

# Implementing PEPFAR Activities in the COVID-19 Pandemic Era

CDC Malawi

September 30<sup>th</sup>, 2020



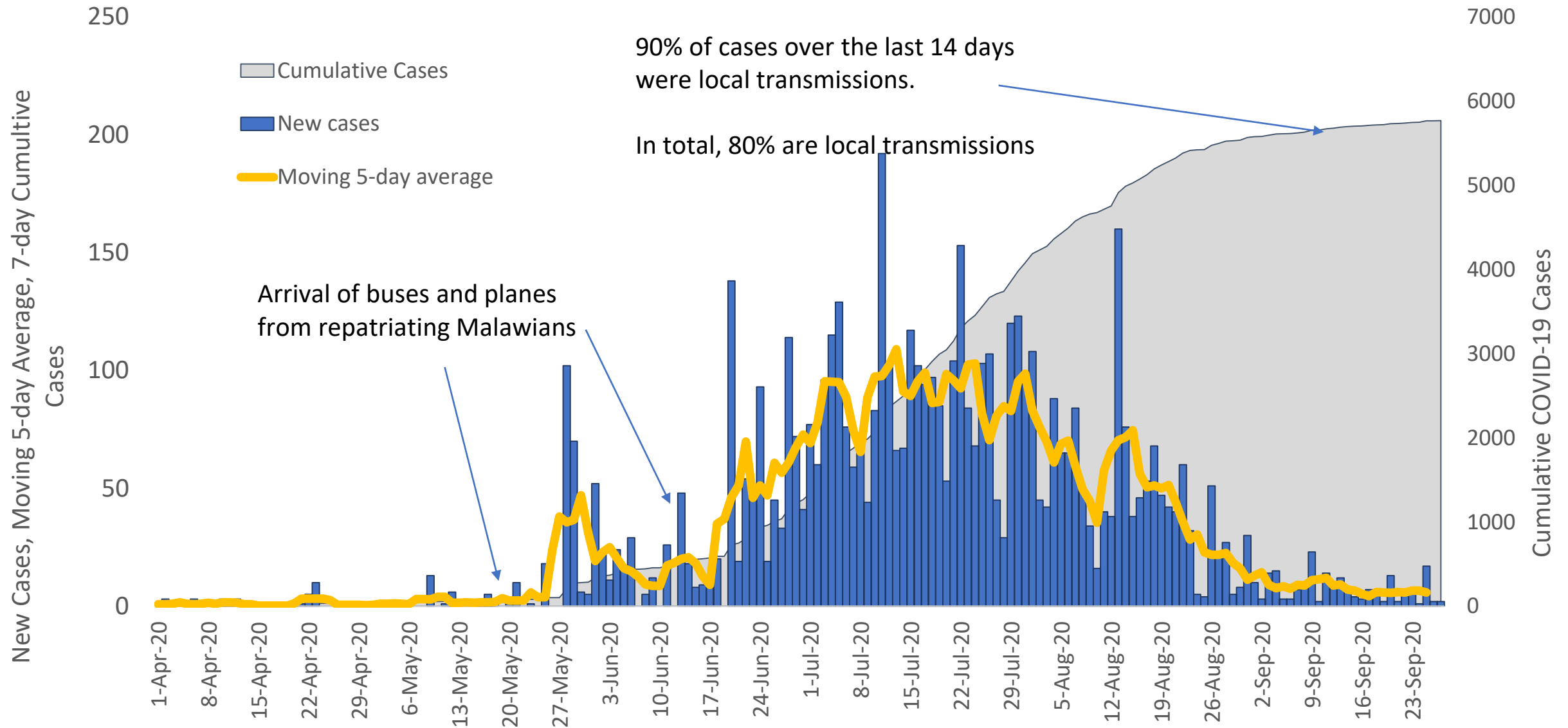
# Presentation Overview

1. Epidemiology of COVID-19 in Malawi
2. Integration of COVID-19 risk mitigation measures in HIV service delivery
3. Impact of COVID-19 on HIV service delivery

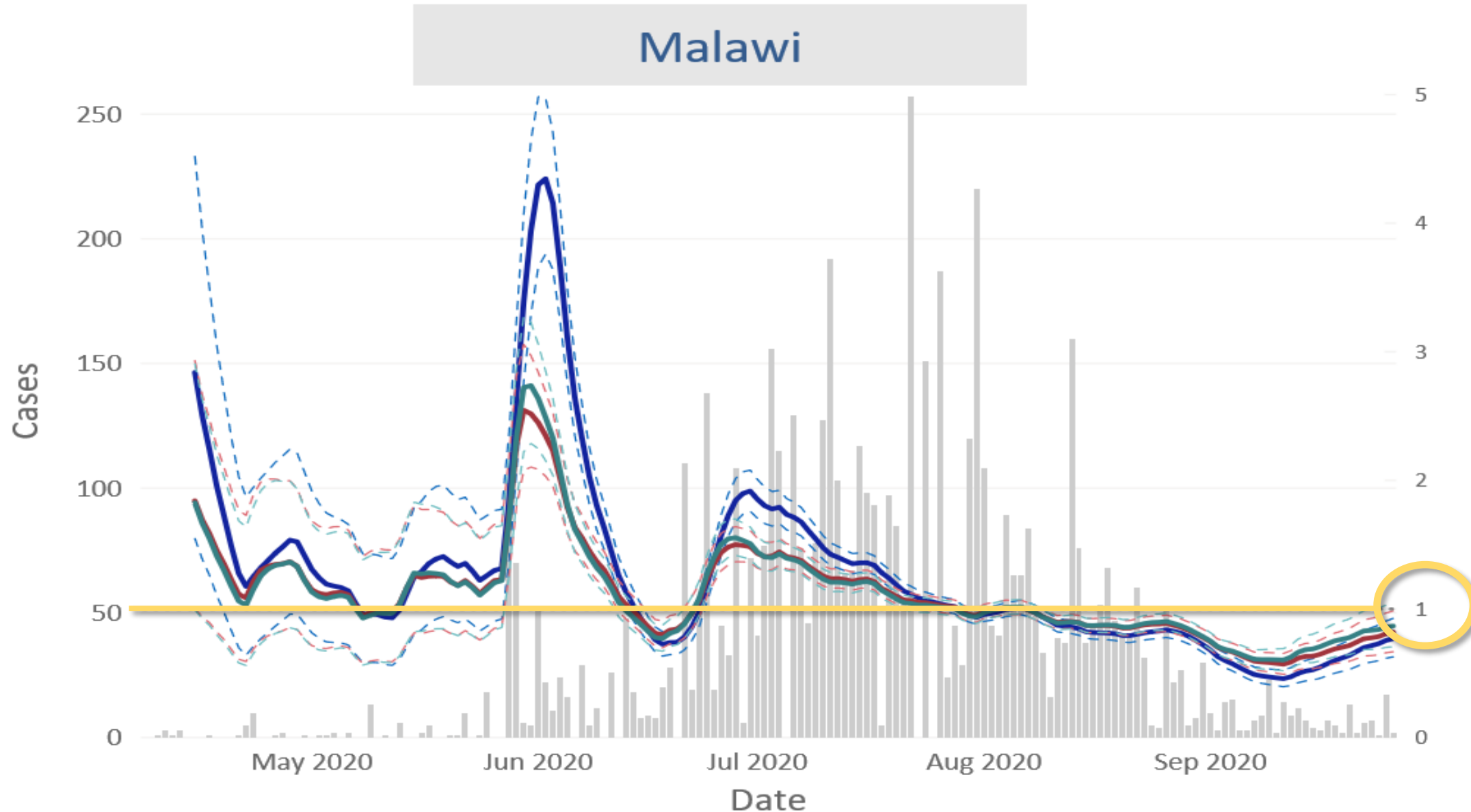


# 1. Epidemiology of COVID-19 in Malawi

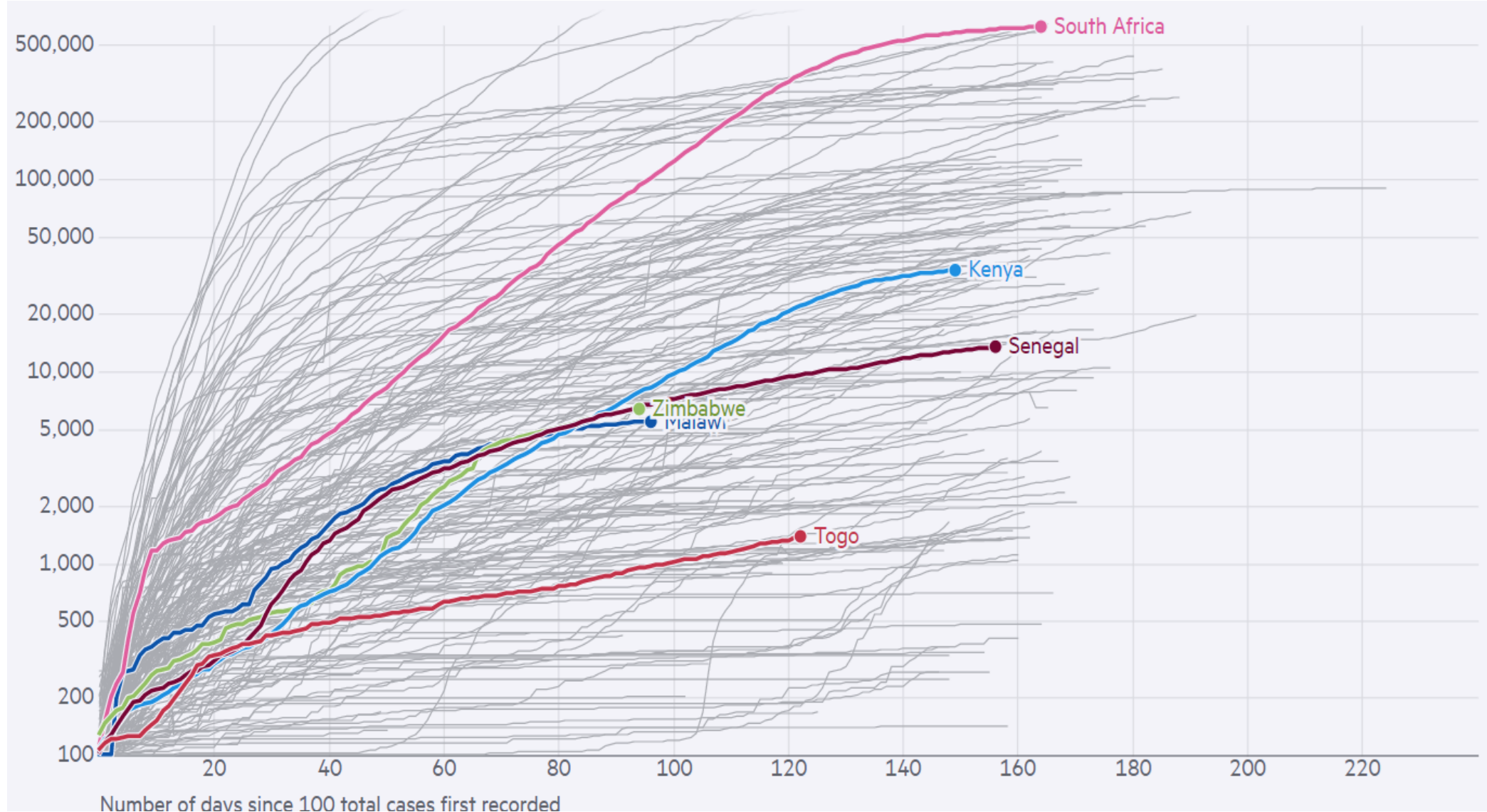
# Epidemic Curve – Sept 20 | Most recent 5-day moving average is 6 cases/day flat from about 5/day 2 weeks ago, and down from 11/day 4 weeks ago



# Malawi Rt Analysis COVID-19 cases in Malawi have been in “sustained decline” | Rt Consistently Below 1 since August, 2020

