Adaptations to facility-based DSD models

CQUIN DSD and COVID-19 webinar series
April 14, 2020

- Please type your name, organization and email address in the chat box and select “All panelists and attendees”
  - If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number 😊
- Please ask questions to the panelists in the “Q&A”
CQUIN DSD and the COVID-19 response webinar series

- Tuesdays in April at 12N Abidjan/2PM Joburg/3PM Nairobi
- [https://cquin.icap.columbia.edu/cquin-covid-webinars/](https://cquin.icap.columbia.edu/cquin-covid-webinars/)
- Can access previous slides and recordings
  - 31 March: DSD & COVID-19
  - 7 April: ART supply chains and multi-month dispensing
- Next week – 21 April “Perspectives of recipients of care”
Housekeeping

1. Use the Q&A section to ask questions to all the panellists
2. Use the “chat” and select “All panellists and attendees” to discuss with the group and/or for any logistics challenges
3. Please note you are muted – so “raise your hand” if you would like to be unmuted
Two takeaway points

1. Many countries have declared a “state of disaster”

2. It is of paramount importance to reduce the risk of infection *both* among recipients of care AND health care workers
Today’s agenda

• Overview of facility preparedness and adaptations to facility-based DSD models - Lynne Wilkinson, DSD Consultant, IAS South Africa

• Adaptation to facility-based models: ART in the time of COVID-19 - Dr. Claire Keene, Project Medical Referent, MSF South Africa

• Experience from the field - Xoilswa Nxiba, Lay Counsellor, Khayelitsha

• Malawi Ministry of Health presenting guidance on adapting facility-based DSD models during COVID-19 - Dr. Bilaal Wilson, HIV Care and Treatment Senior Program Officer, MoH Malawi

• Response from recipient of care perspective - Lawrence Khonyongwa, Executive Director, MANET+

• Q&A, discussion and wrap up
Overview of facility preparedness and adaptations to facility-based DSD models

Lynne Wilkinson
DSD consultant
IAS South Africa
14 April 2020
Aims of appropriate infection control and triage at facilities

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<tr>
<td><strong>01</strong></td>
<td><strong>02</strong></td>
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<tr>
<td>Protect patients from SARS-CoV-2 infection</td>
<td>Protect healthcare workers from SARS-CoV-2 infection</td>
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<td><strong>03</strong></td>
<td><strong>04</strong></td>
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<tr>
<td>Allow health facilities to continue to deliver health services</td>
<td>Facilitate COVID-19 management incl. testing and referral</td>
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**THESE AIMS APPLY TO PEOPLE LIVING WITH HIV ATTENDING HEALTH FACILITIES DURING COVID-19 PANDEMIC**
Global guidance on IPC at health facilities

- There is A LOT of guidance, continually evolving and some very specific to high resource/hospital settings
- The following global guidance has been developed:
  - WHO: Maintaining-essential-health-services & WHO SARI facilities
  - CDC: SOP Triage to prevent transmission
- Primary health and district hospital facilities need practical “HOW TO” set up their facility guidance with
  - Visual examples
  - On-site mentoring support
How to prepare hospitals and clinics for ART service delivery during COVID-19

- Getting health facilities set up correctly is the first step to adapting ART service delivery
- ART patients should also be triaged after managed entry and sanitation into the facility
  - Those with COVID-19 symptoms need to be managed in a separate area with alternative service delivery approaches to those without COVID-19 symptoms (who could still have asymptomatic COVID-19)
How to prepare hospitals and clinics

<table>
<thead>
<tr>
<th>Components/stations</th>
<th>Zone</th>
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<tbody>
<tr>
<td>1 Single point of entry into facility premises</td>
<td>Yellow zone</td>
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<tr>
<td>2 Patient and HCW sanitation station</td>
<td>Yellow zone</td>
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<tr>
<td>3 1st Screening station</td>
<td>Yellow zone</td>
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<tr>
<td>4 2nd Screening station (also called chest clinic)</td>
<td>Orange zone</td>
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<tr>
<td>5 COVID-19 testing station</td>
<td>Orange zone</td>
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<td>6 HCW sanitation station at entry into routine services</td>
<td>Blue zone</td>
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<tr>
<td>7 Routine services for COVID-19 symptom negative patients</td>
<td>Blue zone</td>
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<tr>
<td>8 Facility station transfer and exit pathways</td>
<td>Takes colour from previous station</td>
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<tr>
<td>9 Emergency department – for patients with severe symptoms requiring in hospital evaluation</td>
<td>Orange zone</td>
</tr>
<tr>
<td>10 COVID-19 ward</td>
<td>Orange Zone</td>
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<tr>
<td>11 Non COVID-19 wards</td>
<td>Blue Zone</td>
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Possible adaptations for facility-based DSD models

