Differentiated Service Delivery and COVID-19

Updates on policy and practice adaptations from Eswatini and Liberia

April 28, 2020

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• If you would like to join the CQUIN-COVID WhatsApp group, please also add your telephone number 😊
Agenda

• **Dr. Hervé Kambale**, DSD Technical Advisor, National AIDS Program, Eswatini

• **Dr. Jeremie Ndala**, Medical Officer, Mbabane Government Hospital, ART Unit, Eswatini

• **Ms. Nompilo Gwebu**, the National APS Coordinator for the National AIDS Program, Eswatini

• **Dr. Michael Odo** TB and HIV Prevention, Care and Treatment Specialist, National AIDS Control Program, Liberia

• **Dr. Nenyarker Vaye**, Infectious Disease Specialist, JFK Memorial Hospital, Monrovia, Liberia

• **Mr. Fulfuay Musa**, Program Manager, Liberia Network of People Living with HIV
Eswatini Care Adaptations during COVID-19 Outbreak

Dr Herve Kambale
National DSD Coordinator
MOH-SNAP
On 17 March 2020, His Majesty King Mswati III declared:
- COVID-19 declared as public health Emergency
- Instauration of the country’s lockdown, except for essential services.

2,035 HCWs were trained on COVID-19, including 85 Regional Facilitators

Development of COVID-19 management guides and IEC materials

Baseline readiness assessment of health facilities conducted between 25th March and 2nd April 2020
Rational to implement change

Risk from traveling to health facility
- Reduce need to take public transport
- Increase access to commodities during lockdown situation

Patient Volume at Health Facility
- Decongest facilities
- Reduce risk of community transmission from visiting health facilities

Community-Level Considerations
- Integrated solution
- Reduce stigma and increase chances of delivery service uptake

Overarching aim is to reduce COVID-19 exposure for people at higher risk of severe COVID-19 manifestation, including:
- Any PLHIV groups that are non-virally suppressed
- TB clients
- Patients with underlying conditions such as diabetes and hypertension.
Key Policy Changes

Policies have been modified with the aim to Reduce Recipients of Care Exposure and Risk of contracting COVID-19. Clients have been more actively enrolled into MMD.

The objectives of the policy changes are:

- To get almost all ART clients on multiple months refills:
  - Target for TLD 6 MMD: 20,000 Clients
  - Target for TLE 6 MMD: 20,000 Clients
  - Children and Adolescents aged less than 17 years should receive 3 MMD
  - Clients on Second line ART regimen should receive 3-6 MMD
  - Newly ART initiation should receive 3 MMD
  - Pregnant & Lactating Women on ART should receive 3 MMD / their refills should be aligned with ANC visits

- To advise facilities to adopt MMD (2-3 months) for TPT, NCDs, and TB whenever they have enough stocks.

Example of 6MMD scale-up in the Manzini Region:

- Number of clients on 6MMD by March 2020: **2,922**
- Number of clients enrolled on 6MMD in April 2020: **450**
## Changes made to Guidelines and Practices

### Facility and Community Group Models

- Teen Clubs have been suspended, Children are given 3MMD, adolescent > 17 years old: 6MMD
- CAGs: Community meetings have been suspended, activities are limited to drugs distribution

### Facility and Community Individual Models

- All clients are now receiving 6 months refill
- Plan to implement community ART distribution, includes TPT, TB, NCDs.

Planned Activities will involve:
- Mapping out distribution sites within catchment area
- Commodities distribution to different locations in communities on a bi-weekly or monthly basis
- Consideration of “visitors” (RoCs who are not able to reach facility where they usually attend)
Country’s Resources and Priority Questions

• Country’s resources on COVID-19:
  o COVID-19 Management Guidelines and Protocols
  o Concept note for Community Commodities Distribution
  o SOPs for Home Isolation for Suspected or Confirmed COVID-19 Clients

• Priority Questions with regards to HIV and COVID-19:
  o Effect of COVID-19 on recipient of care’s adherence to ART
  o Trend of “Missed appointments” during COVID-19 period
  o Effect of the Global Lockdown due to COVID-19 on the country’s supply chain
  o COVID-19 management outcome for patients who are concurrently taking ART
Coronavirus (COVID-19) Case Definition in the context of Eswatini

BACKGROUND

It has been noted that Eswatini has an established local transmission of Coronavirus infection and the emphasis on the travel history is no longer adequate in defining a suspect case. It is for that reason, that the suspect case definition has been reviewed and changed to accommodate the local transmission reality. It is worth mentioning that Covid-19 virus is an evolving disease condition, hence alterations and addition are inevitable both in the theory as well as the approach.

