

EFFECTS OF COVID-19 ON ART PROGRAMMING IN KENYA

CDC KENYA CLINICAL CASCADE and TB Team



27th May 2020

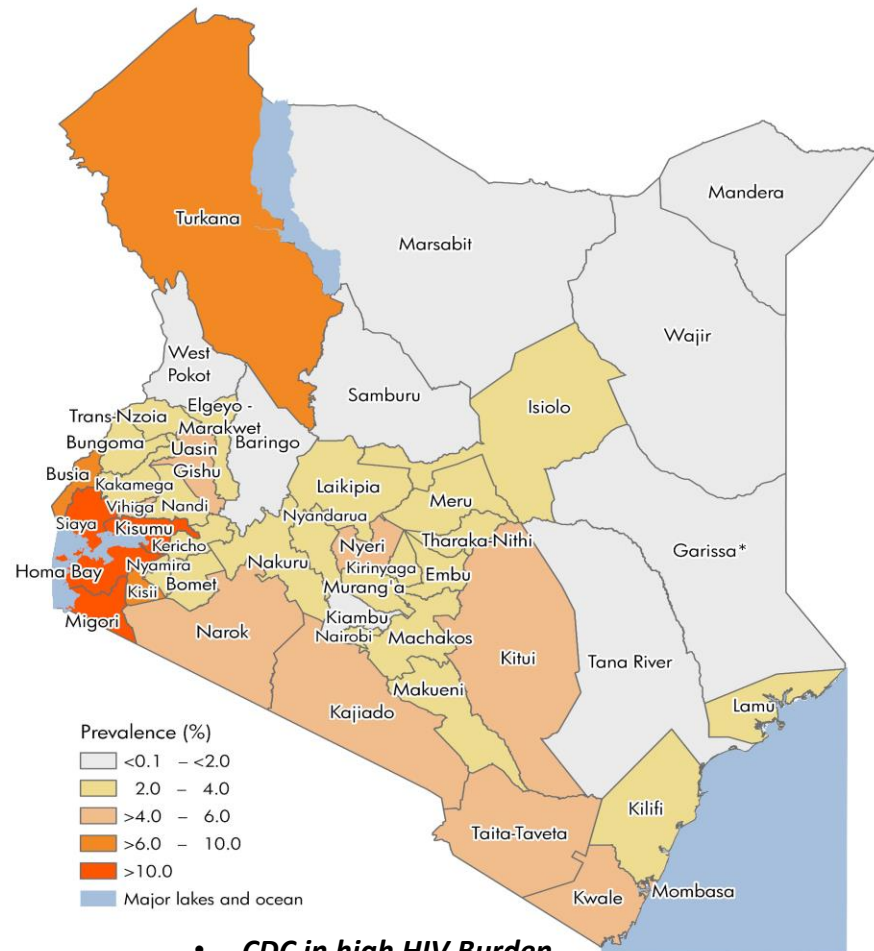


OUTLINE

- ❖ Kenya HIV Epidemic summary
- ❖ COVID 19 Pandemic in Kenya
- ❖ 1st 90
- ❖ 2nd 90
- ❖ 3rd 90
- ❖ TB
- ❖ Lab and Commodities ‘
- ❖ Reporting
- ❖ Challenges and Opportunities
- ❖ Lessons Learnt
- ❖ Conclusion

HIV BURDEN IN KENYA

HIV prevalence in Kenya, by county



- **CDC in high HIV Burden regions**

Indicator	Estimate
Prevalence	4.9%
Total PLHIV <ul style="list-style-type: none"> Adults Children 	1,511,612 1,411, 169\$ 100,443\$
On ART (SAPR 2020) CDC <ul style="list-style-type: none"> Contribution (on ART) (61%) 	1,162,132 709,569
Coverage (PEPFAR) <ul style="list-style-type: none"> CDC (High burden regions) FBO Coverage (40% National) 	40 Counties 14 Counties

KENPHIA 2018

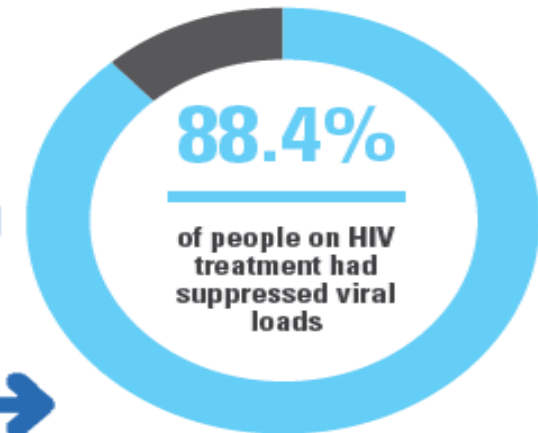
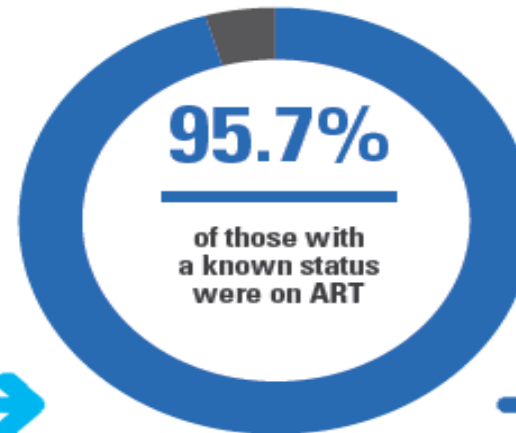
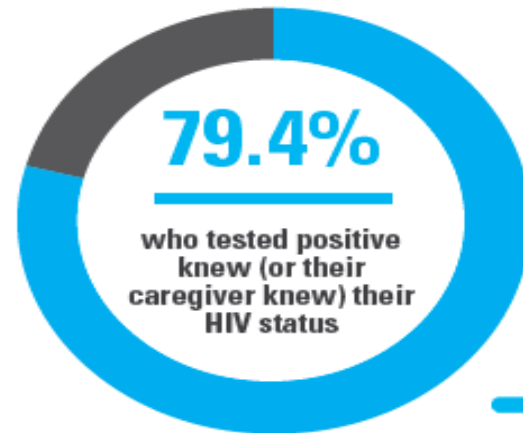
Draft 2020 Spectrum estimates projection) SAPR 2020

KENPHIA RESULTS:UNAIDS 90 90 90

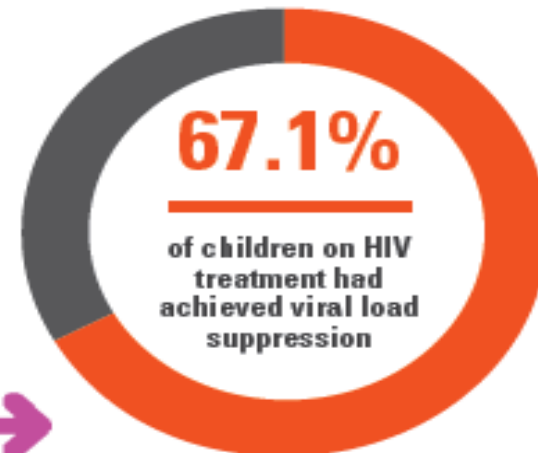
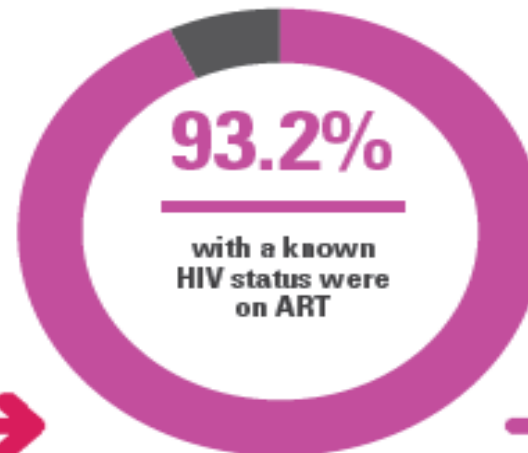
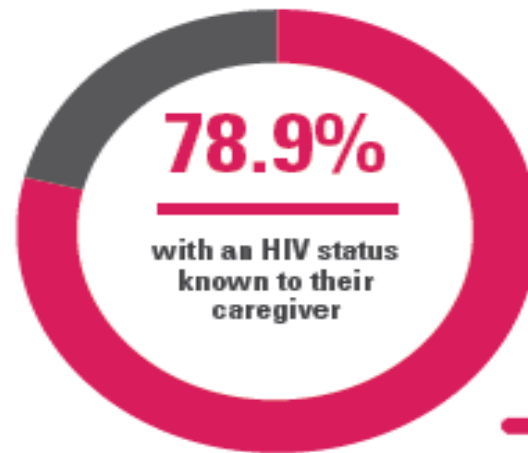
UNAIDS 90-90-90 TARGETS

Kenya's performance among people living with HIV based upon self- or caregiver-reported knowledge of HIV status and antiretroviral therapy (ART), adjusted for laboratory detection of antiretrovirals (ARVs) in blood

Ages 0-64 years



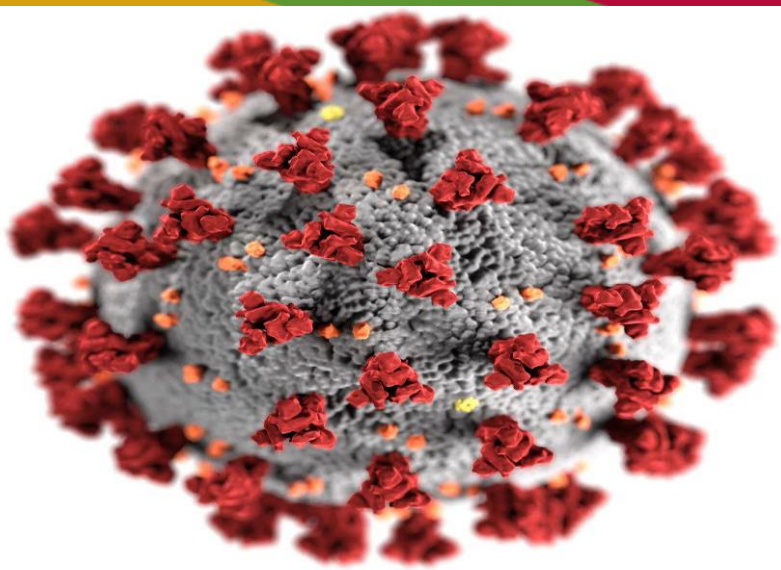
Ages 0-14 years



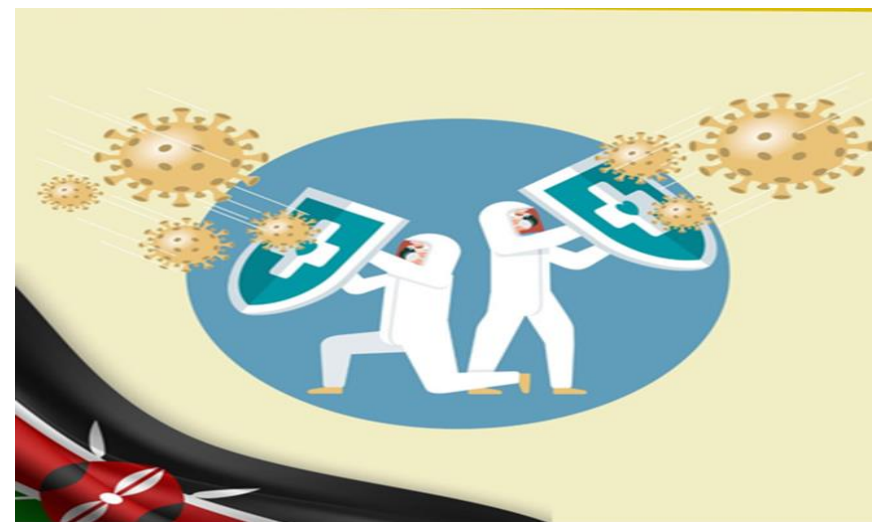
Overall Treatment Results: CDC Kenya Supporting **709,569** recipients of ART

