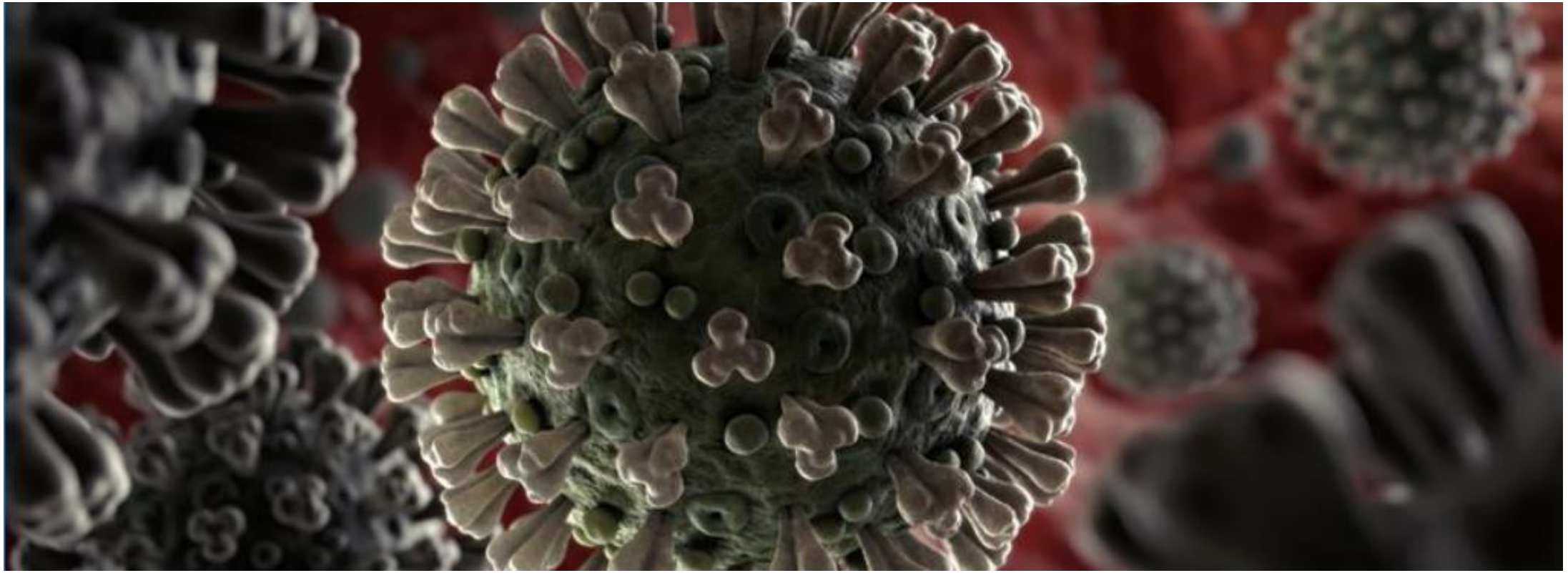
UPDATE - COVID-19 and HIV: key issues and actions



PAHO Pan American Health Organization World Health Organization Americas

Outline

- COVID-19 and HIV
- COVID-19 prevention for PLHIV
- Preparedness for continuity of HIV services
- Human rights considerations
- The role of civil society
- Emergency funds
- COVID-19 resources

PAHO Pan American Health Organization World Health Organization Americas

Prepared by The UNAIDS Cosponsors Regional Group (UCRG) for Latin America and the Caribbean.

Pan American Health Organization · World Health Organization · UNFPA · unicef · UNDP · UNAIDS

Coronavirus Disease 2019 (COVID-19) and HIV:

KEY ISSUES AND ACTIONS

Prepared by The UNAIDS Cosponsors Regional Group (UCRG) for Latin America and the Caribbean.

