

Continuity of comprehensive care and treatment for persons living with HIV during the COVID-19 pandemic

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OPS

Outline



- Impact of COVID19 on continuity of HIV care and treatment services
- Continuity across the cascade:
 - Testing and linkage
 - Treatment and differentiated care
 - Adherence, lab monitoring and management of comorbidities
- Considerations for transition towards restoration and recovery of services
- Impact on supply chain management - ARV medicines
- Service delivery for PLHIV and linkage with Chronic Care Model

Continuity of Combination Prevention services addressed on 14th May

<https://pancap.org/resources/webinars/past-webinars/>

Potential consequences of COVID-19 on HIV/STI care services

- **Overwhelmed** health system with COVID-19 patients
- Lock down and physical distancing **decrease demand for and offer** of HIV/STI prevention services
- **Interruptions in supply chain** of medicines and essential prevention products
- **Increase** in domestic and gender-based **violence**
- **Food insecurity and poverty** further affecting PLHIV and key populations
- **Possible impact on HIV services:** reduced access to testing, less case detection and late diagnosis, less ART starters, LTFU, treatment failure, increased morbidity and mortality
- **PLHIV at increased risk of COVID19:** >60, underlying chronic conditions, not on ARVs or failing treatment



30 April 2020

Imperial College COVID-19 response team

Report 19: The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low- and Middle-Income Countries

Alexandra B. Hogan, Britta Jewell, Ellie Sherrard-Smith et al. The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low- and Middle-Income Countries. Imperial College London (01-05-2020). doi: <https://doi.org/10.25561/68888>.

Impact of COVID 19 on HIV Care and Treatment Services in the Caribbean

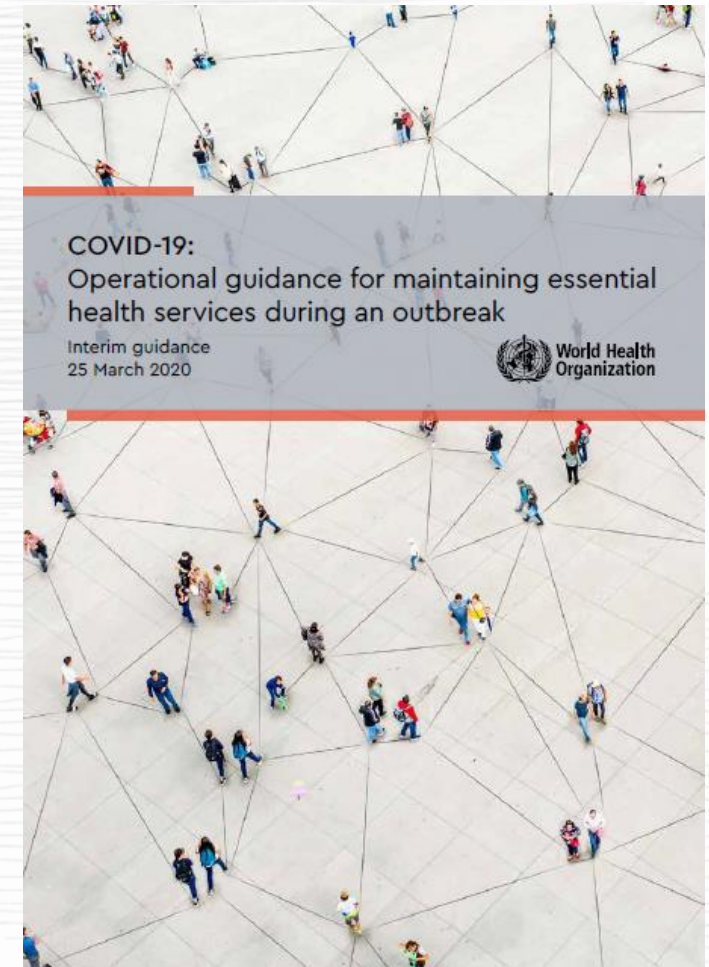
PANCAP Survey (response from 12 Caribbean countries)

- HIV clinics are attending COVID-19 patients.
- Outpatient services for PLHIV interrupted and/or with reduced staff.
- Social distancing restrictions and curfew affect care-seeking behavior.
- HIV care and treatment services prioritizing unstable patients, newly diagnosed.
- Stable patients receive multi-month dispensing (MMD) of ARVs and remote clinical monitoring. Limited capacity/technology for virtual consultations.
- Capacity for blood collection and laboratory staff are reduced.
- Lab focused on COVID and in-patients. HIV monitoring tests (VL, genotyping) deprioritized and postponed.
- Supply chain management affected (medicines, reagents).



