



Democratic Republic of Congo



Differentiated service delivery adaptations during COVID-19 for antiretroviral therapy retention

HPP-TN Project

- **Kinshasa**, November 2020
- **Author:** Didier KAMERHE, kamerhedidier@gmail.com
- **Contact person:** Patrick ISIAMPANI, patrick.isampani@hpp-congo.org
- www.hpp-congo.org





HPP-TN project

- Humana People to People Congo (HPP-Congo), is a Congolese association started activities in 2006. It is a member of HPP International Federation
- Under the PEPFAR fund, via HPP-TN project, HPP-Congo provides technical assistance to 63 facilities and community workers to deliver high-quality HIV prevention, testing, care and treatment services

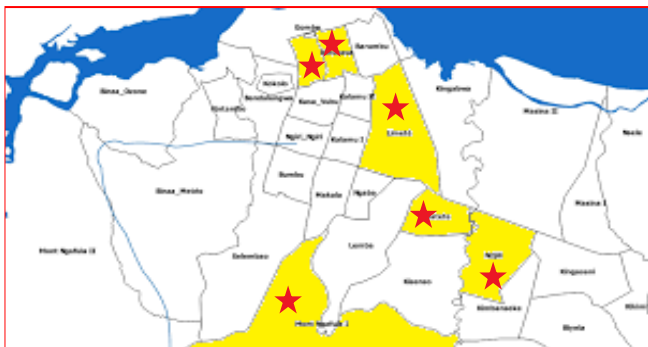


 6 supported health zones (HZ) by HPP project

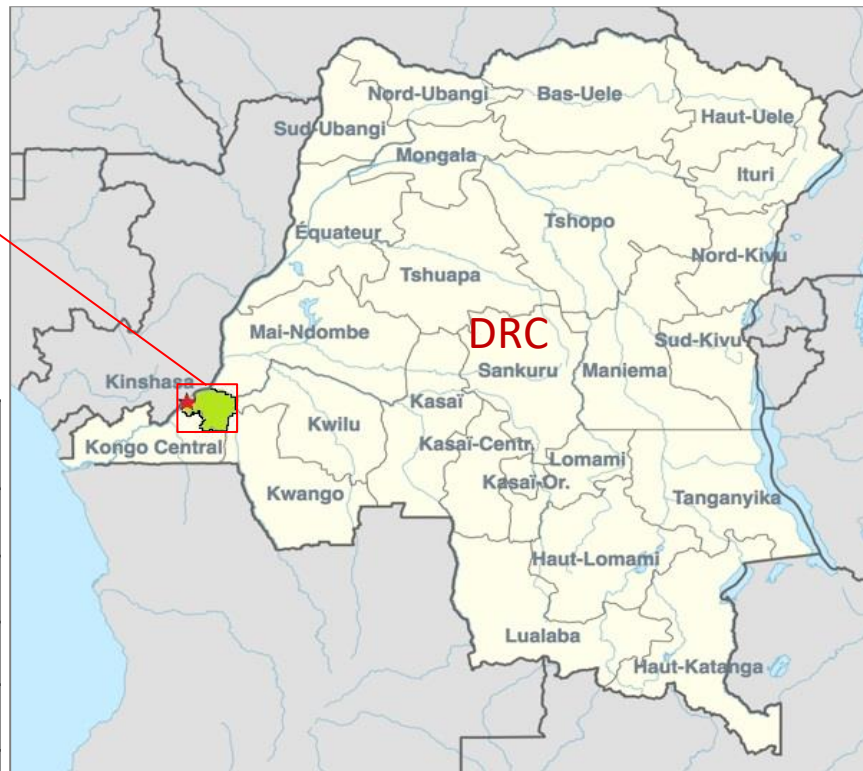
❖ 63 supported health facilities in the 6 HZ

