THE IMPACT OF COVID-19 ON HIV, TB AND MALARIA SERVICES AND SYSTEMS FOR HEALTH: A SNAPSHOT FROM 502 HEALTH FACILITIES ACROSS AFRICA AND ASIA

The Global Fund | UNITE TO FIGHT

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INTRODUCTION

In 2020, the COVID-19 pandemic impacted the world beyond imagination. To date, it has infected more than 135 million people, killed over 2.9 million people, and is projected to plunge up to 115 million people into extreme poverty.[1] As countries have gone into lockdown, gender-based violence has increased, unemployment has soared, and access to health care for the poorest and most vulnerable has been cut. COVID-19 has made people less likely to seek health care because they are afraid of getting infected with the virus. Fear and uncertainty surrounding COVID-19 have also increased stigma and discrimination. As frontline workers without enough access to personal protective equipment (PPE) risk their lives to treat patients, the virus pushes already fragile health systems to the brink.

To make matters worse, new mutations of the virus have emerged. The new variants threaten the effectiveness of the existing array of COVID-19 tools, including the progress made with treatments and the development of vaccines, underscoring the urgent need to contain COVID-19 in all countries. The pandemic is creating a perfect storm of economic, health and social crises and threatens to reverse the extraordinary gains made by the Global Fund partnership in the fight against HIV, tuberculosis (TB) and malaria and in building resilient and sustainable systems for health. While it appears that we may have averted the immediate worst-case scenario in terms of the knock-on impact on these three diseases, we should have no illusions over the gravity of the long-term disruption caused by COVID-19 on the systems for health that the Global Fund is working to strengthen. There is no scenario in which we can achieve the progress we want against HIV, TB and malaria while COVID-19 remains unchecked and systems for health are threatened.

Given our role as the world's largest multilateral provider of grants for health systems and our long experience and impact fighting infectious diseases, the Global Fund is uniquely positioned to help countries respond to the COVID-19 pandemic and mitigate the knock-on impact on HIV, TB and malaria. We responded immediately to the pandemic, awarding just under US$1 billion through our COVID-19 Response Mechanism (C19RM) and grant flexibilities to support country responses to COVID-19, strengthen their systems for health and adapt their HIV, TB and malaria programs. The Global Fund enabled countries to rapidly adapt existing programs, purchase personal protective equipment (PPE), diagnostics and medical supplies, and to deploy prevention campaigns. While it is still early days, it appears this rapid response may have helped us avoid the worst-case scenario of a surge in deaths and cases. In addition, the Global Fund has partnered with key global health organizations to create the Access to COVID-19 Tools Accelerator (ACT-A), a unique global collaboration which supports the development and equitable distribution of tests, treatments and vaccines – and the strengthening of health systems – that the world needs to defeat COVID-19.

The fight against COVID-19 is at a critical juncture, and we must act urgently to mitigate the pandemic's disruption to systems for health and to the crucial health services they sustain. This snapshot provides an indicative update of how lifesaving HIV, TB and malaria programs and health service continuity have been impacted by COVID-19 across 32 low- and middle-income countries in 2020, and the extent of this disruption. Disruption to these health services means that people are not being as widely tested, diagnosed, or treated for HIV, TB and malaria, threatening the gains that the Global Fund has made so far in the fight against these three diseases. Moreover, the availability of COVID-19 commodities is critically low. Health workers do not have sufficient access to PPE and are therefore risking their lives on a daily basis. Pushed to the breaking point by COVID-19, health systems urgently need strengthening to be able to deliver lifesaving tools such as tests, treatments including medical oxygen, and vaccines.

Yet there is hope. Adaptive measures adopted to counter the impact of COVID-19 on health service continuity are working, and the Global Fund needs more funding to scale up these innovative measures, protect health workers on the frontline and ensure the continuing delivery of lifesaving health services for HIV, TB and malaria across the world.

1 https://openknowledge.worldbank.org/bitstream/handle/10986/34496/9781464816024.pdf

METHODOLOGY

This snapshot examines disruption patterns caused by COVID-19, as well as the adaptive measures that the Global Fund-supported programs have taken to respond to these challenges. It is based primarily upon data collected and aggregated through Programmatic Spot-checks recording information from April to September 2019 (Q2/Q3 2019) and from April to September 2020 (Q2/Q3 2020) across 502 health facilities in 32 countries. This includes 24 countries across Africa: Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, South Africa, Togo, Uganda, Zambia and Zimbabwe. Across Asia, spot-checks were conducted across seven countries: Bangladesh, Cambodia, India, Indonesia, Lao, Pakistan and the Philippines. Spot-checks were also conducted in facilities in Ukraine. The countries providing more than 80% of the range of target services across HIV, TB and malaria were selected for spot-checks.

The Programmatic Spot-checks are conducted at facility-level and monitor service continuity in health facilities, a mix of community sites, primary, secondary and tertiary health care facilities in urban and rural areas, covering both public and private sites. Through on-site verification of facility data and interviews with facility staff, these spot-checks measured **the extent of health service disruption,** including the number of COVID-19 cases and deaths recorded at the facility, the overall level of disruption, which service components were most disrupted, and what changes were noted in service demand. In addition, spot-checks measured the **impact on service providers and health care workers,** through indicators such as the number of COVID-19 cases among staff, the level of staff disruption (absences due to sickness for example), the causes of this staff disruption (for instance, health care workers having to shift their attention to COVID-19 patients instead of patients with HIV, TB or malaria), and the mitigation efforts put into place. Spot-checks also monitored **stock availability, PPE and systems readiness** through measuring the impact on tracer commodities (including medical and surgical masks, protective goggles, isolation gowns, soap, running water, disinfectant, hand sanitizer, examination gloves, and medical sanitizer towels), stock levels, the impact on laboratory and/or testing services, the waste disposal measures on-site as well as availability of operating budgets, functioning reporting systems and supervision changes. Finally, spot-checks assessed the **adaptive measures** taken by Global Fund-supported programs, including the types and level of mitigation measures, efforts to maintain and/or scale up services, and COVID-19 campaigns.

Two other monitoring mechanisms provide non-verified data that can be consulted as additional sources of contextual information: bi-weekly Global Fund COVID-19 Country Monitoring surveys, using data collected between May and December 2020, and Monthly and Quarterly Indicator Reporting in 2019 and 2020. The bi-weekly Global Fund COVID-19 Country Monitoring surveys are perception-based. These surveys are conducted through phone calls to relevant in-country stakeholders asking a consistent list of questions about their perception of the situation in 106 countries. Monthly and Quarterly Indicator Reporting are submitted directly by the Principal Recipients (PRs) of Global Fund grants in implementing countries and focus on a subset of 23 indicators measuring service delivery for HIV, TB and malaria and key populations in 38 high-burden countries.