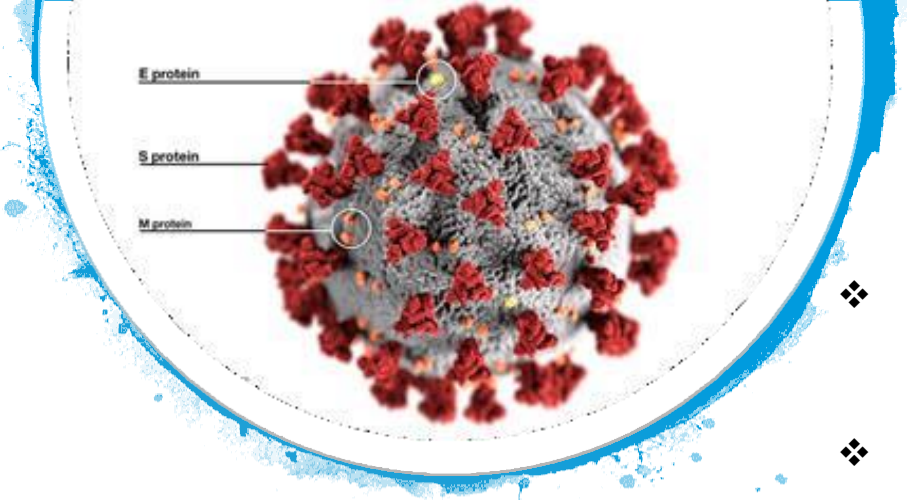
March, 20, 2020

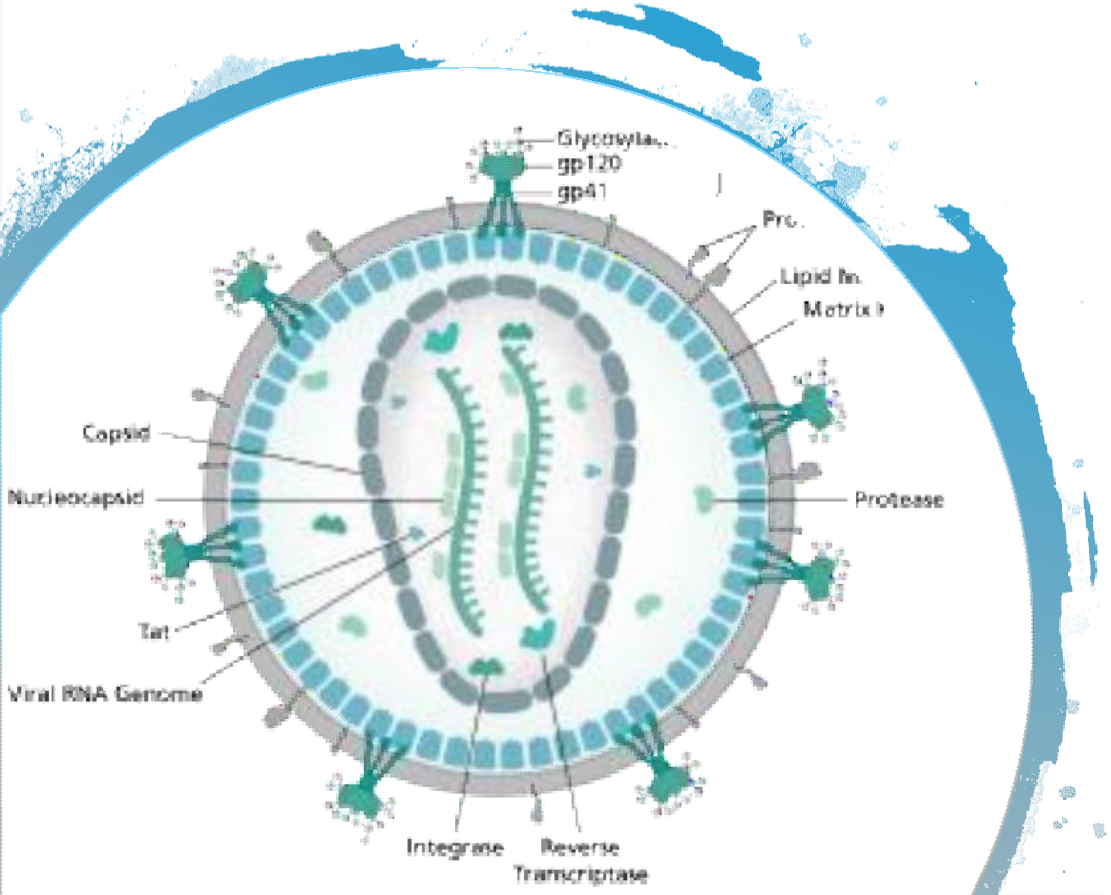
The HIV community and response have much to offer to the coronavirus disease 2019 (COVID-19) preparedness and resiliency. Having community-led organizations, such as people living with HIV (PLHIV) networks, engaged at the planning and response tables early on is key to build trust, ensure productive exchange of information, and lay the foundations for joint problem-solving measures.

The following key actions addressing issues that may arise for the HIV response amid COVID-19 outbreak should be taken by governments, civil society organizations (CSOs) and networks, and PLWVIH to ensure that the response to COVID-19 is aligned with human rights principles.

Quick facts about COVID-19 and HIV

- COVID-19 is the name scientists have given for the illness people develop after becoming infected with SARS-CoV-2, a new strain of coronavirus discovered in 2019.
- There is currently no strong data to suggest that people living with HIV (PLHIV) are at a higher risk of acquiring SARS-CoV-2 or developing more severe COVID-19 if they do acquire it, especially if their immune system is not compromised, although people with underlying conditions and a weaker immune system may be most vulnerable to COVID-19 infection.
- Therefore, all PLHIV should be put on antiretroviral treatment ("treat all") no more than seven days after confirmation of diagnosis of HIV infection ("rapid initiation"), including same day initiation if willing and eligible. For PLHIV on ART, maintaining optimal adherence ensures viral suppression and immunological recovery (higher CD4 count), reducing the risk of complications in case of infection with SARS-CoV-2 (the agent of COVID-19).





COVID-19 and HIV

- **Patients with severe immunodeficiency usually have high risk of complications with any infectious disease**
- **Three case reports of HIV-CoVs co-infections**
  (HIV/SARS - Wong, 2004; HIV/MERS - Salahoub, 2015 ; HIV/COVID19 - Zhu, 2020)
  - Mild/moderate CoV disease despite severe immunodeficiency – all cases recovered
  - Defective cellular immunity in HIV infection could paradoxically be a protective factor?
  - Potential therapeutic role of HIV protease inhibitors?
- **Lack of SARS in AIDS patients hospitalized together (Chan, 2003)**
  - None of 19 PLHIV hospitalized at the same ward with SARS patients in a hospital in China got infected, despite many HCWs caring both groups got SARS-CoV
  - Protective effect of ARVs?? Viral interference??

Covid-19 and HIV

- **Currently no evidence to suggest PLHIV are at a higher risk** of acquiring SARS-CoV-2 or developing more severe COVID-19 illness vs. HIV-negative people.
  - PLWHIV 60 or older, with underlying conditions (e.g. diabetes, respiratory and cardiovascular diseases), as well as with lower CD4 count may be at higher risk and suffer more serious COVID-19-related illness.
- **Treat all, rapid initiation** (within 7 days from diagnosis) or same day initiation.
- **Optimal adherence to ART**, viral suppression and immunological recovery.
- PLHIV should take the **general preventive measures** for COVID-19 recommended for general population.
- **Vaccinations** (e.g. influenza, pneumococcal) should be offered to all PLHIV and be up to date.
- No specific approved anti-COVID-19 treatment, no immune therapeutics, and no vaccine. **Treatment is symptomatic** (e.g. rest, hydration, antipyretics).
- **FAQ on COVID-19, HIV and ARVs:** https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals

Clinical management of severe acute respiratory (SARI) when COVID-19 disease is suspected

Interim guidance
13 March 2020

This is the second edition (version 1.2) of this document, which was originally adapted from Clinical manag acute respiratory infection when MERS-CoV infection is suspected (WHO, 2019).

It is intended for clinicians involved in the care of adult, pregnant, and paediatric patients with or at risk for respiratory infection (SARI) when infection with the COVID-19 virus is suspected. Considerations for paed pregnant women are highlighted throughout the text. It is not meant to replace clinical judgment or specialis rather to strengthen clinical management of these patients and to provide up-to-date guidance. Best practice prevention and control (IPC), triage and optimized supportive care are included.

This document is organized into the following sections:

These symbols are used to flag interventions:

- Do: the intervention is beneficial (strong recommendation) **OR** the intervention is a best practice stat
- Don't: the intervention is known to be harmful.
- Consider: the intervention may be beneficial in selected patients (conditional recommendation) **OR** be considering this intervention.

There is no current evidence to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19. There are many ongoing clinical trials testing various potential antivirals.

