Ensuring COVID-19 Vaccination for People Living with HIV and Key Populations

TECHNICAL GUIDE

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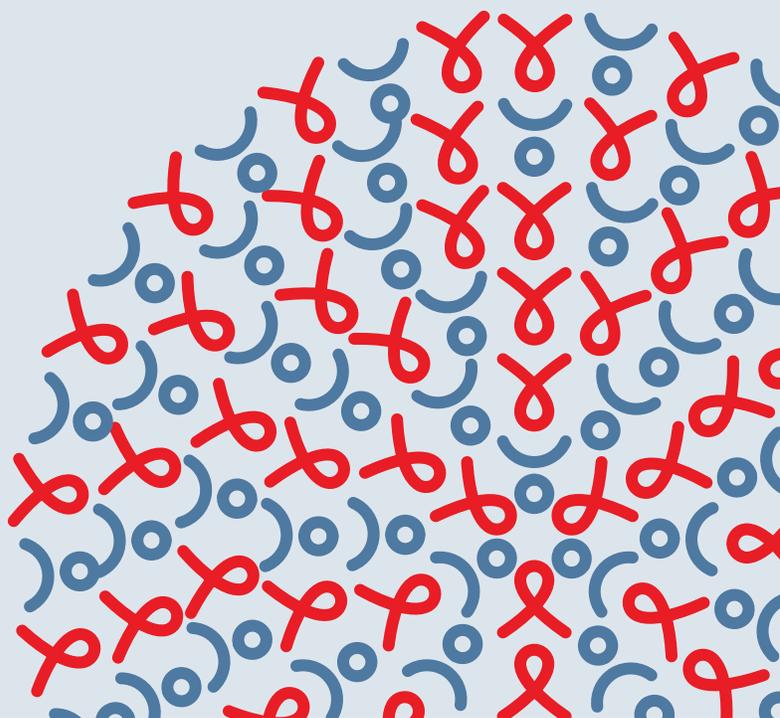
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Ensuring COVID-19 Vaccination for People Living with HIV and Key Populations

As COVID-19 vaccine availability improves in low- and middle-income countries (LMICs), defining and implementing strategies to reach the most vulnerable populations, including people living with HIV (PLHIV) and key populations (KPs), needs to be a priority.

Introduction

As of December 2021, 191 countries had introduced COVID-19 vaccination, though coverage has not been equitably distributed between and within countries.[1] High-income countries have fully vaccinated between 60% to 80% of eligible populations and started to roll out boosters, while low- and middle-income countries have vaccinated between 0% to 50% of the eligible populations.[2] Within countries, vaccination has not reached some of the most vulnerable populations (including those with underlying health conditions and compromised immune systems) due to several factors such as supply constraints, low readiness to roll out vaccination to adults, and low demand and vaccine hesitancy.

PLHIV experience more severe outcomes and have more comorbidities from COVID-19 than people not living with HIV.[3] A World Health Organization (WHO) report found that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection.[3] Studies from England and South Africa have found that the risk of dying from COVID-19 among PLHIV was double that of the general population.[4] Moreover, PLHIV who are not on antiretroviral therapy (ART) and virally suppressed may have compromised immune systems, which places them at higher risk of COVID-19-related morbidity and mortality. Based on systematic review and meta-analysis of 20,982,498 participants across North America, Africa, Europe, and Asia, PLHIV had a significantly higher risk of SARS-CoV-2 infection [risk ratio (RR) 1.24, 95% CI 1.05-1.46)] and mortality from COVID-19 (RR 1.78, 95% CI 1.21-2.60) than HIV-negative individuals.[5] Yet, as of mid-2021, most PLHIV did not have access to COVID-19 vaccines. Moreover, available evidence indicates COVID-19 vaccines are safe for

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[1] International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health. VIEW-hub. COVID-19 data: vaccinated group [Internet]. Baltimore: IVAC [accessed 2022 Feb 22]. Available from: https://view-hub.org/covid-19/?set=vaccinated-group&group=vaccine-introduction&category=covid.

[2] Center for Systems Science and Engineering at Johns Hopkins University [Internet]. Coronavirus resource center global map: COVID-19 dashboard. Baltimore: JHU [accessed 2022 Feb 22]. Available from: https://coronavirus.jhu.edu/map.html.

[3] World Health Organization (WHO). WHO warns that HIV infection increases risk of severe and critical COVID-19. 2021 Jul 15.

