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Prioritizing the Continuity of Services for Adolescents Living with HIV During the COVID-19 Pandemic

Introduction

In January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus (COVID-19) a Public Health Emergency of International Concern. In March 2020, WHO declared this outbreak a pandemic. Health systems are therefore being confronted with immense challenges and overwhelmed with direct, indirect, and possibly long-term consequences for the health and well-being of individuals and entire populations. As for any emergency or humanitarian situation, action is required to reduce the direct and indirect impact of the pandemic on vulnerable populations.

Recent public health emergencies offer a glimpse into the possible negative repercussions for vulnerable populations, including adolescents. The 2014–2015 Ebola outbreaks led to a surge of negative events including unplanned pregnancies, transactional sex, psychological distress, loss of livelihoods, and school closures that particularly affected adolescents aged 10–19 years.¹ There were extensive health service interruptions, leading to limited or discontinued services with significant impact on HIV treatment adherence and retention in care.²

In the context of the COVID-19 pandemic, the continuity of essential life-saving HIV and other vital health services is a priority for adolescents living with HIV (ALHIV), to safeguard their immediate and long-term health and well-being. In response to the current pandemic, policy makers, programmes, implementers, researchers, networks of young people living with HIV and funders need to ensure that the needs of ALHIV are fully met through the continuity of essential services. Several critical actions and temporary modifications should be considered to maintain access to these essential services.

COVID-19 and risk for adolescents living with HIV

Although the risk of becoming severely ill with COVID-19 appears to be higher for older people and those with pre-existing health conditions (such as heart diseases, diabetes, respiratory conditions), **people of all ages including adolescents can be infected by the new coronavirus**. Moreover, all age groups including adolescents can transmit the novel coronavirus to others.

Despite overall gains in the global HIV response, ALHIV continue to fall behind adults in HIV testing, antiretroviral therapy (ART) initiation, retention and viral suppression. Like all people living with HIV, ALHIV who are **not yet on ART or who interrupt their treatment**, as is often the case in challenging environments like the current pandemic, have an increased risk of co-infections and related morbidity and mortality.

There are still many unknowns and emerging information regarding COVID-19. At present, it is not known if the risk of infection with the new coronavirus or the severity of the disease it causes differ among people living with HIV who are clinically and immunologically stable on ART, when compared with the general population. Preliminary clinical reports do indicate similar outcomes for PLHIV who are on treatment

People living with HIV, including adolescents, may have known risk factors for COVID-19 complications, such as diabetes, hypertension or other noncommunicable diseases, and as such may have increased risk of COVID-19 disease unrelated to HIV. ALHIV should be **supported to access essential HIV prevention and treatment services regularly during the COVID-19 response. In addition, they should receive age-appropriate information and communication about the pandemic, and information on when and how to seek care and how to practice and abide by the measures and precautions against acquisition and transmission of the novel coronavirus as recommended by WHO.**

Adolescents living with HIV, TB, ART and adherence

The continuity of ART during the current pandemic is a substantial public health challenge. Clinically stable ALHIV can benefit from **multi-month prescriptions and dispensing** (3-6-month supply). This will reduce the frequency of visits (and potential coronavirus exposure or transmission) to healthcare facilities and facilitate continuity of treatment, thus circumventing possible restrictions of movement instituted during the pandemic.

All multi-month prescriptions and dispensing programmes should have adequate considerations for supply management and storage availability while adhering to physical distancing and other infection prevention and control measures. Responding to COVID-19 will challenge already over-stretched supply chains.

It is important to support the continuity of supply chains for critical HIV commodities as part of essential commodity security plans. People, including adolescents ill with COVID-19 and tuberculosis (TB), may show similar symptoms such as cough, fever and difficulty breathing. All measures should be taken to ensure continuity of services for people including adolescents who need preventive and curative treatment for TB.

The challenge of treatment adherence, which has been well documented among ALHIV, must continue to be addressed despite movement restrictions and physical distancing measures which hamper group gatherings like adherence clubs, community support meetings and peer provider support. Consideration should be given to adaptations of in-person individual or group adherence counselling and support such as through phone calls and digital platforms such as social media, apps, websites and text/WhatsApp messages where possible. It is however important that privacy, confidentiality and a rights-based approach are maintained during this period. Most importantly, adolescent-friendly communication is key. ALHIV should be informed of and prepared for service delivery changes and how they might affect their lives.

