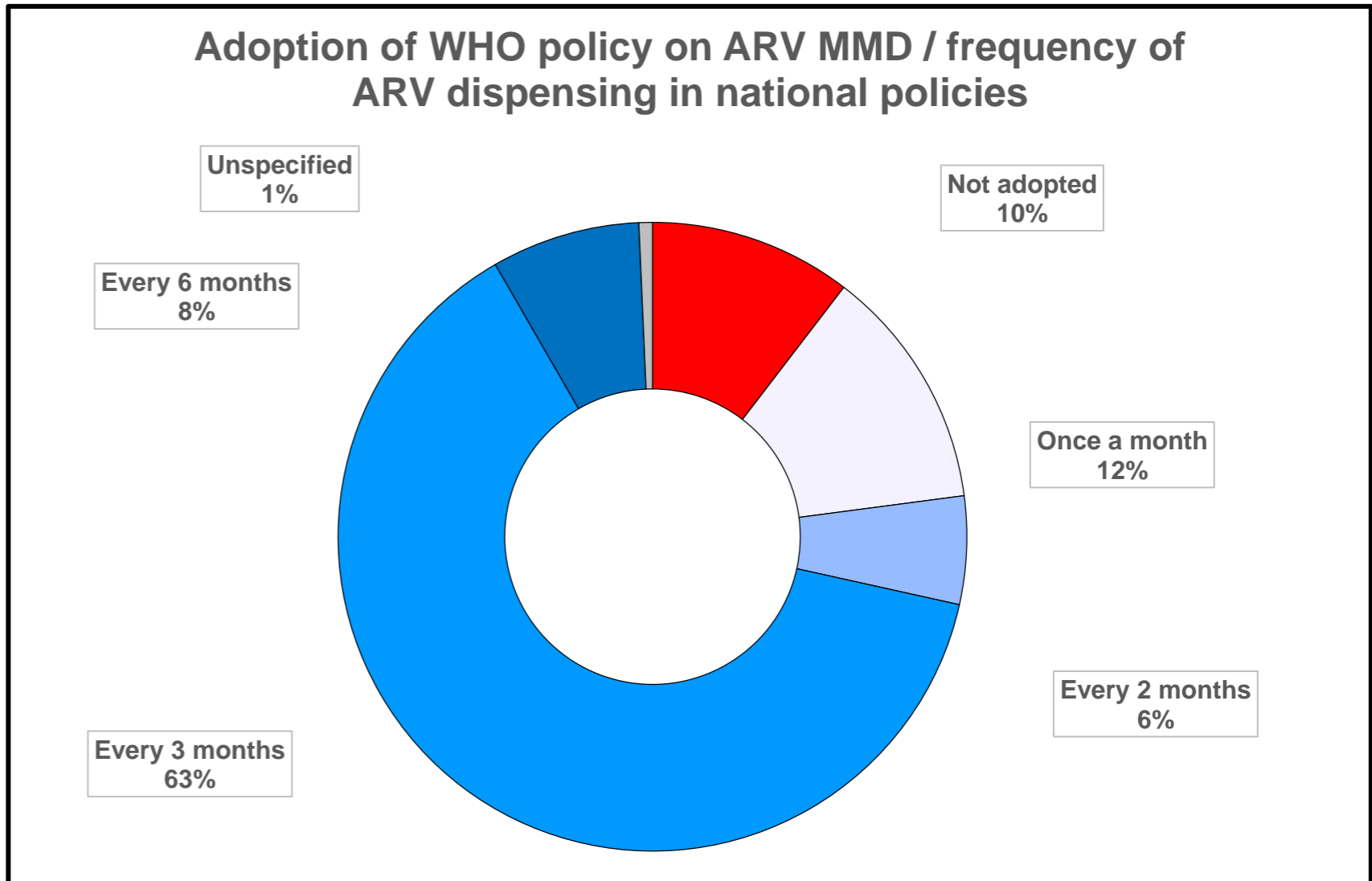
Botswana	Ethiopia	Papua New Guinea
China	Guatemala	Philippines
Ecuador	Honduras	Uganda
El Salvador	Nigeria	

- **Ecuador:** *Country has one month stock of RDT for syphilis (it may impact EMTCT; but there is alternative testing available)*
- **Honduras:** *Stock-out of syphilis RDT; two month stock of VL; three months CD4; backlog in genotyping and zero stock*

