

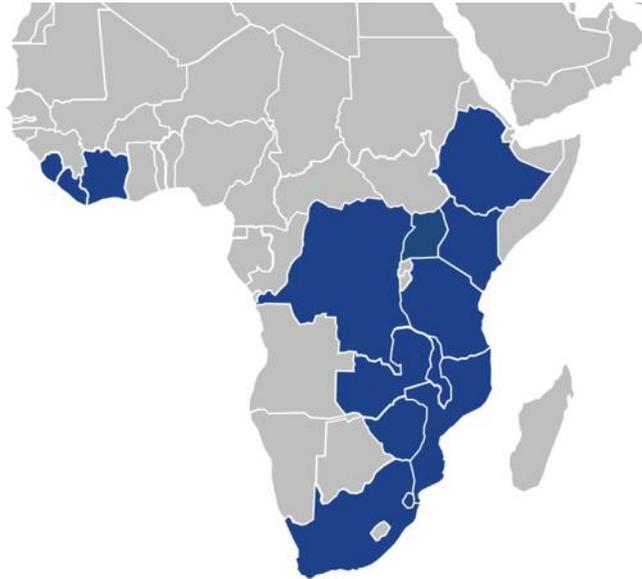
Differentiated Service Delivery and COVID-19

CQUIN webinar

April 7, 2020

- Please type your name, organization and email address in the chat box
- If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number 😊

CQUIN & COVID



- COVID-19 reported in every CQUIN country
- Need for rapid action to protect healthcare workers, recipients of care, communities, programs and health systems
- The CQUIN learning network's communities of practice = leveraged for rapid, trusted exchange of questions, resources and lessons learned
- WhatsApp group, Dropbox, website resources and CQUIN-COVID webinar series hosted by ICAP, IAS & ITPC



Agenda

- Framing Remarks
- Kelly Badiane, USAID Washington
- Stella Kentutsi, NAFOPHANU Uganda
- Mirtie Getachew, MOH Ethiopia
- Josen Kiggundu, MOH Uganda

Making the DSD Connection: MMD

As part of the COVID-19 response, many countries are adapting their HIV programs to protect recipients of care and health care workers (HCW)

- Decreasing contact with health facilities
- Expanding multi-month dispensing of ART and other medications

Changing National Guidelines – 1

As of 6 April 2020:

- **Cote d'Ivoire:** All recipients of care, including people newly initiating ART, people transitioning to TLD, and people doing well on ART are now eligible for 3-MMD
- **DRC:** Suppressed VL no longer necessary for eligibility for 6-MMD; can use clinical status alone
- **Eswatini:** No change
- **Ethiopia:** People on ART with high VL are now eligible for 3-MMD if they are receiving enhanced adherence counseling; children, adolescents and pregnant women now eligible for 3-MMD

Changing National Guidelines – 2

As of 6 April 2020:

- **Kenya:** Everyone on ART now eligible for 3-MMD, irrespective of VL
- **Liberia:** Everyone on ART except those with advanced HIV disease now eligible for 3-MMD, irrespective of VL
- **Malawi:** Eligibility criteria for 6-MMD relaxed to maximize uptake
- **Mozambique:** Everyone who has been on ART for 3 months now eligible for 3-MMD, irrespective of VL or CD4. Pregnant women start 3-MMD at first ANC visit. HIV-positive breastfeeding women start 3-MMD 3 months after delivery

Changing National Guidelines – 3

As of 6 April 2020:

- **Sierra Leone:** Everyone on ART now eligible for 3-MMD
- **South Africa:** No change
- **Tanzania:** No change
- **Uganda:** Everyone on ART now eligible for 6-MMD, drug stocks permitting, except for people who are very sick, pregnant women, and breastfeeding women with babies < 6 months
- **Zambia:** No change
- **Zimbabwe:** No change

Policies are Changing – is Practice?

CQUIN-COVID WhatsApp group exchanged concerns that fears about ART availability – whether accurate or not – may be a barrier to expansion of 6-MMD

COVID-19 Impact on Supply Chain Logistics: Assessment and Recommendations

30 March 2020

The Global Fund's product and delivery outlook shows the overall impact of COVID-19 on health product supply chains for Global Fund grants has increased from "low to moderate" to "moderate."

Coronavirus (COVID-19) Supply Chain Update

FDA STATEMENT

Coronavirus (COVID-19) Supply Chain Update

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For Immediate Release: February 27, 2020