[4] Joint United Nations Programme on HIV/AIDS (UNAIDS). Fact sheet-latest global and regional statistics on the status of the AIDS epidemic. Geneva: UNAIDS; 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf.

[5] Ssentongo P, Heilbrunn ES, Ssentongo AE, Advani S, Chinchilli VM, Nunez JJ, et al. Epidemiology and outcomes of COVID-19 in HIV-infected individuals: a systematic review and meta-analysis. Sci Rep. 2021;11(1):6283. doi:10.1038/s41598-021-85359-3.

PLHIV, and most PLHIV respond well to vaccines.[6] While sub-Saharan Africa is home to two-thirds (67%) of PLHIV, in July 2021, less than 3% of people in Africa had received at least one dose of a COVID-19 vaccine.[4]

KP members are also likely more vulnerable to COVID-19 and likely underserved by current vaccination efforts (Figure 1). In 2020, KP members (sex workers and their clients, men who have sex with men, people who inject drugs, transgender people) and their sexual partners accounted for 65% of HIV infections globally, 93% of new HIV infections outside of sub-Saharan Africa, and 39% of new HIV infections in sub-Saharan Africa.[4] Several factors elevating KP members' potential exposure to HIV may also place them at higher risk of acquiring coronavirus, such as high mobility; close physical contact with others through social, drug, and sexual practices; and increased incarceration and risks associated with closed settings. In addition, stigma and discrimination experienced by PLHIV and KP members in health care settings limit access to and uptake of HIV services and will also likely affect their access to services related to COVID-19. Concerns about potential exposure to COVID-19 in health facilities by both PLHIV and KP members may lead to interruptions in treatment and other essential services.

Figure 1. Percentage of the global population of people living with HIV compared to the percentage of people who received at least one dose of a COVID-19 vaccine, June 2021

Notes: 2020-2021 country classifications by income level, calculated by the World Bank. The vaccine coverage indicated may not equal the share that are fully vaccinated if the vaccine requires two doses.
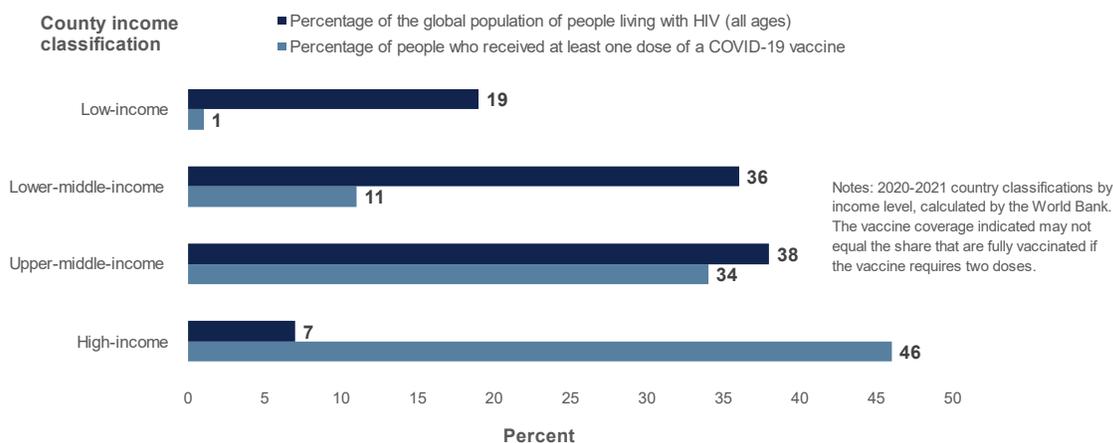
Sources: Coronavirus (COVID-19) Vaccinations, Our World in Data [Internet], 29 Jun 2021 (https://ourworldindata.org/covid-vaccinations);
UNAIDS epidemiological estimates, 2021 (https://aidsinfo.unaids.org).

At the same time, the lives of KP members and KP program implementers have often become substantially more difficult due to COVID-19 prevention measures. COVID-19 has led to documented increases in gender-based violence against women[7] and LGBTQ people,[8]

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[6] World Health Organization (WHO). Questions and answers: Coronavirus disease (COVID-19): COVID-19 vaccines and people living with HIV [14 July 2021]. Geneva: WHO; 2021. Available from: https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-covid-19-vaccines-and-people-living-with-hiv.