HPP-TN LOCATION

Kinshasa health zones



Region	Health Zone (HZ)	Coordinates of General referral hospital in HZ
Kinshasa	Mont-Ngafula 1	[15.285333,-4.425117]
Kinshasa	Lingala	[15.303233,-4.3247]
Kinshasa	Kinshasa	[15.314233,-4.319067]
Kinshasa	Matete	[15.3465,-4.392883]
Kinshasa	Limete	[15.350766,-4.365867]
Kinshasa	Ndjili	[15.37415,-4.4029]



*The Democratic Republic of
Congo*





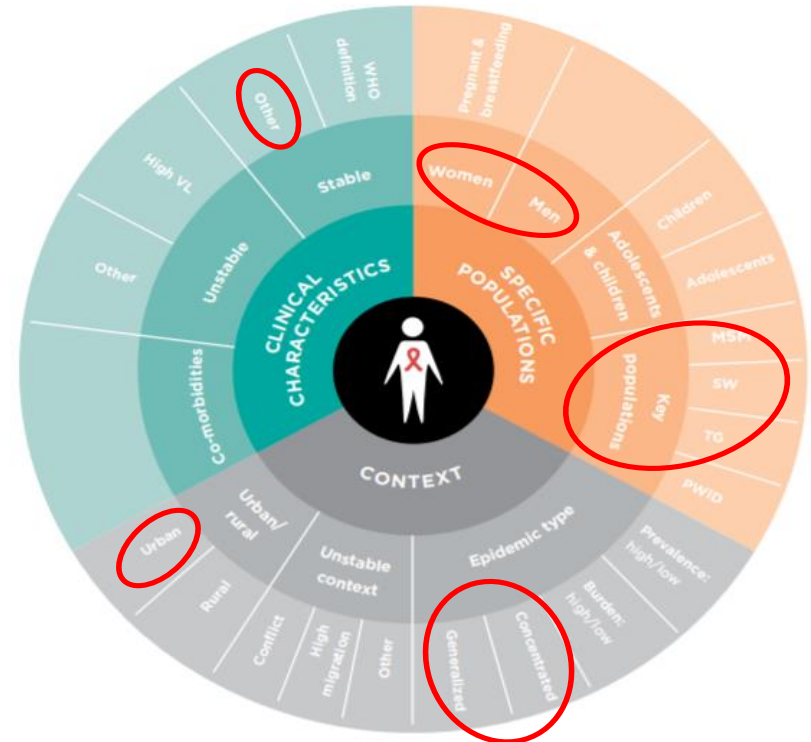
Targeted populations for DSD

1) People living with HIV, stable on antiretroviral treatment (ART):

- Men and women, older than 18 years, patients on ART
- with undetectable viral load
- who do not have opportunistic infections

2) Key populations:

- Key populations, older than 18 years, patients on ART, who meet above stability criteria
- Targeted sub-groups: Commercial sex workers, transgender and men who have sex with men





HPP-TN DIFFERENTIATED CARE MODELS (DCM)

- Fast-track *plus*: In this model, a rapid circuit is established in the health facility for stable patients with a particularity, (*plus*), that ART are provided to patients by “expert patients”
 - This is an innovation introduced in the classic fast track model to improve accessibility to screening TB and NACS.
- PoDi: ART services are provided in a located house in the community, in the same health zone, “zonal model”
- Adherence clubs: in this model, ART services are provided during a quarterly support group meetings of PLHIV.