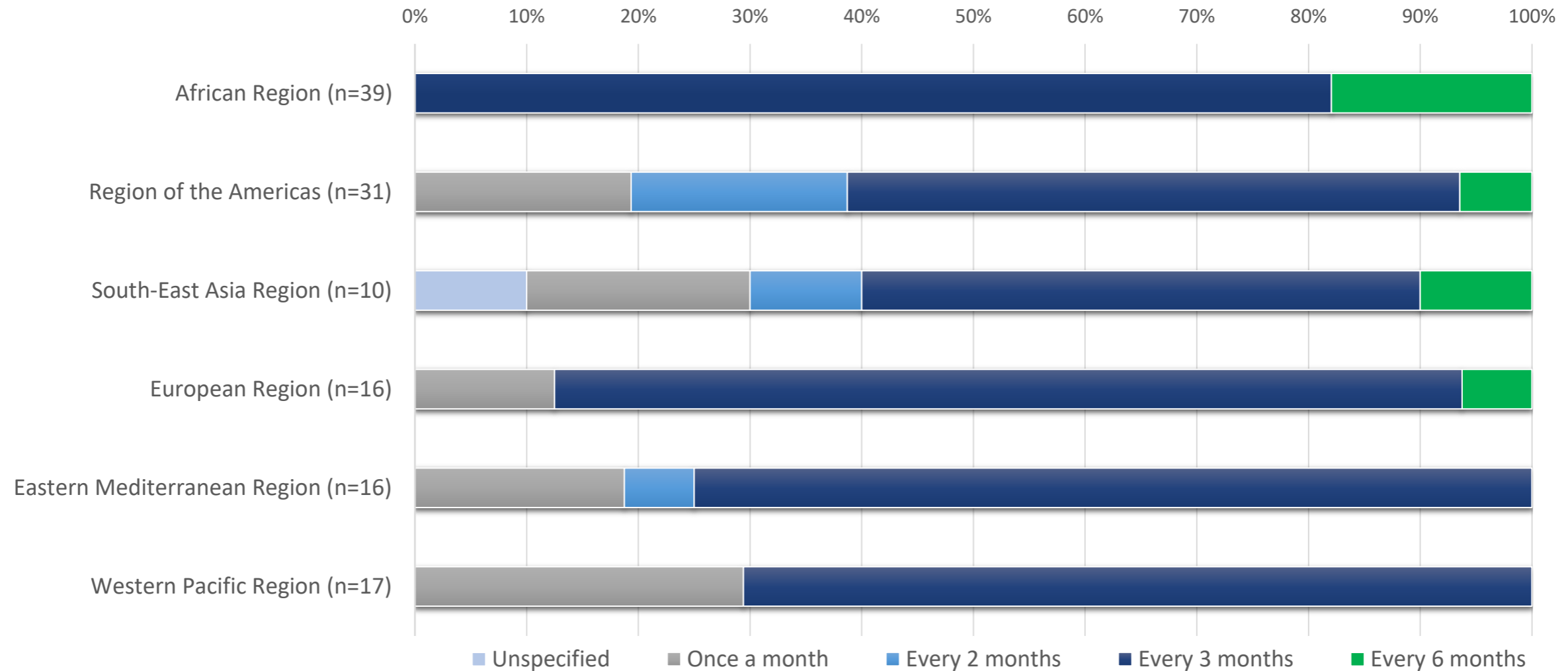


ARV multi month dispensing

- ARV MMD policy is adopted in most countries.
- Data available for 144 countries:
 - 129 (90%) adopted MMD policy
- Country cases suggest COVID-19 effect on MMD is double-edged:
 - Sufficient ARV stock → intensified MMD (Namibia, Malawi...)
 - Uncertain ARV stock → shorter MMD (Indonesia, Botswana..)

