



GUIDE FOR THE MANAGEMENT OF PEOPLE ON THE MOVE LIVING WITH HIV IN RECEPTION CENTERS DURING THE COVID-19 EMERGENCY

June 2020



Introduction

The COVID-19 pandemic has had an unprecedented impact on health care systems that, in many instances, worsened the already existing assistance gaps. When it comes to Latin America and Central America, this challenge adds to the consequences mass mobilizations have had in recent years, which have exceeded the national capacities to provide prompt assistance and social protection, particularly in the health care field. This pandemic has a direct impact on people on the move since the movement restriction policies and the lockdown and social distancing measures have reduced their ability to insert themselves into economic activities that were already precarious in many cases. Consequently, they have less access to food, housing, medicines and other essential consumer goods, and fewer possibilities of getting to their countries of destination.

Also, a large number of refugees, migrants and asylum seekers have been deported: the countries of Northern Central America have received over 44 000 people who have been deported from the United States and Mexico in the months of January – March 2020, even when borders had already been closed in these countries. Others, such as Venezuelan refugees and migrants, have decided to go back to their home country as an act of desperation caused by the lack of protection, the forced evictions that left them without a home, the utility shut-offs as a means of pressure and, in general, the poor living conditions they faced as a result of the lack of income and opportunities that did not allow them to survive. We also have to take into account all of those who were left trapped in the middle of their migration routes, such as Haitians, Cubans and Africans, and that today remain in Panama and Costa Rica, living in reception facilities that are unable to properly shelter them and provide them with care. Furthermore, there are also internally displaced people who, despite the movement restrictions, have had to escape violence, forced evictions and other situations that put their lives and their families' lives at risk, particularly for children and young people.

All these circumstances have encouraged countries to set up centers where people can follow the mandatory isolation measures recommended by the World Health Organization (WHO) to prevent the COVID-19 contagion. Due to the

emergency level, the majority of these spaces are overburdened, they do not have separate zones for women and children and they do not have feeding or personal hygiene areas. For this reason, people on the move are subject to the decisions of the shelter managers and approaches that aren't based on dignity and human rights.

Therefore, UNAIDS addresses this document to strategic and technical decision-makers, shelter staff, care centers, immigrant reception centers and other spaces created during the COVID-19 pandemic to ensure prompt care for people on the move living with HIV.

Goals

Provide information to strategic and technical decision-makers, shelter staff, care centers, immigrant reception centers and other spaces created during the COVID-19 pandemic so that it is possible to ensure prompt care for people on the move living with HIV.

This document is a means to support the general management process of the temporary centers set up during the COVID-19 pandemic in order to:

- Reduce the risks of transmission, particularly amongst people living with HIV, people over 60 years old and those who suffer from other chronic health conditions;
- Provide relevant information and key supplies to people living with HIV, to those who are pregnant or who recently received a diagnosis and are currently living in accommodation centers created during the COVID-19 pandemic.

The different scopes of the interventions

The proposed interventions focus on 5 areas that target refugees, migrants, asylum seekers, returnees, displaced and deported people and people living with HIV in the COVID-19 context:

1. Prevent the transmission of HIV within reception centers set up during the emergency¹ for the COVID-19 pandemic.
2. Ensure access to post-exposure prophylaxis (PEP) for occupational or non-occupational cases in health care services for people on the move.
3. Prevent mother-to-child transmission and protect children and young people who are alone or were separated from their parents, and children and young people in situations of vulnerability during the COVID-19 pandemic.

¹ **Reception centers set up during the emergency** refers to the shelters, accommodation centers, immigrant reception centers and other spaces created during the COVID-19 pandemic to receive people on the move.

4. Provide antiretroviral treatment (ART) to refugees on the move who need it.
5. Offer protection against human rights violations to people on the move living with HIV or members of the LGBTQI+ community in the reception centers created during the COVID-19 pandemic.

Key notions

What is HIV?

- HIV stands for “human immunodeficiency virus”.
- HIV is a retrovirus that infects the immune system cells destroying or impairing their function.
- This virus results in a progressive failure of the immune system, leading to immunodeficiency.

What is AIDS?

- AIDS stands for “acquired immunodeficiency syndrome”.
- It refers to a number of symptoms and infections related to the acquired deficiency of the immune system caused by the HIV infection.
- The HIV infection has been established as the underlying cause of AIDS.

How can HIV be transmitted?