COVID-19 symptom POS ART patients

Assessed and managed within separate designated area

PLHIV 1.5m apart + surgical mask

Severity of symptoms/need for COVID-19 testing

If coughing Investigate for TB

Patient contacted to return if TB diagnosed for TB management

Patient counselled to isolate, protect family members, contact facility by telephone/come back to facility if condition deteriorates.

ART clinical/rescript/VL: ART clinician comes to see patient with patient folder/lay HCW sent for rescript.

ART refill only: Lay HCW working in this area collects ART refill and brings it to ART patient.

Patient contacted to return if TB diagnosed for TB management.
Possible adaptations for facility-based DSD models

COVID-19 symptom NEG ART patients (could be asymptomatic)

- Shortest possible time at facility
- Fewest service points possible

- PLHIV queue 1.5m apart preferably outside – managed individually (NO group interactions)

- **ART clinical/rescript/VL:**
  - No need to attend registry/vitals
  - Folder already within clinician
  - If stable: enrol in out-of-facility DSD model
  - 6m script + longest ART refill possible

- **ART refill only:**
  - Can set up external refill collection point operated by lay HCW
  - OR
  - Fast lane pick up in facility building
  - For all PLHIV not only stable
  - Longest ART refill possible
THANK YOU & STAY SAFE
COVID-19 Primary care facility preparedness guide

COVID-19 hospital facility preparedness guide additions

Clinic posters for COVID-19 preparedness

Administrative and environmental hospital preparedness for COVID-19

Preparing a hospital for COVID-19 [video]
ART in the time of COVID
Adaptations to facility-based DSD models

Dr Claire Keene
Médecins Sans Frontières, Khayelitsha
14 April 2020
Khayelitsha, South Africa

- Total population: >500 000
- Large HIV burden: N= 48 231 on ART
- **DSD available**
  - Adherence clubs + specialized clubs (e.g. post natal clubs/ youth clubs)
  - Quick pick up
  - Male and youth services
  - 6 month refills (pilot 40 clubs)
  - Community ART initiation and management
- **N = 19 767 in Adherence Club model**
- 12 COVID-19 cases confirmed
  - Community screening and testing
  - National lock down extended: end April
  - Plateauing national numbers
DSD in Khayelitshasha during COVID

• Initial clinic response to COVID-19:
  – **Screen** all patients for symptoms prior to entry
  – **Non-urgent clinical consultations** minimized
    – Seen for minor ailments at triage
    – Folders reviewed before scheduled appointments
  – **Empty the facilities** in preparation
  – DoH proactive in guidance but facilities need practical support to implement

*Reduce contact to minimize COVID-19 risk* for patients + staff
Adherence Club adaptations

• Remove patient support component – **quick pick up**
  – Advice leaflets
• Move clubs **out of the facility** with spatial distancing
  – Gazebos outside facility
  – Community pick up points
• Redistribute **club dates** – 1 per day
• **Buddy**/ collection for multiple patients
• **Blood and clinical** visits combined and staggered
• Drop non-vaccination visits in **Post natal Clubs**

• Challenges
  – Small clinics: minimal space for social distancing
  – Going into winter weather
  – Systems in place to check blood results and contact patients
Home Delivery

- Pre-packed medication home delivery
- Eligibility:
  - Already receiving centrally-packed chronic medication
  - Contactable by phone
  - Expansion to ART

- Challenges
  - Contacting patients to let them know not to come to fetch medication
    - Airtime
    - Reaching patients
  - Logistics - drivers
Longer ART refills