11. Caring for pregnant women with COVID-19

To date, there are limited data on clinical presentation and perinatal outcomes after COVID-19 during pregnancy or the puerperium. There is no evidence that pregnant women present with different signs or symptoms or are at higher risk of severe illness. So far, there is no evidence on mother-to-child transmission when infection manifests in the third trimester, based on negative samples from amniotic fluid, cord blood, vaginal discharge, neonatal throat swabs or breastmilk. Similarly, evidence of increased severe maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of premature rupture of membranes, fetal distress, and preterm birth reported *(68, 69)*.

This section builds on existing recommendations from WHO on pregnancy and infectious diseases and provides additional remarks for the management of pregnant and recently pregnant women.

- **Considering asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population, all women with epidemiologic history of contact should be carefully monitored.**
- **Pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.**

review of observational studies in influenza found a higher risk of mortality and secondary infections with corticosteroids; the evidence was judged as very low to low quality owing to confounding by indication *(63)*. A subsequent study that addressed this limitation by adjusting for time-varying confounders found no effect on mortality *(64)*. Finally, a recent study of patients
tistical approach and found no effect of corticosteroids on mortality but
e lack of effectiveness and possible harm, routine corticosteroids should be
Other reasons may include exacerbation of asthma or COPD, septic shock,
dividual patients.

nal panel and based on the findings of two recent large RCTs makes a
l patients with sepsis (including septic shock) *(66)*. Surviving Sepsis
recommend corticosteroids only for patients in whom adequate fluids and
ility *(5)*. Clinicians considering corticosteroids for a patient with COVID-
on in mortality with the potential downside of prolonged shedding of
ved in patients with MERS *(65)*. If corticosteroids are prescribed, monitor
alaemia. Monitor for recurrence of inflammation and signs of adrenal
y have to be tapered. Because of the risk of *strongyloides stercoralis*
piric treatment should be considered in endemic areas if steroids are used
(67).

Remark 2 for pregnant women: WHO recommends antenatal corticosteroid therapy for women at risk of preterm birth from 24 to 34 weeks of gestation when there is no clinical evidence of maternal infection, and adequate childbirth and newborn care is available. However, in cases where the woman presents with mild COVID-19, the clinical benefits of aantenatal corticosteroid might outweigh the risks of potential harm to the mother. In this situation, the balance of benefits and harms for the woman and the preterm newborn should be discussed with the woman to ensure an informed decision, as this assessment may vary depending on the woman's clinical condition, her wishes and that of her family, and available health care resources (https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/preterm-birth-highlights/en/).

Remark 3: WHO has prioritized the evaluation of corticosteroids in clinical trials to assess safety and efficacy (https://www.who.int/blueprint/priority-diseases/key-action/Global_Research_Forum_FINAL_VERSION_for_web_14_feb_2020.pdf?ua=1).

https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected

Efficacy and safety of ARVs for SARS, MERS or COVID-19– Systematic Review (as 17 March 2020)

World Health Organization

Use of ARV as treatment for CoV infections

- 16 observational studies on the use of ARV drugs (most studies using **LPV/r** as treatment).
  - 14 studies reporting treatment outcomes; 3 studies with SARS, 6 studies with MERS, 5 studies with COVID-19
- Of 292 patients given LPV/r, 47 deaths were reported by 4 studies.

The certainty of the evidence is very low across all 3 diseases: Small sample size, only two studies provided comparative outcomes (one using historical controls) and none were randomized.

- Timing, duration and dose of treatment varied, and several studies provided co-interventions which may have contributed to the reported outcomes.

Use of ARV as Prevention (PEP) for CoV infections

- 2 studies reported a possible protective effect of LPV/r as post-exposure prophylaxis (SARS and MERS).
- The certainty of the evidence was **very low** due to uncertainty and limited sample size.

Ongoing /planned trials with RVs against CoVs:

- 13 registered trials planning to assess the safety and efficacy of ARVs for the treatment of coronavirus infection (11 for the treatment of COVID-19).
  - 11 assessing LPV/r, 1 assessing ritonavir, and 1 darunavir and cobicistat
- Estimated completion dates: from March 2020 to January 2022.

Ford et al, 2020 (unpublished data)

LPV/r in patients with severe COVID-19

World Health Organization

ORIGINAL ARTICLE

A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

B. Cao, Y. Wang, D. Wen, W. Liu, Jingli Wang, G. Fan, L. Ruan, B. Song, Y. Cai, M. Wei, X. Li, J. Xia, N. Chen, J. Xiang, T. Yu, T. Bai, X. Xie, L. Zhang, C. Li, Y. Yuan, H. Chen, Huadong Li, H. Huang, S. Tu, F. Gong, Y. Liu, Y. Wei, C. Dong, F. Zhou, X. Gu, J. Xu, Z. Liu, Y. Zhang, Hui Li, L. Shang, K. Wang, K. Li, X. Zhou, X. Dong, Z. Qu, S. Lu, X. Hu, S. Ruan, S. Luo, J. Wu, L. Peng, F. Cheng, L. Pan,

Table 3. Outcomes in the Intention-to-Treat Population.*

Characteristic	Total (N=199)	Lopinavir–Ritonavir (N=99)	Standard Care (N=100)	Difference†
Time to clinical improvement — median no. of days (IQR)	16.0 (15.0 to 17.0)	16.0 (13.0 to 17.0)	16.0 (15.0 to 18.0)	1.31 (0.95 to 1.80)‡
Day 28 mortality — no. (%)	44 (22.1)	19 (19.2)§	25 (25.0)	−5.8 (−17.3 to 5.7)
Earlier (≤12 days after onset of symptoms)	21 (23.3)	8 (19.0)	13 (27.1)	−8.0 (−25.3 to 9.3)
Later (>12 days after onset of symptoms)	23 (21.1)	11 (19.3)	12 (23.1)	−3.8 (−19.1 to 11.6)
Clinical improvement — no. (%)				
Day 7	8 (4.0)	6 (6.1)	2 (2.0)	4.1 (−1.4 to 9.5)
Day 14	75 (37.7)	45 (45.5)	30 (30.0)	15.5 (2.2 to 28.8)
Day 28	148 (74.4)	78 (78.8)	70 (70.0)	8.8 (−3.3 to 20.9)
ICU length of stay — median no. of days (IQR)	10 (5 to 14)	6 (2 to 11)	11 (7 to 17)	−5 (−9 to 0)
Of survivors	10 (8 to 17)	9 (5 to 44)	11 (9 to 14)	−1 (−16 to 38)
Of nonsurvivors	10 (4 to 14)	6 (2 to 11)	12 (7 to 17)	−6 (−11 to 0)
Duration of invasive mechanical ventilation — median no. of days (IQR)	5 (3 to 9)	4 (3 to 7)	5 (3 to 9)	−1 (−4 to 2)
Oxygen support — days (IQR)	13 (8 to 16)	12 (9 to 16)	13 (6 to 16)	0 (−2 to 2)
Hospital stay — median no. of days (IQR)	15 (12 to 17)	14 (12 to 17)	16 (13 to 18)	1 (0 to 2)
Time from randomization to discharge — median no. of days (IQR)	13 (10 to 16)	12 (10 to 16)	14 (11 to 16)	1 (0 to 3)
Time from randomization to death — median no. of days (IQR)	10 (6 to 15)	9 (6 to 13)	12 (6 to 15)	−3 (−6 to 2)

