TRANSFORMING THE HIV RESPONSE
HOW COMMUNITIES INNOVATE TO RESPOND TO COVID-19
Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live. As a result, 1.7 million people were infected with HIV in 2019 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ABOUT THE FRONTLINE AIDS PARTNERSHIP

We are a multidirectional partnership that operates at global, national and local levels. We adapt as the HIV epidemic changes. We are committed to engagement and collaborative action together as Frontline AIDS to deliver our Global Plan of Action.

The HIV epidemic hasn’t gone away. It’s evolving. So, we must keep evolving too - working with our partners on the frontline to ignite innovations that help break down the social, political and legal barriers that stand in the way of a future free from AIDS.

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INTRODUCTION

2020 has been a year unlike any other. COVID-19 has taken hundreds of thousands of lives and has changed the shape of our societies, exposing the stark inequalities in access to healthcare and other basic services around the world. We are surrounded by stories of tragedy and desperation, but the crisis has also spurred people into action and acts of solidarity.

Communities affected by HIV have been the driving force behind some of the most inspiring responses to the COVID-19 pandemic. This report showcases the approaches taken by members of the Frontline AIDS partnership. It shares the innovative ways that we have adapted and are still adapting our programmes to meet the demands of these extraordinary times. COVID-19 has shown what is possible when there are both political will and resources invested in what works at scale. Our experience of COVID-19 gives us the hope and evidence that we can build back better in this new era.

‘Business as usual’ will not end new HIV infections or stop people dying from AIDS-related illness. We have come a long way. We have made progress by doing things differently, better – and now is the time to amplify our impact. Our challenge is not just technical or technological: we also want to shift power into the hands of the most marginalised and to overcome entrenched structural issues and violence.

WHY FOCUS ON INNOVATION?

Innovation is at the heart of how the Frontline AIDS partnership impacts on the HIV response. We are continually exploring, adapting and evolving the way we work to break down the multiple and often intersecting barriers experienced by marginalised people who are living with, or who are at risk of acquiring HIV. Through our response to the COVID-19 crisis, we have shown that we are an agile partnership that can move quickly to address the changing needs of and threats to the people with whom and for whom we are working.

Frontline AIDS intentionally focuses on promising and innovative practices that show the biggest potential impact on preventing new HIV infections and AIDS-related deaths among the most marginalised people in society. By focusing on innovation, we are able to build a stronger and bolder HIV response.

Innovation requires the courage to try something new, to do things differently and to persevere in order to pursue what really works. Innovation is not an end in itself. For us, innovation is a means to:

- equal rights
- healthier people
- resilient communities
- greater preparedness for future shocks – whether it is a change in the HIV epidemic or other health epidemics like COVID-19, humanitarian crises, environmental disasters or political instability
- a sustainable HIV response

Innovation is demonstrated through what we do, how we do things, how we work with others and how we think about things. As the examples in this report show, innovation can take the form of a new action, or it can be a new way of scaling up an existing intervention, making it more effective or adapting it to new contexts, in new combinations or for different populations.
The COVID-19 pandemic has severely compromised the ability of health systems to protect people and communities, and has thrown the HIV response, already a long way off track, into an even deeper crisis.

Due to COVID-19 restrictions, HIV prevention services have shut down, and access to treatment has been interrupted at the individual, community, health system and supply chain levels. Resources, both financial and human, have been diverted away from HIV and other areas of health to the COVID-19 response.

- These unprecedented challenges threaten all that we have achieved together in responding to HIV. Modelling by the Joint United Nations Programme on HIV/AIDS (UNAIDS) has estimated that a six-month disruption to treatment could lead to half a million extra deaths from AIDS-related causes in sub-Saharan Africa, while a 6-month disruption in outreach and condom programming is predicted to lead to a 25% increase in new infections over one year. Even before COVID-19, progress on HIV prevention was flatlining, and the high rates of new HIV infections among the most marginalised populations were especially concerning.¹

Marginalised people living with or at risk of acquiring HIV face significant barriers to health and wellness at the best of times. These barriers have only been exacerbated by the COVID-19 pandemic and the measures to mitigate this new pandemic:

- **People are struggling to meet their basic needs.** No longer able to earn an income they cannot access essentials including food, water and shelter and have become increasingly dependent on government or community services, where these are available. Some health services are inaccessible. There are widespread reports of antiretroviral treatment (ART) shortages and disruptions to the supply of contraception and tuberculosis testing and treatment interruptions.

