

Status of ART Implementation in the Context of COVID-19

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Acting Branch Chief – Care and Treatment

September 2, 2020

CDC-Ethiopia



Outline

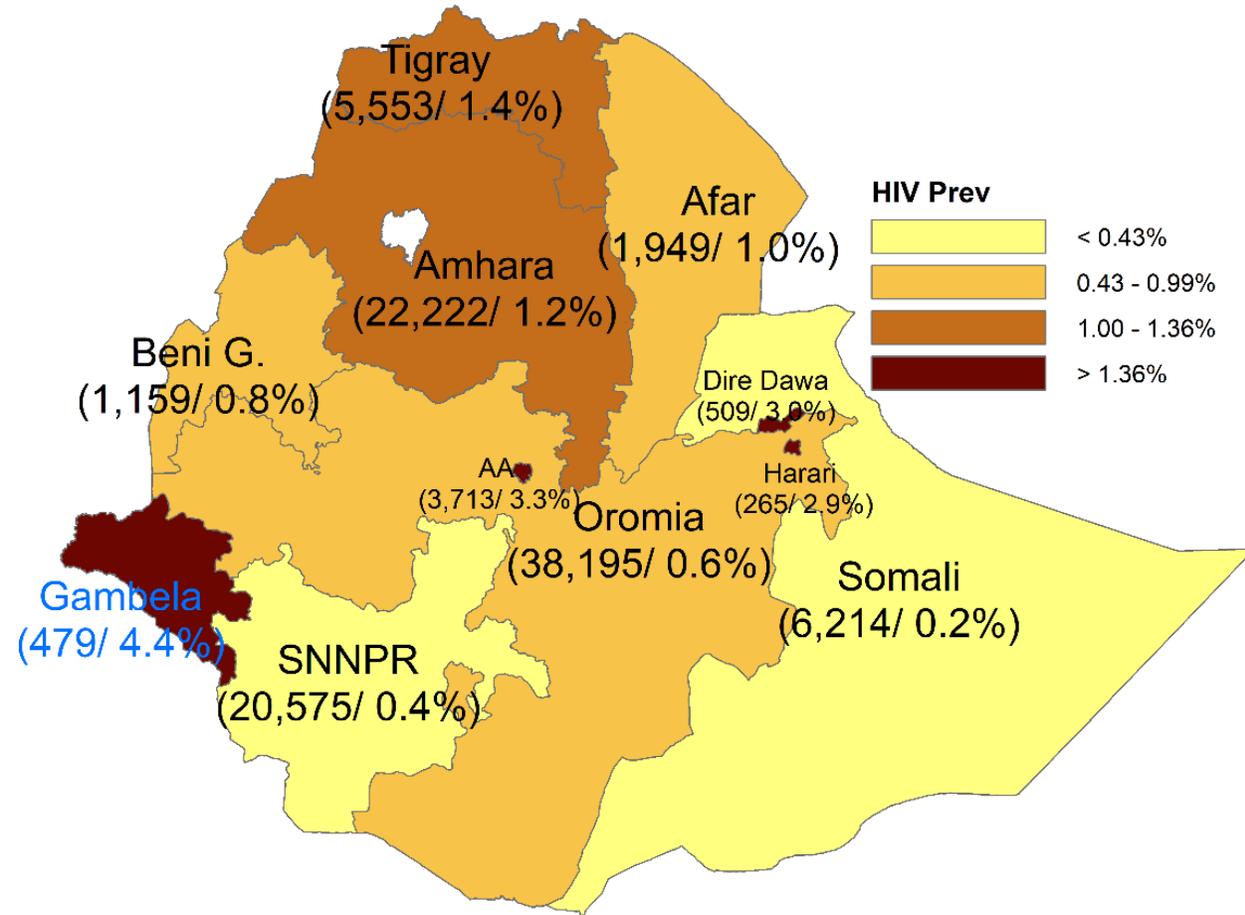
- Status of the Ethiopian HIV program before COVID-19
- Status of COVID-19 in Ethiopia
- Maintaining and strengthening HIV Treatment in the context of COVID-19
- Case finding and laboratory services during COVID-19
- Updates on HIV/ART health facilities repurposed for COVID-19 response