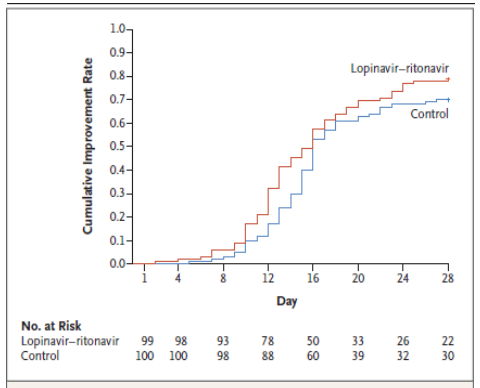


Figure 2. Time to Clinical Improvement in the Intention-to-Treat Population.

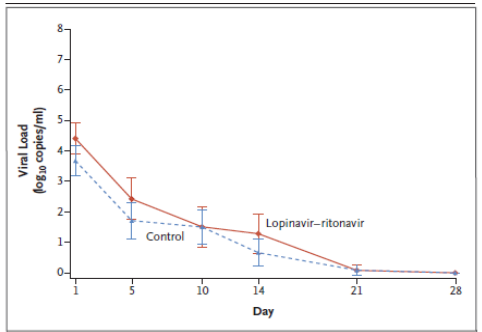


Figure 3. Mean Change from Baseline in SARS-CoV-2 Viral RNA Load by qPCR on Throat Swabs.

I bars indicate 95% confidence intervals. Results less than the lower limit of quantification of polymerase-chain-reaction (PCR) assay and greater than the limit of qualitative detection are imputed with 1 $\log_{10}$ copies per milliliter; results for patients with viral-negative RNA are imputed with 0 $\log_{10}$ copies per milliliter. Among the 199 patients, 130 (59 patients in the lopinavir–ritonavir group and 71 in the standard-care group) had virologic data that were used for viral load calculation, whereas the rest of the patients had undetectable viral RNA on throat swabs over the time.

Key findings:

- Open label (not blinded) - n= 199
- 1 hospital in Whuan (China)
- time to clinical improvement, 28 day mortality rate and throat viral RNA detectability were similar in both arms
- median time to clinical improvement was shorter by 1 day in LPV/r arm (modified ITT)
- Gastrointestinal adverse events were more common in LPV/r arm
- Continuous follow up planned

Cao et al, NEJM, March 2020

FDA NEWS RELEASE

Coronavirus (COVID-19) Update: FDA Continues to Facilitate Development of Treatments

Share | Tweet | Linkedin | Email | Print

For Immediate Release March 19, 2020

The U.S. Food and Drug Administration continues to play a critical role in the multifaceted all-of-government response to the COVID-19 pandemic, which includes, among other things, facilitating medical countermeasures to treat and prevent the disease, and surveilling the medical product and food supply chains for potential shortages or disruptions and helping to mitigate such impacts, as necessary.

As part of those efforts, President Trump has directed the FDA to continue its work with the public and private sector to ensure the availability of potentially safe and effective life-saving drugs to patients who are in desperate need, including those infected with COVID-19.

The FDA has been working closely with other government agencies and academic centers that are investigating the use of the drug chloroquine, which is already approved for treating malaria, lupus and rheumatoid arthritis, to determine whether it can be used to treat patients with mild-to-moderate COVID-19 to potentially reduce the duration of symptoms, as well as viral shedding, which can help prevent the spread of disease. Studies are underway to determine the efficacy in using chloroquine to treat COVID-19.

"President Trump's aggressive response and bold actions to keep Americans safe from COV y tools," said States are lead off-label uses ther ther o save lives. As w ustry, academic institutions and government are coming together to deliver us what we need to win."

"Studies are underway to determine the efficacy in using chloroquine to treat COVID-19"

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-continues-facilitate-development-treatments

Coronavirus Disease 2019 (COVID-19)

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FDA is working with U.S. Government partners, including CDC, and international partners to address the coronavirus disease 2019 (COVID-19) outbreak.

The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread of Coronavirus (COVID-19). More at Whitehouse.gov.

On this page: What's new | Fast facts | Frequently Asked Questions | FDA's role | Medical countermeasures | COVID-19-Related Guidance Documents | Health Fraud | Press and statements | Events | Additional resources | Contact FDA

For updates on Twitter, follow @SteveFDA, @US_FDA, @FDA_Global and @FDA_MCMi.

What's new

- **March 19, 2020:** FDA advises patients on use of non-steroidal anti-inflammatory drugs (NSAIDs) for COVID-19 - At this time, FDA is not aware of scientific evidence connecting the use of NSAIDs, like ibuprofen, with worsening COVID-19 symptoms. The agency is investigating this issue further and will communicate publicly when more information is available.

https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/coronavirus-disease-2019-covid-19

FDA U.S. FOOD & DRUG ADMINISTRATION

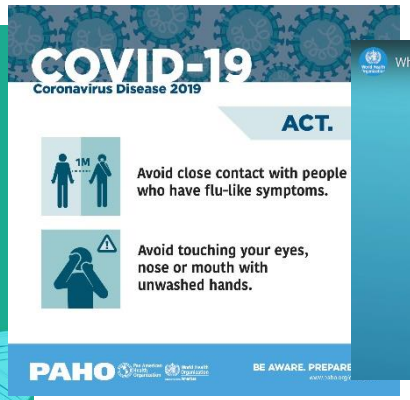
COVID-19 prevention for PLHIV (1)

The best way to prevent COVID-19 is to avoid being exposed to SARS-CoV-2.