WHO guidance for maintaining essential services in the context of COVID-19 – HIV care and treatment services

1. Establish **simplified purpose-designed governance and coordination mechanisms** in the HIV/STI Programme to complement COVID-19 response
2. Identify relevant **essential and feasible services** for comprehensive care and treatment for PLHIV
3. **Optimize service delivery settings and platforms** to offer HIV comprehensive care and treatment services (mapping capacity, repurposing health facilities, **community services**)
4. Establish **effective users' flow** (screening, triage, and targeted referral) for HIV care and treatment – **differentiated care approach**
5. Rapidly **re-distribute workforce capacity**, including by re-assignment and task sharing and counting on **community partners**
6. Identify mechanisms to **maintain the availability of essential medications, equipment and supplies**

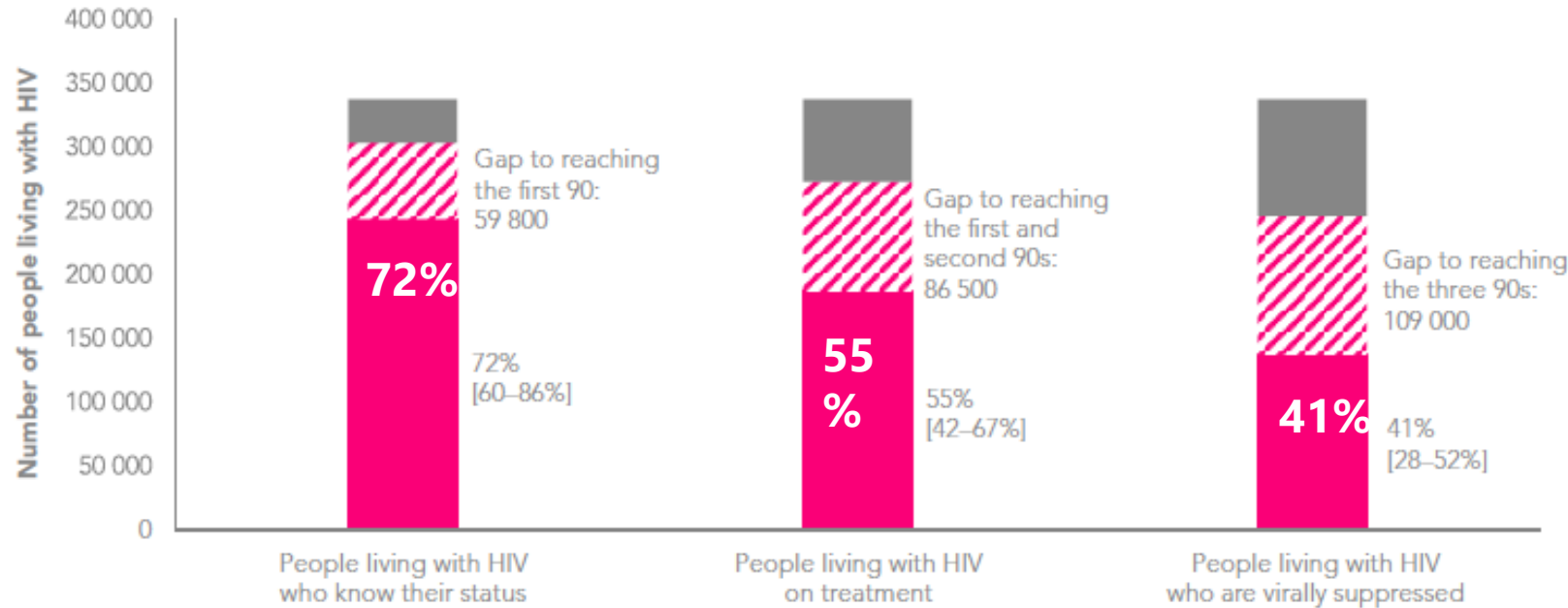


Continuity of essential HIV C&T services: the cascade perspective

1st 90 - Case detection & linkage

2nd 90 - treatment & retention

3rd 90 - Adherence, lab monitoring and viral suppression



3 out of 4 patients on ART are "stable"

Source: UNAIDS special analysis, 2019; see annex on methods for more details.

