



UNICEF's HIV Programming in the Context of COVID-19: Sustaining the gains and reimagining the future for children, adolescents and women

Compendium of innovative approaches in Eastern and Southern Africa, July 2020



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Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ARVs	Antiretroviral (medicines)
COVID-19	Corona Virus Disease 2019
EMTCT	Elimination of mother-to-child transmission
ESA	Eastern and Southern Africa
HIV	Human immunodeficiency virus
PMTCT	Prevention of mother-to-child transmission
UNAIDS	Joint United Nations programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

Acknowledgements

Sincere gratitude is expressed to the Governments, UNICEF Country Offices and local and international partners whose work is described in this document. Their dedicated efforts will go a long way to ensure that gains made for children, adolescents and pregnant and breastfeeding women in the HIV response are not only sustained in the context of COVID-19 but made even stronger for future generations.

INTRODUCTION

AT A GLANCE:


Living with HIV in ESA:

 **3.4 million**
children, adolescents
and young people

Including:

 **2.2 million**
people 15-24 years

and

 **1.2 million**
children 0-14 years
of whom **520,000**
are not yet on
lifesaving
treatment

Eastern and Southern Africa (ESA) remains the global epicentre of the AIDS epidemic. Since 2000, the disease has claimed more than 12 million lives in the region, including 3.6 million children, adolescents and young people and millions more of their parents and caregivers. ESA region is currently home to 3.4 million children, adolescents and young people living with HIV, including 520,000 children 0-14 years and an unknown number of adolescents 15-19 years who are not yet on lifesaving antiretroviral (ARV) treatment.¹

Governments in ESA region, along with their partners, have invested tremendously in response to the HIV epidemic, achieving some of the greatest public health accomplishments in decades. Thanks to rapidly scaled up treatment programmes across the region, the annual number of AIDS-related deaths has declined by nearly half since 2010. Access to prevention of mother-to-child transmission (PMTCT) interventions has nearly doubled in less than a decade, with maternal treatment coverage across the region rising from 49 per cent in 2010 to 95 per cent in 2019. As a result, an estimated 1,676,000 new paediatric HIV infections were averted.² Although progress has been slower for adolescents and young people (10-24 years), facility and community programmes are now being scaled up across the region to meet the specific needs of this population in HIV testing, prevention and treatment. These hard-won gains in controlling the AIDS epidemic were built over the last three decades on tremendous financial commitment, workforce dedication, community engagement, programming ingenuity, trailblazing research and a respect for human rights.

UNICEF has been a key partner and leader for children, adolescents and women in the AIDS response. From the very first drug trials to prevent vertical transmission of HIV to innovative youth-led programmes for adolescents today, UNICEF has worked hand-in-hand with governments and partners across the region, offering innovation, technical expertise, evidence, programming guidance, coordination and convening power and targeted financial support while providing steadfast leadership as a voice for children and adolescents.

And yet daunting challenges remain, including extending health service access to those who remain undiagnosed, untreated and at risk; supporting better treatment adherence over time, especially among pregnant and breastfeeding women, children and adolescents to improve health outcomes; and, empowering adolescent girls and young women to remain HIV free through a cross-sectoral approach to programming that addresses structural drivers of HIV transmission, including poverty and harmful gender norms.

With much work toward ending AIDS still to be done, weak health systems and persistent poverty across the region, the gains made in epidemic control remain fragile and are further threatened by the COVID-19 pandemic and response. While little is known about the clinical interplay between HIV and COVID-19, there is the possibility of heightened risk of severe disease, especially for those who are not virally suppressed, have lowered immunity and/or have common comorbidities. Even more of a threat is the impact of nation-wide lockdowns, restricted mobility, misinformation and fear on continuity of HIV services, supplies and care, with reports of clinic attendance dropping from countries around the region, including those featured here. While timely monitoring data is limited, evidence is emerging of service declines for antenatal care, PMTCT, ARV initiation, refills, adherence support, HIV testing and HIV prevention. UNAIDS has estimated an excess of 380,000 deaths in ESA region and a doubling of new HIV infections among children in some countries if treatment and elimination of mother to child transmission (EMTCT) programmes are interrupted³ as well as ARV shortages across the region due to slowdowns in manufacturing and transportation challenges.⁴

Recognizing the harmful impact that COVID-19 and related lockdown measures pose for the HIV response, governments across ESA region are implementing interventions to sustain hard won gains toward ending AIDS. UNICEF country offices in support of governments and in collaboration with community and international partners have stepped up with evidence-driven

1 UNAIDS Spectrum Estimates, July 2020 [accessed 12/07/2020] <https://Aidsinfo.unaids.org>

2 Ibid

3 <https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

4 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/june/20200622_availability-and-cost-of-antiretroviral-medicines

and innovative interventions to protect continuity of HIV services. This compendium provides a summary of the innovative approaches being taken across nine HIV priority countries, Botswana, Eswatini, Kenya, Lesotho, Namibia, South Africa, Tanzania, Uganda and Zimbabwe. These countries have achieved or made notable progress toward the global goal of 90-90-90, which aims to ensure 90 per cent of people living with HIV know their status, 90 per cent of people who know their positive status are on treatment, and 90 per cent of people on treatment are virally suppressed.⁵ Concerted effort, as described in this compendium, will be required at scale to sustain and continue this progress.

As one reads through this compendium, it is striking that the learning and architecture of the HIV response is now being leveraged to ensure continuity of services and an effective response to COVID-19. Some of the themes that emerge include:

Using evidence to drive programming

Over the years, the HIV response has been sharpened and made more effective with increasingly granular data. Countries are using more disaggregated and real time data to ensure service continuity in the context of COVID-19. For example, in Lesotho, UNICEF is supporting efforts to triangulate programme information, scorecard data and weekly community worker reports to ensure that both access to and quality of HIV services are maintained and to catch early declines for prompt remedial action. In Uganda, rigorous data analysis identified a precipitous decline in early infant HIV diagnosis and a surge strategy was promptly developed and implemented to return mother-infant pairs to care.

Putting communities at the centre

The success of the HIV response has been largely driven by communities through their advocacy, leadership and programme engagement. Similarly, adolescents, young people, peer mentors and others are engaging in the context of COVID-19 to ensure increased awareness, adoption of preventive behaviours and continuity of services. In Botswana, Lesotho, South Africa and Zimbabwe for example, peer adolescents, mentor mothers and other community members are actively engaged in designing and implementing awareness campaigns, providing education and counselling and supporting linkage to services.

Reducing stigma through a human rights-based approach

Fear and anxiety can lead quickly to stigma and discrimination, especially toward vulnerable groups. Moving away from punitive and stigmatizing approaches toward empowerment and collaboration have been key to success in the HIV response. Harmful myths and misconceptions as well as overly zealous enforcement of mobility restrictions are fueling stigma around COVID-19, which limits access, communication and support. Stigma reduction efforts that fully engage those affected, such as the work with the network of people living with HIV in Tanzania, will be essential to controlling the spread of COVID-19.

Tailoring national guidance to support standardization and scale

Enabling up-to-date national policies, strategic frameworks, and programming guidance have been mainstays of an effective HIV response. Similarly, interim guidance was rapidly developed across countries for HIV in the context of COVID-19 and is regularly updated to reflect evolving evidence. UNICEF supported these processes and ensured that priority populations of pregnant and breastfeeding women, children and adolescents are highlighted. In Namibia and Tanzania, guidance focused on introducing alternative delivery approaches to ensure continued access to ARVs.

Leveraging virtual platforms to support programming

As part of the HIV response in many ESA countries, the innovative U-report platform was leveraged to quickly poll adolescents and young people and then tailor programmes to their needs. With lockdowns and social distancing for COVID-19, an exciting array of virtual interventions are described across the countries featured in this compendium. These platforms are proving useful for awareness raising, psychosocial support to individuals and groups, linkage to services and to improve organizational functioning. For example, health workers are being supported through virtual supervision in Kenya and technical working groups are holding weekly virtual meetings to steer the response in Eswatini.