- HIV can be found in body fluids such as blood, semen, vaginal discharges and breast milk.
- HIV can be transmitted through:
 - Unsafe sexual contact: penetrative sex (anal or vaginal) and oral sex.
 - Exposure to infected blood: through blood transfusions, by reusing or sharing needles and syringes in health care centers, and through drug injections.

- Mother-to-child: HIV can be transmitted during pregnancy, particularly if the mother does not receive antiretroviral treatment, during birth, if the woman does not have a suppressed viral load or if she does not get a C-section, or when breastfeeding the newborn, if the mother does not have a suppressed viral load.

How is HIV NOT transmitted?

- It is NOT transmitted through physical contact.
- It is NOT transmitted by sharing physical spaces.
- It is NOT transmitted by sharing bathrooms or bedrooms.
- It is NOT transmitted by sharing cups, cutlery or kitchen tools.
- It is NOT transmitted through saliva, perspiration, tears or urine.

Intervention areas and care procedures for people living with HIV in emergency accommodation centers

The following recommendations are based in the emergency care context caused by the COVID-19 pandemic, which calls for immediate, pressing care requirements, and they focus on the needs of people on the move, including mainly refugees, migrants, asylum seekers, returnees, displaced and deported people living with HIV or at a greater risk of infection, particularly during the COVID-19 pandemic.

Other than the proposed intervention areas, we include hereunder the general procedures that must be followed in case there are people living with HIV (including pregnant women and recently diagnosed people) in emergency accommodation centers.

Intervention area n° 1: Prevent the transmission of HIV within reception centers set up during the emergency² for the COVID-19 pandemic

- Establish standard procedures and provide personal protective equipment (PPE) for the health workers in charge of people on the move. This includes the storage and waste disposal stages when treating patients in the context of COVID-19.
- Ensure access to clean water and sanitation within the reception centers created during the COVID-19 emergency (shelters, accommodation centers, immigrant reception centers and others) so people on the move can follow the basic PAHO recommendations to prevent COVID-19 while giving priority to vulnerable groups (people over 60 years old, people with chronic diseases, including HIV, children and women).
- Include rapid tests in the emergency care services so people living with HIV can be identified and immediately linked to health care systems and other services through alternative assistance services³.
- Create alternative communication channels in the emergency accommodation centers during the COVID-19 pandemic so refugees, immigrants, asylum seekers, returnees or deported people can remain informed about the protection measures against COVID-19 and HIV, but also so they can communicate with their families and have access to the alternative assistance services offered.
- Establish alternative assistance services in essential health care centers to provide relevant, key information about COVID-19 and HIV protection to the general public, including people on the move.
- Ensure condom supply in emergency care centers and reception centers.

² **Reception centers set up during the emergency** refers to the shelters, accommodation centers, immigrant reception centers and other spaces created during the COVID-19 pandemic to receive people on the move.

³ **Alternative assistance services** are communication channels such as WhatsApp, text messages, phone calls, chats, websites, etc. that allow people to obtain relevant information and engage with social distancing at the same time, following the WHO recommendations to control the COVID-19 pandemic.

- Ensure there is information available in emergency care centers and reception centers on how to use condoms properly, including alternative communication channels.

Intervention area n° 2: Ensure access to post-exposure prophylaxis (PEP) for occupational or non-occupational cases (rapes or unsafe sexual contact with high-risk individuals) in health care services for people on the move

- Include post-exposure prophylaxis (PEP) protocols for health workers and people on the move, particularly in locations close to higher-risk areas such as borders, shortcuts, alternative border crossings, etc.
- Coordinate the creation of alternative assistance services to provide information, support victims of sexual abuse and other situations of vulnerability and violence they might have suffered on their migration route, and inform them of where to find PEP kits and what are the available reporting mechanisms.

Intervention area n° 3: Prevent mother-to-child transmission and protect children and young people who are alone or were separated from their parents, and children and young people in situations of vulnerability during the COVID-19 pandemic

- Ensure access to rapid HIV and COVID-19 tests for pregnant women primarily.
- Ensure the availability of all the necessary supplies for aseptic, safe childbirths, including the personal protective equipment of the health workers in charge of women infected with COVID-19 before, during and after labor.
- Provide ARV treatment to pregnant women who have already started it and who notify their health condition, and ensure the insertion of pregnant women living with HIV into an ARV regimen to prevent mother-to-child transmission.
- Provide care to newborns in accommodation centers and refer them to specialists.