- **People fear for their own safety and security.** This includes being outed, arrested, physically harmed or discriminated against by public service providers. As a result, people are not seeking out government-provided food parcels, other provisions or health services, where these are available.

- **Government services are not being provided equitably.** There are reports that criminalised groups – including sex workers and lesbian, gay, bisexual and transgender (LGBT) people – are being denied access or excluded from emergency and humanitarian responses to COVID-19. Equally, people who use drugs are finding opioid substitution treatment and other harm reduction services have stopped or have been deprioritised.

- **Organisations closest to communities are under threat.** This is a result of low capacity and resources and restrictions on their movements at the same time as increased demand for their services. Civic space is shrinking, with dissenting voices silenced and anyone calling for alternative approaches condemned. This makes it dangerous for civil society to serve the communities they represent, including those most at risk of and living with HIV.

- **Human rights violations have increased.** New threats to human rights are emerging. Some people who are locked down with, and increasingly economically dependent on, their abuser(s) are unable to access support. LGBT people are among those confined to their homes where they may face violence. Governments are sanctioning the use of laws and restrictions, ostensibly put in place to stop the spread of COVID-19, to oppress, harass and abuse marginalised groups.

**The social violence, the stigma, the discrimination is worse. This is a huge humanitarian crisis.**

**The impact for the HIV response with key populations who are traditionally excluded from a society that wants to discard people could be very strong, so we have to be firm in our programmes, in our response, in our convictions about human rights.**

... when you have a problem where people are dying, where the situation is terrible, you have to react immediately, to be very proactive, to be very creative, to look for innovation.”

— Amira Herdoiza, Executive Director of Kimirina, a community organisation at the forefront of the HIV response in Ecuador and a Frontline AIDS partner

**In solving the issue of continuous HIV services in this COVID-19 response, we need to use a number of different approaches because not one will fit all.”**

— Dr. Pasquine Ogunsanya, Alive Medical Services (AMS) – a partner of Frontline AIDS’ Sexual and Reproductive Health (SRHR) Umbrella Grant in Uganda

All of these developments will drive new HIV infections upwards at the same time as economies in both donor and developing countries are struggling, meaning there is likely to be less funding for health in the future. Countries simply may not be able to provide HIV treatment to the growing number of people who need it. Now more than ever, a strong voice for those who are living with or who are at risk of contracting HIV is critical.

**COMMUNITIES TAKING THE LEAD**

Communities affected by HIV have a wealth of experience when it comes to tackling a global health emergency. Our partners are drawing on that expertise and rising to the challenges of the COVID-19 pandemic.

Community-based organisations (CBOs) know their communities better than anyone and are trusted to support them. Over time, CBOs have developed their own differentiated services designed to meet the varied needs of members of their communities and have pushed for other service providers to do the same. Now, during this COVID-19 emergency, they are best placed to understand the challenges that the communities face and to help find solutions.

As this report shows, communities are tackling this pandemic in inspirational ways that show their experience, skill, adaptability and responsiveness. The wider world would do well to learn from them and to follow their lead.

> It’s impossible to work in an epidemic without communities and the HIV response has proved that, for COVID-19, it’s the same thing.”
> — Amira Herdoiza, Executive Director of Kimirina

> The community felt there was a need and so the community came together and started dividing responsibility for who should be doing what. It just happened spontaneously.”
> — Charanjit Sharma, Alliance India’s harm reduction programme manager
COVID-19 has impacted on us all in one way or another. Just like any family or community, the Frontline AIDS partnership has pulled together to support each other through this crisis.

As individual organisations within the partnership, we have adjusted our programmes and redirected our focus to make sure that we can address the urgent needs of the people we work with. We have also made significant changes to how we work together:

- We undertook a rapid assessment of all our programmes and internally reallocated $300,000 into a Partnership Crisis Fund. This was designed to help partners to continue, or adapt, their operations, programmes and services during the COVID-19 pandemic. Funds were distributed swiftly with all money allocated by the end of June. The main areas funded were personal protective equipment (PPE) and sanitiser, food relief, remote working, COVID-19 awareness raising, IT equipment and training, direct provision of antiretrovirals (ARVs) and research.

