

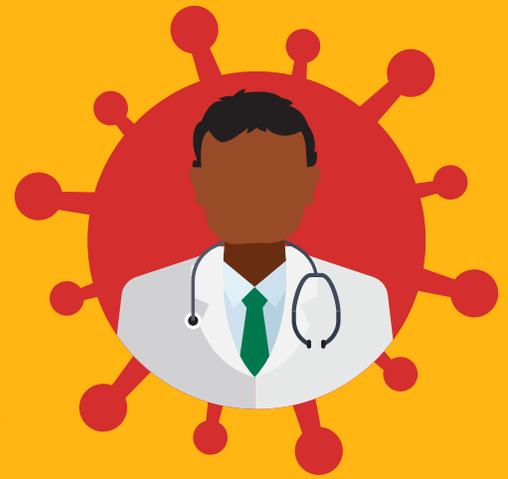
Behavioural interventions and nudges to support HIV care continuity during COVID-19:

A guide for programs, policymakers and researchers

The COVID-19 crisis poses new, and compounds existing challenges to ongoing efforts to combat HIV/AIDS in high prevalence countries, where the expansion of HIV services has saved millions of lives and reduced new HIV infections. Behavioural interventions that address the barriers faced by patients and providers can help sustain this progress and further improve HIV prevention and treatment outcomes.

This document provides examples of behavioural insights that can be used to address specific challenges that have arisen during the COVID-19 crisis. We encourage HIV programs to consider these and other ways that behavioural insights can help improve HIV service delivery or influence patient and provider behaviour.

Solutions for challenges faced by health care workers



Behavioural challenge	Potential solutions
<p>HCWs fear coming to work due to COVID-19 risk</p> 	<ul style="list-style-type: none"> • Provide clear, concise and regular communication about COVID-19 including tips to reduce risk at work • Leverage social norms with messages indicating that other HCWs are overcoming fears and going to work • Signal importance of HCW safety: arrange patient queues with adequate distancing, erect clear barriers between patients and HCWs • Use analogies to more familiar diseases like TB to normalize HCW approach to case management • Supply masks and clear guidance for staying safe when using public transport and when returning home
<p>HCWs come to work when sick or symptomatic</p> 	<ul style="list-style-type: none"> • Ask employees to voluntarily sign pledges (private or public) that they will not come to work if sick • Design an action plan template or flowsheet for how to recognize which symptoms are most worrisome, and may require further care • Remind people that they may use paid leave time • Offer reassurance about job security • Facilitate and promote symptom self-monitoring through reminders, alarms, rewards and provision of thermometers • Display posters in staff room showing an HIV patient: "COVID-19 symptoms? Stay home for me"
<p>HCWs experience psychological and financial stress that affects decision-making and causes burnout</p> 	<ul style="list-style-type: none"> • Create HCW buddy groups with regular manager check-in for support and encouragement • Provide simple guidance to check for signs of depression and anxiety and link to care resources; have managers endorse and model self-checks • Display posters and announcements that praise and recognise HCWs for their contributions • Share HIV care continuity success stories • Default to the term 'physical distancing', rather than 'social distancing', which might imply that one needs to cut off meaningful interactions, while physically separated
<p>HCWs develop "tunnel vision" on COVID-19, thus reducing attention to HIV care</p> 	<ul style="list-style-type: none"> • Use messages, checklists and reminders to focus attention on HIV service delivery protocols, including ART guidelines • Assign one HCW as COVID-19 point person on a rotating basis, while the rest of the team remains dedicated to HIV care

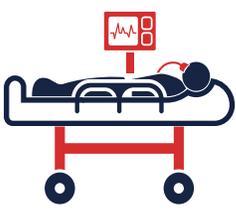
Solutions for Patient-Related Barriers



Interested in learning more or partnering with us?

The Indlela team is available to partner with HIV programs to co-develop behavioural solutions to specific challenges and further the evidence-base on effective interventions through rapid-testing of solutions.

If you are facing a specific challenge maintaining continuity of HIV care during COVID-19, please email us to tell us about it and brainstorm together (indlela@heroza.org).

Behavioural challenge	Potential solution
<p>Patients believe they can't go to the clinic or are unable to go (lockdown, economic barriers, etc.)</p> 	<ul style="list-style-type: none"> • Remind patients through clear, salient messaging that clinics are open, and a clinic visit does not violate lockdown orders • Use 2-way text messages to understand reasons for missed visits and identify appropriate solutions • Reduce the need to visit a clinic with mobile services such as home-based delivery, medication vending machines or “smart lockers” and pharmacy partnerships • Dispense more months of medication if adequate stock and regulations allow • Facilitate WhatsApp adherence groups or buddy system so stable patients can collect medications for each other
<p>Patients are afraid to come to clinic due to COVID-19</p> 	<ul style="list-style-type: none"> • Ensure visibility of safety and risk reduction procedures instituted at clinic (temperature screening, ensuring patients wear masks) • Reduce congestion at clinics with additional clinic hours or days • Create separate hours and spaces for COVID-19 services • Use patient stories and testimonials about HIV care continuity during COVID-19 crisis to reduce fears
<p>Patients experience financial and emotional stress, reducing attention available for other needs</p> 	<ul style="list-style-type: none"> • Increase mHealth interventions including text messaging, telephonic counseling, hotlines, and virtual support groups • Emphasize importance of ART adherence and viral suppression to “stay strong” and reduce risk of COVID-19 infection
<p>Patients do not prioritize HIV testing or viral load testing</p> 	<ul style="list-style-type: none"> • Use checklists for providers to remind patients about testing • Provide cues at the right moment to ask for viral loads • Offer HIV self-tests and point-of-care viral load testing during mobile COVID-19 screening
<p>Patients migrate to new locations where clinic staff don't know them</p> 	<ul style="list-style-type: none"> • Reduce friction points and hassle factors when switching clinics, for example, eliminate the need for transfer letter by providing a care summary through SMS to patient • Install medication dispensing “smart lockers” that patients can access anywhere with ID