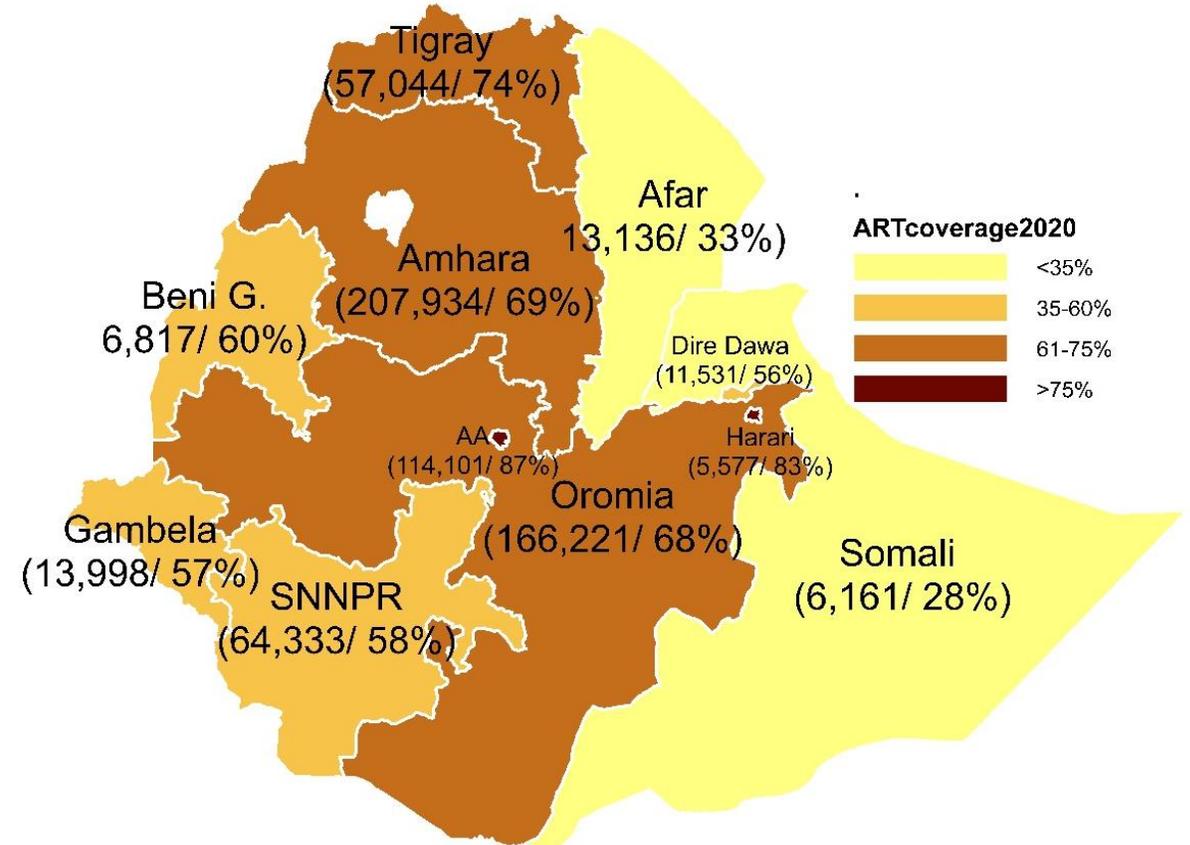
Status of Ethiopian HIV Program Prior to COVID-19

Country Map: Regional Population, PLHIV, Prevalence & ART Coverage

Total Population (Thousands) & HIV Prevalence by Region



PLHIV & ART Coverage Estimates



HIV Program coordination, leadership and oversight

COORDINATED LEADERSHIP, POLICIES, AND OVERSIGHT

Ethiopia Federal Ministry of Health

CDC-Ethiopia

ABOVE SITE TA to RHBs

ICAP-Ethiopia

PEPFAR MAINTAINED
REGIONS

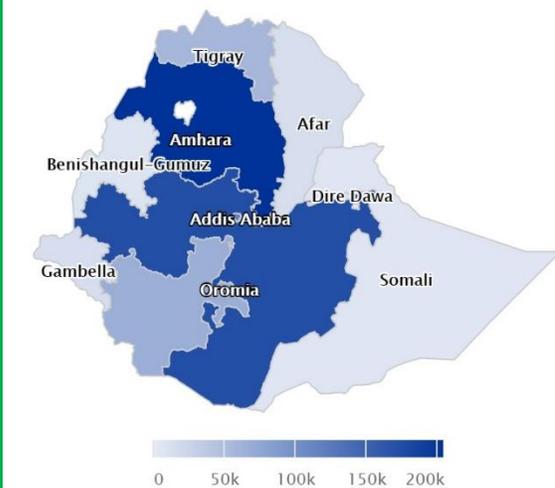
Addis Ababa
Oromia
Amhara
SNNPR
Gambella*

DIRECT SERVICE DELIVERY AT 1241 FACILITIES MANAGED BY REGIONAL HEALTH BUREAUS (RHB)

FY 14

RHBs fully
implementing
direct service
delivery

PLHIV, all ages, Both, September 2020



FY 20

PEPFAR
support
rebalanced into
Maintained and
Transitioned
Regions

ABOVE SITE TA to RHBs

Ethiopia Federal
HIV/AIDS Prevention &
Control Office (FHAPCO)

