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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Interim Guidance for management of People Living with HIV (PLHIV) in the context of COVID-19 Outbreak in Ethiopia

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MINISTRY OF HEALTH

Background

COVID-19 poses a significant risk to countries with fragile health systems and disease surveillance capabilities. Individuals living with HIV, especially those with co-morbid conditions and/or advanced HIV disease may be at greater risk for COVID-19 related complications. The World Health Organization (WHO) has declared COVID-19 a pandemic and it should be assumed that Most African countries will be impacted by COVID-19 disease.

Therefore, it is imperative to have plans and guidance to ensure the continuity of care of individuals living with HIV in the phase of additional demands arising from COVID-19 screening and treatment. The FMOH 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 people living with HIV.

The clinical course of COVID-19 in People Living with HIV (PLHIV) is not well understood yet. However, in other countries experiencing COVID-19 outbreaks, persons with immunocompromising medical conditions like diabetes or cancer appear to have higher occurrence of severe disease and mortality. It is likely that PLHIV will also experience more severe manifestations of COVID-19.

In order to ensure the health of PLHIV in Ethiopia, the FMOH has prepared this guidance to standardize national responses to control the spread of COVID 19 among PLHIV and healthcare workers by minimize patient contact with health facilities, reduce the burden on these facilities and to mitigate potential consequences of the COVID 19 Pandemic in the country.

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
- Disruption of travel
- 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

Plans that maintain support to individuals on ART while minimizing their risk of exposure to COVID-19 should be developed. Exposure of both clients and staff to health care facilities caring for patients with COVID-19 should be minimized wherever possible. To contain and mitigate the spread of COVID-19 in communities affected by HIV, Programs should promote policies and procedures that properly triage, and isolate patients seeking care for acute respiratory illness and minimize exposure of both ART clients and staff to patients with COVID-19. Details are depicted in the section “activities to be undertaken at different level”

Ensuring community service delivery in the Context of COVID-19

Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission

- Know the signs and symptoms of COVID-19 and what to do if symptomatic
 - Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily)
 - Establish ways to communicate with others (e.g., family, friends, co-workers).
 - Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events.
- Strengthen community services for HIV treatment including health care worker managed community DSD models and PLHIV group managed DSD models to deliver ARTs at community sites

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

The FMOH understands contingency planning and prioritization are needed for all aspects of the HIV program monitoring in the context of anticipated disruptions. FMOH 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 due to COVID 19. .

As witnessed during the country's years of comprehensive response to the HIV epidemics HIV programs need to be built on a foundation of continuous planning, monitoring, review, iteration, and implementation. Delivering programs in the context of COVID-19 will continue this tradition, with regular reviews prompting consideration and adoption of new ways of doing business and supporting clients living with HIV to continue successful lifelong treatment for HIV and its comorbidities.

FMOH with PEPFAR partners will consider relevant determinations that are suitable for implementing partner organizations based on principles of continuing client-centered treatment for persons living with HIV, reducing the risk of staff of COVID-19 acquisition, and reducing the risk of COVID-19 transmission from potentially infected partner staff to immunosuppressed persons visiting health facilities.

Ensuring commodity procurement and supply chain in the context of COVID-19

The Ministry has learned that COVID-19 is having an impact on both global manufacturing and logistics of HIV and other health commodities (e.g., pharmaceuticals, laboratory, rapid test kits, and other health commodities). The ministry is also aware that COVID-19-related supply chain delays or pricing increases are being tracked globally by PEPFAR, WHO, and the Global Fund, and that will be communicated to countries as they arise.

In line with this the FMOH will closely monitor the recommendations in supply chain management and will conform to the global recommendations. Contingency planning is critical to ensure the supply chain and human resources for health are well equipped to avoid severe disruption to service continuity.

In addition, as there is recommendation to put more patients on 6MMD or 3MMD, there may be additional commodity needed.

Context of COVID-19 regarding potential diversion of ARVs intended for HIV treatment

In tandem with the global findings that:

- There is no evidence that Dolutegravir (DTG) and Efavirenz (EFV)-based HIV treatment regimens, which account for greater than 90 percent of all ART in PEPFAR-supported program, have any use in treating COVID-19 infections.
- There is no evidence at present supporting efficacy of Lopinavir/ritonavir.

Accordingly, the ministry will track the appropriate use of the ARVs as per the national guideline.

Activities to be undertaken at Different Level:

Communication strategies in the context of COVID 19: A communication strategy, aligned with the ministry of health, will need to be developed to disseminate COVID-19 risk mitigation messaging (including messages tailored to the specific needs of people living with HIV) through existing PEPFAR supported communication platforms.

