

Differentiated Service Delivery and COVID-19

Updates on policy and practice adaptations
from Sierra Leone and Zambia

May 12, 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 😊
- Please ask questions to panelists in the Q&A box

Panelists & Agenda

- **Dr. Alren Vandy**, ART Coordinator, Ministry of Health, Sierra Leone
- **Dr. John Stevens Mbeteh**, Medical Officer, AIDS Healthcare Foundation, Sierra Leone
- **Mr. Idrissa Songo**, Executive Director, NETHIPS, Sierra Leone
- **Dr. Priscilla Lumano-Mulenga**, Technical Advisor to the ART Program, Ministry of Health, Zambia
- **Dr. Khoyza Zyambo**, Pediatrician, ART, Ministry of Health, Zambia
- **Mr. Fred Chungu**, Executive Director, Network of Zambian People Living with HIV and AIDS



Sierra Leone DSD Practice Adaptations during COVID-19

*Dr Alren O. Vandy, MD.MPH
National ART Coordinator, DSD Coordinator
NACP/MOHS*



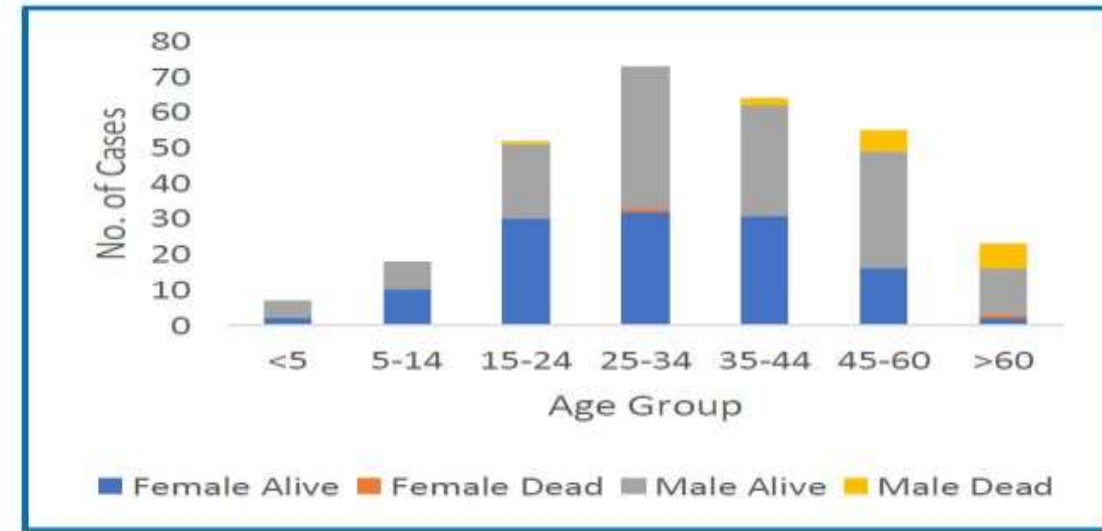
Presentation Overview

- COVID-19 burden in Sierra Leone
- Prioritized DSD implementation in Sierra Leone
- DSD implementation during COVID-19
- Best practices
- Challenges / Priority questions

COVID-19 burden in Sierra Leone

- Since the first case of COVID-19 on 31st March, 2020, the magnitude of the outbreak has increased and the outbreak has spread to **ten** out of sixteen district .
- The capital city (**Freetown/Western Area Urban**) is the epicenter of the outbreak with 221 (71.9%) cases .
- Cumulative (as of 10/05/2020)
 - **Confirmed – 307**
 - **Recoveries - 67**
 - **Deaths – 18**

Case Fatality Rate (%) – **5.9%**



Age-Sex Distribution and Outcome of COVID-19 Cases



Age-Specific Case Fatality Rates



Prioritized DSD Implementation in Sierra Leone

- **Standard categories**
 - Well RoC
 - Advanced HIV Disease
 - Stable RoC
 - Facility and Community Models
 - Unstable RoC
- **Special populations**
 - Family Centered Care
 - Adolescents
 - P&BFW
 - Men
 - VIP / Working class DSDM

Sierra Leone has fast-tracked the implementation of DSD due to COVID-19.

However, the standard eligibility criteria for all models has been modified to reduce clinic attendance and drug refills whilst reducing exposure and risk of COVID-19.