	HTS POS					
Levels	Targets	FY20Q1	FY20Q2	SAPR20	%Achieved	% CDC Contribution
USG	155,302	36,521	40,815	77,336	50%	
CDC	85,056	20,927	22,967	43,894	52%	57%
	TX_CURR					
Levels	Targets	FY20Q1	FY20Q2	SAPR20	%Achieved	% CDC Contribution
USG	1333071	1138181	1162132	1162132	87%	
CDC	801797	697443	709569	709569	88%	61%
	TX_NEW					
Levels	Targets	FY20Q1	FY20Q2	SAPR20	%Achieved	% CDC Contribution
USG	147280	30552	34974	65525	44%	
CDC	80838	17107	19487	36593	45%	56%
	TX_PVLS(D)	TX_PVLS(N)	TX PVLS			
Levels	Targets	Targets	SAPR20(D)	SAPR20(N)	% Coverage	%Suppressed
USG	1239556	1177610	1029419	956742	89%	93%
CDC	748416	711014	632969	595733	89%	94%

Viral Load Suppression remains high at 94%



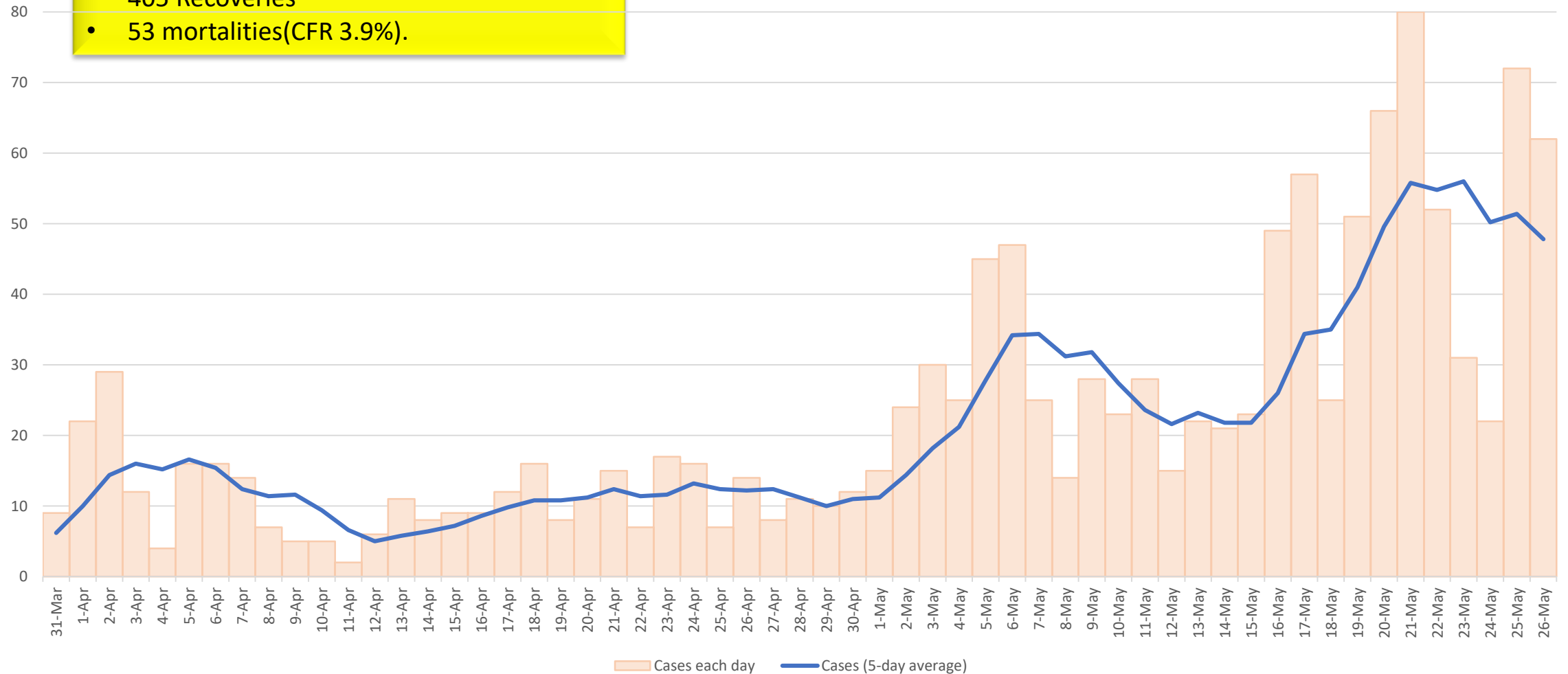
COVID-19 PANDEMIC IN KENYA



CUMULATIVE COVID 19 CASES IN KENYA

- 1st case confirmed 13th March 2020
- 1348 cases as of 26th May 2020
- 405 Recoveries
- 53 mortalities(CFR 3.9%).

Kenya



CHALLENGES OF THE COVID-19 RESPONSE

Challenges

- Lack of PPE
- Curfews
 - Challenges with public transport
 - Access to Health Facilities
- Increased travel transactional costs
- High-handed approach to enforcing quarantine measures
- Chronic care patients missing meds
- Stigma and fear
- Floods- Citizens displaced social distancing measures not possible
- COVID-19 spread in refugee camps and urban informal settlements

Ngara HC (MAT/HIV Clinic) –Nairobi

- Two Health care workers tested positive for COVID-19 in March
- Closure of the facility for a period of 14 days from 31st March 2020
- All (56) HCWs and patient contacts put on quarantine
- IPC implemented, OPD Reorganized, Site Reopened



GOVERNMENT OF KENYA RESPONSE TO COVID-19



NATIONAL 2019 NOVEL CORONAVIRUS CONTINGENCY (READINESS AND EARLY RESPONSE) PLAN

FEBRUARY-APRIL 2020



JANUARY 2020



MINISTRY OF HEALTH

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When replying please quote
Ref: MOH/NASCOP/C&T/012

NATIONAL AIDS & STI CONTROL
PROGRAM
Kenya National Hospital Grounds
P.O. Box 19361- 00202
NAIROBI

Date: 24th March 2020

To: All County Executive Committee Members of Health

Dear All

RE: COVID-19 GUIDANCE ON COMPREHENSIVE HIV SERVICE DELIVERY

The World Health Organization (WHO) has declared COVID-19 a pandemic and all countries are being impacted by COVID-19. This pandemic poses significant risks to HIV service delivery in Kenya. The effects on both global and local supply chain for HIV health products cannot be ignored.

Following confirmation of coronavirus infection cases (COVID-19) in Kenya, the Ministry of Health (MOH) is committed to promoting preventive measures and ensuring continuity of antiretroviral treatment (ART) and other essential HIV services for the over one million people living with HIV (PLHIV) while maintaining a safe environment for other clients and service providers. On daily basis, thousands of PLHIVs seek services at the comprehensive care clinics (CCC) across the country. It is also important to note that 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.

This circular therefore aims to provide guidance to service providers at health facilities, county governments, implementing partners and other stakeholders on strategies to undertake to ensure there is continuity of HIV prevention, care and treatment for individuals living with HIV in the context of potential increase in demands arising from COVID-19 screening and treatment.

1. TRIAGE:

- All PLHIV must have their temperature taken on arrival at the clinic. All facilities should have functional thermometers at the CCC.
- Patients presenting with Coughs need to be isolated immediately and infection prevention and control (IPC) measures observed.



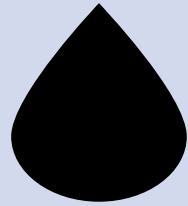
- Contingency plan Developed in Jan 2020
- 1st Case in March- immediate action!
- Circulars issued to guide HIV programming response
- CDC Support: 6 functional teams
 - Immediate mitigation strategies for HIV program
 - Lab support
 - IPC strategies
 - County surveillance teams
 - Realigning the HIV program
 - PPE for HIV program
 - Commodity supply chain support

MOH GUIDANCE ON COMPREHENSIVE SERVICE DELIVERY



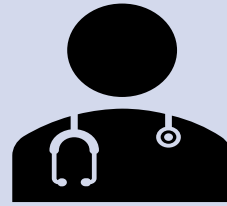
OPD

Screening
Crowd control and infection prevention
Prioritize related COVID 19 health education
Use of M-health and phone technology



HTS

HIV testing at facility to those in need including ANC
Optimize Self testing for partner notification services
Optimize HEI identification in immunization clinics
HEI and EID services prioritized



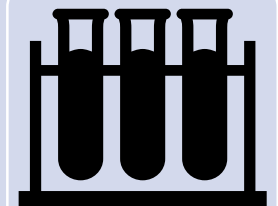
Treatment

3 month MMD for all clients irrespective of age and VL status
Pregnant, Breast feeding and new positives to keep to national guidelines
Promote community ART groups (CAGs)