[7] UN Women, Women Count. Measuring the shadow pandemic: violence against women during COVID-19. New York: UN Women; 2021. Available from: https://data.unwomen.org/publications/vaw-rga.

[8] Bishop A at OutRight Action International. Vulnerability amplified: the impact of the COVID-19 pandemic on LGBTIQ people. New York: OutRight Action; 2020. Available from: https://outrightinternational.org/content/vulnerability-amplified-impact-covid-19-pandemic-lgbtiq-people.

resulting in physical injuries as well as worsening mental health. These situations are exacerbated by forced social distancing, shelter-in-place measures, and economic distress caused by wide-scale job losses that disproportionately harm those most vulnerable first. Additionally, social distancing measures to prevent the spread of coronavirus may affect the livelihood and safety of sex workers; many will have fewer clients, increasing the risk of homelessness and the need to accept clients who refuse condom use during

COVID-19 vaccination campaign, Papua New Guinea

paid sex. Reduced social connection due to social distancing measures could exacerbate or create mental health crises among groups that are already stigmatized.

HIV program staff—such as health facility workers and community-based cadres, including PLHIV and KP peer navigators who provide outreach services—are also at heightened risk of COVID-19. Their mental health has suffered significantly as wave after wave of COVID-19 surges overwhelm health systems[9] and have already sparked the "great resignation" among health care staff.[10]

The unique hardships and increased potential exposure to coronavirus faced by KPs, PLHIV, and program staff who provide support to these communities demand focused efforts to increase vaccination coverage among them. Such efforts will ensure more equitable vaccine uptake among vulnerable populations and contribute to reduced morbidity and mortality from the COVID-19 pandemic.

Purpose

This technical guide is intended to support COVID-19 vaccination programs to ensure adequate COVID-19 vaccine coverage among those most vulnerable to and living with HIV.

These COVID-19 vaccination strategies are based on and adapted from best practices and promising innovations from decades of experience designing and implementing HIV programs with and for PLHIV and KPs. These recommendations should be implemented alongside mitigation strategies that reduce exposure to and impact of COVID-19 on HIV program beneficiaries and staff and safely maintain HIV services.

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[9] World Health Organization (WHO). Year of health and care workers 2021: facts [Internet]. Geneva: WHO; 2021. Available from: https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021/facts.

[10] Morse S. Healthcare second largest sector hit by great resignation. Healthcare Finance. 2022 Jan 5. Available from: https://www.healthcarefinancenews.com/news/healthcare-second-largest-sector-hit-great-resignation.

Strategies to support introduction and scale-up of COVID-19 vaccinations for PLHIV and KPs:

1. Engage PLHIV and KP in COVID-19 vaccination planning, roll-out, and monitoring

Engage PLHIV and KP communities (individuals, networks, and organizations) to establish trust; generate demand; collaborate on program design, implementation, and monitoring; address critical enablers; and improve access to services. This integration with community leadership may also involve providing services directly through PLHIV and KP programs, increasing agency among PLHIV and KPs through solidarity and community mobilization activities to generate demand for vaccine services, supporting community-led monitoring, and increasing provider competencies for respectful and appropriate vaccine services in clinical settings. Programs aiming to deliver COVID-19 vaccinations should similarly engage with PLHIV and KPs and use PLHIV and KP programs as entry points to offer client-centered vaccine delivery options. For instance, HIV programs already leveraging a routine electronic client feedback system (such as LINK), may expand its implementation to include COVID-19 vaccination sites and services. Programs using—or having interest to use—QuickRes for online appointment booking for COVID-19 services may also leverage the built-in client feedback and complaint function (see strategy #5 describing Online Reservation and Case Management App [ORA]). Adding these client feedback loops allows programs to assess client satisfaction with vaccination services and to identify issues and complaints to be resolved promptly; ultimately guiding quality improvement that will provide a positive client experience and more effective demand-generation efforts and service delivery outcomes.

2. Counter misinformation and generate demand for COVID-19 vaccination through trusted peers, health workers, social media influencers, and online advertising campaigns

Peers are often involved in PLHIV and KP HIV programs as educators, counselors, navigators or, simply as network members to leverage expert community knowledge and build trust. They generate demand for services and expand differentiated service delivery outside of traditional health care settings.[11, 12, 13, 14]

[11] Chan C, Patel P, Johnson K, Vaughan M, Price K, McNulty A, et al. Community-based peer-led HIV/sexually transmitted infection testing services in Sydney for gay and bisexual men captured an eighth of new HIV diagnoses in New South Wales, Australia. AIDS. 2021;35(11).