PEPFAR TRANSITIONED
REGIONS

Tigray
Harare
Dire Dawa
Somali
Afar
Benishangul-Gumuz

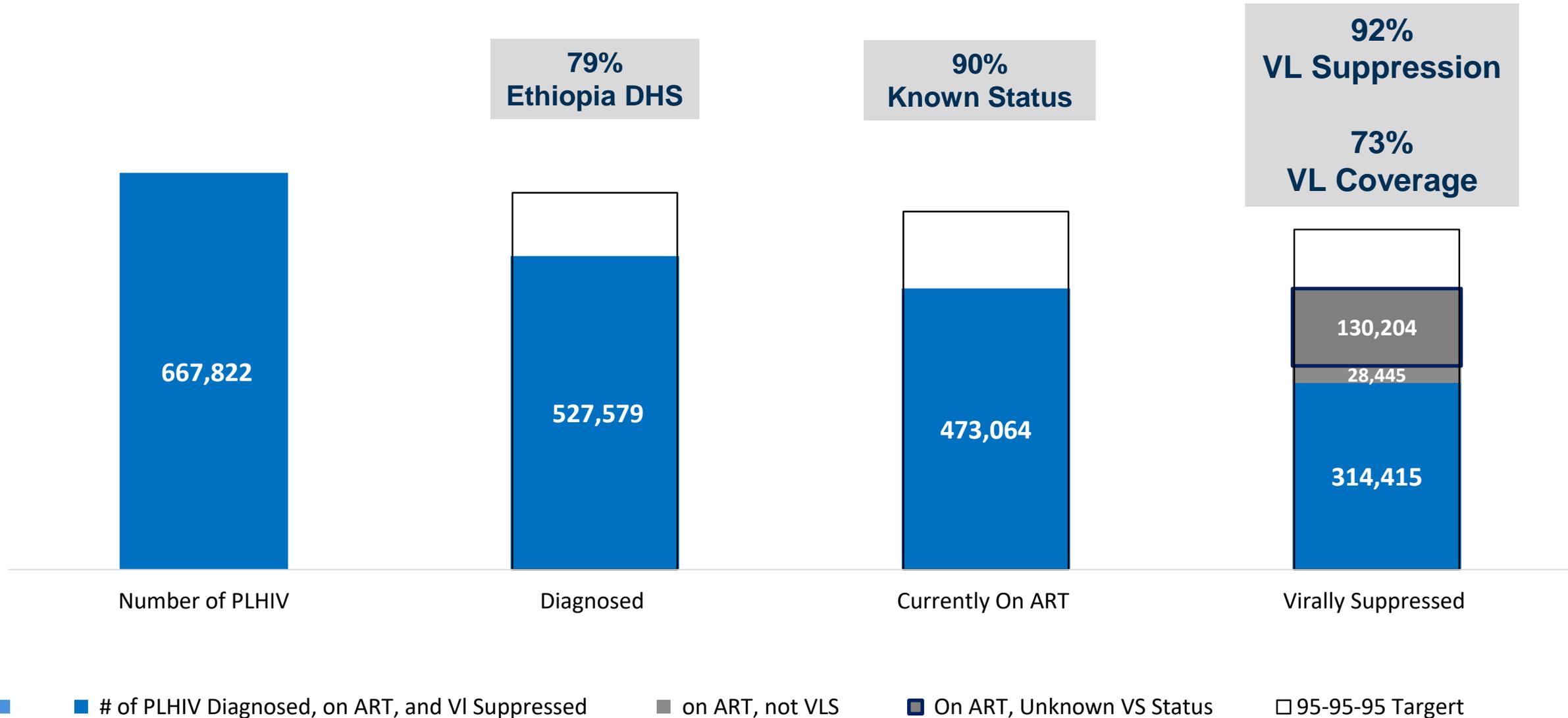
SITE LEVEL and ABOVE SITE TA to FEDERAL PROGRAM and ALL REGIONS

NEP+ PLHIV Association: Case management, adherence support, community-led monitoring

Ethiopian Public Health Institute, ASLM: Laboratory capacity and quality, surveillance (CBS)