U.S. Department of Health and Human Services - Food and Drug Administration

Content ID: 02/27/20

INSIDE DEVELOPMENT | COVID-19

How COVID-19 could complicate treatment for HIV patients

By *Sara Jervig* // 02 April 2020

MARKETING PHARMA VACCINES COVID-19 SPECIAL REPORTS

HIV supply chain fears as COVID-19 manufacturing concerns mount

by *Kyle Blankenship* | Mar 24, 2020 11:53am



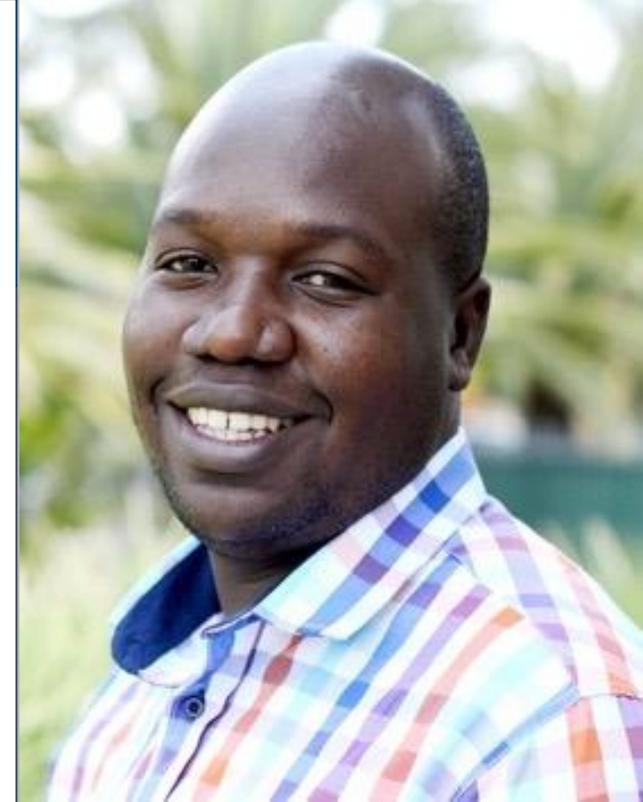
Kelly Badiane, USAID



Stella Kentutsi, NAFOPHANU



Mirtie Getachew, MOH Ethiopia



Josen Kiggundu, MOH Uganda

Today's Speakers



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HIV DRUG DISTRIBUTION

Increasing Patient-Centered Care and Minimizing
PLHIV Exposure to COVID-19

Kelly Badiane
April, 2020

OVERVIEW

Objective: to discuss what is being done to support an adequate supply of ARVs and differentiated dispensing models to minimize the risk of HIV patients to COVID-19.

Presentation outline:

- Global supply of ARVs in light of COVID
- Differentiated dispensing - multi-month distribution (MMD)
- Differentiated dispensing - decentralized drug distribution (DDD)
- Mitigating stock-outs at health facilities

UPSTREAM SUPPLY SITUATION

- India shutdown and may be extended (to be confirmed on April 13th)
 - Manufacturing varies from 0 to 70% of normal operations
 - Logistics are improving with some movement between states
 - Passenger flights canceled, charter flights expensive
 - Consolidation at Mumbai and Hyderabad
- USG working with India to advocate for key measures to be taken related to production, certification and export

WHO REQUEST ON LOGISTICS

“All agencies are currently reporting wide-spread disruptions to deliveries...your support is greatly appreciated to allow:

- Plan for use of airports and surface transport (exemptions in place)
- Consider procurement, distribution and logistics staff as critical
- Waive import, export restrictions for humanitarian products, including accommodating rerouted shipments in customs procedures

USG GUIDANCE - DRUG ORDERS

- **Place all remaining USG orders** through September 2020 (paid) and place Oct 2020 - Sept 2021 (not paid) in ordering systems for clearer demand signal.
- **Adjust supply plans for longer lead times**, adding at least one month, and keep the plans up-to-date continuously.
- Global supply coordinated with USAID, the Global Fund and UNFPA; follow up on the **status of government-funded procurements**.
- **Prepare for increased freight and logistics costs**.

USG GUIDANCE - MMD

- **6MMD rapid scaling:** Critical intervention for all programs and individuals is to accelerate and complete scale-up of 6- month dispensing of ART and decentralized distribution.
- **Clients initiating ART:** PEPFAR recommends that ALL PLHIV who are starting ART receive at least 3 but preferably 6 months of drugs.
- **Resource implications:** USG is considering the additional quantities that may need to be ordered to roll out 6MMD at a broader scale.

EXAMPLES OF DDD MODELS (I)

Private Hospital



Model: Full range of services (not exclusive to dispensing); uses existing infrastructure and HRH

Not recommended in light of COVID

Community/ retail Pharmacy



Model: Uses existing pharmacy infrastructure and HRH

With COVID modifications:
Introduce scheduled pick-ups to ensure social distancing. Could be combined w/ pharmacy in a box approach.

Pop-up Pharmacies



Model: Community-based, uses pop-up shipping containers, integrated with chronic/primary care.

With COVID modifications:
Configure pick-up window that minimizes contact with HCW.