BUILDING BLOCKS OF FAST-TRACK CIRCUIT (Pre-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	Every three months	Every six months	Not systematic
WHERE	At health facility	At health facility	At health facility
WHO	Physician, nurse, or pharmacist	Physician or nurse	Physician, nurse or peer educator (if available)
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	Adherence counselling



BUILDING BLOCKS OF PODI+ SITE (Pre-COVID)

ART refills

Clinical consultation

Psychosocial support

WHEN	Every three months	Every six months	Systematic during refill visit
WHERE	At PoDi+ site	At health facility	At PoDi+ site or at home
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	<ul style="list-style-type: none">• Adherence counselling• Routine TB screening• Routine nutritional screening and counseling

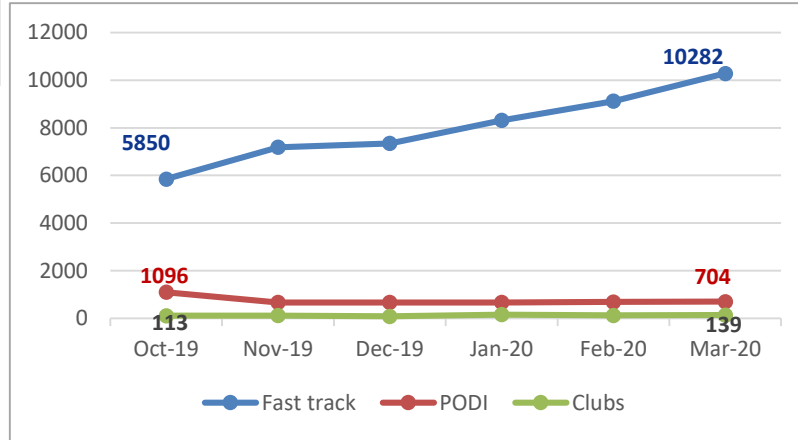


BUILDING BLOCKS OF ADHERENCE CLUB (Pre-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	Every three months	Every six months	Systematic during support group meeting
WHERE	During facility-based group meeting	At health facility	During facility-based group meeting or at home
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	<ul style="list-style-type: none">• Adherence counselling• Routine TB screening• Routine nutritional screening and counseling



Enrollment in DCM (Pre-COVID)



- Fast-track as the lowest-cost model is scaled up by HPP-TN project in the 6 supported health zones
- All patients already enrolled in remote PODI sites outside of the project areas before the beginning of the project, are re-oriented in fast-track model to improve clinical monitoring

Eligibility criteria for differentiated care models (DCM):

1. Suppressed viral load
2. 18 years of age or older
3. On antiretroviral therapy (ART) for more than six months
4. Adherent to ART regimen for past six months
5. No opportunistic infections in past six months
6. Not pregnant or breastfeeding



PODI implementation challenges before COVID

- HPP-TN began in October 2020, replacing another project in the same areas of intervention.
- Previous project implemented a model which had oriented patients in the PODI sites according to the proximity to their homes
- This model posed a problem of clinical follow-up and the non-integration into the ministry of health (MoH) information system.
- HPP-TN solved the reporting problem by reviewing PODI model by referring patients to the PODI available in the same health zone as the hospital of ART enrollment.
- Patients were referred to DCMs available in each health zone





BUILDING BLOCKS OF FAST-TRACK CIRCUIT Plus (During-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	1) Every three months, for new patients in DCM 2) Every Six months, for old patients in DCM	Every six months	Systematic during consultations or home visit
WHERE	At health facility or at home	At health facility	At health facility or at home
WHO	Expert patient , Physician or nurse	Physician or nurse	Expert patient
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	<ul style="list-style-type: none">Adherence counsellingRoutine TB screeningRoutine nutritional screening and counseling



Main adaptations in Fast track+ during COVID

- Reduced contacts with clinics by introducing 6-MMD for all patients already enrolled in DCM
- New patients enrolled in DCM continue with 3-MMD, but at the second refill the counsellor suggests them also a 6-MMD
- More peer educators were introduced in facilities as expert patients, after training, to improve adherence counseling, screening for tuberculosis (TB) and nutrition assessment, counselling and support (NACS), and to facilitate home delivery of ART for patients who refuse to come to clinics due to stigma or fear of COVID-19