The programming experience and results achieved using the innovative approaches described in this report will inform new ways of working for children, adolescents, women and their families and communities to build back better during the COVID-19 crisis and beyond.

⁵ https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf



BOTSWANA

First COVID-19 cases:



30/3/20

Botswana is among a few countries in Southern Africa with the highest HIV prevalence globally and women most affected. One out of five adults (including one out of four adult women) in Botswana is living with HIV. Among women, nearly one in ten (9.3 per cent) have acquired HIV by 24 years of age.⁶

The country has made huge strides in responding to the HIV epidemic, achieving 92-89-95 in 2019.⁷ Botswana is a front runner in the region for the path to elimination of EMTCT. Coverage with

ARVs for pregnant women living with HIV is universal and vertical transmission is estimated at 2 per cent. The country is also providing leadership in innovative programmes for adolescents and young people living with and at risk of HIV.

The first three COVID-19 cases were registered in Botswana on March 30, 2020, with extreme lockdown measures introduced on 2 April 2020 and subsequently lifted on 22 May 2020.

Impact of COVID-19 on HIV programmes

Lockdown measures in Botswana have had a significant impact on youth driven programmes and peer support, which feature prominently in Botswana's HIV response. Community activities, such as teen clubs, peer education for in and out of school youth, face-to-face adherence counselling and psychosocial support were halted to help control the spread of COVID-19. These restrictions also constrained a timebound project supported by UNICEF to test models of care for improving outcomes among adolescents living with HIV. National ARV supply and the implementation of multi-month dispensing were also put at risk by globally restricted transport for shipment and delivery.



Innovative Approaches

Volunteers working to inform and engage adolescents and young people in the COVID-19 response

UNICEF Volunteers have been instrumental in spreading verified messages on access to ARVs and HIV services for young people living with HIV, as well as access to services for young people experiencing violence. Volunteers are mobilizing young people through the use of digital platforms, specifically WhatsApp and Facebook, and advocating for safe behaviours and practices that reduce the spread of COVID-19. They also kickstarted the UNICEF Pata Pata dance challenge in Botswana to raise awareness and spread information on COVID-19 and their videos were shared on social media, which inspired other young people to create their own versions. As a result of their vibrant engagement, UNICEF Volunteers are now part of district response activities for COVID-19. UNICEF, together with the National AIDS Health Promotion Agency and the Ministry of Health and Welfare, will train these volunteers to strengthen engagement of young people in the COVID-19 response.

Virtual psychosocial support and care for adolescents living with HIV

UNICEF, in collaboration with Baylor Centre of Excellence, is exploring the use of digital platforms to provide psychosocial support and care and to improve access to quality HIV services for the adolescents and young people living with HIV who are part of the Teen and Young Adult Clubs. Plans are being made to adapt training materials for delivery through mobile technology, including club meeting sessions through WhatsApp groups. Beyond COVID-19, the platform will be useful to mobilize and follow-up with the adolescents and young people in between their monthly meetings. A key challenge currently being considered for further innovation is how to address limited access to mobile phones among the young people living with HIV.

Virtual peer education

UNICEF and MTV Staying Alive Foundation have adapted peer education sessions into audio visual material for use through WhatsApp groups or on Facebook. Peer Educators will

⁶ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

⁷ Toward the global goal of 90-90-90, which aims to ensure 90 per cent of people living with HIV know their status, 90 per cent of people who know their positive status are on treatment, and 90 per cent of people on treatment are virally suppressed



invite 10-15 young people to join each group and go through seven sessions using audio-visual content to facilitate the virtual conversation. As they complete the programme, participants will be asked to invite their friends to join the next round. Also, through this partnership, life-saving content and messages for young people will be disseminated through five new episodes on the Together Alone MTV mini-series. These new episodes will focus on COVID-19, HIV and sexual and reproductive health issues. UNICEF is working with a local civil society organization to deliver peer education in small gatherings in line with Government's infection control protocol and guidelines. UNICEF has also supported procurement of personal protection equipment with face-to-face activities expected to resume in July 2020.

Using U-Report as a social messaging tool for the COVID-19 response

UNICEF hosted U-Report Botswana on the WhatsApp platform so that amid rampant fake news, more young people could access verified information on COVID-19 and other pertinent issues, including access to ARVs and health services. Two polls were conducted to collect data on COVID-19 awareness among young people and a third poll to assess the impact of COVID-19 on young people is planned in collaboration with UNFPA. Analysis of the completed polls reveals a desire for more information and assistance with HIV services during this period. In response, UNICEF has partnered with community service providers to seamlessly and speedily respond to U-Reporters seeking information and support.

Development and airing of key messages on COVID-19 tailored for young people

UNICEF in collaboration with government, UNAIDS, UNFPA and the United States government developed

posters with key messages on "What young people need to know about COVID-19 and HIV". The posters are available in English and Setswana. The messages are also disseminated through radio and TV, as well as social media and the U-Report platform to reach more adolescents and young people living with HIV.

Guidance note on COVID-19 and HIV

On behalf of the country United Nations Team on AIDS, UNICEF and UNAIDS supported the development of a guidance note on COVID-19 and HIV. The note includes strategic actions for each of the priority populations to be rapidly implemented by a range of partners, including government ministries, civil society and community-based organizations as part of the overall multisectoral COVID-19 country preparedness and response plan.

ARV stock assessment, forecasting and procurement

To support implementation of multi-month refills of ARVs for all people living with HIV (including children, adolescents and pregnant and breastfeeding women), UNICEF together with UNAIDS assisted the Ministry of Health and Welfare and Central Medical Stores with ARV stock assessment and forecasting. The exercise indicated that Botswana required more stocks of ARVs to comply with the three-month dispensing policy set by the government and UNICEF and UNAIDS were able to apply pressure to suppliers for expedited shipments.



ESWATINI

First COVID-19 cases:



14/3/20

Eswatini is the country with the world's highest prevalence of HIV and women are most affected. More than one quarter (27.3 per cent) of all adults aged 15-49 and more than one third of women (34.8 per cent) in this age group are living with HIV. The rate of HIV infection in young women 15-24 years is more than 5 times higher than the rate among young men of the same age.⁸

The country has made huge strides in responding to HIV and in 2019 achieved the UNAIDS target of 95-95-95.⁹ New infections among adolescent

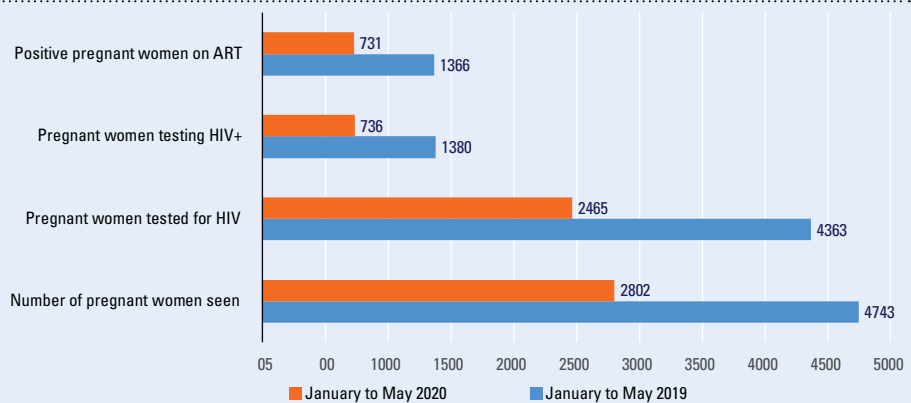
girls and young women (15-24 years) have dropped by 54 per cent since 2015. Maternal ARV coverage is nearly universal (>95 per cent) and vertical transmission is estimated to be 2 per cent. More than three quarters (76 per cent) of children 0-14 years living with HIV are on treatment.¹⁰

On 20 March, six days after the first case of COVID-19 was recorded in Eswatini, the Government of Eswatini declared a State of Emergency, putting in place containment measures to control its spread.