[12] Chang J, Shelly S, Busz M, Stoicescu C, Iryawan AR, Madybaeva D, et al. Peer driven or driven peers? A rapid review of peer involvement of people who use drugs in HIV and harm reduction services in low- and middle-income countries. Harm Reduct J. 2021;18(1):15.

[13] Maruyama H, Franks J, Laki D, Msumi O, Makyao N, Rwabiyago OE, et al. Bringing HIV services to key populations and their communities in Tanzania: from pilot to scale. J Int AIDS Soc. 2021;24(Suppl 3):e25718.

[14] Matovu JKB, Mbita G, Hamilton A, Mhando F, Sims WM, Thompson N, et al. Men's comfort in distributing or receiving HIV self-test kits from close male social network members in Dar Es Salaam, Tanzania: baseline results from the STEP project. BMC Public Health. 2021;21(1):1739.

The participation of these peers, particularly those who are vaccinated, can be leveraged to rapidly gather reasons for vaccine hesitancy and misinformation being circulated, which can be used to tailor community demand generation. They may also support tracking of vaccination status (see strategy #6). Programs should develop social and behavior change (SBC) materials on COVID-19 vaccination in collaboration with PLHIV and KPs. These materials should address issues specific to PLHIV that can be used by peer navigators to support counseling on COVID-19 vaccination. The materials should be integrated with HIV SBC materials where possible. Similarly, peer educators can play a role in mobilizing KP individuals, including those living with HIV, for COVID-19 vaccination.

As physical outreach can be limited during COVID-19 lockdowns, targeted online marketing and demand creation are critical to ensuring PLHIV and KP members continue to receive correct information about COVID-19 vaccination. For example, EpiC collaborated with Facebook in nine countries in 2021 to deploy ads to reduce vaccine hesitancy and increase vaccine uptake. FHI 360 has also developed a [quick start guide](#) and a [rapid audience assessment tool](#) for demand generation and advocacy for COVID-19 vaccine acceptance and uptake. These awareness-raising campaigns launched between September and December 2021 used messages and creative content addressing vaccine hesitancy that reached 42.5 million unique people in Indonesia, 2.2 million in Kyrgyzstan, 2.5 million in Cambodia, 3.6 million in Nepal, and 4.3 million in Thailand. Some of these campaigns also linked audiences reached on Facebook to other online resources to find local COVID-19 services or reserve appointments for COVID-19 vaccination. As a result of these Facebook campaigns, 300,160 people clicked on the link to

EpiC and CHIAs support COVID-19 vaccine promotion and uptake among MSM and transgender people in Laos

Community Health and Inclusion Association (CHIAs), with the technical support of the EpiC Laos team, integrated into their routine outreach and community-based care and support activities, the promotion of COVID-19 vaccines and established links to existing COVID-19 vaccine centers in health facilities. Of 2,746 MSM and transgender individuals reached through routine activities, 1,520 (61%) received information on COVID-19 vaccines and were referred to vaccine centers. Of those referred, 925 (61%, 765 HIV negative; 160 HIV positive), were vaccinated between May and September 2021.

Using peers and social media to generate demand for COVID-19 vaccination among PLHIV and key populations in Kyrgyzstan

EpiC launched a Facebook campaign to promote COVID-19 vaccination among KPs and PLHIV. The campaign used photographs of EpiC peer navigators and the Deputy Director of the Republican AIDS Center to share vaccine messaging. Under American Rescue Plan Act 2021 (ARPA) funding, EpiC developed a set of educational materials on COVID-19 vaccination for KPs, some specifically for PLHIV (why people living with HIV need to be vaccinated, is it safe, does ART influence vaccine), as well as a one-page sheet for peer navigators to support counseling on COVID-19 vaccination for EpiC beneficiaries.

find vaccination services in Indonesia, 10,336 clicked on the link in Cambodia, and 14,856 in Thailand.

As programs leverage online and social media demand-creation campaigns, they can link clients reached to book COVID-19 services on the Online Reservation and Case Management App (ORA) (see strategy #5).

