INTRODUCTION

UNICEF, WHO and the Ministries of Health of Somalia and Somaliland remain committed to supporting the provision of care and treatment of individuals with HIV while maintaining a safe healthcare environment for clients and staff. Deaths due to HIV and other co-morbidities must continue to be prevented during this time.

Overarching principles as well as specific technical guidance is provided for operational issues; prevention, testing, clinical services, supply chain, and laboratory activities; infection prevention and control; and budget guidance. This is a living document to be updated as relevant.

? What is known about how COVID-19 affects PLHIV?

The evidence on the impact of COVID-19 amongst PLHIV is still scarce. Data are Limited, Preliminary, Some of Poor Quality, and Change Almost Daily. We do not know if PLHIV are more likely to acquire COVID-19 and we do not know for certain if there is a different disease progression for PLHIV. We can infer that PLHIV who are immunosuppressed may be more at risk of complex and severe forms of COVID-19 and mortality. 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. Vulnerable may include children, adolescents and pregnant or breastfeeding women LHIV who are undiagnosed, not on ART, in treatment failure or unstable on ART and possibly young children who are exposed and uninfected.

HIV virological suppression is critical to improve the health of all PLHIV.

GUIDING PRINCIPLES: PROVISION OF SERVICES DURING COVID-10 PANDEMIC

C: Continuity of HIV services and supplies: Ensure continuous antiretroviral therapy (ART) provision to current recipients of care so that they have at least a three-month supply of ART in order to maintain virologic suppression (for those who are clinically stable and/or VL is suppressed).

P: Prevention and protection for PLHIV and HCWs: Protect front line health care workers, especially ART Centre staff and peer educators with infection prevention and control (IPC) items including personal protective equipment (PPE).

R: Research and documentation on HIV and COVID-19: In Somalia and Somaliland, it is critical to keep full details on patients ensuring patient files and registers are fully filled, including demographic information, and that all details related to COVID19 are recorded and highlighted.

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1 Adapted from the PEPFAR Technical Guidance in Context of COVID-19.
It is understood that scale-up of HIV prevention and treatment services may be delayed given the COVID-19 pandemic. We must innovate and adapt to local needs to try to maintain services, continue operations and reporting.

C: CONTINUITY OF HIV SERVICES AND SUPPLIES

OPERATIONAL ISSUES

? How will Operations be affected and what measures should be taken to prevent disruptions?

Social distancing measures including quarantine may result in disrupted operations due to travel restrictions and fragile communications networks outside of the larger cities. Federal, Puntland and Somaliland HIV teams should develop plans to stay in communication, including creating WhatsApp groups, and finding innovative ways to hold remote coordination meetings, for example, by monitoring and supervision.

Sub-recipients (including Ministries of Health) should evaluate staff and supply resources that normally support GF/HIV services but that may be necessary to support COVID-19 control and treatment activities, after discussion with the UNICEF/PR. Any requests to utilize resources that support HIV services but also respond to COVID-19 cannot be undertaken by an SR without first consulting UNICEF/PR.

PREVENTION ACTIVITIES

? How will Peer Education activities be affected?

As long as movement is possible, peer education outreach activities can continue, respecting local physical distancing guidance. For group sessions, or when meeting HIV affected families, planning for smaller gatherings needs to start. If possible, SR’s should consider temporarily moving group outreach sessions that are currently held in facilities into identified community spaces with appropriate physical distancing. If this is not possible, SR’s may need to consider postponing group peer sessions until guidance allows for them to begin again.

? How will Community Conversations activities be affected?

If possible, SR’s should consider temporarily moving Community Conversations that are currently held in facilities into community spaces identified with appropriate physical distancing. If this is not possible, SR’s may need to consider postponing Community Conversations until guidance allows for them to begin again.

Social media may be a useful alternative platform to maintain connections between Peer Educators and Peers and between PLHIV and ART Centres.

HIV TESTING

? How will HIV testing activities be affected?

All efforts should be made to support community physical distancing and reduce contact of well persons with health care settings during COVID-19 period of risk. Plans should be in place to adapt programming should service be disrupted. We acknowledge that everyone who needs an HIV test

may not get tested and target achievement may be impacted by COVID-19. PPE (masks and gloves) are important mitigation measure to maintain testing levels.

Potential issues/responses include:

- Adapting HTS programming to government directives or policies on physical distancing.
- Maximising use of self-testing outside of the clinic setting.
- Prioritising clinical-based HTS for those most in need:
  - Testing in ANC;
  - Diagnostic testing for individuals presenting (or admitted) to facilities with illness suspicious for HIV infection (Diagnostic testing);
  - Individuals with TB, STIs;
  - Early infant diagnosis (EID) detection;
  - Partner/index/family testing may be offered for individuals presenting at facilities (passive testing). Referral testing through peer education programs.
- HRH (including lay counsellors/testers) may be impacted, reducing capacity from those affected by COVID-19.
- HTS should not take place where adequate PPE is not available, which is routine guidance (e.g. gloves).

**PROVISION OF CLINICAL CARE**

? How will clinical services for PLHIV be affected?