Commodities

Commodity reporting by 10 of the new month
4 month ART stock levels at site



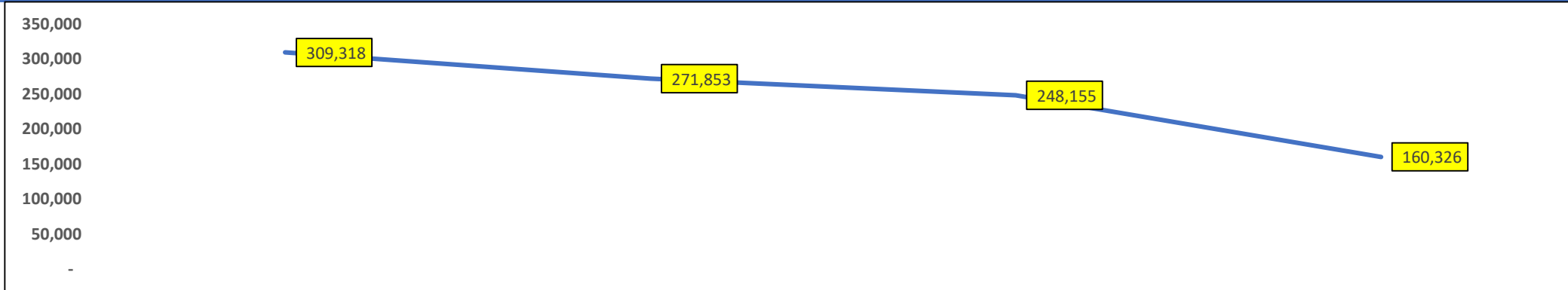
Lab

Prioritized tests- VL and PCR, PBFW and HEI

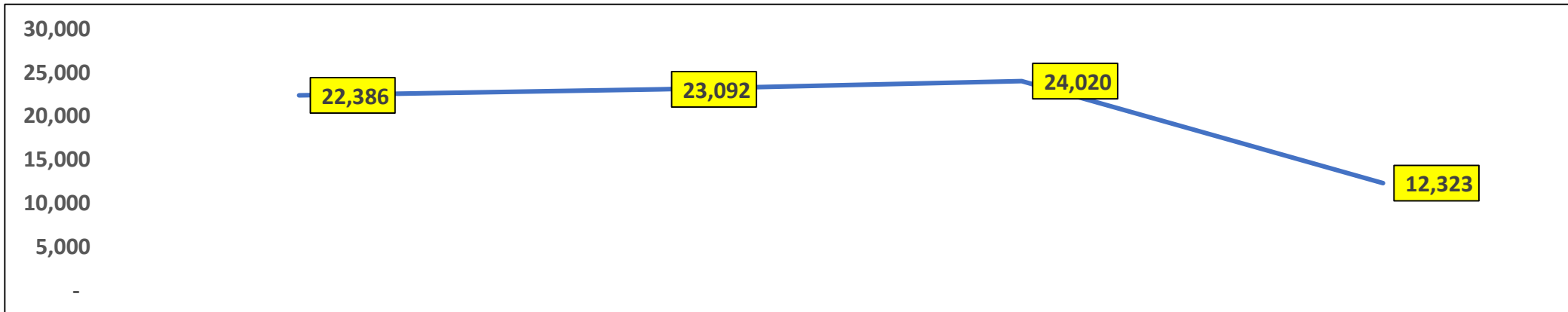
1ST 95 HIV TESTING SERVICES



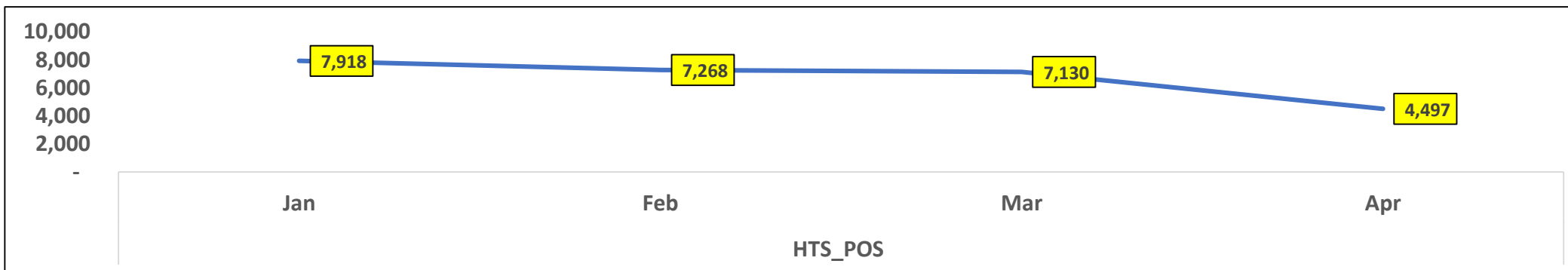
IMPACT OF COVID-19 ON HTS



Testing



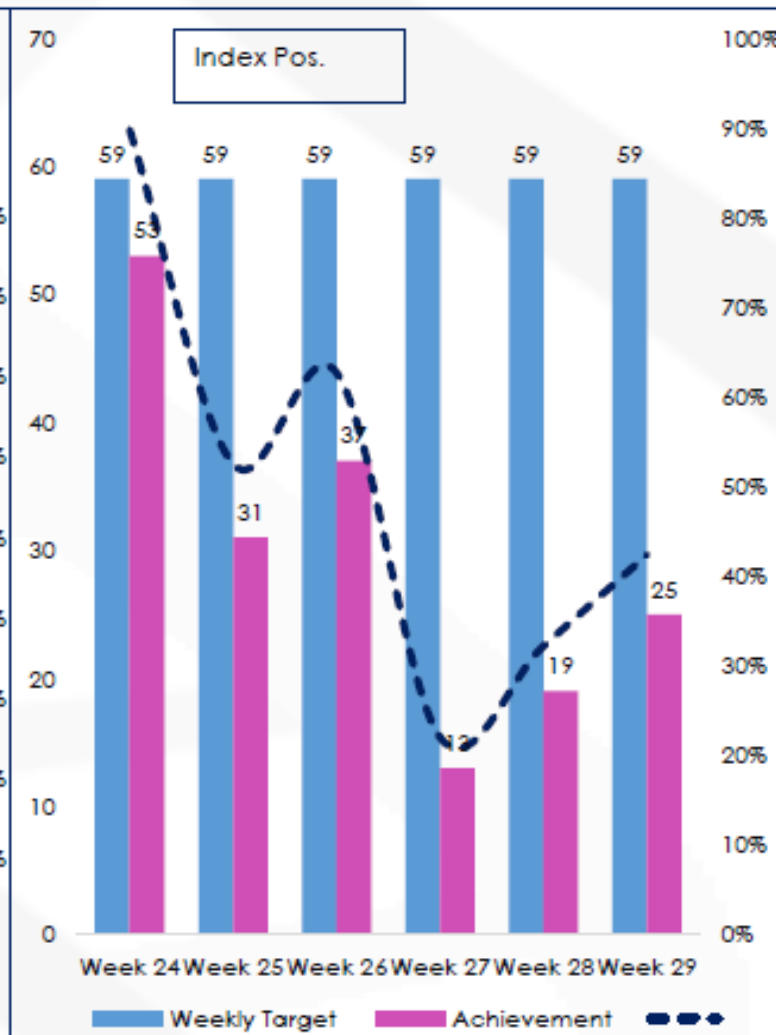
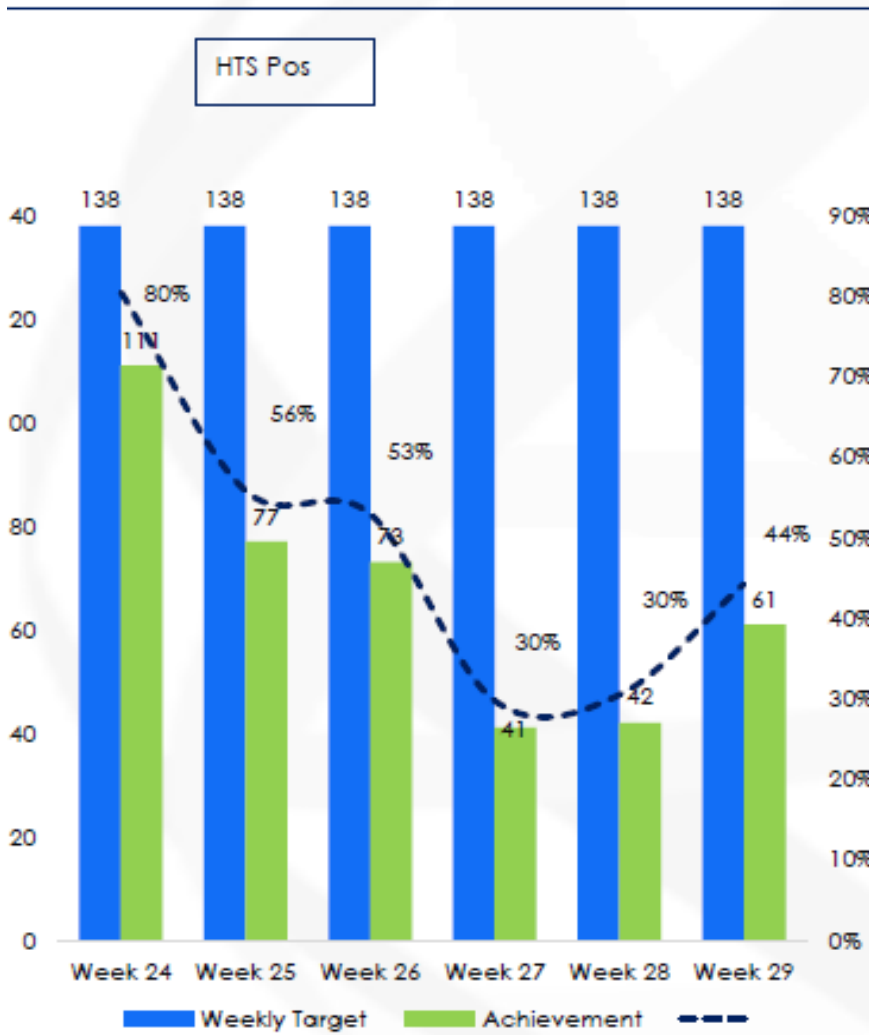
**Index case
Testing**



Positives

Effects of COVID-19 on Identification

(Weekly LEAP Data; N=32 Health Facilities)



- Decreased OPD attendance due to "stay at home" effects
- Contacts declining to visit facility for testing due to fear of contracting COVID in the facilities
- Suspension of community testing

Approach:

- Remote TA with focus on index testing
 - Weekly HTS providers debrief and support supervision
 - HTS data reviews
 - Weekly monitoring of performance

HTS PROGRAM IMPLEMENTATION IN CONTEXT OF COVID-19

Strategic priority	Ongoing/modified	Paused/Interrupted
OPD testing for eligible clients based on stringent screening tools	<ul style="list-style-type: none"> • Testing of eligible clients based on stringent screening • Social distancing during routine HTS eligibility screening and HTS sessions 	Marked reduction in out patient services attendance noted in HFs
Other facility testing modalities	<ul style="list-style-type: none"> • ANC/maternity/PNC testing • DTC in wards in patient departments • Testing in TB, STI and Malnutrition clinics • EID testing 	Targeted community testing activities
Index Testing	<ul style="list-style-type: none"> • Adopt changes on implementation of ICT for KP and non KP • Index Testing passive approaches- individuals presenting to facilities- contact follow up through phone calls 	Active approaches for index testing i.e. provider referral
HIVST	<ul style="list-style-type: none"> • Optimization of HIVST modality in outside clinical settings 	Trainings and/or sensitizations

Note 1: Self Test Kits availed to sites, Monitoring OPD attendance and IPD Testing

