



# UNICEF's HIV Programming in the Context of COVID-19: Building back better for children, adolescents and women

Compendium of innovative approaches in Eastern and Southern Africa, Volume II

## Foreword

The first cases of COVID-19 were recorded across eastern and southern Africa in March 2020. Strict lockdowns rapidly followed in most countries and have been re-imposed intermittently since that time. The emerging pandemic, coupled with mobility restrictions, threatens the continuity of basic health services, including for HIV diagnosis, treatment, and prevention in the highest AIDS-affected region in the world. In July 2020, we released *UNICEF's HIV Programming in the Context of COVID-19: Sustaining the gains and reimagining the future for children, adolescents and women: A Compendium of innovative approaches in Eastern and Southern Africa*. This compendium described the early initiatives undertaken and supported by UNICEF in nine high HIV prevalence countries to sustain the continuity of HIV services for children, adolescents, and women in the context of COVID-19. We are grateful that the compendium was widely disseminated and well-received, providing insights and opportunities for expanded collaboration and effort across the region and beyond.

One year later, we are delighted to release Volume II of the compendium, which describes progress, results and learning from the nine countries included in Volume I



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and presents experiences from an additional eight countries, including a mix of low and high HIV prevalence settings. As noted in the introduction, a key theme across countries is the use of multiple service delivery platforms, evidence-based interventions and lessons learned over the last three decades from the HIV response.

As we read through the country submissions, we were excited and inspired to note that indeed governments and their partners are *building back better*. Many of the adaptations being introduced will be carried forward to improve and strengthen systems in ways that help to ensure improvements reach scale and are sustained over time. Examples include innovative and efficient approaches for training, service delivery and monitoring; an enhanced focus on mental and psychosocial support; and, interactive multi-media, digital, and interpersonal approaches for more community and client-driven programmes.

We hope that you too will find relevance in and be inspired by these examples and we look forward to our continued collaboration toward building resilient systems and ending AIDS by 2030.

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## Abbreviations and acronyms

|                 |  |
|-----------------|--|
| <b>AGYW</b>     | Adolescent girls and young women           |
| <b>ART</b>      | Antiretroviral therapy                     |
| <b>ARVs</b>     | Antiretroviral (medicines)                 |
| <b>CATS</b>     | Community Adherence Treatment Supporters   |
| <b>COVID-19</b> | Coronavirus Disease 2019                   |
| <b>EID</b>      | Early infant diagnosis                     |
| <b>ESA</b>      | Eastern and Southern Africa                |
| <b>IPC</b>      | Infection prevention and control           |
| <b>MNCH</b>     | Maternal, newborn, and child health        |
| <b>MoH</b>      | Ministry of Health                         |
| <b>MTCT</b>     | Mother-to-child transmission of HIV        |
| <b>NDOH</b>     | National Department of Health              |
| <b>PCR</b>      | Polymerase Chain Reaction                  |
| <b>PPE</b>      | Personal protective equipment              |
| <b>PMTCT</b>    | Prevention of mother-to-child transmission |
| <b>SGBV</b>     | Sexual and gender-based violence           |
| <b>SRH</b>      | Sexual and reproductive health             |
| <b>TB</b>       | Tuberculosis                               |
| <b>UNFPA</b>    | United Nations Population Fund             |
| <b>UNICEF</b>   | United Nations Children's Fund             |
| <b>WHO</b>      | World Health Organization                  |

## 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 ensure that gains made for children, adolescents and women in the HIV response are sustained during the COVID-19 pandemic and contribute to even stronger future benefits. We are also grateful to the many funding partners whose support makes this work possible.

With deep thanks to Judith Sherman, Consultant, who wrote this report.

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# INTRODUCTION

## AT A GLANCE



In 2020, an estimated

**61,000**

children and adolescents died from fully preventable AIDS-related causes in ESA

The coronavirus outbreak that began in 2019 (COVID-19) threatens to reverse years of hard-won gains in preventing and treating HIV. Fragile health systems are further stressed as health workers navigate an increased client load and demands at work while also being concerned for their own health and that of their families. Health facilities have been redesigned to care for patients with COVID-19, posing challenges to other services. Governments and civil society organizations have re-directed scarce resources and shifted programming priorities to respond to the pandemic. Several countries have reported intermittent declines in HIV testing and diagnosis, antenatal care visits, collection of antiretroviral medicines (ARVs) by people living with HIV, and attendance at clinic appointments. Community-based education and support programmes have had to rapidly adapt to restrictions on movement and public gatherings. Children, adolescents, and women have experienced multiple deprivations due to the adverse impact of the pandemic.

Eastern and southern Africa (ESA) cannot afford to lose momentum in the HIV response. Since 2000, the HIV epidemic has resulted in more than 12 million deaths in the region, including 3.6 million children, adolescents and young people, and millions more of their parents and caregivers. ESA is home to 1.85 million children and adolescents (0-19) living with HIV who require lifelong care and treatment, nearly half of whom (43 per cent) are not yet on lifesaving ARVs. In 2020, an estimated 61,000 children and adolescents died from AIDS-related causes.<sup>1</sup>

As the COVID-19 pandemic continues to grip the region, UNICEF is supporting countries in mitigating its impact on HIV services and support for women, children, and adolescents. In March 2020, UNICEF published a [compendium](#) describing some of the actions supported by UNICEF in nine countries in the ESA region immediately following the outbreak of COVID-19.

Volume II of the compendium provides an update on the innovative actions taken in the ESA region, many of which resulted in more effective and equitable HIV service delivery as well as heightened COVID-19 prevention. It includes results from the nine high HIV-prevalence countries featured in Volume I and introduces an additional eight ESA countries which have a mix of low and high HIV prevalence. Together, the two volumes demonstrate how, from the start of the COVID-19 pandemic, UNICEF, governments and implementing partners drew upon skills, tools, and methods used in the HIV response to ensure that women, children, and adolescents would have continued access to HIV prevention, care, treatment and support while also mitigating the impact of COVID-19.

The following are some of the strategies being used across ESA to maintain the continuity of HIV services, prevent and protect against both HIV and COVID-19, and monitor the impact of the pandemic on HIV affected women, children, and adolescents.

## Supporting government leadership and coordination

By providing technical expertise on national guidance, UNICEF is safeguarding quality HIV services for children, adolescents and women while maintaining infection prevention and control (IPC). UNICEF is working through existing mechanisms, such as government-led HIV Technical Working Groups and Task Forces, to ensure efforts are coordinated and reach at-risk populations,

## Strengthening HIV service delivery

Although several countries experienced initial declines in HIV and related services, most services have rebounded due to the provision of personal protective equipment (PPE), health worker sensitization on continuing safe service delivery during the pandemic, intensive communications campaigns and in-person and virtual client follow-up. In Kenya, UNICEF's implementing partner provided over 11,800 health workers and community health volunteers with information on the importance of maintaining HIV services during the pandemic.

Simple solutions like UNICEF's support in Somalia to install hand-washing stations in maternal health care clinics means pregnant and breastfeeding women can safely access antenatal and postnatal care, including prevention of mother-to-child transmission of HIV (PMTCT) services.

