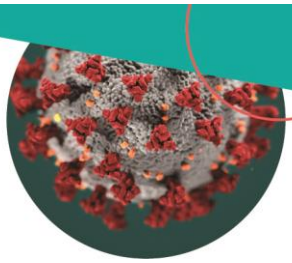
regional advisory group
bbvs, sexual health and covid-19



COVID-19 vaccination, HIV and priority populations in our region: what's needed?

Speakers:
Professor Adeeba Kamarulzaman - President, International AIDS Society and Dean of the Faculty of Medicine, University of Malaya
Professor Dale Fisher - GOARN Chair, Professor NUS Medicine and Senior Consultant at the National University Hospital's Division of Infectious Diseases
Eamonn Murphy - Director, UNAIDS Asia Pacific
Associate Professor Edwina Wright - Co-Chair, ASHM COVID-19 Taskforce and Department of Infectious Diseases, Alfred Hospital, Monash Central Clinical School
Dr Nittaya Phanuphak - Director, Institute of HIV Research and Innovation (Thailand)
Professor Sharon Lewin - Director, The Doherty Institute and APPRISE co-leader
Midnight Poonkasetwattana – Executive Director, APCOM
John Rule – National Association of People Living with HIV (NAPWA)

Facilitator:
Dr Nicholas Medland - ASHM President, Sexual Health Physician and Clinical Epidemiologist at the Kirby Institute, UNSW

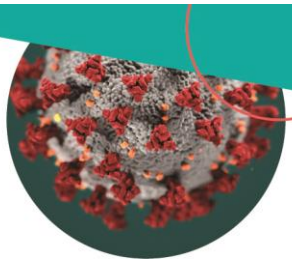
On the 22nd April 2021, the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) partnered with the Australian Global Health Alliance (AGHA) to hold a webinar exploring the issues related to COVID-19 vaccination facing people living with HIV and priority populations in our region. From that discussion emerged a number of key points for consideration by government officials in public health programs, clinicians, and community advocates.

Just like the response to HIV, the response to COVID-19 requires clear political leadership, sufficient financial resources, and true engagement with society (including academics, people living with HIV, scientists, healthcare workers and key communities) across a range of areas.

1) **People living with HIV are at increased risk of infection, hospitalisation and mortality from COVID-19, and should be prioritised in the early stages of COVID-19 vaccination rollouts**

   A review of the published and pre-print literature from Dec 2019 to Jan 2021 was conducted by ASHM's COVID-19 Taskforce resulting in a Satement regarding the Prioritisation of COVID-19 Vaccines for People Living with HIV in Australia. The reviewed literature included studies undertaken in diverse settings, HIV positive populations that were virologically suppressed, and several studies were able to control for age and co-morbidities.

   The literature review found that people living with HIV are at increased risk of infection, hospitalisation and mortality from COVID-19, a position supported by recent WHO guidance. These outcomes may be explained by the following factors:
   - The effect of HIV upon the immune system, including in virologically suppressed populations,
   - The interplay between the impact of SARS-CoV-2 infection and HIV upon the immune system,



- The presence of comorbidities,
- Age, and
- Other factors including ethnicity & SES, which may prevent PLWHIV from being able to safely protect themselves from exposure to SARS-CoV-2 infection.

There are some caveats to consider when interoperating these findings, however. They include that the literature review did now entail a formal systematic review or meta-analysis; a number of studies did not find an increased risk of infection or poorer outcomes (though these studies were typically smaller); evidence was not evaluated using the GARDE framework or other evidence rating schemes; and the evidence regarding people living with HIV will continue to grow and change as the COVID-19 pandemic unfolds.

2) **Leaving no one behind – vaccine inequity will prolong the pandemic. While COVID-19 continues to spread uncontrolled anywhere, it is a risk everywhere.**

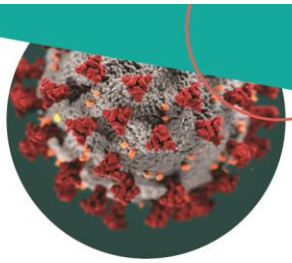
Vaccine rollout plans in the region have been varied and inadequate. Developing nations are facing critical shortages of oxygen and the supplies needed to fight COVID-19, and many are yet to vaccinate even 1% of their population. In contrast, wealthy nations have vaccinated their populations at a rate of one person per second over the last month. While COVAX vaccines are arriving, the amounts available mean that only 3% of their populations can be vaccinated by mid-year, and only one fifth, at best, by the end of 2021.

