

EBOLA CRISIS

Ensuring continuity of HIV Services

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Kenema Government Hospital, Sierra Leone
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The recent past has witnessed an unprecedented Ebola virus disease (EVD) outbreak that has affected countries in West Africa and beyond. Guinea, Liberia and Sierra Leone have been the most affected countries with widespread transmission. The WHO Ebola response team suggests that the cumulative numbers of cases could rise to 5740 in Guinea, 9890 in Liberia, and 5000 in Sierra Leone, exceeding 20,000 in total, by November 2014¹. Without adequate control measures, the affected countries could suffer a long period of crisis. Over 200 health workers in these countries (greater than 50% case fatality rate) have lost their lives² while providing health care to Ebola infected patients. This epidemic threatens to compromise the social, political and economic fabric of the West African region.

The first-ever UN emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER) has been set up to respond to immediate needs related to the Ebola Crisis. Containing Ebola remains the priority in the affected countries. **Additionally, the impact of the Ebola Crisis on health systems is of grave concern; routine services including HIV/TB services have been compromised and people living with HIV are increasingly vulnerable. This includes PMTCT services which have a profound effect on women and their newborn babies. During the Ebola Emergency response, securing continuity of access to anti-retroviral (ARVs) drugs and essential HIV prevention interventions including PMTCT is critical to reduce morbidity and mortality of people living with HIV and to prevent new infections. To this end, the UNAIDS Inter Agency Task Team (IATT) to address HIV in Humanitarian Emergencies is advocating for a minimum HIV service package as part of efforts to restore public health services during this EVD outbreak.** This brief outlines the recommended minimum HIV package of interventions and actions required to ensure continuity of HIV services, including through community platforms.

Recommended Minimum HIV service package

- Standard health facilities infection control precautions, including, when required, standard personal protective equipment (PPE) and approaches within facilities and at community level care points
- Access to (Male and Female) condoms
- Safe blood transfusion services
- Anti-retroviral therapy (ART) continuation for people on treatment
- PMTCT services continuation
- TB/HIV services continuation
- Post-exposure prophylaxis for both occupational and non-occupational exposure to HIV

¹WHO Ebola Response Team. Ebola virus disease in West Africa — the first 9 months of the epidemic and forward projections. N Engl J Med 2014 Sep 23; [e-pub ahead of print]. <http://dx.doi.org/10.1056/NEJMoa1411100>

²WHO Ebola response road map update 10 October 2014

http://apps.who.int/iris/bitstream/10665/136161/1/roadmapupdate10Oct14_eng.pdf?ua=1

HIV profile of the worst Ebola affected countries (2013)

Country	Estimated living with HIV*	Estimated on ART**		
		Adults*	Children**	Pregnant women**
Guinea	130,000	28,000	1,333	3,030
Liberia	30,000	6,400	378	874
Sierra Leone	57,000	9,100	385	2,686

*UNAIDS AIDSinfo; ** Global AIDS response progress reporting 2014

10 high priority, practical actions to implement the Minimum HIV service package:

1. Include aforementioned minimum HIV service package within the rebuilding of primary health care services and interim delivery mechanisms. Factor in HIV services in plans for re-opening health facilities and other planned services. Take into consideration special needs of vulnerable groups especially girls and women.
2. Ensure continued access to ART, anti-TB drugs and cotrimoxazole by a) redistributing the drugs in facilities which have closed and making them available in alternative sites; and b) prioritizing HIV drugs within the emergency drug supplies sent to health facilities and ensure a buffer stock of medications at all times.
3. Provide longer refills of ARV supply (3-6 months depending upon stocks) and distribute through mobile clinics and at community level when possible.
4. Prioritize all pregnant, breastfeeding women and children with known HIV status for PMTCT services. Initiate new testing only if the context makes it feasible and resources permit.
5. Focus on ensuring ARVs availability and access for all pregnant and breastfeeding women with HIV. Infants of mothers who are receiving ART should be given infant prophylaxis with daily NVP (or twice-daily AZT).
6. Continue other key HIV prevention interventions:
 - a) Distribute condoms; b) ensure safe blood transfusion services continue in all designated health facilities and c) provide post exposure prophylaxis for both occupational and non-occupational exposure.
7. Health workers, volunteers and community networks providing HIV services should be made aware of the Ebola risks and case definitions. They should practice standard infection control precautionsⁱ in health care settings and beyond.
8. Utilize existing community platforms to facilitate ART distribution. Platforms that could assist in ART distribution and also help trace defaulters include a) community health workers b) people living with HIV (PLHIV) networks c) community based women's organizations and d) mobile teams (that do not interfere with the Ebola response efforts).
9. Use mobile technology, radio, other mass communication channels and community platforms informing patients on a) which clinics are open and what HIV services are available, including availability of drugs b) alternative sites for collection of drugs
10. HIV testing should be reserved for clinically indicated cases and, when safe and according to standard infection control procedures. Any other form of HIV testing and outreach services including community awareness and other behaviour change communication activities should be delayed until the situation stabilizes. This would help avoid unnecessary movement of healthy individuals into the health system and concern for lack of PPE in voluntary testing settings.

ⁱAdequate supplies of protective equipment and commodities for Ebola, such as hand sanitizer, disposable gloves, aprons, eye protection and water repellent surgical masks, waste disposal bags, bleach solution and buckets. (WHO's updated guidance on PPE awaited)