1. FMOH

- Provide policy and guidance on roles and responsibilities for all levels of the health tier system actors in maintaining the delivery of sustained quality HIV/AIDS services amidst the COVID19 Outbreak
- Develop and disseminate contextualized messages to prevent the acquisition/mitigation of consequences of COVID19 infection by /on clients and Health workers
- Work with different multilateral organizations to Ensure supply of commodities both for treatment and monitoring of clients in care (HIV commodities) as well as infection prevention interventions (E.g PPE).
- Provide guidance on health facilities and community level infection control measures
- Issue guidance on human resource handling when healthcare workers acquire the infection
- Issue guidance on flexibility of working hours and virtual service delivery
- Issue guidance on daily tracking of service availability

2. EPSA

- Monitor and analyze the existing stock status of all HIV and related commodities and speed up the distribution of same to respective health facilities so that the MMD (both ASM and FTAR) needs will be fully addressed.
- Expedite all orders on pipeline and speed up the deliveries through all means.
- Ensure supply of commodities both for treatment and monitoring of clients in care (HIV commodities) as well as infection prevention interventions (E.g PPE).
- Initiate emergency procurement orders for any possible gaps that may arise

- Ensure all EPSA hubs are on board and closely working with the regional health bureaus and health facilities for adequate supply and ready to respond accordingly for enhanced responses to related requests.

3. Regional Health Bureau

- 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

4. Facility Level

- Health facilities should have an individualized plan for health care Infection control in the face of COVID outbreak
- 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 $\geq 38^{\circ}\text{C}$ + 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.
- 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, including:
 - Before and after patient care,
 - When encountering secretions,
 - Before eating and after using the toilet.

- To facilitate this, HF's must ensure access to clean water and soap for hand washing (at least 20 seconds) or provide adequate supply of $\geq 60\%$ alcohol-based sanitizer (NB: sanitizer can be made by HF staff once provided with necessary ingredients).
- Health Providers should use the necessary Personal Protective Equipment (PPE) for all staff e.g., gloves and face masks. If Clients is suspected of having COVID-19, a gown and goggles should be used in addition to gloves and medical face mask (where feasible). **Face mask and gloves are most important PPE.**
- Maintain infection prevention standards in the ART by sanitizing all surfaces e.g. with hypochlorite per MOH guidelines.
- Inform MOH, relevant authorities and IPs in case of any suspected COVID-19 case in ART patients. Documenting the clinical course of COVID-19 in PLWH is important to inform optimal care.
- Adhere to FMOH guidance on ART prescribing:
 1. Provide 6 Months' Multi-month Dispensing (6MMD) for patients eligible for Appointment spacing model,
 2. Provide 3 Months Multi-month Dispensing (3MMD) for
 - PMTCT,
 - Pediatrics,
 - Newly identified clients,
 - Clients on second line ART and
 - Those unstable clients with HVL and on EAC that doesn't seek admission
 3. Provide fast track ART refill model (FTAR) for eligible patients
 4. Where feasible, clients can have their ART delivered to them through community Implementing partners at home to increase continuity of ART and decrease the need for health facility visits.
 5. Considering family based refill (if there are more than one family member on ART, one of them can collect for all the other family members on treatment)but the index case should contact ART provider through phone call).

6. PLHIVs, especially those with other co-morbidities and age above 60 years can delegate someone else who is younger and well oriented on prevention measures to collect the ARV on their behave.
7. Flexible service delivery model and client centered services should be encouraged
8. At high load ART sites with multiple ART clinics, interventions like spacing of waiting seats and clinics should be implemented
9. Introducing flexible and extended service hours including weekends, staggering clinical appointments to avoid crowding, and avoiding multiple points of contact between PLHIV and health care workers.

5. Implementing partners

- In line with the above guidance partners need to make determinations that are suitable for their organizations based on principles of continuing client-centered treatment for persons living with HIV, reducing the risk to partner staff of COVID-19 acquisition, and reducing the risk of COVID-19 transmission from potentially infected partner staff to immunosuppressed persons visiting health facilities.
- Work with MOH on developing guidance regarding COVID 19 control
- Should work with MOH to ensure existing policies support approaches to ensure ART continuity, or consider new policies or limited waivers, as needed

Annex: The current WHO case definition for COVID-19:

COVID-19 Case definitions for surveillance

The case definitions are based on current information and will be revised as new information is collected. Countries may need to adapt case definitions depending on their own epidemiological situation.

1. Suspected case

A suspected case is:

- A. A patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset (for updated reporting, see the situation reports at <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports/>);

OR

- B. A patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms (see the definition of contact below);

OR

- C. A patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

2. Probable case

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.

3. Confirmed case

A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.