<sup>1</sup> <https://data.unicef.org/topic/hivaids/global-regional-trends/> [accessed 7/20/21]



## Building back better – Key strategies from the HIV response during COVID-19

- » Supporting government leadership and coordination
- » Strengthening HIV service delivery
- » Evidence-driven programming
- » Ensuring adequate supplies and quality laboratory systems
- » Building on community systems strengthening
- » People-centred services and support
- » Accelerating the use of digital platforms
- » Engaging adolescents and young people
- » Working across sectors to address multiple vulnerabilities

In Kenya, Uganda and Zambia, health workers are receiving tele-mentoring support from peers and service providers at centralized facilities, an innovation that is likely to continue beyond the pandemic.

### Evidence-driven programming

Robust health management information systems have been fundamental to delivering an HIV response that increasingly targets vulnerable and marginalized populations. Countries are capitalizing on these systems to use routine data to monitor the effects of COVID-19 on HIV and other essential health services. Collecting and analysing sub-national data is allowing countries to better understand the causes of service disruptions and rapidly make adjustments. In Burundi, UNICEF is supporting the generation of granular data on sources of new HIV infections in children, ensuring that PMTCT interventions are appropriately targeted.

Across the region, UNICEF supported rapid assessments to determine changes in service delivery and better understand people's COVID-19 prevention behaviour, knowledge of symptoms, concerns for their health and well-being, and preferred sources of information.

Age- and sex-disaggregated health information are central to the HIV response, facilitating targeted policies and programmes. Although greater efforts need to be made to achieve standardized age- and sex-disaggregated data, countries built upon these systems during the pandemic. In Kenya, age-disaggregated HIV data, championed by UNICEF, showed declines in HIV testing in adolescents, leading to expanded support for adolescent-focused HIV testing services.

### Ensuring adequate supplies and quality laboratory systems

UNICEF and partners responded rapidly to COVID-19 by mobilizing PPE and diagnostic and therapeutic supplies. UNICEF's investments in capacity building laboratory systems for HIV are being leveraged to support COVID-19 testing, a critical step in both early treatment and stopping its spread. In Malawi, UNICEF supported repurposing equipment, designed for HIV diagnostics, for COVID-19 and training health care workers and laboratory technicians to quickly gain expertise in COVID-19 testing. Countries are also drawing on the HIV samples referral system to ensure COVID-19 test results are provided to clients on a timely basis.

### Building on community systems strengthening

HIV programming is rooted in supporting community-based interventions that include decentralized service delivery and address fear, stigma, mental health, and social mobilization for an effective HIV response.

This collaboration between health facilities and communities increased in importance during the pandemic.



Health workers are using tele-mentoring to build capacity for service delivery in remote areas, an innovation likely to continue post-pandemic.



UNICEF's implementing partners mobilized trusted community workers and peer supporters with experience in risk communication and community engagement, integrating education on COVID-19 transmission, prevention, and most recently, vaccination, into existing HIV programmes. With minimal additional training and support, these community-based cadres have pivoted to organizing socially distanced, small group activities, and are using remote approaches to share information, maintain connections with, and provide psychosocial support to children, adolescents, and pregnant and breastfeeding women.

Community HIV workers, initially empowered to share information on COVID-19 prevention, are now working to boost vaccine confidence and demand.

It is increasingly well documented that feelings of stress, anxiety and isolation have been exacerbated by the pandemic. Mental health screening, referrals to appropriate services, and psychosocial support by peer supporters in communities is helping adolescents and young mothers living with HIV balance sustaining their mental health with the social and economic challenges resulting from the pandemic.

### People-centred services and support

Prior to the pandemic, many ESA countries had begun offering differentiated HIV service delivery - new ways of providing HIV services to people that better meet their needs, including bringing services closer to where people live. During the pandemic, several countries extended the re-fill period for ARVs from three months to longer, helping to minimize exposure to COVID-19 for both health workers and patients by reducing the frequency of visits to health facilities and improving patient flow. Providing multi-month ARV refills and decentralizing treatment has also reduced the risk of missed appointments and non-adherence. Expanding the eligibility of multi-month prescriptions to adolescents has re-enforced research findings that adolescents have improved adherence, retention and viral load suppression when supplied with multi-month ARVs<sup>2</sup>.

Outreach services also expanded during the pandemic. Angola and Namibia are taking innovative approaches to ensure treatment reaches adolescents across borders while in Uganda peer educators are facilitating ARV delivery. In Zambia, UNICEF's implementing partner repurposed shipping containers to provide mobile HIV testing services, reaching nearly 8,500 adolescents.

### Accelerating the use of digital platforms

The role of digital platforms, described in Volume I, has expanded in significance. Peer supporters and community health workers are using phone calls, text messages and social media to provide on-going adherence counselling, psychosocial support, screening for common mental health concerns, and real-time information on COVID-19 prevention, and HIV and sexual and reproductive health (SRH) services. In Mozambique peer educators are using social media to follow up clients with missed appointments and return them to care while in Zimbabwe adolescents with HIV are producing short videos on digital platforms to provide information and dispel myths on HIV and COVID-19.

While digital platforms have been useful, some groups have limited access to digital technology. A combination approach has therefore been implemented to reach all of those in need of HIV and COVID-19 information and services. Botswana's popular radio series, *Shuga*, added COVID-19 to its storyline of HIV, SRH and relationships among young people, while in Ethiopia radio messages on accessing PMTCT and antiretroviral therapy (ART) services during the pandemic have reached over 10 million listeners.

### Engaging adolescents and young people

Adolescents and young people have been at the forefront of the HIV response, providing information, psychosocial support and facilitating referrals to a range of services. From the onset of the COVID-19 crisis, UNICEF built upon these existing structures to engage adolescents and young people. UNICEF, in collaboration with young people, launched U-Report polls, a rapid SMS-based data collection tool, across 10 countries in the region to take a 'pulse' on HIV, SRH and COVID-19. The poll found that adolescents and young people were concerned about accessing SRH services due to fear of COVID-19 infection and restrictions in movement. Participants also expressed concern about increases in unplanned pregnancy and SGBV. Findings are being shared with governments and partners to ensure adolescent and young people's perspectives are considered in the pandemic response.

Across the region, trained adolescent peer educators are serving as a trusted source of information, dispelling myths and misinformation about COVID-19 and encouraging their peers to continue to seek health services. In Burundi and Zambia, UNICEF partnered with networks of adolescents with HIV and young people's organisations to develop and deliver social media strategies, further extending the reach of vital information to adolescents and young people.

<sup>2</sup> Kim M, Wanless R, Caviness A, et. Al. Multimonth prescription of antiretroviral therapy among children and adolescents: experiences from the Baylor International Pediatric AIDS Initiative in 6 African Countries. *Journal of Acquired Immune Deficiency Syndromes*: August 15, 2018 - Volume 78 - Issue - p S71-S80.



In Botswana, UNICEF is supporting adolescents and young people to assist in designing a digital App that will support adolescent health and well-being and provide resources for mental health services.

### Working across sectors to address multiple vulnerabilities

UNICEF's HIV implementing partners are collaborating with other sectors, including social protection, nutrition, and education, to address the multi-faceted issues affecting children, adolescents and women living with HIV or at risk of HIV infection. For example, HIV-sensitive household cash transfer programmes, such as those in Angola and Tanzania, are mitigating the impact of the COVID-19 crisis on children and adolescents with HIV while food aid in Lesotho is benefitting food insecure young mothers with HIV and their children.