Sampling for spot-checks was purposive (at least 15 sites per country) and not intended to be nationally representative. The Programmatic Spot-checks, complemented by the Global Fund COVID-19 Country Monitoring surveys and Monthly and Quarterly Indicator Reporting, offer an integrated monitoring of COVID-19's impact on Global Fund-supported programs in 2020.

THE EXTENT OF COVID-19 DISRUPTION ON HEALTH SERVICES

Access to services

As COVID-19 rapidly spread in 2020, outpatient consultations at health facilities declined considerably compared to 2019. All health facilities surveyed in the spot-checks describe changes in attendance, highlighting the widespread reach of COVID-19 and its impact. The main reason patients were no longer coming to health facilities was due to their fear of catching COVID-19, according to 85% of facilities surveyed. Patients were also no longer able to reach health facilities because of disruption to public transportation services, as well as lockdown and stay-at-home orders. These trends were slightly more acute in urban settings. Some patients also delayed seeking care, while others no longer visited clinics due to changes in recommendations for mild illness and elective care.

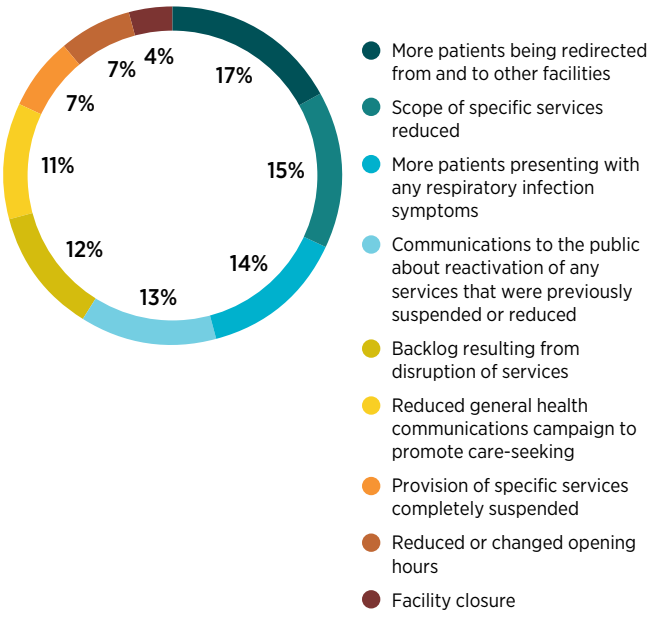
Overall, facilities appear to have put considerable effort into keeping services open, despite the challenging circumstances. Where this was not possible, facilities redirected patients to and from other facilities, and some specific services were reduced or no longer offered, which affected patient attendance. Other factors influencing patient access to services included more patients presenting with respiratory infection symptoms and other services being disrupted. In addition, as everyone's focus became consumed by COVID-19, there was a reduction in general health communication campaigns to encourage people to seek out health care.

Antenatal first care visits fell by 66% in facilities surveyed in seven countries across Asia, while consultations for under-5 services decreased by 74%.

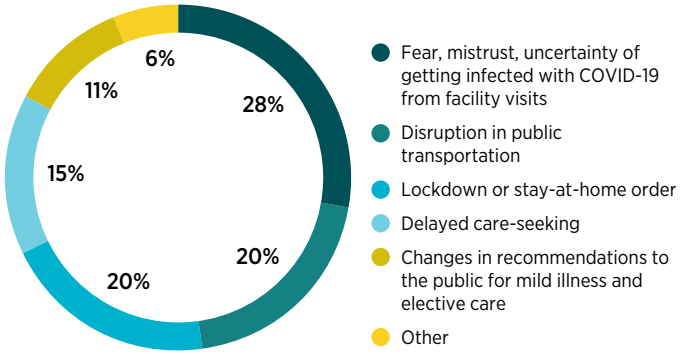
The change in attendance and access to services is particularly dangerous for mothers and children. Early childhood is a particularly vulnerable time for health issues, and the impact of COVID-19 is not sparing the young. Antenatal care first visits (ANC1) fell by 5% across Africa, and by a staggering 66% across facilities surveyed in seven countries across Asia. Services for children under 5 were also badly impacted by the pandemic. Facilities across Africa experienced a decrease of 23% in consultations for under-5 services in 2020 relative to 2019, while in seven countries across Asia these services fell 74%, resulting in significantly fewer children being seen by health care workers and receiving lifesaving care. If mothers and children's access to essential health services is reduced, mortality among children under 5 could be expected to rise.

FIGURE 1:
Breakdown of reasons for the change in patient attendance from April to September 2020, organized into facility reasons and community reasons, according to the perception of staff interviewed in spot-checks across 32 countries.