- Existing Frontline AIDS programmes were identified as particularly well placed to support organisations adapting to face the convergence of the HIV and COVID-19 pandemics. These programmes were swiftly adapted and expanded – for specific examples, see the snapshots below on REAct and the Rapid Response Fund (see pages 9 and 10).

- Systems were put in place to share our experiences within the partnership. For example, regular global calls were scheduled to discuss our responses and to identify where strategic partners could focus their efforts.

- We pulled together knowledge and learning on COVID-19 and worked as an information-sharing hub for the whole partnership. This included hosting three global webinars that provided accurate information and gave partners an opportunity to showcase their work and to learn from each other.

- Where a need was identified for technical guidance or reliable information, specific new materials have been developed. This has included producing a series of guides for adolescents, young people and their parents and caregivers as well as a technical briefing paper on HIV programming and COVID-19.

The following examples in this report show how we have adapted our programmes, services and ways of working to ensure we continue to support marginalised people during the COVID-19 pandemic.

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2. Watch the webinars at https://aids2020.frontlineaids.org/

3. These resources are available at https://frontlineaids.org/resources/. Put ‘COVID-19’ into the search box.
SNAPSHOTS:
COVID-19
COMMUNITY
INNOVATIONS
COVID-19 RELATED GRANTS FROM THE FUND HAVE BEEN USED:

- to safely relocate people who have been released from prison and to provide urgent medical care
- to buy bicycles to get urgent HIV medicine to community members who cannot leave their homes
- to give legal teams PPE so they can visit and free LGBT people who have been detained in police stations and who have often been violently attacked whilst in detention

RAPID RESPONSE FOR MARGINALISED PEOPLE IN CRISIS

Frontline AIDS has managed a Rapid Response Fund, since 2016, providing emergency grants to lesbian, gay, bisexual and transgender (LGBT) people who are facing human rights abuses that prevent them from accessing HIV services.

These grants are given directly to civil society organisations in 37 countries across Africa and the Caribbean, enabling them to act quickly when members of their community face abuse, arrest, stigma or discrimination. Funds can be used to provide safe refuge, legal support, HIV testing services, housing or simply food for those who need it urgently. Critically, the Fund is responsive, and communities themselves identify their needs.

Demand for the Fund is always high. However, since the COVID-19 pandemic began, the number of applications for emergency grants has almost trebled. As COVID-19 first started to spread, the applications we received painted a worrying picture of LGBT communities facing further isolation and displacement by lockdown measures.

We also heard from other marginalised groups in crisis. Sex workers who were unable to work as lockdown measures restricted their movements or shut down places of work were struggling to support themselves and their families. People who use drugs found their support services cancelled or deprioritised and their exposure to risk increased as harm reduction services were harder to access.

It soon became clear that that the scale of the emergency called for a bolder approach. In April, we reallocated money from across Frontline AIDS’ programmes to bolster the Fund. At the same time, we extended the Fund to also serve sex workers, people who use drugs and people living with HIV. By July 2020, we had dispersed $400,000 in grants directly relating to COVID-19 – the majority of the recipients were from the LGBT community, and around $150,000 went to other marginalised populations.

The Elton John AIDS Foundation (EJAF) has partnered with Frontline AIDS on the Rapid Response Fund since its inception. Together we saw the Fund as the ideal mechanism for providing support quickly to mitigate the adverse effects of COVID-19 on marginalised people. As well as broadening the reach of the Fund to other marginalised groups, we significantly expanded its geographical reach. Now organisations are able to apply to the Fund from any of 47 priority countries.

The Fund can provide support for a wide range of needs – from maintaining HIV or harm reduction services to providing PPE or supplying food or shelter – costs that are often not covered by more traditional funding mechanisms. A limited number of grants are also available for longer term projects that have the potential to catalyse innovations, and for opportunities sparked by the convergence of HIV and COVID-19 to bring about more systemic change for marginalised people.

For further information, visit: https://frontlineaids.org/our-work-includes/rapid-response-fund/
Frontline AIDS created REAct (which stands for Rights – Evidence – ACTion) to support communities to monitor and respond to human rights violations.

Community-based organisations (CBOs) use REAct to record human rights violations that occur when people access HIV and other health services. People are then connected to the health, legal and other services that they need. The data gathered is used to shape HIV programming, policy and advocacy.

