



# WHO guidance on COVID-19 relevant to key populations

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# Outline

- Which people are at particular risk of infection and severe diseases or mortality
- Prevention measures
- Continued access to health services
- Additional considerations



Be **INFORMED**  
Be **PREPARED**  
Be **SMART**  
Be **SAFE**

Be **READY** to fight  
**#COVID19**

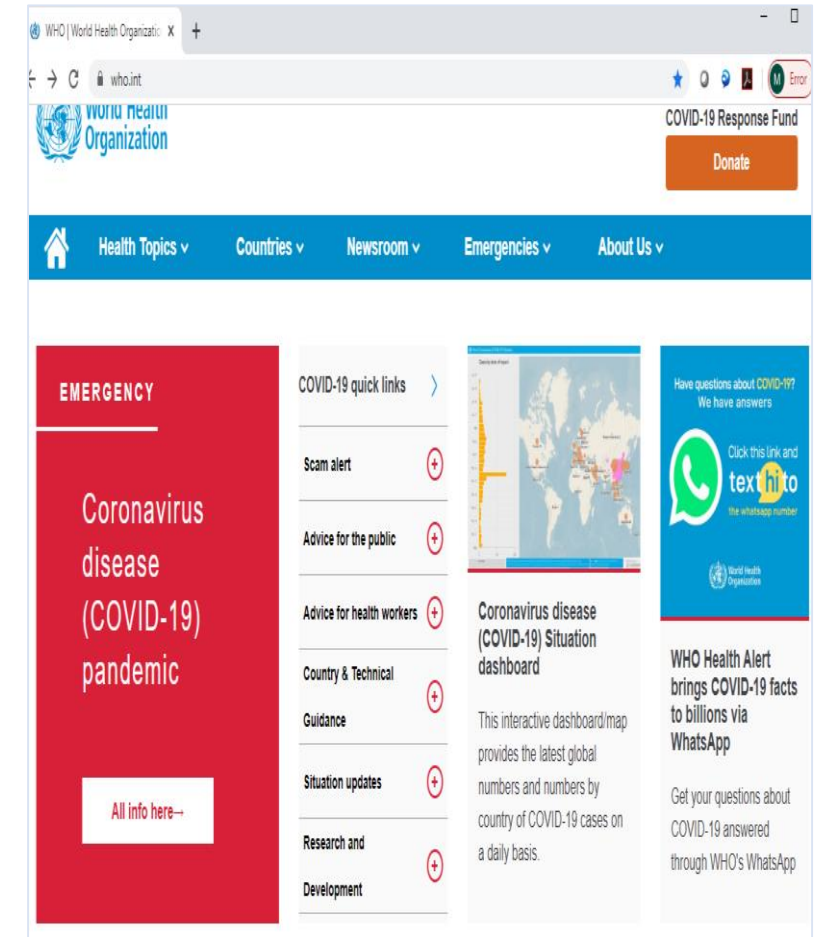
For the latest health advice, go to:  
[www.who.int/COVID-19](https://www.who.int/COVID-19)

 UNITED NATIONS

 World Health Organization

# Recapping the last 3 months as we start month 4

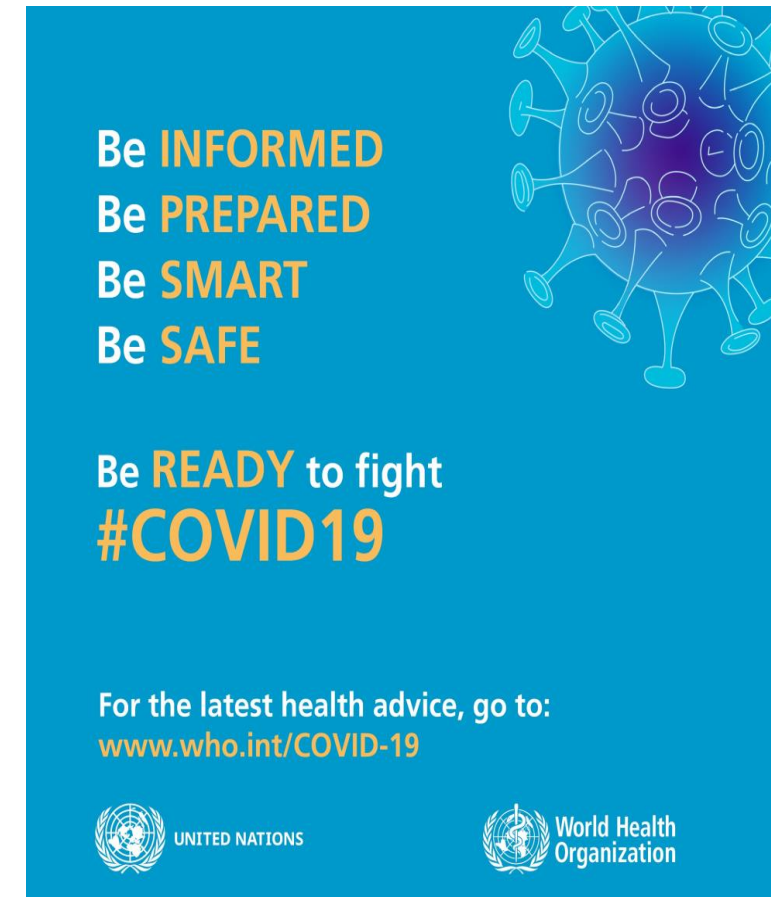
- A pneumonia of unknown cause detected in Wuhan first reported to WHO CO in China on 31 Decmber 2019
- WHO 24/7 to analyse data, provide advice, coordinate, help countries prepare, increase supplies, manage expert networks
- 30 January 2020, declared Public Health Emergency of International Concern
- 11 February 2020, WHO named the new coronavirus disease: COVID-19
- By 7 April 2020, 206 countries reported
  - > 1 279 722 confirmed cases (new 68 766)
  - 72 614 deaths (new 5020)
- Sharing real-time updates and technical advice: [www.who.int](http://www.who.int)
- Guidance documents: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