DSD Implementation during COVID-19

Facility DSD Model

All clients + Newly Initiated on ART

- Monthly or 3MMD (depending on clinical assessment)
- **Fast track (for continuing RoC)**

Pregnant women on ART

- 3MMD according to ANC Visit Schedule

Children ART

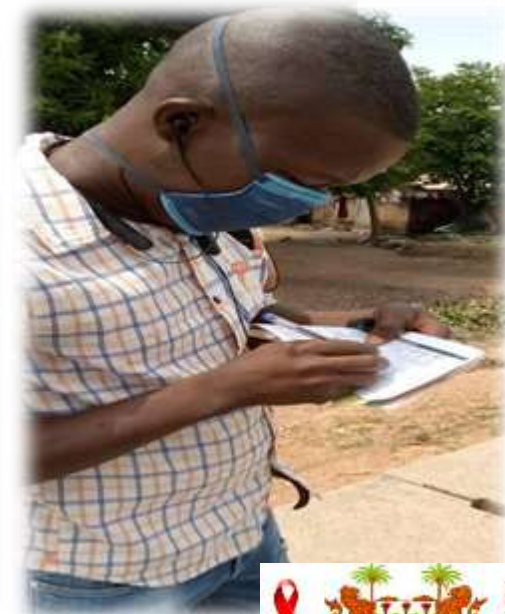
- 3MMD

TB/HIV Confected

- 2 to 3MMD Synchronized drug refills for ART and TB

Community / Group Model

- 3MMD for all clients (home delivery, support group and DICs for KP)
- Social distancing should be practiced



Best Practices

- Provision for RoC to call service providers (healthcare workers) during lockdown to support ART refill
- Support to COVID-19 response to ensure that RoC are not neglected
- Community/household ART distribution with support from partners
- Plans to use electronic data reporting tool for community ART distribution



Challenges and Priority Questions

Challenges

- Intermittent stock out of ARVs and IPC Materials
- Human resource and logistics for community ART distribution
- Limited data for decision making

Priority Questions (HIV & COVID-19)

- Prevalence of HIV and COVID-19 Co-morbidity
- Management of COVID-19 positive cases living with HIV
- Effect of COVID-19 on adherence to ART



Contacts


For Further Information, Please contact

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Thank You





**AIDS HEALTHCARE FOUNDATION
SIERRA LEONE'S (AHF-SL)
EXPERIENCE IN COMMUNITY
DRUG DISTRIBUTION DURING
COVID-19 ERA**

**DR. JOHN STEVEN MBETEH
MEDICAL OFFICER**

AHF

AIDS HEALTHCARE
FOUNDATION

PRESENTATION OUTLINE

- About AHF
- Care model on CDD before Covid-19
- Current community distribution model during Covid-19
- Safety measures
- Challenges

ABOUT AHF

- The world's largest community-based provider of HIV care and treatment that currently serves over 1,300,000 clients worldwide
- Our Vision is to Achieve Global AIDS Control through quality programs, expansion and policy change
- Currently in SL, PLHIV = 34,625 of which AHF is supporting 43%
- Total Clientele = 16,024; 97% being Adults
- AHF supports 18 treatment sites and 2 HTC sites in 7 out of 16 districts

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CARE MODEL ON CDD BEFORE COVID-19