Reports of human rights violations have increased as COVID-19 has spread. Our partners wanted to use REAct to support their communities, but they were unable to simply continue as before. The COVID-19 response threw up many questions:

- What rights are still protected during an emergency?
- Which restrictions are justified in the current situation?
- Which new laws, practices or policies are excessive?
- Which governments are using the pandemic as an excuse to repress or attack their own people?

As the need to monitor human rights violations was growing, we knew we needed to adapt REAct to make it fit for purpose during COVID-19 times.

Frontline AIDS’ role is to provide technical support to organisations using REAct. This consists of training and retraining users and providing on-going support, particularly to ensure that their documentation systems are meeting their needs. The advent of COVID-19 meant two things for us: supporting existing users to continue to implement REAct, and findings ways to provide training and technical support virtually.

First, we surveyed communities to understand and learn from their responses to COVID-19. They shared their experiences and the innovative ways they were dealing with new challenges to human rights.

We then quickly began to adapt REAct to suit the new climate. Six countries were due to start implementing REAct when the COVID-19 crisis struck, and we were determined not to delay them. Instead we converted the usual four-day face-to-face training workshop into a series of webinars with an accompanying training manual.

By late May 2020, we were able to pilot the virtual training scheme in Uganda with partners working with people who use drugs, transgender people and the LGBT community. The training materials have since been used with organisations supporting adolescent girls and young women and have been translated into Arabic for training sessions in the Middle East and North Africa.

Having invested in these virtual training programmes, we plan to make the most of them by creating a REAct e-learning platform with a combination of self-paced
FAST REACTIONS IN UKRAINE

Based in Ukraine, the Alliance for Public Health (APH) is supporting communities in Georgia, Moldova, Kyrgyzstan and Tajikistan to use REAct. When COVID-19 emerged, their usual channels of communication failed, and they risked losing contact with both the people on the ground who are implementing REAct and their clients. However, APH swiftly mobilised and ensured that all the outreach workers, street lawyers and community activists had mobile phones and internet access so they could maintain contact with their clients and hold online meetings. Hotlines were set up in some of the implementing countries to give information and support to target audiences. Business cards were printed with phone numbers for people to call if their rights were violated or if they needed support. In Georgia, REActors even used the dating app Tinder to find potential clients from the LGBT community, offering them HIV services and legal support.

They face various challenges along the way, as Victoria Kalyniuk from APH explains: “Neither clients nor staff could identify new types of human rights violations. They were unsure what rights and rights violations are in emergencies. what police and governments should do and what they should not.”

APH held training sessions and issued briefing papers to provide up-to-date information, to explain which rights should still be protected during emergencies and to indicate which violations to look out for.

Victoria says APH has also prioritised the wellbeing of their own staff and volunteers, including supplying PPE to outreach workers and street lawyers, “they are on the frontline of both viruses and they need to continue their work in this turbulent time.”

learning and virtual classrooms to train implementers. This will make REAct accessible to even more organisations in the future and will help to reduce costs.

Next, we identified the need for additional tools. In collaboration with our partners, we developed a new guidance document for REAct implementers. This offers clarity on how to identify human rights violations during an emergency and provides advice on: conducting training and sharing information online; providing virtual support services; redirecting funding towards emergency small grants; obtaining and recording consent virtually; equipment needed for remote working; and how to continue providing services safely.

In response to the increase in domestic violence, we are also developing a supplementary module to the REAct guide that will help organisations to monitor sexual and gender-based violence. It will be piloted before the end of 2020. We also helped users to adjust their documentation systems, enabling them to gather data around COVID-19 related human rights violations and needs.

Finally, we developed stronger support systems. This included creating an online community of practice for REAct – a space for organisations that are implementing REAct to share information, opportunities and experiences. All members are encouraged to post their ideas, best practices and the challenges they are facing. We are also providing ongoing technical support for the database that is used to record rights violations and holding refresher training events for implementing organisations.

For further information, visit: https://frontlineaids.org/our-work-includes/react/
COVID-19 restrictions in India have seriously impacted the lives of people who use drugs.

It is harder to get hold of drugs during lockdown, meaning that more and more people are going through sudden withdrawal. The pressure on health services has meant that opioid substitution treatment and other harm reduction services have been cut back or simply stopped. The services that are still running are reluctant to take on new clients.

With support from Frontline AIDS, Alliance India had already invested in supporting state- and national-level drug user forums. The forums defend the human rights of people who use drugs and work to improve their access to health and welfare services. During the COVID-19 pandemic, these forums have saved lives, finding innovative approaches to continue to protect the health and wellbeing of people who use drugs.

