



Photo: Eric Bond/EGPAF, 2018



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

EGPAF Committee of African Youth Advisors (CAYA) Rapid Response: Recommendations for Adolescent and Youth Programming Amidst COVID-19

COVID-19 is a novel pandemic that poses significant threats to populations and health systems on a global scale. Those at risk are particularly vulnerable populations including older individuals and those with underlying health conditions and compromised immune systems. While the implications of COVID-19 on adolescents and youth living with HIV (AYLHIV) are yet to be fully understood, we believe a few rapid response measures can be taken to reduce exposure risk and retain clients with HIV care needs. This document was prepared for use within EGPAF programs and is being made available to stakeholders, especially providers, who also serve adolescents and youth living with HIV and essential health services during this emergency. These recommendations provide a youth-lens and use simple terminology to adjust clinical services.

Adolescent and Youth (AY) Risk	CAYA Solutions
Retention in HIV care for those on ARVs	<ul style="list-style-type: none"> • Speed up multi-month distributions and AY empowerment in their own HIV care • Pause teen clubs and provide virtual PSS
COVID-19 infection in social settings including health care facilities	<ul style="list-style-type: none"> • Set new social norms for greetings and AY connections • Shift client flow and staging at facilities with confidentiality • Provide telemedicine referrals and contactless pharmacy refills
Mental and emotional health for AY, especially peer providers	<ul style="list-style-type: none"> • Take a break, quarantine if unwell • Use phones and social platforms to connect
Access to essential sexual and reproductive health (SRH) services for vulnerable adolescent girls and young women (AGYW) who are pregnant, need contraceptives or survive gender-based violence (GBV)	<ul style="list-style-type: none"> • Activate lay and community workers for local access • Prioritize SRH integration during multi-month dispensing (MMD) for AYLHIV • Provide essential services for AY during this time, especially to respond to GBV and prevent unplanned pregnancy

Recommendation #1: Rapid Multi-month Dispensing (MMD) for AYLHIV

Across 10 PEPFAR Projects, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) currently reports over 120,000 clients 10-24 years old who are currently on antiretroviral (ARV) medication with over 8,000 newly initiated in the last quarter. It is crucial to sustain access to treatment and reduce risk to COVID-19 exposure. To do this, CAYA advises that all clients receive at least a three-month ARV refill for all AY clients, regardless of clinical status.

Along with a multi-month supply of ARVs, AY clients should be provided contacts for virtual health, advice between visits, as well as a peer/community contact for someone available nearby.

Furthermore, AYLHIV should have the following clinical information and plan:

- The date and result of their last viral load and plans for the next viral load test
- The name and description of the ARV regimen with the next refill date on the bottle
- If sexually active, provide access to confidential SRH services with a condom supply, knowledge of what to do if they suspect a sexually transmitted infection (STI) and voluntary contraceptives

Client Responsibilities with MMD and COVID19 Precautions

Communicate client responsibilities during this time, which consist of self-management of HIV and COVID-19 prevention measures

- It is important to follow the national guidelines to reduce their own COVID-19 risk including staying home and safe when possible, which will reduce the possibility of exposure to COVID-19, as well as washing hands with soap and water
- Make a personal plan for adherence and treatment success
- Connect locally for support with a peer, expert client, or community health worker

Virtual Peer Support

Without peer clubs or groups, it is recommended that virtual psychosocial support (PSS) platforms are resourced and amplified for critical retention and social support between MMD. The goal of virtual peer support is to ensure social connection in a



Contact information

- The name of a health professional, with their phone and/or WhatsApp number
- Of a local peer leader/community support member
- And a hotline if available, during off hours

virtual nature, but allow AYLHIV to feel connected and reduce stress.

Utilize available social media and virtual support groups on WhatsApp, Facebook, or through mHealth such as CommCare. Peer moderators and clients with phones will need access to the internet during this time, so consider re-budgeting transport stipends for this purpose.

It is recommended to ensure a professional health care worker be present in the virtual support group, as an observer, to provide correct and accurate medical information and reach out for one-on-one referrals.

In recognizing that AY may not have access to mobile phones or internet connection, CAYA advises utilizing available community radio to share accurate information to youth, as well as hotlines that could be called for additional clarifications/information.

Potential Virtual PSS topics from CAYA

- Staying safe from COVID-19
- The relationship between HIV and COVID-19
- How to keep adhering to antiretroviral therapy (ART)
- Dispelling myths around COVID-19
- Dealing with mental health issues when staying at home
- Maintaining safe environments: gender based violence prevention
- Sex in the time of COVID-19: safety and consent
- Life goals and academic motivation
- AY empowerment in clinical care

Recommendation #2: Physical Distancing at Facilities

With precautionary prevention measures recommending maintaining a two-meter space between individuals, adjusting client flow at the facility level is critical.

Scheduling and appointments

To reduce physical contact at the facility, particularly in waiting and triage areas at the clinic, schedule appointments in stages by different hours to ensure clients do not gather together at the same time. Facilities vary in size and capacity, thus the maximum number of clients able to be seen for various time windows will be context-dependent. The number of available providers, consulting rooms/tents available, and the volume of clients in care, are all variables to take into account when determining the threshold. Clients with co-infections and unsuppressed viral loads can be considered to be scheduled first.