3. Integrate COVID-19 screening and vaccination within existing services for PLHIV and KPs, including ART and HIV testing sites

Service integration is needed to address inequities and fulfill the socioeconomic and other needs of PLHIV and KP more holistically. Services for KPs are increasingly provided through differentiated service delivery (DSD) models at the community level, much closer to where KPs live and work. These client-centered approaches aim to adapt, simplify, and tailor HIV services across the prevention and treatment cascades to better meet client needs and reduce unnecessary burden on the health care system.[15] These approaches are critical for addressing barriers to HIV treatment among KPs, including fear of stigma, discrimination, and violence. Frequently, DSD models for PLHIV and KPs involve the use of trusted peers and providers. For example, sites run by KP members, such as drop-in centers (DICs) and community clinics, provide important treatment alternatives to those living with HIV. In addition, many PLHIV are now receiving ART, and many KP are now receiving PrEP through decentralized drug distribution (DDD), including through private pharmacies, vending machines/lock boxes, and home delivery of ART. Screening for and provision of COVID-19 vaccination should be integrated at these trusted sites to increase uptake among PLHIV. Some sites could also be used to deliver COVID-19 vaccinations to social and sexual contacts of PLHIV and KP members, including children of PLHIV and KPs.

In addition to integrating COVID-19 vaccination at trusted DSD sites, COVID-19 vaccination should also be integrated with other vaccines relevant to KPs, including hepatitis A, hepatitis B, as well as human papillomavirus (HPV) vaccines.

FHI 360 partners with Facebook to provide technical assistance to programs leading COVID-19 vaccination campaigns

FHI 360's Going Online team participated in the Facebook for Health SBC Program between August and September 2021. This program supports health partners across the globe as they promote COVID-19 prevention behaviors and vaccination confidence campaigns in the countries where they work. Technical assistance from FHI 360's Going Online team supported local partners in Papua New Guinea, Indonesia, Cambodia, Nepal, Thailand, Central Asia, Botswana, and Tanzania to plan a COVID-19 campaign and use the Facebook Ad Manager to coordinate and target it. Partners also benefited from live workshops with training and peer-learning components, and an online learning platform with recorded pre-watch resources, Facebook ad credits, and creative templates.

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[15] Grimsrud A, Bygrave H, Doherty M, Ehrenkranz P, Ellman T, Ferris R, et al. Reimagining HIV service delivery: the role of differentiated care from prevention to suppression. J Int AIDS Soc. 2016;19(1):21484. doi: 10.7448/IAS.19.1.21484.

4. **Train frontline health care workers currently serving PLHIV and KPs to deliver vaccines, including sensitization about the benefits and safety of COVID-19 vaccines and sensitize health care workers without prior experience serving PLHIV and KPs to the needs of these populations**

Health care workers currently serving PLHIV should screen and assess PLHIV for COVID-19 vaccine during routine HIV treatment appointments (ART pickup, viral load testing, adherence support and counseling, etc.). Similarly, heath care workers currently serving KP members using PrEP should screen and assess them for COVID-19 vaccine during routine PrEP monitoring appointments. Information on training for health workers on key topics related to COVID-19 vaccination is provided in the Additional Resources section below.

Additionally, health care workers should be sensitized about the benefits and safety of the vaccines. Training programs should address attitudes and acceptability of vaccines among health care workers, who may be vaccine hesitant. Consider using rapid formative assessments or focus group discussions to gather information for tailoring messages. Sensitization should also address the safety and efficacy of vaccines for PLHIV and KPs.

In addition, some health care workers hold stigmatizing, prejudicial, and discriminatory attitudes toward PLHIV and KPs. These negative attitudes create barriers that can deter KPs' access to quality health care services, including COVID-19 vaccination. Thus, it is important to engage health care workers—currently providing services to KPs—who are KP members themselves and/or are trained on provision of stigma-free services.

> EpiC draws on FHI 360's experience with COVID-19 clinical training to effectively train frontline health care workers on vaccine storage, preparation, and administration. For example, the project mobilized private sector providers in Indonesia to expand vaccine rollout, including the establishment of 190 additional vaccination sites. As a result of EpiC's support, more than 1.45 million vaccine doses were delivered in the last five months of 2021 in Indonesia.

Lastly, while health care providers play a unique and critical role in providing HIV and other health services to PLHIV and KPs, they themselves are struggling with burnout, and their ability to meet the needs of their patients may suffer as a result. Intervening to assess and address the mental health and resilience of those involved in HIV service delivery is vital. Steps should be taken at the individual and structural level including the development of standard operating procedures and structures that protect worker mental health and education on identifying and responding to signs of burnout.