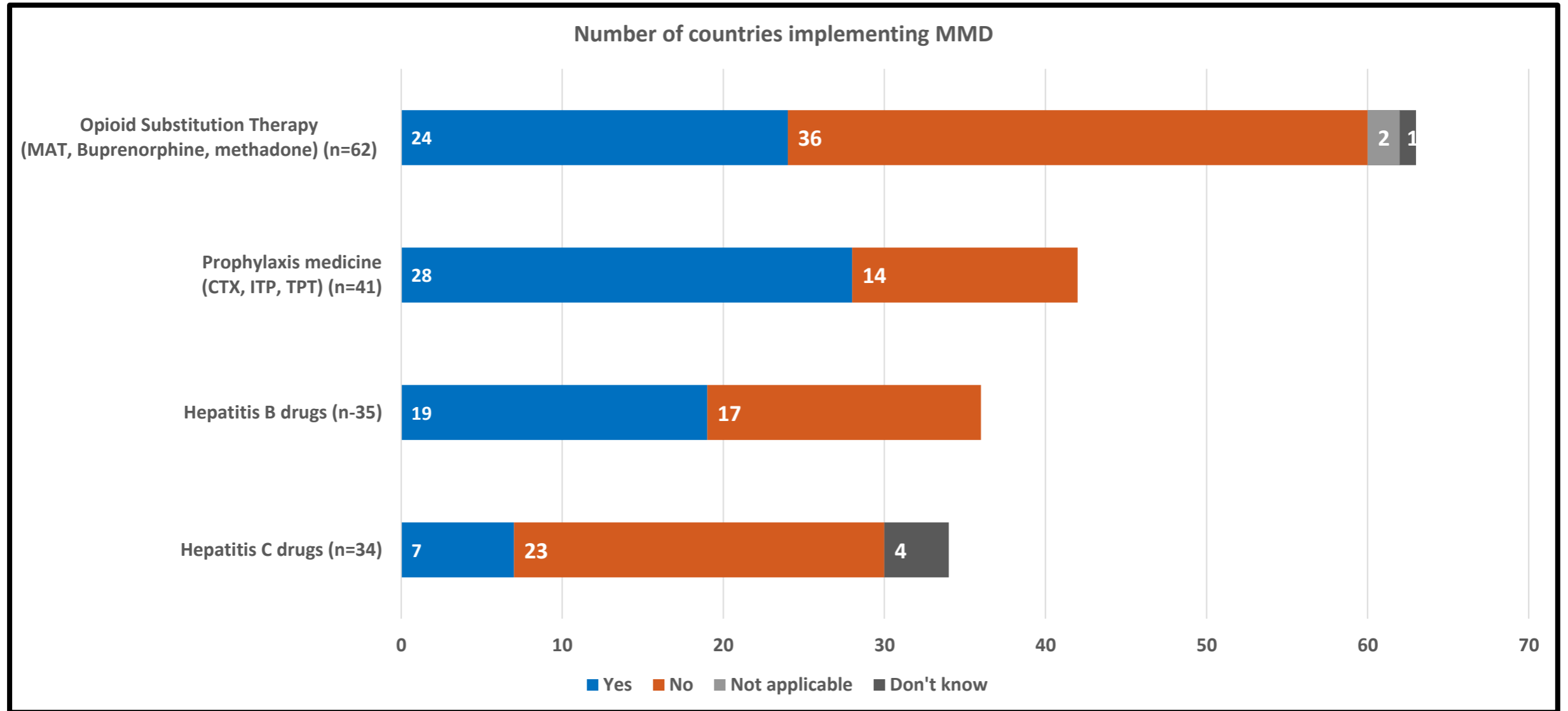


Countries with MMD policy per WHO region (n=129): frequency of ARV pick-up



Source: GAM UNAIDS/WHO/UNICEF and WHO HIV/HEP/STI COVID-19 Questionnaire

MMD for other HIV/Hepatitis/STI drugs



Source: WHO HIV/HEP/STI COVID-19 Questionnaire

Countries are balancing stock levels with move to MMD

- **Eswatini:**

“There are ongoing in-country discussions on providing multi month (3-6 months) scripts for ART/TB/NCD patients; the central medical store is yet to advise if the current stock levels can allow for this initiatives.”