Continuity of HIV testing services and linkage to care

| Programme activity | Context modifications and specific measures for safe delivery |
|------------------------|--|
| Facility-based testing | <ul style="list-style-type: none">• Prioritized and focused: ANC (HIV, syphilis and Hep B), index testing, key populations and high-risk individuals (e.g. presenting with STIs, TB, OIs, etc.)• Adapted pre-test information and post-test counselling; digital or telephone. |
| Community testing | <ul style="list-style-type: none">• Staggered to support physical distancing and focused: KP social/sexual network approach• Digital, internet, telephone follow-up; navigation and linkage to care |
| Self-testing | <ul style="list-style-type: none">• Focused approach: index testing, partners of PLHIV, partner of HIV+ pregnant women, PrEP users, KP social/sexual networks.• Digital/e-health, internet/mail, on-line order.• Community/peer distribution, facility pick-up, home delivery (kits with HIVST, condom, lube, etc.), purchase through private sector• Clear pathways and information on further testing and linkage to services |



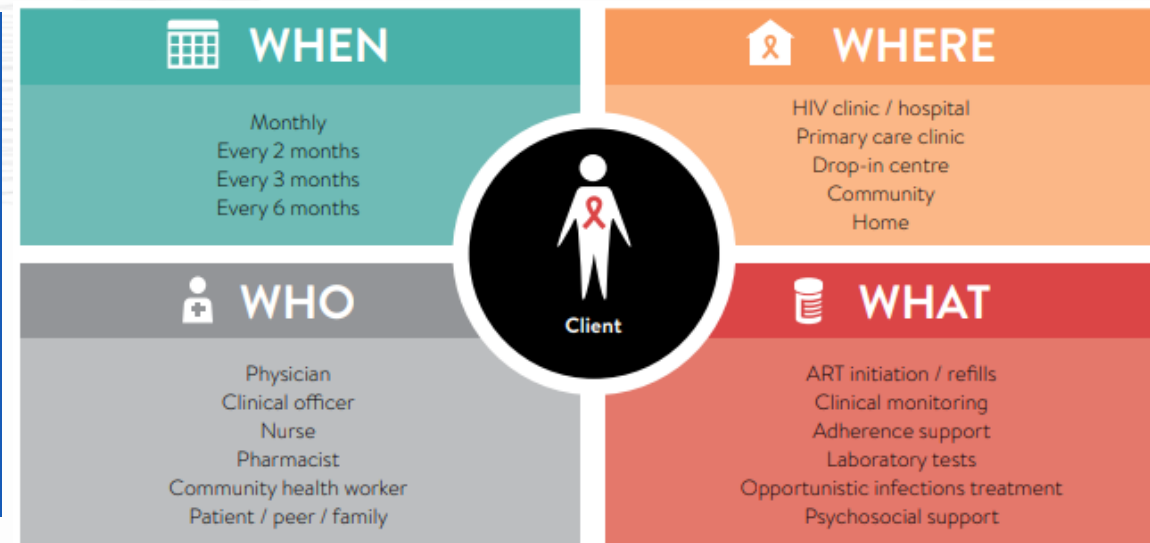
- **Transition towards restoration and recovery:** plan for catch up testing, including EID at vaccination or first child visit if missed; partner/contact follow up testing; follow up for effective linkage to care.

Continuity of HIV Care and Treatment (1)

| Programme activity | Context modifications and specific measures for safe delivery of services |
|---|---|
| <p>Care and antiretroviral treatment</p> <p>Differentiated care approach</p> | <ul style="list-style-type: none"> • Same day ART start (rapid start within 7 days) • Out of facility ART start (e.g. outreach and mobile services) • Less frequent consultation for stable patients (e.g. 12 monthly) • Prioritized services: newly diagnosed, unstable patients, pregnant women/PMTCT. |
| <p>Dispensing of ARVs and prophylaxis</p> | <ul style="list-style-type: none"> • Multi-month dispensing (MMD) (3-6 months supply; 3m for children because of dose adjustment; follow-up via phone or SMS including for planned dose adjustment in children) • Community drug dispensing points or home delivery • Comprehensive MMD: TPT (INH, 3HP, 1HP), CTX, fluconazole, other meds for chronic care |