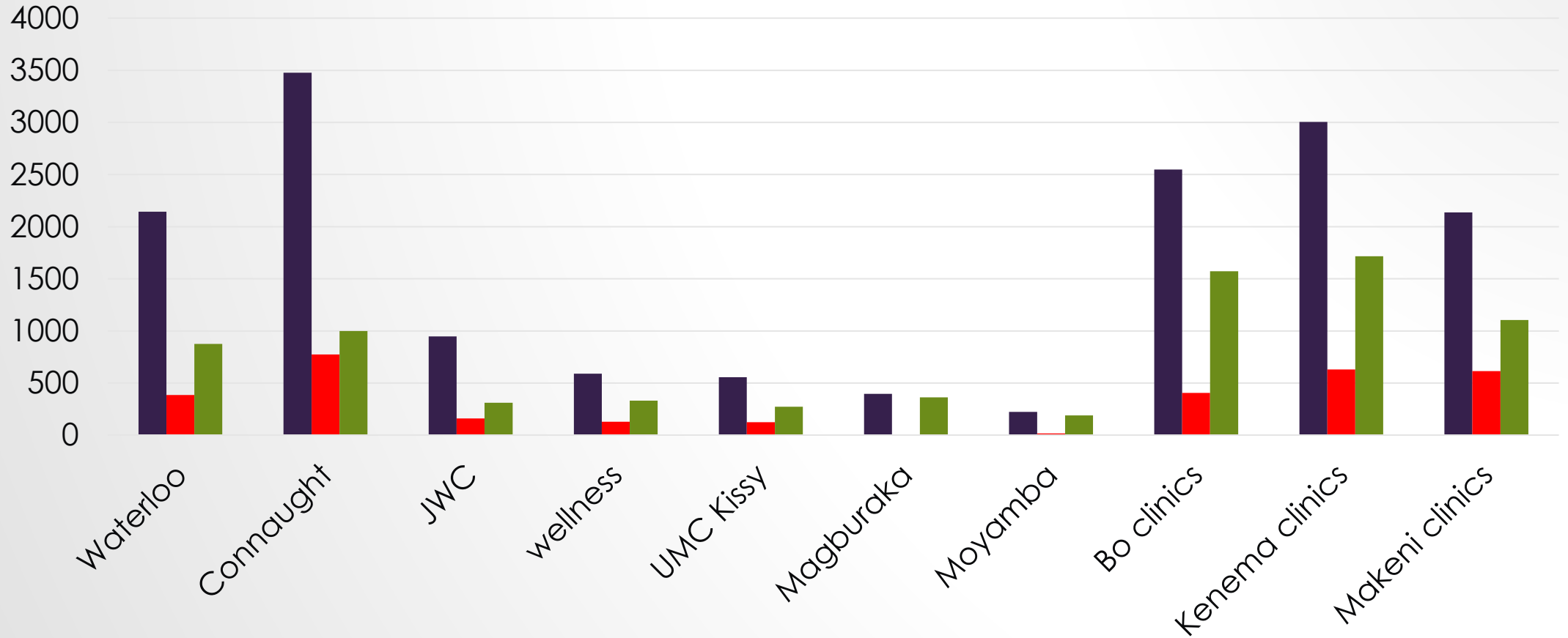
No guideline/documentation on CDD before Covid-19 pandemic. However, the following practices were in place:

- Scheduled appointment system for clients to pick up drugs at the facilities
- Follow-up calls and visits to clients who miss appointments and LTFUs
- Community outreach testing and treatment (mostly by rural clinics) including EID and VL sample collection
- In Urban Areas – distribution of drugs to clients who do not feel comfortable to come to facilities
- Support training of Mother Mentors in community ART care service delivery to pregnant women in partnership with Voice of Women
- Formation of community adolescent groups in collaboration with Happy Kids and Adolescents to support peer sensitisation, linkage to care and follow-ups.
- No data on the community outreach refill treatment