### Looking forward

The COVID-19 pandemic in the ESA region is dynamic and unpredictable, with changing case rates, the emergence and spread of virus variants that are more virulent than the original pathogen, and a slow roll out of vaccines.<sup>3</sup> As countries implement lockdowns and restrictions amidst resurgences in cases and people continue to fear infection, HIV services experience intermittent disruptions<sup>4</sup>.

Nonetheless, there is cause for optimism. HIV programmes have demonstrated agility in forming new partnerships, adapting service delivery, mobilizing communities, and continuing to foster innovation. This compendium demonstrates how countries are building upon the learning and architecture of the HIV response to proactively mitigate the impact of the COVID-19 pandemic while scaling up efforts to achieve global HIV goals, resulting in stronger responses and resilient systems for both COVID-19 and HIV. Many of the adaptations and innovations have had a positive impact beyond sustaining services during COVID-19, and will be part of a post-COVID-19 architecture to build back better.



@m2m/South Africa/2021

<sup>3</sup> WHO AFRO, *Interim Guidance for COVID-19 resurgence in the WHO African Region, March 2021*

<sup>4</sup> The Global HIV Prevention Coalition, *Preventing HIV infections at the time of a new pandemic: a synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020*



## BOTSWANA

### Integrating technology into HIV programmes

UNICEF's use of digital technology normalized virtual interaction, expanded reach and access to information and services, especially to adolescents and young people, and increased young people's digital skills. In 2020, UNICEF and its partners reached over a quarter of the population of Botswana (500,000 people) with timely and credible information, support and linkage to services on HIV, SGBV, and COVID-19. With continued monitoring efforts, more information will be available on the impact of this extensive reach.

### Volunteer Engagement in the COVID-19 Response

Experienced UNICEF volunteers are using social media to promote HIV and SGBV services and provide information on COVID-19, reaching over 5,000 adolescents and young people. As in-person peer education sessions resumed in late-2020, UNICEF provided PPE and guidance on group size and physical distancing to ensure the well-being of peer educators and their clients.

### Virtual Psychosocial and Mental Health Support for Adolescents Living with HIV

UNICEF, in collaboration with Baylor International Paediatric AIDS Initiative (Baylor) and Viamo, is developing a remote training platform on psychosocial support and care for adolescents enrolled in teen clubs, with additional information on COVID-19 and vaccines. The platform is being designed in consultation with district health management teams, adolescents, and their caregivers to ensure feasibility and relevance. WhatsApp groups and Zoom sessions will amplify the lessons, providing an opportunity for deeper interaction and contributing to longer-term change.

UNICEF is also collaborating with Baylor to develop a mobile application to improve treatment adherence, and provide virtual mental health and psychosocial support to adolescents and young people. The App is being designed in consultation with adolescents and young people and will include a treatment and mental health pulse tracker, a health care and social services directory, and resources on HIV, mental health, psychosocial support, lifestyle, and nutrition.

### Virtual Peer Influencers

UNICEF's virtual peer education programme was implemented in four districts to ensure continuous access to information and services and complement face-to-face peer education. Four young people were recruited based on their social media fluency. Every week, these peer influencers post video clips and messages on Facebook covering HIV and COVID-19 and encourage their followers to share their perspectives. By the end of 2020, the peer influencers had reached over 10,000 young people and received 29,757 video views, 771 reactions, 412 comments, and 309 shares.

### Using U-Report as a Social Messaging Tool for the COVID-19 Response

More than 1,400 Botswana U-Reporters responded to the UNICEF/UNFPA regional poll on the impact of COVID-19 on HIV and SRH services<sup>5</sup>. Respondents noted their reluctance to use SRH services due to fear of COVID-19 infection, citing a lack of PPE among health workers and poor social distancing measures. UNICEF engaged civil society organisations as U-Partners to respond to unsolicited messages from the poll. To bring young people's issues to the forefront of policy discussions, UNICEF, in collaboration with the National AIDS and Health Promotion Agency, UNFPA, and U-Partners, shared the poll results through a virtual dissemination event with government and non-government partners and a roundtable discussion with adolescents and young people that was live-streamed via Facebook. In response, the Ministry of Health and Wellness made policy and programme adjustments to ensure continued access to quality, youth-friendly HIV and SRH services while minimizing the risk of COVID-19 transmission.



Virtual peer education is great as it provides young people with an opportunity and platform to open up about issues that negatively affect them, including stigma, discrimination and disclosure”.

– Tlotlo Moilwa, Peer Educator



## Shuga radio takes on COVID-19

Building on the successful *Shuga* radio drama, UNICEF and MTV Staying Alive Foundation expanded the series to include deep-dive sessions on HIV and COVID-19, reaching over 170,000 young people on Facebook and 100,000 through radio. UNICEF MTV and Staying Alive Foundation also produced “*MTV Shuga Alone Together: Untold stories of Young People’s Lives in Lockdown*” featuring characters connecting via video calls to explore the social effects of COVID-19 on young people and provide messaging on sexual exploitation, SGBV, preventing COVID-19 transmission, mental health, and accessing services.



©ShugaRadio/Botswana/2021

5 <https://botswana.ureport.in/opinion/4999/>



## ESWATINI

### Supporting adolescents and young people living with HIV to remain on treatment

In 2020, with UNICEF support, the Eswatini Network of Youth Positives reached 1,103 adolescents through social media with information on COVID-19 and HIV. UNICEF's implementing partner, Baylor, rapidly adapted its support to teen clubs by implementing a hybrid programme, based on the state of the pandemic and national guidelines at the time. Community Adherence Treatment Supporters (CATS) combined phone calls, text messaging, in-person visits using PPE (masks, hand sanitizer), and socially distanced teen club meetings to provide psychosocial support services to 3,403 adolescents. Viral load monitoring showed 91.3 per cent of teen club members were virally suppressed, indicating that the majority were successfully managing their treatment despite the pandemic.

### Expanding HIV testing and treatment

Concerned that uptake of HIV testing might decline due to the pandemic, UNICEF supported implementing partners Lusweti and Super Buddies to intensify social mobilization for HIV testing, contributing to the Ministry of Health's (MoH) efforts to provide HIV testing to 40,032

adolescents (32,379 female, 7,653 male). In addition, the number of adolescents who initiated ART increased from 10,127 in 2019 to 11,675 in September 2020 (against a national target of 13,000).

### Strengthening communication with adolescents and families

Peer educators, supported by UNICEF, Lusweti and Super Buddies, used social distancing and social media to reach 8,706 in and out-of-school adolescents (4,724 female, 3,782 male) with comprehensive HIV and SGBV information. UNICEF's implementing partners (Eswatini Action Group Against Abuse, Lusweti and Super Buddies) used social media, including nine videos and U-Report, to reach 46,242 adolescents and young people with information on HIV, SRH, SGBV and COVID-19. The overall number of adolescents benefiting from national life skills education and HIV prevention curriculum and extra-curricular interventions increased from 88,624 in 2019 to 97,930 in 2020. Implementing partners followed social distancing guidance while engaging 1,818 parents and community members in community dialogues on how to improve parent-child communication on HIV and SRH.