- **4 month refills** – TLD only
- Shortage of TEE - requires switch
  - Need to *clinically review* patients
  - *Group information* sessions and consent to switch
  - Scripts valid **1 year** (previously 6 months)

**Challenges:**
- Staff need convincing and support (information and manpower)
- Pharmacy monitoring – dispense, follow up in 4 months time
Community care

- Outreach initiation and management of ART + include other services
- Challenges
  - High resource requirement per patient
Key considerations going forward

• **Effective ART** depends on adherence – don’t forget PLWH
  – Ensure patients maintain **access and quality** of HIV care
• Health system needs to support **adherence + reduce risk** of COVID-19
  – Expansion of adapted DSD models can facilitate this

• Focus on vulnerable groups at higher risk **for COVID and during COVID**
  – Patients who are struggling with ART (high VL/ not on ART)
  – Advanced HIV/ patients discharged from hospital
  – Patients co-infected with TB
Suggestions

• **Review patients now** while have capacity in order to reduce overwhelm in the near future
  - Support for clinicians: SOPs, translation of guidelines into practice
  - NB role of data systems and clerks

• **Consider alternative patient support** while maintaining social distancing
  - Clinical consultations + counselling - telephonic/ social media

• **Go one step further**
  - Recruit all stable patients into DSD models
  - Home delivery: add other services e.g. Family planning (Long-acting reversible contraceptives)/ condoms, flu vaccine, TPT
  - Longer refills: 6 months ART as supply allows + 4 months PrEP (for those already on PrEP)
  - High VL – leave in club (re-suppression better than if return to facility care)\(^1\)

• Clear message: services have changed + avoid double stigma
• People who don’t know their status will eventually need to be tested (OST) and initiated (same day, community initiation and ongoing management)

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1: Tali Cassidy\(^1,2\); Jonathan Euvrard\(^3\); Claire Keene\(^1\); Erin Roberts\(^4\); Rodd Gerstenhaber\(^1\); Andrew Boulle\(^1\); ART patients experiencing viraemia in adherence clubs: Is back-to-clinic always best? CROI 2020
Experience from the field

Xoliswa Nxiba

• Lay counsellor for the Welcome Service
Malawi Ministry of Health Guidance on adapting facility-based DSD during COVID-19

Dr Bilaal Wilson
HIV Care & Treatment Senior Program Officer
Ministry of Health, Malawi
COVID-19 in Malawi

- 31/12/2019, WHO gets alert from Wuhan (China).
- 12/03/2020, WHO declares the COVID-19 outbreak a pandemic.
- 20/03/2020, COVID-19 declared a national disaster in Malawi. Special committee formed
- 02/04/2020, Malawi registers its first case of COVID-19.
- 14/04/2020, 16 cases, 2 deaths
The evolving COVID-19 pandemic may affect HIV service delivery in Malawi over the next few months. The Department for HIV and AIDS is issuing the following recommendations for immediate action and preparedness. Updates will be circulated as new information becomes available.
Additional measures to reduce COVID-19 risk to patients and health workers

- Open clinics each day of the week. Where possible, serve patients immediately.
- Screen all patients before entering the facility for cough and fever. Provide a face mask to all clients with cough and fever. Investigate and manage them in a separate area as appropriate.
- Dispense 6 months of ARVs to patients on 13A, 15A, and 15P.
- Prioritize children who are not virally suppressed on 2P for switching to LPV/r-based 2nd line.
Essential HIV services during COVID-19 in Malawi

HIV services/interventions that are essential and must continue

1. ART, PMTCT and STI management.
2. Targeted viral load (VL) testing for patients with suspected failure or after an initial high VL.
3. Routine VL monitoring for children and pregnant or breastfeeding women.
4. Provider-initiated HIV testing for high-risk patients.
5. HIV-exposed infant follow-up clinic
Non-essential HIV services that should be suspended

HIV services that should be suspended until further notice
1. Voluntary medical male circumcision.
2. New initiation of Pre-exposure prophylaxis for HIV (PrEP) and TB Preventive Therapy (TPT)
3. Condom distribution to walk-in clients.
4. Routine scheduled viral load monitoring for stable adult patients.
5. Teen clubs and other patient support groups that involve gathering of people
6. Active tracing involving community visits.
Additional measures to reduce COVID-19 risk to patients and health workers

• Open clinics each day of the week. Where possible, serve patients immediately.