Guidance for continuation of essential medical service may be found at: [https://www.who.int/publications-detail/responding-to-community-spread-of-covid-19](https://www.who.int/publications-detail/responding-to-community-spread-of-covid-19). Ensuring and maintaining HIV viral load suppression should be considered an essential medical service for PLHIV.

? How can the impact of COVID-19 be minimised for PLHIV supported?

The critical intervention for all programs and individuals is to accelerate and complete scale-up of **3-month dispensing of ART** for clients who are clinically stable, and their viral load is suppressed based on their latest VL test. For patients whose viral load is not suppressed, or they are not clinically stable, they still need to come on a monthly basis for close monitoring and follow up. PLHIV should ensure that their children’s vaccinations are up to date (normal childhood vaccinations).

PLHIV are advised to take the same precautions as the general population:

- wash hands often;
- cough etiquette;
- physical distancing;
- seek medical care if symptomatic;
- self-isolation if in contact with someone with COVID-19; and
- other actions per the government response.

? What changes should be considered for adjusting services for PLHIV?

- *The overarching goal is to minimise patient contact with health facilities and reduce the burden on these facilities.*
- Through phone calls or SMS, facilities staff should proactively communicate with HIV clients using positive messaging about the need to stay healthy.
- Facilities should maximise convenient **three-month refills for patients who are stable on ART.**
• Clients should preferentially receive their drug supplies outside of the health facility where feasible.
• If Peer Educators or Social Workers have significant movement restriction and/or high absenteeism amongst these cadres, alternatives to face-to-face care provision should be considered, including the use of phone consultations for patient tracking and adherence support.
• Where possible clients should be provided with surgical masks to wear whenever physical distancing is not possible as traveling in buses from town to town or any crowded location.
• Patients should be provided information specific to PLHIV re COVID19 (PLHIV information brochure).

? How can the most vulnerable patients be protected?
Older age and presence of uncontrolled co-morbidities such as hypertension, diabetes and heart disease pose a higher risk for COVID-19 morbidity and mortality. There is growing evidence that smoking increases vulnerability to COVID19 so patients should be counselled to stop smoking. All efforts should be made to streamline health services for older individuals living with HIV (>age 50) PLHIV with advanced disease, and those with co-morbidities. Programs should be sensitive to the medication needs of these individuals, seek methods to reduce the number of times these individuals require being in health care facilities.3

? What changes in the clinic flow should be made to protect patients and HCW?
Waiting rooms can be a source of transmission for respiratory illness. Ensure there is adequate ventilation in all areas in the healthcare facility and that cleaning and disinfection procedures are followed consistently and correctly. Physical distancing of at least 1 metre should ideally be maintained. Despite measures to maximally reduce the number of PLHIV coming for in-person facility visits, some visits will still be necessary. As much as possible practice physical distancing. Consider staggering clinical appointments to avoid crowding and streamlining clinic flow so PLHIV do not interact with multiple HCW (e.g. avoiding multiple points of contact between PLHIV and HCW). HIV patients should be seen in clinics that are dedicated spaces for HIV treatment services. Staff at ART Centres should quickly identify and patients suspected of COVID-19. Suspected clients should be given face masks immediately, quickly provided services and medications, and then referred to specialised facilities handling suspected COVID-19 cases. ART facilities should follow Government procedures for referring and testing suspected COVID-19 patients.

? How will TB and TPT services be affected?
For individuals already on TB or TPT regimens, please ensure they have the remaining doses needed to complete a full course of treatment. Ensure that side effect monitoring can be done via telephone or SMS.

SUPPLY CHAIN FOR ARVS
? Will the drug supply chain be affected?
The ARV manufacturers (largely based in India) are reporting having sufficient active pharmaceutical ingredients (API) to continue production of formulations, specifically TLD and other ARVs. The 2020 order is being [placed early April and will carry the programme through June 2021, and TLD through

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3 SARS CoV-2 binds ACE2 receptors of the respiratory track, but no conclusive recommendation for change for those taking Angiotensin-Converting Enzyme Inhibitors drugs as antihypertensive drugs.
December 2021. It’s critical the 2021 order is placed beginning Q1. Currently all supplies are being delivered to Nairobi. UNHAS cargo flights are running, but not until they are full so short delays may exist.

In order to effectively track supplies and ensure timely orders and delivery, it is critical that ART centres report back Form 9 on a monthly basis.

LABORATORY OPERATIONS AND SUPPLY CHAIN FOR LABORATORY

? How has COVID-19 affected the supply chain of laboratory products and what measures should be taken to minimise its impact?

There are current delays for rapid test kits (RTKs) either manufactured in China or relying on key starting materials from China, and Asia, more broadly. The 2020 order is being placed early April and will carry the programme through June 2021. It’s critical the 2021 order is placed beginning Q1.

? What is the overlap between viral load testing and SARS-CoV-2 testing, since they are both PCR-based?