Difference between fast-track and fast-track+

Fast track	Fast track Plus
Patients receive Isoniazid (INH) separately from facility-based providers but aren't provided with antiretrovirals (ARVs) and Cotrimoxazole (CTX)	Patients receive pre-packed drugs (INH, ARV and CTX) from Expert patient as part of their quarterly pick-up package.
Physician don't have time to provide nutritional assessment or TB screening	Expert patient provides to stable patients adherence counseling, TB screening, NACS, home visit, monitoring of viral load and index testing services
Patients meet physician, nurse or pharmacist for drug refill	Patients meet Expert for drug refill or Expert patient can provide drugs package during home visit



BUILDING BLOCKS OF PODI+ SITE (During-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	1) Every three months, for new patients in DCM 2) Every six months, for patients already enrolled in DCM	Every six months	Systematic
WHERE	At PoDi+ site or at home	At health facility	At PoDi+ site or at home
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	<ul style="list-style-type: none">• Adherence counselling• Routine TB screening• Routine nutritional screening and counseling



BUILDING BLOCKS OF ADHERENCE CLUB (During-COVID)

ART refills

Clinical consultation

Psychosocial support

WHEN	Every three months	Every six months	Systematic
WHERE	During facility-based group meeting of less than 10 attendees	At health facility (HIV clinic)	During facility-based group meeting or at home
WHO	Peer educator	Physician or nurse	Peer educator
WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (e.g. laboratory tests; family planning services)	<ul style="list-style-type: none">• Adherence counselling• Routine TB screening• Routine nutritional screening and counseling







BUILDING BLOCKS OF FAST-TRACK CIRCUIT Plus (During-COVID)