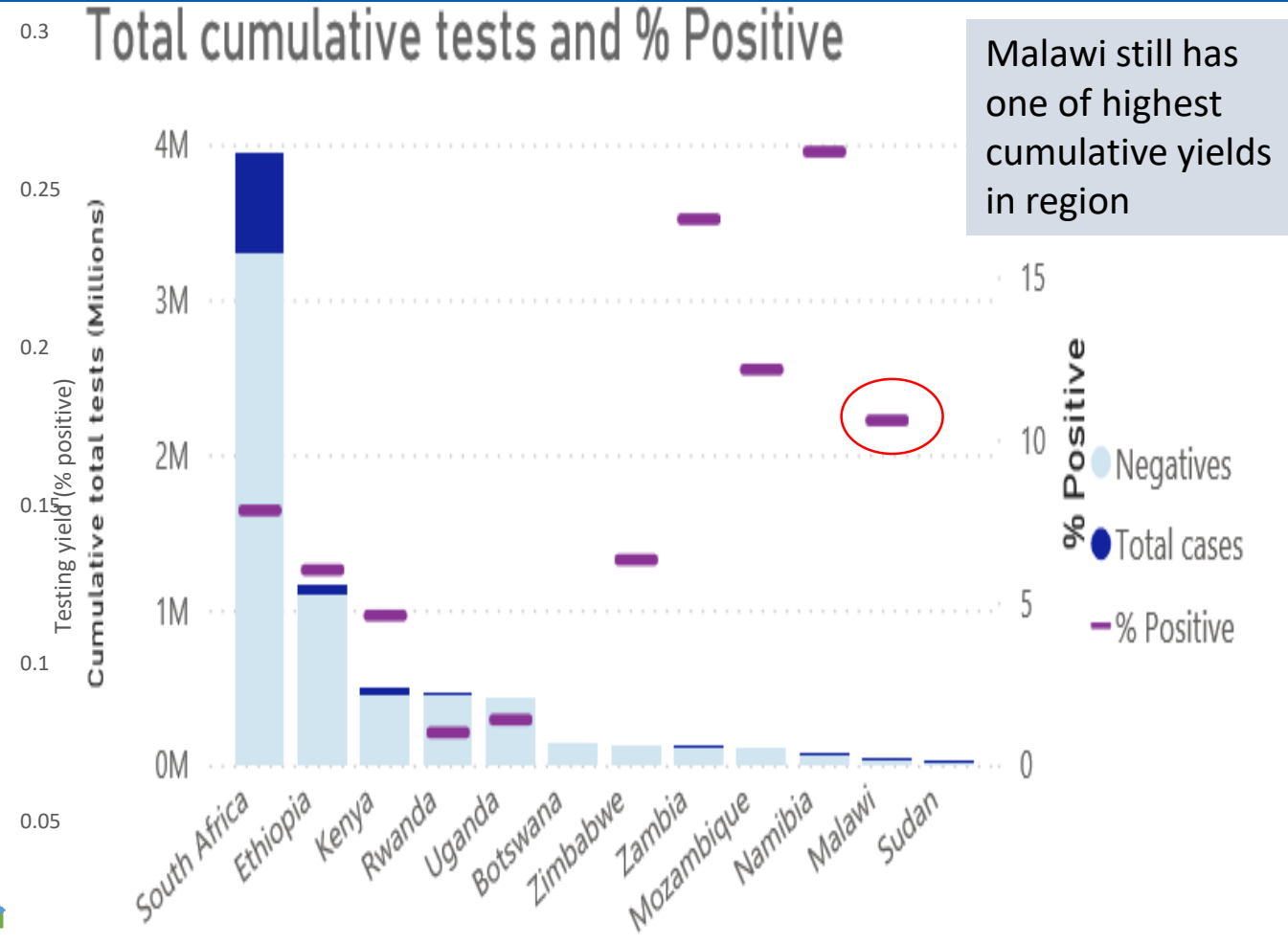
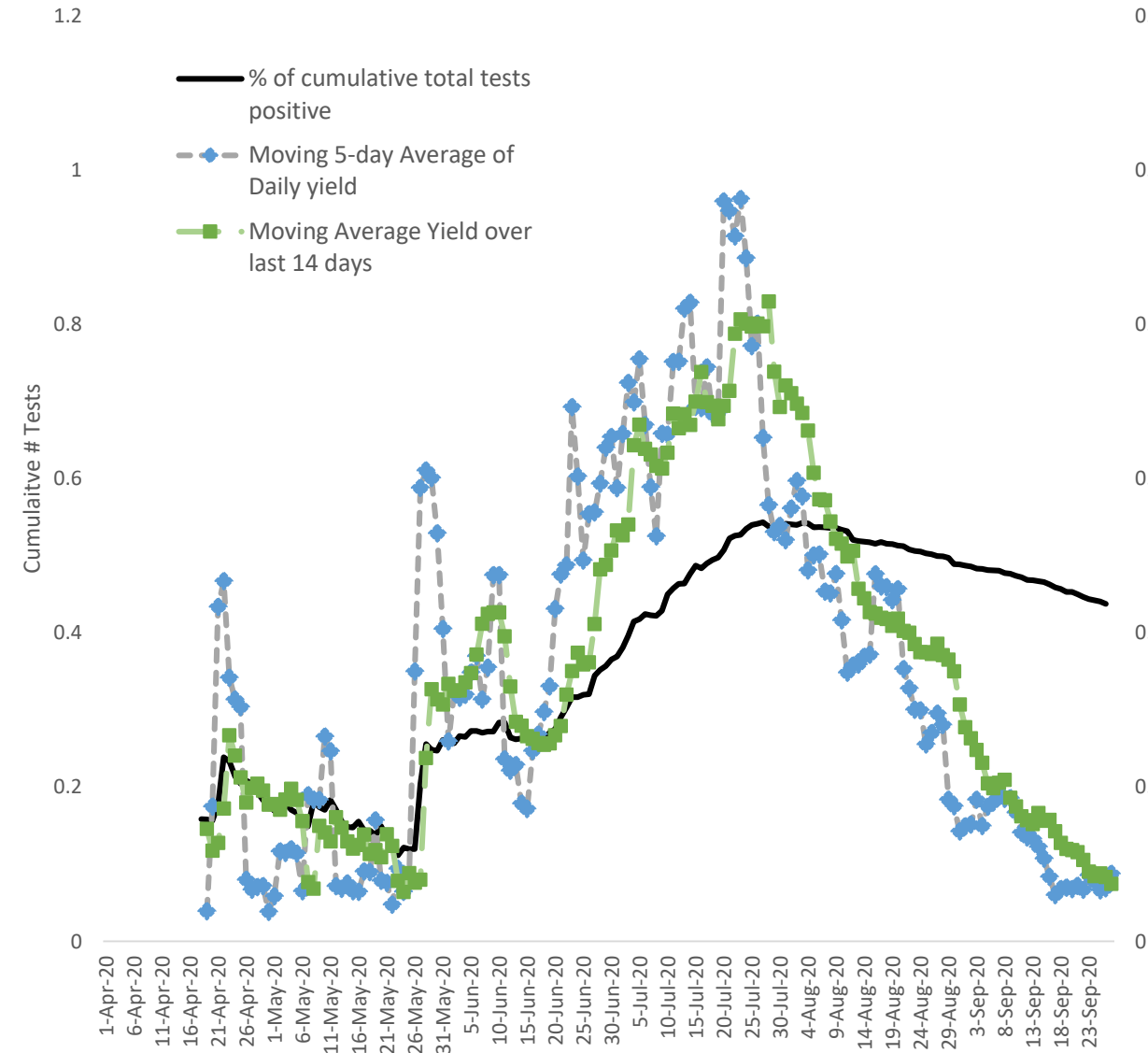


# Cumulative New Cases (log) | Malawi appears similar to other countries



Slide prepared by CDC HQ ITF

# Testing Yield (% Positive) | 11% of Cumulative COVID-19 PCR Tests Positive through Sept 28 - Moving 5-day average now 2%, down slightly from 3% 2 weeks ago.

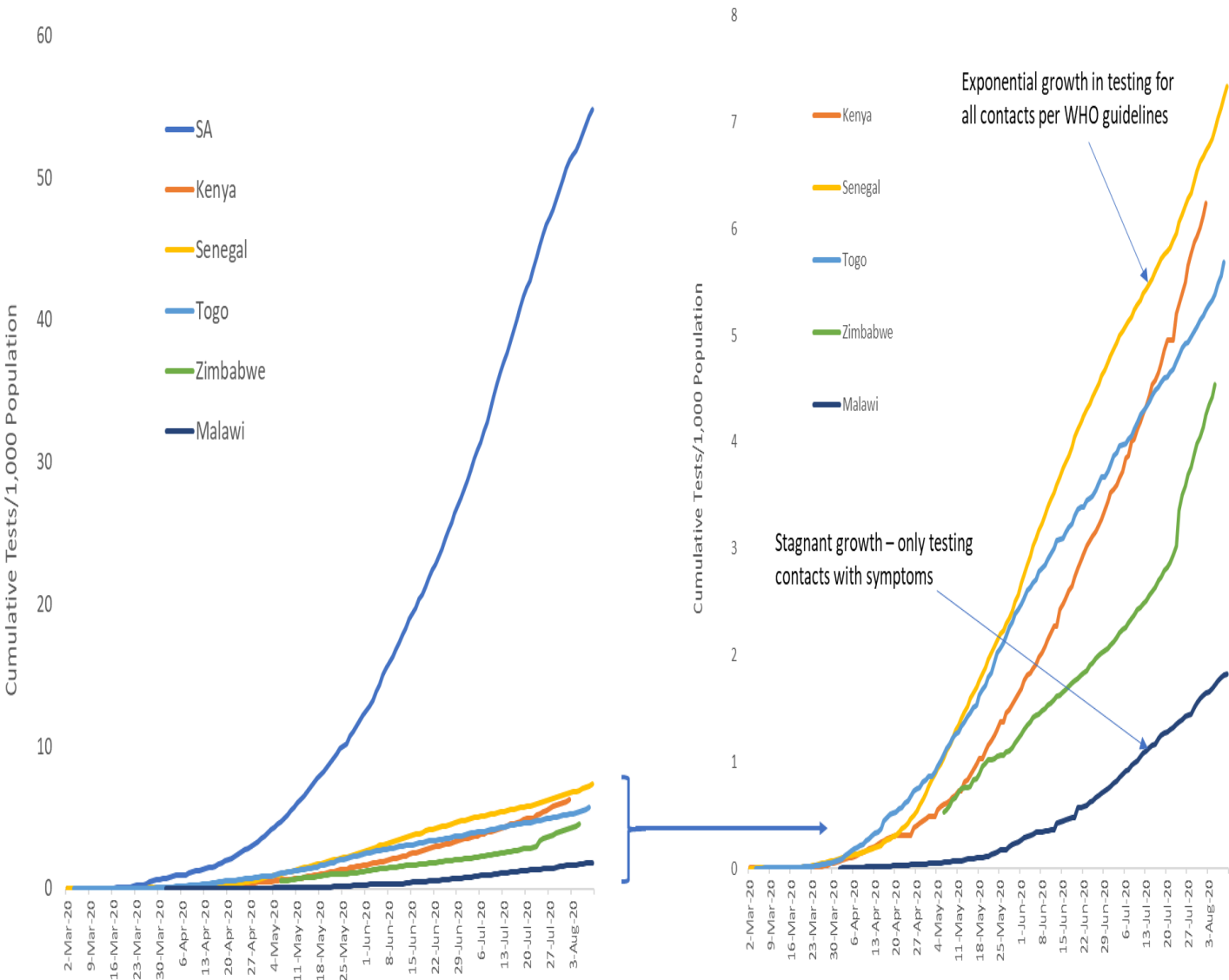


Malawi still has one of highest cumulative yields in region

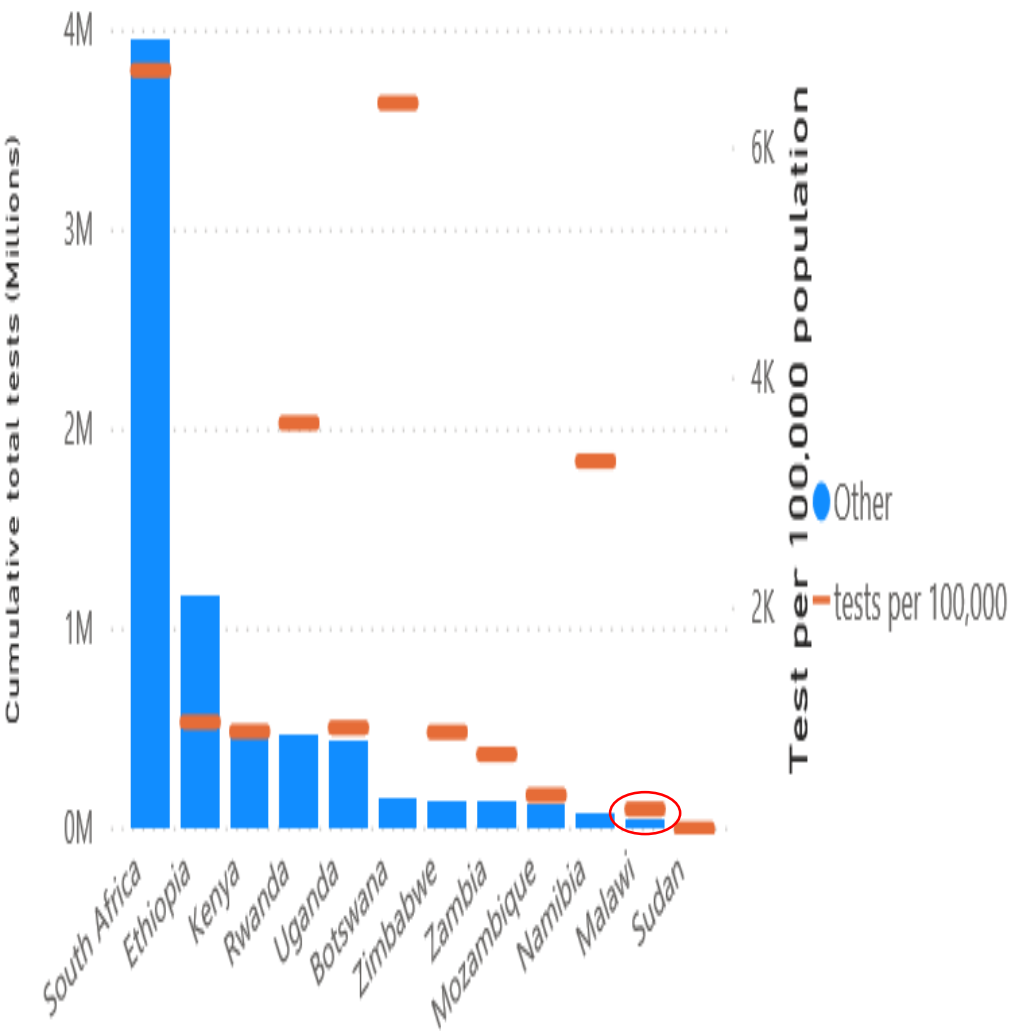
WHO statement:  
All countries should aim for a COVID-19 testing yield of <10%\*

\* <https://www.npr.org/sections/coronavirus-live-updates/2020/03/30/824127807/if-most-of-your-coronavirus-tests-come-back-positive-youre-not-testing-enough>