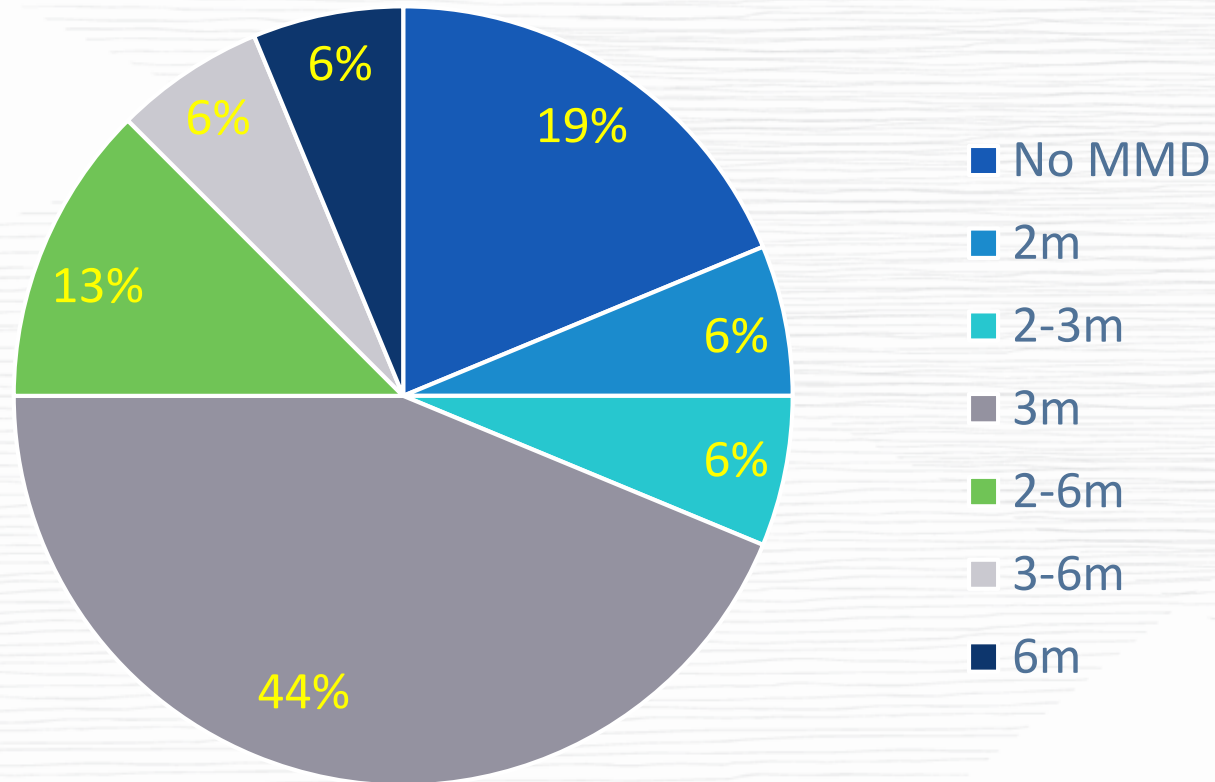
Consideration for transition towards restoration and recovery:

- Maintain MMD (at least 3m)
- Intensified “return to care” initiatives for LTFU
- For children, catch up ART initiation at first vaccination or other child visits if missed



Multi Month Dispensing (MMD): uptake in the Caribbean in the context of COVID

% Caribbean countries adopting MMD



GUIDELINES FOR THE IMPLEMENTATION OF MULTI-MONTH DISPENSING OF ANTIRETROVIRALS

This document proposes guidelines for the prescription, distribution and dispensing of pharmaceuticals using the multi-month dispensing modality within the framework of the Integrated Drug Supply Management System. These general guidelines can be applied to the processes of prescribing, distributing and dispensing antiretrovirals drugs (ARVs), as well as to other drugs and health technologies required in HIV prevention and comprehensive care for people living with HIV (PLHIV).

1. Introduction

The "Differentiated Care" strategy of the World Health Organization (WHO) recognizes the diversity of care needs for PLHIV according to four different groups, in order to adjust the way in which health programs and services can treat and serve PLHIV differently:

- The **first group** is PLHIV who are not yet on antiretroviral treatment (ART) who access care when they are well, possibly with a CD4 lymphocyte count above 500. In addition to initiating ART, these people may need complementary support to strengthen their adherence and retention on lifelong ART.