CURRENT COMMUNITY DISTRIBUTION MODEL - DURING COVID-19

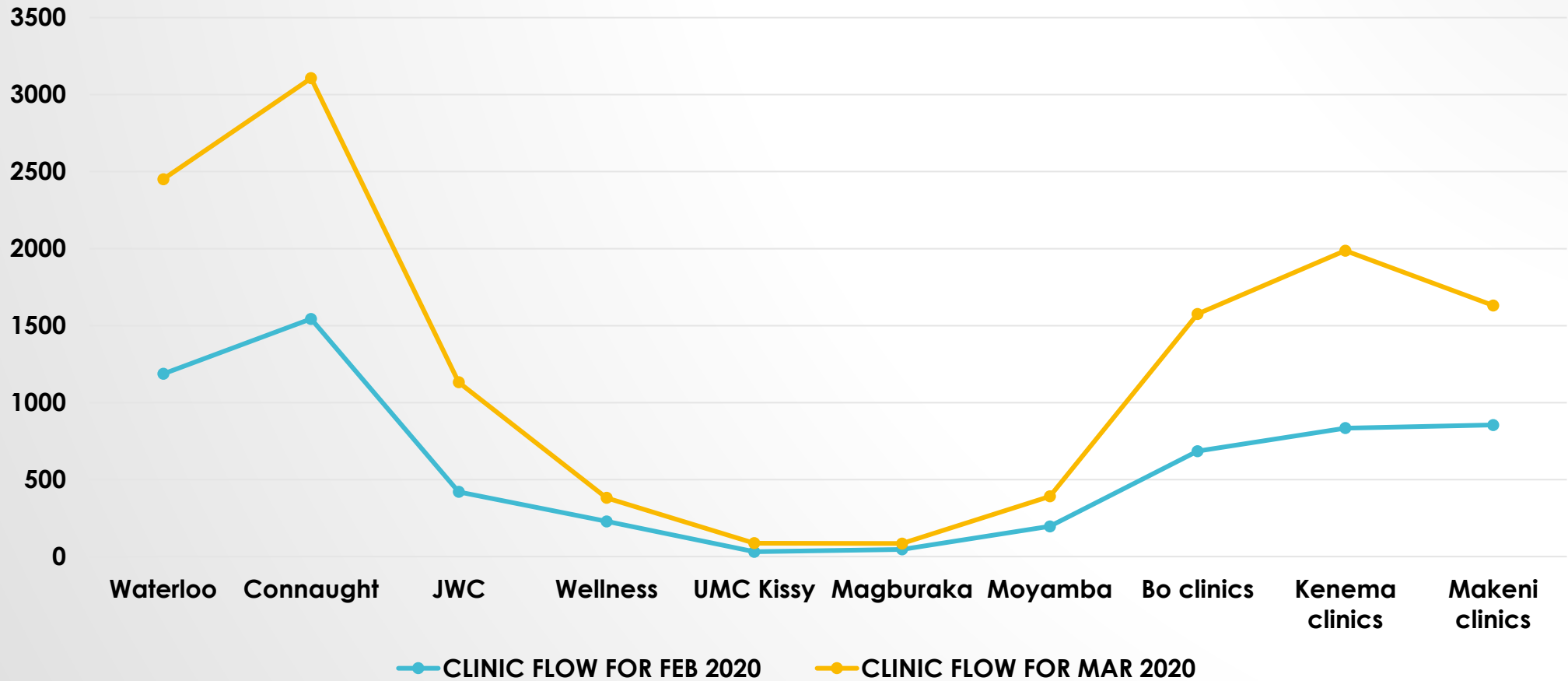
- Sierra Leone reported its 1st case of Covid-19 on 31st March, 2020
- Prior to that, NACP and Partners developed an emergency preparedness plan to guide HIV service delivery in and out of health facilities
- Media engagement with contact numbers for clients to call for possible community delivery of ARVs
- Formation of community drug distribution teams which includes CHOs, Nurses, Lab Technicians, Testing Counsellors, Non-PLHIV CHWs or Expert clients
 - ✓ Target both scheduled and non-scheduled
 - ✓ Pre-park drugs for distribution
 - ✓ Verify phone numbers and addresses of clients
- Current practice is multi-monthly drug distribution whether stable or unstable with the exception of newly diagnosed and co-infected
- Service package includes: Individual community and telephone adherence counselling, distribution of ARVs, basic OI medications & condoms, EID & VL sample collection for eligible clients

MULTI-MONTHLY DRUG DISTRIBUTION DURING COVID-19



- Total clients
- Clients who receive 2-month refills
- Client who receive 3 months and above refills

MONTHLY FACILITY CLIENT FLOW FOR FEB AND MAR, 2020 AT AHF SUPPORTED SITES



STAFF ON CDD IN VILLAGES



CLINIC TEAM GETTING READY FOR CDD



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SAFETY MEASURES TO PROTECT HCWS AND CLIENTS

- Engagement and sensitization of clients and PHUs through CHWs within the geographical area prior to the visit to ensure staff safety when visiting communities
- Use of face mask
- Use of hand sanitizers when in communities to maintain hand hygiene
- Use of PPEs when collecting samples
- Social distancing is encouraged
- Obtaining PASS for easy movement to distant communities during lockdowns to avoid harassment from security personnel

IMPLEMENTATION CHALLENGES

- No national CDD model and manual tracking system of clients leads to delay in reaching clients
- Wrong contacts of clients
- Stigma (including self stigma) and discrimination
- Inadequate PPEs
- Limited passes to our constituents during lockdowns
- Stock out of ARVs (Pediatrics drug and second Line drugs)
- Fear – hence the need for additional mentorship/training on Covid-19 specific IPC and Psychosocial training