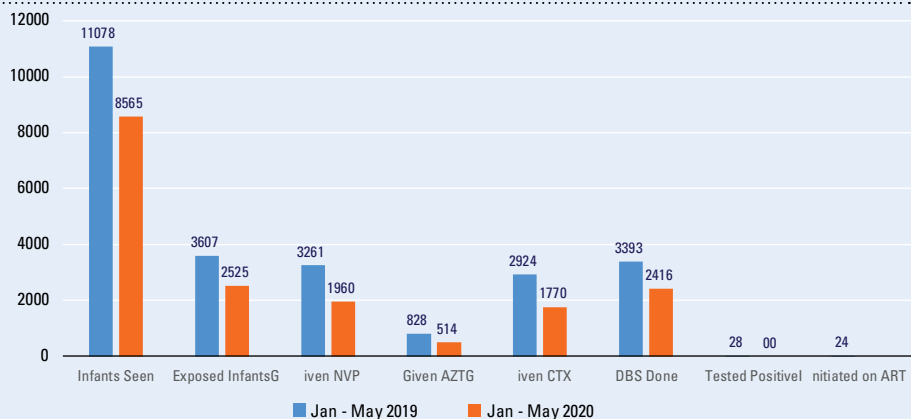
Impact of COVID-19 on HIV programmes

Fear of going to the health centre during the COVID-19 outbreak or difficulty accessing services due to movement restrictions pose a serious threat to the health and wellbeing of people living with HIV. Comparing utilization of EMTCT services from facility records between January to May 2019 and January to May 2020, there has been a dramatic decline in services provided (Figures 1 & 2). For example, the number of pregnant women testing for HIV declined by nearly half (43.5 per cent) and the number of HIV exposed infants receiving early testing declined by 30 per cent.

PMTCT Cascade January to May; 2019 vs 2020 (52 CMIS sites)



Child Health at 6-8 weeks (January – May: 2019 vs 2020)



Anecdotal evidence from partners attending to adolescents and young people living with HIV suggests that treatment attrition is increasing. Through UNICEF supported programmes, adolescents and young people have also reported abuse from police who ask for their green book¹¹ when going to health facilities; food shortages in the home; switch of ARV regimen because of stock out (older regimens are being re-introduced and causing side effects); and loss of income from informal economic activities such as door-to-door sales which have been curtailed.

⁸ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

⁹ 95 per cent of people living with HIV know their status, 95 per cent of those who know their positive status are on treatment and 95 per cent of those on treatment are virally suppressed

¹⁰ Ibid

¹¹ Appointment card for people living with HIV



Innovative Approaches

Stepped up evidence-based planning for programme resilience

From the onset of the COVID-19 pandemic, the Government of Eswatini put in place an HIV technical working group assigned to meet weekly to assess and reduce the impact of COVID-19 on HIV and tuberculosis (TB). The weekly frequency of these virtual meetings ensures both better coordination and more timely response to the rapidly evolving situation. UNICEF is providing technical support to the coordination group to highlight potential impact, discuss and design interventions and support the implementation and monitoring, especially for children, women, adolescents and young people. Key activities include:

- Providing tailored, correct and updated information on COVID-19 for people with HIV and/or TB. (communication strategy and messaging);
- Monitoring the level of TB and ARV medicine stocks and assess potential risks on supply chain;
- Designing and implementing a community distribution strategy for life-saving drugs to ensure treatment while limiting contact with the health system;
- Advocating for food provision for people with HIV and/or TB, which has already resulted in Global Fund approval of approximately US\$100,000¹². This will benefit 600 rural households of people living with HIV who are also food insecure.

Support for adolescents and young people living with HIV to remain on treatment

UNICEF rapidly supported the Swazi Network of Youth

Positives and Baylor College of Medicine Children's Foundation to provide alternative ways of support to adolescents and young people living with HIV. As teen clubs, a well-documented strategy to improve adherence, were suspended due to lockdown, UNICEF and partners introduced new and safe ways of providing this critical peer support to adolescents and young people, including reminders and prevention messaging through text messaging; phone calls to provide more individualized counselling and support and WhatsApp groups to provide peer sharing and support. As lockdown measures ease, partners are planning for safer face-to-face teen club interaction, including limiting the number of participants per interaction (5-7) and limiting the duration from 1 hour to 30 minutes. As a result of these efforts, Baylor has been able to reconnect with 80 to 90 per cent of adolescent and young people from their cohort, providing remote support, food packages, mask and soap when they come in for appointments.

Adapted interventions to prevent new HIV infections and unintended pregnancies

Keeping people with HIV on treatment is not enough to sustain the gains and curb the HIV epidemic. New infections must also be prevented, especially among adolescent girls and young women who are at high risk of acquiring HIV. As part of its COVID-19 and HIV response, UNICEF and partners are also reimagining interventions for the future. UNICEF is supporting a local non-governmental organization to use social media and radio, safe home visits and small group discussions to provide accurate information on COVID-19, HIV and sexual and reproductive health.

KENYA

First COVID-19 cases:

 13/3/20

Kenya is home to 1.5 million people living with HIV, including 250,000 children, adolescents and young people under the age of 24 years. Women shoulder the greater burden of the epidemic with young women (15-24 years) accounting for approximately one fourth (24 per cent) of all new HIV infections annually.¹³

The Government of Kenya, in collaboration with partners, supports a strong HIV response reaching 85 per cent maternal ARV coverage and pursuing robust strategies to support children and adolescents living with HIV. Viral suppression amongst those on ART

has tremendously improved from 65 per cent in December 2018 to 86 per cent by December 2019¹⁴ with optimization strategies such as introducing more efficacious ARVs.

Kenya recorded the first case of COVID-19 on 13 March 2020 and now has the second largest COVID-19 outbreak in the region. In response, the government applied a curfew, banned mass gatherings, closed airports and schools and imposed some internal mobility restrictions based on hot spots for transmission. Community activities, such as peer support and home visits, are also curtailed.

Impact of COVID-19 on HIV programmes

The Ministry of Health with support of partners in Kenya has carried out an analysis of the impact of COVID-19 on essential services. The preliminary report reveals that there has been a gradual decline of services such as HIV testing by 14 per cent and ART initiation by 25 per cent between January and April 2020. ART initiation among pregnant women was also affected. Causal factors identified include loss of income, especially for those working in informal sectors and who may lack medical insurance, travel restrictions or increases in the cost of public transport, fear of acquiring COVID-19 while seeking services, closure of facilities due to lack of personal protective equipment and unclear policies on telemedicine procedures that would facilitate safe continuation of health services including HIV services.



Innovative Approaches

Supporting county governments to continue quality HIV programming in the context of COVID-19

UNICEF is supporting five counties to sensitize frontline health care workers on the Ministry of Health's guidance on continuity of HIV services. The guidance clearly outlines tailored packages of prevention, treatment and care for different populations living with HIV. UNICEF is also supporting county governments to provide community sensitization for mentor mothers and community health volunteers on continuity of HIV services for children and adolescents living with HIV. UNICEF is supporting health department leadership to conduct both virtual and physical supportive supervision to HIV treatment centres, including monitoring programme data to address gaps and improve impact.