EXAMPLES OF DDD MODELS (2)

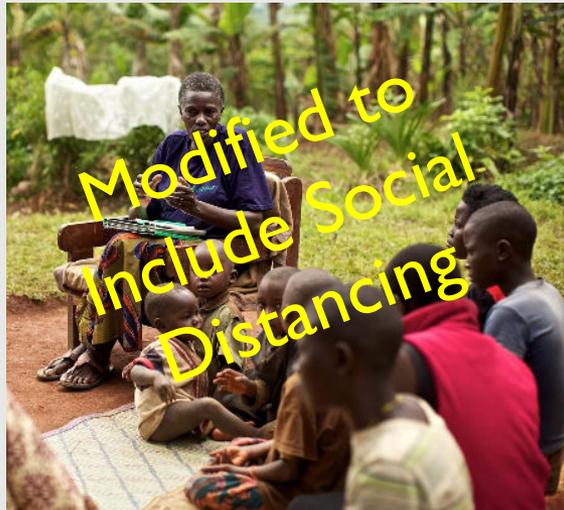
Automated Lockers



Model: Temperature controlled, automated w/ smart phone reminder system, tracks when client picks up medicine

With COVID modifications: With improved scheduling to minimize distancing and sanitizing regularly.

Community Pick-Up



Model: Can include adherence groups, FBOs, post offices, or KP one stop shops.

With COVID modifications: Stop group meetings, shift to scheduled pick-up times or combine with home delivery approach.

Home Delivery



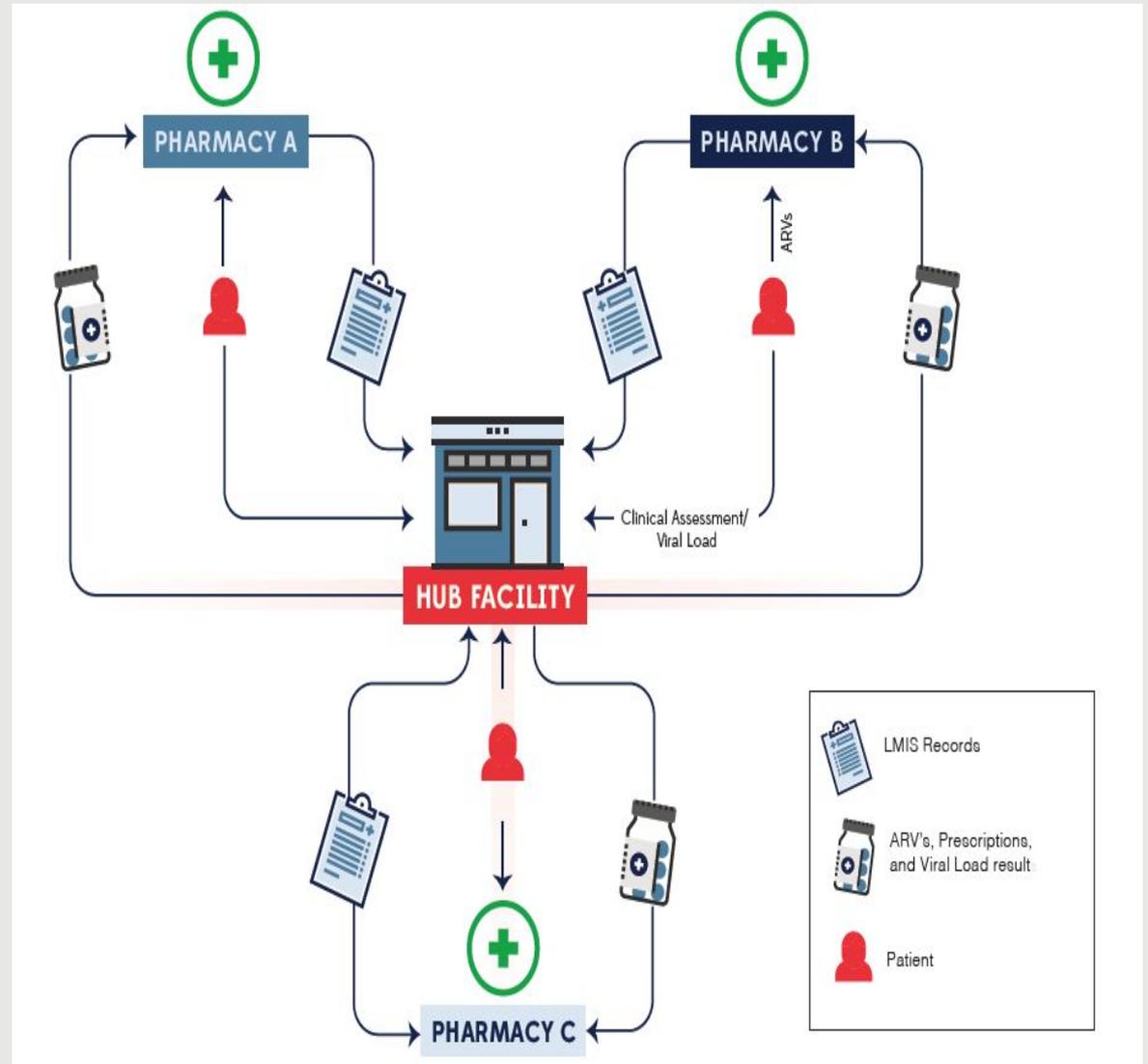
Model: Via peer, CHW, pharmacist or 3rd party distributor.