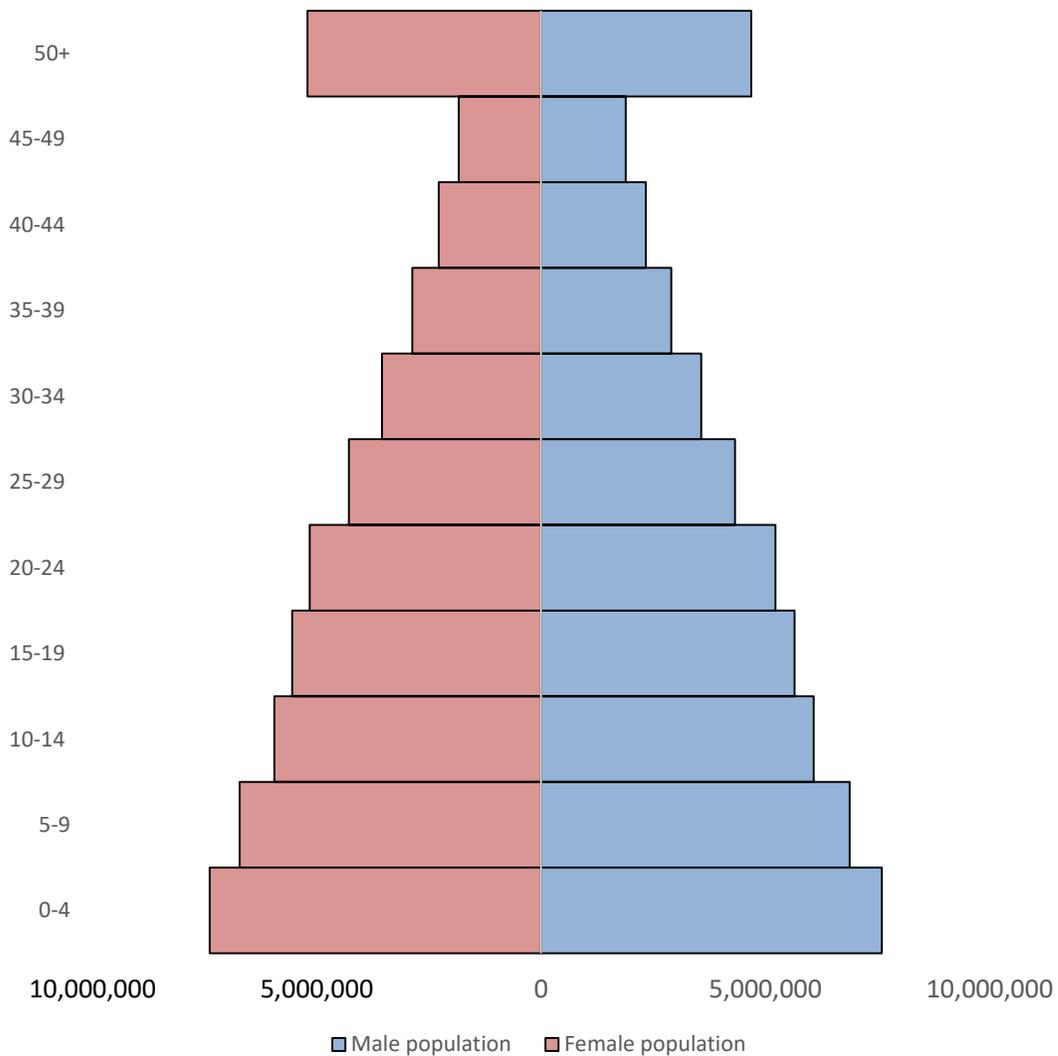
ICAP: Health information management systems, SI, *DSD for health services in Gambella