Site/facility reasons



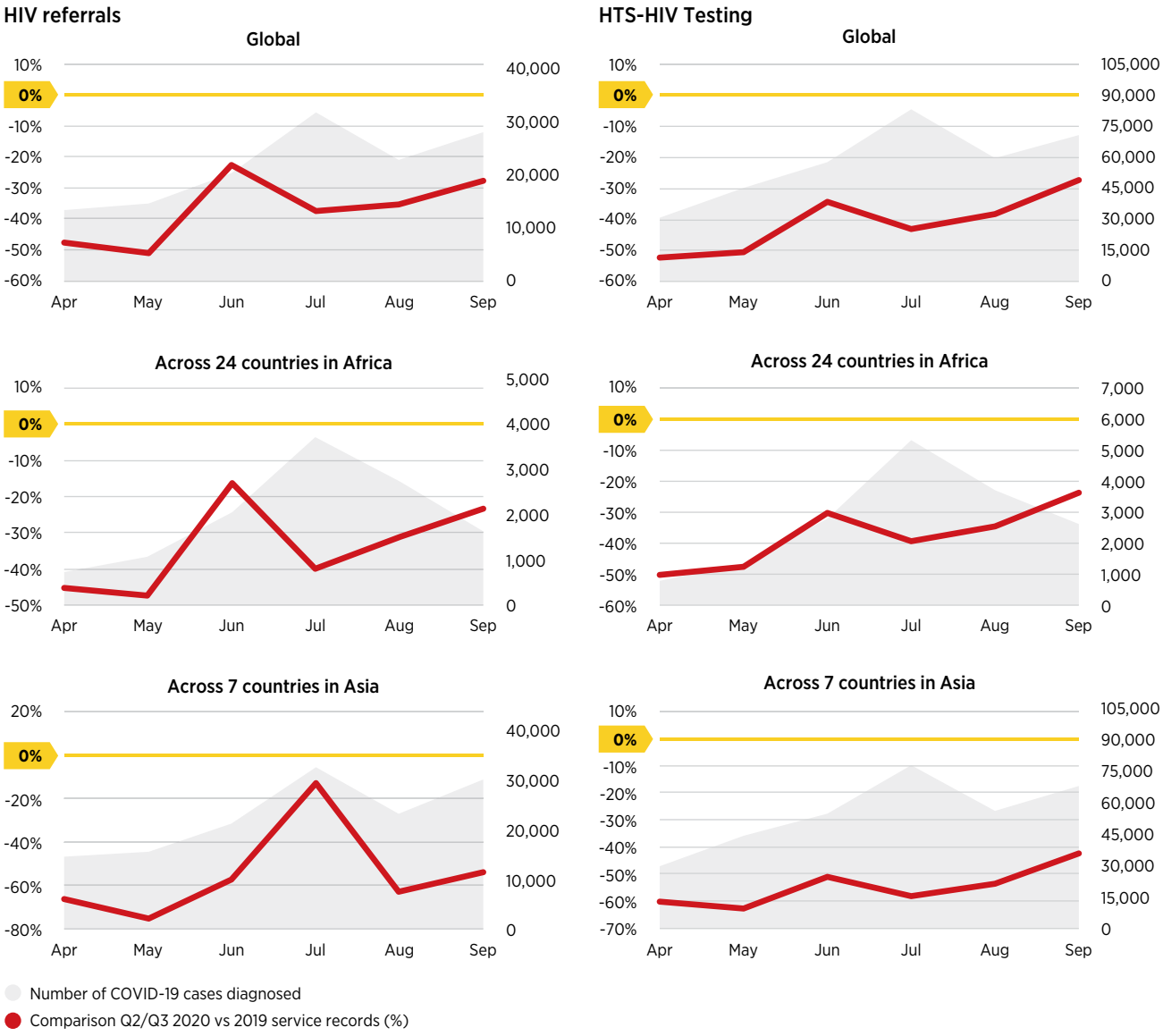
Individual/community reasons



HIV

HIV and AIDS represented the most recent global deadly pandemic before COVID-19. The Global Fund has made enormous progress over the past 20 years. In countries where the Global Fund invests, AIDS-related deaths since the Global Fund was founded in 2002 have been reduced by 61% and new infections have been reduced by 41%. Prevention efforts are critical to tackle the HIV incidence rate, particularly among key and vulnerable populations such as sex workers, people who inject drugs, prisoners, transgender people, men who have sex with men, as well as young women and adolescent girls who are disproportionately vulnerable to HIV due to gender-based violence and gender-related inequalities. The Global Fund is committed to scaling up the quality and quantity of HIV prevention programs and to increasing investments in HIV prevention for these key and vulnerable populations. But COVID-19 is threatening the progress made so far, disrupting some of these crucial HIV services. Without prevention services such as testing, people cannot know their HIV status or access treatment, and the incidence rate of HIV in these countries is at risk of increasing.

FIGURE 2:
The gray blocks represent the number of COVID-19 cases diagnosed per surveyed facilities (right Y axis). The line graph describes service delivery for the same period in 2020 (left Y axis).



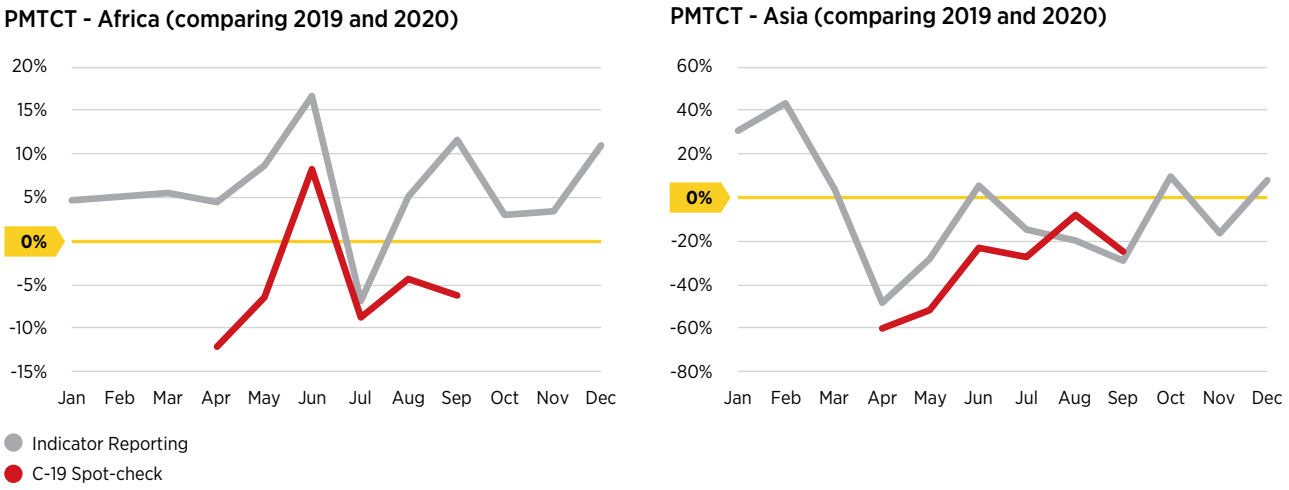
Our data suggests that disruption levels to HIV programs varied across services and regions. Overall, HIV referrals and HIV testing services were particularly affected. The indicative data collected from April to September 2020 shows that HIV referrals, which includes when patients in need of further diagnosis and treatment of HIV or sexually transmitted infections are referred to the next steps in the service continuum, fell 37% in Q2/Q3 of 2020 relative to Q2/Q3 of 2019. Referrals are critical for helping to prevent HIV transmission in the community at large, and so this disruption could result in people being unknowingly infected and HIV-positive patients not accessing the treatment they need, leading to further health issues or ongoing transmission of HIV. In addition, across all the facilities surveyed in this snapshot, HIV testing fell 41%. A large decrease in people being tested could lead to an increase in infection rates. HIV referrals and testing are important strategies for prevention and enabling entry into treatment, and disruption to these services severely impacts countries' capacity to fight HIV and protect populations at risk.