Viral load monitoring showed

**91.3%**

of teen club members were virally suppressed





## KENYA

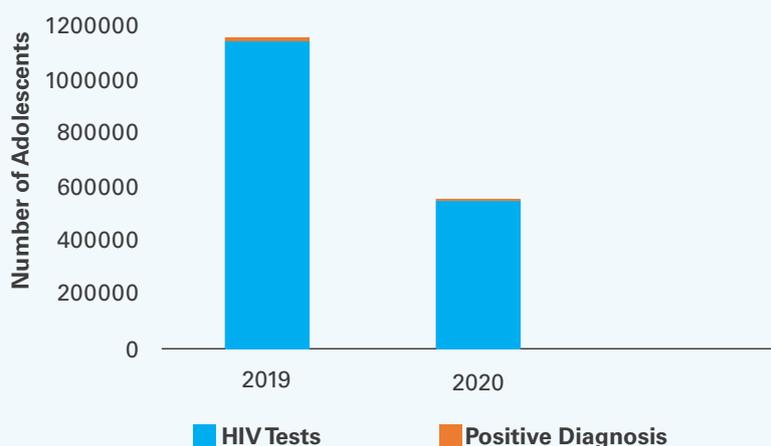
### Programming in response to age-disaggregated data

To better respond to the impact of the pandemic on HIV services for adolescents, UNICEF is supporting the MoH to use age-disaggregated data. As a result, the Government determined that fewer adolescents accessed HIV testing services in 2020 compared to 2019. This decrease in testing limits adolescents' access to condoms, screening and management of sexually transmitted infections, and HIV prevention information and services. To address this gap, UNICEF implementing partners intensified tailored support to link adolescents and young people to HIV testing services.

### Supporting 24 county governments to continue quality HIV programming

UNICEF's partner, LVCT, sensitized 11,800 health care workers and community health volunteers on sustaining essential HIV and SRH services. UNICEF provided direct support to counties to train 100 health care workers (mainly nurses working at PMTCT service delivery points) and 100 Community Health Workers (primarily mentor mothers) on continuing service delivery during the pandemic.

HIV testing and diagnosis, Adolescents (15-19 years), 2019 and 2020 (Kenya)



Source: Kenya MoH

### Using digital platforms to support HIV service continuity

With UNICEF support, 14 counsellors/clinicians provided emergency responses to COVID-19, mental health, HIV, SRH and SGBV through LVCT's award-winning One2One Integrated Digital Platform<sup>6</sup>. As of December 2020, LVCT had achieved impressive results:

- 143,029 adolescents reached through the LVCT hotline and bulk SMS
- 29,216 young people linked to HIV/SRH services (58 per cent female; 42 per cent male)

- 12,019,413 young people reached through social media (36 per cent female, 64 per cent male)
- 272 adolescents with HIV enrolled and retained in virtual support groups; 90 per cent retained in care
- 195 youth advisory champions for health sensitized on COVID-19 to improve their capacity for advocacy among their peers

<sup>6</sup> <https://lvcthealth.org/archives/innovation/lvct-health-award-winning-one2one-integrated-digital-platform-oidp>



# LESOTHO

## Remote psychosocial support for pregnant and breastfeeding adolescents and young women

Early in the pandemic, the number of young mothers (15-24 years old) visiting health care centres to access SRH services declined by 7 per cent. UNICEF's implementing partner HELP Lesotho continued to provide support to young mothers with HIV by transitioning from bi-weekly in-person meetings to virtual support, primarily using WhatsApp and phone calls. As of March 2021, the programme had reached 433 young mothers with information and psychosocial support on maternal and child health, HIV, family planning, mental health, SGBV prevention and COVID-19. Food security baskets further protected the mothers and their children from some of the negative impact of the pandemic.

## Community systems strengthening

UNICEF contributed to HIV service continuity at community level by expanding the use of U-Report among adolescents and young people, supporting distribution of HIV self-test kits, and reinforcing referral mechanisms. Pregnant and breastfeeding adolescents and young women living with HIV identified as high risk for defaulting from ARVs or maternal health complications were referred through Village Health Workers for services at their local clinic. Going forward, the development of a referral

framework for emergencies will assist vulnerable adolescents and young people in receiving appropriate services.

Empowering adolescents and young people to be active members of the community has gained added importance during the pandemic. UNICEF's implementing partners, Skillshare Lesotho and Sentebale, are implementing a social accountability project that provides adolescents and young people the opportunity to speak out, be heard, and influence change in the community. As of March 2021, Sentebale had mobilized 9,779 adolescents and young people by using a scorecard to report on adolescent friendly health services in 4 districts. Skillshare, implementing a similar approach, has trained over 170 adolescents and young people as peer educators and 252 health care providers from 33 health care facilities on adolescent friendly health services. Undeterred by the pandemic, the peer educators have teamed up with village health workers to disseminate SRH, HIV and COVID-19 information, encourage uptake of SRH services, and administer the scorecard, all while wearing masks and following socially distanced guidelines to prevent COVID-19 transmission.



Since this project, more youth have taken an interest in SRH services. The programme has also contributed in supporting our outreach activities."

**Mohlomi Ramabanta, Health Center Councilor, Lesotho**





## NAMIBIA



Decentralized treatment services **increased retention and continuity of care** for adolescents in UNICEF-supported teen clubs, resulting in

**87% (1,302)**

of teen club members achieving **viral load suppression**

### Fast-tracking differentiated treatment services for adolescents living with HIV

Early in the pandemic the MoH decongested ART facilities and reduced patient travel by providing multi-month ARV refills and establishing new, decentralized ARV distribution points. Recognizing the difficulties faced by adolescents in accessing treatment during the pandemic, UNICEF supported the MoH to extend similar benefits to adolescents by collecting the health passports of adolescents who attend teen clubs and community adherence groups.

After verifying that the adolescents had been stable on an established treatment regimen, health facilities arranged treatment packages for confidential delivery to adolescent clients at outreach sites. This initiative increased retention and continuity of care for adolescents in UNICEF-supported teen clubs, resulting in 87 per cent (1,302) of teen club members achieving viral load suppression.

### Facilitating cross-border HIV services for adolescents

Given the fluidity in the use of HIV services along the Namibia-Angola border, Namibian border officials are collecting health passports of adolescent clients in Angola. The health officials in Namibia then confirm the treatment regimen and facilitate delivery of ARVs to adolescents in Angola. Showing promise for longer term implementation, the Namibian and Angolan Ministries of Health are exploring providing comprehensive primary health care services at strategic points along the border to ensure access to essential health services and continuity of HIV services in both countries.



UNICEF/Ilako/2018



## SOUTH AFRICA



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### Promoting COVID-19 vaccine uptake

As the COVID-19 vaccine is rolled out, young mother mentors are encouraging clients to get vaccinated. Easing concerns about vaccine safety, the young mentor mothers are sharing information about their own vaccination experiences.

### Virtual training to roll-out new PMTCT guidelines

To avoid delays in the uptake of critical new PMTCT guidelines, UNICEF supported the National Department of Health (NDOH) to develop a virtual training package which has now been rolled out in all nine provinces. The NDOH has continued to use online platforms to convene and train health care workers, establishing a new way of working efficiently, even in non-pandemic times.

### Continuity of care for adolescent and young mothers

UNICEF's implementing partner, mothers2mothers, scaled up virtual peer mentoring through WhatsApp, reaching 4,662 young mothers living with HIV. Provided

with PPE, peer mentors continued supporting health workers in facilities, counselling young mothers and their partners, checking whether infants had received HIV testing, and entering client data.