- **United Republic of Tanzania:**

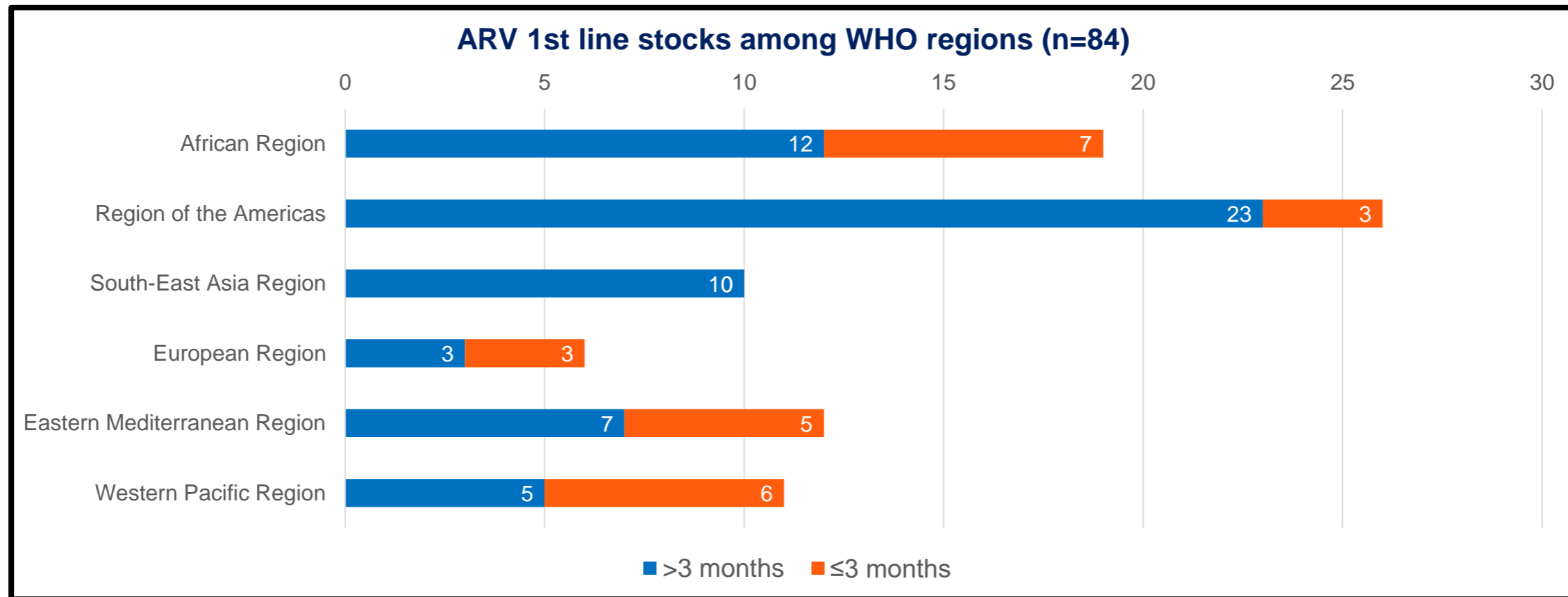
“3 monthly dispensing country widespread. 6 months have been started in Dar Es Salaam but could revert to 3 month due to stock shortages”

- **South Africa:**

“ARV pick-up frequency of very 3 months, Western Cape is giving 4 months, 2 months TEE (tenofovir-emtricitabine-efavirenz) due to low stock.”

ARV stock availability of first line stocks

- Data available for 84 countries
- 24 countries reported ARV stocks availability for major first line drugs (TLE/TEE/TLD) of **three months or less**



Source: WHO HIV/HEP/STI COVID-19 Questionnaire

Other possible stock-outs

- Possible ARV 2nd line stock-outs in 27 countries:

LPV/r :	Bhutan, Botswana, Cuba, Ecuador, El Salvador, Honduras, Kenya, Myanmar, Nepal, Paraguay, Russian Federation, Sri Lanka, Suriname, Timor Leste (14)
ATV/r :	Cuba, El Salvador, Jamaica, Kenya, Peru, Venezuela, Zambia (7)
Pediatric ARV:	Botswana, Cuba, Ecuador, El Salvador, Honduras, Jamaica, Namibia, Nepal, Nicaragua, Paraguay, Panama, Peru, Suriname, Zimbabwe (14)

