Lessons from HIV prevention for preventing COVID-19 in low- and middle-income countries

Global HIV Prevention Working Group, April 2020

The COVID-19 pandemic is rapidly spreading across the world and including countries affected by other infectious disease epidemics, such as HIV, tuberculosis (TB) and malaria. Over the past three decades, the global HIV response has gained experience in developing effective prevention approaches. This brief seeks to provide a summary for decision-makers and health programme implementers in low- and middle-income countries (LMICs) to help them make the best possible choices in preventing the virus responsible for COVID-19.

Eight strategic directions for addressing COVID-19 based on lessons from HIV prevention

The HIV response has been highly effective in mobilizing affected communities, science, political will and financing to achieve what many thought was impossible: delivering quality testing, treatment and prevention programmes in LMICs at scale, and enabling multisectoral stakeholders to join forces. With support from national AIDS councils, national HIV programmes, networks of people living with HIV and other community-based organizations, countries can rapidly translate their experience into action on COVID-19.

1. Build strong community-led responses early on: we are all in this together

Ensuring civil society, community-led organizations, faith-based groups and local leaders are co-creators of the COVID-19 response drives ownership and effectiveness of service delivery across communities. Just as communities did for HIV, they can lead the response, reach vulnerable populations left behind by health services, identify and address stigma and discrimination, and build consensus that a public health response can be delivered while respecting human rights and gender equality.

2. Multisectoral coalitions: moving beyond health

COVID-19, as with HIV, is not only about health. The approach of existing multisectoral partnerships—such as national AIDS councils and coalitions on HIV prevention—brings together government departments, affected communities, religious organizations, traditional leadership, and the business and private health sectors. Similarly, the United Nations (UN) at the country level could coordinate their support for the national COVID-19 response in a similar way to the joint UN teams on AIDS, which bring together the 11 UN Cosponsors, working to coordinate their support across multiple sectors. The joint UN team could be leveraged or replicated in national COVID-19 responses.

3. Key and vulnerable populations: prioritized and not left behind in a human rights-based approach

A critical lesson from the HIV response is that an epidemic cannot be ended without prioritizing vulnerable and marginalized populations and without guaranteeing the human rights of everyone affected by the epidemic and the response. As is the case in the HIV response, COVID-19 responses must define the different vulnerable populations, identify informal settings with high population density and limited infrastructure, understand the needs and protect the rights of vulnerable populations, and define actions with the affected populations.

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4. A clear framework for the response: define the packages and pillars of the response

We can also learn from the mistakes of the past. Without a clear framework, prevention can become vague and lack focus. Defining core pillars of HIV prevention clarified the specific interventions, responsibilities and targets for impact, leading to a more focused and effective multisectoral response. The same can be done for COVID-19 by defining priority interventions and intersectoral delivery at the outset. For example, the response could include a primary prevention pillar (in terms of social distancing, testing, and hand and cough hygiene), a government preparedness pillar (health sector emergency preparedness, continuity of basic infrastructure, water supplies, food security, education, and social protection of vulnerable populations) and a business sector partnership pillar (production of essential supplies for the response and other service continuity).

5. Action-oriented communication to stimulate behaviour change: messaging matters for prevention

HIV prevention is successful when public health programmes focus on evidence-informed demand generation and behaviour change with simple, actionable messages targeted to the general population and populations with special needs. This expertise can be applied together with emergency response approaches of risk communication and community-led responses. Country-owned behaviour change communications on COVID-19 prevention can be developed, such as on physical distancing, hand-washing, testing and other key actions.

6. Innovation in the time of physical distancing: prevention in the virtual space

When HIV emerged, a whole range of innovative sociocultural expression helped disseminate prevention messages and normalize HIV prevention practices through popular music, media and other channels. When dating moved online, parts of the HIV prevention response did, too. Lessons can be learned from the hotlines, online counselling and large-scale prevention campaigns carried out by some dating apps and social media platforms. The COVID-19 response can also use these experiences, leveraging the widespread cellular phone networks in most LMICs to deliver prevention messages and entry points for COVID-19 counselling and testing.

7. Business-style approaches: take action to scale rapidly

COVID-19 spreads rapidly across countries, straining food and medical supply chains and logistics. HIV prevention implementers have expertise in handling scaled programmes in LMICs. For example, just as socially marketed condoms were disseminated on trucks delivering soft drinks to the remotest locations, masks, soap and medical products can be delivered alongside commercial products in collaboration with the business sector to all locations where they are needed.

8. Tracking and peer accountability matters: results frameworks and scorecards for COVID-19

Initiatives like the Global HIV Prevention Coalition scorecards and community-led monitoring initiatives have brought rigour to the monitoring of public health results. This approach can be replicated and clear results tracking can be established. What is the coverage of interventions? What are their outcomes in terms of behaviour and service use? Who is being left behind? What is the disease impact? Scorecards can help to track results in different areas of a country and to allow for benchmarking and comparison.

Many HIV experts in LMICs are already engaged in the COVID-19 response. They can bring these lessons and other country-specific experiences to the table. Importantly, the HIV response can learn from and integrate with the COVID-19 response in terms of reinvigorating urgency and a range of other learnings that have yet to be explored—but that can shape the next decade of the HIV response.

This brief was prepared by members of the Global HIV Prevention Working Group, which includes (in alphabetical order) representation of the: African Youth and Adolescent Network on Population and Development, AIDS Vaccine Advocacy Coalition (AVAC), Bill & Melinda Gates Foundation, Frontline AIDS, Global Fund to Fight AIDS, Tuberculosis and Malaria, Global Network of Sex Work Projects (NSWP), Institute of Tropical Medicine (Antwerp), International Planned Parenthood Federation (IPPF), Kenya National AIDS Control Council, National AIDS Council of Zimbabwe, UNAIDS, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United States President's Emergency Plan for AIDS Relief (PEPFAR) and World Health Organization (WHO).

The Global Prevention Coalition has established a web platform for country-level governments, civil society and other partners to share their experiences and new solutions.
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