Suspect Case

A patient with acute respiratory illness (e.g fever, cough, shortness of breath, sore throat) AND in the absence of an alternative diagnosis that fully explains the clinical presentation; regardless of a history of travelling or contact with a confirmed case.

Probable Case

A. A suspect case for whom testing for covid-19 virus is inconclusive. Inconclusive being the result of a test reported by the laboratory.
B. A suspect case for whom testing could not be performed for any reason

Confirmed Case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
Mbabane ART Unit
COVID-19 Experience

Dr. Jeremie T. Ndala
MD,PDM HIV Management
Mbabane Government Hospital
Background

- The Mbabane Government Hospital is located in the Mbabane West Inkhundla, and the facility serves a population of approximately 23,489.

- The facility also serves as the National referral facility for all clinics, health centers and regional referral hospitals, and offers both Out and Inpatients services with a bed capacity of 500 beds.

- The ART unit offers activities ranging from Testing, Prevention to Treatment and Care with approximately 10,500 clients currently on ART. The average number of clients seen per day is about 300.

- The Unit also serves as a Mother facility to 15 clinics in the Mbabane Cluster.

- Differentiated Services delivery models offered:
  - Fast track
  - Teen Clubs
  - CAGs
  - Morning refills
  - Clubs for Clients with co-morbidities: NCDs (still finalizing the SOP)
Implemented Changes because of COVID 19

These Changes have been put in place to protect patients and HCWs

- Clients are being triaged by the gate by ECs, where they can also wash their hands using running water
- All clients are being screened for both COVID-19 and TB symptoms by Nurse, and Cough Officers before they join the line to access ART services.
- The facility has adapted a screening tool for Covid-19 from the National screening tool
- Clients are encouraged to respect the social distancing (at least 1 meter apart) as they join the line, and only fifty (50) clients are allowed to enter the waiting area.
- Only clients who have screened positive to either COVID-19 or TB will be provided with a mask, but all HCWs are wearing masks.

**SCREENING TOOL**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>NAME:</th>
<th>TEMP</th>
<th>M/F</th>
<th>TICKET NO.</th>
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1. Have you been in contact with anyone confirmed or probable COVID 19? (I.e. same house/Work or within 1 meter or dealing with a laboratory specimen of an infected person)
   - Yes
   - No
2. Have you travelled outside the country in last 14 days?
   - Yes
   - No
3. Are you a health care worker who has been working with those with severe acute respiratory infections of unknown cause? Yes
   - No
4. Do you have any of the symptoms below:
   - New cough?
   - Yes
   - No
   - Fever?
   - Yes
   - No
   - Sore throat?
   - Yes
   - No
   - Shortness of breath/difficulty in breathing?
   - Yes
   - No

**ASSESSMENT:**

- COVID SUSPECT:
  - Yes
  - No
- POSSIBLE COVID EXPOSURE:
  - Yes
  - No
- OTHER RESPIRATORY INFECTION:
  - Yes
  - No
- NO COVID EXPOSURE:
  - Yes
  - No

If COVID SUSPECT/POSSIBLE EXPOSURE give patient a mask and refer to holding area immediately for further evaluation holding area at TB Screening in OPD

If NO COVID EXPOSURE/OTHER INFECTIONS reassure patient and counsel on IPC measures (hand washing, cough etiquette) and social distancing
Implemented changes for DSD models

• Strategies putted in place to make Fast Track and Early Morning Refills Quick
  ▪ Number of Expert Clients and Data Clerks have been increased to speed up files retrieval and pill count
  ▪ All clinicians are assisting with drugs refills and documentation
• The facility is also implementing extended working hours, starting from 5:00 in the morning to 5 PM.
• DSD group models have also been modified as follow:
  ▪ Teen clubs have been suspended. Teens and Children were divided in sub-groups and called on different days and were given 3 months refills.
  ▪ CAGs meeting have also been suspended. Community interactions are limited to drug distribution
As recommended by the Ministry of Health, the facility is currently scaling up multiple months scripting and dispensing for eligible recipients of care

- All eligible clients on 1st line TLE/TLD are being prescribed and dispensed up to 6 months supply
- As of now we stand at up to 976 clients on 6 months refills, the target permitted by the ARVs stock is 1,030 (This target will be increased if the country receive additional stock of TLD). A noticeable reduction of the workload has been observed at the ART Unit.
- All stable clients on 2nd line DTG-based regimen are being dispensed 3 months refill, this include those on ATVr/LPVr based regimens (Internal arrangements).
- Clients with co-morbidities receive 3 months of NCDs medicines
- Clients who are eligible for TPT/CTX are being dispensed 3 months supply (including those on Fluconazole).

