Update on COVID-19/HIV service disruptions, December 2021

Global HIV, Hepatitis and STI Programmes

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1. WHO Pulse Survey/WHO HHS Department COVID-19 Survey

2. UNAIDS/WHO/UNICEF HIV Service Tracking Database

3. WHO HHS Department Assessment of HIV Testing Services and ART Services Disruptions in the context of COVID-19

4. WHO Global Clinical Platform for COVID-19
Percentages of countries reporting disruptions across tracer service areas, January - March 2021

- Average disruption of programme specific areas: 9% (5-25%), 9% (26-50%), 21% (50%), 39% (more than 50%)
- Mental, neurological and substance use disorders (n = 121): 10% (5-25%), 13% (26-50%), 23% (50%), 45% (more than 50%)
- Neglected tropical diseases (n = 109): 19% (5-25%), 11% (26-50%), 15% (50%), 44% (more than 50%)
- Noncommunicable diseases (n = 121): 9% (5-25%), 8% (26-50%), 19% (50%), 37% (more than 50%)
- Immunization (n = 112): 5% (5-25%), 8% (26-50%), 23% (50%), 37% (more than 50%)
- Communicable diseases (n = 128): 8% (5-25%), 7% (26-50%), 22% (50%), 36% (more than 50%)
- Reproductive, maternal, newborn, child and adolescent health and nutrition (n = 121): 3% (5-25%), 9% (26-50%), 24% (50%), 35% (more than 50%)

Denominator excludes “Not applicable” or “Do not know” responses.

Source: Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021.
Number of countries reporting disruption in antiretroviral therapy services in June 2020, November 2020 and March 2021

Disruption in antiretroviral therapy services caused by COVID-19 by WHO region, March 2021

Source: WHO HIV, hepatitis and sexually transmitted infections survey, 2021 and Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021 (consolidated data).
Disruption in other services for HIV and viral hepatitis, March 2021

PULSE survey results only: in case of exclusion of “Not applicable” or “Do not know” responses in the denominator, the percentages of countries reporting disruptions (i.e. ≥5%) are as follows: HIV testing services (49%), HIV prevention services (46%), Hepatitis B and C diagnosis and treatment (43%), Initiation of new ARV treatment (25%) and Continuation of established ARV treatment (17%).


Sources: WHO HIV, hepatitis and sexually transmitted infections survey, 2021 and Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January–March 2021 (consolidated data).
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Number of countries providing data on disruption to any HIV services, by month, January 2020-November 2021

Disruption in HIV testing services

HIV testing and results returned:
- Of 11 countries with available data, all experienced a reduction in the number of tests conducted where an HIV-positive result was returned (positivity).
- In Mozambique and Sierra Leone services appear to be recovering.

Note: The baseline is the average of January and February reports. Countries fulfilled the following criteria: (a) provided data for at least 5 months, including January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of facilities reporting during the month.
Antiretroviral treatment disruptions:
- Eight out of 22 countries had at least one month where treatment numbers were the same or dipped below the baseline months of January/February.
- Peru and Guatemala were the only countries that showed a 10% or greater decline in treatment compared with January/February.

Disruption in HIV treatment services

Antiretroviral treatment initiation disruptions:
- Among the 13 countries reporting numbers of people newly initiating treatment, and meeting the inclusion criteria for analysis, all but Cameroon reported at least one month with 10% or greater decline in numbers newly initiating compared to the baseline months of January/February.
- New initiations appear to be resuming in Rwanda and Mozambique and expanding past pre-COVID Jan/Feb levels.

Note: The baseline is the average of January and February reports. Countries fulfilled the following criteria: (a) provided data for at least 5 months, including January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of facilities reporting during the month.
Disruption in PMTCT services

Six out of 11 countries had a 10% or greater reduction in the monthly number of pregnant women tested for HIV at antenatal clinics in March 2020.


Note: The baseline is the average of January and February reports. Countries fulfilled the following criteria: (a) provided data for at least 5 months, including January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had a least 50% of facilities reporting during the month.
In six out of seven reporting countries there was a 10% or greater monthly reduction in women living with HIV reached with treatment during pregnancy from March 2020.
In Botswana, Kenya, Rwanda, and South Africa Voluntary Medical Male Circumcision (VMMC) services were suspended or slowed down in April/May 2020, however services are resuming.
Disruption in HIV prevention services

Of four countries with available data on the number of people who received PrEP in the previous month, only Lesotho experienced a sustained decline from April to December 2020 compared to the pre-COVID-19 baseline.

Note: The baseline is the average of January and February reports. Countries fulfilled the following criteria: (a) provided data for at least 5 months, including January and February 2020; (b) reported on at least 50 people receiving services in January; (c) had at least 50% of facilities reporting during the month.
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Disruption in HIV services: Country cases

Number of HIV tests and HIV positivity per month, South Africa, 2018–2020

Source: National Department of Health, South Africa

Variation in the number of HIV tests conducted, per month, across nine provinces in South Africa, 2020

Source: National Department of Health, South Africa

The chart compares the variation in HIV testing volumes by comparing the first quarter 2020 (January to March) to subsequent months throughout 2020.

Disruption in HIV services: Country cases

Number of HIV tests and HIV positivity in Zambia per quarter, 2018-2020

Disruption in HIV services: Country cases

Number of HIV tests and HIV positivity per month in Malawi, 2018-2020

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Outcomes among PLHIV hospitalised with COVID-19, by severity of illness at hospital admission

23.1% of PLHIV with a known clinical outcome died during the hospital stay

Clinical outcomes included: 1) discharged to home, 2) died in hospital, 3) transferred (to another facility for further care), 4) remaining hospitalized at the time of data entry, and 5) discharged to palliative care or hospice

24 countries contributed data on people living with HIV:
Argentina, Belarus, Brazil, Cameroon, Chile, China, Democratic Republic of the Congo, Dominican Republic, France, Germany, Guinea, India, Italy, Jordan, Nigeria, Panama, Romania, Russian Federation, South Africa, Spain, United Kingdom, United States of America, Zambia, Zimbabwe.

Association of HIV status with severe/critical disease severity of COVID-19 at hospital admission


The upper part of the figure shows HIV infection as a significant independent risk factor for severe or critical presentation of COVID-19, after adjusting for age, sex, burden of underlying conditions (adjusted odds ratio (aOR)). The lower part of the figure shows the adjusted odds ratio for each risk factor for severe or critical presentation of COVID-19 among PLHIV, after controlling for the other risk factors.
Association of HIV status with in-hospital COVID-19 mortality

The presence of 1-2 underlying conditions (aHR 1.40, data not shown in Fig. above), and ≥3 underlying conditions (aHR 1.50) was associated with increased risk of death.