- Give advice on supplementary nutrition to breastfeeding mothers living with HIV and provide infant formulas for newborns, particularly when the mother's viral load is unknown.

Intervention area n° 4: Provide antiretroviral treatment (ART) to refugees on the move who need it.

- Include rapid tests in the COVID-19 emergency care services to identify people on the move living with HIV, ensure immediate counseling and establish a case management protocol that includes access to ARV treatment and medical care without delay.
- Provide ARV treatment to people on the move who need it, whether they have already started it or not. Use ARV treatment regimens that recognize the high resistance rate to non-nucleoside inhibitors such as Efavirenz. Recommend regimens based on Dolutegravir.
- Review and update the medicine prescription regulations for people living with HIV and the multi-month prescription regulations (at least 3 months of ARV treatment)
- Establish counseling services through alternative communication channels in the reception centers, where governments, humanitarian organizations or civil society can provide support for people on the move living with HIV.

The principle of **confidentiality** refers to the duty of health care professionals to protect the personal information shared by people living with HIV and not disclosing it without their permission.

Intervention area n° 5: Offer protection against human rights violations to people on the move living with HIV or members of the LGBTIQI+ community in the reception centers created during the COVID-19 pandemic.

- Ensure medical care for everyone, regardless of their migration status, particularly when it comes to people over 60 years old or people suffering from chronic diseases, including HIV.

- Ensure the emergency services respect human rights, especially the principle of no discrimination on grounds of sex, age, ethnicity, gender or migration status.
- Create mechanisms in the reception centers through alternative communication channels to receive, treat and track all the reports of human rights violations, especially those related to health care during COVID-19.
- Promote and support the creation of mechanisms for the documentation of human rights violations in emergency care centers and reception centers.

How to proceed when treating a person on the move living with HIV?

If they disclose that they are living with HIV or that they were recently diagnosed but have not received treatment:

- Respect the confidentiality principle.
- Immediately link the person to health care services to comply with the following protocol:
 - Confirmatory tests for HIV
 - Viral load test
 - Counseling
 - A general physical examination that includes the COVID-19 test
 - ARV treatment supply
 - Condom supply
 - Nutritional support
- Ensure the individual gets enough supply of ARV treatment and a proper follow-up for the rest of the migration route: according to the document “Guidelines for the Implementation of Multi- month Dispensing of Antiretrovirals”, a prescription of at least 3 months of ARV treatment is recommended.

If they disclose that they are living with HIV or that they were recently diagnosed and are receiving treatment:

- Respect the confidentiality principle.
- Immediately link the person to health care services to comply with the following protocol:
 - Viral load test
 - Review of the current treatment regimen
 - A general physical examination that includes the COVID-19 test
 - ARV treatment supply according to their current treatment regimen
 - Condom supply
 - Nutritional support
- Ensure the individual gets enough supply of ARV treatment and a proper follow-up for the rest of the migration route: according to the document “Guidelines for the Implementation of Multi- month Dispensing of Antiretrovirals”, a prescription of at least 3 months of ARV treatment is recommended.

If they are pregnant:

- Respect the confidentiality principle.
- Immediately link the person to health care services to comply with the following protocol:
 - Confirmatory test for HIV
 - Viral load test
 - Counseling
 - Prenatal care
 - A general physical examination that includes the COVID-19 test
- Provide them with an ARV treatment supply suitable to their status
- If the pregnant woman does not have a suppressed viral load, ensure a C-section.

- Ensure the individual gets enough supply of ARV treatment, a proper follow-up for the rest of the migration route, and baby formula in case the mother does not have a suppressed viral load.
- Nutritional support.

Backgrounds

This guide is based on the following documents:

1. UNAIDS Strategy 2016-2021.
2. Global AIDS Monitoring 2020 – Indicators for Monitoring the 2016 Political Declaration on Ending Aids, by UNAIDS.
3. Policy Brief: HIV and Refugees, by UNAIDS and UNHCR.
4. Resolution CD 55.R13 on the Health of Migrants (September of 2016), by WHO.
5. Recommendations for Governments concerning the Care of Refugees and Migrants Living with HIV in the Context of the COVID-19 Pandemic (March of 2020), by UNAIDS.
6. Q&A: HIV, Antiretrovirals and COVID-19 (March of 2020), by WHO.
7. Guidelines for the Implementation of Multi- month Dispensing of Antiretrovirals (March of 2020), by UNAIDS.
8. Lessons from HIV for an Effective, Community-led Response (March of 2020), by UNAIDS.