Ethiopia's Progress Toward 95-95-95, June 2020

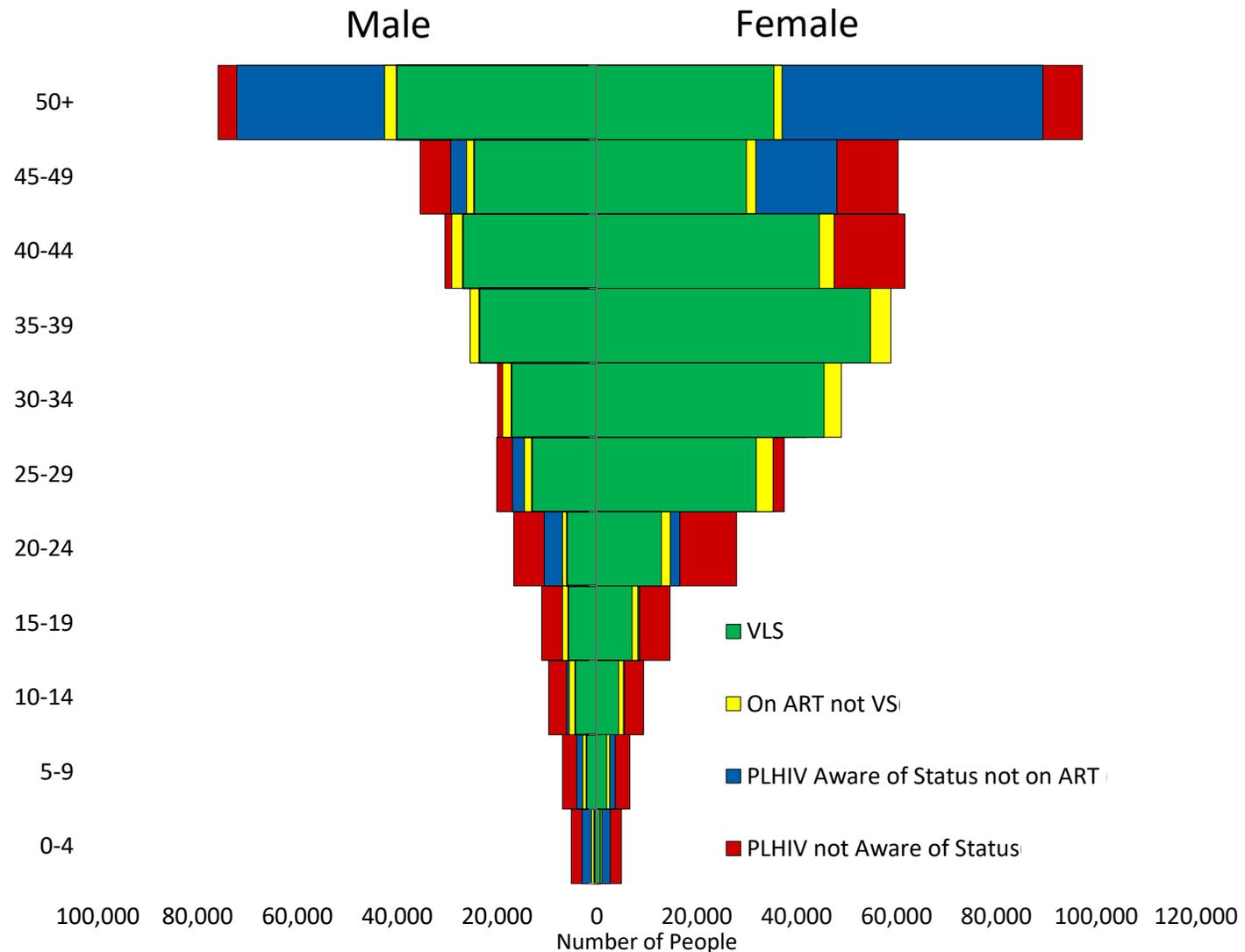


Population vs. PLHIV Pyramids provide evidence of successful program

Population Pyramid

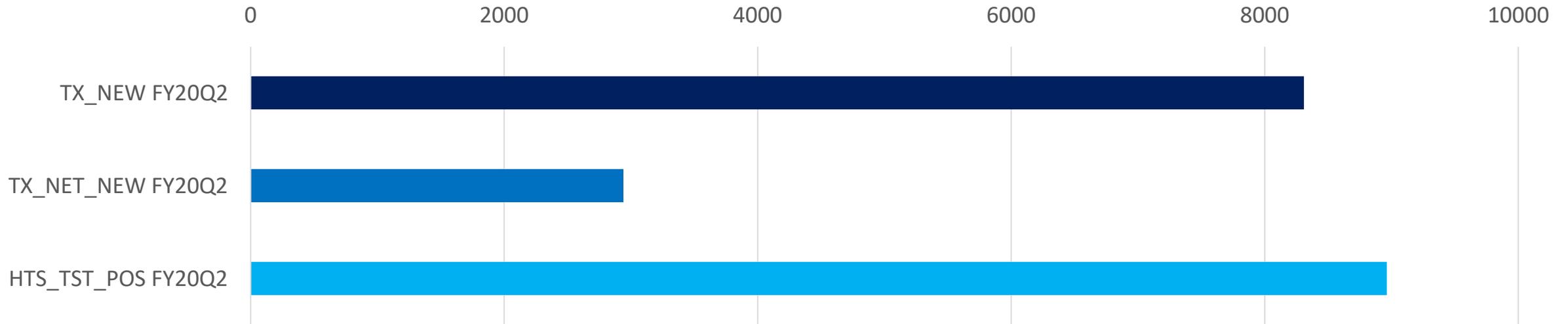
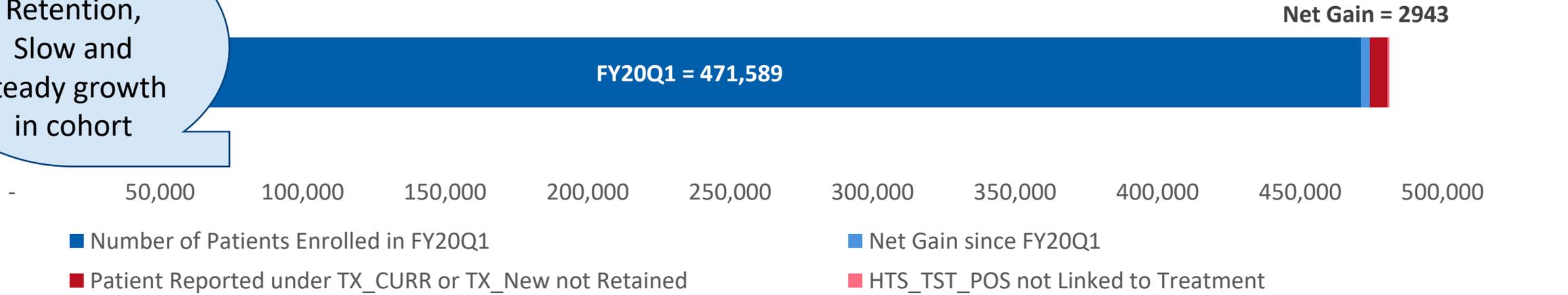