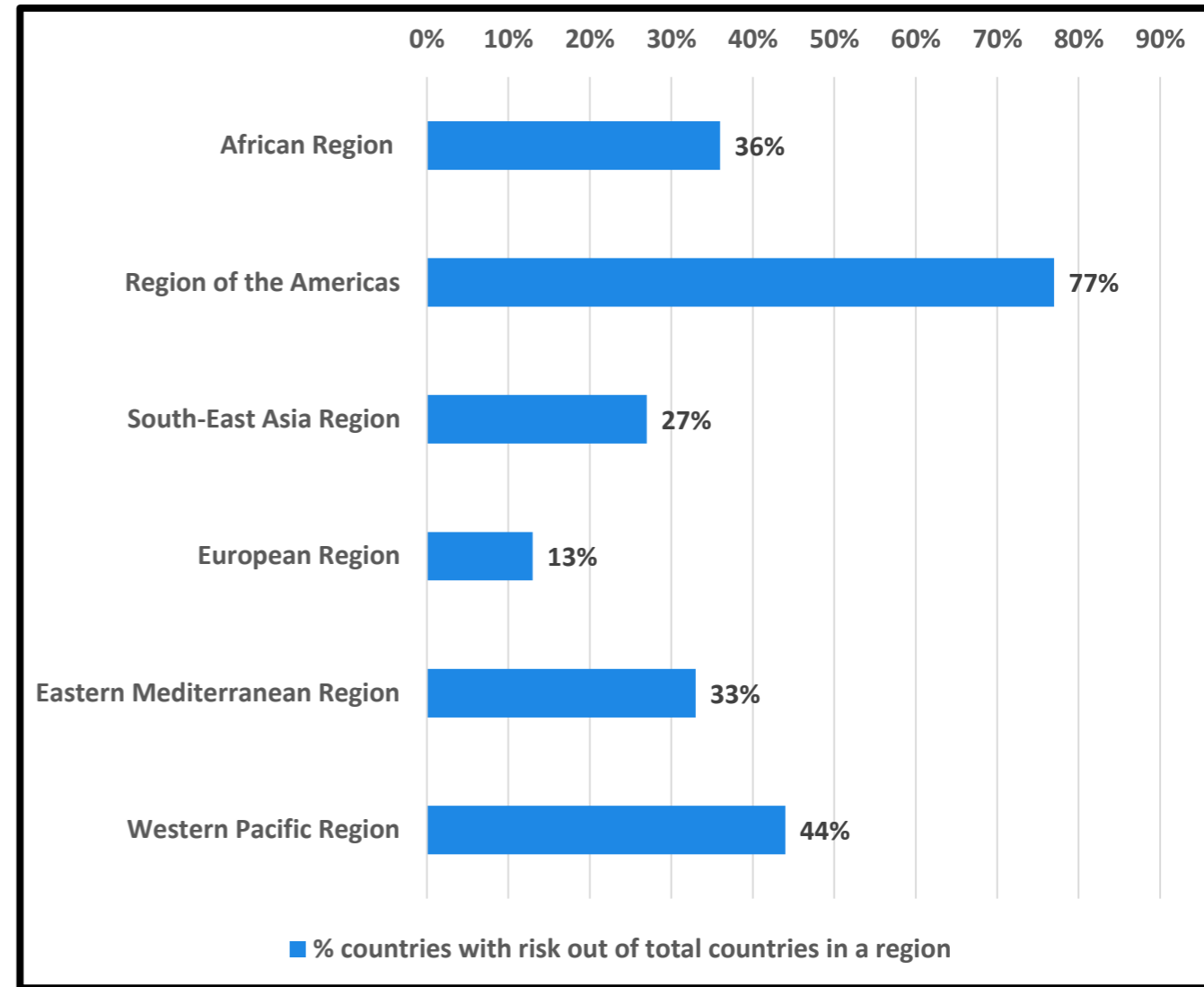
- Other ARV drugs with possible stock outs: **AZT/3TC, Abacavir, DRV** in some countries
- Hepatitis C Drugs : Argentina, Indonesia
- STI Treatment : Madagascar, Papua New Guinea, Uganda
- OI drugs : Eswatini, Kenya
- Syphilis test kits : Ethiopia, Uganda

Monitoring risk of ARV disruptions

- **73 countries reported risk of ARV disruptions** – in varying degrees (30 countries with medium to high risk)*

- **Cited causes:**

1. Drug supply issues and HIV drug manufacturer shut-downs
2. Health systems capacity, e.g. health workers
3. Access to services and financial constraints
4. Restriction of movement because of lockdowns
 - “Failure of suppliers to deliver on time”
 - “Courier services shut-down due to COVID”
 - “Government has to pay upfront payments in order for some suppliers to process order.”