Across all the facilities surveyed in this snapshot, HIV testing fell 41% in 2020.

Facilities also noted that prevention of mother-to-child transmission (PMTCT) services and deliveries of prevention packages through outreach or drop-in visits were also lower between April to September 2020 compared to the same period in 2019. These disruption patterns caused by COVID-19 risk reversing the progress made in the fight against HIV. Fewer mothers being referred and fewer people being tested means that they will not be diagnosed or treated, and without treatment, they could get sick or die. Moreover, more babies will be born with HIV when PMTCT services are disrupted, which could wipe out years of progress in making sure that babies are born HIV-free.

Disruption to HIV prevention services, including referrals, testing, and PMTCT, means that people are running a higher risk of not knowing their HIV status, and therefore of not accessing the treatment they need, as well as running the risk of unknowingly infecting others. Trends indicate that services are progressively resuming, but we must significantly increase our efforts to regain progress lost in 2020 and get back on track to ending HIV as an epidemic by 2030.

FIGURE 3:
Trends of prevention of mother-to-child transmission services from April to September 2020 in comparison to 2019.[2]

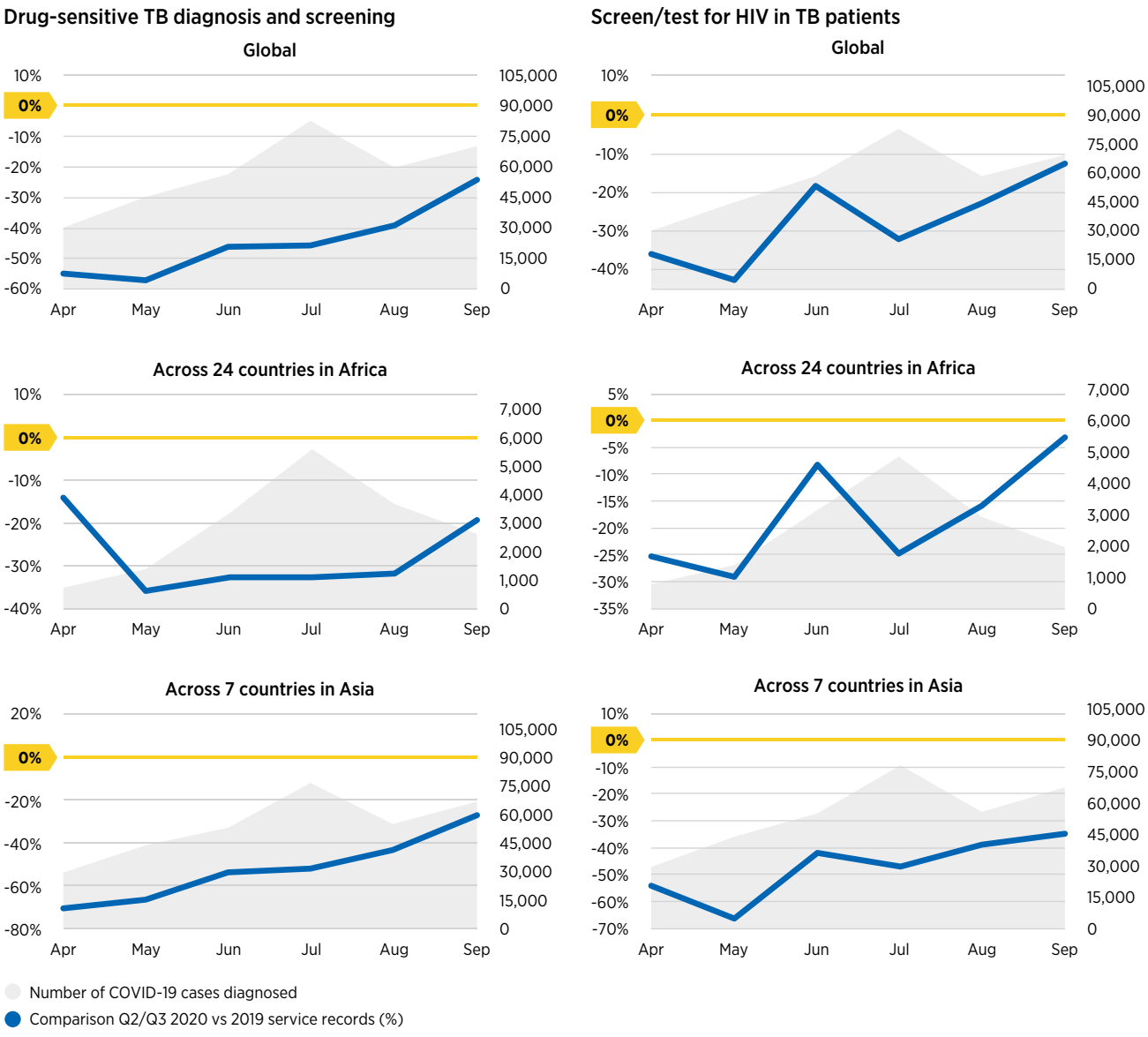


2 Data in these graphs is also taken from Monthly and Quarterly Indicator Reporting.

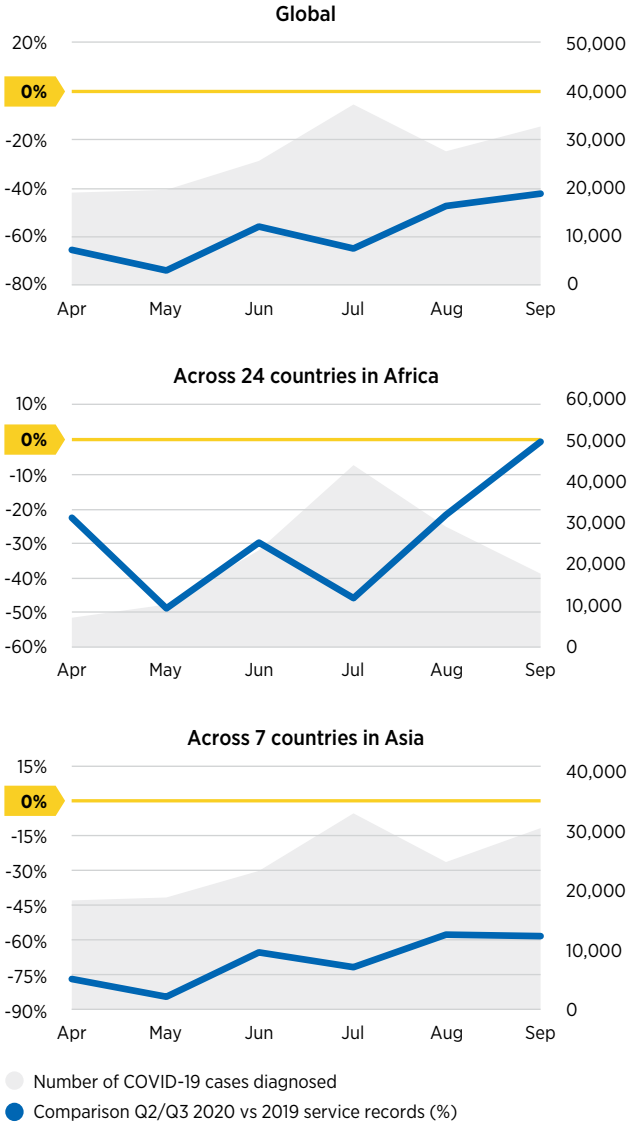
TB

Prior to the arrival of COVID-19, tuberculosis was the world's leading infectious disease killer, preying on poor and marginalized communities. In countries where the Global Fund invests, TB deaths (excluding HIV positive) since the Global Fund was founded in 2002 have been reduced by 25%. These gains are now being threatened. Compared to HIV and malaria, TB was the disease most off-track in 2020, and the COVID-19 pandemic is wiping out painstaking progress made in the past 20 years to accelerate the fight against TB. With drug-resistant TB on the rise, it is imperative that we keep making progress in the fight against this disease. The Global Fund is working with countries and health facilities to improve patients' access to quality diagnosis, treatment and care, scale up prevention efforts and find the estimated 2.9 million "missing" people with TB who go undetected, untreated or unreported each year, and identify and treat drug-resistant TB. COVID-19 has impacted the delivery of these crucial services. With similar symptoms such as cough, fever and breathing difficulties, TB and COVID-19 can be confused, and stigma and fear concerning the new virus can affect patients' likelihood to seek health care.

FIGURE 4:
The gray blocks represent the number of COVID-19 cases diagnosed per surveyed facilities (right Y axis). The line graph describes service delivery for the same period in 2020 (left Y axis).



TB referrals



TB referrals have fallen 59% in 2020 in comparison to 2019.

All TB services have been particularly disrupted by COVID-19. To win the fight against TB, preventing more infections is critical, yet across the facilities surveyed in this report, TB referrals – which includes when patients suspected of having TB are referred to the next step of diagnosis and treatment – have fallen 59% in Q2/Q3 of 2020 relative to the same period in 2019. When considering that one person with active, untreated TB can spread the disease to as many as 15 other people in a year[3], this decrease in TB referrals poses a significant threat to our progress against TB and could lead to a surge in new infections. Worse, drug-sensitive TB diagnosis and screening services decreased by 44% in the health facilities in this snapshot. On top of more people dying from undiagnosed TB, this also represents a potentially serious risk to global health security. Moreover, drug-resistant TB already accounts for one-third of deaths caused by all types of antimicrobial resistance, and so it is vital that missing people with TB are diagnosed and treated.

The levels of disruption appear to be regionally varied according to what facilities are reporting on the ground. In surveyed facilities across seven countries in Asia, TB referrals dropped 70% in 2020 in comparison with 2019, and drug-sensitive TB diagnosis and screening services decreased by 52%. The number of patients enrolled on treatment also fell by 46%. In addition, testing for HIV in TB patients declined by 48%, and urban areas were more affected than rural areas. In the facilities surveyed across Africa, the situation was also concerning, with 29% fewer referrals and a decrease in drug-sensitive TB diagnosis and screening services of 28%. This was particularly noticeable in community sites across the reporting countries in Africa, where drug-sensitive TB diagnosis and screening services fell 58% between April and September 2020 relative to the same time period in 2019.

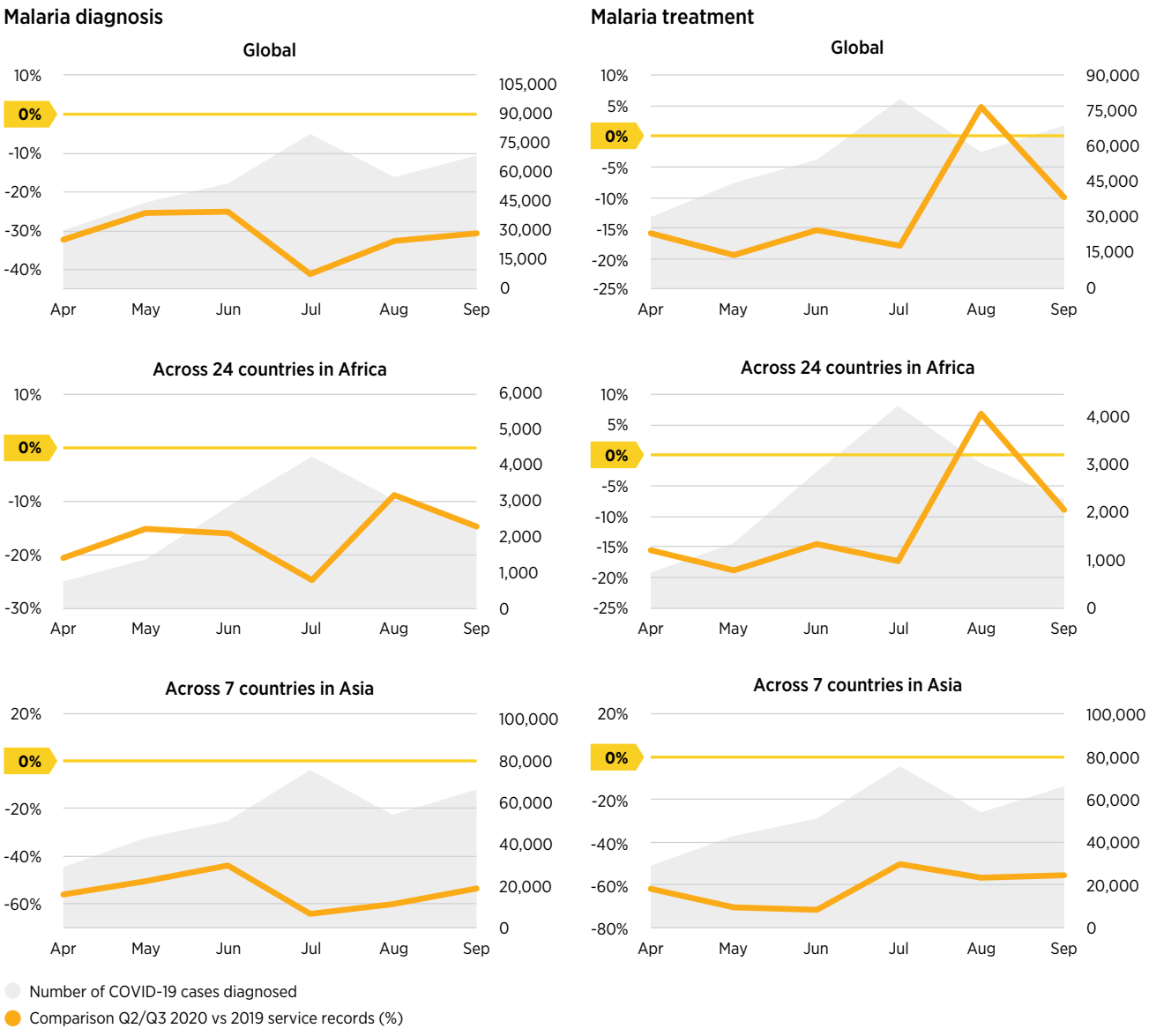
Fewer referrals and less screening and testing means that people potentially infected with TB could be at risk of not only falling sick and dying from the disease, but they also risk spreading TB to others, including the drug-resistant strains. Even as trends indicate that services are progressively resuming, some remain considerably lower than in 2019. To regain progress lost in 2020 and prevent a resurgence of TB, successful adaptations and new approaches must be scaled up and expanded to other countries.