Support virtual expert meetings to monitor and ensure PMTCT service continuity

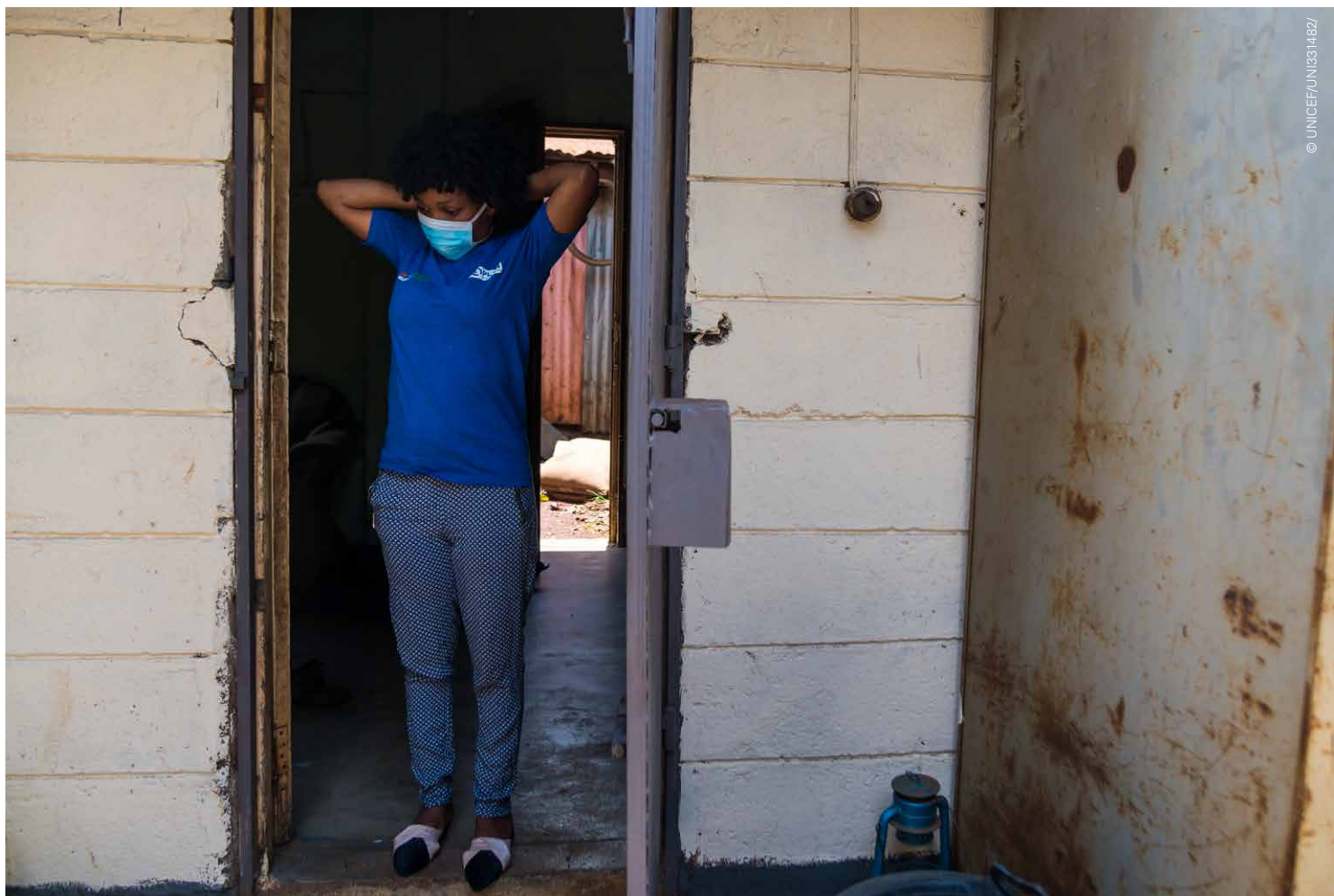
UNICEF will support the HIV PMTCT programme by purchasing bundles and airtime for the national and county staff to facilitate virtual meetings on continuity of essential PMTCT services at the county and facility level. The meetings will focus on data review and service modifications to ensure continuity of care in the context of COVID-19 and restricted movement.

Use of digital platforms to disseminate information to priority populations

UNICEF is partnering with a local non-governmental organization, LVCT Health, to reach adolescents, young people and community health volunteers in select high HIV prevalence counties

¹³ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

¹⁴ Ministry of Health programme data



with information on COVID-19 and HIV. The activity will engage peer-led social media, toll free *one2one* youth hotline, and interactive radio programmes to provide credible information and linkage to services for adolescents and young people. LVCT Health will also use the *one2one* digital platform to disseminate information on COVID-19 and HIV to community health workers, including peer educators, youth advisory champions for health, community facilitators and health workers and mentor mothers. Needs-based individual virtual and face-to-face counselling services will also be provided for people living with HIV by a team of certified counsellors and registered clinicians.

Empowering women living with HIV to promote treatment continuity in hard-to-reach areas

UNICEF will collaborate with civil service organizations to support treatment adherence, including with basic needs and nutritional support, among adolescents, young people and pregnant women living with HIV in hard-to-reach counties.

Technical support towards development of COVID-19 and HIV messaging

UNICEF is supporting the Ministry of Health to develop and print tailored HIV and COVID-19 messages for people living with HIV, including adolescents and young people, pregnant women and injecting drug users among others. The messages will be disseminated through posters and flyers, and funding permitting, radio and TV spots. The messages provide information on COVID-19 prevention, HIV treatment and prevention adherence, the elimination of stigma and mental, physical and spiritual well-being.

Purchase of personal protective equipment for health care workers and HIV focal points

UNICEF has procured personal protective equipment for frontline health care workers at eight national labs that provide early infant HIV diagnosis and point of care testing sites. UNICEF has also procured personal protective equipment and hygiene supplies for the county/sub-county HIV focal points for use during community sensitization forums.



LESOTHO

First COVID-19 cases:

 13/5/20

Lesotho has the second highest HIV prevalence in the world with 22.8 per cent of adults 15-49 years living with HIV. Women shoulder the burden of the epidemic with one out of ten (10.1 per cent) of young women (15-24 years) living with HIV, more than twice the prevalence found among young men of the same age.¹⁵

Lesotho has made significant strides in responding to HIV with nearly 84 per cent maternal ARV coverage, a notable

decline in new paediatric HIV infections and 70 per cent of children living with HIV currently on treatment.¹⁶

On 18 March 2020, the Government of Lesotho declared a state of emergency on COVID-19 and spelt out stringent measures that should be taken to mitigate the pandemic. Lesotho has applied lock-down measures from 1 April 2020 with gradual reduction in containment measures over time.

Impact of COVID-19 on HIV programmes

With lockdown measures imposed early on, community level face-to-face activities came to a halt. This included peer support interventions for adolescents and young people, which in turn reduced clinic attendance. Reports from the Sexual Reproductive Health Mentors indicate that health workers are limiting their contact time with clients, therefore the quality of services such as HIV and nutrition counselling, insertion of long lasting modern contraceptive methods, and cervical cancer screening are compromised.



Innovative Approaches

Monitoring access to sexual, reproductive, maternal, child and adolescent health services

UNICEF continues to support the Ministry of Health to monitor access to health services through triangulation and analysis of data from the national adolescent friendly health services scorecard, health information systems and weekly updates from ten district Sexual and Reproductive Health Mentors. Results show that there has been a decrease in access to adolescent health services during the lockdown due to insufficient information that services were being provided and fear from the Lesotho Defense Force's enforcement of lockdown restrictions. Additionally, personal protective equipment has not reached all health facilities. Therefore, service providers are reluctant to provide services, even when clinics are open. Additionally, people arriving through the porous borders from South Africa are being sent from the villages to the clinics for COVID-19 testing, but clinics can only do symptomatic testing and temperature checks because they do not have test kits. The findings are discussed in the technical working group and COVID-19 task team meeting for action.

Monitoring the quality of health services for adolescents and young people during COVID-19

Using the national adolescent friendly health services scorecard, UNICEF continues to support the Ministry of Health to monitor the quality of services during the lockdown. 44 youth advocates administered the facility scorecard telephonically with adolescents and young people in the community and with health care workers. The results show that the number of adolescents and young people accessing health services declined due to the cancellation of peer education activities at the community level. For those adolescents accessing services, it was noted that COVID-19 education was provided at the adolescent health centres and sanitizers were available for all patients upon entering and leaving the health centre premises. The results of the scorecard were presented during the quarterly adolescent and young people technical working group and are being used to inform interventions to address the declines in service uptake.