In response to concerns about pregnancy and COVID-19, UNICEF provided technical support to the NDOH to develop [Frequently Asked Questions \(FAQ\)](#) for pregnant and breastfeeding women that emphasized the importance of continued antenatal care and breastfeeding. The FAQs have been widely disseminated through online platforms within and beyond South Africa.

### Integrating paediatric HIV testing and treatment

UNICEF supported the NDOH to develop Public Service Announcements that encourage mothers and caregivers to bring their children for HIV testing.

The messages were aired nationwide as part of the child immunization campaign in an integrated effort to ensure children's health was not negatively impacted by the pandemic.



## TANZANIA



©UNICEF/Msuya/Tanzania

### Sustaining the transition to optimal paediatric ARVs

Despite COVID-related challenges, health workers continued to prioritize transitioning children to more efficacious paediatric regimens and child-friendly formulations. UNICEF supported the MoH to develop job aids for health care workers and patient literacy materials on correct administration of new formulations for young children. As co-Chair of the Paediatric Technical Working Group, UNICEF is providing technical assistance to the National AIDS Control Programme to monitor progress of the rollout using regular field updates. As of May 2021, over 90 per cent of children on treatment nationally had successfully transitioned to the WHO-recommended, more efficacious regimen.



Working in 35 districts, UNICEF's support reached **12%** of all children and adults living with HIV in the country

### Retaining people in treatment while preventing COVID-19

UNICEF collaborated with Baylor, Management for Development and Health, and the National Network of People Living with HIV to train 160 health care workers on COVID-19 and HIV, distribute masks and soap to health care workers and people living with HIV, and provide information and psychosocial support through mobile messages and home visits. Psychosocial support was particularly meaningful for adolescents and young mothers living with HIV, many of whom experienced anxiety related to COVID-19 and were at risk of treatment drop out. UNICEF supported transitioning 450 adolescents with HIV and no current evidence of immunological or clinical failure to multi-month medication. Working in 35 districts, UNICEF's support reached 12 per cent (254,715) of all children and adults living with HIV in the country, exceeding an initial target of 202,500 children. For Zanzibar Island, UNICEF partnered with the Zanzibar Association of People Living with HIV to support 36 per cent of children and adolescents (aged 0-19 years) with HIV and 53 per cent of pregnant and breastfeeding women with HIV with health education on COVID-19 and psychosocial support. Around 1,000 people with HIV were provided with COVID-19 preventive materials to keep them and others safe.



## UGANDA

### Virtual coordination and monitoring of HIV programmes

The MoH, UNICEF and partners are using virtual platforms to plan, coordinate, and monitor HIV programmes, resulting in improved efficiency and effectiveness. E-learning platforms for weekly meetings by the MoH and implementers provided a forum for focused, case-based learning, on-going tele-mentoring, and education. Sharing best practices during these virtual exchanges reduced geographical and programmatic disparities and informed the development of standardized, comprehensive intervention packages.

Due to a resurgence in COVID-19 cases, in-person meetings are restricted to 20 participants and include an option for virtual participation, setting the norm for a hybrid approach.

### Data-driven HIV service delivery

Following the onset of the pandemic, Uganda's health information system noted a decrease in the number of adolescents living with HIV retained in care. UNICEF intensified support to health workers, mentor mothers and peers from 475 facilities in 27 districts to follow up clients who missed HIV appointments and deliver ARVs as needed. Between June 2020 and April 2021, over 1,600 children, adolescents and women who missed appointments were tracked and returned to care and treatment services.

Both ART initiation in pregnant and breastfeeding women and EID declined during the early months of the pandemic. While ART initiation gradually recovered, EID remained low. As reported in Volume 1, the MoH, the U.S. government and UNICEF implemented an EID Surge Strategy after detecting these early declines. Since then, EID rates have rebounded, although the number of HIV-exposed infants tested in 2020 still lags behind 2019 levels.



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# ZIMBABWE

## Reaching adolescents and young people with needed information and services

UNICEF is collaborating with government and partners to provide continuous, reliable information and support to adolescents. Zvandiri, a UNICEF implementing partner, has produced a series of animated films to provide adolescents with evidence-based, up-to-date information and guidance on COVID-19, HIV, ART, SRH and how to access services during the pandemic. Disseminated widely across Zimbabwe through national television, radio and digital media, these films have been translated into several languages for use in Zimbabwe as well as other countries and have been distributed globally (<https://www.africaid-zvandiri.org/covid-19>).

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

Zvandiri's CATS continue to engage with clients by providing information, counselling and referrals through phone calls, text messages and social media. A total of

1,043 CATS, working in 43 districts, have reached 54,764 children, adolescents and young people living with HIV, 94 per cent of whom were retained in care. Of those tested for viral load, 85 per cent had achieved viral load suppression.

## Virtual support for pregnant and breastfeeding mothers living with HIV

UNICEF supported Zvandiri's 72 Young Mentor Mothers who work with 38 health facilities to provide virtual counselling, monitoring and support to 1,671 young mothers with HIV, including following up mother-baby pairs who failed to turn up for their clinical appointments. Despite the challenges of the pandemic, 96 per cent of mothers achieved an undetectable viral load.

Despite the challenges of the pandemic,

**96%**

peer supported mothers achieved an undetectable viral load.



# ADDITIONAL COUNTRY EXPERIENCES



## ANGOLA

### HIV at a glance<sup>7</sup>



Angola has a low prevalence of HIV across a large population in a complex setting. HIV services remain quite centralized and high numbers of children, adolescents and pregnant and breastfeeding women with HIV are not yet on treatment.

### Using social media platforms to encourage treatment adherence

To address the early lack of information on preventing COVID-19 and the importance of continuing to seek curative and preventive HIV services, UNICEF's risk communication and community engagement strategy included producing and disseminating information through social media platforms to reach as many people living with HIV as quickly as possible.

### HIV-sensitive social protection during COVID-19

To mitigate challenges to paediatric ART adherence and retention, the National Institute for the Fight against AIDS requested that UNICEF extend the national Social Cash Transfer programme to children with HIV in the peri-urban areas of Luanda.

The extension provides households with children exposed to or living with HIV with a package of social protection interventions, including nutrition, protection, water, and sanitation. Community-based case workers follow each child to provide psychosocial support to them and their caregivers, monitor adherence to ARVs and loss to follow up, and ensure referral to needed health care and social protection services. Case workers have reached 750 children with HIV with three rounds of cash transfers and provided nutrition and infant and young feeding counselling to caregivers. In addition to responding to immediate needs during the COVID-19 pandemic, this pilot programme is informing advocacy on adopting social cash transfers plus social services as a public policy for children.



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<sup>7</sup> UNAIDS Spectrum Estimates, 2021 <https://aidsinfo.unaids.org/>; UNICEF Data: monitoring the situation of women and children, <https://data.unicef.org/topic/hivaids/global-regional-trends/> [accessed 02/08/2021]



## BURUNDI

### HIV at a glance<sup>8</sup>



Burundi is a low prevalence and complex setting where access to PMTCT services remains a challenge. With an estimated 16% of all children born to mothers with HIV becoming infected in 2020, Burundi is taking an evidence-driven approach to accelerate access to PMTCT services, including during COVID-19.