There is no change to the ARV Supply system, but scale up of multiple months refills have been slowed down because of concerns related to stock availability.
Getting to Zero (Time to act now) ....
Response from the recipient of care community

Nompilo Gwebu National APS Coordinator for the National AIDS Program, Eswatini
HIV Care and Treatment in the Phase of COVID-19

LIBERIA

Michael Odey Odo MB;BCH; MSc; MPH
TB and HIV Prevention, Care and Treatment Specialist
Confirmed COVID-19 (March 12 – April 17, 2020)

HCWs: 223 contacts; 18 confirmed cases

Number of Cases

Number of Deaths

Reporting Date

Most COVID Cases are in Montserado where 70% of PLHIVs on ART reside.
Biggest concentration in central Monrovia
National Response

• National and county case and contact management task forces
  • Works closely with national Ref lab and treatment centre
  • Reports to a presidential COVID committee
  • Liberia has drawn a lot of lessons from the days of Ebola

• General promotion of handwashing and cough/sneezing etiquettes

• Strategic lockdown to restrict intra- and inter-county movements

• Liberia Telecommunication Authority (LTA) engaged mobile operators
GUIDANCE FOR ART CLINICS

Strengthen infection prevention etiquettes:
- Handwashing at entry of all clinics
- Physical distancing
  - makeshift waiting area provide to support
- Use of face mask by clinic attendees
- PPE for HCWs

Re-organization of the clinic flow- uni-directional
Advance MMD to 3 and 6 months based on stock levels
- NACP has remobilized top up ARV stocks
- 6-MMD SOPs planned to be scaled up
MMD in ART

- 3-monthly MMD is standard of practice for stable RoC
  - FTR generally introduced
  - VL campaign affected in some facilities.

- Regimen transition to TLD caused fluctuation in 3-monthly quantification

- Liberia has adopted and moving forward with 6-monthly MMD in high volume facilities
  - 6-MMD and nurse-led community dispensing was also randomly authorized due to COVID, based on commodity availability and staff time.
  - There is no MMD for any other disease program
Priority Questions: COVID and HIV

• Impact of COVID on missed appointment, LTFU and retention in ART
  • Increase in missed appointments (curfew, transportation cost, fear of infection)

• Perception and psychosocial impact of COVID on PLHIV on ART and how it affects care and treatment
  • Impact of stay home on mental health, nutrition

• Co-infection rates of COVID and HIV-
  • ART – (currently, one defaulter ART RoC is co-infected with ART)
  • non-ART
  • KPLHIV

• Screening for HIV as well as other illnesses now being included in COVID-19 management protocol
Thank you
CQUIN-COVID Webinar

Nenyarker A.F. Vaye MD
Resident, Internal Medicine
John F. Kennedy Medical Center
April 28, 2020
About JFKMC

• Founded in 1971, the JFKMC is Liberia’s number one (1) national referral and teaching hospital, located in Sinkor, Monrovia

• Patients from all parts of Liberia are brought to our facility for care. But to be specific, most patients are from in and around central Monrovia.

• The number of patients on ART at our facility is 2,111

• Before the pandemic, we saw about 100 patients per day. Now we see only 45-50 patients per day.
About JFKMC Con’t

• To prepare for COVID, the hospital added tents and extra benches to ensure physical distancing.
• Triage is done (5 patients at a time) and there’s screening for COVID using a basic Q&A card.
• All HCW are fully equipped with the necessary PPEs.
• We don’t provide our pts with PPEs because we don’t have enough available to ourselves, but if we had the resources, we would give them the necessary protective gear.
Images Of HCW in their PPE and Triage form
Fast Track

- Patients who have been on ARTs for a long time, are adherent to their meds, have a suppressed viral load, and are clinically stable, do not need to go through the routine protocol (to be seen or examined by a medical Dr.) and queue at the facility.

- When these patients present cards at the facility, their medicine can be dispensed as quickly as possible and they are fast tracked out of the facility.
Multi-Month-Dispensing (MDD)

• To reduce the number of inpatient visit to the facility during the pandemic, we have been practicing MMD for patients who have been in care for approximately 3-6 months, are adherent to the meds, stable and are virally suppressed.

• For those who have recently been initiated on ARTs, meds are dispensed on a monthly basis so that we are able to do a regular check up and make sure they are adherent to their meds. We have also been doing same for patients with NCDs.
Group Models

• We have stopped all group models. No meetings, no group counseling. Patients are seen only one at a time.

• To decongest the ART clinic and limit the exposure of HCWs to COVID-19, staffs have been limited to only three(3) persons per clinic day and only three(3) working days per week.

• We have been supplied with ARTs by NACP and so far we have enough drugs to carry out the COVID 19 response strategy.
THANKS FOR YOUR ATTENTION
Response from the recipient of care community

Fulfuay Musa, Program Manager, Liberia Network of People Living with HIV