¹⁵ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

¹⁶ Ibid



Remote psychosocial support for pregnant and breastfeeding adolescents and young women

Lesotho's Ministry of Health and UNICEF, in partnership with Help Lesotho, are providing remote health counselling, COVID-19 information, and psychosocial support through teleconsultations for pregnant and breastfeeding adolescent girls and young women (15-24 years) and their children participating in the 2gether 4 SRHR¹⁷ Young Mothers Programme. Client centred consultations are conducted through WhatsApp messages and phone calls using a modified survey which includes questions on continuity and access to maternal and childcare, HIV, family planning, mental health, birth registration, and prevention of violence. To date, 163 adolescent mothers and their children have been provided with the remote teleconsultation services; complemented by U-Report engagement to identify and reduce barriers to service utilization. Those identified at high risk are referred through the Village Health Worker for services at their local clinic.

Engaging adolescents and young people to provide integrated health, nutrition, and HIV messaging

UNICEF supported the Risk Communication and Community Engagement Technical Working Group to develop and broadcast messaging and information on COVID-19 through social media, radio, and other channels, including targeted messaging for key stakeholders and at-risk groups based on community risk perceptions. Proactive outreach to priority populations, including adolescents, women, and children living with or at risk of HIV, was conducted through UNICEF's implementing partners. Further outreach will soon be conducted through U-Report.

Evidence Generation to sharpen the COVID-19 and HIV response

In collaboration with Ministry of Health and the Risk Communication and Community Engagement Technical Working Group, UNICEF is conducting a rapid assessment on the knowledge, attitudes, practices, and norms around COVID-19, including people at risk or living with HIV. The data will be used to develop a more targeted response plan.

Technical support towards the development of COVID-HIV Guidelines

UNICEF supported the Ministry of Health to develop national guidance on COVID-19 infection prevention and control, HIV/TB service delivery and the continuity of essential health services during the COVID-19 outbreak. The service delivery guidance made provisions for multi-month dispensing of drugs for all eligible clients and continuity of essential health services includes guidance on postnatal care of newborns who are HIV-exposed.

Training Village Health Workers on infection prevention and to improve their reporting capacity

UNICEF is supporting the Ministry of Health to build the capacity of Village Health Workers to spread messaging on COVID-19 and implement infection prevention control measures. In the light of illegal border crossing, UNICEF and Columbia University ICAP are supporting the roll-out of a surveillance application for Village Health Workers to track COVID-19 cases. One thousand Village Health Worker Coordinators and Supervisors will be trained to use the application. The Ministry of Health Surveillance Department and Village Health Worker programme will monitor this effort.

¹⁷ This is a regional joint UN programme engaging UNAIDS, UNFPA, UNICEF and the World Health Organization with funding from the Swedish International Development Cooperation Agency (SIDA)

First COVID-19 cases:



13/3/20

Namibia is among the priority countries in the global HIV response. More than one in ten (11.5 per cent) adults 15-49 years are living with HIV, most of whom (68 per cent) are women. Young people are particularly affected with 29 per cent of all new infections occurring among 15-24 year olds.¹⁸

The Government of Namibia has a strong HIV response and has made significant gains in epidemic control, including surpassing the global goal of 90-90-90.¹⁹ The country has achieved 95 per cent treatment coverage for children (0-14 years) living with HIV. Namibia is

a front runner on the path to EMTCT of HIV, having achieved a rate of vertical transmission of 4 per cent.²⁰

Namibia recorded first confirmed cases of COVID-19 on the 13 March 2020 and on 17 March 2020, the President declared a National State of Emergency and lock-down introduced phased containment measures. On 4 May 2020, the country-wide lock down was subsequently lifted but some measures aimed at curtailing the spread of the virus have been maintained.

Impact of COVID-19 on HIV programmes

According to Ministry of Health and Social Services programme data, there was a decline in patient attendance at outpatient clinics including utilization of EMTCT services across health facilities in the country in April 2020 when the lockdown was enforced. The attendance dropped by 27 per cent between March and April 2020. Additionally, the lockdown affected the timely implementation of activities such as teen clubs and guardian meetings, face-to-face psychosocial support and treatment adherence counselling, which were curtailed in order to control the spread of COVID-19. A rapid assessment conducted among people living with HIV in Namibia, commissioned by UNAIDS indicated that 28 per cent of respondents (204) reported not taking ARVs since the lockdown began.



Innovative Approaches

Decongesting ART Facilities during COVID-19

The Namibia Ministry of Health and Social Services worked with the United States government, UNICEF and other partners to decongest ART facilities through fast-tracking differentiated service delivery models, including multi-month ARV refills, Comprehensive Community Based Care Health Services, Community Adherence Groups, and the establishment of new ART distribution points to promote safe access.

Facilities were categorized as high-volume sites with more than 1,000 clients and low-volume sites with less than 1,000 clients. High-volume sites are advised to call no more than 50 ARV clients per day from Monday to Friday and to prioritize those clients with low stock-on-hand and those who missed their recent refill. With similar prioritization, low-volume sites were advised to call at least 20 clients per day from Monday to Friday. Community-based settings were advised to reschedule their booking and prioritize client groups with low stock-on-hand.

The results are being documented to inform future programming.

Interim guidance to sustain paediatric HIV services in the context of COVID-19

Due to limited stock of paediatric ARVs at Central Medical Stores at the onset of the COVID-19 pandemic, an interim guidance was developed by government with support of UNICEF and other partners. The guidance aims to address all the issues related to the paediatric regimens and multi-month refills. The guidance allows for caregivers to pick up the child's medication in absentia unless the child needs a clinical visit. Refills have been extended for all medications. For children who are starting new medication, the administration of the first dose is demonstrated and administered at the clinic. Telephonic follow up or instructions to the caregiver to report on any side effects is also advised. Similarly, all HIV-exposed infants are given enough quantities of infant prophylaxis to last until the next immunization or infant HIV testing appointment.

¹⁸ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

¹⁹ Toward the global goal of 90-90-90, which aims to ensure 90 per cent of people living with HIV know their status, 90 per cent of people who know their positive status are on treatment, and 90 per cent of people on treatment are virally suppressed

²⁰ Ibid

Advocacy on continuity of essential services, including for HIV and mental health

UNICEF together with WHO and UNFPA advocated for and supported the development of national guidance on continuity of maternal and neonatal health care during COVID-19, which resulted in extension of the essential services beyond maternal and neonatal health, to include nutrition, EMTCT, community-based and school health services, as well as immunization. UNICEF supported orientation for staff of the Directorate of Primary Health Care on the need for a guidance protocol amidst the COVID-19 pandemic. As a result, the Ministry of Health and Social Services included mental health and psychosocial support as part of comprehensive guidance on essential services. UNICEF is recruiting a consultant to provide technical support for monitoring health service use and inform interventions during the COVID-19 pandemic.

Going digital with education on COVID-19 for adolescents and young people living with HIV

UNICEF is nurturing a strategic partnership with a leading mobile network operator in Namibia to support free-of-charge text SMS messages for Questions & Answers on COVID-19 and HIV for adolescents and people living with HIV.



SOUTH AFRICA

First COVID-19 cases:



South Africa has the largest HIV epidemic globally. Twenty per cent of all people living with HIV are in South Africa, including approximately 1 million children, adolescents and young people under the age of 24 years. The number of young women (15-24 years) living with HIV is three times greater than the number of young men in the same age group.²¹

The Government of South Africa leads a robust national HIV response and notable strides have been made toward epidemic control. Maternal ARV coverage is above 95 per cent with a vertical transmission rate of only 3 per cent. Since 2010, the EMTCT programme has averted an estimated

548,000 new HIV infections among children. Early infant diagnosis is provided for 83 per cent of children born to mothers living with HIV. Primary prevention efforts are also achieving results with the annual number of new HIV infections among adolescent girls and young women declining by 34 per cent since 2015.²²

The first COVID-19 confirmed case was announced on 5 March 2020. On 27 March 2020, a 21-day strict nationwide lockdown was instituted and subsequently extended by two more weeks. South Africa is the most affected country in Africa with a widespread epidemic and cases climbing rapidly.