5. **Deploy simple web applications to support clients to request and book COVID-19 services, support client self-care, facilitate virtual consultations, and remotely manage clients in COVID-19 care virtual case management**

COVID-19 vaccination programs for PLHIV and KPs should integrate with existing web applications supporting HIV service delivery, including online booking of appointments for COVID-19 testing and vaccines, virtual case management (case managers remotely follow cohorts of clients who test positive and track their recovery and linkage to emergency support), and tracking of vaccination status. Web applications should also support those with COVID-19 symptoms to be able to access online screening and link to testing and care at health facilities. Simple use of phones with chat programs, such as a clinician communicating with a KP client with COVID via WhatsApp, can also greatly improve linkage to COVID-19 screening and vaccination and follow-up.

6. **Integrate existing KP tracking tools with health management information system (HMIS) and data analytics for COVID-19 vaccines**

DHIS2, the most ubiquitous national health information system platform for integrated data management and analysis for program monitoring and evaluation, is currently deployed in more than 70-plus countries. FHI 360/EpiC developed a standardized metadata tracker package for HIV programs that simplifies and standardizes DHIS2 configuration to support person-centered case management of individuals accessing HIV services across the continuum of HIV outreach, prevention, testing and treatment, and viral load monitoring. The standard tracker automatically generates a unique ID (can be customized to match country-specific algorithms), which allows for longitudinal observation and analysis of individuals.

FHI 360's Online Reservation and Case Management App (ORA) is used in 34 countries to support clients to find and book nearby HIV, broader sexual and reproductive health, and mental health services; and virtual consultations. The multicountry deployment of ORA, available at QuickRes.org, is used by 20 of these countries, while several other programs use their own dedicated ORA.

KP programs in Mali, Botswana, and Zambia are offering clients the option to book appointments on ORA for COVID-19 vaccination or consultations. A comprehensive set of COVID-19 services and case management functions is being added to QuickRes for client booking and provider reporting. These additional functions will allow clients who book for any services on QuickRes to be assessed on their COVID-19 vaccination status so that QuickRes can remind providers, case managers, and clients themselves about the availability to book an appointment for a COVID-19 vaccine or consult. These functions will allow KP HIV programs to link relevant beneficiaries to COVID-19 vaccination. ORA offers clients an online pathway to find and book appointments for COVID-19 testing and vaccines. The online screening feature can also support those with COVID-19 symptoms to test and seek care at health facilities. ORA also allows case managers to remotely follow cohorts of clients who test positive and track their recovery and linkage to emergency support.

Using the same unique identification code (UIC), EpiC can add a vaccine tracking module to its standard tracker, which would support equitable delivery of lifesaving vaccines at scale. The emphasis would be on integrating digital solutions for COVID-19 vaccine delivery into national DHIS2-based HIV systems and strengthening these systems for sustainable impact across all aspects of vaccine preventable disease interventions.

DHIS2's standard COVID-19 vaccine delivery toolkits provide an opportunity to integrate COVID-19 surveillance, response, and vaccination data into a central database. The toolkits contain multiple COVID-19 modules that can be downloaded as needed and include the following:

Photo credit: Vu Thi Khoan

- *WHO's EPI module*, which has been expanded for COVID-19 vaccine data from facilities on vaccination utilization, wastage, cold chain, and outreach data

- *Facility and Last Mile Logistics Data module*, including health logistics metadata with barcode and QR scanning capabilities

- *Immunization eRegistry module* for longitudinal tracking and follow-up of individuals

- *Electronic Health Certificates module*, which is linked with the Immunization eRegistry and integrated with digital vaccination cards

COVID-19 vaccination campaign for PLHIV and methadone maintenance therapy clients in Vietnam

- *Adverse Events Following Immunization (AEFI) Tracker*, WHO's approved module for strengthening vaccine safety surveillance

All modules can be deployed for offline data capture via the DHIS2 Android App, which facilitates mobile data capture among frontline health workers. DHIS2 also supports integrated analytics and dashboards to enable data use across all levels of the health system. Finally, the robust nature of DHIS2 enables interoperability with most health information systems.

Use of robust program indicators ensures accurate tracking of COVID-19 vaccination. FHI 360 has developed a monitoring system that can be adapted to track implementation of the complete package of COVID-19 prevention and treatment activities. Monitoring formats can be adapted based on standard indicators and benchmarks collected from facilities and communities for regular reporting. Projects are also able to collect, document, and disseminate qualitative information to strengthen implementation including lessons learned, program barriers and facilitators, promising practices, and emerging strategies.