PLHIV Pyramid



Progress Retaining PLHIV on ART in FY20Q2

Excellent Retention, Slow and steady growth in cohort

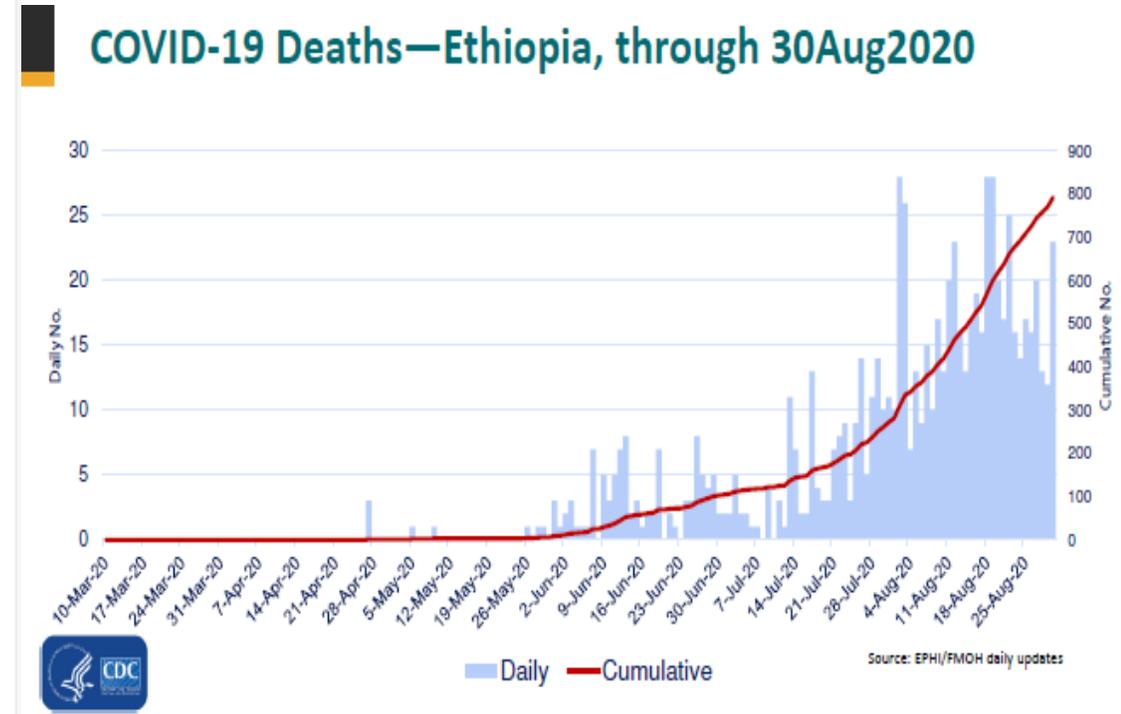
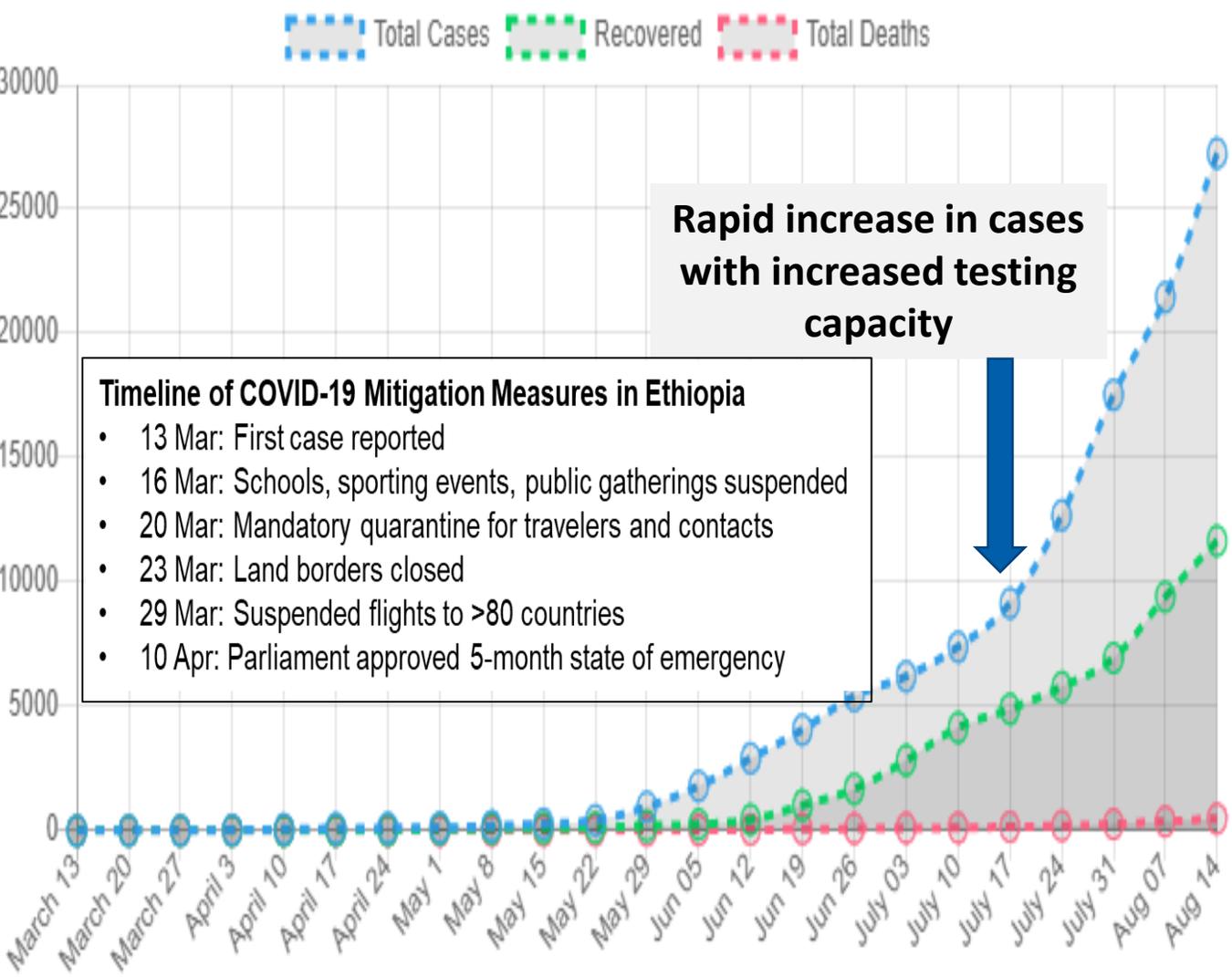