With COVID modifications: Retooling peer/club model for ARVs and other medicines that lower COVID risk (for diabetes, hypertension, etc).

NIGERIA'S COMMUNITY PHARMACY MODEL

Key Results

- 15,000 clients picking up at community pharmacies (CPs)
- 320 pharmacies enrolled
- 88% retention (vs. 73% non-CP)
- 100% viral suppressed (vs. 80% non-CP)
- Client load at decongested hospitals reduced by up to half (60 to 30 per day in one case)

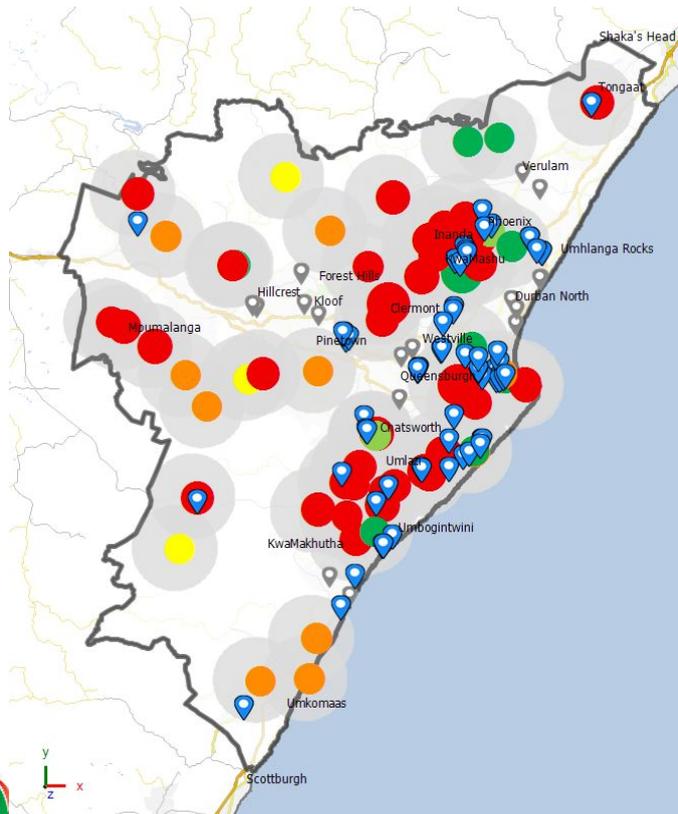


SOUTH AFRICA'S ALTERNATE PICK-UP POINTS

FY 2018

85 PuPs in eThekwini

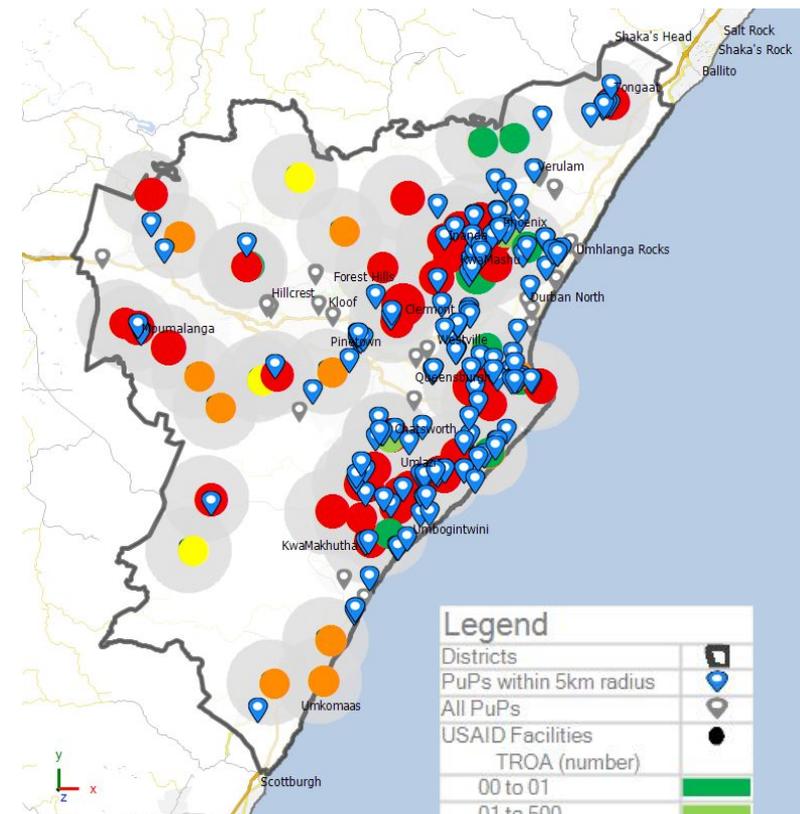
66 PuPs in 5km radius of USAID sites



FY 2019

182 PuPs in eThekweni

154 PuPs in 5km radius of USAID sites



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**FOR MORE
INFORMATION
PLEASE SEE:**

<https://www.fhi360.org/sites/default/files/media/documents/epic-project-strategic-guide-scale-up.pdf>