# Malawi has one of lowest testing rates in Africa | Only Sudan lower out of 12 countries compared below

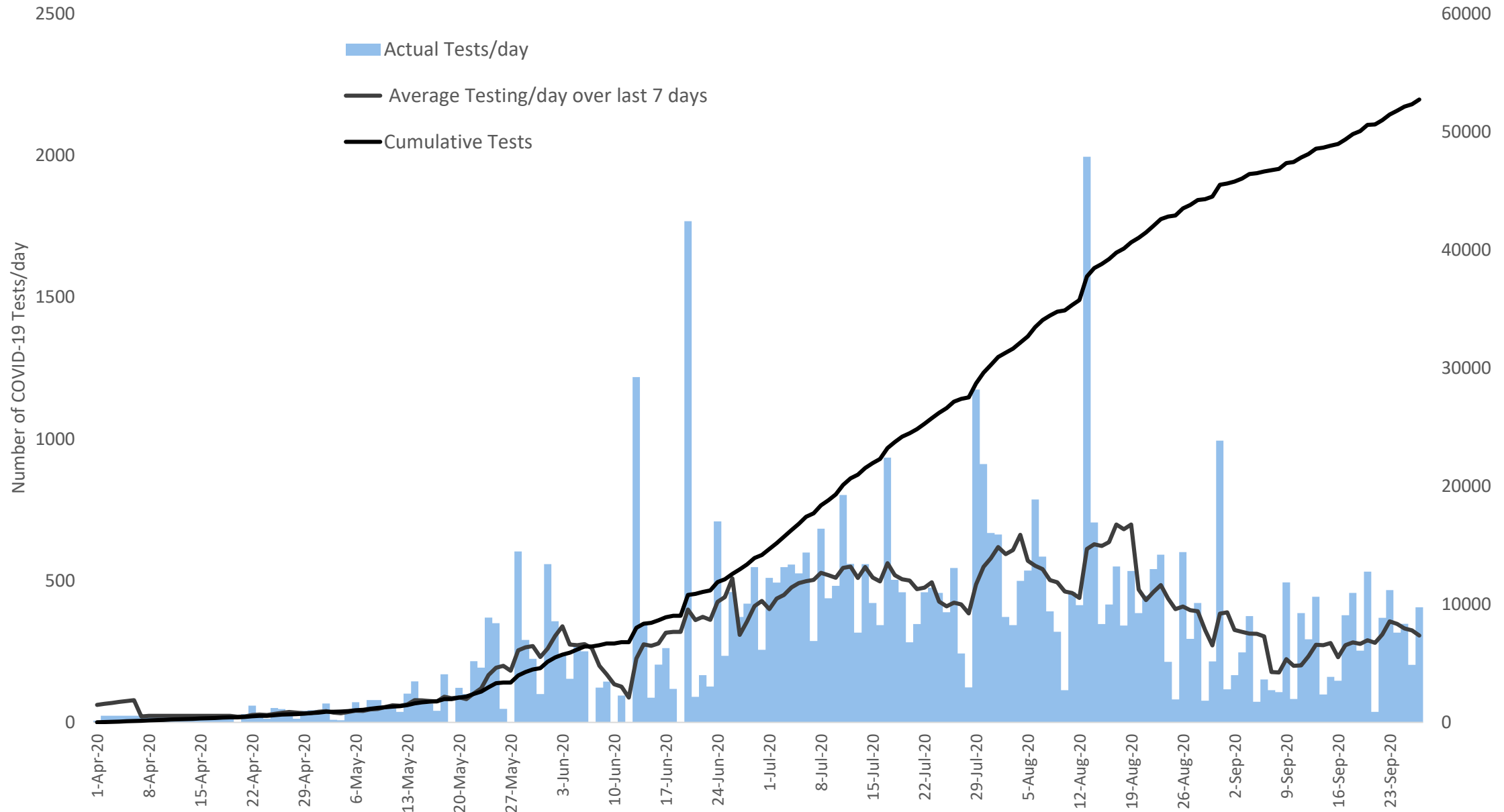


## Total cumulative tests and test per 1,000 population





# Gradually Increasing testing volume from an average of 178/day three weeks ago to 307/day currently



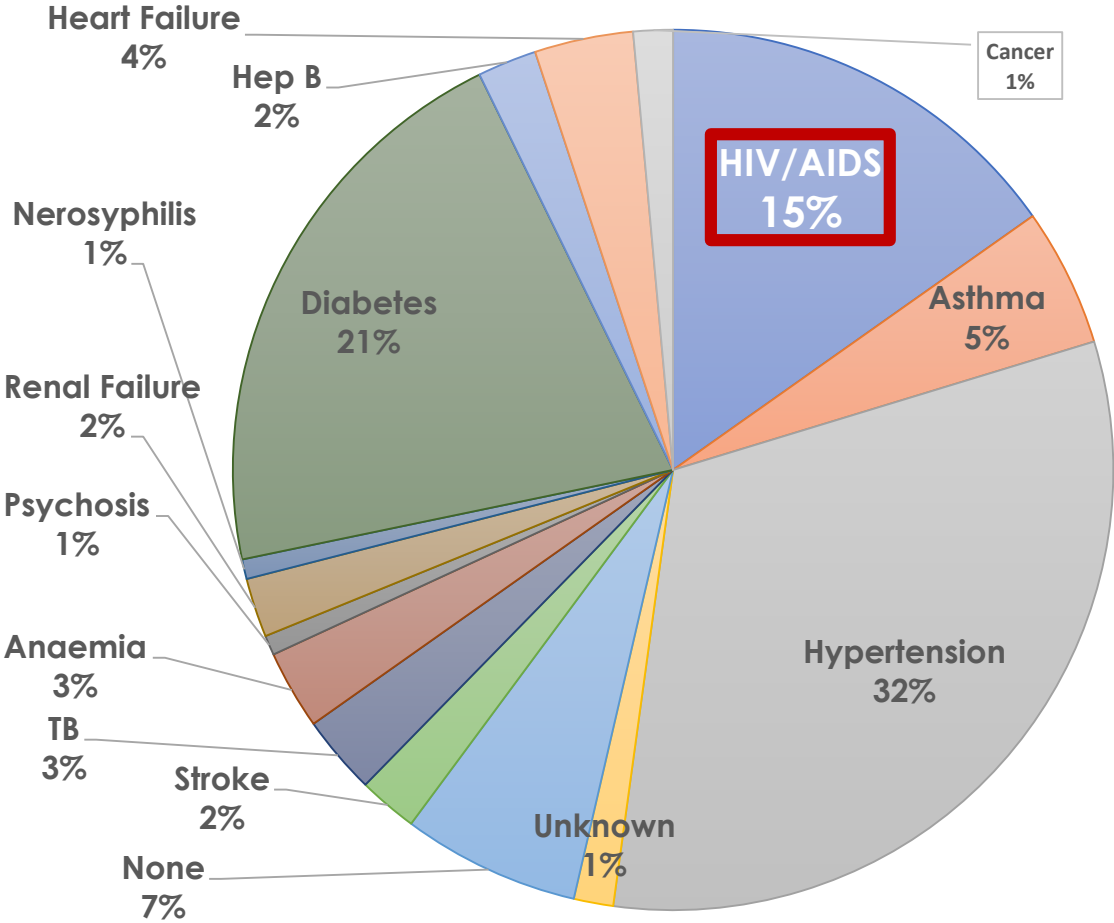
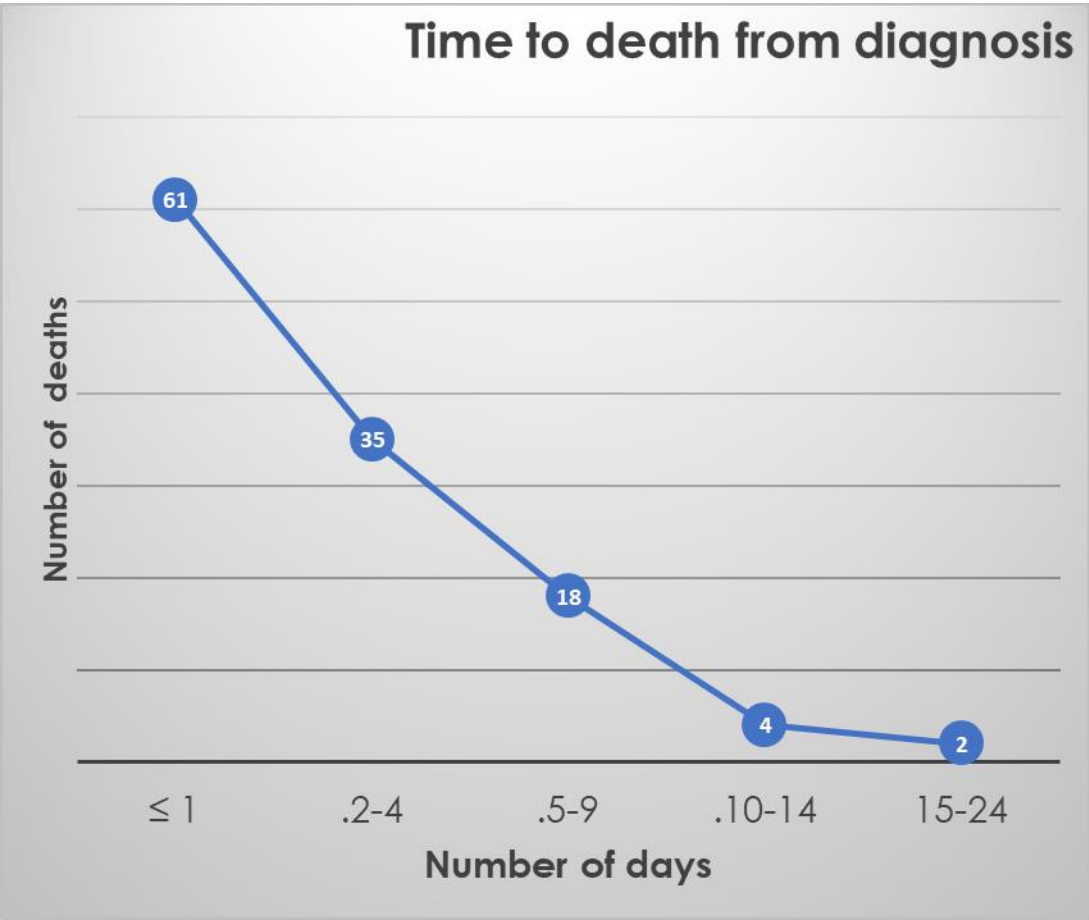
# Dwindling Stock of both COVID PCR and Test Swabs | Malawi MOH will Only Adopt WHO Testing Guidelines when Sufficient Testing Stock Confirmed

		NATIONAL STOCK LEVELS									Comment
		Item	Supported By	Number of Tests Received	Date expected or received	Number of Tests Distributed to Facilities	Number of tests/swabs used at Facilities	Number of tests /swabs still available at Facilities	Stock at Hand at Central Warehouse (Number of Tests)	Total number of tests available	
Already in-country		Abbott Test Kits	CDC/UMB	25536	22-Jul	25536	24500	1036	0	1036	
		TIB	WHO/AFRICA CDC	10000	Apr-20	10000	8213	1787	0	1787	
		TAQPATH	WHO	10000	Aug-20	0	0	0	10000	10000	Missing Accessories
		TAQPATH	UNICEF	38000	Aug-20	0	0	0	38000	38000	Missing Accessories
		TIB	WHO/AFRICA CDC	10000	Sep-20	10000	300	9700	0	9700	Only CHSU has accessories
		DAAN GENE	STD BANK MALAWI	3000	Sep-20	3000	0	3000	0	3000	Using VL accessories
		Total PCR Tests		83536		35536	32713	2823	48000	50823	
	Lab-PCR+ GeneXpert	GeneXpert Cartridges	CHAI/UNICEF	17500	Jun-20	17500	17123	377	0	377	
		Total GeneXpert cartridges		17500		17500	17123	377	0	377	
		Total lab-based PCR + GeneXpert Tests		101036		53036	49836	3200	48000	51200	
	Extraction kits	Extraction kits	Jack Ma	18912	May-20	18100	10862	950	6288	7238	
		Total Extraction kits		22912		18100	10862	950	6288	7238	
	Swabs and VTM	Sample collection swabs	WHO	38000	Jul-20	5000	5000	0	33000	33000	
		Sample collection swabs	CDC/UMB	28000	Jul-20	19000	9865	2135	7000	9135	
		Total Swabs***		66000		24000	14865	2135	40000	42135	
Procured or about to be procured		Pipeline reagents									
		DAAN GENE	CHINESE EMBASSY	20000	26-Sep	0	0	0	0	0	
		Abbott Test Kits	MoH/Global Fund	60000	Oct-20	0			0		
		Abbott Test Kits	UNICEF	49000	Nov-30	0			0		
		Total PCR Kits		109000		0	0	0	0	109000	
	Lab-PCR+ GeneXpert	GeneXpert Cartridges	UNICEF	6500	No Leadtime	0			0		
		Total Cartridges		6500						6500	
		Total lab-based PCR + GeneXpert Tests		115500		0	0	0	0	115500	
	Swabs and VTM										
		Total Swabs		0		0	0	0	0		

>50,000 tests in the warehouse, but 48,000 missing accessories

GFATM supplies expected to arrive in October


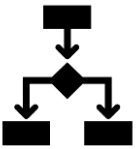




# COVID-19 Deaths | Death Occurs Early after Diagnosis – 15% of Deaths had HIV Comorbidity





## 2. Integration of COVID-19 in HIV Service Delivery Settings

# CDC activities for COVID that are directly benefitting PLHIV

	COVID package of care
	<p>Infection prevention and control</p> <ul style="list-style-type: none"><li>• Handwashing materials/commodities</li><li>• PPE for health workers</li><li>• Provision of masks for patients</li></ul>
	<p>Risk mitigation: infection prevention and control</p> <ul style="list-style-type: none"><li>• Screening and triage</li><li>• Patient flow</li><li>• Decongesting ART clinics</li></ul>
	<p>Case management</p>
	<p>Community sensitization</p>
	<p>Diagnostics data management support (LMIS)</p>
	<p>Surveillance</p>

The majority of CDC implementing partners are supporting COVID related activities

# COVID-19 Risk Mitigation Measures in HIV Clinic Settings

- Routine COVID-19 symptom screening of patients at entry points
- Personal protective equipment was consistently supplied to implementing partner health care workers
- Disinfection protocols established
- Cloth masks produced by HIV community groups were distributed to all ART clients
- Hotline for patients established to allow communication from patient to provider