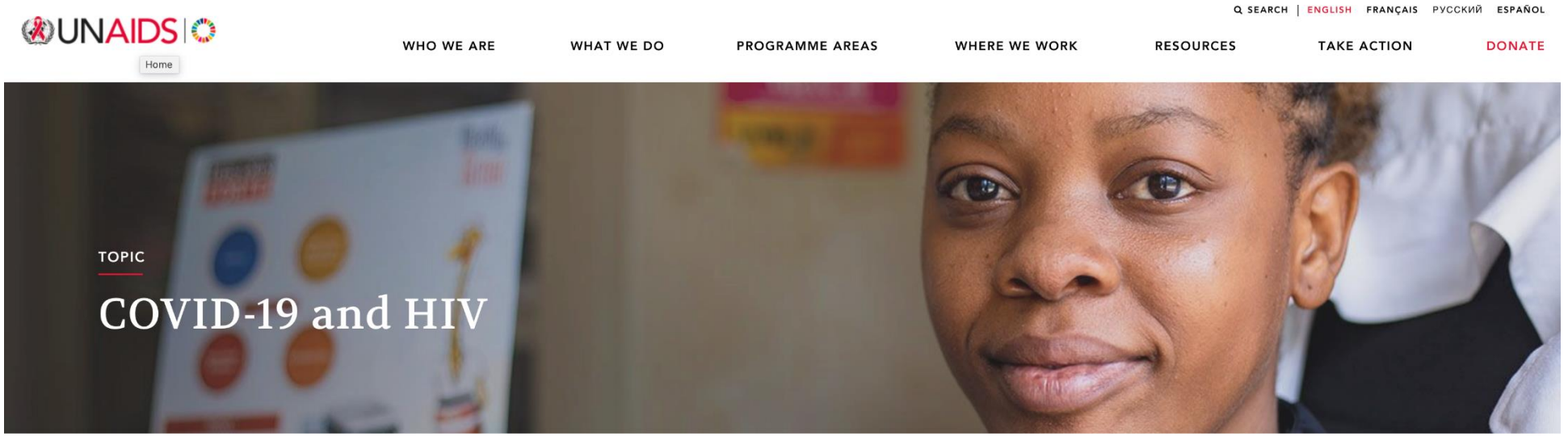
Stay informed, stay safe and be prepared!

- Access reliable sources for up to date information (e.g. PAHO/WHO, UNAIDS, CDC)
- PLHIV should take the same prevention measures recommended for all people according to PAHO/WHO and UNAIDS guidance:

- https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19/covid-19-communication-materials
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public



COVID-19 prevention for PLHIV (2)



WHAT PEOPLE LIVING WITH HIV NEED TO KNOW ABOUT HIV AND COVID-19

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19.

It's important to underline that there is currently no strong evidence that people living with HIV are at an especially increased risk of contracting COVID-19 or if they do contract it they will experience a worse outcome. This does not mean that people living with HIV should take COVID-19 lightly and they must take all precautions to protect themselves.

As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

As COVID-19 continues to spread around the world, it will be important for ongoing research in settings with a high prevalence of HIV in the general population to shed more light on the biological and immunological interactions between HIV and the new coronavirus.

Precautions that people living with HIV and key populations should follow to prevent COVID-19 infection

https://www.unaids.org/en/20200317_covid19_hiv

COVID-19 preparedness for continuity of HIV services (1)

Overburden of health services may affect regular access to essential comprehensive medical care and treatment for people living with HIV.

- **Contingency plans** for continuity of HIV services (health facilities, community-based, mobile and outreach).
- **Differentiated service delivery strategies** (especially for stable PLHIV on ART) to reduce workload of services and avoid possible exposure to SARS-CoV-2 for PLHIV:
  - Less frequent routine clinical consultation (every 6 months)
  - Less frequent ARV drug pick-ups, Multi-Month Prescriptions (MMP) and Multi-Month Dispensing (MMD), for 3-6 months. Including for PrEP users (minimum of 3-month supply).
  - Non-health facility-based ARV dispensing (e.g. community pharmacy, home-delivery, etc.).
  - Remote adherence support and remote clinical appointments and follow ups, including for PLHIV isolated or quarantined (e.g. telemedicine, on-line portals, virtual/telephone and messaging, WhatsApp, etc.)

GOBIERNO DE EL SALVADOR
MINISTERIO DE SALUD

N° 2020-6010-299

MEMORANDUM

PARA: Directores/as de Hospitales que brindan terapia antirretroviral

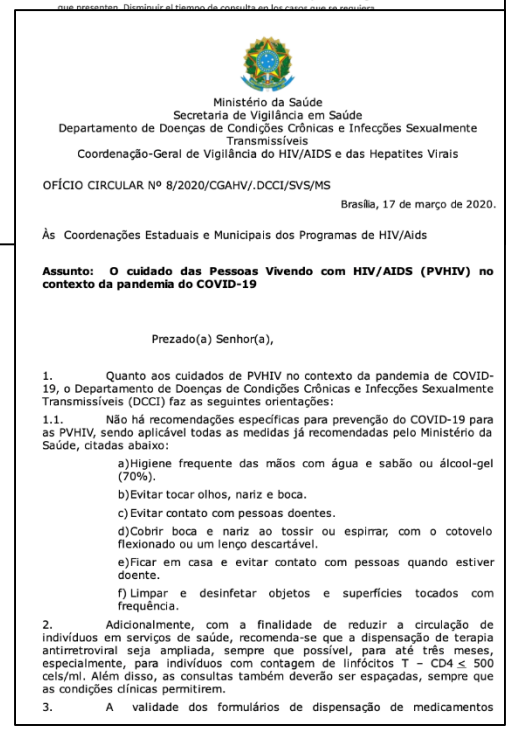
DE: Dra. Ana Orellana Bendek
Ministra de Salud

FECHA: 16 de marzo de 2020

ASUNTO: Indicaciones para la atención a personas con VIH durante el Estado de Emergencia por la epidemia del coronavirus.

En atención al DECRETO DE ESTADO DE EMERGENCIA NACIONAL POR LA EPIDEMIA DEL COVID-19, en vista que las personas con VIH por tener un sistema inmunológico comprometido pueden ser más vulnerables a la epidemia y que por su misma condición, una buena proporción de pacientes necesita recibir atención periódica a fin de evitar complicaciones en su salud, en cumplimiento a brindar las condiciones mínimas indispensables para el desarrollo normal y pleno del proceso vital (romanos IX del Decreto N°13) **solicito a ustedes cumplir las siguientes directrices para la atención ambulatoria de las personas con VIH:**

1. Brindar a las personas con VIH **las mismas recomendaciones de prevención del coronavirus** que se dan a la población general.
2. **Brindar consulta solo a pacientes que estén sintomáticos por VIH o alguna coinfección**



Ministério da Saúde
Secretaria de Vigilância em Saúde
Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis
Coordenação-Geral de Vigilância do HIV/AIDS e das Hepatites Virais

OFÍCIO CIRCULAR Nº 8/2020/CGAHV/.DCCI/SVS/MS

Brasília, 17 de março de 2020.