One of these groups, the Mizoram Drug Users’ Forum (MDUF), set up a helpline for people who use drugs and advertised the phone numbers widely through local TV stations and social media. Managed by experienced community leaders, the helpline has been offering support and advice during lockdown. MDUF also arranged for buprenorphine, a medication that relieves opioid withdrawal symptoms, to be delivered directly to the hardest-to-reach people who use drugs.

Along with other drug users’ forums, MDUF has lobbied hard for new clients to be allowed to register for opioid substitution treatment (OST) during the pandemic and for take-home doses of methadone (and buprenorphine) to be made available. As a result, the National AIDS Control Organisation (NACO) has finally agreed to allow methadone take-home doses, something that had been under discussion for ten years prior to the COVID-19 pandemic.

In Chennai, the Tamil Nadu Drug Users’ Forum (TNDUF) has swiftly identified homeless people who use drugs as some of those who are most at risk during the COVID-19 pandemic. As some of the most marginalised people in society, they live in fear of criminalisation, rarely managing to access health or social support services. TNDUF persuaded the railway authorities to temporarily allow these people who use drugs to sleep on the railway platforms and use the railway toilets and clean water supply. TNDUF also liaised with faith-based groups to arrange deliveries of pre-prepared meals and they made sure that everyone who needed them had access to opioid substitution treatment and antiretrovirals (ARVs).

Meanwhile, Alliance India has already begun preparing for life after lockdown. Fearing that there will be a spike in fatal overdoses when opioid drugs become more readily available again, Alliance India is setting up six new drug user forums, with support from Frontline AIDS. The forums will be prepared to quickly provide the life-saving opioid antidote Naloxone and will continue advocating for the rights of people who use drugs in their respective states.

For further information, visit: http://www.allianceindia.org/covid-19-Response/
Increasing numbers of young people in Nigeria have access to a mobile phone. The organisation Education as a Vaccine (EVA) tapped into this and built a phone service that shares sexual and reproductive health information directly with adolescents and young people.

MyQ&A is a confidential question and answer service. Young people call a toll-free hotline to ask a counsellor questions about sexual and reproductive health. Set up as a phone line in 2005, the service has since adapted as new communication trends have emerged. SMS messages, email, a website, Facebook, Instagram and a range of apps are all now included, making it simple for young people to access information.

Since its scale up in 2007, the MyQ&A service has answered over one million questions. Adolescents and young people value the anonymity of the service and the opportunity to have conversations in a non-judgemental way, which isn’t always possible with families or friends.

When COVID-19 spread into Nigeria, young people started using the service to ask questions about the links between HIV, COVID-19 and sex. Rather than simply replying in one-to-one messages, EVA saw an opportunity to be more proactive. It is now using its communication channels to bust misconceptions about COVID-19, broadcast accurate information and even host WhatsApp seminars. Through the various platforms, young people can find out the facts and get up-to-date advice on hygiene and the correct use of PPE.

As MyQ&A is a digital service, it is ideal for use during the pandemic. EVA simply updated the content while continuing to use existing systems. As a result, it was possible to share new information quickly with young people across Nigeria while respecting rules on social distancing.

EVA has built the MyQ&A service around an understanding of young Nigerians and what matters to them - the service respects privacy, embraces social media and offers straight-talking facts, free from judgement. It is a successful formula. Young people continue to share their questions with MyQ&A, and EVA is ready to adapt its messages whenever necessary to follow the latest public health advice.

For further information, visit: https://www.facebook.com/myQmyA/
The Kenyan government responded quickly to COVID-19. The first case in the country was announced on 13 March 2020. Within a week the government had declared a nationwide curfew and restrictions on movement.

The impact on already marginalised populations was immediate. Brothels, bars and other hot spots where people meet or work were closed. Many people lost their jobs or sources of income. As a result, many people decided to temporarily move to rural areas, including young people forced to move in with their parents and caregivers.

LVCT Health provides support for HIV prevention, treatment and care, particularly to marginalised communities through 17 health facilities across Kenya. As soon as the COVID-19 restrictions were announced, LVCT Health began talking to their beneficiaries to understand their needs and concerns. Some people had lost their income and couldn’t afford to travel to clinics; others were unsure how they would access health facilities in rural areas. Solutions had to be found quickly as people were preparing to leave for their rural homes – there was a real risk that people would stop their HIV treatment and that levels of new HIV infections would increase.