Source: WHO HIV/HEP/STI COVID-19 Questionnaire

* Risk of disruption was assessed by WHO regional and country offices, with high disruption risk as greater than 50%, medium greater than 20%, low less than 20%



**World Health
Organization**

Covid-19 and Impact on HIV drug manufacturers

Scenario in India: Mar - Apr 2020

- Initially, export of drugs including ARVs was barred; but **lifted after 2 weeks**
- Discussions in March 2020 with manufacturers:
 - Adequate API stocks to meet demand.
 - Other issues highlighted were:
 - Reduced workforce in plants, and to load to trucks;
 - Ground Transportation issues to reach warehouses and beyond, despite Government clarification allowing transport of essential goods;
 - Shortage of packaging material; and
 - Reduced movement of cargo flights.
- **Successful facilitation in shipping drugs** to Nepal by road and Indonesia by sea route to address impending stock-outs.

Scenario in May 2020

- Most of road transport is normal now
- Many cargo flights
- No ban on exports of ARVs
- GF Assessment - Moderate Impact overall (details summarized in separate slide)

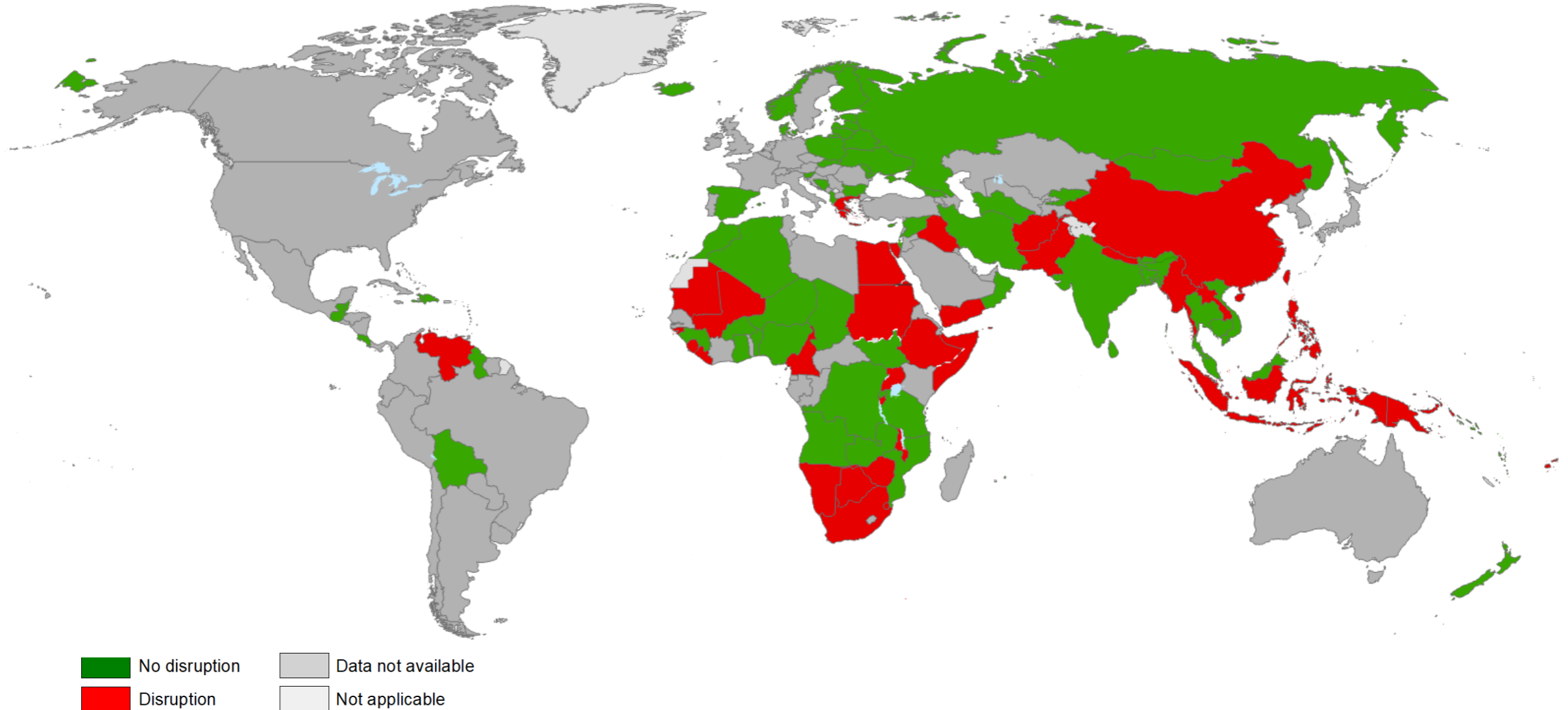
Current Scenario – Detailed Assessment

- Email-based interaction with leading manufacturers
- Structured exchange on issues faced
- Feedback on challenges as well as suggestions
- 4/9 responses in 2 days; others have committed too
- Details of initial responses summarized in next slide



Countries reporting on ARV disruptions due to COVID-19, 2020

Preliminary results compiled from a survey conducted by WHO between April and June 2020 (n=127)