Impact of COVID-19 on HIV programmes

The pandemic has disrupted access to life-saving services such as maternal and child health and HIV treatment. Fear of contracting COVID-19, avoiding overcrowding in facilities, physical distancing and travel restrictions during the lockdown all contribute to reduced service use. Health facilities are struggling to cope as most resources have been diverted to COVID-19. As cases steadily rise, more health workers are becoming infected and/or are isolated, putting further strain on the health system. A survey conducted by the Human Sciences Research Council found that approximately 13 per cent of the population indicated that their chronic medication was inaccessible during the lockdown. The Gauteng Department of Health reported that almost 11,000 ARV clients skipped their ARV collection between late March and mid-May.²³ Data from the UNICEF supported peer mentor project indicate a decline of antenatal care enrolments from March to May of 39.3 per cent. Post-natal care enrolments declined by 28.4 per cent during the same period. There was also an increase in the number of infants testing HIV positive from April and May.



Innovative Approaches

Ensuring roll out and implementation of the new national guidelines for PMTCT

The current PMTCT guidelines were approved in November 2019 and include the use of Dolutegravir, a more efficacious ARV, and increased viral load testing during pregnancy. An analysis conducted by UNICEF indicated limited implementation of the guidelines with only one district among the 52 even reaching 30 per cent of pregnant women with viral load testing. Based on this finding, UNICEF successfully advocated to revitalize the PMTCT Technical Working Group, which brings together provincial health officials each quarter to assess their data and develop targeted action plans. With the onset of COVID-19, UNICEF continues to support this process through virtual means. UNICEF is also supporting the National Department

of Health to develop a virtual training on the new PMTCT guidelines. Once complete, the virtual trainings will be disseminated in all provinces, allowing health workers across the nation to fully implement the new guidelines. UNICEF is working with Local Departments of Health to determine how the PMTCT programme is functioning at facility level amidst COVID-19. Visits to four health facilities prompted a risk assessment for COVID-19 readiness and orientation on the PMTCT guidelines.

Strengthening continuity of care among pregnant adolescents and young women

In collaboration with the Department of Health in two provinces (Kwa-Zulu Natal and Gauteng), UNICEF supported scale up of the peer mentor programme for pregnant adolescents and young women. The programme was in

²¹ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

²² Ibid

²³ <https://www.timeslive.co.za/news/south-africa/2020-05-19-almost-11000-hiv-positive-patients-in-gauteng-have-skipped-arv-collection-during-lockdown/>



response to data indicating that young mothers and their infants fare less well in PMTCT than do older women. With COVID-19 and lockdown measures, UNICEF in collaboration with mothers2mothers adapted the programme to provide peer mentoring, follow up and adherence counselling through the WhatsApp platform. Personal protective equipment was also provided to peer mentors for face-to-face support.

Continuity of paediatric and adolescent HIV testing

UNICEF is working with the National Department of Health to develop messages targeting communities (mainly mothers and caregivers) to bring children and adolescents for testing. This is especially important now as the evidence suggests that people living with HIV who are not on treatment and not virally suppressed may be at risk of more severe COVID-19 disease. Public Service Announcements will be aired across the country to highlight that testing is essential during this time.

Technical support to develop COVID-19 care guidelines, that support women living with HIV

UNICEF worked with the National Department of Health to develop national guidance on COVID-19 management within maternal and child health services. The guidance includes a focus on women living with HIV and their children and is updated regularly as the evidence evolves. UNICEF also developed a **Frequently Asked Questions** document on COVID-19 for pregnant and breastfeeding mothers, including those living with HIV.

Evidence generation to inform prevention and management of COVID-19 and HIV co-infection

UNICEF is collaborating with the South African Medical Research Council in a study to examine COVID-19 and HIV and/or TB coinfection in children. The characteristics of children with COVID-19 have not yet been described in African settings where HIV and/or TB prevalence is high, and this information will inform guidance in South Africa and beyond on prevention and care.

TANZANIA

First COVID-19 cases:



16/3/20

Tanzania has a generalized HIV epidemic and is home to 1.7 million people living with HIV. In 2018, it is estimated that there were 77,000 new HIV infections, with 42 per cent occurring among children, adolescents and young people less than 24 years.²⁴

The Government in collaboration with partners has made significant strides in the HIV response. Maternal ARV coverage stands at 92 per cent and more than 130,000 new HIV infections

in children have been averted since 2010.²⁵

Tanzania confirmed the first COVID-19 cases on 16 March 2020. The outbreak has been reported in 24 out of 26 regions in Mainland and both regions in Zanzibar. Partial lockdown was imposed for epidemic control, including school closure, limiting large social gatherings, and closing international air travel from mid-April to end May.

Impact of COVID-19 on HIV programmes

In early June, a preliminary data analysis conducted by the Ministry of Health suggested that HIV testing had declined by 20 per cent from March to May 2020 and HIV treatment services had declined by 6 per cent during the same period. Reasons for this reduction are being further analysed. In mid-June, it was confirmed that Tanzania has several delayed shipments due to the global supply chain disruptions as a result of COVID-19. These shipments are mostly ARVs, including several paediatric ARV shipments. Tanzania is considered at high risk of delays of future shipments. COVID-19 also affected planned training to roll out new more efficacious paediatric ARV formulations.



Innovative Approaches

National Guidance to ensure safe HIV service delivery in the context of COVID-19

UNICEF together with WHO, CDC and UNAIDS supported the Ministry of Health to develop and issue the national "Interim Guidance on HIV prevention, care and treatment services in the context of the COVID-19 outbreak". UNICEF ensured that specific guidance for children, adolescents and breastfeeding women was included. The guidance was disseminated through government website, email, WhatsApp and ECHO sessions to support sub-national managers and frontline health workers. UNICEF Tanzania has developed a concept note and advocates with government and development partners to maintain continuity of essential health services, including HIV services in the context of COVID-19.

ARV stock monitoring and advocacy

The UNICEF Representative is engaged in high level advocacy efforts with the Minister of Health on continuous ARV supply for children. UNICEF helps to identify short- and long-term solutions for potential shortages. UNICEF and WHO together are advocating for a sub-national inventory analysis, which would help the Ministry of Health to move ARVs between regions and districts.

Other options may include easing import procedures and approaching neighbouring countries to "loan" ARVs for delayed paediatric ARVs.

Support to ensure continued transitioning to optimal paediatric ARVs

To ensure continued roll out and use of new paediatric drug formulations, UNICEF is supporting the Ministry of Health to develop job aids for health care workers and patient literacy materials on correct administration of new formulations for young children. The Ministry of Health was able to field test the materials in June 2020. These care givers literacy materials complement and reinforce information provided by health care providers especially during the COVID-19 pandemic where face-to-face counselling and demonstrations may not be optimal. UNICEF is providing technical assistance through the National AIDS Control Programme to monitor progress in transitioning children to optimal ARVs using regular field updates presented and discussed at the paediatric technical working group co-chaired by UNICEF.

Expanding access of HIV testing services

UNICEF is collaborating with Clinton Health Access Initiative and the Ministry

²⁴ UNAIDS Spectrum estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

²⁵ Ibid

of Health to implement early infant HIV testing through point of care technology. Testing uptake continues to increase even in the context of COVID-19. Programme data indicate that 162 tests were conducted in January up to 884 in May. The sharp increase is due to sustaining and scale up of services and improved reporting and data collection.

Strengthening community support approaches

UNICEF supports the Ministry of Health in improving the coordination of the implementation of different community support models including peer-to-peer systems, mother support groups focusing on provision of mental health and psychosocial considerations for pregnant and breastfeeding mothers living with HIV. Mother supports groups and peer educators were oriented to focus on ART adherence and general continuation of essential health services in the context of COVID-19. With Mother Mentors being the link between community and health facilities, their role is found to be even more critical during the COVID-19 outbreak.

