

# COMMUNITY RESPONSES DURING THE COVID-19 PANDEMIC IN ASIA: DOCUMENTATION AND COMMUNICATION OF GOOD PRACTICES



## ASIA PACIFIC NETWORK OF PEOPLE LIVING WITH HIV/AIDS (APN+)

JULY 2020

### BANGLADESH

#### ORGANIZATION

Network of PLHIV (NOP+) in Bangladesh

#### CONTACT

Abdul Rahman, NOP+ Coordinator

#### BEST PRACTICE DOCUMENT

Emergency support to 500 people living with HIV during COVID-19 lockdown in Bangladesh

#### PROBLEM

Bangladesh was the third country in the region, after India and Pakistan, to be hit hard by COVID-19. The number of people with the virus in Bangladesh increased rapidly in the early stages of the pandemic. The Government of Bangladesh initiated a lockdown to contain the spread of the virus. Bangladesh is a low-income country, where many people living with HIV live in poor conditions and work for daily wages. Many of them lost their jobs and had no earnings during the lockdown. Bangladesh needed an immediate emergency response to support 500 people living with HIV.

#### SUMMARY OF BEST PRACTICE

NOP+ in Bangladesh and the Asar Alo Society (the largest peer support group of people living with HIV and the national-level nongovernmental organization run by and for people living with HIV in Bangladesh) have advocated jointly to the Government and worked to raise donor funds.

The two organizations created and sent a policy brief to stakeholders, demanding that emergency support, including life-saving medicines, should be provided to people living with HIV. The two organizations also contacted donors from current and past projects and regional organizations asking for support.

Their efforts led to the provision of life-saving antiretroviral medicines for 500 people living with HIV in Dhaka.

## LESSONS LEARNED

Joint work between similar organizations can be better than working alone.

Preliminary work to identify who requires an emergency response ensures the response is targeted correctly.

# INDIA

## ORGANIZATIONS

National Coalition of People Living with HIV in India (NCPI+) and Delhi Network of Positive People (DNP+)

## CONTACT

Vinod Jambhale, NCPI+ Coordinator

## BEST PRACTICE DOCUMENT

Ensuring no disruption of government programmes for key populations and people living with HIV in India

## PROBLEM

The Government of India issued detailed advice to contain the spread of COVID-19 and updated the Ministry of Health and Family Welfare guidelines with respect to protocols for referral, testing and clinical management.

The pandemic has impacted the national viral hepatitis programme launched in July 2018. This programme is an integrated initiative for prevention and control of viral hepatitis A, B, C and D in India. It aims to achieve the WHO strategy for elimination of viral hepatitis with the whole range of prevention, detection and mapping treatment outcomes. The Government has shifted health-care workers from the viral hepatitis programme to the COVID-19 response, and the hepatitis programme has been halted.

## SUMMARY OF BEST PRACTICE

NCPI+ is a national body of people living with HIV, people affected by HIV, and organizations with a vast range of experiences and expertise, from grassroots to policy level, with the principle that experience and expertise can contribute constructively and meaningfully to policies and programme decisions to bring about positive change in the country.

The Ministry of Health and Family Welfare COVID-19 guidelines require necessary steps to be taken to contain the spread of the virus among medical staff and patients. NCPI+ has written to the National AIDS Control Organization, recommending a guidance note for people engaged in the HIV response. This note covers three areas: (i) general advice for people working in or visiting National AIDS Control Programme facilities; (ii) advice for National AIDS Control Programme facilities; and (iii) dispensing of antiretroviral medicines to people living with HIV.

The National AIDS Control Organization has approved multi-month dispensing for all people living with HIV who are stable on first- or second-line antiretroviral therapy. As a one-time measure, multi-month dispensing should be considered for people living with HIV who are unstable on antiretroviral therapy, along with additional counselling on the reasons for multi-month dispensing, the importance of adherence to antiretroviral therapy, and the importance of contacting an antiretroviral therapy centre if respiratory symptoms appear. Peer educators and outreach workers should be provided with two to three weeks of supplies of HIV commodities, such as condoms, needles and syringes.

DNP+ has protested to the Government about halting the national viral hepatitis programme and demanded its continuation because people should not be left out, even during this emergency situation.