Note 2: PPEs for HCWs prioritized to facilitate HIV Testing

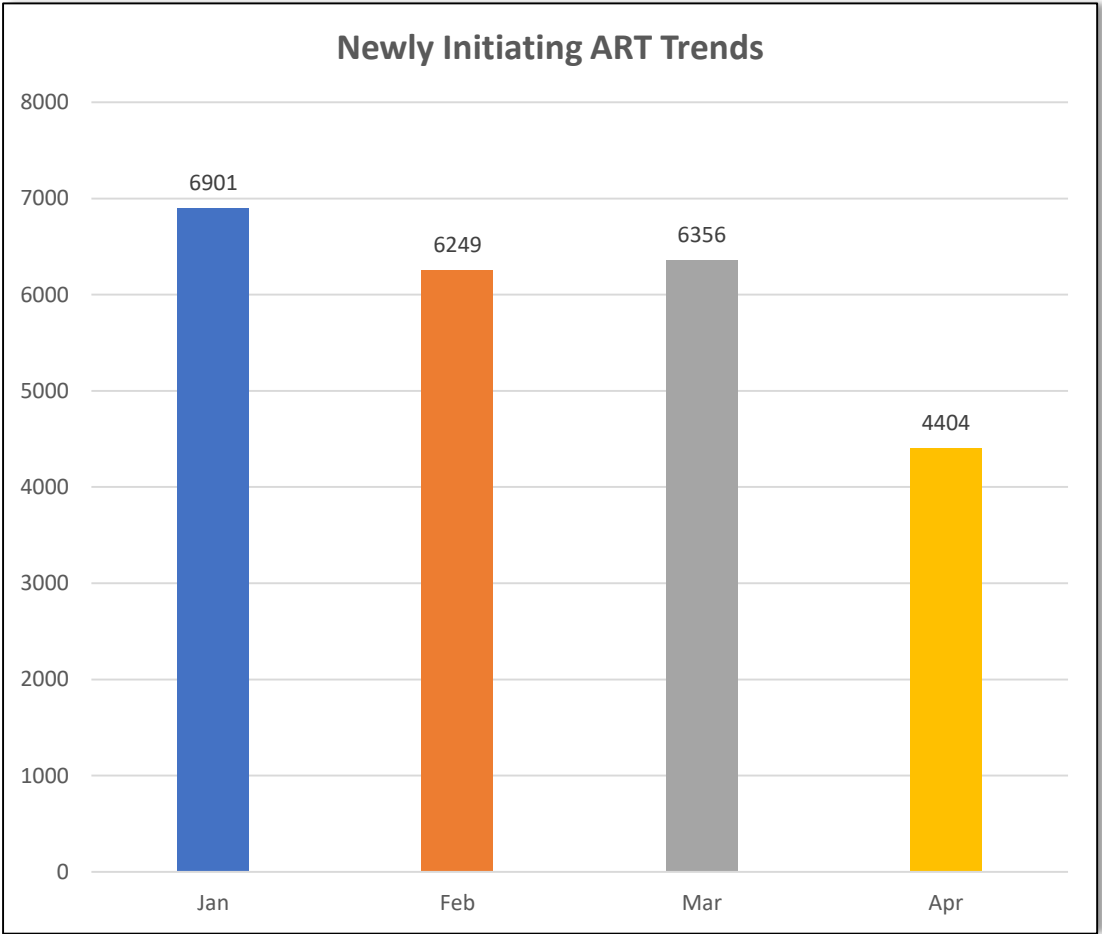
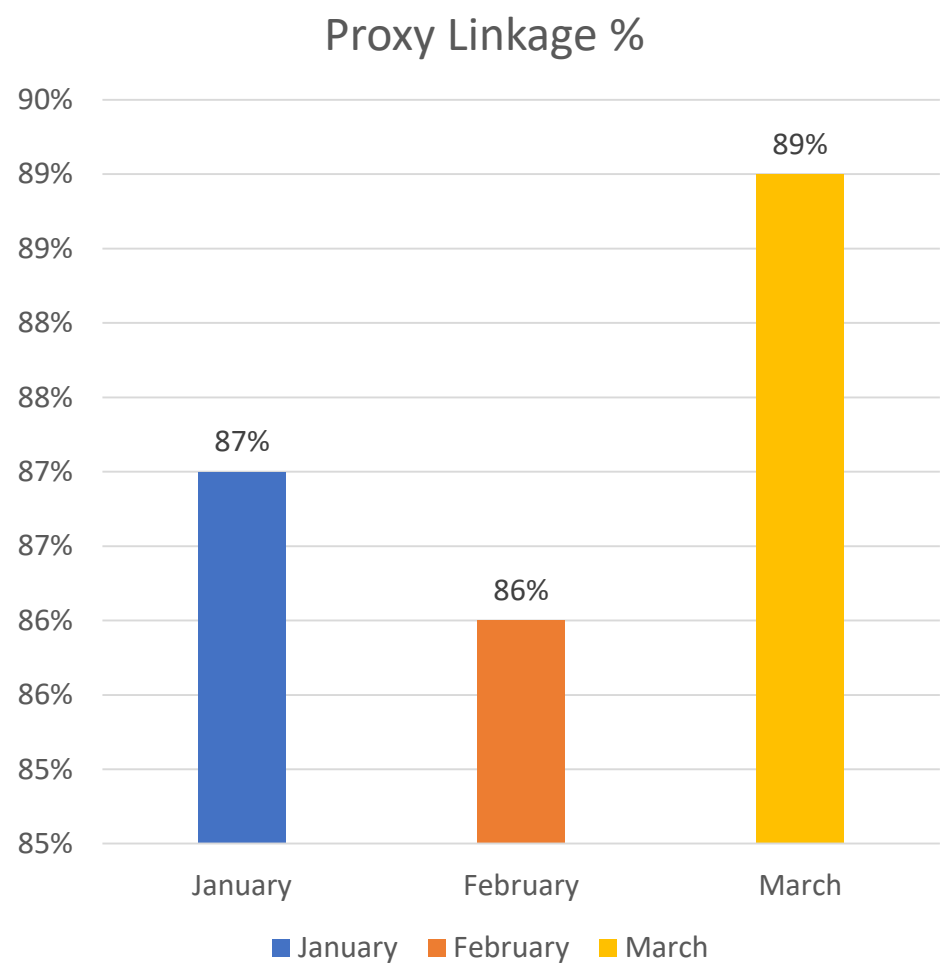
2nd and 3rd 95



27th May 2020



Month on Month Proxy Linkage and New Initiations



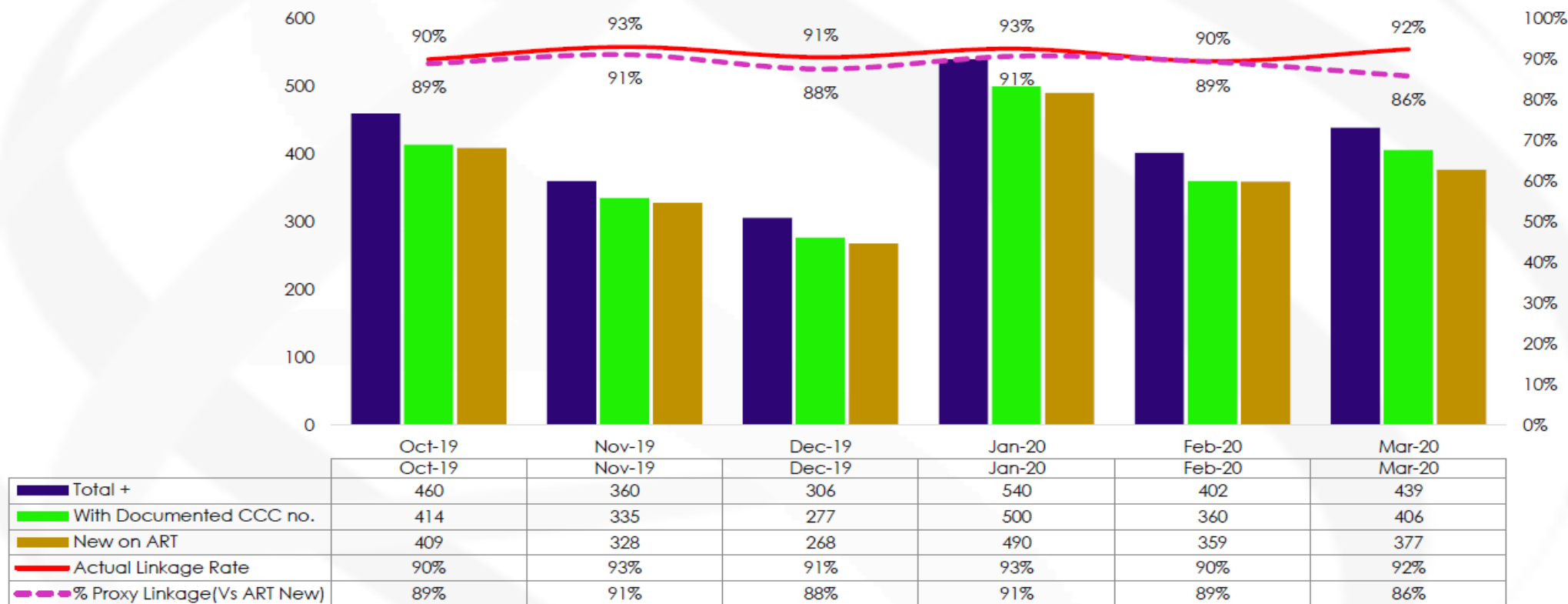
Proxy linkage in the month of March at 89%

31% drop in Treatment initiations between the months of March and April 2020

Data Source: PEPFAR DATIM accessed 5/16/2020

ART decline and request for time remains a major reason for non-linkage

Trends in Linkage Within the Month of Diagnosis (Review Period: October 2019 –March 2020; N=41 Health Facilities)



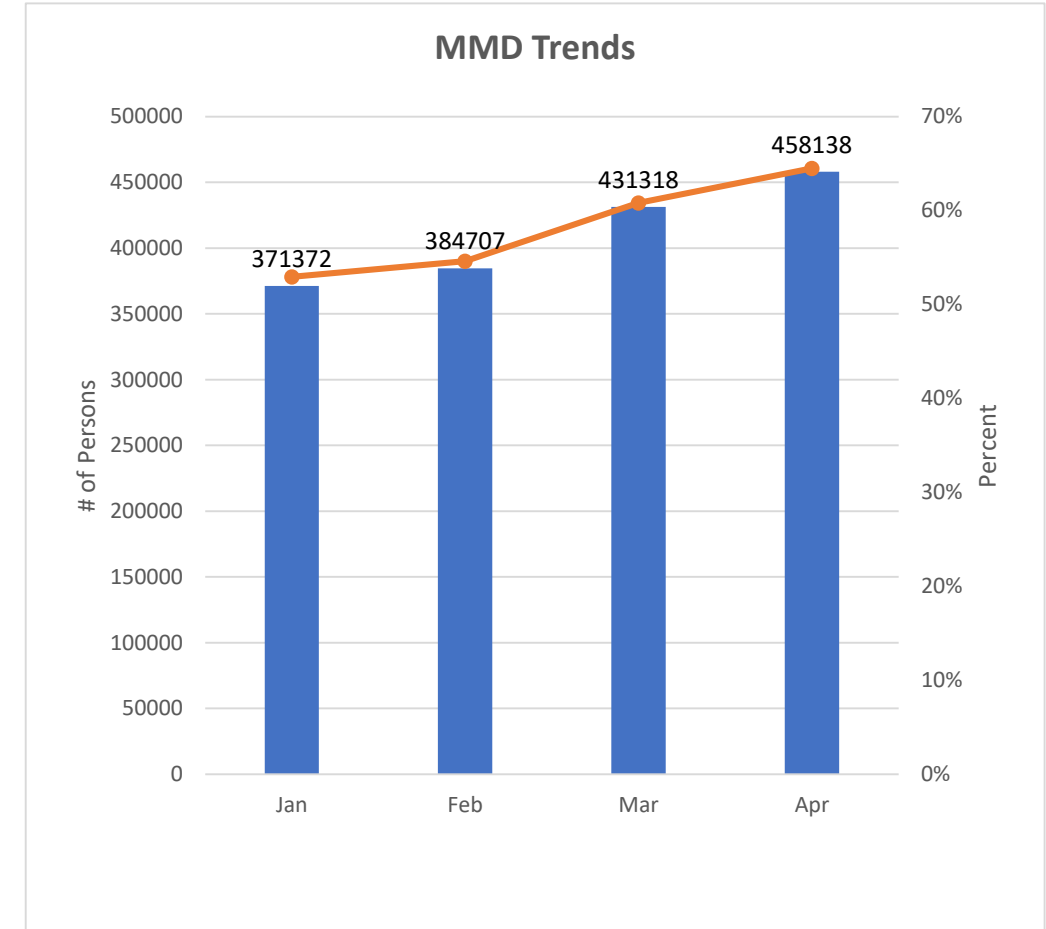
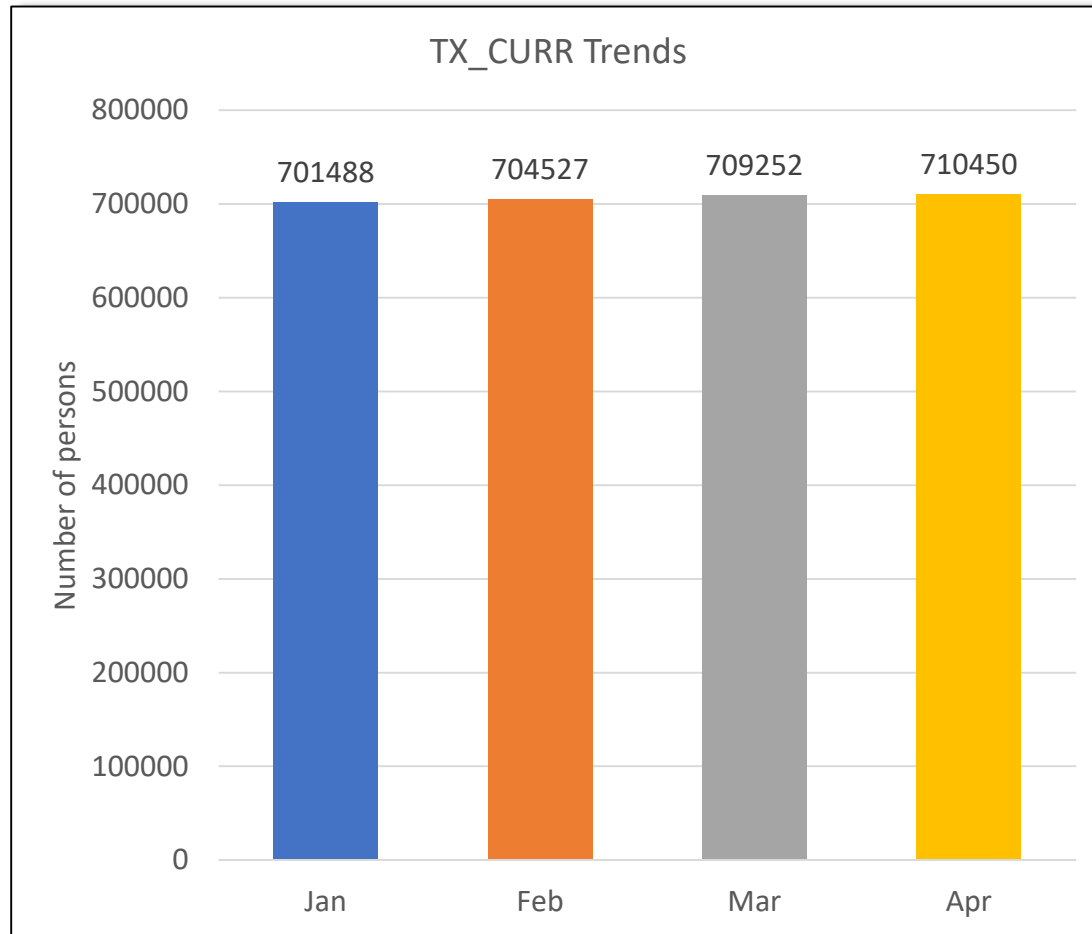
Clients with Documented CCC no not in ART New

