

# The Effects of COVID-19 on HIV and TB Services in China, Guatemala, India, Nepal and Sierra Leone: A Rapid Community-Led Monitoring Study

N. Rafif<sup>1</sup>, G. Oberth<sup>2</sup>, R. Hodes<sup>2</sup>, J. Harries<sup>3</sup>, A. Manouan<sup>1</sup>, W. Jallow<sup>1</sup>, E. Simon<sup>1</sup>, S. Baptiste<sup>1</sup>

<sup>1</sup> International Preparedness Coalition (ITPC), Johannesburg, South Africa

<sup>2</sup> University of Cape Town, AIDS and Society Research Unit, Cape Town, South Africa

<sup>3</sup> University of Cape Town, Cape Town, South Africa

## BACKGROUND

COVID-19 brought HIV and TB responses to a standstill. Some estimate that it cut ART initiations in half. Global TB case detection fell by nearly 25% in 2020. Amid this crisis, there is a paucity of data on COVID-19's effects on communities of people living with HIV and TB. This project rapidly mobilized communities for data-driven change.

## METHODS

From September 2020 to March 2021, communities monitored HIV and TB services during COVID-19 at 17 health facilities in China, Guatemala, India, Nepal and Sierra Leone. The monitored sites were predominantly high-volume urban hospitals, together serving more than 20,000 people on ART. Facility data was collected by communities for 31 quantitative indicators, complemented by 325 qualitative interviews, and used to inform advocacy for improved responses to HIV and TB in the context of COVID-19.

## RESULTS

- COVID-19 catalyzed home ART delivery mechanisms, particularly in China, Guatemala and Nepal. In Guatemala, 71% of all ART initiations in October 2020 were "same-day", dropping to 58% in November 2020, and to 53% in December 2020.
- Young people on ART were disproportionately likely to be lost to follow-up in the context of COVID-19.
- Job loss, food insecurity, restricted movement, stock-outs, and fear of COVID-19 were reported to negatively affect retention in care.
- A decline in GeneXpert was observed. Just 21% accessed rapid molecular TB tests, delayed by requirements for a COVID-19 test rst.
- Stigma and concerns about confidentiality flourished. Some were forced to disclose HIV status to the police before accessing healthcare.
- Communities in Sierra Leone used this data to secure a commitment for a new indicator to track ART treatment failure.
- After learning of movement restrictions, ART was distributed to 40 refugees from Myanmar who were stranded in China.
- Communities in India advocated for government to pay for TB patient support.

# 42%

Across all facilities, 42% of ART initiations were **same-day diagnoses**. The rate was highest in China (82%) and lowest in Nepal

# 57% → 72%

On average, people who received **multi-month dispensing of ART** increased from 57% to 72%.

## CONCLUSION

COVID-19 devastated some HIV and TB services while galvanizing others. Community ART delivery, multi-month dispensing, using digital tools, and other differentiated approaches improved. However, rapid molecular TB testing decreased, and stigma and discrimination rose. The urgent need for psychosocial support remains a key advocacy priority.