LVCT Health arranged for all their service users who are living with HIV to be given a three-month stock of ARVs and for those accessing prevention services to be provided with multi-month supplies of condoms and pre-exposure prophylaxis (PrEP). Some people were reluctant to carry medication for three months, so plans were made for their medical supplies to be sent to them by courier once a month.

The next challenge was keeping channels of communication open with the peer educators who provide treatment and psychosocial support. Monthly follow-up calls were booked in, especially for beneficiaries living with HIV who were not virally suppressed. Treatment adherence support was sent via SMS messages and clients were given a freephone number to call anytime they needed extra help. Peer educators also set up support groups. They “met” via WhatsApp to share their worries, ask questions and even request supplies such as condoms, lubricants, needles or syringes. LVCT Health found that the support groups worked best when they were organised by community members, so separate groups were created for men who have sex with men, sex workers and young people.

LVCT Health is planning to continue providing virtual support groups in the future as these have been so well received. They believe the success of the groups lies in their adaptability. Each specific support group is tailored to a different population, creating a space where people can talk freely, share common concerns and access support for their specific needs.

For further information, visit: https://lvcthealth.org/
Kimirina is a community-based organisation working with people affected by HIV in Ecuador. They provide community services across the country but are not able to deliver HIV-related medical services to all areas.

Before COVID-19, they knew there was an unmet demand for pre-exposure prophylaxis (PrEP) in some communities and wanted to find a way of resolving the problem. They developed a telemedicine service to connect potential clients with doctors online. When travel restrictions were introduced across Ecuador to limit the spread of COVID-19, Kimirina saw an opportunity to expand the service to ensure that as many as people as possible could continue to access health services.

The service targets marginalised communities, in particular men who have sex with men. Community outreach workers put potential clients in touch with an appointed doctor. A appointment is scheduled and then takes place via Zoom at no cost to the client. If lab tests or prescriptions are needed, the doctor sends requests by email directly to the service provider. At the end of the appointment, the client is told exactly what the next steps will be and is encouraged to book a follow-up appointment.

During the COVID-19 pandemic, between April and July 2020, over 250 people from nine provinces used the service. More than 90% of them were men. Following their consultations 70% of them received PrEP, and the service has been able to extend its reach far beyond this. The online doctors have also prescribed antiretrovirals, given advice on sexually transmitted infections (STIs), personal protective equipment (PPE) and general medicine.

Kimirina and the community outreach workers have used all the channels of communication available to them to promote the service. They have successfully spread the message beyond the LGBT community to other vulnerable populations, including migrants, some of whom have become trapped in Ecuador while travel restrictions prevent them from returning home. In fact, 24% of the people who had online consultations were foreign nationals.

Community outreach workers have been the key to the success of the programme. They have been active in the communities over many years and are a trusted source of support and information. They form a link between the client and the service provider, whether accompanying them to a health facility or, in this case, setting up a virtual appointment with a doctor.

For further information, visit: https://www.kimirina.org/
ADAPTING TO CHANGING PRIORITIES IN SOUTH AFRICA

In South Africa, a significant number of sex workers and people who use drugs were displaced when stringent lockdown measures were implemented. Programmes had to become increasing agile.

Many sex workers left the cities when they were unable to work, returning to their more rural homes or other areas. People who use drugs, many of whom lived on the streets, were placed in temporary shelters and camps. As a result, people who had been enrolled in treatment and prevention services were highly mobile and difficult to trace.

NACOSA is a network of over 1,800 civil society organisations working on HIV, AIDS and tuberculosis (TB) in Southern Africa. It acts as a bridge between people and health and social services. As the COVID-19 pandemic unfolded, NACOSA began to negotiate access to shelters to deliver opioid substitution therapy and clean injecting equipment to people who use drugs. At the same time, they needed to ensure that their services were registered as essential, and secure permits to enable outreach teams to search for people when ‘hotspots’ changed. When service users were found, they were given a good supply of condoms and information specific to COVID-19.

In addition, the programme used WhatsApp to create localised groups run by peer educators, where information on sex work and COVID-19 could be shared, as well as updates on service delivery. Sex workers could also request assistance using the WhatsApp number. Sex workers identified as needing further support or who requested help were linked to psychosocial support, where a social worker provided counselling, referral and linkages to further services over the telephone.