Development of key messages on continuity of PMTCT services

The messages, focusing on ART adherence and early infant HIV diagnosis, were approved by health promotion within the Ministry of Health. The messages are amplified through partnerships, especially at subnational level.

Prevention and protection for people living with HIV and Health Workers

UNICEF supported the National AIDS Control Programme to develop standard communication materials on COVID-19 for people living with HIV. UNICEF is partnering with four non-governmental organizations to prevent COVID-19 and protect children, adolescents and women living with HIV in 34 districts of the country from May to November 2020, at which time UNICEF and partners will assess future needs. These activities, implemented in different geographic areas by local government, Management and Development for Health, the National Council of People living with HIV, Baylor College of Medicine's Children's Foundation and the Zanzibar Association of People living with HIV, aim to reach more than 200,000 children, adolescents and women living with HIV with COVID-19 prevention education and supplies, treatment adherence support and psychosocial counselling.

Reducing stigma and fostering participation of people living with HIV

For Mainland, UNICEF has established a partnership with the National Council of People Living with HIV to support 3,000 children, adolescents and mothers living with HIV in 9 districts in 4 regions with focus on psychosocial support, reduction of stigma and HIV treatment adherence. A total of 200,000 adolescents and women living with HIV will be reached with COVID-19 prevention messages and appropriate



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information that dispel myths through social media, radio and TV programmes. With UNICEF support, Zanzibar Association of People Living with HIV/AIDS aims to reach at least 2,500 children and adults living with HIV. Children and adolescents living with HIV engage with Champions (trained youth peer educators) to reduce stigma and provide psychosocial support through mobile phones.

Generating data and evidence to sharpen programming for young people

To gauge young people's knowledge on HIV and COVID-19, UNICEF conducted an assessment using U-Report. More than 5,000 young people participated. At the end of the survey respondents were directed to the chatbot about what people living with HIV should do if running low on ARVs, and safety in health clinics. The survey results are being used to inform UN, civil society and government responses. UNICEF's Social Policy and HIV teams are working together through the Cash Plus social protection programme to generate real time data through mobile phones from adolescent boys and girls in two regions on how the COVID-19 outbreak is affecting them, their families and communities. The research will be carried out between June and December 2020.

Leveraging resources

UNICEF is a member of the Global Fund Country Coordinating Mechanism for Zanzibar and successfully supported the government to secure an additional US\$1.1 million to support the COVID-19 response on the islands, which had documented community transmission.



UGANDA

First COVID-19 cases:



21/3/20

Uganda's HIV epidemic is generalized with 1.5 million people living with HIV and the greater burden of the epidemic shouldered by women. Nearly three times as many young women (15-24 years) acquire HIV each year as compared to young men of the same age and one out of four new HIV infections occur in this age group.²⁶

Uganda has a strong national HIV response and has made significant progress in scaling up treatment and reducing new paediatric HIV infections.

In 2019 the country reached 89-94-90 toward the global goal of epidemic control. Maternal ARV coverage is universal while an estimated 154,000 new paediatric infections have been averted since 2010.²⁷

The first case of COVID-19 was reported in Uganda on 21 March 2020. Containment restrictions followed by a national lock down were instituted, including curfew, suspension of all passenger flights, a ban on public transport and private car use.

Impact of COVID-19 on HIV programmes

The lockdown and restrictions imposed in Uganda affected mobility of people including children, adolescents and women on ART who required health facility visits to collect their refills. Mobility restrictions were quickly associated with a decline in health services utilization, including for ARV refills. A small survey conducted among people living with HIV indicated that for many, ARV supplies were running low. At health facilities, a cumulative 50 per cent decline in early infant HIV testing was recorded by the end of May 2020.



Innovative Approaches

Data driven delivery mechanisms for ARVs and TB medicines

UNICEF is supporting health workers from 475 facilities in 27 districts to actively track missed HIV appointments, develop weekly line lists for pregnant women, mother-baby pairs, and children and adolescents living with HIV who miss their medicines pick up and cannot be reached by telephone. Where locator information is available, health workers, mentor mothers and peers are engaged to deliver medicines to the clients. ARV delivery is currently integrated with sample collection for viral load testing and adherence support as needed.

Support to surge integrated services delivery at household and community level

A decline in early infant HIV testing was detected, extensively analysed and reviewed at national level to understand the underlying causes. Mothers were turning up at health facilities without their babies due to transport restrictions and reduced service provision. In response, Ministry of Health, the United States government and UNICEF quickly developed and disseminated the Early

Infant Diagnosis Surge Strategy. The strategy involves the use of facility PMTCT data to identify all HIV exposed infants who missed their 1st and 2nd HIV tests; these are line listed and mapped. Teams of health workers and mentor mothers conduct home visits on weekly basis to collect infant testing samples and viral load samples from the missing clients. Data from three districts that benefited from reprogramming of activities to mitigate the impact of COVID-19 on HIV service provision, indicates that a total of 740 mothers, children and adolescents living with HIV were successfully tracked and provided with the needed medicines and services.

Community sensitization and engagement of people living with HIV

In collaboration with four border District Health Teams, UNICEF is supporting radio talk shows, jingles and DJ mentions using local community radios with messages emphasizing availability and continuity of HIV and TB services during the lockdown and encouraging uninterrupted treatment.

26 UNAIDS Spectrum Estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

27 Ibid



Technical support towards development of COVID-HIV Guidelines

UNICEF worked with the Ministry of Health to develop the National Guidance on COVID-19 Infection Prevention and Control in HIV and TB Service Delivery and on Continuity of Essential Health Services during the COVID-19 outbreak. The guidance expands eligibility of multi-month drug refills of 3-6 months to children and adolescents. The guidance further provides for quick establishment of Community Drug Distribution Points for clients who are not able to come to the facility including pregnant and breastfeeding mothers with babies below six months of age. This has facilitated access to treatment.

Evidence generation to guide programming

In collaboration with the Ministry of Health, the joint United Nations Team with leadership from UNAIDS, and networks of people living with HIV, UNICEF successfully advocated for the inclusion of adolescents living with HIV in the second round of the rapid assessment of the needs of people living with HIV during COVID-19. This is a rapid data collection innovation whose first round focused on adults living with HIV with only a few children included. The assessment revealed gaps in access to ARVs and other services including psychosocial support and sexual and reproductive health commodities. These assessments will be used to sharpen interventions and programming during COVID-19.

ZIMBABWE

First COVID-19 cases:

 20/3/20

Zimbabwe is a country with high HIV prevalence where a greater burden of the epidemic is shouldered by women. One in eight (12.8 per cent) adults age 15-49 years is living with HIV and young women aged 15-24 years are more than twice as likely to become HIV infected than are young men of the same age.²⁸

The country has made incredible progress in epidemic control, achieving 90-94-86 toward the global goal for epidemic control. Maternal ARV

coverage stands over 90 per cent and more than 100,000 new child infections have been averted since 2010.²⁹

Since the onset of the COVID-19 outbreak on 20 March 2020, the government has imposed phased lockdown, quarantine and closure of informal markets. This crisis comes on top of persistent drought, cholera outbreaks and recovery from cyclone Idai.

Impact of COVID-19 on HIV programmes

The onset of the COVID-19 pandemic further worsened the already compromised socioeconomic situation in Zimbabwe. Access to health services was limited due to the travel restrictions, lack of transport and suspension of home visits. Curtailed operation and shortage of nurses at health facilities due to previous staggered working hours as well as lack of personal protective equipment further threaten service provision. Government and non-governmental offices are not fully operational because of the lock down and this leads to delays in implementation. Routine programme data shows a general decline health service utilization of approximately 20 per cent since March.