Meeting Targets and Maintaining Epidemic Control (EPIC) Project
COOPERATIVE AGREEMENT NO. 7200AA19CA00002

Decentralized Distribution of Antiretroviral Therapy through the Private Sector

**A STRATEGIC GUIDE FOR SCALE-UP
DECEMBER 2019**

USAID FROM THE AMERICAN PEOPLE
PEPFAR U.S. President's Emergency Plan for AIDS Relief
EpiC Meeting Targets and Maintaining Epidemic Control
fhi360 THE SCIENCE OF ANTIRETROVIRAL THERAPY

RECOMMENDATIONS FOR MITIGATING STOCK-OUTS

- Develop a central plan for the strategic rollout of MMD and DDD approaches in light of COVID-19
 - Considers stocks and supplies that are available
 - More frequent feedback loop between clinical and supply chain partners, given likelihood of disruptions
 - Pair with telemedicine consults where appropriate
- Ensure MMD and DDD pick-up sites are adequately supported
 - MMD rapid diagnostic (phone survey)
 - Public “hub site” to mentor new DDD pick-up points
 - Use of rapid-deploy technology (electronic data capture apps)

* Virtual support may be available for governments and clinical partners *

THANK YOU!

kbadiane@usaid.gov



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People Living with HIV: Access to Treatment During COVID-19

Stella Kentutsi

Executive Director, NAFOPHANU

April 7, 2020

Background

- Before COVID-19 set in, the Uganda Ministry of Health had drafted guidelines to support 6-MMD, pending dissemination
- With onset of COVID-19, people living with HIV have been affected in multiple ways, including their access to-life saving ART and longer refill duration
- The National Forum of People living with HIV/AIDS Networks in Uganda (NAFOPHANU), with coordination structures in 123 districts and 13 national level networks continues to make virtual contacts to ascertain how access to treatment and other services was/is
- Regions/districts are affected differently, with context-specific circumstances and locations, be it urban or rural

Access to HIV Treatment

- Differentiated Service Delivery Models: Community Drug Distribution Points (CDDPs) and Community Client Led ART Delivery (CCLADs) working well. New groups have been formed to ease access.
- Many ART facilities remain open. **Refills largely range from 1-3 months, few get 6 months**
- Several public health facilities and Implementing Partners have gone the extra mile to reach recipients of care, even with home deliveries
- Individual people living with HIV, not necessarily CCLAD leaders, are delivering ARVs and other supplies to peers
- Ministry of Health has provided guidelines to ensure uninterrupted comprehensive HIV services including ART supply during the lock down, even for individual not getting from the mother Health Center

Noticeable Gaps

- Long distances to refill centres, no public or private transport, no ambulances
- Some facilities do not give ARVs to presumably 'new' clients, those that do provide only 1-3 months supply
- No/limited protective gear (PPE) for health workers and PLHIV peers
- ART stock-outs (Lopinavir, Atazanavir) in several districts
- Staff absenteeism and closed facilities
- Hunger, especially in Northern Uganda. Not sure if PLHIV will be considered as a special group for food distribution points
- Stigma has affected people on ART who are not yet in any of the DSD models
- Concerns are: potential use of Lopinavir to treat COVID-19 as it could worsen stock outs

Critical Issues During- and Post-COVID periods

- Supply chain and issue of drug stocks. With uncertainty of when Uganda will be declared free of COVID 19, how ready is the country to supply ART, irrespective of which DSD model?
- Issues around drug resistance, unsuppressed viral load, AIDS illnesses, maternal mortality, HIV+ babies, hunger and starvation, stigma, emotional/mental, psycho-social support, rights violations, economic issues among others need to be included in phase one of reprogramming
- Combine biomedical with other behavioral and structural interventions. We need a holistic approach if we are to survive the staggering impact of COVID-19 on other lifelong chronic illnesses
- Support to PLHIV coordination structures to reach peers to mitigate the impact on access to lifelong treatment

Need for Reprogramming

- Integrate COVID-19 and other serious ongoing conditions, not to lose our already immune suppressed members of society; PLHIV on TPT, with NCDs, Hep. B+
- Supply chain is critical at this stage, fire fighting is not sustainable. We cannot afford stock out of ART, impact will be enormous
- Support to PLHIV structures to mitigate impact on access to treatment; community systems strengthening becomes paramount

Thank You



NAFOPHANU



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Maintaining the Continuity of HIV Services for PLHIV in the Context of COVID-19 Outbreak in Ethiopia

MOH-ETHIOPIA, DPCD-HIV Case Team
April 7, 2020

MOH-ETHIOPIA Response to Maintain HIV Care and Treatment Service Amid COVID-19 Outbreak

- COVID-19 will substantially affect fragile health systems and communities affected by HIV.
- MOH of Ethiopia upholds that prevention and rapid containment of COVID-19 is a priority in order to **reduce the impact on the provision of needed services** to PLWH and it is imperative to have **plans to ensure the continuity of care.**