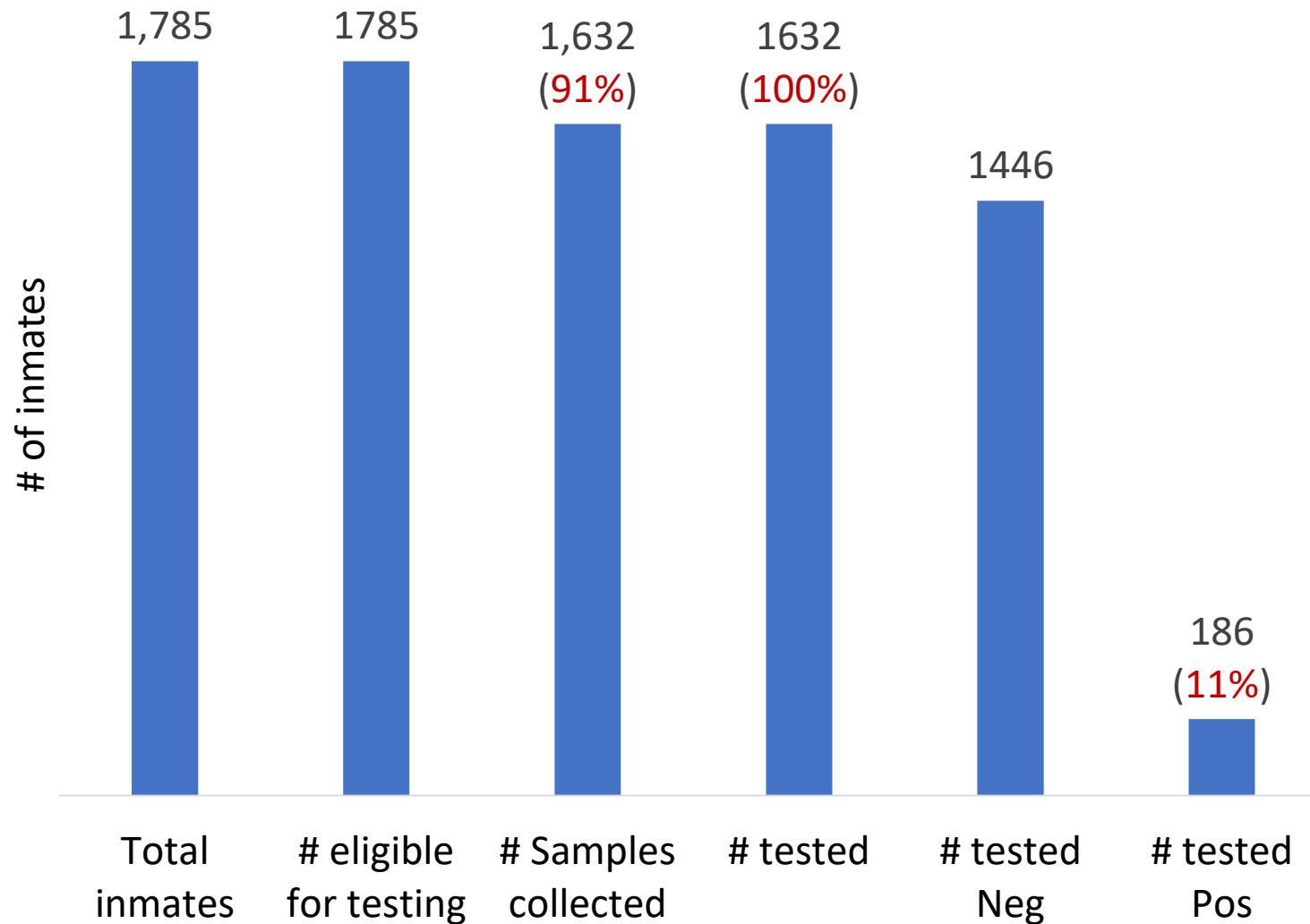


# Site specific data shows variation in COVID testing positivity rates

Health Facilities	Symptomatic Persons Attending Health Facilities			
	Region	District	Health Facility Name	Positive (N, %)      Number of tests done
	Central	Lilongwe	Kabudula Commuinty Hospital	( 0 , 0 % )      0
	Central	Ntchisi	Ntchisi District Hospital	( 0 , 0 % )      20
	Central	Lilongwe	Bwaila Hospital	( 5 , 11.9% )      42
	Central	Lilongwe	Kawale Health Center	( 1 , 6.25% )      16
	Northern	Karonga	Karonga District Hospital	( 0 , 0 % )      0
	Northern	Rumphi	Rumphi District Hospital	( 0 , 0 % )      0
	Northern	Mzimba	Mzimba District Hospital	( 1 , 3.33% )      30
	Northern	Nkhatabay	Nkhata Bay District Hospital	( 0 , 0 % )      0
	Northern	Mzimba	Mzuzu Health Center	( 0 , 0 % )      0
	Northern	Mzimba	Mzuzu Central Hospital	( 0 , 0 % )      0
	Southern	Blantyre	St. Joseph's Hospital	( 0 , 0 % )      0
	Southern	Zomba	Matawale Health Center	( 0 , 0 % )      0
	Southern	Chiradzulu	Chiradzulu District Hospital	( 0 , 0 % )      0
	Southern	Zomba	Zomba Central Hospital	( 0 , 0 % )      0
				(7, 6.48%)      108

- Prisons
- 19 prisons in 11 PEPFAR/CDC supported districts (Lilongwe, Blantyre, Ntchisi, Dedza, Ntcheu, Mzimba, Nkhata bay, Rumphi, Zomba, Thyolo and Mwanza)
  - 1,376 contacts of known COVID-19 cases tested; **338 (25%)** tested positive (By August 31, 2020)

# COVID testing among inmates in a high-volume prison, August 11-21, 2020 | High uptake (at 91%) of testing among inmates and positivity rate at 11%



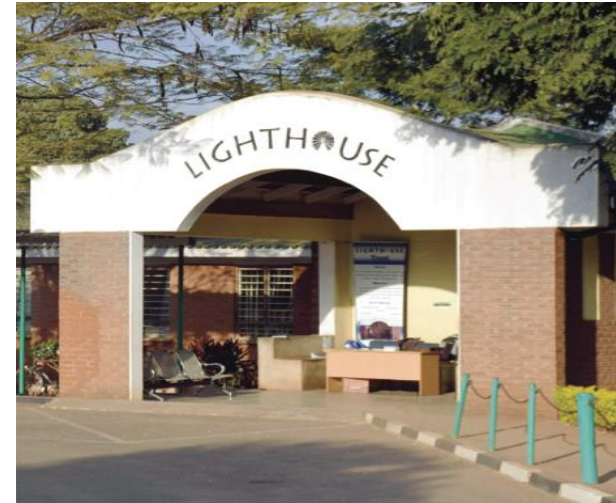
Screening and testing exercise conducted jointly by Malawi Prisons Services, District Health Office and EGPAF, August 11-21, 2020

- Of the 186 positives, 50 (27%) had comorbidities
  - 47 with HIV
  - 3 with TB
- The most common age band affected by COVID 19 were 25-29 and 35-39 years
- All inmates testing positive were put in isolation



# Lighthouse ECHO Platform Adapted for COVID Screening and Case Management

- Led a 6-week training for weekly ECHO<sup>®</sup> sessions via Zoom<sup>®</sup> on COVID-19 for frontline HCW covering the following topics:
  - Basic epidemiology and virology
  - Infection prevention in COVID-19
  - Triage, diagnosis and isolation of COVID-19
  - Management of COVID-19 patients
  - HIV and TB care in times of COVID-19
  - Psychological aspects and social media in COVID-19

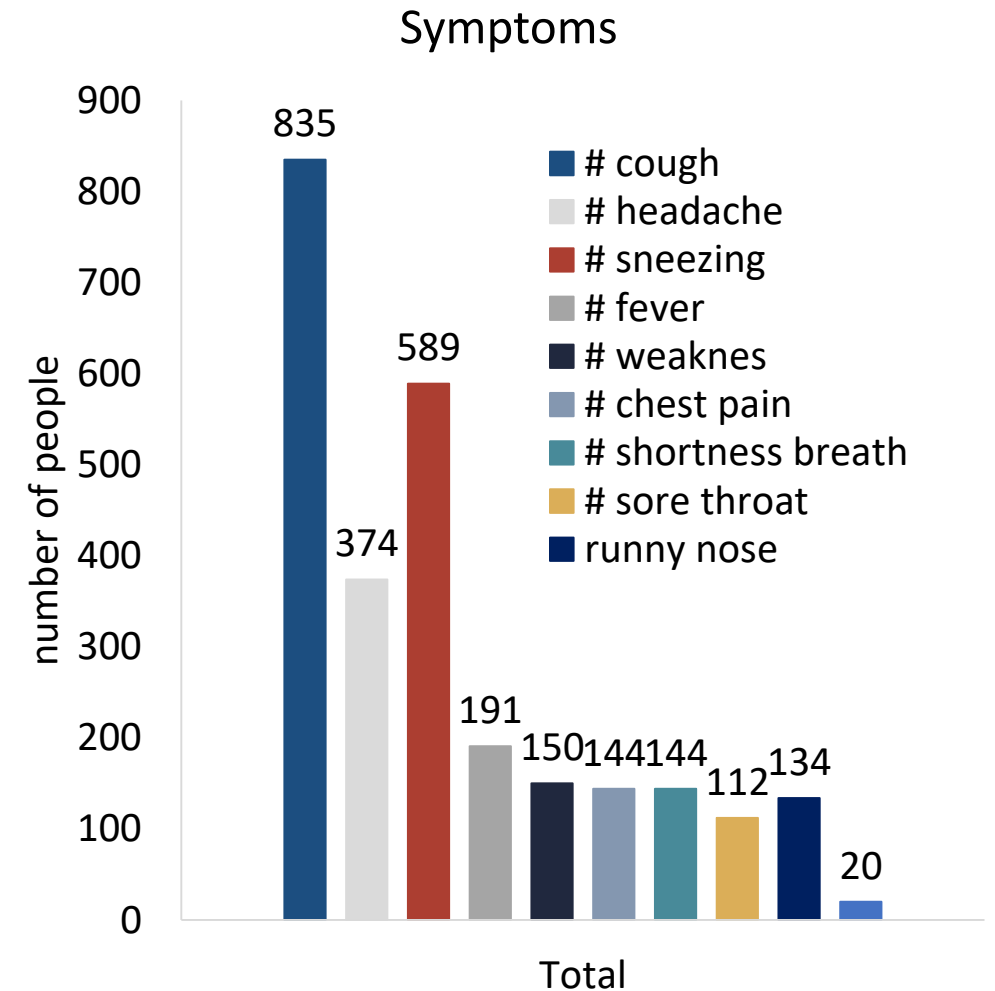
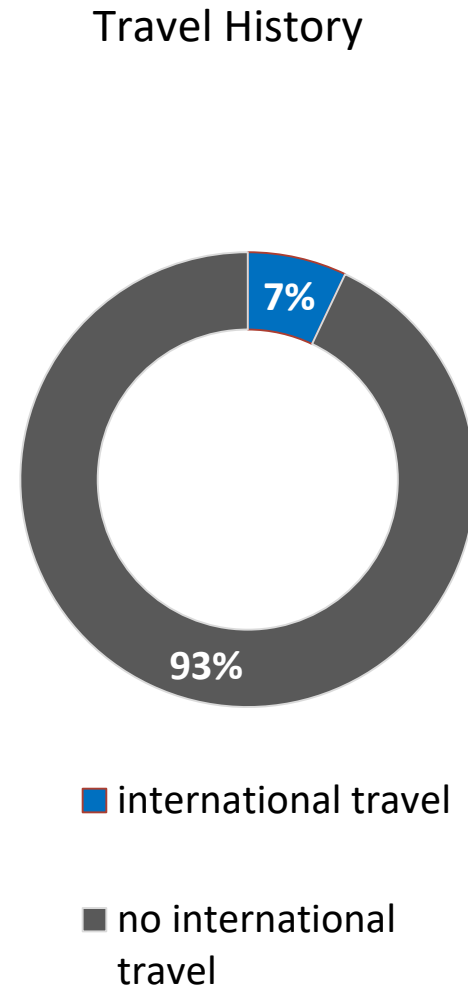
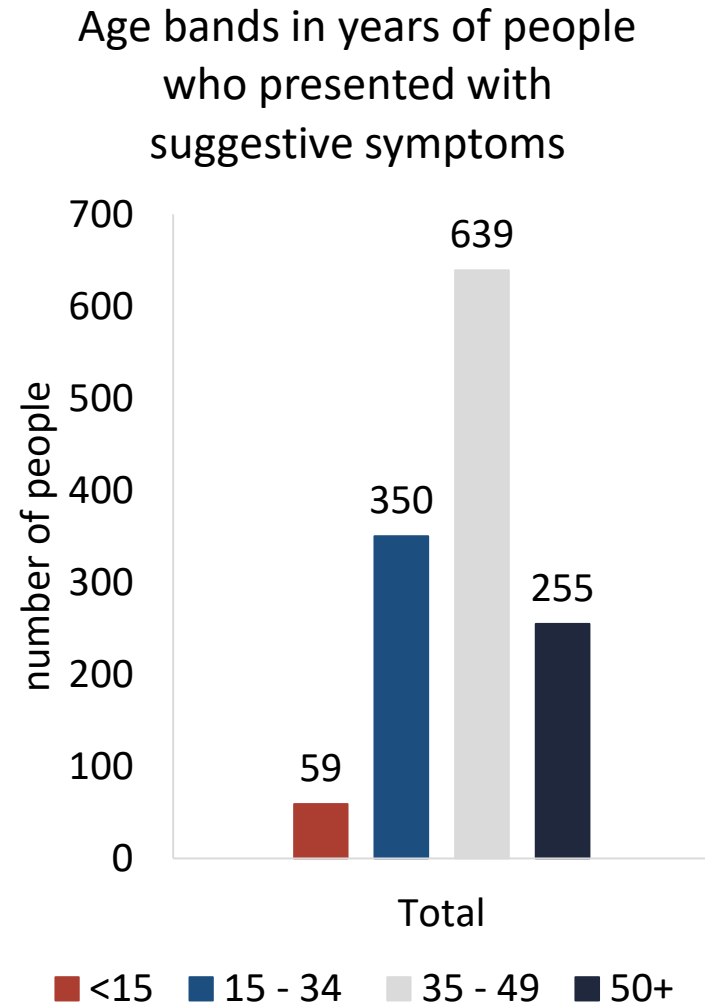


# Innovations in a COVID pandemic era | Utilization of ART/TB services to identify COVID patients

- ART and TB clinics are often primary contact point for patients with fever and cough
- Close communication was established with the lab to improve SARS COV-2 results turn-around time
- Preliminary data from 6 sites in Blantyre implementing an integrated COVID-19 and TB screening SOP (Sept 21<sup>st</sup>-25<sup>th</sup>, 2020):
  - 2,343 patients screened
  - 44 COVID-19 suspects identified and referred for testing
  - 72 TB presumptive cases identified
    - 57 samples were collected and 11 (19.2%) confirmed TB.



# Characteristics of patients presenting at high-volume referral level HIV clinics | Most are aged 35-49, presenting with cough and no history of international travel