ART refills

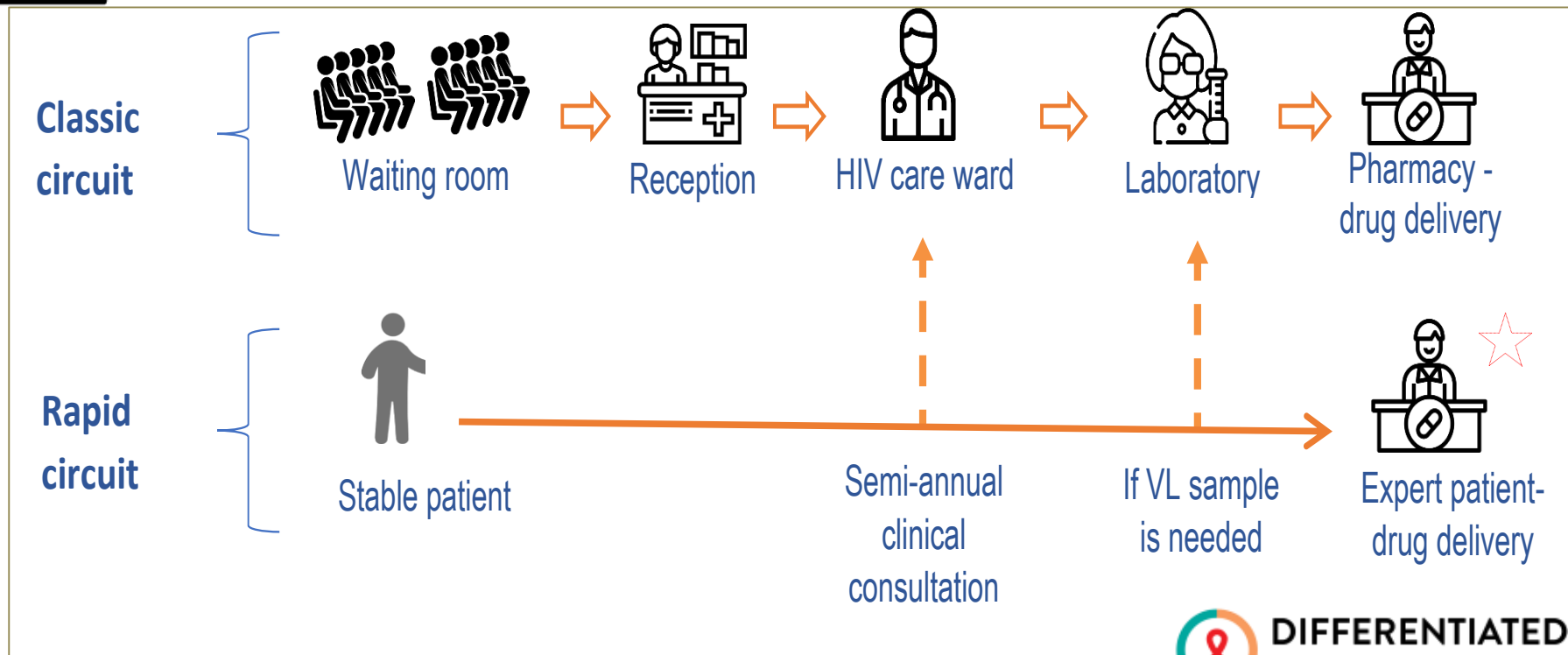
Clinical consultation

Psychosocial support

 WHEN	1) Every three months, for new patients in DCM 2) Every Six months, for patients already enrolled in DCM	Every six months	Systematic during consultations or home visit
 WHERE	At health facility or at home	At health facility	At health facility or at home
 WHO	Expert patient, Physician or nurse	Physician or nurse	Expert patient
 WHAT	Pre-packaged ART, cotrimoxazole and INH (as applicable)	Clinical monitoring (<i>e.g. laboratory tests; family planning services</i>)	<ul style="list-style-type: none">• Adherence counselling• Routine TB screening• Routine nutritional screening and counseling

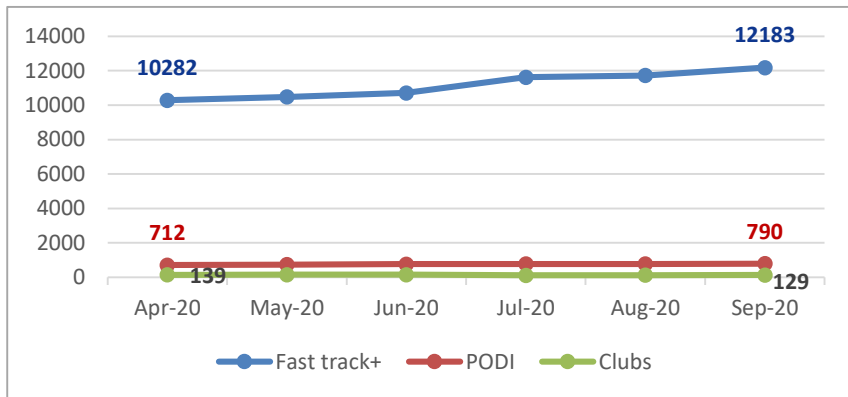


Patient flow at Fast-Track plus circuit





Enrollment in DCM (During-COVID)



- Maintaining Fast-track+ scale up
- Introduced 6-MMD of ARV for old patients enrolled in DCM who consent
- Reduced number of group attendees in meeting to less than 10

Eligibility criteria for DCM during COVID19:

1. Suppressed viral load
2. 18 years of age or older
3. On antiretroviral therapy for more than **three** months
4. Adherent to ART regimen for past **three** months
5. No opportunistic infections in past six months
6. Not pregnant or breastfeeding



Management of group meetings during COVID

- Stop of new enrolments in adherence clubs
- Reducing the number of attendees in group support meeting to less than 10
- Groups with more than 10 members have been split to form new groups of up to 10 members
- New groups have scheduled another meeting day in the same week as the original group meeting day
- Members of new groups have designated the facilitator/leader of their group under the guidance of the facilitator of the main group.
- The new facilitators received a one-day training with the work tools from the project



REASON FOR ADAPTATIONS

HPP-TN project adjusted its DSD model to provide 6 month dispensing of ART in all 63 supported clinic sites in order to:

- maintain high quality clinical care, continuity and retention on ART
- minimize transmission of COVID-19 among health care providers and clinic clients



Kimbangu CH' fast-track site, 6 month dispensing



**DIFFERENTIATED
SERVICE DELIVERY**



SUMMARY OF ADAPTATION DURING COVID

- Introduction of 6 MMD to minimize exposure to COVID-19 at facilities
- Reduced attendee numbers during group meetings to less than 10
- Respected social distancing during group support meeting
- More responsibility to peer educators for drug dispensing, home visits, tracking patients,...
- ART delivery at home for patients who refuse to come in clinics due to stigma or fear of COVID-19



Lingwala fast track site, during adherence counseling before ARV multi-month refill

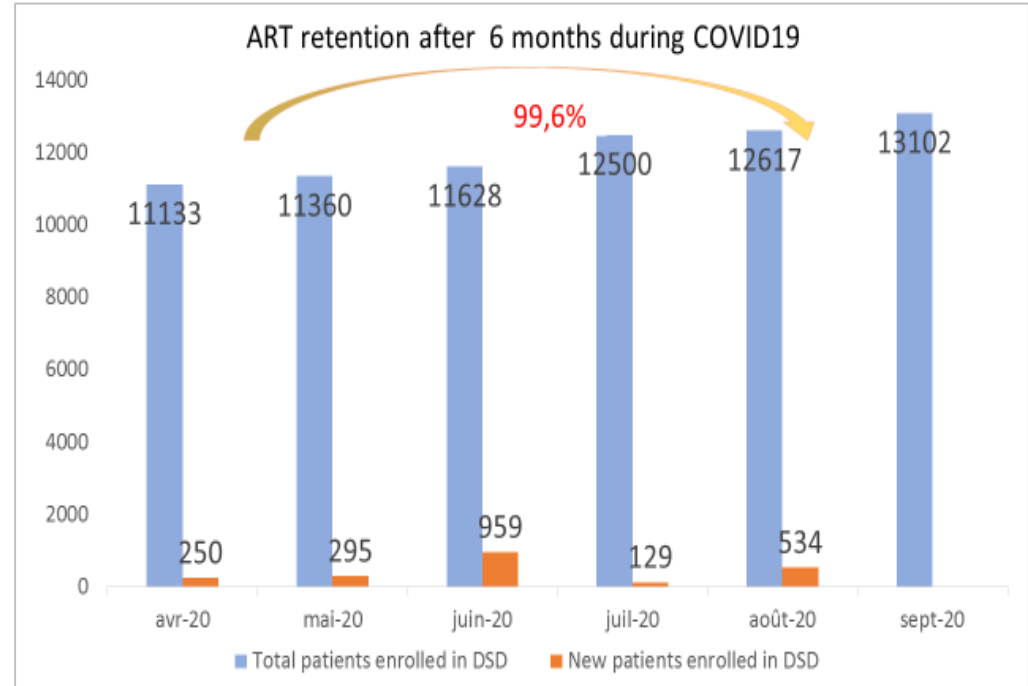


**DIFFERENTIATED
SERVICE DELIVERY**



QUANTITATIVE OUTCOMES: ART retention during COVID-19

- 5 monthly cohorts retention, or follow-up of 11,125 patients enrolled in the DSD who benefited DSD adaptations services during COVID-19 since April 2020,
- The experience has shown that their average retention at 6 months of treatment is 99.6% or a total of 11,081 of them were still on treatment at the end of September 2020.





IMPACT: DSD ADAPTIONS DURING COVID-19

« Nous sommes très satisfaits de services que nous recevons à notre centre hospitalier, car nous ne perdons plus des journées entières pour bénéficier des ARV, en moins de 15 minutes, nous sommes servis, et les nombres de nos visites ont sensiblement été réduites de 12 à 4 visites par an et aujourd'hui à 2 par an »

Peer educator in PODI site

“We are very satisfied with the services that we receive at our hospital center because we no longer lose our entire day to get ARVs. In less than 15 minutes, we are served and our visits have been significantly reduced from 12 to 4 visits per year and nowadays to 2 per year.”