# Part 1: Risk factors for severe COVID-19

# Infection with SARS-CoV-2 and risk of severe COVID-19



- *Everybody* is at risk of **infection**
- Risk of developing **severe disease and mortality** linked to **older age** and **pre-existing medical conditions** including cardiovascular disease, diabetes, chronic respiratory disease, cancer, and hypertension
  - Other risk factors include obesity and smoking
  - People with advanced liver disease and deteriorating health due to hepatitis B or C infection or other causes (from alcohol etc.)
- Some very **healthy people** have also developed severe disease from the coronavirus infection



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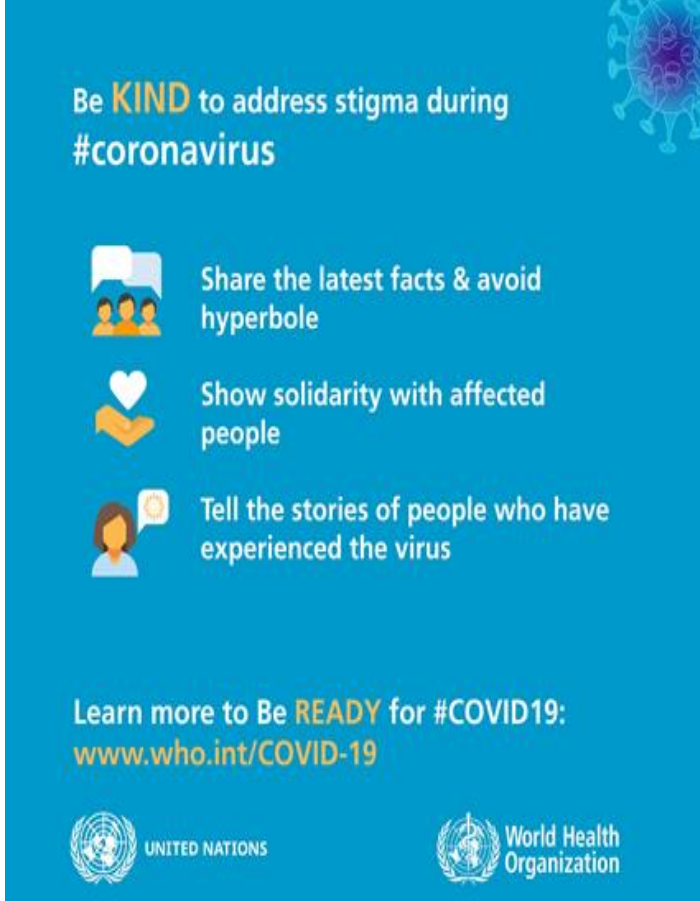
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# What are the specific risks for **key populations** of infection with SARS-CoV-2 and developing COVID-19?



- Members of **key populations**, as well as **homeless** and/or **displaced people** are at increased risk because of
  - **additional comorbidities** impacting on their immune system
  - **reduced ability to apply measures** of confinement and social distancing
  - as well as **generally limited access** to health services
  - sexual behaviour and drug use, including smoking
- People **with advanced HIV** or **poorly controlled HIV** (who have not reached viral suppression through ART)



Be **KIND** to address stigma during  
#coronavirus

-  Share the latest facts & avoid hyperbole
-  Show solidarity with affected people
-  Tell the stories of people who have experienced the virus

Learn more to Be **READY** for #COVID19:  
[www.who.int/COVID-19](http://www.who.int/COVID-19)

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# Part 2: Prevention measures for COVID-19

People from **key populations** and **PLHIV** are advised to take the **same precautions** as the general population



Protecting yourself and your loved ones from #coronavirus is simple:

- Clean your hands often
- Cough or sneeze in your bent elbow – not on your hands!
- Avoid touching your eyes, nose and mouth
- Limit social gatherings and time spent in crowded places
- Avoid close contact with anyone who is sick
- Clean and disinfect frequently touched objects and surfaces.