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Anticipated Challenges

- Disruptions of critical supply chains (Shortage of drugs-ARVs, Others)
- Shortage of personal protective equipment's (PPE)
- HIV patients will be at increased risk of exposure to COVID 19 during follow up visits
- Disruption of HIV testing, care and treatment services
- Shortage of health care workers
- Shortage of transportation
- Overwhelmed medical facilities
- Inadequate awareness/ Unnecessary rumor in the community
- Misuse of certain ARVs



Ensuring Service Delivery in context of COVID-19 at health care facilities

- MOH has prepared **guidance to standardize national responses to control the spread of COVID 19 among PLHIV and healthcare workers** and to **mitigate potential consequences** of the COVID 19 Pandemic.
 - To **Maintain support** to individuals on ART while **minimizing their risk of exposure** to COVID-19.
 - To contain & mitigate the spread of COVID-19 in communities affected by HIV,
 - Properly **triage, and isolate** patients seeking care for acute respiratory illness
 - Minimize exposure of both **ART clients and staff** to patients with COVID-19

Activities to be Undertaken at Different level-MOH

- Provide **policy guidance on roles and responsibilities** for all levels of the health tier system and actors in maintaining the delivery of sustained quality HIV/AIDS services amid COVID19
- Develop and disseminate **contextualized messages** to prevent the acquisition/mitigation of consequences of COVID19 infection by /on clients and Health workers
- Issue guidance on **flexibility of working hours** and **virtual service delivery**
- Issue guidance on **daily tracking service availability**
- Submit orders for all commodities one month earlier than typical lead times would suggest.



Activities to be Undertaken-EPISA

- Monitor and analyze the existing stock status of all HIV and related commodities and speed up the distribution to respective health facilities
- Expedite all orders on pipeline and speed up the deliveries through all means.
- Ensure supply of commodities both for treatment and infection prevention interventions (E.g PPE).
- Initiate emergency procurement orders for any possible gaps that may arise
- Ensure all EPISA hubs are closely working with the regional health bureaus and health facilities for enhanced responses to related requests.



Activities to be Undertaken at RHBs level

- Cascade the guidance, support and monitor proper implantation at all facilities and community setups
- Dissemination of contextualized messages on prevention in collaboration with the national task force
- Work closely with EPSA hubs to ensure adequate supply of HIV commodities including ARVs at the health facilities
- Ensure daily service availability at the facilities



Activities to be Undertaken-Facility level

Strengthen existing DSD model and implement new DSD models

- Provide 6 Months' Multi-month Dispensing (6MMD) for all eligible stable patients for Appointment spacing model as per GL.
- Provide 3 Months Multi-month Dispensing (3MMD) for
 - PMTCT,
 - Pediatrics,
 - Newly identified HIV + clients,
 - Clients on second line ART
 - Those unstable clients with HVL and on EAC that doesn't seek admission
- Provide fast track ART refill model (FTAR) and community adherence groups (CAG) model for eligible patients.
- Considering family based refill in which those with other co-morbidities and age above 60 years can delegate other to collect the ARV on their behave.
- Flexible service delivery model and client centered services like early morning, weekends, and lunch time to reduce congestion at facilities
- Spacing of waiting seats and clinics



Activities to be Undertaken-Facility ...

- Ensure **all Clients are given the Health Facility (HF) phone number** (ART Clinic phone number should be clearly displayed) so that Clients can easily contact the HF e.g. to **plan for collection/delivery of medication**
- All Clients and ART providers who develop respiratory symptoms or flu -like symptoms (fever $\geq 38C$ + cough) should follow the **MOH guidance for seeking care**
- If a Clients or Health care provider with suspected, probable or confirmed COVID 19 infection has to come to the HF, he/she **should call ahead to notify the ART in-charge**, so they are aware and able to immediately separate the patient from other patients and immediately place a face mask on them.



Activities to be Undertaken-Facility...

- Triage any Clients or Healthcare providers who are unwell (flu like/ respiratory symptoms) to be **seen first and provide them with a face mask** immediately upon arrival
- All ART providers who are unwell/ill should take sick leave and stay home
- ART Providers and Clients should **practice frequent hand hygiene,**
- Health Providers should use the **necessary Personal Protective Equipment (PPE)**



Ensuring program monitoring and supply chain management in the Context of COVID-19

- MOH understands **contingency planning and prioritization** are needed for all aspects of the HIV program in the context of anticipated disruptions.
- MOH intends therefore to develop a plan for **routine monitoring of the program and communication with RHBs and implementing partners** in the face of service disruption.
- MOH will closely monitor the recommendations in **supply chain management** and will conform to the global recommendations
- The ministry will track the appropriate use of the ARVs as per the national guideline



Thank You



THE REPUBLIC OF UGANDA

Ministry of Health

COMPREHENSIVE HIV SERVICE DELIVERY IN THE FACE OF COVID 19 A UGANDA CASE

MOH/ACP

7th April 2020



Presentation outline

- ❑ Uganda COVID 19 Highlights
- ❑ Steps taken to control and manage the COVID 19 pandemic
- ❑ DSD in the context of COVID 19 pandemic
- ❑ Materials to share



Uganda COVID 19 Highlights (1)

- ❑ The cumulative total of COVID-19 confirmed cases reported in the country remains 52.
 - Recovered – 0
 - Deaths – 0

- ❑ 52 confirmed COVID 19 cases are in stable condition at the various treatment centres.
 - 1st case confirmed on 20th March 2020

- ❑ A cumulative samples tested – 3,160.