Continuity of HIV Care and Treatment (2)

| Programme activity | Context modifications and specific measures for safe delivery of services |
|---|--|
| Adherence and retention in care | <ul style="list-style-type: none">• Digital/e-health strategies emphasized |
| ART treatment monitoring | <ul style="list-style-type: none">• CD4 cell count/clinical staging at ART start and return to care in LTFU• Maintain 12 monthly viral load (temporarily postpone in stable patients) |
| TB-HIV co-infection | <ul style="list-style-type: none">• Longer dispensing of TB treatment to ensure treatment completion• Digital/e-health adherence support (e-DOTS) |
| Advanced HIV disease (AHD) and vaccines | <ul style="list-style-type: none">• Advanced disease package of prophylaxis and diagnosis delivered• Vaccinations against influenza and pneumococcal disease• Out of clinic delivery of AHD package and close follow up through regular clinic/distance checkup |

Considerations for transition towards restoration and recovery

- Group adherence support (small groups, digital, phone)
- Tracing and re-engagement with adherence support
- Full clinical check up after "return to care"
- Catch up viral load campaign
- Catch up campaigns for TPT initiation, if delayed or missed

ARV stocks risk assessment and mitigation strategies

| ARV drugs | Imminent S/O (<1m) | Risk of S/O (1-6m) | % S/O risk (0-6) | No risk (>6m) | Challenges | Mitigation strategies |
|---------------------------------------|--------------------|--------------------|------------------|---------------|--|--|
| First line ARVs (TEE TLE TLD) | 1 | 6 | 37% | 12 | <ul style="list-style-type: none"> • Low stocks of PIs and pediatric ARVs with limited surplus • Unsynchronized TLD transition • Non harmonized protocols for 2nd line and pediatric treatment • Global shortage of LPV/r • Delayed delivery (mostly from India) and surge in costs of delivery • Cost and complex logistics for loans and donations | <ul style="list-style-type: none"> • Use of alternative or separate ARVs vs FDC • Accelerated DTG/TLD transition, alternative 2nd line • Regular stock monitoring and relocation as needed • Local purchase • Loans/donations among countries • Partial deliveries, air/maritime delivery |
| Second line ARVs (LPV/r ATV/r) | 3 | 10 | 68% | 6 | | |
| Pediatric ARVs (any ARV) | 10 | 4 | 74% | 5 | | |

- **Limited information on stocks and risk for IVDs (RDTs and VL)**

- **Further mitigation strategies (mid-term)**

- Adjusted and anticipated ARV procurement plans for 2021 with increased buffer/safety stocks
- Harmonized ARV treatment protocols (adult, children)
- Consolidated regional demand and procurement

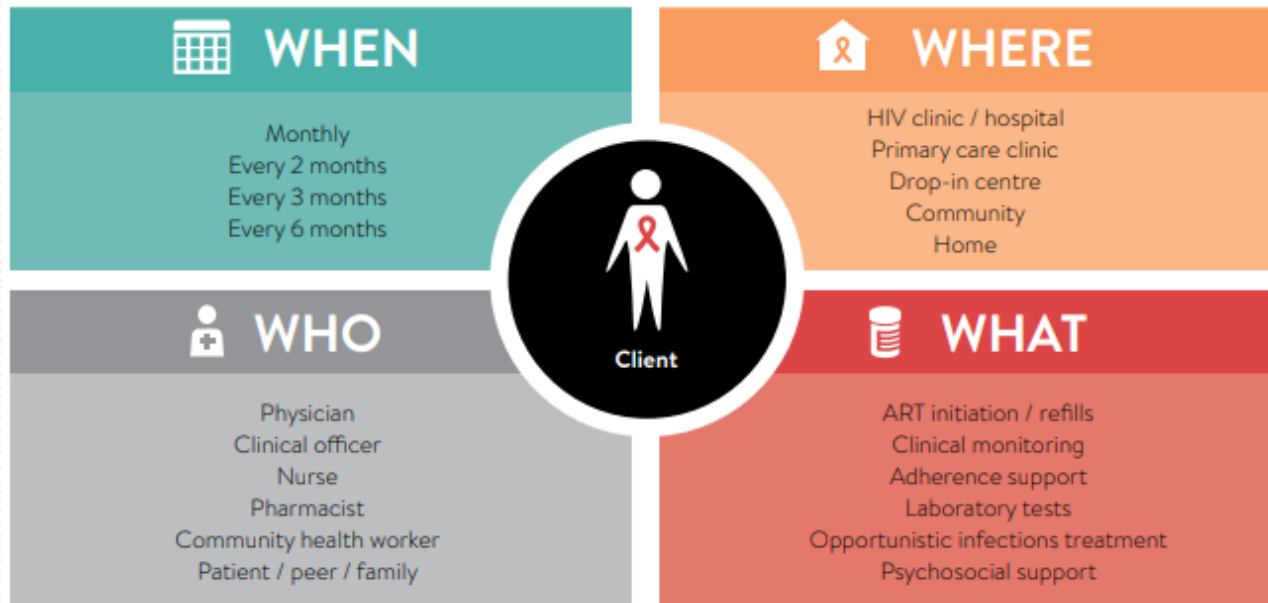
Data on ARV stocks from 19 countries in LAC (March/April 2020)