Às Coordenações Estaduais e Municipais dos Programas de HIV/Aids

Assunto: O cuidado das Pessoas Vivendo com HIV/AIDS (PVHIV) no contexto da pandemia do COVID-19

Prezado(a) Senhor(a),

1. Quanto aos cuidados de PVHIV no contexto da pandemia de COVID-19, o Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis (DCCI) faz as seguintes orientações:

1.1. Não há recomendações específicas para prevenção do COVID-19 para as PVHIV, sendo aplicável todas as medidas já recomendadas pelo Ministério da Saúde, citadas abaixo:

a) Higiene frequente das mãos com água e sabão ou álcool-gel (70%).

b) Evitar tocar olhos, nariz e boca.

c) Evitar contato com pessoas doentes.

d) Cobrir boca e nariz ao tossir ou espirrar, com o cotovelo flexionado ou um lenço descartável.

e) Ficar em casa e evitar contato com pessoas quando estiver doente.

f) Limpar e desinfetar objetos e superfícies tocados com frequência.

2. Adicionalmente, com a finalidade de reduzir a circulação de indivíduos em serviços de saúde, recomenda-se que a dispensação de terapia antirretroviral seja ampliada, sempre que possível, para até três meses, especialmente, para indivíduos com contagem de linfócitos T – CD4 ≤ 500 cels/ml. Além disso, as consultas também deverão ser espaçadas, sempre que as condições clínicas permitirem.

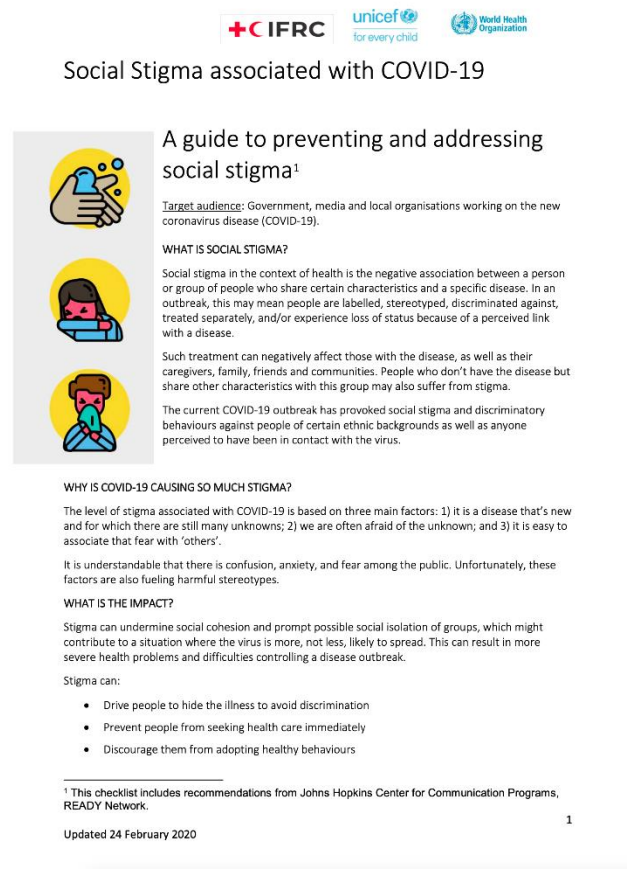
3. A validade dos formulários de dispensação de medicamentos

COVID-19 preparedness for continuity of HIV services (2)

- **Prioritize ongoing care for PLHIV with low CD4, with underlying chronic conditions, co-infections, such as TB patients.**
- Adopt SOPs with clear patient routes and specific **infection prevention and control** (IPC) measures in health facilities and community-based services to ensure safety for personnel and patients.
- **HIV testing services to diagnose and put PLHIV on treatment as soon as possible should not be interrupted.**
  - **Health facility-based HIV testing.** Provider-initiated HIV rapid screening and HIV testing requested by users could be prioritized.
  - **Community-based HIV testing should be managed with great caution**, or temporarily put on hold, while national authorities' recommendations for social distancing are in place.
  - **HIV self-testing –** opportunity for rapid introduction

Upholding human rights!

- **Engagement and participation of community leaders** in governance tables of COVID-19 preparedness, planning and response builds transparency, trust and improves effectiveness.
- **Restrictions to limit movements should be of limited duration and based on scientific evidence**. They should not be implemented in an arbitrary or discriminatory manner. It is important to clarify that WHO advises against the application of travel or trade restrictions on affected countries.
- **Fight xenophobia, racism, stigma and discrimination** against groups "considered" to be affected.
- **Ensure maintenance of up-to-date and reliable information flow on social media**, as well as through qualified governmental authorities or experts assigned as spoke persons to provide information to the general public.



IFRC unicef for every child World Health Organization

Social Stigma associated with COVID-19

A guide to preventing and addressing social stigma[1]

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours

[1] This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

1

Updated 24 February 2020

https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf

Addressing fear, stigma and discrimination

Engagement and information including through social media

World Health Organization (WHO) @WHO

#AskWHO on mental health during #COVID19. Ask your questions to our expert Aiysha Malik.

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#AskWHO on mental health during #COVID19. Ask your questions to our expert Aiysha Malik.
pscp.tv

2:38 PM · Mar 10, 2020 · Periscope

738 Retweets **1.2K** Likes

World Health Organization (WHO) @WHO · 21h
Replying to @WHO
Ask your questions on how to manage fear, stigma and discrimination during #COVID19 - use hashtag #AskWHO.

46 92 189

Tedros Adhanom Ghebr... @DrTedros Following

Thank you Mark Zuckerberg & @sherylsandberg for a constructive call today & your efforts to support the #COVID19 response.
Your partnership & that of your @Facebook teams is greatly appreciated & we look forward to even more, in the service of accurate, lifesaving information!