Innovative Approaches

Rapid assessment to inform guidance and programming

UNICEF provided technical support to two rapid assessments conducted through a web-based survey monkey and a WhatsApp link by the National AIDS Council and the Ministry of Health and Child Care to assess the impact of COVID-19 on HIV service delivery. Assessment findings showed that most people living with HIV had sufficient ARVs prior to lockdown. However, many services were brought to a standstill for two weeks during the full lockdown and refills, consultations and antenatal care and PMTCT appointments were missed. Based on the findings, a "Rapid Guidance for HIV Service delivery in the context of COVID-19" was developed and programme documents were revised to include COVID-19 activities and safety procedures. Rolling surveys will be conducted to determine service provision and utilization over time.

Reaching adolescents and young people with needed information and services

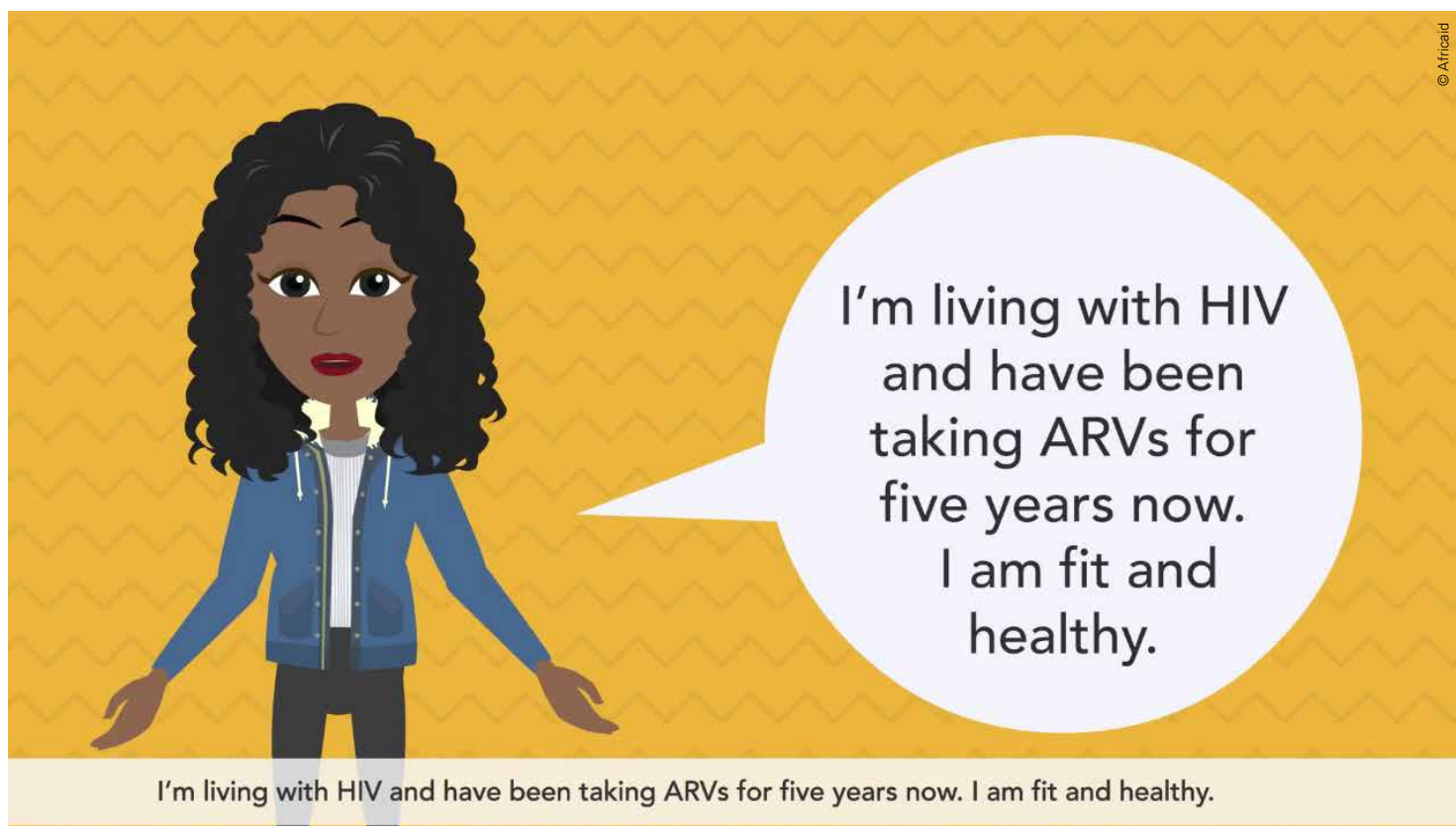
UNICEF, in collaboration with government and partners, rapidly implemented several interventions to reach and support adolescents on COVID-19, HIV and sexual and

reproductive health, including:

- Supporting the Ministry of Health and Child Care with airtime and data for mentoring and follow up of activities through email, telephone calls and WhatsApp. In addition, COVID-19 adolescent-focused information, education and communication materials are being finalized to continue adolescent friendly health service provision.
- Leveraging U-report and radio sessions. To date, more than 16,000 adolescents and young people have been reached with COVID-19 and HIV information through U-report and radio sessions produced by the Zvandiri radio show with ZiFM as the main broadcaster.
- Producing an **animated video** in partnership with Africaid and the Ministry of Health and Child Care on HIV and COVID-19 in English and local languages.
- Developing a new partnership with Youth advocate Zimbabwe to reach out to engage adolescents and young people, including those living with disabilities through a Call Centre, SMS, WhatsApp, U-Report and offline platforms.

²⁸ UNAIDS Spectrum Estimates, July 2020 <https://aidsinfo.unaids.org/> [accessed 12/07/2020]

²⁹ Ibid



Africaid Zvandiri, <https://www.youtube.com/watch?v=G1Nc-EVf7Lo>

Reaching the hearing impaired with information on COVID-19 and HIV

Sunrise Sign Language Academy has partnered with UNICEF and National AIDS Council to translate messages on COVID-19 and HIV in sign language to use on their WhatsApp group for those with hearing impairment to promote prevention measures.

National tailored messaging For People living with HIV

UNICEF is supporting Ministry of Health and Child Care and the National AIDS programme to develop posters, radio and TV programmes (translated in local languages as well as in sign language) to reach people living with HIV information on COVID-19 and how to access HIV services.

E-peer support groups to encourage adherence and provide psychosocial support

More than 8,000 children, adolescents and young people living with HIV, including pregnant and breastfeeding girls and their infants, were reached with psychosocial and health service support in partnership with Africaid through virtual approaches facilitated by trained Community Adolescent Treatment Supporters and Young Mentor Mothers. The electronic service delivery manual to facilitate these activities was finalized and will be translated into local languages. Peers check on clients' ARV supply and provide reminders for clinic appointments, ARV refill and viral load monitoring. To date, 90 per cent of those who missed appointments have been traced and 71 per cent are back in care. Peers also encourage and refer young mothers for family planning services and correct and consistent

use of condoms. E-support is used to actively identify clients experiencing sexual or gender-based violence to facilitate their referral and linkage and care.

Scale up e-registers for pregnant and breastfeeding mothers living with HIV

The PMTCT electronic tracker was developed for use on the health information system platform, either online or offline. It is currently being pretested by Young Mentor Mothers in nine health facilities to document care of mother infant pairs over time. The young mentors enter data using tablets procured with funds from UNICEF. Full engagement of facility nurses to provide technical support helps to ensure success of this approach.

Support government to manage health programmes virtually

UNICEF is supporting the Ministry of Health and Child Care with airtime and data bundles for virtual activities, including coordination meetings, data collection and mentoring at national, provincial and district levels. This virtual interaction is ensuring funds disbursement, better harmonized activities, more timely data and well-supported HIV service providers.

Risk mitigation through Remote monitoring

UNICEF oriented its partners on various remote systems that can be used for programme monitoring, including RapidPro, Call Centre, ONA, SMS, and the use of Google Sheets. While acknowledging existing systems, UNICEF is promoting better alignment of indicators and results tracking.

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