## **LESSON LEARNED**

There are many channels for advocacy. NCPI+ wrote to stakeholders to demand the safety of people living with HIV and health-care workers and to request multi-month dispensing for people living with HIV who are stable on first- or second-line antiretroviral therapy. DNP+ organized a mass protest to the Government to demand that the viral hepatitis programme should continue during the pandemic.

# **MYANMAR**

## **ORGANIZATION**

Myanmar Positive Group (MPG)

## **CONTACT**

Min San Tun, Advocacy Coordinator of MPG

## **BEST PRACTICE DOCUMENT**

Mitigation and response effort to ensure no disruption for HIV, TB and malaria programme in Myanmar

## **PROBLEM**

Myanmar has imposed physical distancing, quarantine and lockdown restrictions to help

reduce COVID-19 transmission. This has had negative effects on HIV services, such as limiting outreach activities; decreasing the number of people accessing key population service centres; and hindering HIV, TB and malaria prevention and testing services. Access to antiretroviral therapy has been disrupted due to travel restrictions in some states and regions.

## **SUMMARY OF BEST PRACTICE**

MPG has joined forces with UNOPS to work closely with the Ministry of Health and Sport to support the mitigation and response effort. It is vital that control efforts for other diseases such as HIV, TB and malaria are not neglected and stay on the agenda. Members of MPG have provided help for communities in areas with travel restrictions and conducted one-to-one peer outreach activities to ensure prevention services are delivered to people in need.

MPG has helped to deliver antiretroviral medicines to township borders so people living with HIV can access life-saving treatments. MPG and the country Principal Recipient have advocated for people living with HIV to pick up antiretroviral medicines from the nearest antiretroviral therapy centre if travel to their regular sites is restricted, and for multi-month dispensing of antiretroviral medicines to prevent disruption in further lockdowns.

## **LESSON LEARNED**

When undertaking government advocacy work, community organizations have more power if they collaborate and work with larger organizations.

# **NEPAL**

## **ORGANIZATION**

National Association of People Living with HIV/AIDS in Nepal (NAP+N)

## **CONTACT**

Rajesh Didiya, President of NAP+ Nepal

## **BEST PRACTICE DOCUMENT**

Joint efforts to provide emergency response for people living with HIV and key population community in Nepal

## **PROBLEM**

The Government of Nepal imposed a lockdown to contain the spread of COVID-19 in April 2020. The lockdown diminished livelihood options for people working for daily wages, decreased household incomes, and increased household food insecurity. Movement restrictions limited access of people living with HIV to antiretroviral therapy centres and

medicines. Health-care facilities are overcrowded and the supply chain for HIV medical commodities has been disrupted.

## **SUMMARY OF BEST PRACTICE**

NAP+N is providing information about HIV and COVID-19 to people living with HIV by translating UNAIDS information sheets into local languages.

NAP+N is working to ensure people have access to health care and appropriate services without disruption. The organization is working with the Government on supply-chain management of antiretroviral medicines to ensure all distribution points across the country have the necessary stocks of essential medicines and other commodities. The organization is making sure distribution points are functioning and delivering antiretroviral medicines to people who cannot travel during lockdown measures.

NAP+N is working closely with people living with HIV from all key populations in Nepal to ensure no one is afraid to access health-care services due to stigma and discrimination.

## **LESSON LEARNED**

One way to provide an emergency response is via collaborative work among communities to deliver support to other communities. The emergency response provided by NAP+N demonstrates the organization's motto well: "From community, to community".

# **PAKISTAN**

## **ORGANIZATION**

Association of People Living with HIV in Pakistan (APLHIV)

## **CONTACT**

Asghar Satti, National Coordinator of APLHIV

## **BEST PRACTICE DOCUMENT**

Emergency response for people living with HIV in Pakistan during COVID-19

## **PROBLEM**

The Government in Pakistan was late in making decisions about the pandemic. During the country's lockdown, there was no public transport. The federal and provincial governments announced a support package worth Rs 1200 per family for 1 month. There are major gaps, however: (i) delayed response and decision-making; (ii) lack of coordination between federal and provincial governments; (iii) developing new mechanisms to deliver support packages rather than using existing chains; (iv) lack of testing facilities; and (v) lack of a mechanism for marginalized communities to access life-saving medicines.

## **SUMMARY OF BEST PRACTICE**

APLHIV has worked closely with the Government to link people living with HIV with support packages.