Suggestions for making services safe:

- Consider having remote triage with a phone/ WhatsApp contact outside the facility for expedited services and reduced waiting time in facility departments
- Make use of available tents for staging to reduce client volume, including re-purposing and sharing between projects and partners
- Post signs with information indicating suggested behavior and directions for clients and encourage clients and providers to safely navigate the facility
- Continue to prioritize adolescent and youth-friendly service provision emphasizing confidentiality and comprehensive care, along with screening for potential violence and supporting decisions to quarantine/stay home with safe relatives or friends
- Call in pharmacy orders and reduce contact at each service delivery point if unnecessary
- Consider using community-based pick up of ARVs, TB medication, and contraceptives by community location, mobile van or via home visits that prevent loss to follow-up for AY

*Additional considerations that are pertinent particularly in stay-at-home conditions include AY and providers navigating police checkpoints in accessing the facility for routine services. There have been reports of forced disclosure of AYLHIV as they legitimize their reason for travel. Forced disclosure

can lead to stigmatizing or discriminatory behavior. Providers and peer cadres are advised to be aware of these challenges and to be prepared to discuss solutions with AY clients in navigating this case scenario.

Encouraging physical distancing behavior and social connections

It is important to encourage and reinforce AY clients to practice physical distancing while staying connected. For example, instead of a handshake or hug, other suggestions would include: waving, head nod/eye contact, smiling, air fist bumps and high fives. With limited physical connection, emphasize maintaining social connection and defining new social norms that can prevent infection.

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“Those [peers] with smart phones can continue counseling on [their] phones for example by creating WhatsApp groups for those who are willing and continue the conversations”

— Female, CAYA Uganda

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“It would be best if the visits [to the facility] would be at least once every 3 months ... to minimize the time spent in the facility. In terms of PSS, it would be beneficial to use social media platforms such as WhatsApp groups.”

— Female, CAYA Eswatini

Recommendation #3: Peer Provider Self Care and Assistance

Ensuring a physically and mentally fit workforce is an essential part of an effective health system. During this time, it is especially crucial to emphasize the self-care of providers, including AY peer cadres. Peer cadres will play a critical role in the continued provision of services—virtually or otherwise—for AY. These cadres are passionate, driven individuals who support their peers giving their time, which when provided in overdrive, can take a toll on their emotional and mental capacity and wellness. Burnout and poor health can result if peer providers are not taking time to recharge and engaging in other self-care measures, which include:

- Taking a break from working
- Staying at home if they feel unwell for 14 days is recommended
- Ensuring peer providers have adequate airtime/ phone resources to connect and reinforce correct COVID-19 information and referrals
- Making sure AYLHIV leaders adhere to their treatment and AY have essential services
- Staying virtually connected with friends
- Being proactive about seeking assistance if needed, including their mental health

It is recognized that peer cadres or other lay workers' wages can be impacted by national guidelines limiting their roles/responsibilities at facilities, homes, or concerning facilitation of group activities. It is recommended to be prepared for this case and organize support proactively to assist sustained peer cadres during these times, especially if they are continuing to support virtual activities. This support includes the continuation of financial stipends as well as building the capacity of cadres to provide quality remote support to their peers.

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“We need to engage and not isolate or social distance AYPLHIV when it comes to the fight and prevention of COVID-19”

— Male, CAYA Eswatini

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“They [peer cadres] need to be provided with resources that will help them during this pandemic as they are just so passionate about their work but sometimes cannot even afford to take care of themselves”

— Female, CAYA Lesotho

Recommendation #4: Ensuring Essential Access to SRH Services

Despite the disruption of service provision, essential services must continue. This includes:

- Ante- and postnatal care including HIV testing and the prevention of mother-to-child transmission of HIV (PMTCT) services
- Access to contraceptives with a 3-12 month supply and removals
- Packaging condoms for a longer-term supply (similarly to ARVs or contraceptives) and ensuring contactless pick up (such as wrapping in newspaper bundles)
- Post violence care and support, including post-exposure HIV prophylaxis (PEP) and emergency contraception
- STI syndromic screening and treatment

- HIV self-test kits
- Pre-exposure HIV prophylaxis (PrEP) provision and retention support
- Remote contacts for telemedicine/virtual provider support counseling and referrals for clinical or social needs including gender-based violence response

Routine essential services should continue for AY. Employing non-traditional approaches to ensure access and uptake is encouraged. Contact-less services can be provided with telemedicine including virtual follow-ups to manage side effects. Make linkages to pick up medicine at a pharmacy or through a delivery service with free or low-cost commodities. Virtual peer networks, hotlines with providers, and AY cadres based in communities to support linkages to facilities can be useful.

Additional Resources

Creator	Resource	Link
Children's National Hospital, Psychology Team, USA	Children's book: <i>What is Coronavirus?</i>	Available here
African Union	Youth booklet: <i>COVID-19 What you need to know</i>	Available here
	AU country helplines	Available here
Africaid Zvandiri, Zimbabwe	Video narrated by Fatima, a young woman on COVID-19 and how young people can look after themselves and others	Available here
International Planned Parenthood Federation	What you need to know about sex in the time of COVID 19	Available here
United Nations Youth Envoy (with UNICEF and WHO)	Webinar series on health in times of coronavirus for young people; 4 scheduled	Mental health webinar: here Blog and connect on Twitter @UNyouthenvoy
GBV Guidelines	Resource page	Available here
International AIDS Society	Resource page	IAS COVID resource page here
World Health Organization	Resource page	Available here
	WHO global questions	WHO WhatsApp Number
LetsStopAIDS	HeyCOVID graphic campaign for WhatsApp	Available to download here in English, French, Portuguese, Swahili, SiSwati
FrontlineAIDS, READY Plus	COVID-19: A guide for Parents/Caregivers to support adolescents and young people to stay healthy; downloadable resources for social media and WhatsApp to keeping young people healthy	For adolescents and young people and separate for caregivers - here