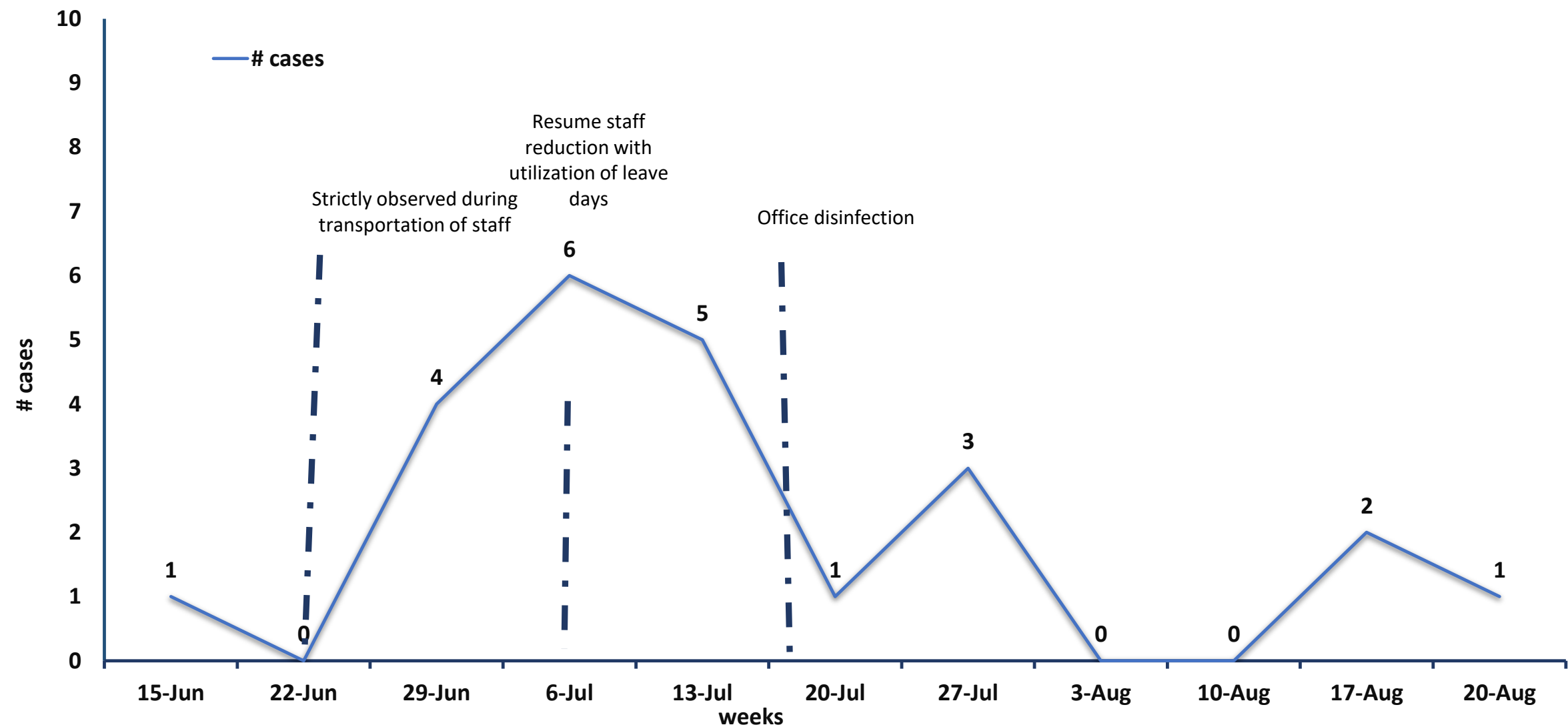


# Effects of COVID on Human Resources for PEPFAR HRH Overall | No absenteeism observed amongst HRH despite COVID Fears

Program Areas	Key Interventions	Most Affected Geographic Areas	Level of Occurrence			
			May	June	July	August
Case Finding	Repurposing PEPFAR-supported HRH from HIV to COVID response	All Districts	0%	0%	< 25%	< 25%
	Repurposing PEPFAR-supported HRH within HIV response (e.g: shifting HCWs from index contact tracing to distributing self tests)	All Districts	< 25%	< 25%	> 25%	> 25%
	Absenteeism among PEPFAR-supported HCWs due to COVID	All Districts	0%	0%	0%	0%
Treatment	Repurposing PEPFAR-supported HRH from HIV to COVID response	All districts	0%	0%	< 25%	< 25%
	Repurposing PEPFAR-supported HRH within HIV response (e.g: shifting nurses from VMMC to conduct community ART initiation)	Mulanje, Machinga, Mangochi, Phalombe and Chikwawa	< 25%	< 25%	< 25%	< 25%
	Absenteeism among PEPFAR-supported HCWs due to COVID	All districts	0%	0%	0%	0%
Viral Suppression	Repurposing PEPFAR-supported HRH from HIV to COVID response	All districts	> 25%	0%	< 25%	< 25%
	Repurposing PEPFAR-supported HRH within HIV response (e.g: shifting lab workers designated for VL testing to conduct non-lab related tasks)	All districts	0%	0%	< 25%	< 25%
	Absenteeism among PEPFAR-supported HCWs due to COVID	All districts	0%	0%	0%	0%

Data sourced from Implementation Tracking Tool(ITT) – August 2020

# Managing COVID-19 Exposure Risks in High Volume HIV Clinic Settings | Tracking case notifications among IP Health Care Workers





# 3. Impact of COVID-19 on HIV Service Delivery

- \*According to the recent MOH/DHA COVID implementation guidance, [HIV services will resume \(expect HIV Recency testing\)](#).
- IPs should provide community services with precaution.

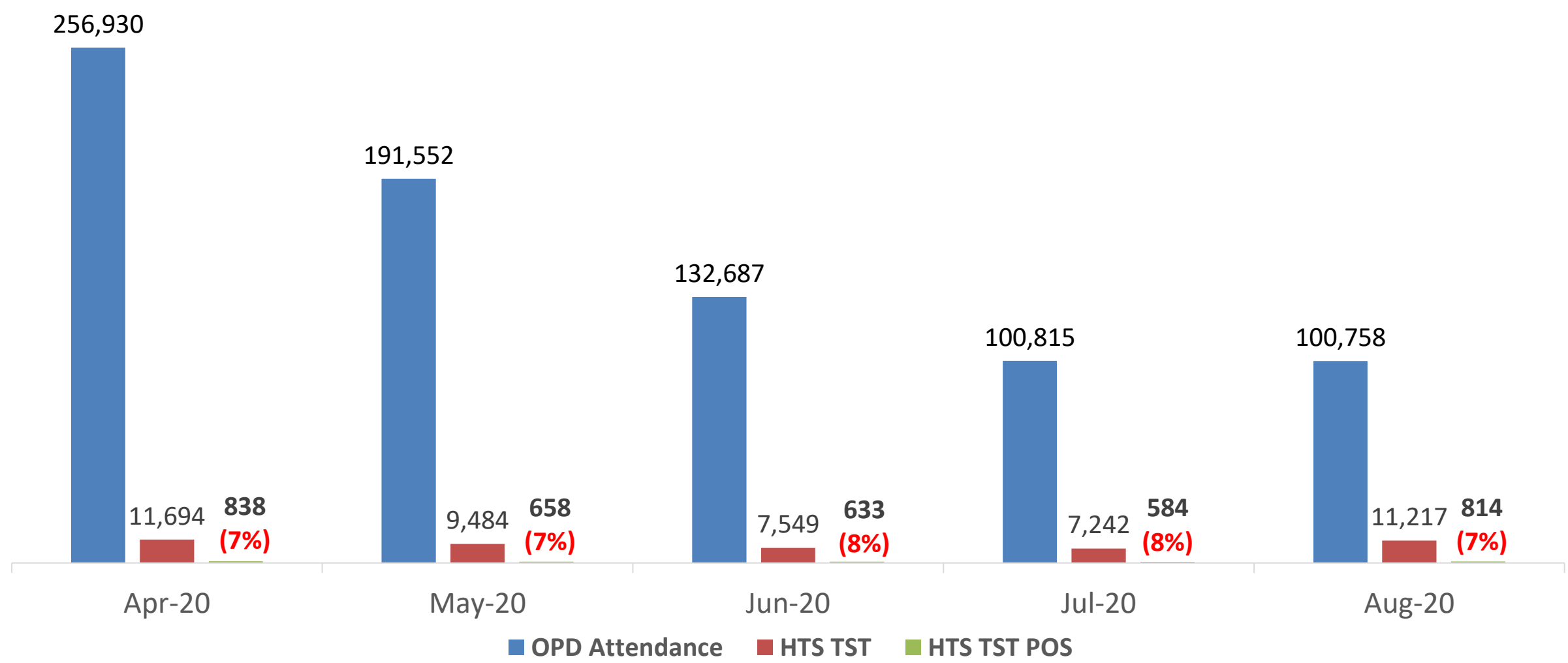
	Program Areas	Key Interventions	May 1-30, 2020	June 1-30, 2020	August 1-31
Case Finding	Facility-based HTS, all modalities except Index	HIV Self-testing (inc. through use of social network testing)	Ongoing, scaled up	Ongoing, scaled up	Ongoing, scaled up
		Service delivery at non-PITC and non ANC areas	Paused until further notice	Paused until further notice	Paused until further notice
	Community-based HTS, all modalities except Index	Service delivery at standalone clinics	Paused until further notice	Paused until further notice	Paused until further notice
		Service delivery through outreach or mobile	Paused until further notice	Paused until further notice	Paused until further notice
	Index (facility- and community-based)	Provider-assisted partner notification	Ongoing, but scaled down	Ongoing, but scaled down	Ongoing, but scaled down
		Testing of pediatric contacts	Ongoing, but scaled down	Ongoing, but scaled down	Ongoing, but scaled down
		IPV or GBV monitoring	Ongoing, no change	Ongoing, no change	Ongoing, no change
	Early Infant Diagnosis (EID)	stock out of EID services for children	Ongoing, no change	Ongoing, no change	Ongoing, no change
	Effects on Human	Repurposing PEPFAR-supported HRH from HIV to COVID response	Less than 25% of occurrence	Less than 25% of occurrence	Less than 25% of occurrence

# PEPFAR Implementation Tracker for FY20 Q3 | Treatment and VLS (National)

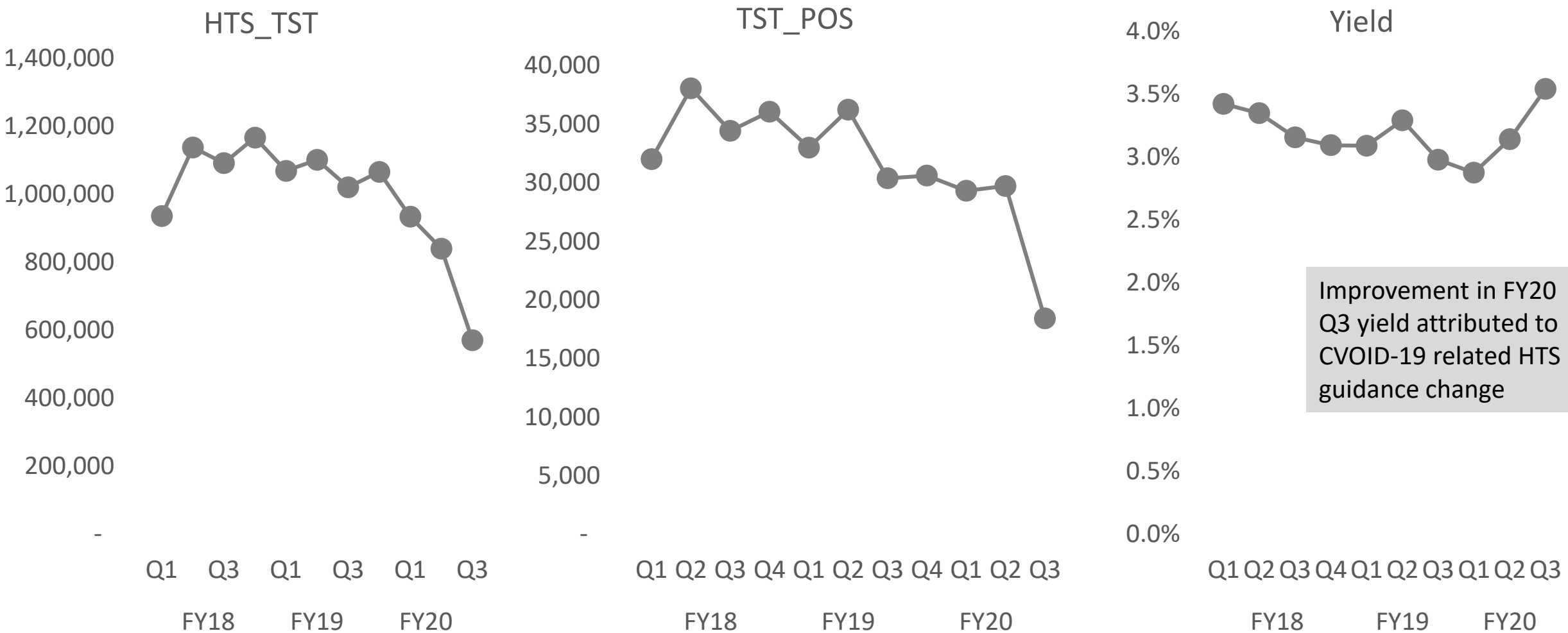
Program Areas	Key Interventions	May 1-30, 2020	June 1-30, 2020	August 1-31, 2020
Test and Treat	Facility-based same-day ART initiation	Ongoing, no change	Ongoing, no change	Ongoing, no change
Differentiated Service Delivery	3 month MMD for eligible clients (including children <20kg)	Ongoing, no change	Ongoing, no change	Ongoing, no change
	3 month MMD for children <20kg	Ongoing, no change	Ongoing, no change	Ongoing, no change
	6 month MMD for eligible clients	Ongoing, scaled up	Ongoing, scaled up	Ongoing, scaled up
	Community-based ARV dispensation/refills	Ongoing, no change	Ongoing, scaled up	Ongoing, scaled up
ART Optimization	TLD Transition	Ongoing, no change	Ongoing, no change	Ongoing, no change
Retention tracking	Telephone tracking of missed appointments, defaulters, and LTFU tracking/tracing	Ongoing, scaled up	Ongoing, scaled up	Ongoing, scaled up
	Physical tracking and home visits deferred	Paused until further notice	Paused until further notice	Paused until further notice
Adherence Counseling and/or Monitoring	Virtual adherence counseling/telemedicine follow-up	Newly Initiated	Ongoing, scaled up	Ongoing, scaled up
TB Diagnosis and Treatment	TB screening, diagnosis. Initiation and completion of TB treatment	Ongoing, no change	Ongoing, no change	Ongoing, no change
Viral Load Services	Sample collection from children and adults	Ongoing, no change	Ongoing, no change	Ongoing, no change
	Virtual monitoring/ adherence counseling of unsuppressed clients	Newly Initiated	Ongoing, no change	Ongoing, no change
Viral Load Services	Sample collection for routine Viral load test	Paused until further notice	Ongoing, no change	Ongoing, no change
HRH	Repurposing PEPFAR-supported HRH from HIV to COVID response	Less than 25% of occurrence	Less than 25% of occurrence	Less than 25% of occurrence



# OPD Attendance Steadily Dropped from April to August 2020 (Blantyre, Chiradzulu, Thyolo and Zomba) | HTS\_TST and HTS\_POS numbers are increasing



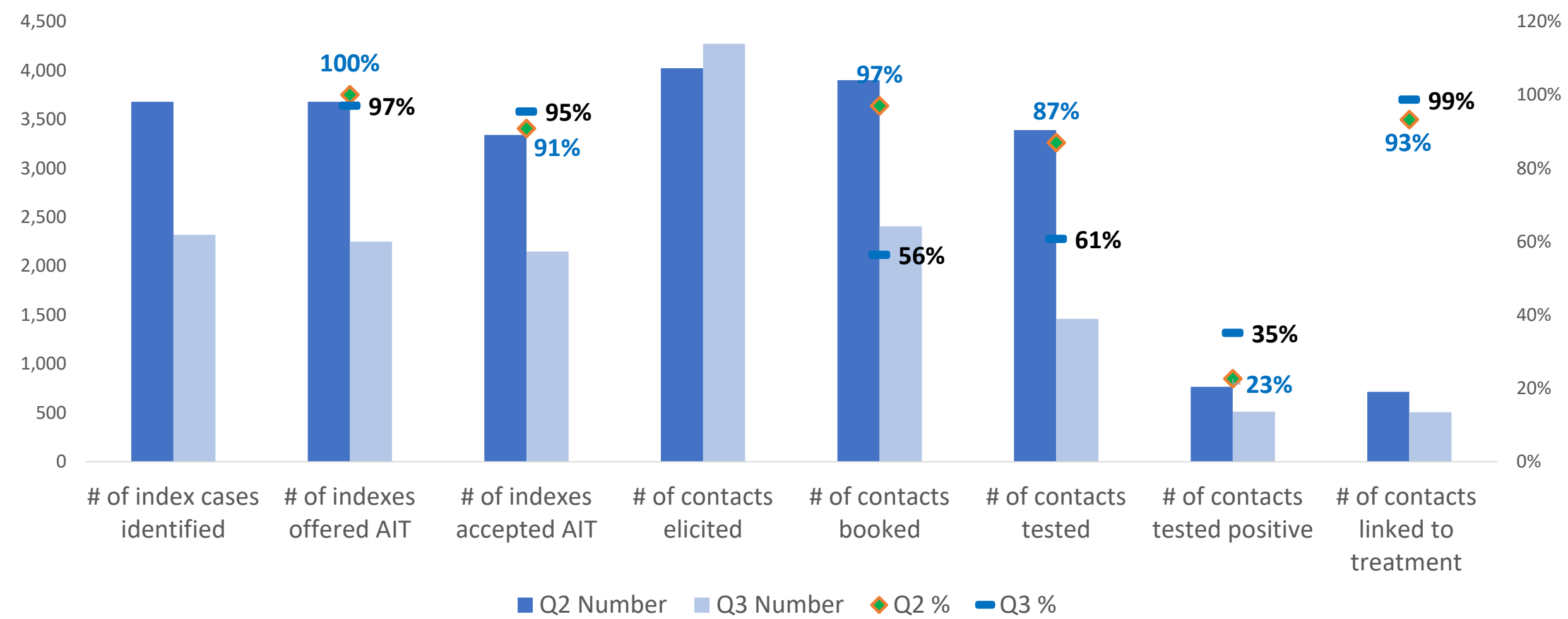
# HIV testing trends at OU level | Overall decline in testing volume, continued decline in new positives, but slight increase in yield



Q2: 496 of 725 sites (68%) reported results, this subset of sites contributed to 90% of results in Q1.  
Q3: 696 of 725 sites (96%) reported HTS\_TST results.