#MentalHealth #COVID19 #coronavirus



- wash hands often
- cough etiquette
- physical distancing
- seek medical care if symptomatic
- self-isolation if in contact with someone with COVID-19 and
- other actions per the government response





# Evidence-based measures to **reduce possible transmission** in health care settings

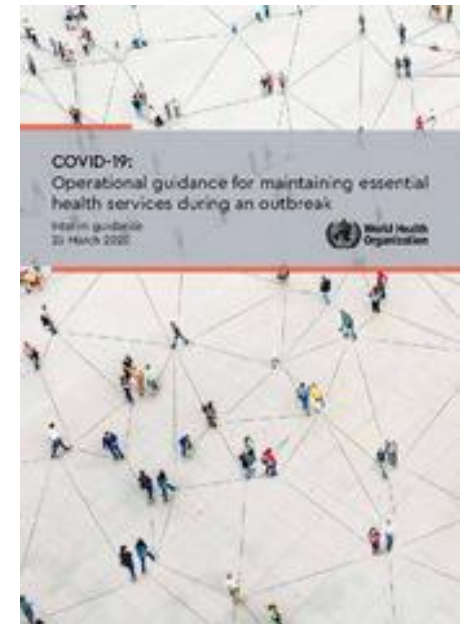
- Applying **standard precautions** for **patients** and **staff** including **peer outreach workers**
  - cover nose and mouth with a tissue or elbow when coughing/ sneezing
  - medical masks for patients with suspected infection in waiting
  - perform hand hygiene, etc
- **Triage, early recognition, and source control** (isolation those with suspected infection)
- **Adequate ventilation** in all areas in the healthcare facility
- **Spatial separation** of >1 meter should be maintained
- Consistent and correct **cleaning and disinfection procedures**
- **Dispensing medicines** (for treatment of HIV, TB and other chronic conditions such as opioid dependence) for **longer periods** allowing reduced frequency of patient visits
- Consider **reduction of services** to the **most critical** treatment and prevention services; psychosocial sessions may be adapted



# Part 3: Continued access to services

# Continued access to essential services

- Ensure that people from key population groups and/or living with or affected by HIV are offered the same access to **essential clinical services continue** without disruption
- It is **critical** that **services that reach key populations** such as community-based services, drop-in centres and outreach services **can continue providing life-saving prevention** (distribution of **condoms, needles and syringes**), testing and treatment (for **HIV and opioid dependence**) while securing safety of staff and clients
- Ensure vaccinations are up to date (influenza and pneumococcal vaccines)





# Maintaining essential HIV prevention and sexual health services

- Some HIV prevention activities likely to be **paused or scaled down**, eg VMMC
- But **condoms, harm reduction programmes** need to continue with modifications
  - Delivery of supplies with social distancing through pharmacies, vending machines, post
  - Larger supplies for longer time periods
- **Continue HIV testing** including through expanding access to self-testing
- **Prioritize continuation of contraception services**
  - Ebola in West Africa: increased unplanned and teenage pregnancies during emergency response → unsafe abortions and AGYW morbidly

## CONDOM SHORTAGE LOOMS AFTER CORONAVIRUS LOCKDOWN SHUTS WORLD'S TOP PRODUCER

Malaysia's Karex Bhd makes one in every five condoms globally. It has not produced a single condom from its three Malaysian factories for more than a week due to a lockdown imposed by the government.



**Condoms “not essential” – purchase banned in a supermarket in South Africa**



# Ensure continued treatment

- Clinically stable key populations can benefit from simplified ART delivery models including multi month prescriptions (3-6 month supply)
- Take-home doses of methadone or buprenorphine for stable people on opioid substitution therapy
- Information to patients about changes in practice and appropriate support in case of uncertainty and concerns
- Ensure that there are adequate supplies of medicines to treat HIV, coinfections and comorbidities including substance dependence





# Harm Reduction in Morocco

- OST in 7 clinics run by NGOs
  - Take home dosages for stable patients for >2 weeks
    - For unstable patients twice weekly
  - Patients sign a contract
  - Virtual psychosocial support including relaxation, yoga etc by phone, you-tube
  - Services for people on waitlist
  - procurement of **flasks** to transport methadone
  - MoH developing documents for **outreach workers to carry methadone to patients outside the 7 cities**
- Collaboration between **MoH, clinics, communities, police**
- NSP
  - Distribution through **outreach**
- Naloxone
  - Developing guidance to distribute naloxone to clients from NSP and OST

ROYAUME DU MAROC  
L'ASSOCIATION MAROCAINE D'ADDICTOLOGIE

AMA  
الجمعية المغربية لشب الإدمان  
MAROCCAIN ASSOCIATION OF ADDICTOLOGY  
MAROCCAIN ASSOCIATION OF ADDICTOLOGY



Recommandations de l'Association Marocain d'Addictologie (AMA)  
destinées aux usagers de substances psychoactives,  
aux professionnels en santé mentale  
et en addictologie durant la pandémie Covid-19.