Response from the recipient of care community

Idrissa Songo, Executive Director,
NETHIPS, Sierra Leone



MINISTRY OF HEALTH

IMPACT OF COVID-19 ON DSD IN ZAMBIA

Dr Priscilla Lumano-Mulenga

**Differentiated Service Delivery
National Coordinator
MOH**

12th May 2020

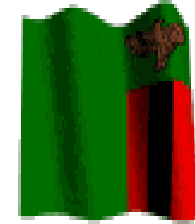
Burden of COVID-19



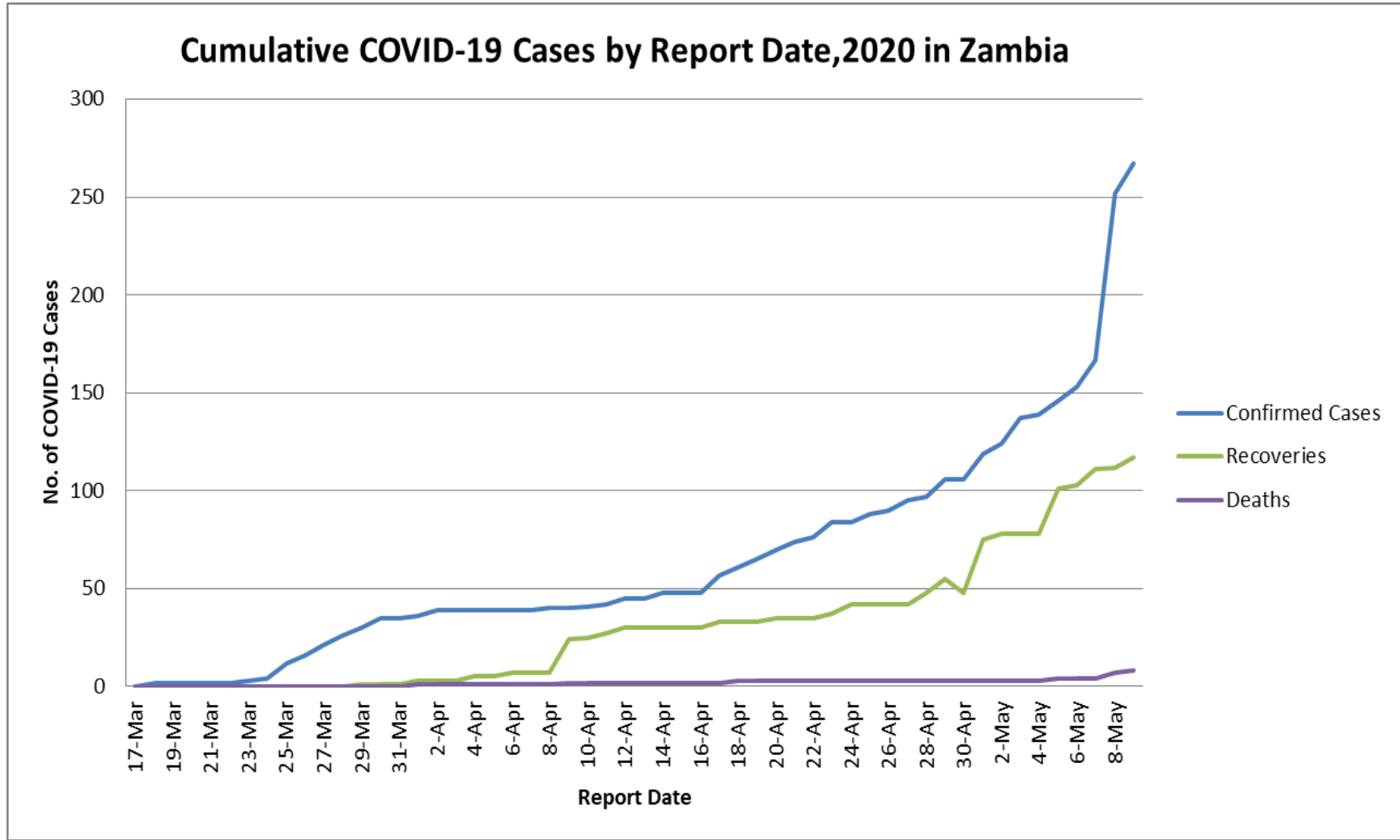
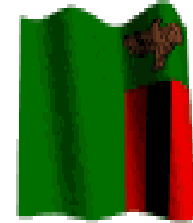
- First case of COVID-19 recorded in Lusaka on March 18th 2020
- Confirmed cases have been in 4/ 10 provinces; Lusaka, Central, Copperbelt & Muchinga;
 - Lusaka - epicenter of the epidemic until 9th May
- Epicenter shifted to the border town of Nakonde in Muchinga



National Response to COVID-19

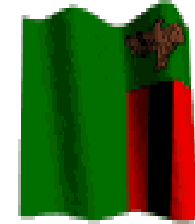


- Coordinated National Response led by Ministry of Health with ZNPHI leading surveillance
- Active engagement of Head of State
- No countrywide lockdown; following measures enforced
 - Stay home; stay safe emphasis
 - Social Distancing of 1 meter
 - Handwashing/sanitising
 - Mask up operation in public places
 - Closing of businesses, schools, churches, business
 - Avoidance of public gatherings
 - Border control screening with no unnecessary travel to COVID -19 high risk areas
 - 14-day quarantine of people coming in country





