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 + specialised 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 Khayelitsha during COVID

• Initial clinic response to COVID-19:
  – **Screen** all patients for symptoms prior to entry
  – **Non-urgent clinical consultations** minimised
    – 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 minimise 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
- Specialised clubs: **Post natal Clubs**
  - See mother and infant together – drop non-vaccination visits
- 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. FP (long lasting/ Sayana press) / 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 (resuppression 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)

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