Sexual and reproductive health services for adolescents living with HIV

Adolescents have high rates of unintended pregnancy, leading to adverse health, social and economic outcomes. The rate of maternal mortality among adolescents 15–19 years old is especially high in African countries. Experience from Ebola in

West Africa showed increases in sexual exploitation, transactional sex and unplanned adolescent pregnancies during the epidemic. Ensuring that resources are available to support adolescents to make safe decisions and exercise their sexual and reproductive rights during the pandemic response is important. The rights of pregnant ALHIV and adolescent mothers to high-quality care before, during and after childbirth including antenatal, newborn, postnatal, intrapartum and mental health care, should be protected.

While some HIV community-based prevention activities are likely to be paused or scaled down, **it is essential that the continuation of and access to contraception and sexually transmitted infection (STI) management services be prioritized for adolescents who require them. Telehealth for counselling and sharing of messages related to safe and effective use of contraception and for selection and initiation of contraceptives should be provided for adolescents while programmes should ensure adequate inventory to avoid potential stock-outs.**

Mental health and psychosocial considerations for ALHIV

Adolescent mental health during the COVID-19 pandemic should not be neglected as adolescents often face disproportionate risks and impact in this area. **Providing responsive psychosocial support and coping strategies for ALHIV during this pandemic is essential, as psychosocial stressors often experienced by ALHIV may be compounded by movement restrictions and isolation, and challenges with accessing food, clothing, shelter, and psychosocial support.**

The role of peers in providing one-on-one and group mental health care and psychosocial support for ALHIV has been well-documented. With the current COVID-19 restrictions in many countries, group gatherings are limited or cancelled. Online and other telecommunication options where possible should be used to sustain communication and support for ALHIV. Interactive, virtual, online support platforms, family and household members and networks of young people living with HIV may be instrumental in maintaining safe and age-appropriate social interaction to provide support towards the psychological and mental health well-being of ALHIV. **The privacy and confidentiality of ALHIV is paramount and ALHIV should be informed on how and whom to reach out for additional support if feeling unwell or psychologically distressed.**

Timely action is needed in the best interest of the adolescent

ALHIV are a priority group, and their health and well-being should not be an afterthought within the COVID-19 pandemic response. It is important to ensure that critical services are planned for and delivered during this time. While some gains have been made, ALHIV have shown worse outcomes and are still lagging behind in attaining universal ART coverage. Those gains are in danger of being lost if we do not take urgent, proactive steps to safeguard their interests and ensure their health and survival.

The time to act is now. We need to act to ensure that adolescent-friendly messages and contextual information on COVID-19 are disseminated to ALHIV in a timely fashion. We need to make sure that multi-month ART are dispensed with age-appropriate adherence messages delivered through tried and trusted virtual platforms and telecommunications channels. Contraceptive services are part of an essential package of services delivered to adolescents, who need them during this time. It should be remembered that many of these services may also be well rendered by youth-led and youth-directed community-based and non-governmental organizations. These civil society resources may be engaged, while adhering to all laid down safety precautions and other infection prevention and control measures, especially when traditional health services are overrun by COVID-19 needs. The lessons of Ebola are a stark reminder of the impact of movement restrictions on the physical, mental and social health and well-being of adolescents. We must make sure that we protect ALHIV and mitigate any immediate, medium- and long-term effects of living through this period

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Additional resources:

1. [World Health Organization \(WHO\) Q&A: HIV, antiretrovirals and COVID-19](#)
2. [United Nations Children's Fund \(UNICEF\). Questions and answers for adolescents living with HIV in time of COVID-19. \(Developed by adolescents and young people living with HIV in partnership with UNICEF Eastern and Southern Africa and Y+ Global\)](#)
3. [WHO Information Note on Tuberculosis and COVID-19](#)
4. [WHO - Maintaining essential health services: operational guidance for the COVID-19 context](#)
5. [WHO interim guidance. Maintaining essential health services: Operational guidance for the COVID-19 context](#)
6. [WHO Q&A: Adolescents, youth and COVID-19](#)
7. [WHO Q&A: Contraception/family planning and COVID-19](#)
8. [WHO Q&A: Pregnancy, childbirth and COVID-19](#)
9. [WHO interim guidance. Mental health and psychosocial considerations during the COVID-19 outbreak](#)

References

1. United Nations Population Fund (UNFPA). Rapid Assessment of Ebola Impact on Reproductive Health Services and Service Seeking Behaviour in Sierra Leone. Freetown: UNFPA, 2015
2. Parpia AS, Ndeffo-Mbah ML, Wenzel NS, Galvani AP. Effects of Response to 2014-2015 Ebola Outbreak on Deaths from Malaria, HIV/AIDS, and Tuberculosis, West Africa. *Emerg Infect Dis.* 2016;22(3):433-441. <https://doi.org/10.3201/eid2203.150977>