### Developing, implementing, and coordinating government-led HIV and COVID-19 plans

Early in the pandemic UNICEF worked alongside the MoH, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other partners to develop a risk mitigation plan on the potential impact of the COVID-19 pandemic on HIV, tuberculosis (TB) and malaria services. The MoH, with support from UNICEF and partners, implemented an operational plan to ensure continuity of HIV services, including dispensing multi-month ARVs while assuring patient and staff safety against COVID-19 infection. As the pandemic continued, monitoring visits confirmed that more people living with HIV are receiving multi-month ARV refills and pregnant women and children are benefitting from HIV testing and linkage to treatment. Despite the challenges posed by the pandemic, health workers have worked vigorously to transition clients to more efficacious regimens, as per WHO and national guidance. UNICEF also supported the government to hold monthly meetings of the National Technical Committee to review the impact of COVID-19 on PMTCT coverage and retention, contributing to a coordinated response.

### Delivering data-driven PMTCT services

Reliable data is critical, especially during the COVID-19 pandemic. UNICEF and other stakeholders joined the MoH in training master trainers and district teams to improve the quality, analysis and use of PMTCT, paediatric HIV and adult treatment data. UNICEF is also providing technical expertise on using decentralized (district level) analysis to generate granular data on the

sources of new HIV infections in children, leading to a more nuanced PMTCT response both now and following the pandemic.

### Facilitating retention and treatment

In September 2020 UNICEF participated in the National Control Programme for HIV/AIDS efforts to reinforce the capacity of 60 supply chain managers at district and hospital levels to implement multi-month ARV refills as adopted in the HIV service continuity plan. Multi-month ARV refills are now part of the routine practice of health personnel, with no stock outs observed at national or health facility levels. Planned expansion of point-of-care (PoC) diagnostics in two provinces will help ensure HIV testing services reach children affected by HIV, despite COVID-19 related challenges.

### Engaging adolescents in the HIV and COVID-19 response

With UNICEF support, the National Control Program for HIV/AIDS facilitated socially distanced meetings in 2020 and 2021 for 58 adolescents from local networks to share their ideas, experiences and lessons learnt on promoting HIV prevention, treatment, and support during COVID-19. Using the national HIV communications plan as a starting point, the adolescent networks strengthened their communications plans, including developing strategies on how best to use social media to deliver harmonized messages on HIV prevention and treatment and COVID-19.

<sup>8</sup> UNAIDS Spectrum Estimates, 2021 <https://aidsinfo.unaids.org/>; UNICEF Data: monitoring the situation of women and children, <https://data.unicef.org/topic/hivaids/global-regional-trends/> [accessed 02/08/2021]



# ETHIOPIA

## HIV at a glance<sup>9</sup>



Ethiopia has a large population and low HIV prevalence, with 440,000 people living with HIV, including 44,000 children aged 0-14 years. With a mother to child HIV transmission rate of 15%, PMTCT programme acceleration focuses on increasing access to and continuity of care.

### Establishing clear guidance for health workers

As a technical partner, UNICEF supported the national HIV/AIDS programme to develop and introduce service delivery guidance on COVID-19 and HIV, including multi-month dispensing of ARVs and providing remote treatment adherence support. Two consecutive editions of "Interim Guidance for Provision of HIV Services in the context of the COVID-19 Pandemic" were developed and distributed to all health facilities.

The Interim Guidance was supplemented by an "Implementation Guide to Deliver non-COVID-19 Essential Health Services in Ethiopia" which integrates PMTCT and EID as part of essential maternal, newborn and child health (MNCH) services. Continuity of services for children and adolescents during the pandemic received focused attention through national guidelines for the management of paediatric patients, including a section on children with HIV and a mitigation plan for adolescents and young people. These comprehensive and integrated guidelines provides much needed support to health workers across the country who are faced with new complexity and challenge.

### Broadcast media reaches millions with critical information

UNICEF supported developing and broadcasting HIV and COVID-19 prevention messages through local television and radio to encourage caregivers, children, adolescents, and pregnant and breastfeeding mothers living with HIV to seek routine HIV care and support, including EID and ART. Spot messages on accessing ART and PMTCT services during the pandemic were aired twice daily for 21 days through Amhara TV and Radio for a total of 84 repetitions, reaching nearly 10 million people in the country and throughout the region.

### Keeping HIV programming on track

UNICEF hosted regular virtual meetings of the national PMTCT/EID and Newborn and Child Health Technical Working Groups to monitor the progress of HIV programming and implementation. Government, donors, implementing partners, and civil society used these meetings to provide updates on the impact of COVID-19 on programming and to agree on action points for strengthening service delivery.

### Measuring progress in ensuring service continuity

UNICEF commissioned two "National Facility Assessments for Monitoring the Continuity of Essential Reproductive, Maternal, Newborn, Child and Adolescent Health Services During COVID-19" in August-September 2020 and November-December 2020.

By the second assessment, primary hospitals across four regions reported that PMTCT services were slowly getting back on-track; only 2.6 per cent of primary hospitals had interrupted PMTCT services, compared to 7.9 per cent in the first round. Similarly, health centers in only one region had experienced a significant decline in PMTCT service provision while the remaining regions resumed service delivery.

### Integrating COVID-19 into five-year national plans

UNICEF joined technical partners in supporting the development of the National Strategic Plan for Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B (2021-2025) and the HIV/AIDS National Strategic Plan (2021-2025), both of which consider the COVID-19 pandemic in the on-going delivery of HIV and health services.

<sup>9</sup> Ibid.



## MALAWI

### HIV at a glance<sup>10</sup>



Malawi has made much progress in reducing new HIV infections in children, with the MTCT rate declining from 28% in 2010 to 6.3% in 2020. With 2,500 new HIV infections in children in 2020, PMTCT efforts are focused on preventing new HIV infections in young mothers and retaining mothers on ART.

### Mitigating the impact of COVID-19 on HIV and SRH services

The COVID-19 pandemic in Malawi strained HIV and SRH services. As of March 2021, 1,697 health workers were diagnosed with COVID-19, with 21 deaths. The introduction of travel restrictions contributed to adolescent girls and young women having limited access to SRH services. During the first several months of the pandemic (March to August 2020), there was an estimated 11 per cent increase in teenage pregnancies.<sup>11</sup>

In addition to providing the government with emergency PPE and COVID-19 diagnostic supplies, UNICEF and partners accelerated support to the MoH Departments of HIV and Reproductive Health to develop integrated SRH, HIV and SGBV service delivery guidelines, with the aim of making one-stop youth friendly health services more available and easier to access during the pandemic.

To better align policies and monitoring tools for emergencies, UNICEF supported the Reproductive Health Directorate to conduct an assessment of adolescents' SRH needs during emergencies. This was followed by a country wide U-report poll in which 19,346 adolescents and young people expressed their views on what adolescents needed during the pandemic.

### Maintaining up-to-date guidance

UNICEF contributed to keeping health workers and patients safe by supporting the MoH to rapidly revise the "Care of Carers" guidelines and regularly update the "HIV service delivery during COVID-19" guidelines.

Some of the adaptations, including the introduction of dispensing six-monthly ARVs for people living with HIV and the use of mentor mothers to deliver ARVs into communities, will have long-lasting impact on adherence and retention beyond the pandemic.