- ❑ Individuals under institutional quarantine – 657

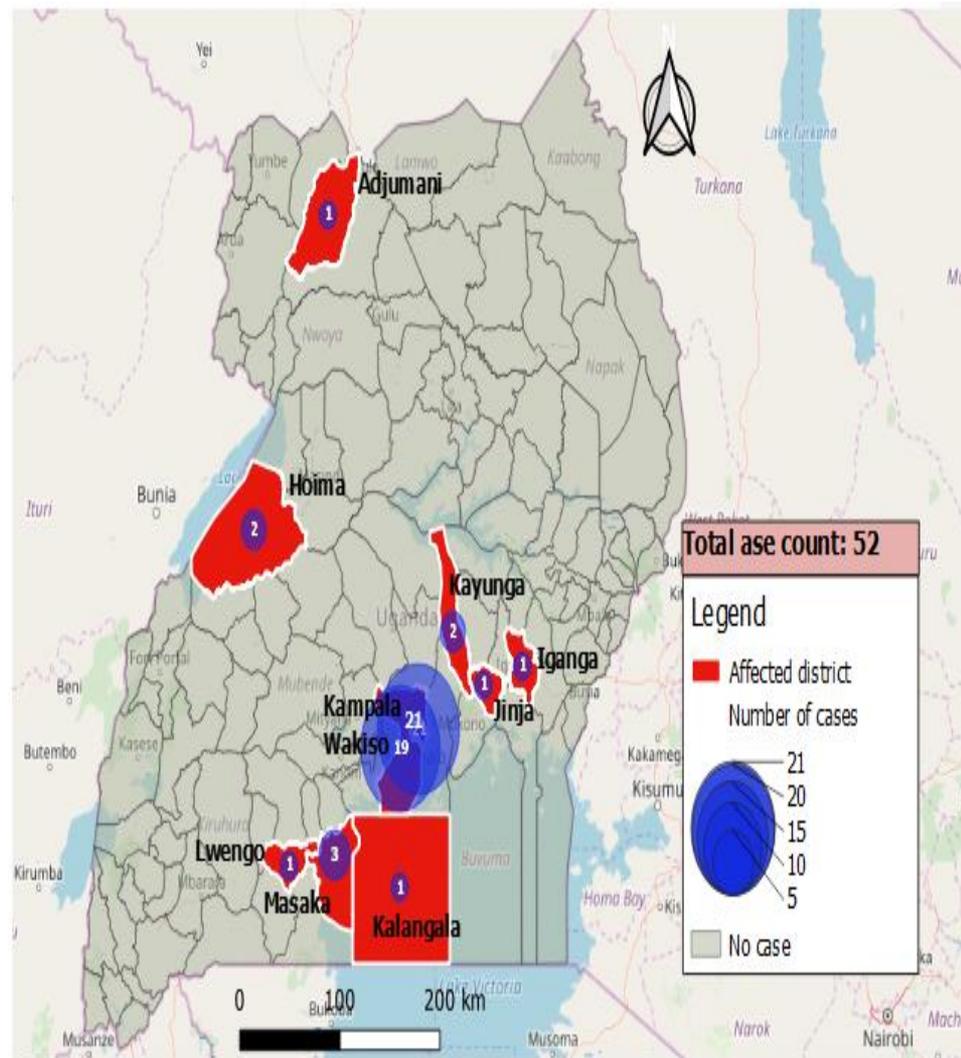
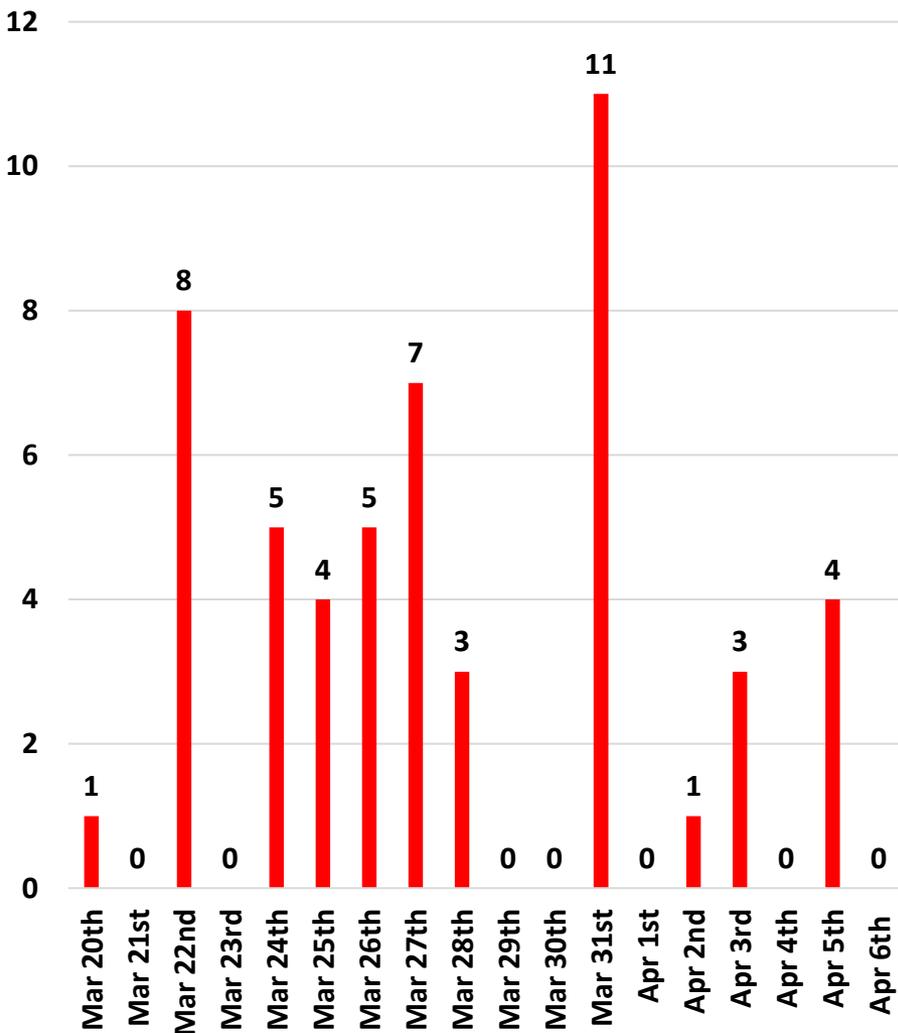
- ❑ Contacts to confirmed cases under follow up - 855