Source: Global HIV, Hepatitis and STIs Programmes (HSS), WHO, 2020

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



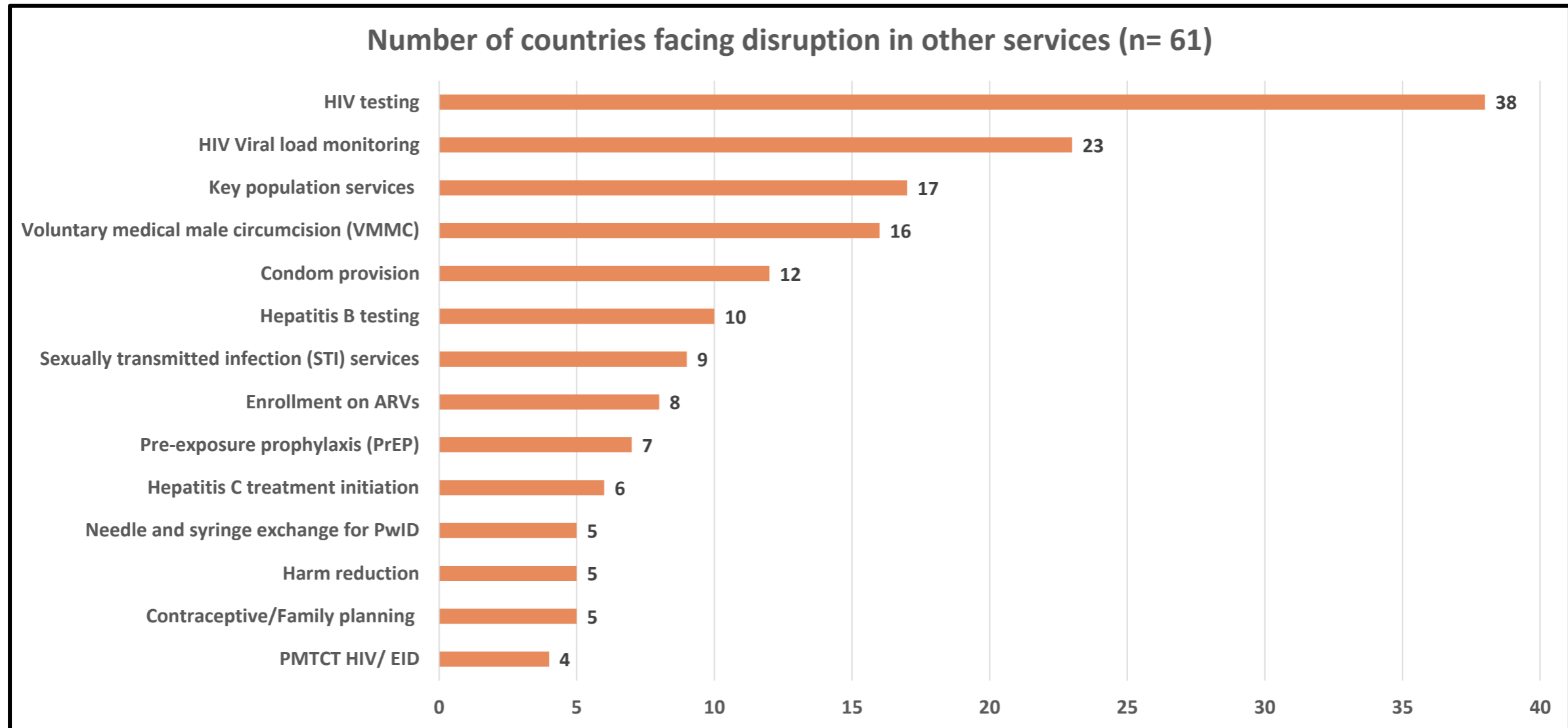
World Health Organization

PLHIV on ART affected due to COVID-19

● Reported between April and June 2020

- 36 countries reported disruptions in the provision of ARV services. In these countries 11.5 million people were receiving ART (45% of total PLHIV on ART)
- The estimated % of PLHIV on ART affected by ARV disruptions ranges per country: from <1% – 40% of PLHIV on ART
- 73 countries were experiencing risks of ARV disruption. In these countries 17.7 million people were receiving ART (70% of total PLHIV on ART). Out of these 73 countries, 24 countries have moved to facing actual disruptions
- 24 countries had critically low stocks of ARVs. In these countries 8.3 million people were receiving ART (33% of total PLHIV on ART)

Disruptions in other services due to COVID-19



Prevention programs for VMMC and PWID are in selected countries, so disruption may be in most countries where there is a program

Source: WHO HIV/HEP/STI COVID-19 Questionnaire

Country Responses:

- “**Regular communications** from Ministry of health - HIV department in the form of circular letters to all service providers, toll free phone lines for consultations and support, **flexed criteria for six months dispensation**, running HIV clinics every day to reduce congestion, suspension of non essential HIV services that need frequent visits to the facility. – **Malawi**
- “**Implemented intensified MMD** for both adults and paediatrics. Decongesting ART facilities, Establishment of a **hotline for PLWHIV**, community dispensing at existing DSD model sites and primary health care outreach points, Hiring of short term staff to ensure service continuity.” – **Namibia**
- “Essential Service Advisory - A separate interim guidance on continuity of ART and OST was issued by the Ministry. ART delivered by road not plane in May from Mumbai. OST takeaway dose for 90% of clients with careful monitoring and contact by phone with weekly updates” **Nepal**
- “Due to lockdown, limited access of PLHIV to treatment centers. NAP ensuring **home delivery of ARVs** via courier.” – **Pakistan**