### Strengthening community-based support

With travel restrictions and social distancing guidelines in place, mentor mothers and peer supporters switched to providing safe, socially distanced support to adolescents and mothers living with HIV as well as using virtual platforms, such as mobile phones, whenever possible. Subsequently, between January and March 2021 UNICEF and its implementing partners (Baylor, Family Planning Association of Malawi, and mothers2mothers) reached 22,573 adolescents and young mothers and their male partners with HIV, SRH and SGBV services and support in three targeted districts.

### Building on quality diagnostics services

As a member of the Health Diagnostics Technical Working Group, UNICEF provided technical assistance to address the impact of COVID-19 on HIV diagnostic services for children. UNICEF supported the early supply of PPE to 280 health care workers at all EID sites and on-going online data collection and analysis to rapidly identify changes in service uptake and provision during the pandemic.

<sup>10</sup> Ibid.

<sup>11</sup> Government of Malawi, 2020, Rapid Assessment of Child Marriage and Teenage Pregnancy during COVID-19 (unpublished).



At the beginning of the COVID-19 outbreak, Malawi had limited testing capacity for COVID-19. However, the country does have a strong laboratory network developed for HIV and TB diagnosis. UNICEF mobilized resources to calibrate an existing polymerase chain reaction (PCR) machine at the National Reference Laboratory, helping Malawi to kick-start testing by mid-March 2020.

Since then, the MoH, the Public Health Institute of Malawi, and National Reference Laboratory, in collaboration with UNICEF and partners, have scaled

up COVID-19 diagnostics to 16 PCR testing centers, 39 GeneXpert and 206 rapid COVID-19 antigen testing centres, and updated standard operating procedures and protocols. COVID-19 testing has subsequently expanded throughout centralized and near-point-of-care laboratory networks, resulting in an increased number of clients and their contacts getting tested for COVID-19 in a timely manner. At the peak of testing in mid-2020, Malawi was conducting an average of 2,000 COVID-19 tests per day, while still implementing EID.



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# MOZAMBIQUE

## HIV at a glance<sup>12</sup>



Mozambique has the second largest burden of HIV in the world, with 1.7 million adults and 130,000 children living with HIV. Despite high treatment initiation for pregnant and breastfeeding women living with HIV, there was an estimated 13,000 new infections among children in 2020.

### mHealth reaches mothers and adolescents with HIV

UNICEF supported the MoH to develop an “Implementation Guide for Virtual HIV Services” for the follow-up of pregnant and breastfeeding women living with HIV and their children. This guide includes replacing home visits by mentor mothers with phone calls to support retention and adherence to ART. As the pandemic continues, mentor mothers, equipped with PPE, have resumed home visits in the community under strict IPC measures.

UNICEF implementing partners trained peer educators from youth-friendly health facilities on using mobile phones to reach adolescent clients who were lost to follow-up. Of the 927 patients registered in six youth-friendly health facilities, follow up resulted in 784 clients returned to care and treatment, including pregnant adolescent girls and young women.

### Communications campaigns provide credible and timely information

Adolescents and young people received credible and timely information on HIV and COVID-19 through a targeted communication campaign supported by UNICEF, the MoH, and the U.S. Agency for International Development using written and audio materials, including messages developed specifically for adolescents with HIV. To reach a mass audience, a vehicle equipped with loudspeakers traveled throughout Beira, a high HIV burden province, spreading messages on HIV and COVID-19. Community workers helped with health promotion in marketplaces, focusing on COVID-19 prevention, such as teaching people how to wash hands correctly, and sharing information on available youth-friendly HIV services. With UNICEF support, a preventive kit was distributed to 116 young people that included a mask, instructions on the correct use and care of masks, and a pamphlet on HIV and COVID-19 risk.



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<sup>12</sup> UNAIDS Spectrum Estimates, 2021 <https://aidsinfo.unaids.org/>; UNICEF Data: monitoring the situation of women and children, <https://data.unicef.org/topic/hivaids/global-regional-trends/> [accessed 02/08/2021]



## RWANDA

### HIV at a glance<sup>13</sup>



Rwanda has a low HIV prevalence of 2.5% and a high performing PMTCT programme, being a frontrunner in the region on the path to elimination. Further acceleration is needed to close the treatment gap for children with HIV.

### Establishing evidence-driven priorities and developing guidance

At the onset of the COVID-19 pandemic and movement restrictions, UNICEF provided technical support for a rapid assessment of the status of essential MNCH and HIV services. The results showed that coverage of community level MNCH services had dropped, and overall MNCH clinic level attendance had decreased by about 20 per cent, potentially affecting HIV testing and ART initiation during antenatal care visits. Using these findings, UNICEF ensured that HIV services were included in the United Nations Programme Criticality document and supported the Rwanda Biomedical Centre to collect data and monitor the impact of COVID-19 on the continuity of health and HIV services, especially for children and adolescents.

UNICEF and partners provided technical support to the MoH to develop standard operating procedures that facilitated the continuity of HIV services during the pandemic, including dispensing multi-month ARV refills. Within a few months and under strict IPC guidelines, service delivery returned to near pre-pandemic levels.

### Extending HIV testing services into communities

Having identified a slight decline in HIV testing in two UNICEF-supported districts, UNICEF facilitated the adaptation of HIV testing services for young people. Activities were quickly launched in one district where a total of 7,022 young people (3,601 females and 3,421 males) received HIV testing services, exceeding the target of 3,000. However, as the country-wide lockdown continued, activities in the second district were delayed. Adapting to the restrictions, community outreach focused on smaller groups and, by the end of 2020, 1,322 young

people (993 females and 329 males) received testing, out of 5,000 targeted.

These outreach activities continue to be implemented at community level and, importantly, are serving as an opportunity to provide HIV testing to young men, a population that generally does not attend facility-based HIV testing services.

UNICEF's pilot implementation of risk screening tools and self-testing among adolescents and young people will bring HIV testing closer to the community, an important component of mitigating the impact of COVID-19 on HIV services and providing proof of concept for increasing the number of adolescents and young people living with HIV nationally who know their status.

### Engaging adolescents through peer support and media outreach

Community level activities re-commenced in June 2020 under social distancing guidelines and in partnership with the Society for Family Health and the Young Women Christian Health Association.

By the end of 2020, 341 community-based youth peer supporters (60 per cent female, 40 per cent male), already trained in inter-personal communication and organizing outreach activities, were equipped with PPE and had expanded their work in the catchment areas of 14 villages, reaching approximately 60,000 adolescents and young people with information on HIV and COVID-19 and distributing condoms. WhatsApp groups were created to facilitate the flow of information and coordinate the peer supporters' work, helping them reach adolescents more effectively.

<sup>13</sup> Ibid.



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### 341 community-based youth peer supporters

*expanded their work in the catchment areas*



**14 villages,**

*reaching approximately*



**60,000 adolescents**

As the COVID-19 vaccine becomes more widely available, the existing community peer HIV education programme is being leveraged as a platform to promote COVID-19 vaccination.

UNICEF increased support in three focus districts to community radio networks that provide HIV prevention messaging and information on COVID-19 and promote access to HIV services for adolescents and young people. To date, radio sessions have reached an estimated 140,000 adolescents and young people.



# SOMALIA

## HIV at a glance<sup>14</sup>



Somalia is a low HIV prevalence setting with high stigma and a complex environment. In 2020, it is estimated that 1 out of 3 HIV-exposed infants became infected with HIV. Programming approaches are integrated with primary health care and targeted to the geographic areas of greater risk.