As such, the People's vaccine alliance, coordinated by UNAIDS and Oxfam, calls on pharmaceutical companies and governments to:

- Prevent a monopoly on vaccine production and supply,
- Implement fair allocation of the vaccine that prioritises health workers and other at-risk groups across all countries,
- Provide the vaccine free of charge at the point of use, and
- Ensure the full participation of the governments of developing countries as well as global civil society in decision-making forums about vaccines.

3) **Key population communities and their organisations are innovative and resilient, and prioritising these frontline workers is essential to the ongoing delivery of essential support services**

In addition to frontline healthcare workers, many formal and informal workers are at the frontline of keeping communities safe throughout the COVID-19 pandemic. Innovations in multi-month dispensing and decentralisied ART refill by community-based organisations, telemedicine and the delivery of ART and PrEP have been rolled out across the region in response to COVID-19, including in locations where policy did not yet exist at the beginning of the pandemic. Additionally, community networks and organisations supporting sex workers, people living with HIV, transgender communities and other marginalised groups have been supporting each other with housing, food and essential commodities – despite the risk of COVID-19 to those providing support and the many who receive it. However, **these services are required to provide certainty to the communities they serve, for their lives depend on it.**



In order to keep both the workers and the communities they serve safe, prioritising the vaccination of these essential workers in line with other frontline healthcare workers is essential.

4) Choice and confidentiality will be essential for vaccine uptake

Across the region, attendance at mass vaccination centres puts people living with HIV at risk of experiencing stigma and discrimination, as well as rejection if the complex interaction of comorbidities is not understood by vaccination staff. To keep people living with HIV engaged in a multi-dose vaccine process, it is essential that there is choice in the model of vaccination site attended.

For example, acute care providers in Singapore have been asked to open their own vaccination services to cater to their own populations (including those with complex needs and people living with HIV), maintaining the trust of the patient-provider relationship

Ideally, vaccination distribution models should include:

- Clear communication of where individuals sit on vaccine priority lists and why, and an understanding of how they'll be notified when it's their turn;
- A consideration for safety and comfort, free from stigma and discrimination. If individuals have been notified to present for vaccination (particularly at mass vaccination centres) no one needs to know their reason for presentation. This can be mediated through existing patient-provider relationships where they exist;
- Where possible, key-population led services should be involved in the administration of vaccinations for their communities; and
- Ongoing engagement with citizens on COVID-19 vaccination planning. Transparency in what is being discussed and what the plan is, what the challenges are when governments fail, and understanding the science as it changes.

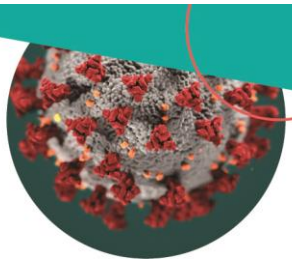
When people are at the centre of planning, people won't be left behind.

Additionally, empowering communities to understand the vaccine science, and providing them with as much of a choice of vaccine as possible, helps to enhance confidence in the vaccine program.

5) Know your epidemic, know your response – we need to prepare communities for vaccination, even if they're not yet available

Myths and misconceptions about COVID-19 and the available vaccinations persist, including amongst communities at risk. Where vaccines are yet to reach these communities, as well as where they're currently being rolled out, **now is the time to prepare the community health system to be responsive when vaccine doses are more widely available.**

Beyond training of vaccine administration, we need to focus on the whole cycle of empowering people to understand the vaccine to generate demand and correct understanding. Donors should encourage civil society organisations to think outside the box to respond to misinformation of COVID-19 directly, not just things related to COVID-19, to ensure people are ready when vaccines are more widely available.



6) Health commodities are essential, but so is social protection

As donors release additional funding for the purchase of essential commodities, our sector needs to put pressure on donors to also support social protection. Many of those most vulnerable to COVID-19 are communities at risk, not just those living with HIV, and are often paperless or outside the formal social protection system. Stepping up to provide social protection for the communities at these intersections of risk is essential, both to keep them safe, and to prevent them from needing to engage in work that puts them and the broader community at risk of further COVID-19 spread.

7) Respect for human rights – migrants, including those living with HIV, should be included in vaccination programs regardless of their visa status

Throughout the pandemic, migrants across the region have been at increased risk of COVID-19, and can be subject to conditions that result in uncontrolled spread. Workplace clusters have emerged through undocumented migrants living and working in crowded setting, and migrant workers are often exposed through frontline work in healthcare, freight and transportation, and quarantine services. Additionally, undocumented migrant workers may be disconnected from the health system and reluctant to access services.

To control the spread of COVID-19, it's essential to ensure that everyone has access to treatment prevention measures, like vaccines, without discrimination or barriers. **When nobody is left behind, everyone benefits from healthier communities and societies.**