- LA(10): BOL, CRI, ECU, GTM, HON, NIC, PAN, PRY, PER, SLV, VEN
- CAR(8): BLZ, CUB, DOR, GUY, HAI, JAM, SUR, T&T

Models for integrated and comprehensive care for PLHIV

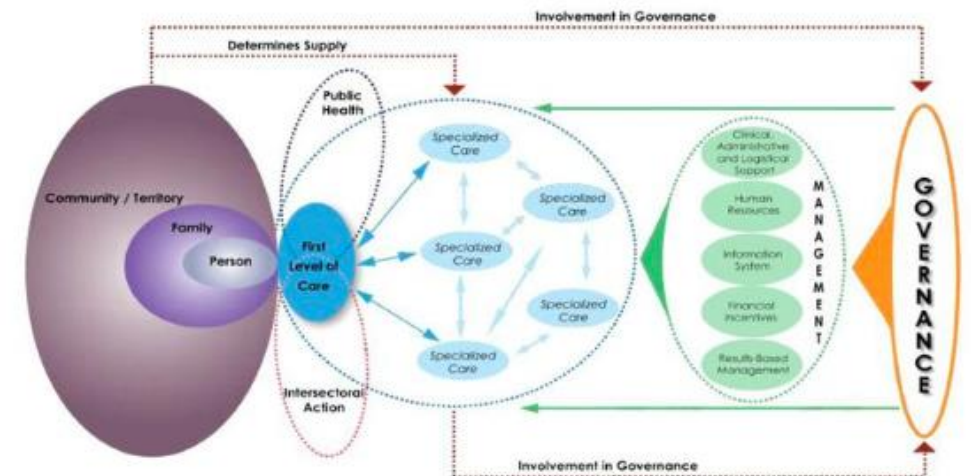
WHO recommendations on service delivery for comprehensive care and treatment of PLHIV (2016):

- Differentiated care approach (presenting well, late diagnosis/AHD, stable on ART, unstable)
- Decentralization to first level of care
- Provide and expand community services
- Service delivery integration (SRH, STI, CVD, M)
- Task-shifting/peer providers



Integrated Health Services Delivery Networks

Figure 3. Graphic representation of the essential attributes of IHSNDs



Context: type of health system, funding level, legal and regulatory framework, health authority's steering capacity, availability of human, physical and technological resources, etc.

Models for comprehensive person-centered care for PLHIV

- 1 out of 3 PLHIV in care is >50yrs old
- ARV and HIV are associated with certain chronic conditions (nephropathy, obesity, diabetes, CVD, etc.)
- PLHIV need psychosocial and mental health support

- Life-course approach
- Person and Community centered care
- Chronic Care Model

HEARTS



FIGURE 1. The Chronic Care Model



Conclusions/messages (1)

1. It is critical to **minimize the impact of the COVID19 pandemic on the progress achieved towards 90-90-90**, Ending AIDS and SDG targets for the elimination of communicable diseases
2. The **impact of COVID19 on the continuity of HIV services should be measured** to put in place adequate mitigation strategies and plan interventions towards restoration and recovery
3. The COVID19 crisis brings **opportunities for technology innovation and transformation in service delivery** that should be sustained in the future
 - HIVST, differentiated care, MMD, etc.
 - Integrated chronic care model approach (efficient and person-centered)
 - Digital/e-health (need guidance for use, data safety and confidentiality)

Conclusions/messages (2)

4. **IPC standards** should be in place **and PPE** adopted depending on task, context and transmission scenario (see WHO guidelines)
5. **Supply chain management** systems need to be strengthened to be better prepared and responsive to health crises
6. **Horizontal cooperation and solidarity** among countries (loans and donations) are being a critical element of the COVID19 response

OPS/OMS



Thank you



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