COVID19 testing cartridges are currently being ordered to use on dedicated GeneXpert machines. GeneXpert machines will only be utilised from the TB and HIV programmes if the numbers needing to be tested increases significantly. A suitable and appropriate COVID-19 suspected sample transfer should be available. As SARS CoV-2 virus is more contagious than HIV and TB, staff at laboratories handling samples need PPE.

? How will SARS-CoV-2 testing impact HIV VL testing?

Hospitals should anticipate increased use of common consumables and PPE for COVID-19 and HIV-related testing in laboratories and anticipate and plan for diversion of or reductions in laboratory staff and other HRH available for HIV (VL/EID) testing due to COVID-19. Laboratories should prioritise testing based on local requirements. For HIV laboratory testing, EID and viral load services for children, and adults with documented non-suppression on their last VL result should be prioritised. In laboratories running COVID-19 and HIV-related testing on the same instrument, SOPs should be developed to account for prioritisation of testing (e.g., COVID-19, EID, VL).

P: PREVENTION AND PROTECTION FOR PLHIV AND HCWS

INFECTION PREVENTION AND CONTROL

? What measures should be implemented to reduce COVID-19 exposures in the healthcare setting?

• The basic principles of IPC and standard precautions should be applied in all health care facilities and are critical to containment of SARS CoV-2.

• All facilities should have a designated focal point to oversee and monitor infection prevention activities; this individual should be supported to provide the basic principles according to WHO guidance which include:
  - Written procedures for identifying and managing clients and staff with potential COVID-19 exposures or illness;
  - Systematic triage to identify ill persons;
  - Strict adherence to hand hygiene and respiratory hygiene;
✦ Medical masks to be used by patients with respiratory symptoms;
✦ Prioritisation of care of symptomatic patients;
✦ When patients with symptoms suggestive of Covid-19 (e.g. Fever, dry cough, difficulty in breathing, sneezing etc) are required to wait for services; it should be ensured that they are placed in a separate waiting area;
✦ Adequate disinfectant, soap, masks and other supplies to allow implementation of contact and droplet precautions for all suspected COVID-19 cases;
✦ Strict protocols for routine cleaning and disinfection of medical equipment and environmental (especially “high touch”) surfaces;
✦ Education and training of staff regarding IC precautions for COVID-19.
· Airborne precautions are recommended only for staff performing aerosol generating procedures. These procedures include tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

In areas where they do not already exist, dedicated and separate HIV clinic space should be carved at health facilities for protection of clients.

Details can be found here: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

SUPPLY CHAIN FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)
PPE for ART Centres will be procured though the coordinated MoH-WHO-UNICEF procurement of IPC for prioritised facilities.

R: RESEARCH AND DOCUMENTATION ON HIV AND COVID-19

DOCUMENTATION
Documentation must be complete (patient files and patient registers). Demographic information critical for tracing patients and family members. Any information related to COVID-19 should be recorded and highlighted.

ARVS TO TREAT COVID-19

? What is the role of ARVs in the treatment of COVID-19?

There is no evidence that DTG- and EFV-based regimens have any activity or role in treating COVID-19 infections. Lopinavir/r is being investigated for use in the setting of COVID-19; there is no conclusive evidence at present supporting its efficacy. A recent clinical trial failed to show a benefit. ARVs should not be diverted to treat COVID19.

There is also no evidence that the risk of infection or complications of COVID-19 is different among people living with HIV who are clinically and immunologically stable on ART when compared with the general population. A small study on risk factors and ARVs used among people living with HIV with COVID-19 from China reported similar rates of COVID-19 disease as compared to the entire population.

population and increased risk with older age, but not with low CD4, high viral load level or ARV regimen.

PREGNANCY AND TRANSMISSION

? Can pregnant or postpartum women living with HIV transmit the COVID-19 virus to their unborn child or infant?

There are few data on the clinical presentation of COVID-19 in specific populations, such as children and pregnant women but findings from a small published study suggest that there is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy. Although no vertical transmission has been documented, transmission after birth via contact with infectious respiratory secretions is a concern. Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for infection prevention and control (IPC). As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or kangaroo mother care should practice respiratory hygiene, including during feeding (for example, use of a medical mask when near a child if the mother has respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.

? Can corticosteroids be used for the treatment of COVID-19?

The current interim guidance from WHO on clinical management of severe acute respiratory infection when COVID-19 infection is suspected advises against the use of corticosteroids unless indicated for another reason. This guidance is based on several systematic reviews that cite lack of effectiveness and possible harm from routine treatment with corticosteroids for viral pneumonia or acute respiratory distress syndrome.

ONGOING INFORMATION FEEDBACK

Coordination: How can the rapidly emerging information resources, guidance and support be brought together more coherently to leverage greater impact and results?

Supply: With the expansion of MM refills and travel / movement restrictions, what can be done to prevent stock-outs of ARVs and other supplies (e.g., test kits, SRH supplies)?

Innovation: What new ways can be found to provide services and support across the continuum while physically distancing? How can new approaches be rapidly evaluated?

Information: What indicators should be tracked on service continuity to rapidly detect declines? How can monitoring and research be promoted and standardised?

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7 Global strategy for infant and young child feeding [https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf].