



SOUTH TO SOUTH LEARNING NETWORK

The HIV Prevention Interchange

Adapting HIV Prevention Programs to ensure continuity of services for key populations in the time of COVID-19:

A Case Study from the Islamic Republic of Iran



BRIEF OVERVIEW OF COUNTRY HIV EPIDEMIC



The Islamic Republic of Iran has **61000 people living with HIV**, and an **HIV prevalence rate of 0.1% among adults (15-49 years)**. In 2018, an estimated **4400 people were newly infected with HIV** in the country, while 2600 people died from an AIDS-related illness.

The Islamic Republic through its partnership with UN Joint Team on HIV including UNDP and the Global Fund has introduced and undertaken many targeted HIV prevention activities for specific groups of people who are particularly at risk of HIV infection.

The HIV response in Iran is led by the National AIDS Committee (NAC), which is the key governmental organ that has overall responsibility for the coordination, management, and the monitoring and evaluation of the National Strategic Plan for AIDS (NSP). Dr Mohammad Mehdi Gouya is the current NAC manager.

COVID-19 IN IRAN

The first COVID-19 case in Iran was diagnosed on 18 February 2020.

At the very onset of the country COVID-19 epidemic a **multi-stakeholder Task Force headed by the President** was established. Under the Task Force, and within the Ministry of Health, a national scientific policy-making committee of COVID-19 was established which includes the NAC.

This committee included several members of the National HIV Care and Treatment Committee. The inclusion of these members meant special attention was paid to PLWH and groups vulnerable to HIV. A strong focus was placed on ensuring that HIV prevention and service delivery continued without being compromised so that no one was left behind.

The Islamic Republic, while it has implemented precautionary and preventative measures for COVID-19, has not imposed a full-scale lockdown to date. As of 13 July 2020, there have been:

Confirmed Cases

259 652

Recoveries

222 539

Deaths

13 032

The COVID-related deaths have been much higher than the annual AIDS related deaths in the country, highlighting the need to strengthen the COVID response.



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IMPACT OF COVID-19 ON HIV PROGRAMME IMPLEMENTATION AND BENEFICIARIES

Iran implemented a pro-active approach to the HIV response at a very early stage of the COVID-19 pandemic. Early anticipation of the potential challenges and efficient implementation of mitigating strategies have for the most part ensured that HIV prevention and care services have continued unabated.

POTENTIAL CHALLENGES FOR KEY POPULATIONS

- 1 Due to the excess workload of all health personnel, HIV clinic staff might have been asked to work in other health centres. It could have led to **reduced quality of service delivery to PLWH** in HIV clinics.
- 2 **Quality and frequency of prevention services** such as methadone maintenance therapy (MMT) in the people who inject drug (PWID) harm reduction program could have been **negatively affected**.
- 3 Activities of outreach teams in field of HIV and **provision of services for key population could have been adversely affected**.
- 4 Overcrowding in centres like prisons, harm reduction centres and long-term addiction centres may have led to **worrying conditions for the transmission of the COVID-19**.

PROGRAMME ADJUSTMENTS AND INNOVATIONS: KEY POPULATIONS



Continued provision of quality services through efficient harm reduction centres

- Strong move to ensure all key population programme staff were trained on COVID-19 preventive measures by Welfare Organization provincial authorities
- Mobile units were quickly adapted, and equipped to provide the following services to key populations in hotspots across 11 provinces:
 - COVID-19 awareness-raising, including distribution of educational materials.
 - Distribution of food packages such as warm meals and fruit packs to enhance the immune system of clients.
 - Body temperature checks and symptomatic screening and referral of suspected cases to medical centres.
 - Provision of personal protective equipment (PPE), including masks, gloves, hand sanitizers, soap and alcohol pads
- Continuous (uninterrupted) provision of:
 - Methadone to the key population and increased provision of take-home Methadone (up to two weeks)
 - Harm reduction services for individuals (e.g. condoms, needles and syringes)



Reducing COVID-19 transmission by effectively dealing with overcrowding People in prisons and closed settings

- Developing comprehensive protocol about COVID-19 prevention/care in prisons and training staff on the matter
- Reducing the number of prisoners in the prisons by giving prisoners leave
- Adapting the prisons to have two new wards: one to isolate symptomatic prisoners whose results have not yet been confirmed and two; to isolate prisoners who test positive for COVID-19 and who do not need hospitalisation during recovery
- Providing appropriate services for prisoners and staff, such as screening and quick isolation of new prisoners, symptomatic resident prisoners and staff are screened by trained peers, test and isolated. The same services were implemented in long term addiction care centres

KEY LESSONS

- 1 Early anticipation of COVID-19-related challenges and efficient implementation of mitigating actions significantly strengthened Iran's HIV response at the onset of the pandemic, ensuring that services went uninterrupted, especially for those groups most marginalised.
- 2 Leveraging on existing strengths of the Primary Health Care system and strong networks whose elements work in harmony with each other and with its clients is a key for an effective response during crisis.
- 3 People's trust and involvement in health and HIV networks, has not only led to the acceptance of prevention programme but also to its smooth implementation.
- 4 Despite the stress on the health system, through the use of effective task management, the country was able to continue to provide ongoing support to PLWH.

“We believe that COVID-19 pandemic will last longer than originally assumed. Clearly, we have to bear heavy socio-economic and health related burdens. However, to maintain and improve people’s health, including most vulnerable populations and PLWH in this long marathon we never lower our guard in service provision. With full engagement and support of all people including PLWH and most vulnerable people we strongly continue to respond to the pandemics in collaboration with other countries. We aim to ensure no one is left behind.”



Dr Mohammad Mehdi Gouya

NAC Manager, Islamic Republic of Iran

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