Illustrative benchmark indicators for monitoring implementation progress at the country level:

- Number of people who received a last recommended dose of an approved COVID-19 vaccine with donor support

- Number of people trained on COVID-19 vaccine-related topics with donor support

- Number of people reached through donor-supported mass media and social media with COVID-19 vaccine-related messaging

- Number of donor-supported vaccination sites established

- Number of people reached through donor-supported mass and social media with COVID-19-related risk communication messaging

- Number of COVID-19 specimens transported in a timely manner with donor support

Health care worker delivering COVID-19 vaccination, Indonesia

7. Link COVID-19 microplanning to KP-focused HIV microplanning efforts

Microplanning is a strategy to assist local communities, local government and health personnel, and local and international organizations with systematic and organized vaccination administration (in line with national vaccine deployment plans) to meet targets. Decentralizing planning and management of vaccine provision ensures national deployment plans are locally contextualized, including addressing the causes of vaccine hesitancy and reaching target populations. Microplanning ensures high voluntary vaccination coverage to meet targets, and efficiency and quality in service delivery. This approach includes understanding the extent to which priority populations are served and ensuring coverage of hard-to-reach populations such as KPLHIV (in addition to others such as refugees, migrants, homeless individuals, ethnic minorities).

Site-level monitoring and individual tracking (see strategy #6) are important aspects of microplanning. KP HIV programs routinely conduct microplanning for estimating size of target populations and ensuring high coverage of HIV services, such as condoms and HIV testing. COVID-19 microplanning can be integrated with KP HIV microplanning, with which peers are already familiar. This integration creates an important entry point for reaching KPLHIV given the established trusted relationships with clients and the existing monitoring and tracking. COVID-19 vaccination microplanning exercises can lean on detailed demographic data from HIV programs.

8. Leverage HIV program to support COVID-19 logistics and supply chain

By guiding the microplanning exercises for COVID-19 vaccination (strategy #7), HIV programs can also add detailed and accurate estimation of logistical needs including vaccine and nonvaccine supplies. HIV-related procurement mechanisms, storage capacities, cold chain equipment, stock management, and distribution monitoring systems could be used for COVID-19 vaccination. Given the short life span of certain COVID-19 vaccines, well-established HIV service delivery pathways can ensure timely distribution of vaccines to priority populations.

9. Address KP members' broader needs that may be exacerbated by COVID-19

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), experience from the COVID-19 and HIV pandemics and from other diseases such as Ebola, has shown that—during such occurrences—KP members are more likely to be affected by food insecurity, face barriers to health care and access to medicines, and suffer loss of livelihood, unemployment, homelessness, and domestic violence.[16] For example, sex workers have experienced increased violence, harassment, and abuse as sex work has been driven further underground by restrictions to prevent the spread of COVID-19. Incidences of violence against sex workers more than tripled in Kenya in the first month of the pandemic, according to the Kenya Sex Workers Alliance.[17] KP members also often face human rights abuses, including being denied health services due to being categorized as a member of a KP group. UNAIDS has published guidance on human rights during COVID-19 that addresses many of the challenges faced by PLHIV and KPs.[18] To ensure adequate COVID-19 vaccination coverage among KPs, these broader needs must be addressed. Working with and through KP-led civil society organizations (CSOs) and networks (see strategy #1) already familiar with and addressing these needs can improve vaccination coverage because the vaccines can be offered along with services that are highly responsive to expressed community needs. For example, UNAIDS supported a coalition of four CSOs in Rwanda to deliver food assistance to KPs during COVID-19 lockdowns as lack of food was identified by KP members as the most common challenge.[19]

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[16] UNAIDS. Fund to help key populations during COVID-19 launched. UNAIDS press release 2020 Dec 10 [cited 2022 Feb 23]. Available from:
https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/december/20201210_solidarity-fund.

[17] Manuel S-L. Voices: the multiplying threats facing sex workers today. New York: Open Society Foundations; 2020 Sep 1. Available from: https://www.opensocietyfoundations.org/voices/the-multiplying-threats-facing-sex-workers-today.