COVID-19 in Ethiopia

Cumulative COVID 19 cases, death and recoveries

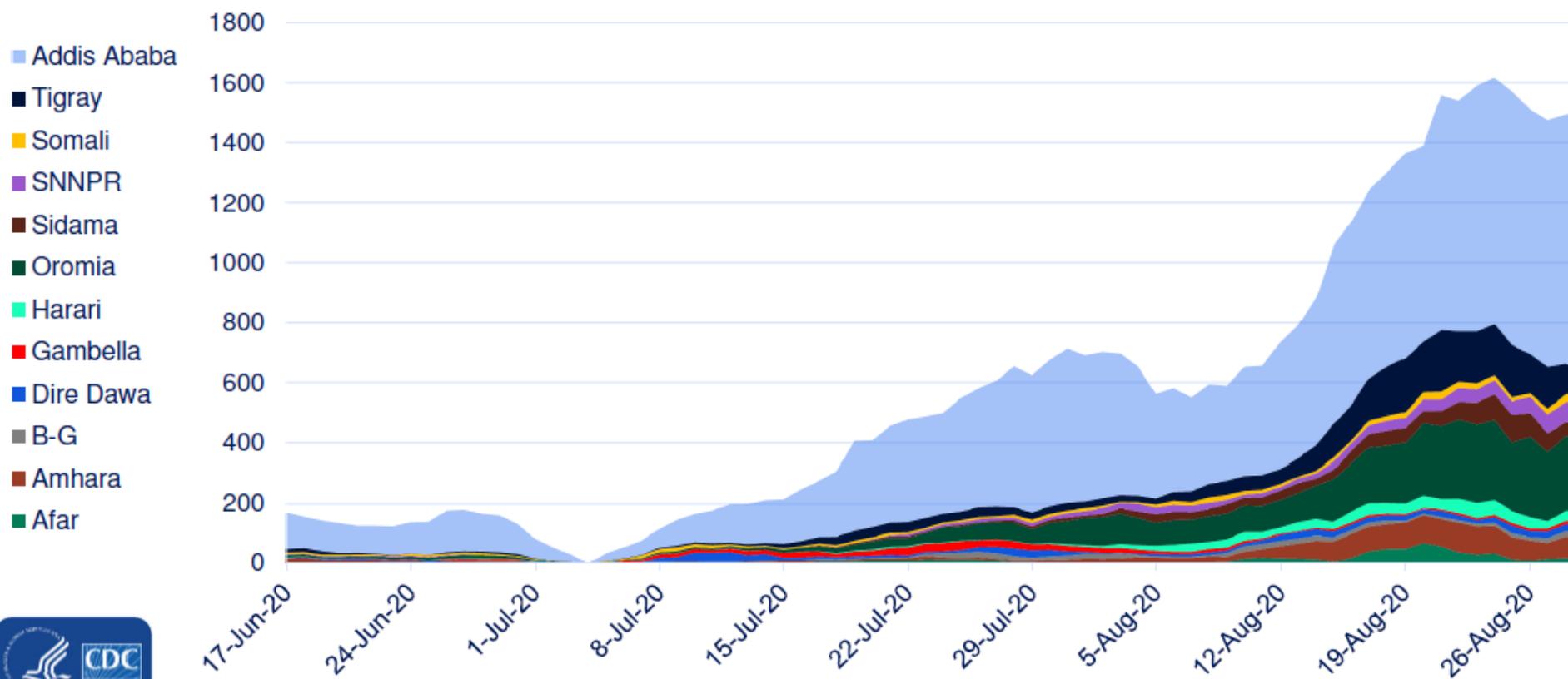
Total Confirmed cases (Aug 31)
52,131
Deaths in Ethiopia
809



Cumulative Cases of COVID 19 by Region, Ethiopia

COVID-19 5-Day Rolling Averages of Daily Cases by Region—Ethiopia, 17Jun2020 – 29Aug2020

Source: EPHI/FMOH daily updates





Maintaining and Strengthening HIV Treatment in the context of COVID-19

Risk of COVID-19 to HIV Treatment Program

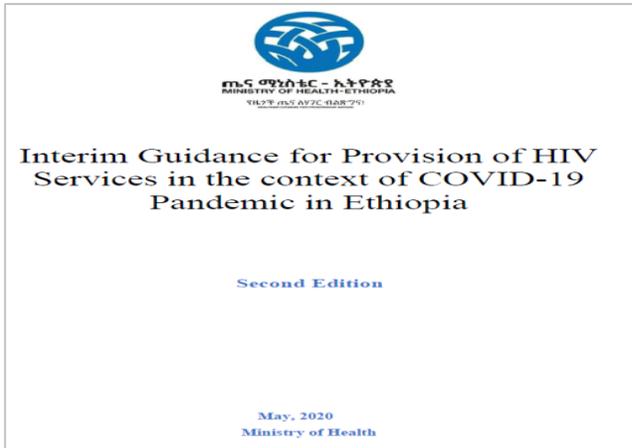
Anticipated Risks

- Supply chain disruption
- Decreased facility attendance
- Transmission in facilities
- Decreased partner notification services
- Decreased site visits
- Decreased on-site M&E
- Health worker absences