### Sustaining safe, quality HIV services

UNICEF joined other stakeholders in supporting the Government to develop national guidance for delivering HIV services, including multi-month dispensing of ARVs, modifying clinic flow for physical distancing, and providing remote treatment adherence support. Once completed, the guidance was shared with all ART clinics. Despite the constraints posed by COVID-19, technical support was also provided to guide ART clinics to transition to the use of dolutegravir, the WHO-recommended antiretroviral drug for all populations, including pregnant women.

UNICEF procurement of PPE for 16 ART clinics helped to ensure health workers could safely continue to deliver HIV services. UNICEF also supported installation of handwashing stations in the waiting rooms of all ART centres, further contributing to IPC. PPE were provided to community workers, peer educators and people living with HIV, helping to prevent COVID-19 transmission and mitigate against potential decreases in service uptake. Preventing and treating COVID-19 have been added to UNICEF's future HIV case management and outreach training.

Community outreach, provided by an ART clinician and adherence counsellor, facilitated PPE distribution and psychosocial support to improve ART adherence and clinic attendance among people living with HIV. UNICEF assisted ART clients with transportation to collect multi-month ARVs and to have their viral load tested as they switched to dolutegravir. Leaflets on accessing

HIV services, adhering to ART and protecting against COVID-19 transmission were distributed widely by peer educators.

### Hotlines provide answers to urgent questions and concerns

UNICEF's support to three HIV hotlines across Somalia, run by networks of people living with HIV, increased with the addition of a COVID-19 counsellor at each hotline. The hotlines received approximately 8,704 calls during 2020. Technical support by UNICEF to develop a script on HIV and COVID-19 ensures that hotline callers receive the most recent facts on COVID-19 as well as the importance of continuing HIV prevention and treatment.

#### MAXAA KALE OO AAN SAMEYN KARAA SI AAN NAFTAYDA UGA BADBAADIYO COVID-19?

##### ART

- Qaado daawada ART maalin kasta, si sax ah oo joogto ah. Tani waa habka ugu wanaagsan ee habdhiskaaga difaaca kusii ahaan karo mid caafimaad qaba.
- Hayso kaydka 30 maalmood oo daawada HIV ga ah iyo dawooyinka kale ee aad uga baahan tahay maaraynta HIV ga.
- Kala hadal dhakhtarkaaga ART ga sidii aad ku heli lahayd kayd daawooyinka HIV ga ah oo dhawr bilood ah.
- Haddii daawada ART gu kaa dhamaato, si dhakhso ah u soo qaado kayd cusub.



Excerpt from leaflet with guidance on taking ARVs during COVID-19:

<sup>14</sup> Ibid.



## ZAMBIA

### HIV at a glance<sup>15</sup>



Zambia has decreased its MTCT rate from 19% (2010) to 13% (2020). However, in 2020 9,900 girls (15-19 years) and 8,300 children (0-14) were newly infected with HIV and 42% of 82,000 children with HIV were not on treatment. Zambia is prioritising preventing HIV in adolescent girls and closing the treatment gap.

#### Expanding differentiated HIV service delivery

A rapid assessment at the onset of the COVID-19 pandemic showed a decline of just under 10 per cent in the use of essential health services, including antenatal and postnatal care attendance, posing a threat to overall maternal and newborn health as well as for pregnant and breastfeeding women who require HIV testing and, when positive, ART initiation. COVID-19 restrictions on social distancing restricted peer support group meetings which offer a platform for psychosocial and adherence support for adolescents with HIV.

Under MoH leadership, UNICEF and partners provided technical assistance in developing and implementing guidelines for the continuity of HIV services in the context of COVID-19. Alongside building health worker capacity in multi-month dispensing of ARVs, UNICEF procured PPE to ensure safe HIV service delivery.

Although COVID-19 initially disrupted uptake of health services, the pandemic also provided an opportunity to accelerate implementation of adolescent-centered services. The revised HIV service delivery guidelines clearly articulate adolescents as an important group to receive multi-month doses of ARVs and other services tailored to their needs. Since this change, the MoH has reported increased numbers of adolescents being provided with multi-month ARVs.

#### Strengthening HIV service delivery

Service Quality Assessments at health facilities, undertaken by the Lusaka Provincial Health Office with UNICEF support, show promising practice as health workers are using social media groups for clinical decision-making support related to PMTCT and Paediatric HIV. The groups serve as an interactive platform for health workers to seek peer support in delivering interventions and share emerging information.

Health workers expressed that this has been useful and discussions on expanding this practice to other facilities are on-going.

In 12 UNICEF-supported health facilities in Lusaka, 38 peer mentors are facilitating peer support sessions with adolescents with HIV. Both peer mentors and adolescents are provided with masks and hand sanitizer, emphasizing the importance of preventing COVID-19 transmission.

Data from four of the facilities from December 2020 to February 2021 shows that 109 adolescents, (half aged 10–14 years and half aged 15-19 years), were newly diagnosed with HIV, initiated on ART and, having gone through a process of understanding their HIV status, enrolled in peer support groups. An additional 450 adolescents with HIV were reached with services and information.

#### Bringing HIV testing and counselling into the community

Recognizing the challenges faced by adolescents and young people to reach health facilities during the pandemic, UNICEF supported HIV testing outreach services that adhered to IPC guidelines. UNICEF's implementing partner, Marie Stopes Zambia, transformed two containers into mobile testing caravans, reaching 16 service delivery sites within two districts. Between August 2020 and February 2021, 8,479 adolescents and young people (4,345 female, 4,134 male) had received testing, with 2.7 per cent testing positive and referred for treatment. Just over half (55 per cent) of those tested were adolescents (10-19 years), demonstrating the importance of outreach for this age group. Those who tested negative were counselled on HIV prevention strategies.

<sup>15</sup> Ibid.



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## Broadening digital communications to support HIV information and access to services

UNICEF and implementing partners pivoted from in-person support to expanding the use of digital platforms and virtual psychosocial support. Through networks of adolescents and young people with HIV, peer mentors are using social media to promote treatment adherence, particularly increasing awareness on the availability of multi-month ARVs for adolescents.

Intensified risk communications and community engagement are focusing on accessing PMTCT services, safely. In collaboration with Zambia's First Lady and the "Free to Shine" campaign, UNICEF is targeting messages to increase demand for PMTCT services by adolescent and young mothers while reinforcing public health messaging on COVID-19.

Two UNICEF-supported U-Report polls assessed young people's knowledge of COVID-19 and its impact on their lives, receiving approximately 200,000 message interactions. U-Report also served as a platform for

counsellors to respond to around 48,000 messages related to SRH, HIV and mental health. UNICEF is currently using U-Report to promote the COVID-19 vaccine, specifically addressing concerns about living with HIV and vaccine safety.

From April 2020 to February 2021, Marie Stopes Zambia's toll-free hotline, supported by UNICEF, received 1,489 calls by adolescents and young people requesting information on HIV testing services, one-third of whom received a referral.

To further ensure continuity of HIV services, 32 peer educators and eight lay counsellors were trained as social media influencers, using their personal social media platforms to disseminate SRH and HIV information and promote awareness of service availability during the pandemic. As a result, 3,560 young people accessed information from Marie Stopes's Facebook page, nearly double from the previous quarter, including 1,500 who tuned into Facebook Live programmes on SRH and HIV.