3 https://www.who.int/news-room/q-a-detail/tuberculosis

Malaria

The Global Fund partnership has made huge progress against malaria through vector control, testing, and treatment programs, resulting in a 60% drop in global death rates since 2000. Community health workers are on the frontlines of the fight against malaria, offering basic health education and primary care, and bringing access to malaria prevention and treatment to homes of underserved rural communities out of reach of health clinics, as well as supporting communities to use mosquito nets and treatment. In 2020, COVID-19 disruption to malaria services varied across service area. The data from facilities in this snapshot indicate that surveillance activities monitoring the spread of cases in countries, malaria diagnosis, and malaria treatment have all fallen in 2020 relative to 2019. Of grave and immediate concern is the impact on malaria diagnosis and treatment, which has significant consequences especially for children, as the vast majority of malaria deaths occur in children under 5. However, services such as community referrals and distribution of long-lasting insecticidal nets (LLINs) – essential for malaria prevention – have increased, indicating possible successful adaptive measures that could be scaled up.

FIGURE 5:
The gray blocks represent the number of COVID-19 cases diagnosed per surveyed facilities (right Y axis). The line graph describes service delivery for the same period in 2020 (left Y axis).



In surveyed facilities in seven countries across Asia, malaria diagnoses fell 56%, and malaria treatment services plummeted by 59% with all levels of facilities severely affected. Across the African facilities reporting, there was a 17% decrease in malaria diagnosis and a 15% decrease in malaria treatment, with community sites appearing to be more impacted than other facilities. In addition, 21% of facilities in Africa were stocked out of the antimalarial medicine dosage for children under 5 years of age. As nearly 94% of global malaria cases and deaths occur in Africa, any disruption or decrease in health services on the continent will affect massive numbers of adults and children at risk of contracting malaria.

In surveyed facilities in seven countries across Asia, malaria diagnoses fell 56%, and malaria treatment services plummeted by 59%.

At the core of the Global Fund's fight against all these diseases are the systems for health that underpin our response: formal health systems such as clinics and hospitals, as well as community systems. So long as the COVID-19 pandemic is infecting people, systems for health that the Global Fund is working to strengthen in the fight against HIV, TB and malaria continue to be disrupted and strained. We cannot achieve our core mission to fight HIV, TB and malaria without also fighting COVID-19.

RESPONDING TO COVID-19 THROUGH RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

Resilient and sustainable systems for health are the essential foundation to fighting infectious diseases, whether ending HIV, TB and malaria as epidemics, fighting new pandemics like COVID-19, or preparing and responding to future health threats. These systems are underpinning all our work, and it is only by continuing to invest in systems for health that COVID-19 can be defeated and its knock-on effects on HIV, TB and malaria halted and reversed. This snapshot offers a glimpse into how Global Fund-supported systems for health have responded in a fast-changing environment and have continued to offer lifesaving services to those in need.

At the core of resilient and sustainable health systems are the health workers and community health workers delivering care and services in both formal and informal settings. COVID-19 has directly threatened their safety and their ability to do their job. In 2020, 50% of facilities surveyed across Africa and 37% of facilities surveyed across seven countries in Asia recorded COVID-19 infections among their staff. All types of health workers were affected, further emphasizing the need to provide training, protection and personal protective equipment (PPE) to health care workers at every level.

In 2020, 50% of facilities surveyed across Africa and 37% of facilities surveyed across seven countries in Asia recorded COVID-19 infections among their staff.

Health facilities experienced staff shortages when facing the sudden surge in COVID-19 patients. This situation was further complicated by staff absences, including because health workers were sick with COVID-19 or having to quarantine because of exposure to the virus – this was the main reason for staff absence in 19% of facilities. Other reasons included sick leave unrelated to COVID-19, limited transportation due to lockdown, and fear of violence targeting health workers. In total, 67% of facilities across Africa and 69% of facilities in seven countries across Asia reported that up to 10% staff were absent over the period of April to September 2020.

PPE is the first layer of protection for health workers treating COVID-19 patients and safely attending patients with HIV, TB, and malaria during a pandemic. Yet only 45% of facilities surveyed had at least the four most essential items of PPE available to all staff, including masks, disinfectant, gloves and hand sanitizer. Based on spot-checks in health facilities in 24 countries in Africa, only 38% of health facilities have enough PPE tracers (masks, disinfectant, gloves, hand sanitizer) for all workers. Of these facilities, only 61% had surgical masks for all workers. In facilities surveyed in seven countries across Asia, only 57% of health facilities had enough PPE tracers for all workers.

Only 45% of facilities surveyed had at least the four most essential items of PPE available to all staff.