1:16 PM - 10 Mar 2020

121 Retweets **457** Likes

This week WHO, UNICEF and IFRC issued guidance on **risk communication and community engagement** for COVID-19 preparedness andthe response
https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance

World Health Organization

Role of CSOs and PLHIV networks

- Engagement and participation in COVID-19 preparedness and response committees.
- Monitoring the needs of PLHIV for information, preventive support, care and non-interruption of treatment (e.g. rapid surveys, etc.).
- Advocate for differentiated service delivery in the context of COVID-19 response.
- Community-based services to guarantee care and support, especially for the most vulnerable, including PLHIV on the move (refugees and migrants).
- **Special safety measures (for providers and users) and standard IPC operating procedures, as recommended by local health authorities, will need to be implemented for community-based services in the context of COVID-19 epidemic.**

Availability of emergency funds

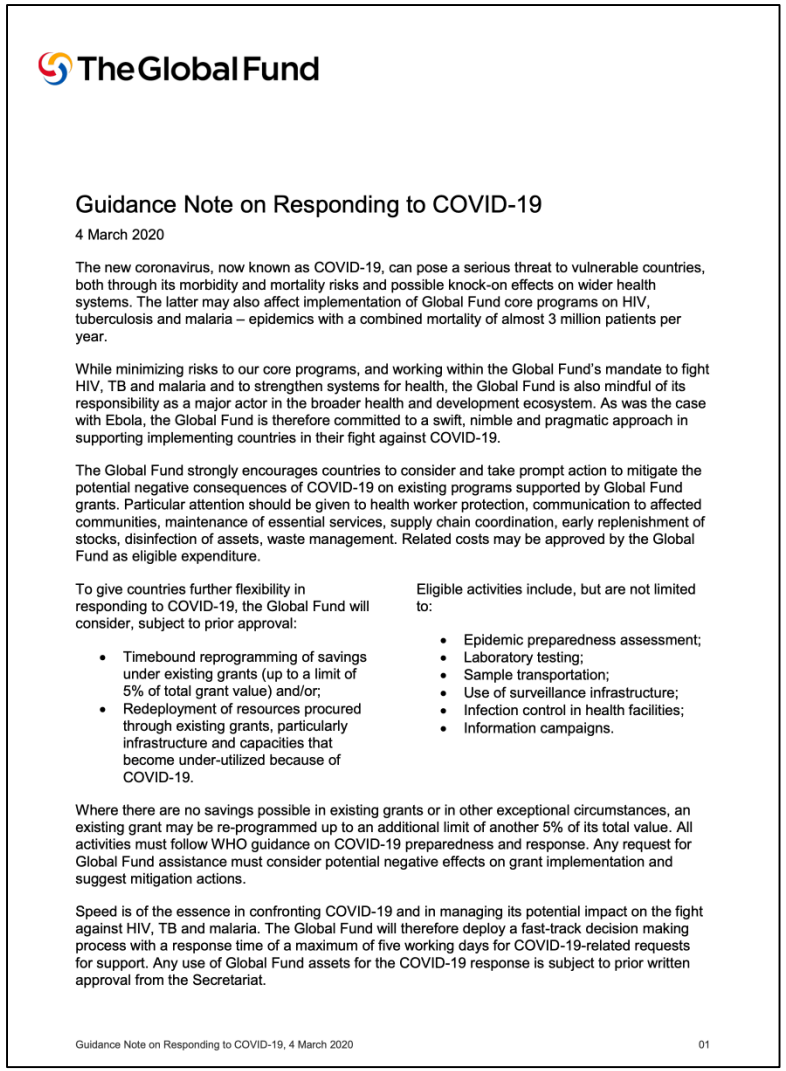
- Global Fund (GF) COVID-19 emergency funds.

  Eligible activities include, but are not limited to:
  - Epidemic preparedness assessment;
  - Laboratory testing;
  - Sample transportation;
  - Use of surveillance infrastructure;
  - Infection control in health facilities;
  - Information campaigns.

- World Bank COVID-19 emergency funds.

- Help to disseminate WHO COVID-19 Solidarity Response Fund. For more information access:

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate



The Global Fund

Guidance Note on Responding to COVID-19

4 March 2020

The new coronavirus, now known as COVID-19, can pose a serious threat to vulnerable countries, both through its morbidity and mortality risks and possible knock-on effects on wider health systems. The latter may also affect implementation of Global Fund core programs on HIV, tuberculosis and malaria – epidemics with a combined mortality of almost 3 million patients per year.

While minimizing risks to our core programs, and working within the Global Fund's mandate to fight HIV, TB and malaria and to strengthen systems for health, the Global Fund is also mindful of its responsibility as a major actor in the broader health and development ecosystem. As was the case with Ebola, the Global Fund is therefore committed to a swift, nimble and pragmatic approach in supporting implementing countries in their fight against COVID-19.

The Global Fund strongly encourages countries to consider and take prompt action to mitigate the potential negative consequences of COVID-19 on existing programs supported by Global Fund grants. Particular attention should be given to health worker protection, communication to affected communities, maintenance of essential services, supply chain coordination, early replenishment of stocks, disinfection of assets, waste management. Related costs may be approved by the Global Fund as eligible expenditure.

To give countries further flexibility in responding to COVID-19, the Global Fund will consider, subject to prior approval:

- Timebound reprogramming of savings under existing grants (up to a limit of 5% of total grant value) and/or;
- Redeployment of resources procured through existing grants, particularly infrastructure and capacities that become under-utilized because of COVID-19.

Eligible activities include, but are not limited to:

- Epidemic preparedness assessment;
- Laboratory testing;
- Sample transportation;
- Use of surveillance infrastructure;
- Infection control in health facilities;
- Information campaigns.

Where there are no savings possible in existing grants or in other exceptional circumstances, an existing grant may be re-programmed up to an additional limit of another 5% of its total value. All activities must follow WHO guidance on COVID-19 preparedness and response. Any request for Global Fund assistance must consider potential negative effects on grant implementation and suggest mitigation actions.

Speed is of the essence in confronting COVID-19 and in managing its potential impact on the fight against HIV, TB and malaria. The Global Fund will therefore deploy a fast-track decision making process with a response time of a maximum of five working days for COVID-19-related requests for support. Any use of Global Fund assets for the COVID-19 response is subject to prior written approval from the Secretariat.

