

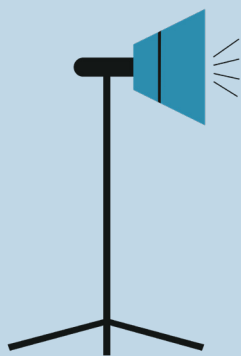
HIV COVID-19 Network Briefing Ten

A fortnightly update from the voluntary sector



21 August 2020

1. Spotlight: emerging research on COVID-19 mortality risk for people living with HIV



The previous briefing pointed to a joint [update](#) from BHIVA and Europe's other leading HIV medical associations. It said, *"there is no clear evidence for a higher COVID-19 infection rate or different disease course in people with and without HIV"*. Since then, a pre-print of a UK study reported a 'marked' association between living with HIV and COVID-19 death. NAT, BHIVA, the Terrence Higgins Trust and NAM aidsmap released a joint [statement](#), urging caution with these findings given the small sample size and limitations to the data available. People living with HIV should continue to follow BHIVA guidelines which remain the same. We will continue to work with partners in the scientific community and the HIV community to make sure that we have clarity on COVID-19 risk for people living with HIV. Guidance will be updated as needed.

2. Resuming face-to-face HIV support services

Last week, we hosted a discussion group for organisations returning, or hoping to return, to the provision of face-to-face support for people living with HIV or prevention services. A number of important considerations came out of the call. There is a need for continued opportunities for sharing of experiences to support good practice as more return to face-to-face services and the situation changes.

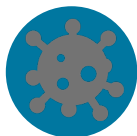


Considerations for a return to face-to-face services include:

- **Problems sourcing suitable cheap, or free, spaces.** Some support services have given up their physical spaces or find that they are not suitable for social distancing. There is an increased need for rental space – some of this is allocated by the council according to priority (e.g. for crisis mental health settings) and organisations are struggling to access it.
- **Difficulty ensuring social distancing and cleaning.** While some services (e.g. some in-house testing services) have been able to return to some capacity by a stringent cleaning and distancing routine, this is more difficult for others like peer or group support. Some support workers have remarked on the difficulty of enforcing social distancing where service users are not being adherent. This is especially difficult given that their role is traditionally to create a relaxed environment in which people living with HIV feel at ease with one another.

Services are now planning for, and rolling out, a greater degree of sexual health outreach and supported testing. As well as problems around spaces (as above), considerations for testing include:

- **The lack of settings in which to do community outreach.** Common settings like saunas, community centres and churches are not all open for business or comfortable with inviting in additional people. Many of these links were established in order to target underserved communities: their loss, however temporary, may have problems for equality in testing coverage and health outcomes for traditionally underserved groups.
- **Difficulty evidencing outcomes.** It is more difficult to evidence new methods of outreach and testing. For example, some have used Instagram Live for health promotion and have a high level of engagement. But there is no in-built way of assessing the diversity of that viewership and therefore knowing who they are reaching. Other health promotion staff are working to ensure that self-testing is effectively advertised and promoted, but are unable to routinely procure data on the rates at which tests are ordered and fulfilled. This shows the need for joined-up working and evidence-sharing between testing providers and health promotion workers as online testing becomes more common.



2. Resuming face-to-face HIV support services cont.



While many people living with or at risk of HIV have felt benefits from increased online engagement, we have discussed in previous briefings the extent of digital exclusion. Support services increasingly feel the need to provide both a digital and safe face-to-face offering for those who need it most. We hope that these increased duties can be acknowledged by commissioners and funders as services move forward.

Tip

- » In previous briefings, we have discussed the difficulty in providing online testing for those who are not comfortable or secure testing in a home environment. Some service providers are now offering that people can order self-tests to their premises, pick them up, and self-test in a sanitary and secure setting.

2. Nobody Left Outside publish briefing paper on COVID-19

Nobody Left Outside is a coalition of organisations representing the most marginalised groups in Europe. They have published a briefing paper for the WHO European Office which looks at the challenges and impact of COVID-19 on marginalised groups and recommends solutions to help improve government responses. The paper can be found [here](#).