Linked within Nairobi outside PACT sites- 10
Linked outside Nairobi-17
Died before ART-1
Suspected TB or Cryptococcal Meningitis-11

Reasons not Linked (No CCC Number)

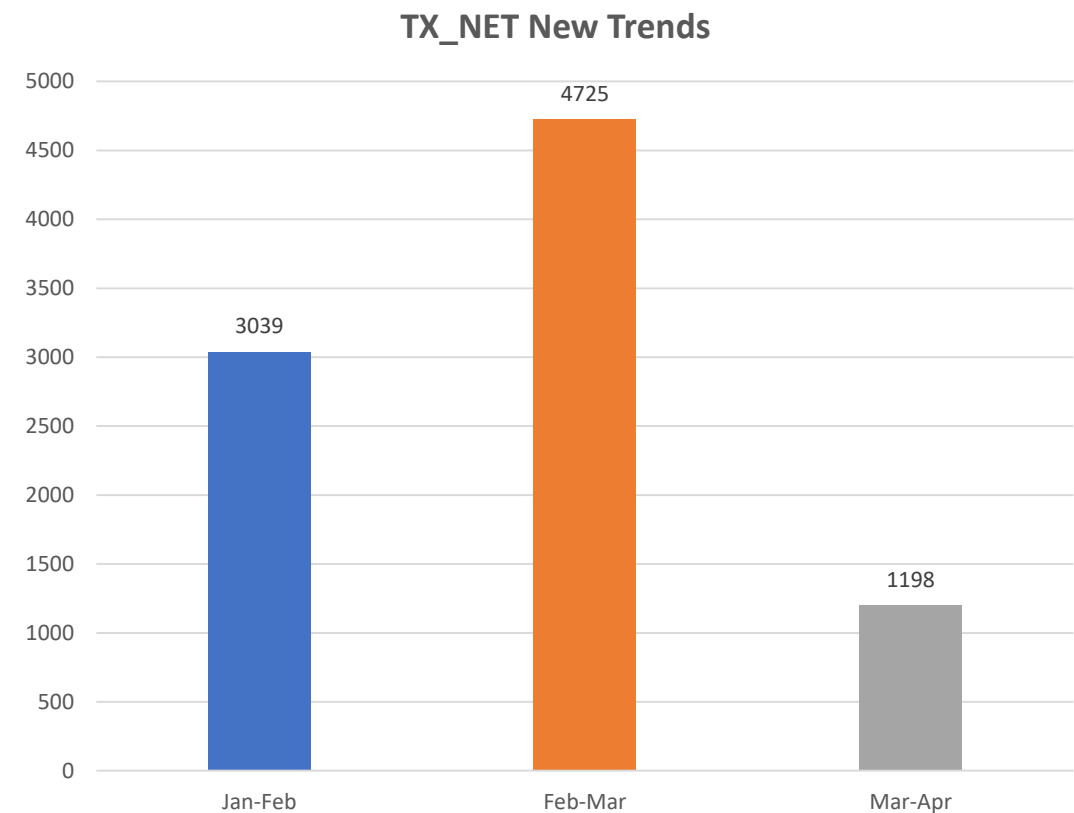
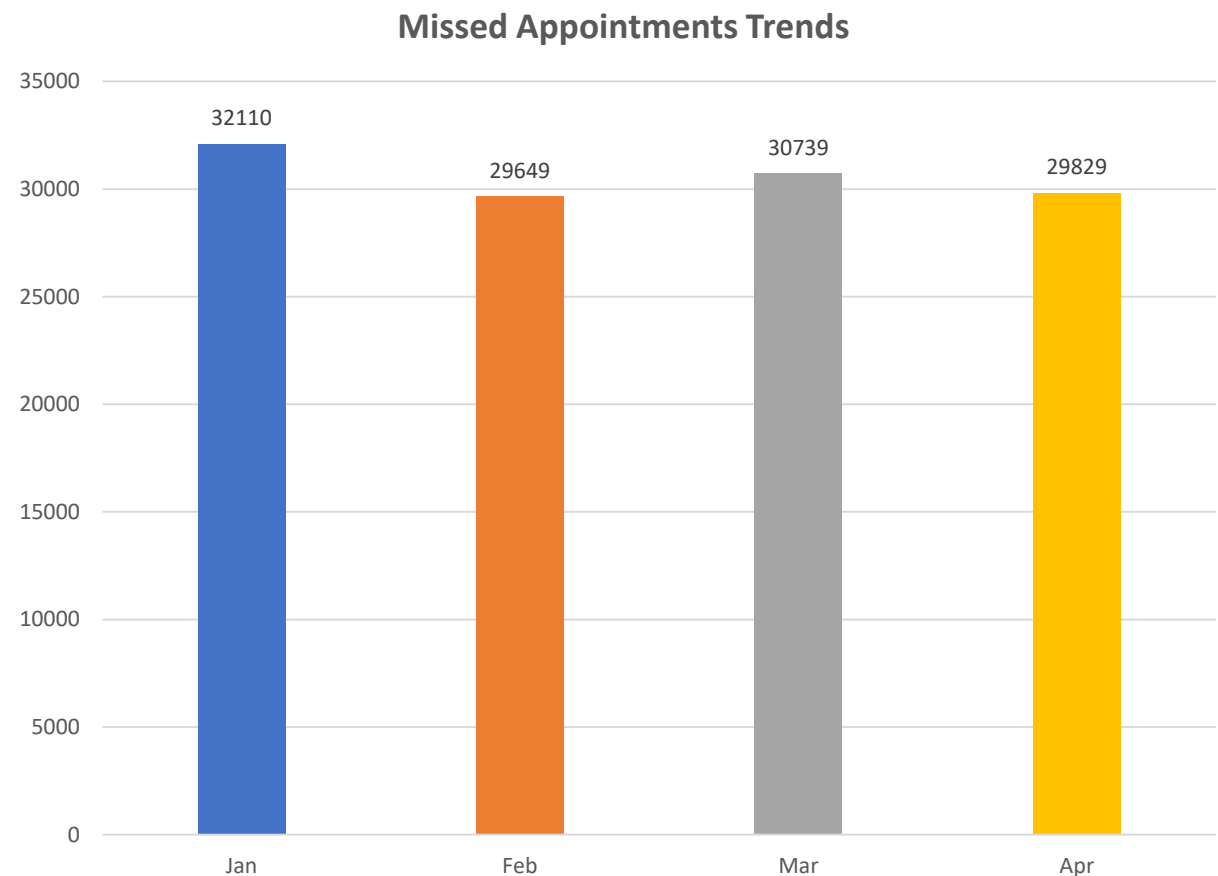
Declined results-1
Declined ART- 14
Requested more time-13
Died before Linkage-1
Reports linkage but CCC no. not verified-4

ART Cohort Growth and MMD Trends



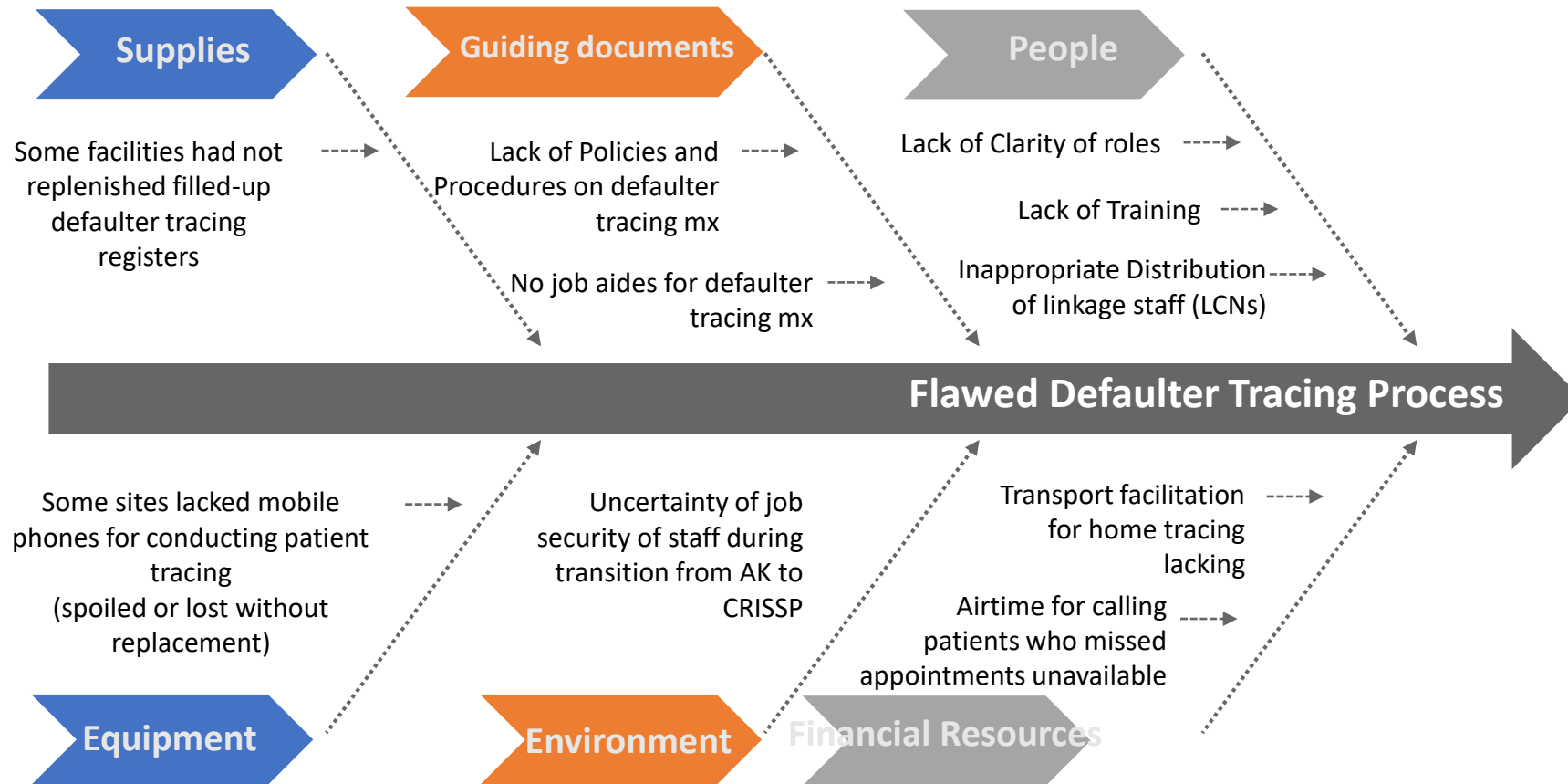
The program still experiencing net growth of treatment April 2020
64% of the Treatment Cohort on MMD at the end of April 2020