PPE availability for all staff (at least 4 tracers)

Region	NO	YES
Africa	62%	38%
Asia	43%	57%

of facilities surveyed in Africa did not have access to the most essential PPE items.

The indicative data collected across the facilities in this snapshot demonstrate that there is a critical lack of protection for frontline workers, who are the most precious resource in the fight against COVID-19 and other infectious diseases. Not only are they at risk of getting infected themselves, but facilities have also raised the concern that they do not have masks available for patients, further increasing the level of risk for everyone and reducing the ability of patients to seek care.

Across 24 countries in Africa, only 11% of health facilities could conduct COVID-19 antigen rapid diagnostic tests, and only 8% could conduct PCR tests.

Compounding this situation is the severe lack of COVID-19 diagnostic tests available to health facilities. In spot-checks across 24 countries in Africa in 2020, only 11% of facilities could conduct COVID-19 antigen rapid diagnostic tests (Ag RDTs), while 11% could refer samples. Only 8% of facilities across Africa could carry out COVID-19 polymerase chain reaction (PCR) tests, and 37% could refer samples. In the seven countries across Asia included in this snapshot, 17% of facilities were able to conduct Ag RDTs and 2% of facilities could refer samples, while 26% were able to run PCR tests and 26% could refer samples. This means that countries are operating blind, unable to monitor the rate of COVID-19 infection, detect the emergence of new variants, or measure the efficacy of vaccines. Without testing, COVID-19 will continue to spread out of control.

Moreover, efficient procurement and supply chain systems are critical to fighting HIV, TB and malaria, and are a key component of resilient and sustainable systems for health. The Global Fund is a leading procurement partner for the ACT-Accelerator partnership. As COVID-19 tests, treatments and vaccines that the world needs become available, health systems need to be ready to receive and deliver them. Improving health system capacity is therefore a crucial part of the COVID-19 response. This includes strengthening laboratory capacity for testing and diagnosing COVID-19, HIV, TB and malaria. It also means ensuring that cold chains are robust enough to deliver the vaccines that are starting to be deployed. Across countries surveyed in Africa, 7% of facilities reported not having the working refrigerators and cold chain equipment needed to keep traditional vaccines in viable condition, and it is suspected that most will not have the deep freezers required for the mRNA COVID-19 vaccines. Moreover, 23% of facilities did not have the minimum level of needles and syringes required, highlighting some of the challenges ahead.

COVID-19 has impacted systems' readiness, dealing a considerable blow to facilities' operating budgets, and weakening facilities' ability to maintain the minimum stock level of essential commodities for HIV, TB and malaria. Only 17% of facilities surveyed in Africa had sufficient operating budget, and only 72% of facilities met the minimum stock level for the three diseases. Fewer than 60% of facilities reporting in Africa had the required minimum stock level of first-line treatment for malaria for infants. In addition, current COVID-19 treatments such as dexamethasone were only available in 73% of facilities surveyed in this snapshot, meaning that health workers have limited tools with which to fight the onset of the virus. Moreover, as the pandemic progresses, health facilities are now facing an oxygen emergency, with more than half a million COVID-19 patients in low- and middle-income countries estimated to need oxygen treatment every day.[4]

To fight COVID-19 and mitigate its impact on HIV, TB and malaria, we need to invest in health systems and community responses. We need to protect health workers by ensuring adequate and sufficient PPE, reinforce systems for health so they don't collapse and are prepared to roll out COVID-19 tests, treatments and vaccines. The indicative data from reporting facilities in this snapshot shows how COVID-19 has disrupted health services and put an intolerable strain on health systems and workers, and we must urgently reverse this trend.

However, there is hope. The spot-checks in countries have also shown how resilient these health systems can be by adopting innovative and adaptive measures to mitigate the pandemic's effects. The Global Fund's quick and flexible response has supported countries to continue to deliver health services and cope with the new challenges. Moreover, investing in systems for health is not only supporting countries to respond to the health needs of their people, it is also investing in global health security and pandemic preparedness beyond COVID-19.

ADAPTING THE FIGHT

In response to the disruption caused by COVID-19, countries and communities are devising new and innovative approaches to enable services to be implemented safely and mitigate negative impacts on HIV, TB and malaria services. More than two-thirds (68%) of facilities surveyed in this snapshot adopted at least one adaptive measure – including in the management of health or community workers and/or in changes in delivery strategies for health services unrelated to COVID-19. As a result, these facilities saw less of a decrease and sometimes even an increase in service utilization as opposed to those facilities that did not adapt to the pandemic disruption. What emerges from the indicative data is that one size does not fit all, and adaptive measures are tailored to the context in which they are needed.

More than two-thirds (68%) of facilities surveyed in this snapshot adopted at least one adaptive measure.

	Changes in the management of health workers and community health workers	Frequency
	Staff were re-assigned to different units in the facility	70%
	Staff were temporarily transferred to a different facility	34%
	Over-time hours of full-time staff were increased	32%
	New staff were recruited to support the increased volume of patients	31%
	Volunteers were recruited to support the increased volume of patients	16%
	Part-time staff had their hours increased	14%

4 https://www.who.int/news/item/25-02-2021-covid-19-oxygen-emergency-impacting-more-than-half-a-million-people-in-low--and-middle-income-countries-every-day-as-demand-surges

	Adaptive measure for delivery of health services	Frequency
	Facilities extended drug prescriptions to ensure patients had long-term and uninterrupted access to their medication	71%
	Facilities gave priority to the consultations of high-risk patients	64%
	Facilities provided all care for multiple morbidities in a single visit	39%
	Facilities re-directed patients to alternative facilities	32%
	Facilities provided home-based care for certain patients	29%
	Facilities changed their locations for outpatient service provision	29%
	Facilities provided medical consultations over the phone (telemedicine) and digital platforms	23%
	Facilities organized a window outside of the health facility for pick-up and drop-off of pharmacy services	22%
	Facilities digitalized patients' prescriptions for medication refills	15%

Facilities developed innovative delivery strategies for services unrelated to COVID-19. These include shifting the locations of service provision outside or extending drug prescription for long-term use to reduce the number of visits required to health care facilities. Thanks to these adaptive measures, some services have not seen decreases in performance. For instance, facilities appear to have put in considerable effort into ensuring that HIV and TB patients already on treatment would continue to receive the care they need, through dispensing multiple months of medicines at a time. The distribution of long-lasting insecticidal nets (LLIN) against mosquitoes also continued by switching from a centralized approach to a door-to-door delivery system adapted to the pandemic. The digitization of some services such as incorporating TB screening into the COVID-19 screening tool and virtual observation of TB treatment via smartphone applications allowed for safer interactions.