Food security was a significant issue identified, and many service organisations organised fundraising efforts to respond to the need. As well as NACOSA accessing funds from the government-established Solidarity Fund, other fundraising efforts were used. For instance, in South Africa, SWEAT (a NACOSA member) embarked on a crowdfunding effort to supply sex workers in urgent need with a grocery voucher sent via mobile phones. They raised over US$15,000 and used these funds to support 704 adults and 939 dependent children. This initiative is ongoing as children return to school.

For further information, visit: https://www.nacosa.org.za/ and http://www.sweat.org.za/donate/

Pamela is a women who injects drugs. She received food support from TB HIV Care in Durban, South Africa. © Kalvanya Padayachee, TB HIV Care
The innovations in this report are just a snapshot, showing how the Frontline AIDS partnership has adapted to the changing circumstances brought about by COVID-19. Taken together they illustrate that we are an agile partnership, moving quickly to address the changing circumstances of the people we work with and for – people affected by HIV in all their diversity.

Now we are entering a new phase. While some countries are experiencing a wave of COVID-19 infections for the first time and others are facing a second or even third spike, we will draw on our collective experiences from the pandemic so far, adjusting our ways of working and planning for the future.

There is a very real risk that the gains of the past decade could be lost, and we are determined to prevent that from happening. With this in mind, we will:

1. CONTINUE TO ADAPT OUR PROGRAMMES

Just as we adjusted our programmes at the height of the COVID-19 emergency, we will continue to be flexible so that we can respond to the ever-changing situation. We believe that, over the coming months, we will need to focus on:

- The HIV response – preventing new infections, making sure that testing services continue and supporting access to treatment to avoid drug resistance and HIV-related deaths.
- Protecting marginalised populations, who are already vulnerable, from COVID-19 infection.
- Preventing COVID-19 infections among the key workers who are providing services for marginalised populations, including community-based outreach workers and peer supporters.
- Protecting against the secondary impacts of COVID-19 – both working to reduce increases in violence, homelessness and poverty and providing support to those worst affected.

2. ADVOCATE FOR STRATEGIC RESPONSES FROM DONORS AND GOVERNMENT

We will work to ensure that policy-makers and funders are aware of the combined impact of COVID-19 and HIV on the most marginalised people in our societies. In particular we will be calling for:

- Continued focus on HIV even when governments are overwhelmed by COVID-19 and its consequences, in particular a commitment to maintaining critical HIV services.
- A strong emphasis on HIV prevention so that we do not see a spike in new infections.
A people’s vaccine for COVID-19 – one that is available to all, without discrimination and free of charge.

Support for, and investment in, the adaptation of community responses as critical to strengthening health system responses.

Protection of human rights.

3. SEIZE UNEXPECTED OPPORTUNITIES

The COVID-19 response has opened up new possibilities for improving HIV prevention, care and support programmes. Governments, donors, non-governmental organisations and communities have all made massive, rapid adjustments to their ways of working in response to the COVID-19 pandemic, showing us what can be achieved in times of crisis. We are determined to strengthen, scale up and expand promising new practices for service delivery and information sharing, including:

- Differentiated service delivery models and de-medicalised care, particularly community-based models.
- Multi-month prescriptions and dispensing of ART, PrEP and drugs for comorbidities.
- Harm reduction policies that allow take-home doses of methadone or buprenorphine.
- The use of technology and virtual platforms for outreach, service delivery and data collection. These tools and systems can remain in use long after the pandemic, resulting in strengthened capacity of organisations led by and supporting marginalised people.
- HIV self-care approaches, including self-testing, giving people greater control over aspects of their health.

4. KEEP LEARNING AND INNOVATING

COVID-19 has shocked the world, overwhelming weak health systems and disrupting services. It has also once again highlighted the vulnerability of marginalised people. Faced with unforeseen challenges, Frontline AIDS and our partners have been spurred on to adapt, innovate and constantly strive for better solutions.

We will continue to gather systematic information on how marginalised populations are included in and excluded from the COVID-19 response. With this data we will identify pathways, strategies and approaches for better preparedness and resilience and we will advocate for holistic programming.

At Frontline AIDS, we are ready to take advantage of the critical junctures that will appear as the COVID-19 pandemic continues to unfold. At all times, innovation will remain at the heart of our response.