APLHIV arranged a meeting with the National AIDS Control Programme and UNAIDS Country Office to discuss the anticipated lockdown and its impact on people living with HIV. An emergency response cell (ERC) was launched on 21 March 2020 at the Federal Secretariat of APLHIV. The ERC advertised widely and asked community members to contact the ERC if issues arose. APLHIV presented the ERC data to the National AIDS Control Programme, asked for access to the management information system, and requested the current supply of antiretroviral medicines to be updated daily on the management information system.

APLHIV and the National AIDS Control Programme conducted advocacy and networking to identify focal points at each antiretroviral therapy centre. They created a list of people living with HIV who could not access antiretroviral therapy centres so they could receive doorstep deliveries of their medicines.

APLHIV created a Global Fund to Fight AIDS, Tuberculosis and Malaria proposal for the 5% emergency COVID-19 response to be used to provide food packages to over 3200 people living with HIV across Pakistan.

In collaboration with the National AIDS Control Programme, the UNAIDS Country Office and provincial programme, a contingency plan for COVID-19 has been developed.

## **LESSONS LEARNED**

APLHIV provided stakeholders and governments with evidence on the emergency response and linked with people living with HIV who needed help during the pandemic.

Existing data produced by the ERC have been used to create a contingency plan and a Global Fund proposal for the 5% country reprogramming needed for the emergency response in Pakistan.

## **SRI LANKA**

### **ORGANIZATION**

Lanka Plus

### **CONTACT**

Niroshan, National Coordinator of Lanka Plus

## **BEST PRACTICE DOCUMENT**

People living with HIV community efforts to provide emergency support in Sri Lanka during the lockdown due to COVID-19

### **PROBLEM**

When the first person with COVID-19 was identified in Sri Lanka, the Government imposed travel and movement restrictions. Curfews were placed in three districts in the western province and four other districts, with no temporary relaxations to purchase essential goods. These restrictions have prevented people living with HIV from leaving their homes to go to work, attend clinics or buy essential items or services. The Government sexually transmitted infections clinic stayed open and provided a text message service to help patients, but this provides services to only a very limited number of people living with HIV.

### **SUMMARY OF BEST PRACTICE**

Lanka Plus has facilitated access to antiretroviral medicines with the support of the National STD/AIDS Control Programme, the Family Planning Association of Sri Lanka and the Sri Lanka police. Lanka Plus has delivered monthly life-saving medicines to people living with HIV across the country. Lanka Plus has provided financial support to some low-income people living with HIV and their families by fundraising when the lockdown was imposed.

### **LESSON LEARNED**

Lanka Plus worked closely with three organizations to provide health-related commodities and support during the pandemic.

## **VIET NAM**

### **ORGANIZATION**

Vietnam Network of PLHIV (VNP+)

### **CONTACT**

Do Dang Dong, National Coordinator of VNP+

## **BEST PRACTICE DOCUMENT**

ARV fund to support people living with HIV during the COVID-19 lockdown in Viet Nam

### **PROBLEM**

The Government of Viet Nam blocked border gates and airports, banned people from entering the country, and issued a social distancing rule for 30 days in the early stages of the pandemic. Travel restrictions were placed on people in all provinces in the country.

Local community isolation and quarantine measures were imposed where infections were detected.

The Government provided mass COVID-19 testing, and traced sources of direct and indirect infection and isolated cases to limit cross-infection in the community and in health facilities.

## **SUMMARY OF BEST PRACTICE**

VNP+ proposed an online meeting with the Viet Nam Administration for HIV/AIDS Control to get an update on antiretroviral medicine stockouts that might occur if the situation worsened. VNP+ requested information on the antiretroviral medicine supply chain and discovered that lopinavir/ritonavir was nearly facing a stockout. VNP+ requested that people living with HIV could continue to receive antiretroviral medicines at the commune level or access ward-level health-care facilities if they could not travel to their usual location for antiretroviral medicines and other commodities.

An information-sharing channel to support people living with HIV has been established across the country. A UNAIDS fact sheet on HIV and COVID-19 has been translated into local languages. This also provides information on all doctors who are still working in more than 400 antiretroviral therapy sites.

VNP+ has established and maintained an antiretroviral medicines fund to support people living with HIV who have missed treatment.

## **LESSON LEARNED**

During the early stages of lockdown, VNP+ established an antiretroviral medicines fund for people living with HIV who were unable to access treatment.