Many of these new approaches require additional resources like fuel for transport, PPE for community health workers and program staff, technical support for online services, and adjustment of procurement and supply systems to enable longer-term prescription of drugs. These promising measures, which have benefitted from additional funding provided by the Global Fund in the first phase of the COVID-19 response, could be scaled up if supported with further targeted investments.

These adaptive measures also point to how in some areas COVID-19 has been a catalyst for positive change, accelerating new approaches and innovations to improve service delivery and providing an opportunity for synergies in delivering health services. For instance, COVID-19 and TB have much in common, and so advances made for COVID-19 can also benefit TB programs, highlighting the integration of services. By taking into account which adaptive measures are working and which can be scaled up, the courageous and innovative efforts of health workers and facilities in this snapshot can be seen as an opportunity to shape the future of working to end HIV, TB and malaria.

Mumbai, India (March 2021) – A resident doctor puts on PPE at a temporary facility of COVID-19 at Nair Hospital in Mumbai.

The Global Fund is supporting countries to access quality-assured health products such as PPE to protect health workers on the frontlines.

In Nigeria, facilities are providing long-term supplies of antiretrovirals for HIV patients, and are using apps to communicate with patients receiving PMTCT services

Ikorodu, Lagos, Nigeria (June 2020) – Modupe Raji with her child chats with the Heart to Heart clinic's counselor in Ikorodu General Hospital where she has received HIV prevention of mother-to-child transmission (PMTCT) care supported by the Global Fund.

Before lockdown began in Lagos, people receiving PMTCT services at the Ikorodu General Hospital were contacted to collect a three-month refill of antiretroviral drugs to ensure their continued access to treatment during the lockdown. In addition, a WhatsApp platform was set up where health care workers could be reached for consultation.

Modupe was one of the people who were called to collect drugs before the lockdown. She said, "I used to get medication fortnightly but the last time I got three months worth of drugs to refill because of the COVID-19 lockdown."

As the lockdown eased, health facilities were still experiencing low visits of patients because of an increase in transportation costs and patients' fears of contracting the virus during their hospital visit.

In India, a new technology is being used for COVID-19 and TB testing

Nair Hospital, Mumbai (March 2021) – To expand COVID-19 testing and to facilitate tuberculosis screening of people with COVID-19 symptoms, the Foundation for Innovative New Diagnostics (FIND) and the India Health Fund (IHF) – a collaborative initiative seeded by Tata Trusts and the Global Fund – are deploying five Truelab™ machines at select hospitals in Mumbai. Truelab is an innovative, chip-based, multi-disease diagnostic platform developed by Goa-based Molbio Diagnostics, in collaboration with FIND and with support from IHF, among others. It delivers test results in under 60 minutes and can test up to four samples simultaneously.

Previously used and recommended by WHO for tuberculosis detection, this innovative technology-driven testing platform has been a game changer for testing in underserved areas and quick COVID-19 testing in emergency departments of health care facilities in India.

The Truelab workstation is a chip-based, real-time quantitative PCR system that is portable, battery-operated, and fully automated, and weighs around 3 kg. This "laboratory-in-a-suitcase" can be used in remote areas and has network data transfer ability and an automated reporting system. As of November, 2020, a total of 2,530 Truelab workstations were operational at 1,008 sites in 530 districts of India.

This rollout will help will minimize sample collection and transportation challenges, reduce waiting times for patients, and limit the chances of spreading COVID-19. As a result, more cases of COVID-19 should be identified, better patient management will be possible, and hotspots can be rapidly identified.

The Global Fund and FIND are working together through the ACT-Accelerator partnership to ensure equitable access to testing tools, stimulate rapid and effective uptake of testing in countries, and drive the development and at-scale availability of affordable, transformative, digitally integrated tests.

A lab technician holds the Truenat micro PCR chip, which goes in the Truelab system to detect COVID-19.

Providing preventative malaria medicine for children in Burkina Faso

Ouagadougou, Burkina Faso (October 2020) – Health workers F. Ariel Ouedraogo and Élise Simporé administer seasonal malaria chemoprevention (SMC) to children in Ouagadougou. This is an important way of preventing malarial illness in children in areas of highly seasonal transmission during the malaria season. Maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of greatest malarial risk helps to protect children from getting sick.

Using various safety precautions, the program continues to be rolled out during the COVID-19 pandemic in order to protect gains made in the fight against malaria. Health workers like Ariel and Élise walk door to door to distribute mosquito nets, seasonal malaria chemoprevention, and other health services to communities.

"Most of the time we are very well welcomed in homes, the community truly appreciate the initiative and adults even ask the treatment for themselves and older children!" says Rabiatou Ouedraogo, a health worker distributing seasonal malaria chemoprevention to communities.

Thanks to seasonal malaria chemoprevention, "we notice a significant reduction of the number of malaria cases, especially serious cases we receive in the health center, in this age group. Many mothers have come to take the treatment for their child, they are really happy," adds health worker Zénabo Zinaba.

Safi Ouango gives seasonal malaria chemoprevention (SMC), a preventive malaria treatment, to her two-year-old daughter Oudima Aoulaiou in Ouagadougou in October 2020.

THE FIGHT CONTINUES

This snapshot offers an indicative progress update that shows that the COVID-19 pandemic had a devastating impact on the continuity of HIV, TB and malaria services between April and September 2020. Data from reporting facilities shows that there are important gaps that need to be urgently addressed. As outbreaks of the virus flare up in different regions and new variants emerge and circulate, COVID-19 will continue to impact health services and overburden systems for health if we do not step up our response.

Yet there are solutions that can be scaled up. The adaptive measures reported by facilities in this snapshot attest to the potential of new service delivery measures in the context of the pandemic but also beyond. These measures need to be tailored to each country context and led by the communities and countries themselves. The Global Fund urgently needs funding to continue to support and amplify these measures.

As we enter the second year of the COVID-19 pandemic, we must learn from our experience fighting the new virus and adapting our lifesaving HIV, TB and malaria programs. To strengthen global health security for us all, we must reinforce health systems and fight all four deadly infectious diseases at the same time. Only united through global collaboration, working together to support countries in securing equitable access to essential health tools, and strengthening the systems for health that underpin our response, can we defeat COVID-19.

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