Continuity of Treatment: Net growth and missed appointment



While The program still experiencing net growth of treatment April 2020, comparative net growth declined between March and April 2020

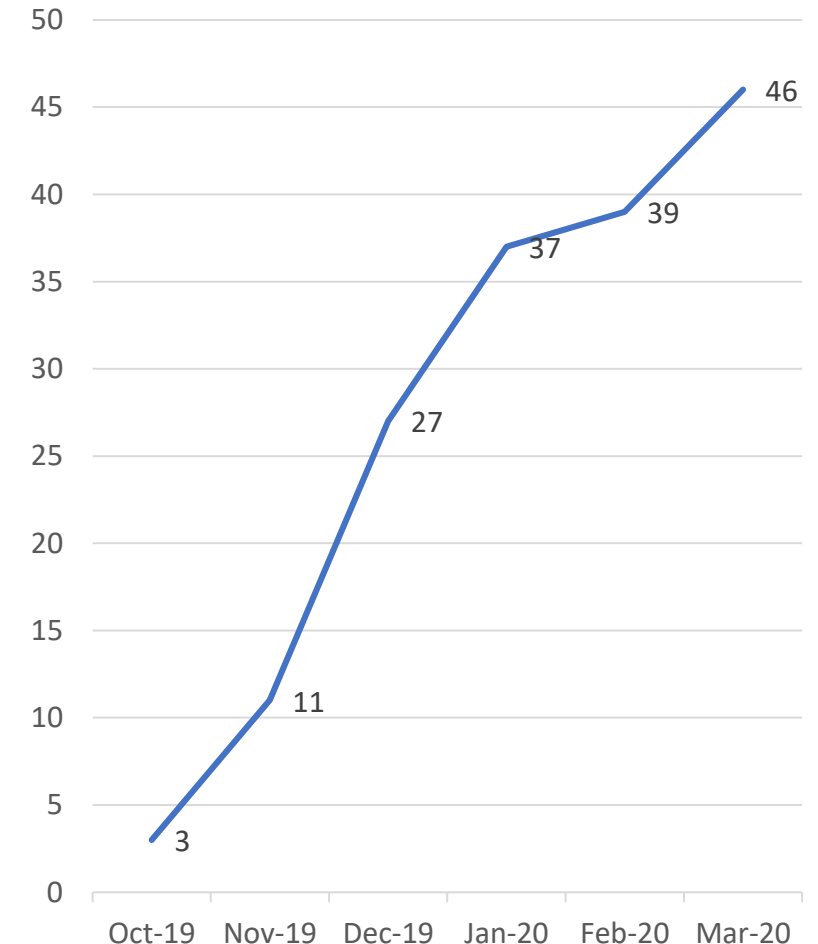
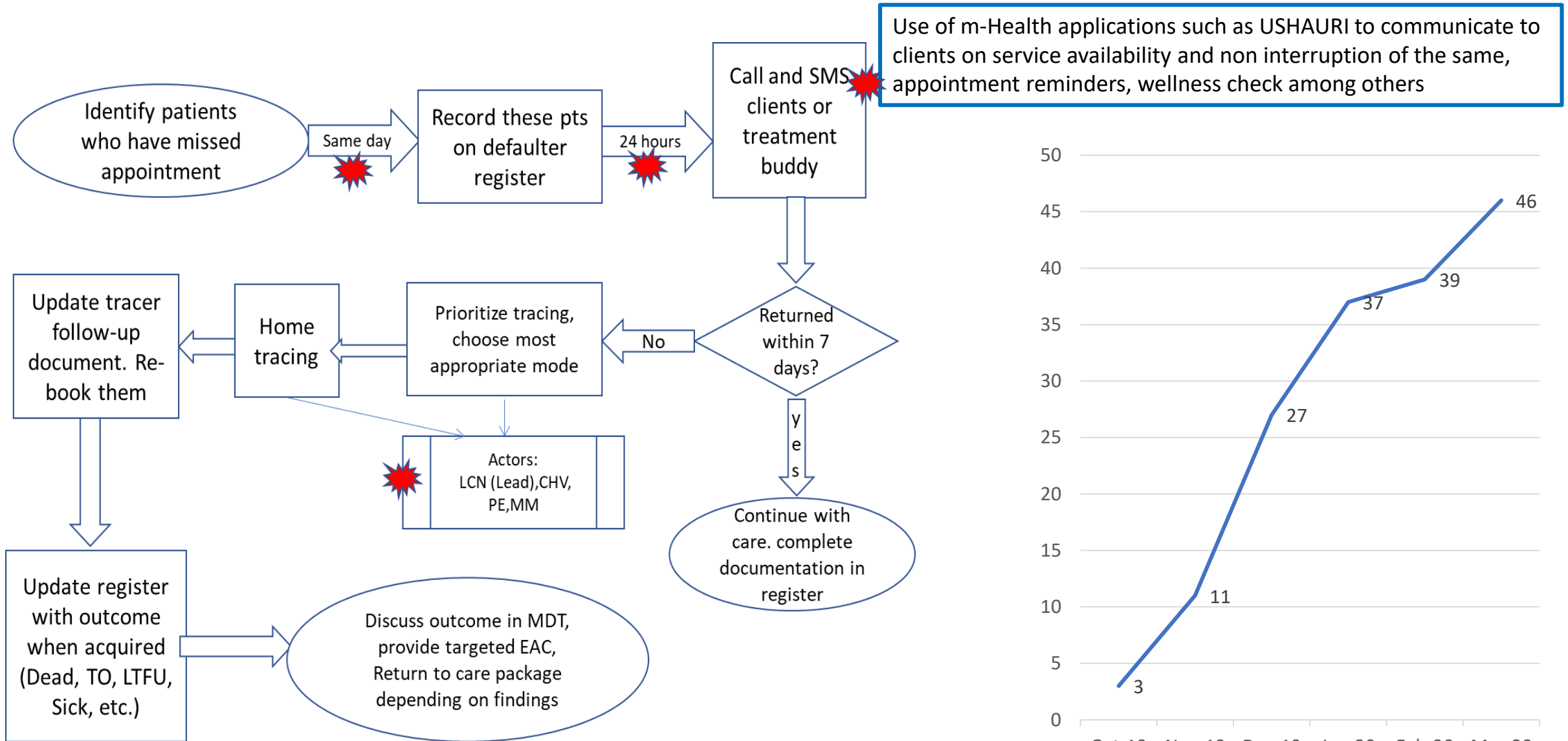
Best Practice: Improving Retention: CQI during COVID-19



Problem Statement

- Facilities that were added to the program in FY20 generally had below target performance in 12 months ART cohort retention.
- A baseline assessment of 29 facilities at the beginning of FY20 revealed a 12 month ART cohort retention rate of 71% on average.
- The assessment revealed a deviation in process of defaulter tracing in these facilities.

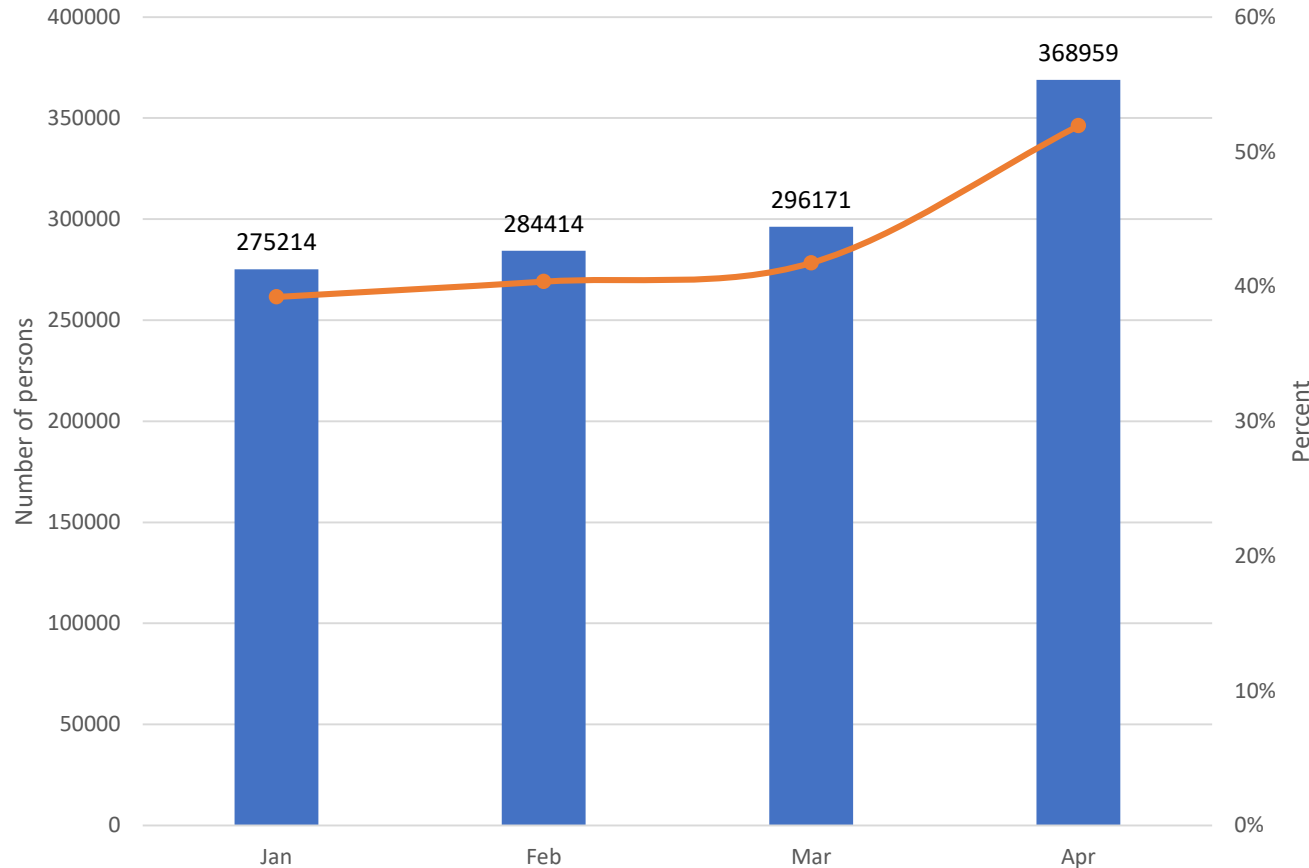
Best Practice: Improving Retention: CQI during COVID-19



- WhatsApp support Groups for AYP

ART Optimization to TLD ongoing: **368,959** on a DTG based regimen

Number on TLD Trends



1. DTG50mg for all children $\geq 20\text{kg}$

"DTG50mg (with appropriate NRTI backbone) is preferred for all children reaching or already at least 20kg body weight (children starting ART and currently receiving ART.)"