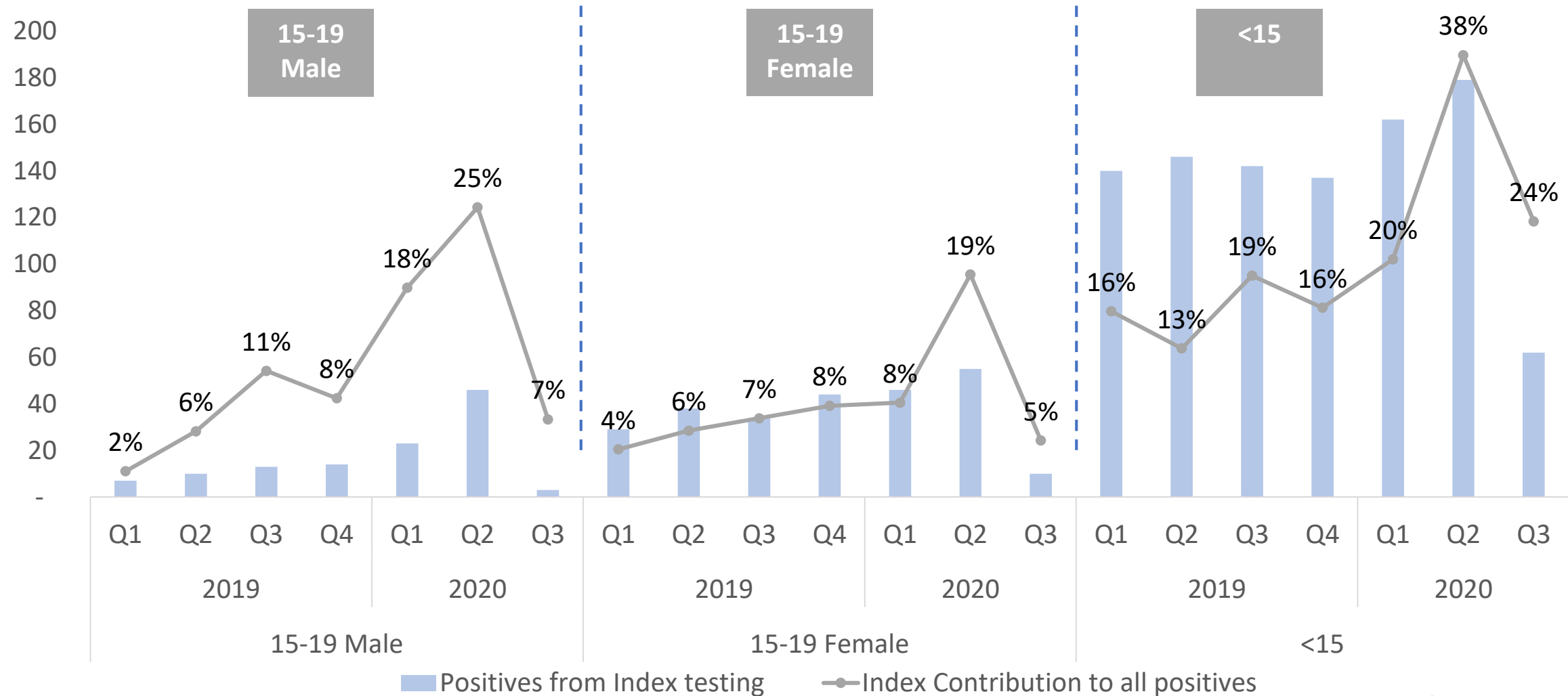
PAW: FY18 & FY19  
DATIM: FY20 (Pre-Clean)

# Partner Active Index Testing Cascade in Blantyre: Number of positives identified decreased due to COVID-19



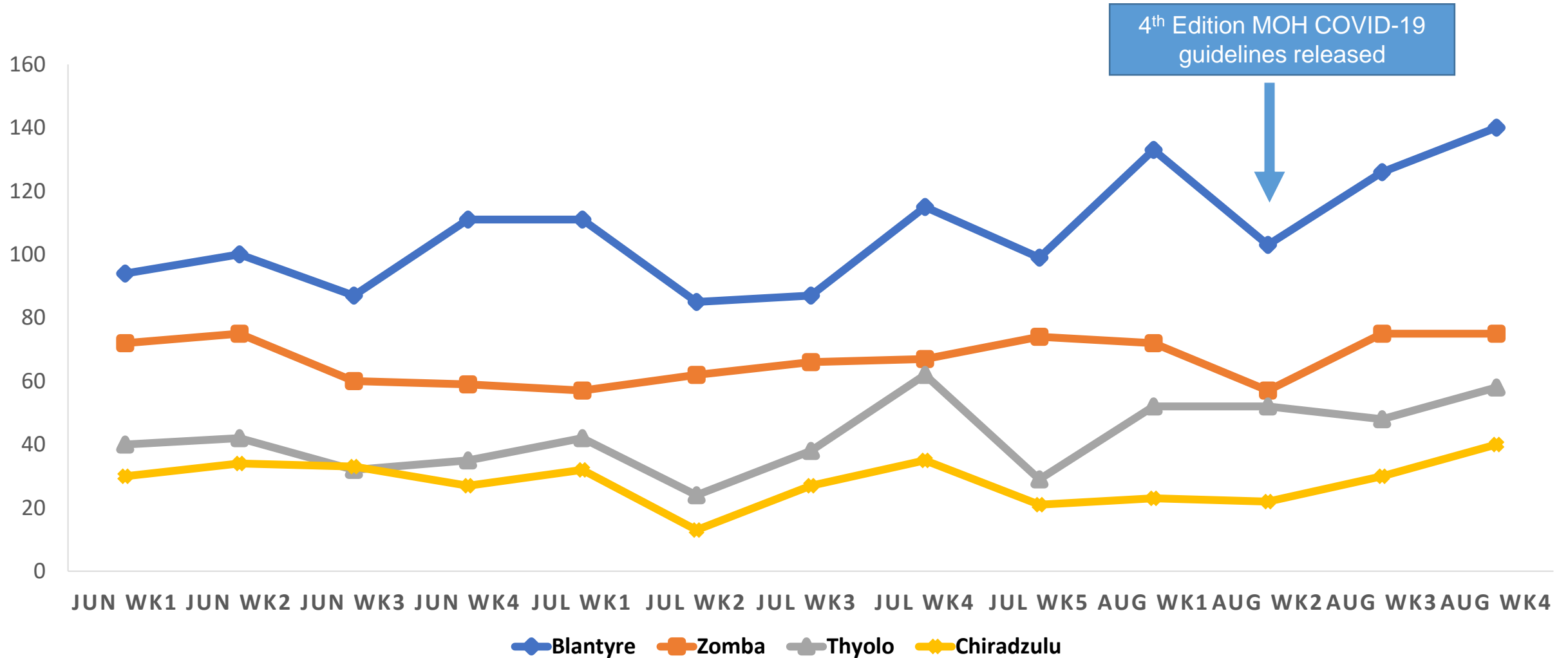
# Progressive improvement in new positives diagnosed through index testing among children and adolescents with a drop in FY20 Q3 due to COVID-19

Progress in index testing among children and adolescents



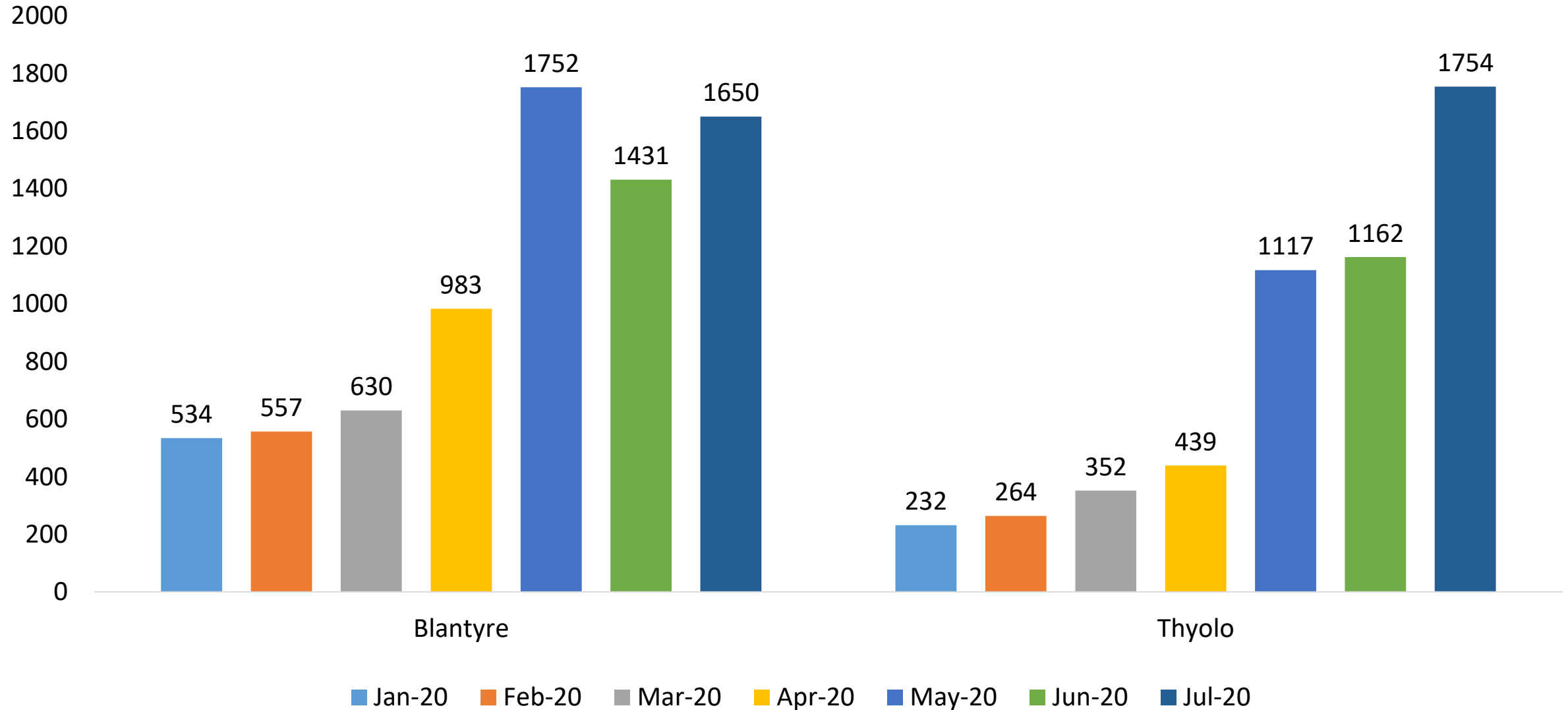
Source: DATIM

# Weekly Trends in HIV+ identified via PITC: Following MOH guidance, HIV+ identified via PITC gradually rising in 4 scale up districts (EGPAF)