[18] UNAIDS. Rights in the time of COVID-19: lessons from HIV for an effective, community-led response. Geneva: UNAIDS; 2020. Available from: https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf

[19] UNAIDS. UNAIDS supports food assistance project for key populations in Rwanda. Geneva: UNAIDS; 2020. Available from: https://rstesa.unaids.org/special-initiatives/item/277-unaids-supports-food-assistance-project-for-key-populations-in-rwanda.

Case examples: Community-based organizations increasing vaccination uptake among PLHIV and key populations in Telangana State, India

Overcoming barriers to vaccination among transgender and hijra community members

One of the main reasons cited for vaccination hesitancy by members of the transgender and hijra community was uploading their identity (Aadhaar) details on the Government of India's CoWIN app, a mandatory requirement for anyone seeking vaccination services in India. The transgender and hijra community members were worried that personal information about their identity would be revealed.

Trans Equality Society, a community-based organization (CBO) supported by EpiC for organizational development through the President's Emergency Plan for AIDS Relief (PEPFAR), works for the welfare of transgender people and hijras in Hyderabad district. The organization also manages a transgender clinic funded by the United States Agency for International Development (USAID). EpiC encouraged the medical team at the clinic to begin verification of the vaccination status of all transgender

A transgender client receives a vaccine through the work of the Trans Equality Society

clients visiting the clinic and to counsel them on the importance of vaccination. The peer volunteers of Trans Equality Society also shared testimonies of other transgender and hijra clients whose gender identity remained confidential when they received their vaccinations. Volunteers from the organization then accompanied unvaccinated members to vaccine sites. With EpiC support, Trans Equality Society helped 51 transgender and hijra community members receive their first vaccination during September and October 2021.

Addressing fears and misconceptions to overcome vaccine hesitancy among PLHIV

The Karimnagar Asha Jyothi Positive Network works for the welfare of PLHIV in Karimnagar district of Telangana. After receiving training on COVID-19 vaccine promotion from EpiC, the network members created a list of unvaccinated PLHIV and spoke to them on the phone about the importance of vaccination. After interacting with some of the PLHIV, the network leaders realized that many who are on antiretroviral therapy (ART) and taking tuberculosis (TB) medicine believed they should not get vaccinated while on these medications. The peer educators addressed the myths surrounding vaccination and shared examples of other PLHIV who take ARV or TB medication and were vaccinated without complications. Due to self-stigma

and the desire to avoid crowds, some PLHIV were not visiting the vaccination centers. After receiving effective counseling from the network, members started seeking advice from the medical officer at the ART centers and visited nearby health centers to get vaccinated. Through their continued efforts, the network mobilized more than 780 PLHIV for vaccination from September to December 2021.

Peer-led outreach to female sex workers

Integrated Network for Community Empowerment (INFOCEM) is a CBO located in Siricilla town of Karimnagar district that works with MSM, transgender people, and female sex workers (FSWs). Peer educators with INFOCEM found during outreach activities that FSWs in brothel areas were not getting vaccinated due to lack of information about COVID-19 and the importance of vaccination. These women were not visiting primary health care centers fearing stigma and discrimination from health center workers. INFOCEM's peer educators counseled the FSWs on vaccination using SBC materials specially

A vaccination drive is held by Karimnagar Asha Jyothi Positive Society (KAJPS) in Karimnagar

developed for them. Over a three-month period, peer educators mobilized 262 FSWs and accompanied them to vaccination sites to provide additional psychosocial support.

Considerations for broader COVID-19 vaccination programs

While PLHIV and KPs face unique challenges in accessing COVID-19 vaccination, many factors applicable to these populations can be applied to others, including the general population. Engaging the target populations in COVID-19 vaccine planning and roll-out, using trusted individuals to deliver information and generate demand for COVID-19 vaccines, screening for and delivering vaccines at convenient access points, and ensuring health care workers are not only trained in vaccine delivery but also have been sensitized about the safety and efficacy of the vaccine for different populations are important considerations for any population. Providing a variety of options for obtaining COVID-19 vaccines and using virtual interventions, such as online outreach and online booking of appointments, can expand reach. Offering vaccine services at locations already addressing priority community needs can improve uptake. Ensuring the integration of existing individual-level tracking tools with HMISs and using strong data analytics are also critical for COVID-19 provision, no matter the population.

Additional resources

1. United States Agency for International Development. (2021). Global Health COVID-19 Indicators: A Compendium of Indicator Reference Sheets for COVID-19 Reporting by USAID Projects, Updated October 4, 2021. Washington, DC, USA.

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