• Screen all patients before entering the facility for cough and fever. Provide a face mask to all clients with cough and investigate and manage them in a separate area as appropriate.

• Dispense 6 months of ARVs to patients on 13A, 15A and 15P.

• Prioritize children who are not virally suppressed on 2P for switching to LPV/r-based 2nd line.
Key adaptations to DSD models during COVID-19

1. Provision of support through virtual means instead of in-person teen clubs and other patient support groups

2. Revision of eligibility criteria for 6-month dispensation

Use the following criteria for 6 month dispensing:

i. At least 20kg body weight
ii. On ART for at least 3 months, on current ART regimen for at least 1 month
iii. No current severe ARV side effects, no opportunistic infections
iv. Adherence problems are not an absolute contra-indication
v. Suppressed VL in the last 6 months is not required
vi. Pregnant women should be given 3- instead of 6-month appointment.
Lessons learnt/advice to other countries

• Multiple aspects of the COVID 19 preventive measures and how it can affect HIV treatment adherence.

• Need for continued monitoring and updating HIV service provision guidance based on the status of the COVID 19.

• Need to support facilities and HCWs with PPE.

• Need for local capacity building in managing complicated HIV cases.
Next steps

1. Keep supporting HCWs remotely
2. Monitor COVID 19 situation and issue guidance on HIV services provision accordingly.
3. Figure out HIV services provision modalities in an event of lock down.
4. Act proactively during the COVID 19 pandemic to sustain the gains of HIV interventions towards HIV epidemic control.
Response from the recipient of care perspective

Lawrence Khonyongwa
Executive Director
Malawi Network of People living with HIV (MANET+)
Introduction

- On 20<sup>th</sup> March 2020, The government of Malawi declared Malawi a state of National Disaster due to COVID-19 pandemic
- The Ministry of Health issued COVID-19 guidance for HIV services
- The participation of people living with HIV, of PLHIV in these decisions has been minimal.
- The experience to date shows behavior change at facility based ART service centers but with challenges in communities.
Experiences of recipients of care and ART collection (1)

The Recipients of Care whose ART collection period has fallen during the COVID-19 era are observing the guidelines at facilities as follows:

- Hand washing
- Maintaining social distance
- Cough etiquette
- Sanitizing

However, there are challenges in observing these rules and regulations when they are in their communities.
3 monthly and 6 monthly ART refills are helping in reducing congestion in clinics
- PLHIV welcome the 6 monthly refill

Because of reduced congestion, service provision at clinics has improved in terms of time and one on one contact

Support groups of people living with HIV continue to meet although default tracing has been suspended to minimize the spreading of COVID-19
Challenges at community level

• There is a problem in observing social distancing in the communities
  • e.g. markets, in buses etc.

• Although schools were closed, we now have a problem in villages where it is difficult to manage the children

• The availability of water is a persistent problem to most communities and its use is already limited
What has been done so far

- Community dialogue sessions on COVID-19
- Dissemination of information to Roc although the current efforts are not adequate due to resource constraints
- Participating in several WhatsApp groups to get more information
- Encouraging PLHIV to continue treatment and positive living
- Encouraging vigilance in linking to testing and care for those that may potentially infected. People that have just come from other countries with COVID-19
Myths and beliefs

• “People that are on ART and are adhering to treatment are immune to COVID-19”
• “COVID-19 does not affect people living in countries of hot climate”
• “Coronavirus cannot affect black people because they have some immunity”
• “People that have been treated with Chloroquine can not be infected with Coronavirus”
Discussion and Q&A
Thank you

- Details of the past and future webinars in this series can be found at https://cquin.icap.columbia.edu/cquin-covid-webinars/
- Same time next Tuesday for “Perspectives from recipients of care” hosted by ITPC
- DSD & COVID-19 resources:
  - bit.ly/DSDCOVID
  - https://cquin.icap.columbia.edu/network-focus-areas/covid-19/
  - http://itpcglobal.org/resources/