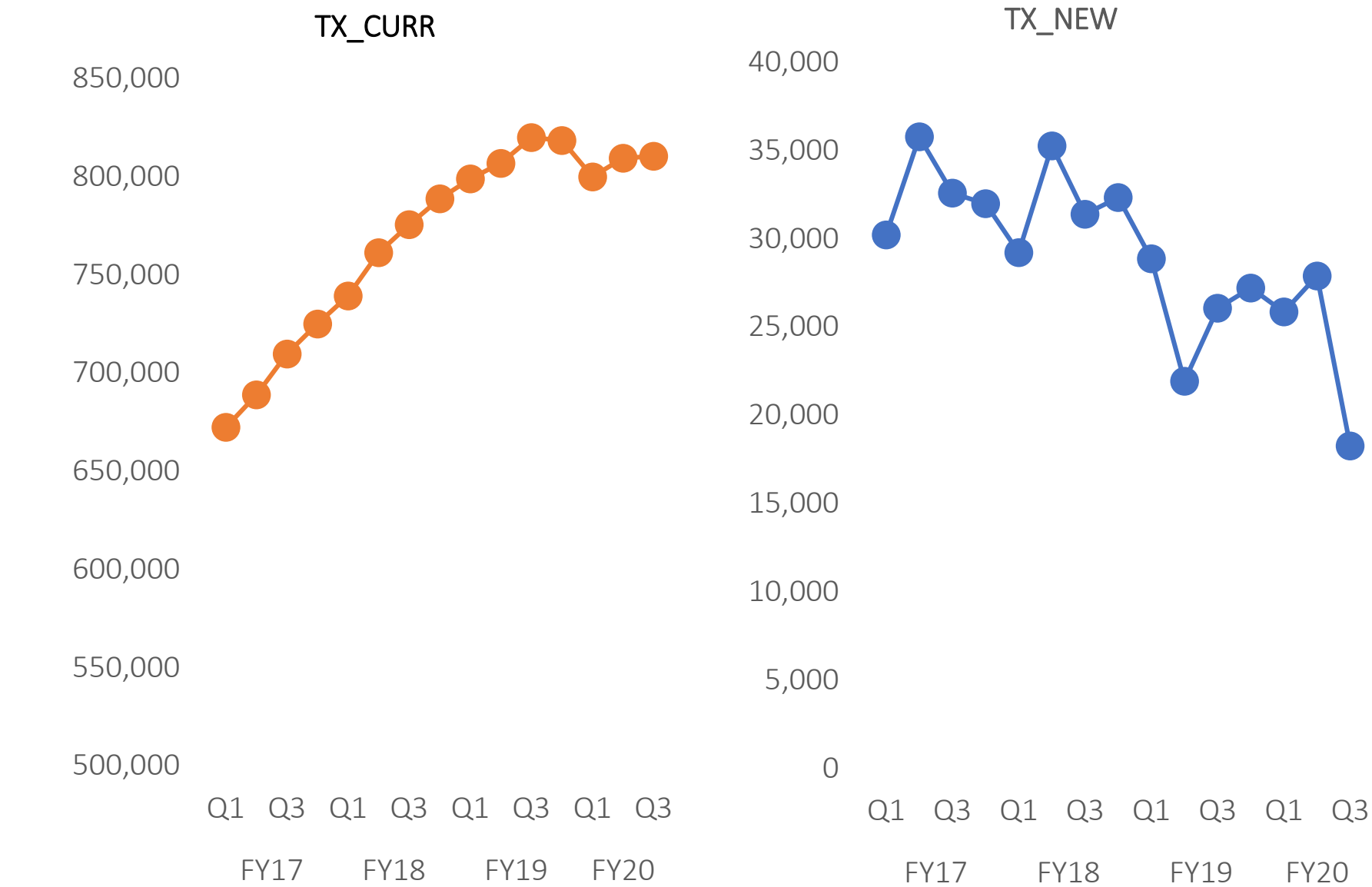


# CDC IPs intensified HIVST kits distribution in the wake of COVID-19| An example of monthly HIVST distribution in scale up districts

EGPAF Program data,

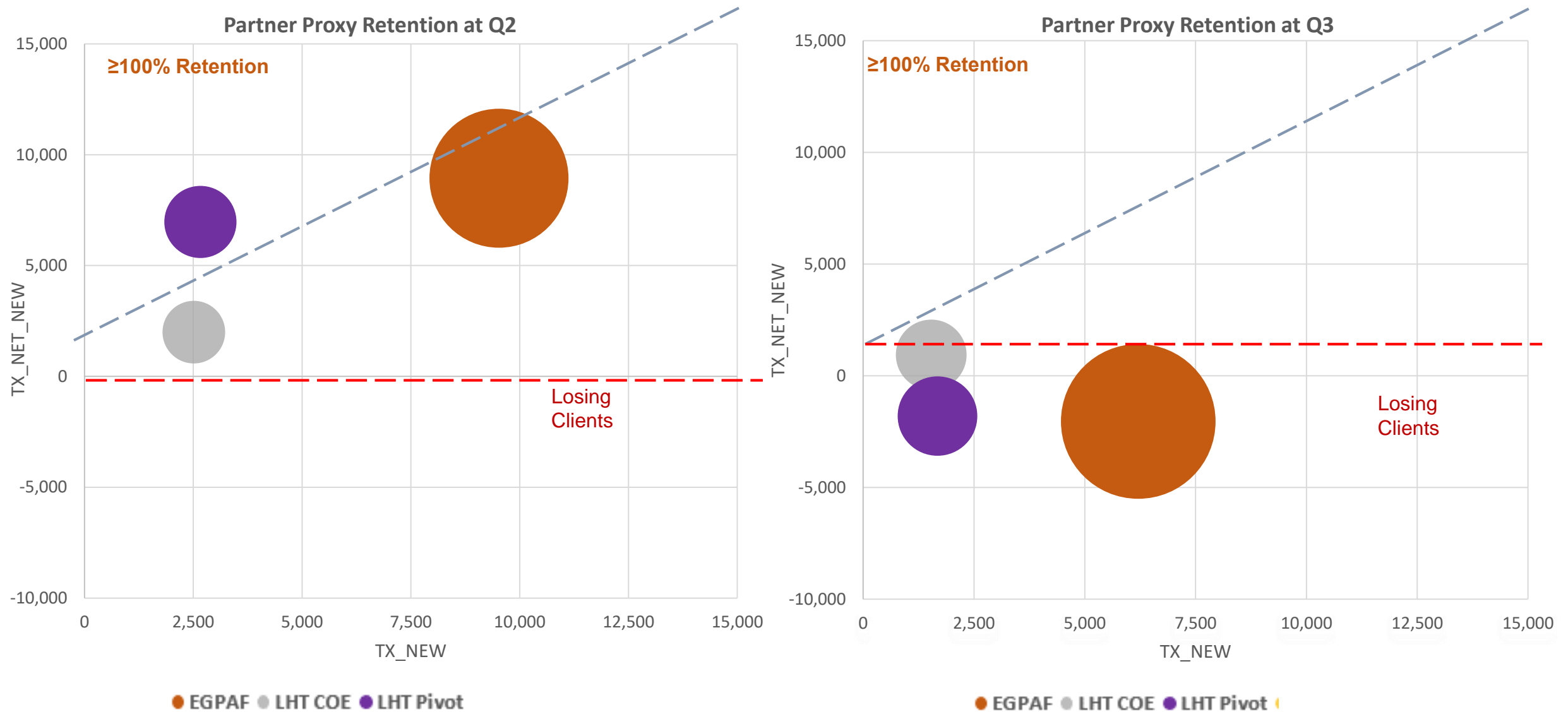


# Growth in TX\_CURR slowed down in FY20 Q3, with only a modest positive NET increase



- Implication of COVID on 2<sup>nd</sup> 95**
1. Higher number of missed appointments (transport and access)
  2. Suspension of Community Defaulter Tracing
  3. Low phone ownership for contact tracing
  4. Reassignment of Expert Clients & limited ability to provide retention and adherence support
  5. Decrease in Case-finding despite strong linkages.

# Three largest CDC treatment IPs experienced slight net loss in FY20 Q3, but CDC's smallest TA mechanism (not shown) accounted for net growth in the overall PEPFAR TX\_CURR cohort

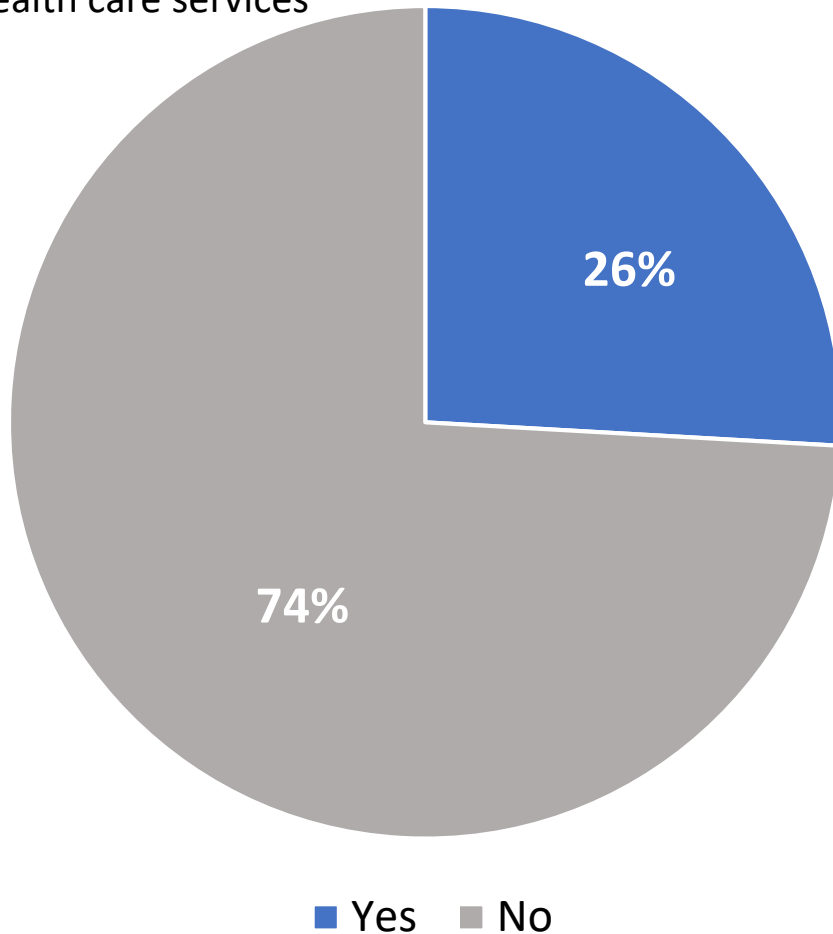


Data sourced from DATIM



# EGPAF syndromic surveillance survey – Preliminary data | Closed health facilities and lack of transport were key reasons for missing appointments

**26%** of respondents reported challenges in accessing health care services



	PLHIV- N (%)	General Population N(%)
Health Facility Closed	32 (9.8%)	159 (7.7%)
Didn't have transport	57 (17.5%)	165 (8%)
Travel restrictions	16 (4.9%)	27 (1.3%)
Because couldn't afford to go to the health facility	17 (5.2%)	47 (2.3%)
Unable to obtain medication	9 (2.7%)	97 (4.7%)
Other reasons	195 (59.8%)	1580 (76.1%)
Total	326 (100%)	2075 (100%)

Review of questionnaire comments- 2 main themes affecting access:

- Inadequate resources for health workers
- Patients prevented from accessing services

# Mitigation plans for the PEPFAR treatment program to address challenges due to COVID-19

## Challenges due to COVID-19

- - Low case finding and new initiations due to restrictions
- - Increased Missed appointments
- - Unable to conduct physical tracing
- - Low phone coverage among clients
- - Staff sit-ins/strikes

Catch-up missed appointment tracing	IPs are following up those who missed appointments since MoH reopened physical tracing (August 14, 2020)
DSD to Decongest clinics and improve retention	Increase enrollment into DSD models including 6MMD, community models, extended/flexi hours
Innovative, responsive approaches	Continued efforts for telephonic services including, more phones for Expert clients, updating client contact details, virtual support, SMS appointment reminders
Right sizing PSS cadres	Repositioning some HTS staff (HDAs) to focus on retention, case management for new and other high-risk patients

# Screenshots of a phone application for virtual support

11:28

← ART Adherence ▶

i/ Can you tell me about any changes you noticed in your health ? ×

Find Option

i/ Did you receive a viral load test and result in the past 12 months ?

☐ Yes ☐ No

i/ What was the viral load test result? ×

Find Option

i/ Have you recently been switched to another treatment ?

☐ Yes ☐ No

i/ Do you have a treatment supporter ?

☐ Yes ☐ No

i/ Who have you disclosed your HIV status to? ×

Find Option

III ○ <

11:26

← COVID-19 Screening ▶

Event status

INCOMPLETE COMPLETE

Due date ×

2020-07-01

Call date ×

Enter date

i/ Did you reach the client ?

☐ Yes ☐ No

i/ Have you been in contact with someone suspected or confirmed to have covid-19 ?

☐ Yes ☐ No

i/ \* Which of the following COVID - 19 symptoms are you experiencing? ×

Find Option

i/ Which other COVID-19 symptoms are

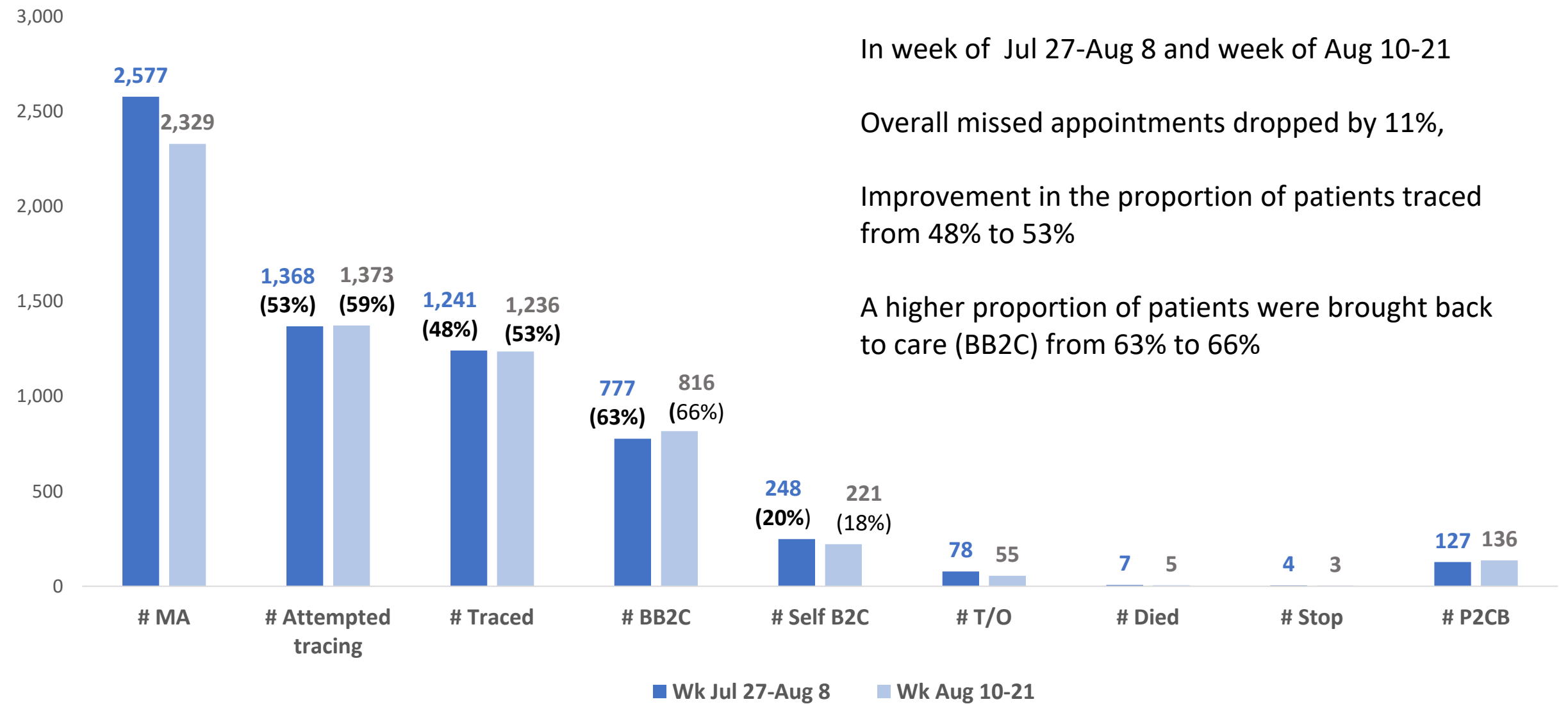
III ○ <

- Phone App was developed in Q3 FY20
- It acts as script and data capture tool

## Investments

- Trainings on the use
- Airtime for each holder per month for data sync with server
- 136 android phones reserved for installation