2. LPV/r preferred for children $< 20\text{kg}$

"Pediatric LPVr formulation (with appropriate NRTI backbone) are preferred for all children $< 20\text{kg}$ body weight, (children starting ART and currently on NVP- or EFV-based receiving ART.)"

3. TLD for $\geq 35\text{kg}$

"TLD is the preferred first- and second-line regimen for all PLHIV weighing at least 35kg. This preference applies to all PLHIV, including women of reproductive potential, pregnant and breastfeeding women, men, and adolescents."

4. MMD: Expand access to MMD

"Patients eligible for MMD, provided they meet the general criteria for MMD include (a) adolescents; (b) children (3-month MMD for children 2-5 years old; 3-to 6-month MMD for children at least 5 years old) and (c) pregnant and breastfeeding women who were already receiving MMD before pregnancy."

- ART optimization is a key priority for CDC Kenya
- Policy framework in place for both adults and especially for children

Kenya's goal is to ensure that all eligible individuals to be transited to TLD

3rd 95: VL Suppression remains high: Challenges with children

	TX_PVLS(D)	TX_PVLS(N)	TX PVLS		
Levels	Targets	Targets	SAPR20(D)	SAPR20(N)	%Suppressed
USG	1239556	1177610	1029419	956742	93%
CDC	748416	711014	632969	595733	94%

Age Group	% Suppression
Less 2	64%
2-9	84%
10-14	85%
15-19	85%
20-24	90%
25+	94%

- **ART optimization** aligned with WHO recommendations
 - LPV/r for < 20kg
 - DTG for 20+kg
 - TLD for 35+kg
 - Cancel and curtail EFV orders for C/ALHIV 10+ kg
-
- **Prioritization during COVID-19 Crisis:**
 - New Patients
 - PBFW
 - EID, Unsuppressed patients
 - **Prioritization changing as numbers surge to health facilities**

TB- COVID 19 EFFECTS AND MITIGATION



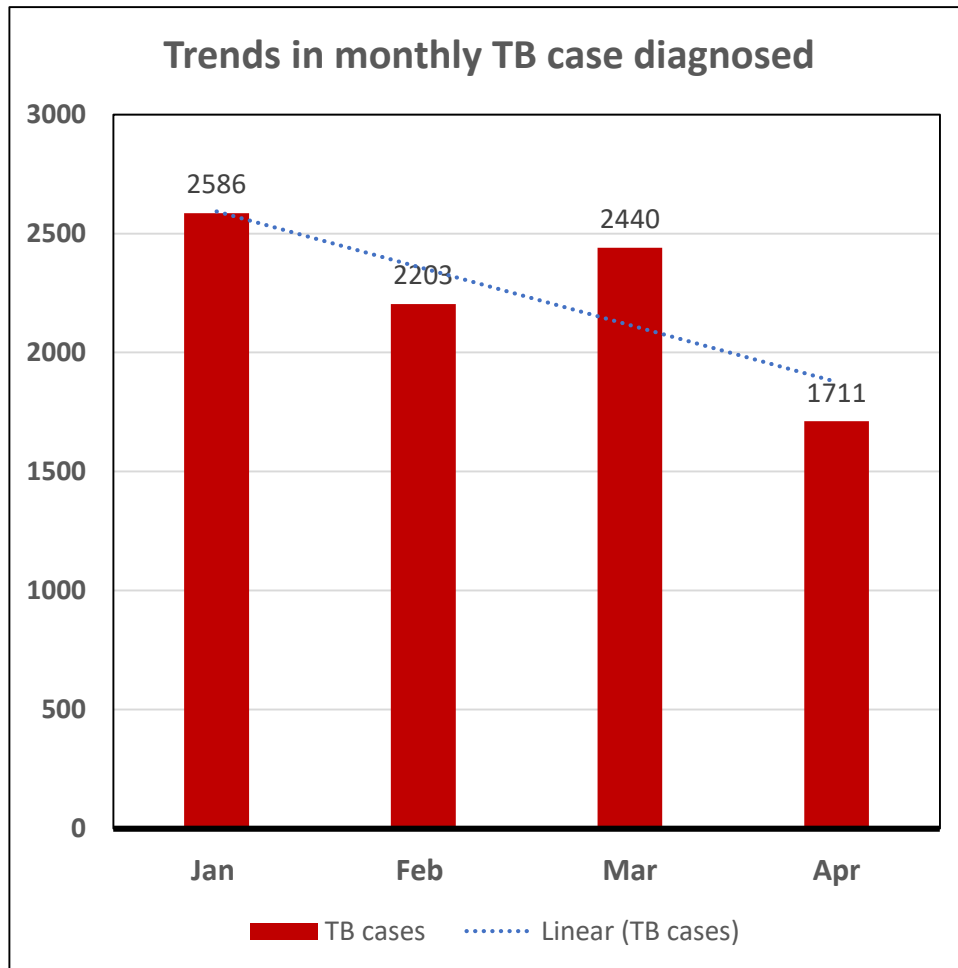
TUBERCULOSIS CASE FINDING

Experience

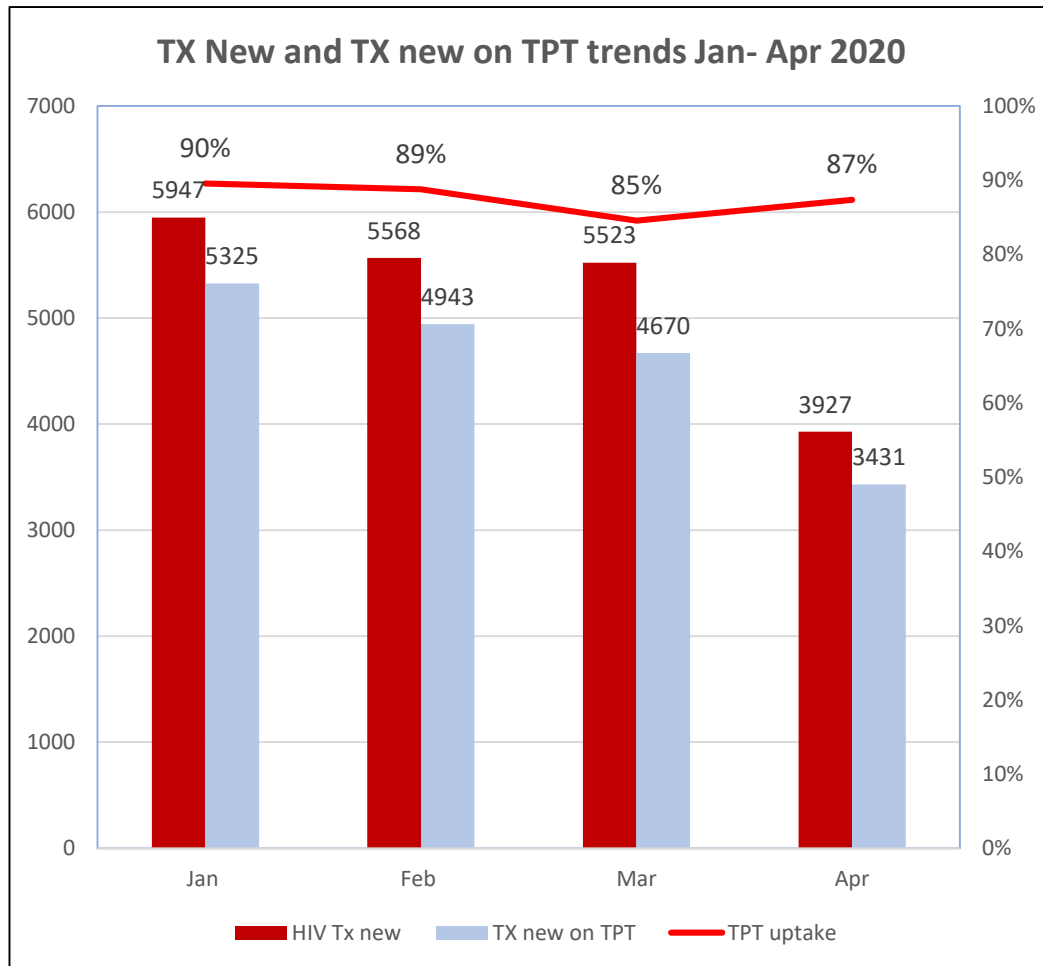
- Decline in number of TB cases diagnosed
- Overall decline in OPD attendance
- Reluctance of health care workers to handle presumptive TB cases
- Reduction in contact tracing
- Reduction in Genexpert machine utilization

Mitigating measures

- Provision of PPE
- Messaging on enhanced evaluation of suspected covid-19 case for TB & vice versa
- Strict implementation of TB and COVID-19 IPC measures
- Strict implementation of sputum collection & handling guidelines
- Provision of airtime for TB Contact tracing over the phone
- Intensive and continuation phase duration of TB treatment doubled



TB PREVENTIVE THERAPY AMONG TX-NEW CLIENTS



Experience

- Decline in Newly Identified HIV positive patients
- Proportion initiated on TPT remains relatively stable above the 85% target

Mitigating measures

- Provision of PEPFAR guidance on TPT implementation in COVID 19 settings
- **TPT initiation and follow-up**
 - Aligned TPT dispensing to clinic visits to ART
 - DSD models to be utilized to provide TPT in community settings
 - ADR and adherence monitoring done by phone
 - Fast tracking of refills for stable patients

INFECTION PREVENTION AND CONTROL (IPC)

- Review Facility TB IPC plans and ensure basic principles and standard precautions are applied
- Limit Health care facilities visits to those that are medically essential.
- Implement of the current MoH TB IPC guidelines
 - ✓ Review TB IPC plans with consideration for COVID 19 IPC
 - ✓ Health talks on cough hygiene, cough monitoring and fast tracking of coughers
 - ✓ Provision of hand washing facilities
 - ✓ Provision of PPE for program staff (work with AM)



OTHER TB-HIV ACTIVITIES

Stigma



- **Stigma**, discrimination, and social isolation are relevant for COVID-19, TB, and HIV
 - ✓ Drive people to hide their illness
 - ✓ Deter people from seeking care immediately
 - ✓ Discourage them from adopting healthy behaviors

TB Lab

- **Gx-COVID-19 testing Capacity mapping**
 - Testing of all HIV positive Presumptive TB cases using GX test
 - Sensitization on IPC and biosafety in handling of biohazardous materials
 - Mapping and capacity assessment in readiness for COVID-19 testing on Gene Xpert platform.