التزام

24 Mars 2020

انا الموقع اسفله السيد (ة) .....  
المستفيد من العلاج تحت رقم الملف: ..... والحامل (ة) للبطاقة الوطنية  
رقم: ..... ألتزم بالحفاظ على دواء الميثادون المسلم لي من طرف مركز  
طب الإدمان الحي الجديد بطنجة وذلك لتناوله حسب توصيات الطاقم الطبي في منزلي لمدة  
15 يوما وذلك بصفة استثنائية في ظل الإجراءات الاحترازية لحد من انتشار فيروس كورونا  
المستجد (تقليص التحركات الغير الضرورية والتي يمكن ان تعرضني للإصابة بهذا  
الفيروس).

ان المركز غير مسؤول عن ضياع او سوء تدبير دواء الميثادون المسلم الي وأتحمل وحدي  
كامل المسؤولية لاستعماله وذلك حتى يتم معاودة سيرورة نظام العمل بالطريقة الطبيعية  
بمجرد الخروج من هاته الازمة الوبائية (الاستفادة من الجرعة اليومية).

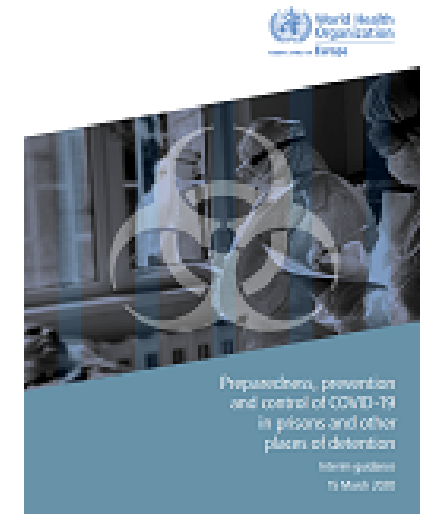
حرر بطنجة، بتاريخ: ...../...../2020

امضاء وبصمة المستفيد



# People in **prisons** and other closed settings

- To mitigate potential outbreaks and reduce morbidity and mortality among people in prisons and other closed settings, it is crucial that **prisons and immigration detention centres are embedded within the broader public health response**
- **Close collaboration** between **health** and **justice ministries** and includes **protocols** for entry screening, personal protection measures, physical distancing, environmental cleaning and disinfection, and restriction of movement, including limitation of transfers and access for non-essential staff and visitors
- Countries to work toward developing **non-custodial strategies** in order to prevent overcrowding in closed settings
- **Governance of prison health by a ministry of health** likely to facilitate this



# Part 4: Additional considerations

# Mental health of service providers

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- The COVID-19 outbreak is a unique and unprecedented scenario for many workers
- Feeling under pressure is a likely experience for you and many of your colleagues. It is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak
- Managing your mental health and psychosocial well-being during this time is as important as managing your physical health



WHO and Global Citizen announce:  
'One World: Together at home'  
Global Special to support healthcare  
workers in the fight against the COVID-19  
pandemic

Saturday, 18 April 2020 at 5:00 p.m. PDT/  
8:00 p.m. EDT/12:00 a.m. GMT





# Further information and WHO COVID guidance

- Overall guidance:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- WHO country and technical guidance on HIV, hepatitis and STIs:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
- Clinical management of severe acute respiratory infection when novel coronavirus infection is suspected: [www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](http://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

## Latest COVID-19 facts through WhatsApp in 4 languages

The latest COVID-19 facts through WhatsApp are now available in WHO official languages of Arabic, English, French and Spanish. In fact, users can now select from over 50 languages.

The messaging service provides the latest news and information on coronavirus including details on symptoms and how we can protect ourselves and others. It also provides the latest situation reports and numbers in real time to help government decision-makers protect the health of their populations.

The service can be accessed through a [link](#) that opens a conversation on WhatsApp. Simply type "hi", "hola", "salut" or "مرحبا" to activate the conversation, prompting a menu of options that can help answer questions about COVID-19. In addition, you can select your language preference from over 50 languages by clicking on the top right hand corner of the [webpage](#).

The WHO Health Alert was developed in collaboration with [Praekelt.Org](#), using [Turn](#) machine learning technology.

Published: 27 Mar 2020

Archives: [2020](#)