Uganda COVID 19 Highlights (2)

Trends in confirmed cases of COVID-19

Distribution of COVID 19 cases across the country by place of residence





Steps taken to control and manage the COVID 19 pandemic

- ❑ National Taskforce established
 - Developed communication materials and case management guidelines
- ❑ Presidential directives
 - Shutdown of public and private transport
 - Closure of businesses with exception of food markets, supermarkets, pharmacies
 - Exempted businesses to provide accommodation for their workers at the business premises or nearby
 - Gatherings of more than 5 people prohibited
- ❑ AIDS Control Program COVID 19 taskforce established
 - Developed COVID-19 Infection Prevention and Control guidance for HIV services delivery
 - Circular sent out
 - ACP scheduled several calls with all stakeholders to discuss the HIV service delivery guidance
 - ACP team coordinating ART service delivery including SPO-DSD



DSD in the context of COVID 19 pandemic (1)

- ❑ AIDS Control Program COVID 19 taskforce formed with the aim of developing guidelines aimed at;
 - Reducing crowding of clients at ART delivery points
 - Ensuring continued access to ART during the COVID-19 pandemic.

- ❑ Multi-month dispensing (MMD) of three to six months for all clients regardless of age and viral load.

- ❑ Community drug distribution (with strict adherence to IPC measures) through;
 - Community Drug Distribution Points (CDDPs)
 - Community Client Led ART Delivery (CCLADs).

- ❑ Clients far from their usual ART facilities can visit any nearby facility for their ARV refills.
 - Provided with 1month refill
 - Documenting, reporting and follow-up guidance developed



DSD in the context of COVID 19 pandemic (2)

- Monthly appointments and refills at the facility for the following however IPC measures should be adhered to.
 - The very sick
 - Pregnant mothers
 - Lactating mothers with babies below 6 months of age
 - The “visitors” or “walk-ins”
 - RoC on 2nd or 3rd line due to stock challenges

- Suspend all Facility Based Groups (FBGs) such as the Family support groups, Adolescent groups, teen clubs etc. until further notice.

- PLHIV networks engaged to support ART delivery to ROC



DSD in the context of COVID 19 pandemic (3)

Supply chain modifications

- National ware houses to deliver two cycles at the same time to support MMD
- Implementing Partners innovating to the deliver ARVs
 - Door to door using motorcycles
 - Setting up community drug distribution points
- Networks of PLHIV supporting delivery of ART to those unable to access them

Supply chain challenges

- Limited stock of 2nd and 3rd line supplies
- Documenting and reporting ARVs supplied to “visitors”
- How to prevent double dipping



Materials to share

1. COVID 19 case management guidelines
2. COVID 19 communication materials
3. COVID-19 Infection Prevention and Control guidance for HIV services delivery



Acknowledgements

- National Taskforce
- ACP COVID 19 taskforce
- IPs
- DHTs
- HCWs
- RoC
- Other contributors



THANKS FOR LISTENING



Questions
and
comments
are
welcome!!!