Adjusting COP 19 2nd and 3rd 95 Priorities

Strategic Priority	Ongoing and/or modified**	Paused
Treatment Initiation	<ul style="list-style-type: none"> Facility-based same-day ART initiation Specialized clinics: PMTCT Tracking retention and missed appointment** 	<ul style="list-style-type: none"> Community tracing of missed appointments
MMD Scale-up	<ul style="list-style-type: none"> 3-6 month refills for all stable and unstable PLHIV Facility based Pharmacy fast-track refills Flexible ART delivery models such as community ART distribution** Policy change for MMD deferred to May 2020 	
ART Optimization	<ul style="list-style-type: none"> Transition to DTG based regimen as per MOH guidance LPV/r pellets rollout NVP phase out Upcoming ART Guideline review deferred to May 2020 	
Adherence and retention tracking	<ul style="list-style-type: none"> m-Health applications such as USHAURI to communicate to clients on service availability Telephone tracking of missed appointments, defaulters, & LTFU EAC for unsuppressed and new on ART 	<ul style="list-style-type: none"> Physical tracking and home visits deferred Community support groups

Adjusting COP 19 2nd and 3rd 95 Priorities

Strategic Priority	Ongoing	Paused
Facility Triage and clinic flow	<ul style="list-style-type: none"> • Temperature measurement at clinic arrival • Symptomatic isolation of patients with immediate IPC measures observed • Facility, staggering clinic appointments times throughout the entire day to avoid overcrowding • Health education sessions on essentials of IPC and COVID 19 control • Allow staff (>55years) and those with comorbidities to take annual leave 	
Infection Prevention and Control	<ul style="list-style-type: none"> • Procurement of masks and reusable gowns • Provision of gloves, hand sanitizers, and soap 	
Viral load monitoring and patient management	<ul style="list-style-type: none"> • Prioritize EID and viral load services for children, PBFW, and adults with documented non-suppression on their last VL result • Sample collection for all eligible PLHIV • Documentation of results in files using e-lab system • Fast-track EAC appointments 	<ul style="list-style-type: none"> • Physical tracking and home visits of unsuppressed
<ul style="list-style-type: none"> • Program level Support/TA 	<ul style="list-style-type: none"> • Web conferencing meetings held weekly with the core TA teams to review updates and plan activities • Technical assistance visits to health facilities (<i>reduced intensity</i>) 	

ABOVE SITE ACTIVITIES RELATED TO TREATMENT

Laboratory Systems
Commodities
SI and Reporting



Laboratory Activities in Context of COVID-19

Strategic Priority	Ongoing and/or modified**	Paused
Access to VL testing	<p>Ongoing but reduced to about 65%. Priority to PMTCT clients, clients with Unsuppressed VL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reason: Fewer samples received <input type="checkbox"/> Lab staff social distancing necessitates leaner shifts 	<ul style="list-style-type: none"> • No
Access to EID testing	Ongoing.	<ul style="list-style-type: none"> • No
Quality assurance for HIV related testing	<p>Ongoing</p> <ul style="list-style-type: none"> <input type="checkbox"/> RHT PT cycle- 80% response rate to date <input type="checkbox"/> GXT PT ongoing <input type="checkbox"/> VL and EID PT ongoing 	<ul style="list-style-type: none"> • No
BSC certification in Counties	<ul style="list-style-type: none"> • Limited due to intercounty travel restrictions 	<ul style="list-style-type: none"> • Partial
Biosafety training	<ul style="list-style-type: none"> • Modified to Zoom/Skype/ECHO for facilities with internet. • Trainings modified to address safety concerns among HCW 	<ul style="list-style-type: none"> • For facilities without internet access
Regional Laboratory CQI activities	<ul style="list-style-type: none"> • Modified to tele- mentorship 	<ul style="list-style-type: none"> • On-site mentorship paused

SUPPLY CHAIN/COMMODITIES

Strategic Priority	On-going and/or modified	Paused/interrupted
HIV Commodity Security	<p>Enhanced activities to ensure continuity and adequacy of supplies</p> <ul style="list-style-type: none"> • National level- National contingency plan developed to address supply chain risks (new) • Monthly commodity security and procurement planning meetings on-going • FY 21 orders- Exploring feasibility of advance orders/forwarding funding for FY 21 supplies to allow early replenishment of in-country stocks • Increased facility level stocking level for ARVs and related commodities from 3 to 4 months 	<ul style="list-style-type: none"> • None
Patient-centered Supply Chain	<ul style="list-style-type: none"> • MMD-Dispensing ARVs for at least 3 months per visit for ALL PLHIV regardless of age, VL status or stable/unstable categorization to minimize risk of COVID 19 exposure • Distribution of 90-count TLD packs to all facilities to facilitate MMD • Enhanced focus on implementing and scaling up flexible ART delivery models 	<ul style="list-style-type: none"> • Pediatric treatment optimization – policy revision interrupted

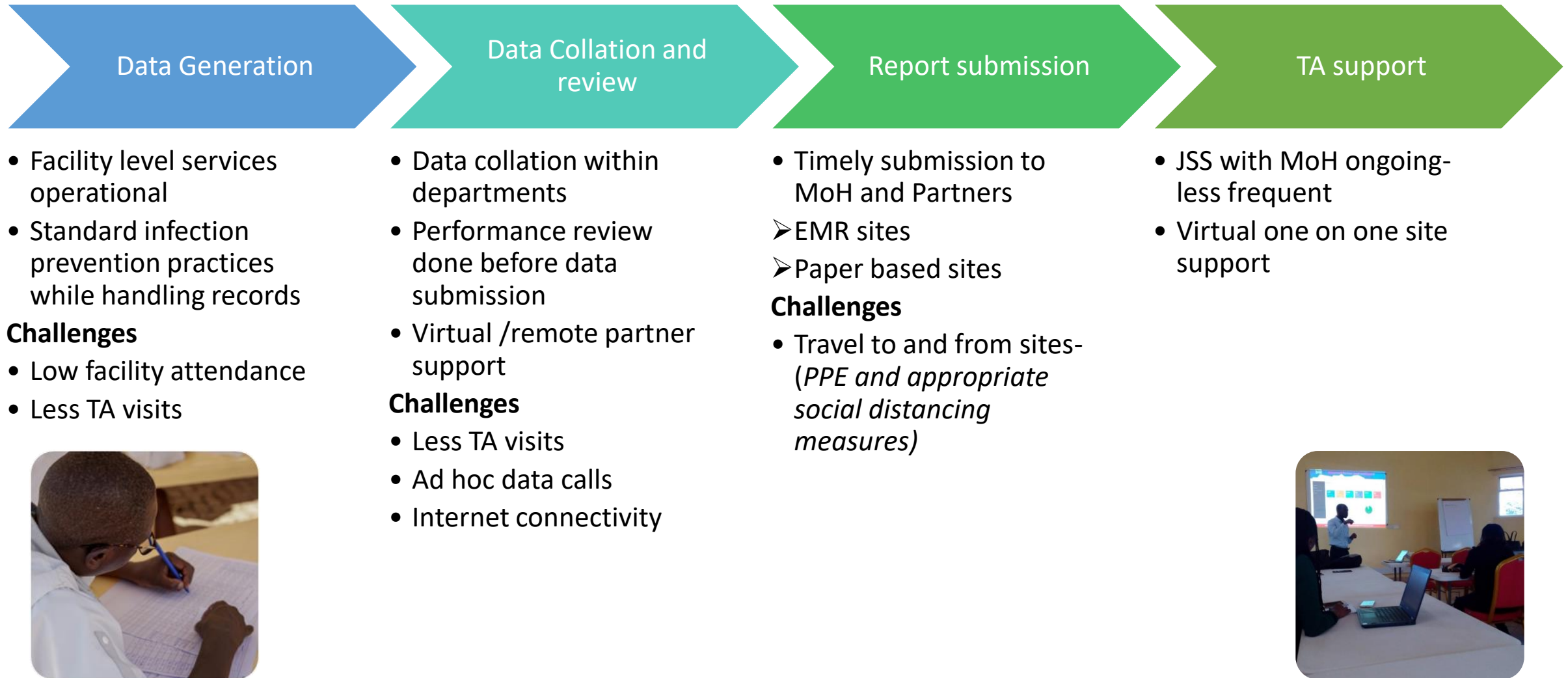
COMMODITIES RISK MATRIX AND MITIGATION STRATEGIES

Table 6: Commodity Risk matrix

Item Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Tenofovir/Lamivudine/Efavirenz (TDF/3TC/EFV) 300mg/300mg/400mg FDC tabs	8.2	7.2	6.2	5.2	4.2	3.2	2.2	1.2	0.2
Tenofovir/Lamivudine/Dolutegravir (TDF/3TC/DTG) FDC (300/300/50mg)	8.0	12.7	13.8	12.8	11.8	10.8	9.8	8.8	7.8
Abacavir/Lamivudine (ABC/3TC) 120mg/60mg FDC Tablets 30s	22.1	21.1	20.1	19.1	18.1	17.1	16.1	15.1	14.1
Abacavir/Lamivudine (ABC/3TC) 600mg/300mg FDC Tabs	15.1	14.1	13.1	12.1	11.1	10.1	9.1	8.1	7.1
Atazanavir/Ritonavir (ATV/r) 300/100mg									

- COVID-19 Impact
 - Delayed manufacture & Delivery to KEMSA
 - APIs, logistics disruption
- Commodity Risk Matrix
- Monthly and Bi weekly meetings
- MMD dispensing drugs for > 3 Months
- Changed shipment mode from sea to air-shipments.
- Encouraging suppliers to utilize custom bond to clear delayed consignments to shorten delivery lead-times.
- Supporting redistribution of commodities among facilities to minimize stock-outs.
- Plans to initiate COP 20 procurements so as to queue our orders as there are projected lengthy lead-times.

REPORTING CASCADE AND CHALLENGES



OPPORTUNITIES AND LESSONS LEARNT



OPPORTUNITIES AT NATIONAL AND COUNTY LEVEL

COVID-19

National level

- Staff assigned to several sub-committees- case management, IPC, Lab
- Development of county COVID operational handbook
- Support development of guidelines, SOPs and job aides
- Support capacity building

County level

- Support access to virtual trainings- airtime bundles, ECHO platform,
- Dissemination of IEC materials
- IPC – Handwashing facilities, PPE
- Involved as key stakeholders- strategy and coordination
 - County liaisons

HIV Program

National level

- Support GoK to develop specific guidance for HIV programs
- Support GF applications
 - COVID-19 response
 - HIV and TB
- Revision of 2020 guidelines ongoing- HTS, PMTCT, Treatment

County level

- Continues Technical Assistance
 - fewer site visits with increased remote support
- Review of strategies to respond to current environment
- Data review and troubleshooting
- Continuation Applications
- Scientific writing

LESSONS LEARNT

- **Leverage existing HIV program systems to rapidly build capacity for COVID 19 response**
 - HIV program platforms well adapted to respond to emerging health concerns
- **Stigma is a concern and must be continuously addressed**
 - Fear to disclose symptoms may result in missed opportunities eg TB diagnosis
- **HCWs quickly adapted to COVID-19**
 - Many of the HCWs are self-driven and participate in online CMEs
- **HIV patients are well informed and appreciated the Mhealth messages**
 - Initial communication resulted in fear in people with chronic diseases including HIV
- **CDC staff and implementing partner staff well placed to support the response, ensure correct communication and support capacity building**
- **Use of technology for TA and adherence support- Zoom meetings, whatsapp platforms, Mhealth etc**
- **Programs will promptly translated incoming guidance with varied innovations**
- **One CDC in Kenya' with all programs working closely together for COVID-19 TA Coordination.**

SUMMARY

- **Effect of COVID on program performance**
 - Decreased OPD attendance, HTS, HTS POS ,TX New and TB diagnosis
- **MMD for all (Stable and Unstable)**
- **Retention continues to be a concern and there are innovative strategies to address gaps**
- **Viral suppression – Maintained but need to continue focus on pediatrics and adolescents**
- **Systems**
 - Laboratory support-Increased use of common (multiplex) instruments, facilities, consumables, and PPE for COVID-19, HIV and TB-related testing in laboratories
 - Reporting
- **Virtual platforms – ECHO, Zoom, Mhealth**
- **Capacity Building**
- **County TA support is critical in a devolved health care system**

Questions?

THANK YOU!



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.