- “National HIV program is planning to **address on HIV viral load testing by using Xpert**, that are already operating in every provinces, to mitigate delay and disruption of sample transportation due to COVID 19.” – **Lao People’s Democratic Republic**
- “Strengthened out outreach interventions through **peer and mobile outreach**, PrEP is ordered online and delivered by mobile team also.” - **Georgia**



Conclusions

- **HIV, Hepatitis and STI service COVID disruptions due to**
 1. Stock out of drugs
 2. Diversion of health systems capacity
 3. Lack of access to health facilities during lock down.
- **Widespread ARV disruptions have been reported to WHO across all regions**
 - 73 countries are facing risk of ARV disruption. In these countries 17.7 million people were receiving ART (70% of total PLHIV on ART)
 - 36 countries reported disruption in provision of ARV services. In these countries 11.5 million people were receiving ART (45% of total PLHIV on ART))
 - 24 countries had a critically low stock of ARVs. In these countries 8.3 million people were receiving ART (33% of total PLHIV on ART)
- **Additional disruptions on HIV testing, prevention, Hepatitis and STI services**
 - 61 countries facing disruption in other prevention, testing and treatment services
 - 38 countries report disruption in HIV testing, 17 in Key Population services, 12 in condom provision, and 7 in PrEP
 - 10 countries report disruption in Hepatitis B testing, 6 in Hepatitis C Treatment initiation, and 5 in Family Planning
- **Country responses have mitigated the worst case service disruptions but risks remain widespread**
 - 90% of countries adopted policy of multi month dispensing of ARVs
 - Countries are balancing stock levels with a shift to MMD, with some countries moving to 6 months and then reverting to 3 months due to stock shortages
 - Continuity of essential package of health services requires policy and financial support for key services
 - Innovative Service Delivery – use of community delivery, MMD for IDU and Hepatitis C treatment, may have benefits in the long run by reducing clinical staff times and promoting innovation in people centred service delivery