COVID-19 summary messages

World Health Organization

Situation highly dynamic

Realtime evidence and information sharing critical

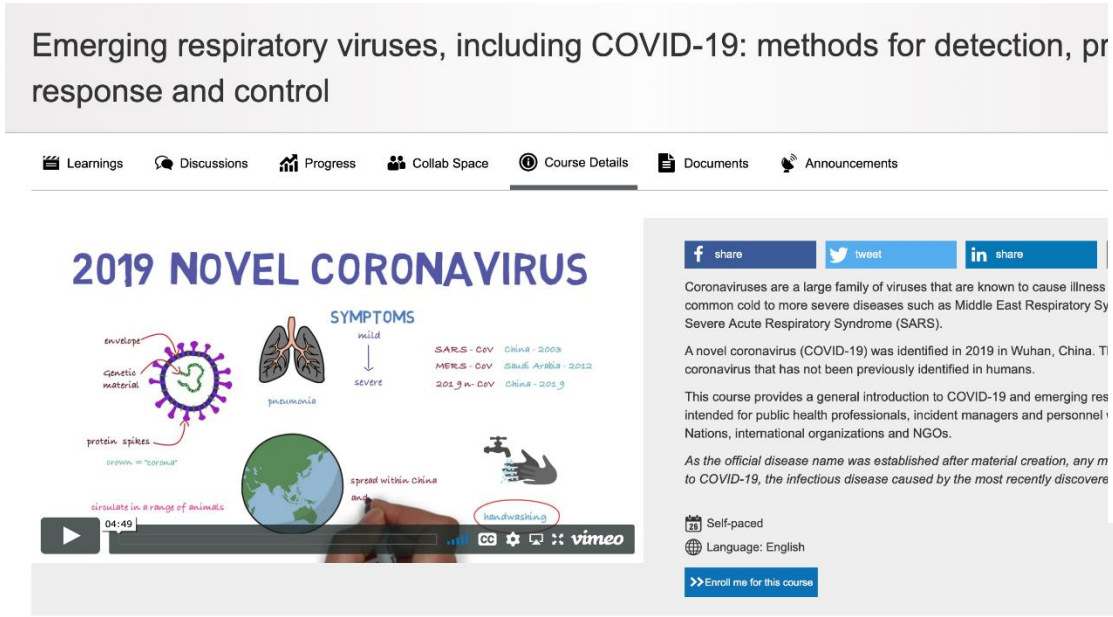
Clear learning from HIV, Ebola and other disease outbreaks

Community engagement and rights have to inform the response

PAHO Virtual Campus on Public Health (VCPH): COVID-19 resources

- Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control: https://openwho.org/courses/introduction-to-ncov

- Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19): https://openwho.org/courses/COVID-19-IPC-EN



Pan American Health Organization
World Health Organization
PAHO
VIRTUAL CAMPUS FOR PUBLIC HEALTH

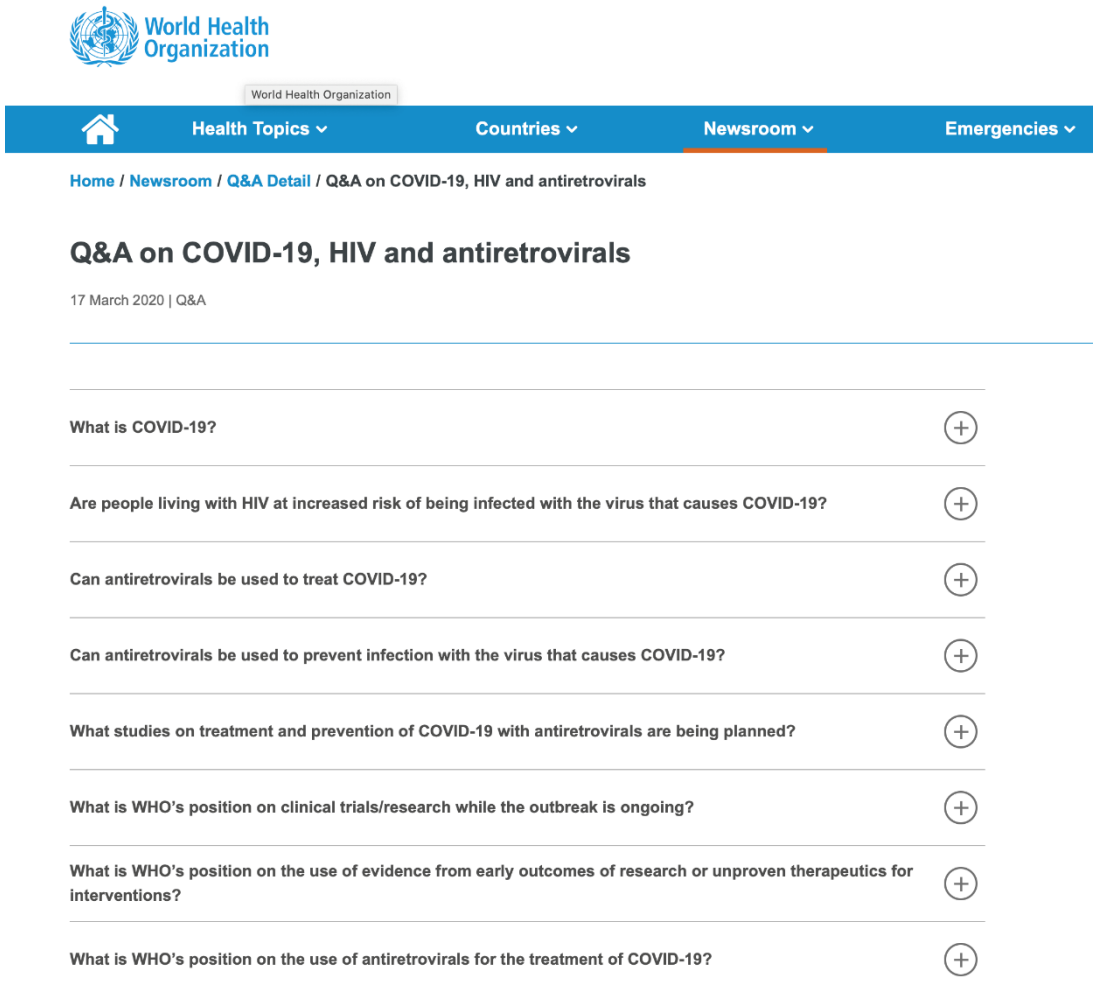
Stay informed!

- **PAHO**: https://www.paho.org/es/temas/coronavirus/enfermedad-por-coronavirus-covid-19

- **WHO:** https://www.who.int/health-topics/coronavirus/coronavirus

- **UNAIDS**

https://www.unaids.org/en/20200317_covid19_hiv



https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals

Thank you

PAHO Pan American Health Organization World Health Organization Americas