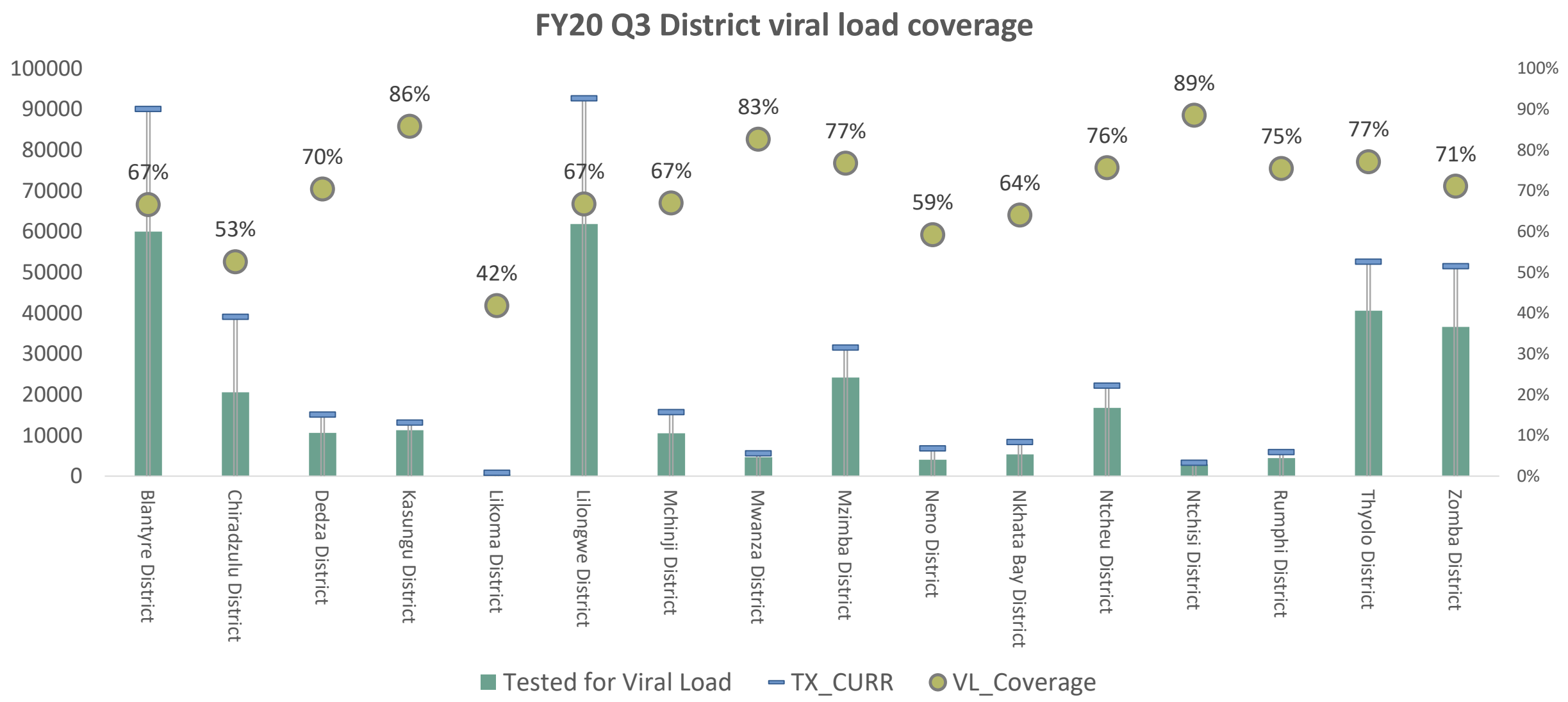
# Slight Improvements in Missed Appointment Tracing Demonstrated Two Weeks Before & After Suspension of Physical Tracing was Lifted



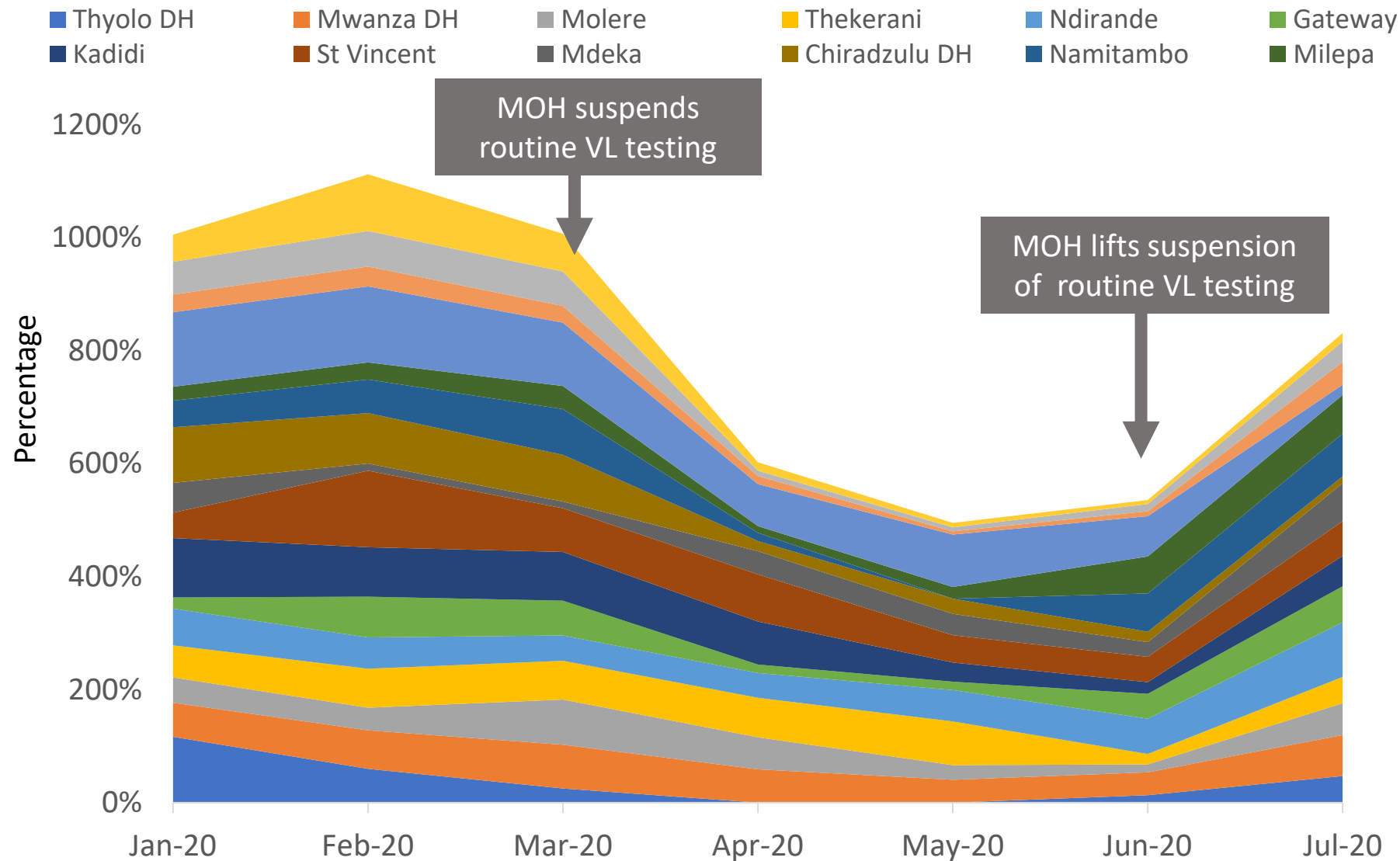
# Proportion of TX\_CURR Enrolled on Six Monthly Dispensing (6 MMD) in 21 sites by Q4\* FY20 | Overall gradual increase in % TX\_CURR on 6 MMD from Q2-Q4 FY20

Sites	TX_CURR Q2 FY20			TX_CURR Q3 FY20			TX_CURR Q4* FY20 (August 31)		
	TX-CURR	# on 6 MMD	% on 6 MMD	TX-CURR	# on 6 MMD	# on 6 MMD	TX-CURR	# on 6 MMD	% on 6 MMD
Limbe	7,649	3,383	44%	7,432	5,553	75%	7,561	6,100	81%
Ndirande	5,888	2,277	39%	5,946	4,079	69%	5,875	4,626	79%
Makata	668	75	11%	712	514	72%	736	557	76%
Bangwe	5,583	512	9%	5,676	3,208	57%	5,840	4,400	75%
Matiya	2,436	706	29%	2,522	1,749	69%	2,554	1,920	75%
Chilomoni	4,104	954	23%	4,104	2,872	70%	4,140	3,111	75%
Mpemba	1,773	543	31%	1,773	1,130	64%	1,841	1,347	73%
Mdeka	1,512	791	52%	1,539	1,181	77%	1,548	1,107	72%
Mangunda	3,174	322	10%	3,052	2,061	68%	3,143	2,186	70%
Namitambo	5,263	2,122	40%	5,264	3,400	65%	5,361	3,731	69%
Bvumbwe	5,200	1,632	31%	5,133	3,691	72%	5,177	3,519	68%
Mlambe	6,534	4,760	73%	6,586	4,350	66%	6,576	4,399	67%
Khonjeni *	3,971	1,339	34%	4,073	2,780	68%	3,882	2,491	64%
Bilal Clinic*	3,671	826	23%	3,670	2,470	67%	3,674	2,453	67%
South Lunzu*	2,841	1,065	37%	2,732	1,633	60%	2,873	1,620	56%
Chiradzulu DH	6,408	1,797	28%	6,416	3,243	51%	6,416	3,369	53%

# Low viral load coverage in most districts during FY20 Q3 following the suspension of routine testing | 68% for all PEPFAR IPs



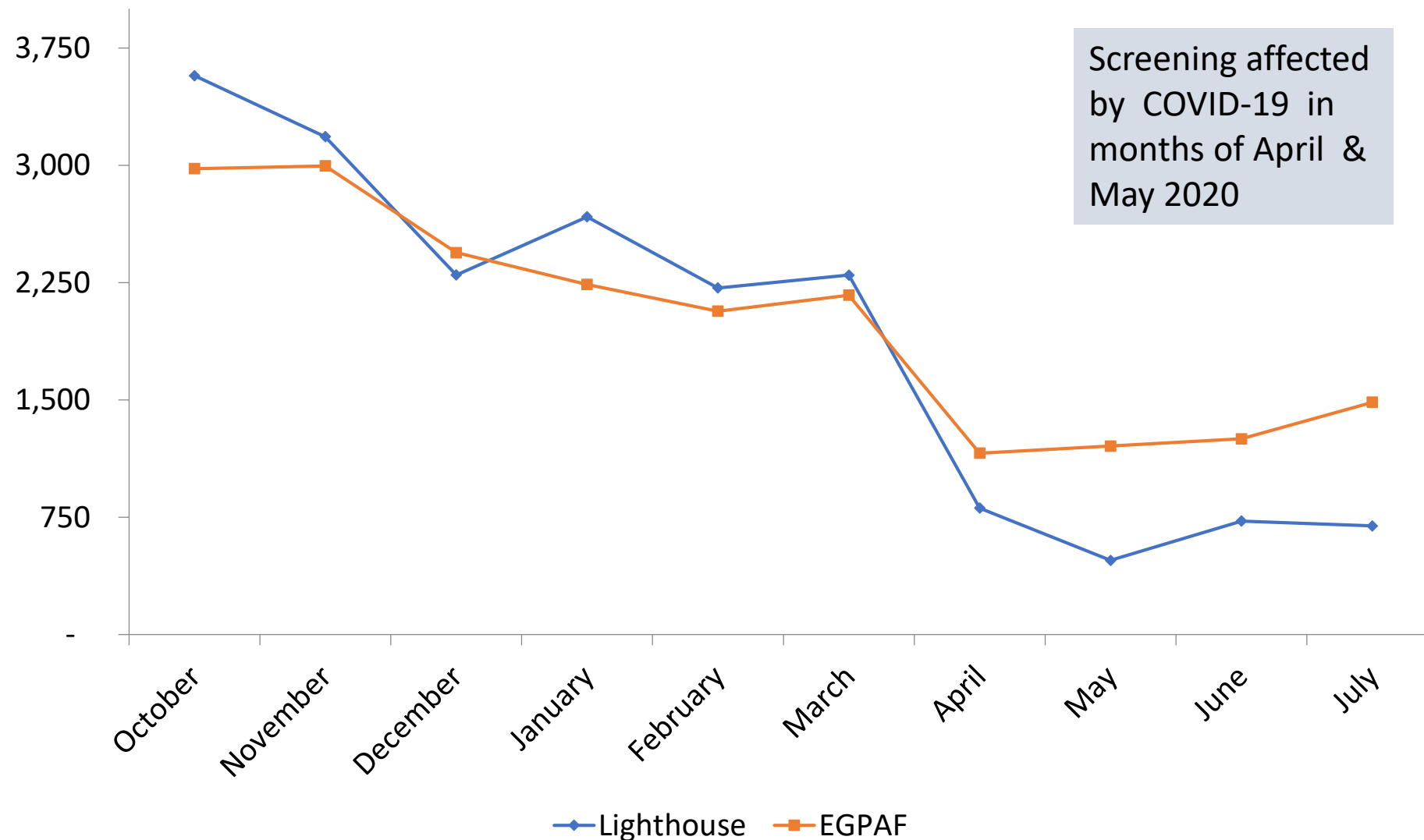
# QI Initiative to improve Viral Load Testing | Increasing Uptake in 16 Health Facilities



## Interventions:

- Use of screening tool to optimize the identification of VL eligible clients
- Redesign client flow to allow sending clients for VL collection before ART refill.
- Health talks on VL testing and demand creation
- Allocation of specific VL sample collector on weekly basis
- Site level targets for catch up testing

# FY20 VIA Screening affected by COVID-related suspension





# Key lessons learned

COVID-19 impacted HIV service provision in Malawi through interplay of three key processes:

1. MOH stopped certain activities via policy directives (e.g., in-person PITC in OPD, routine VL testing, VMMC) for a period
2. Implementing partners were affected by COVID-19 outbreaks
3. Clients could not access needed services due to closed health facilities and problems with transport

Solutions and next steps:

- Development of catch-up plans to address progress shortfalls
- Responsive adaptation of patient flow and reinforcement of COVID-19 risk mitigation measures
- Continued monitoring of performance against weekly targets at site level
- Importance of outreach services for HIV case finding and retention
- Continue granular site management to track catch-up activities
- Virtual site visits

# Thank you!

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