COVID 19 STATISTICS



Status Update – 10th May 2020

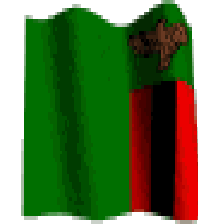
NEW: 15 CONFIRMED CASES; 5 RECOVERIES

CUMULATIVE CASES: 267

TOTAL RECOVERIES: 117

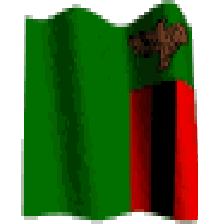
TOTAL DEATHS: 7

ACTIVE CASES: 143



Changes to DSD National Guidelines

- No official changes made to the DSD National Guidelines specifically due to COVID-19 epidemic
- Re-enforcement of official 2019 6-month MMSD policy without changing the eligibility criteria
 - Monitoring of implementation of this policy showed high adherence
 - Disintegration of group-based models CAGs in some areas as members switched to 6-month MMSD
- 3-month MMSD for children above 2 years
- Halting of transition to TLD with concerns of continued stock



Facility & Community level DSD Practices

- TPT dispensation being aligned to ARV refill after prior education
- EAC sessions reduced in frequency and duration and where possible by phone
- No change to pregnant and breastfeeding women monitoring
- Teen clubs continued; reduced duration & numbers
- No explicit changes to community meetings for CAGs; key- observation of 1 metre social distancing

Thank You





COVID-19 Preparedness and Response: Matero Level 1 Hospital, Lusaka Zambia

Dr. Khozya Zyambo
Pediatrician



COVID-19 Preparedness and Response: Matero Level 1 Hospital, Lusaka, Zambia

- Catchment population	- 471,905
- Suburb	- High Density
- Tx Curr	- 13,123
- Average ART Pts seen/day prior to COVID19	- 120 (before COVID-19) - 350 (Patients recalled for 6MMD in first two weeks of COVID outbreak)
- Average ART Pts seen/day during outbreak	- 75 (currently)

Types of DSD at Matero



1. MMD
2. Fast track
3. Health post model

NB: No community models



Fast Track Services Enhanced

- Screening rooms & drug pick up points increased
- Reduced waiting time and time spent in the facility
- Reduced time spent on group IEC
- Strict adherence to appointments by date & time
- Patient sitting area labeled
- All patients required to wear face masks
- Hand washing points increased
- Triage points for screening of all patients entering the hospital by the gate & at ART clinics
- Strict availability of PPEs
- Trained all staff working in Triage points in infection prevention measures



Multi-Month Dispensation - MMD

National guidance given regarding MMD to reduce facility congestion

- Clients failing treatment and receiving enhanced adherence counseling (EAC) are provided with 3-month supply of ARVs and EAC has continued on phone
- Clients with other co-morbidities such as DM, TB, etc. are provided with 3 to 6 MMD of ART and clinicians are being consulted regarding the co-morbid conditions
- All Stable clients eligible for 6 MMD were recalled & supplied 6 Mo of ARVs
- All PLHIV initiating ART are put on TLD (or TAFED) and given 6 MMD
- All stable RoC's are receiving 6 MMD of ART
- Children aged 2-10 years are receiving at least 3 MMD of ART with appropriate adherence counselling of caregivers
- Adolescents 10 – 19 years are receiving at least 6 MMD with appropriate adherence counseling



Further Updates

- Anticipated disruption in supply chain in view shipment delays; this has affected TLD supplies (there are enough stocks to give 6MMD)
- Increased frequency of ordering drugs from monthly to weekly to catch up with the demand for MMD
- Number of RoC supplied 6 months to date: 5,881



The End

Thank you



Response from the recipient of care community

**Fred Chungu, Executive Director,
Network of Zambian People Living
with HIV and AIDS**

Useful links and next steps

- Slides and recordings from all past CQUIN webinars are posted to the website: <https://cquin.icap.columbia.edu/cquin-covid-webinars/>
- Relevant guidelines, protocols, articles, and training materials have been archived on the CQUIN website and additional resources can be found at <http://www.differentiatedservicedelivery.org/>
- Next week's webinar - May 19 @ 8am EST: *Interventions to support uninterrupted treatment during lockdown*