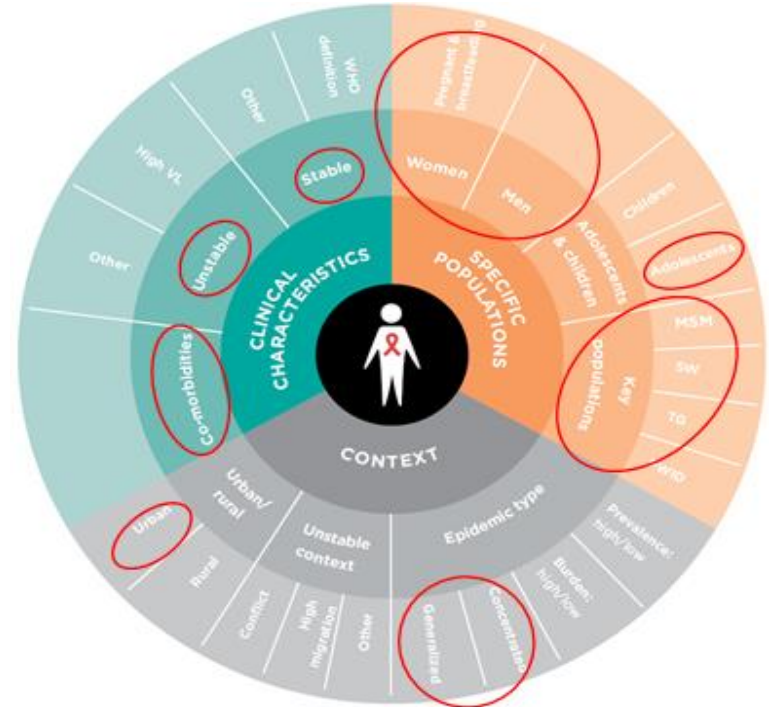
COVID-19 IMPACT ON HPP-TN SERVICES

IMPACT OF COVID 19	SERVICES DELIVERY ADAPTATIONS
Reduced patient attendance at clinical services for fear of COVID-19	Reduced patient contacts with clinics: <ul style="list-style-type: none">- Involve more peer educators to provide home visit and ARV delivery- Patient follow-up through phone calls or SMS- Introduce 6 month for patients stable on ART- Extend community ARV-pickup models
Reduced sensitization and testing in the community	Stop all activities that expose to COVID-19 contamination: <ul style="list-style-type: none">- Focus on Index testing- Extend self-testing
Increased workload in health facilities due to staff reduction (minimum services)	<ul style="list-style-type: none">- Health care workers are provided with transportation to collect patients VL samples from the community,- Involve more peer educators in individual follow-up patients



New differentiated care models towards epidemic control

- ❖ **Kinshasa context:** During or after COVID-19
- ❖ **Targeted population for DSD:**
 - Stable patients : Men and women of 18 years or older
 - Pregnant women and breastfeeding
 - Coinfected HIV-TB
 - Unstable patients with high VL
 - Adolescents: boys and girls
- ❖ **5 DCM for going towards epidemic control are needed:**
 1. Model 1: Fast track plus for stable patients
 2. Model 2 : for pregnant and breastfeeding women
 3. Model 3: for coinfected HIV-TB patients
 4. Model 4: For patients with unsuppressed VL
 5. Model 5: For adolescents





CONCLUSION: DSD adaptations during COVID-19

DSD adaptations during COVID-19 allows the HPP-TN project to ensure the continuity of the HIV treatment provision through:

- Minimized exposure to COVID-19 at facilities
- Respected social distancing in community sites
- Maintained scale-up of DSD in health zones supported by HPP-TN project