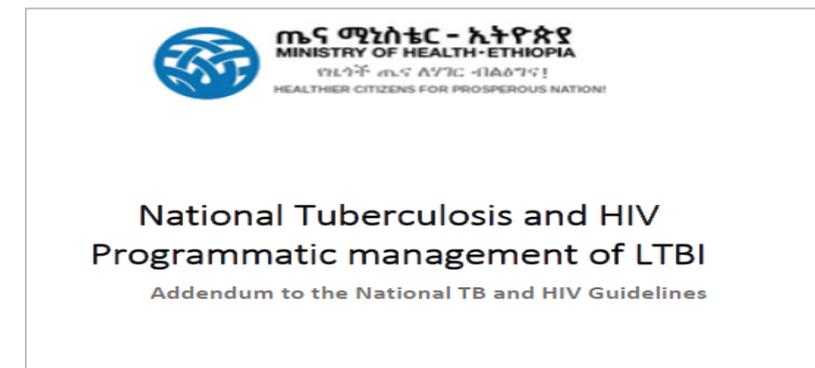
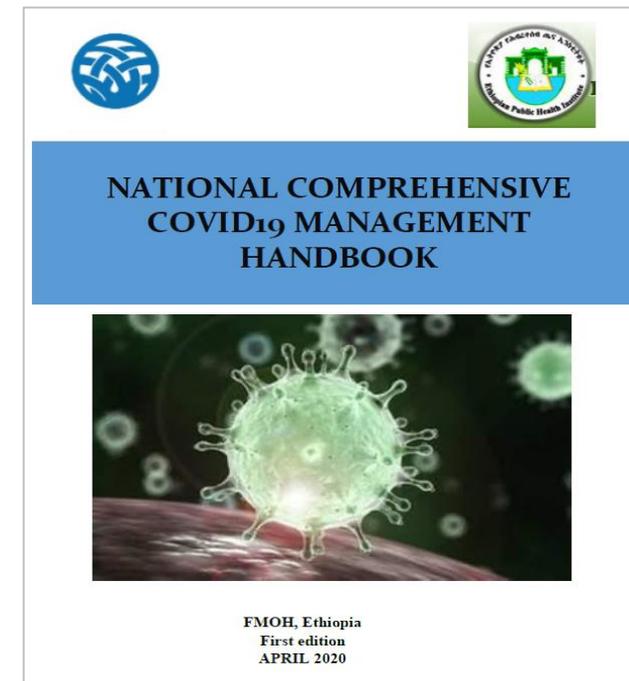
Proactive Measures

- Early push of ARVs and RTKs
- Policy changes
- Unassisted HIVST
- Acceleration of MMD/CAGs
- IPC enhancements
- Phone partner services
- Virtual TA
- Virtual M&E systems

CDC worked with FMOH to rapidly develop & implement guidance and policy changes to address these risks



- Interim guidance for Provision of HIV services in context of COVID-19, 2nd edition
- Implementation guide for non-covid-19 essential health services
- Unassisted Self test Implementation manual
- Addendum National Tuberculosis & HIV Programmatic management
- National comprehensive COVID 19 management handbook for HCWs



Multi-Month Dispensation: Acceleration of existing plans and introducing newly-eligible populations

- Provide 3 months ARVs dose (3-MMD) for:
 - PMTCT clients
 - Children < 15 years old
 - Newly identified clients including key populations (KPs)
 - Clients on second-line and third-line ART
 - Any other unstable clients who do not need admission (Advanced HIV Disease, High Viral Load (HVL), those on EAC, etc.)
- Accelerate 6-MMD for stable adults
- MMD for TPT and for PrEP

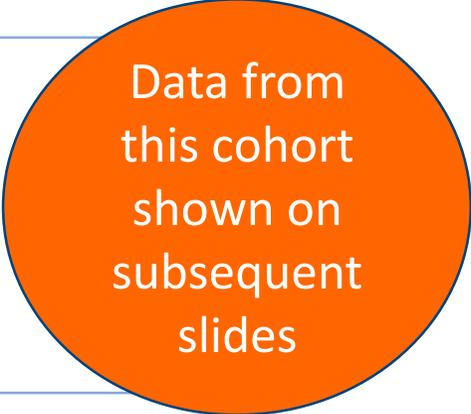
Necessary shift to virtual support and monitoring

New data collection tools

- Focus on priority activities: MMD, LTFU tracking, ART stock, TPT
- Facility level
- Data upload through mobile devices, online and offline

New analytic platforms

- Weekly and monthly updates using novel Tableau Dashboards
- Captures sites in all regions with Tx_Curr >300 and enhanced SmartCare and sites reporting to case-based surveillance
- Captures Tx_Curr of 172,875 (36% of national cohort)



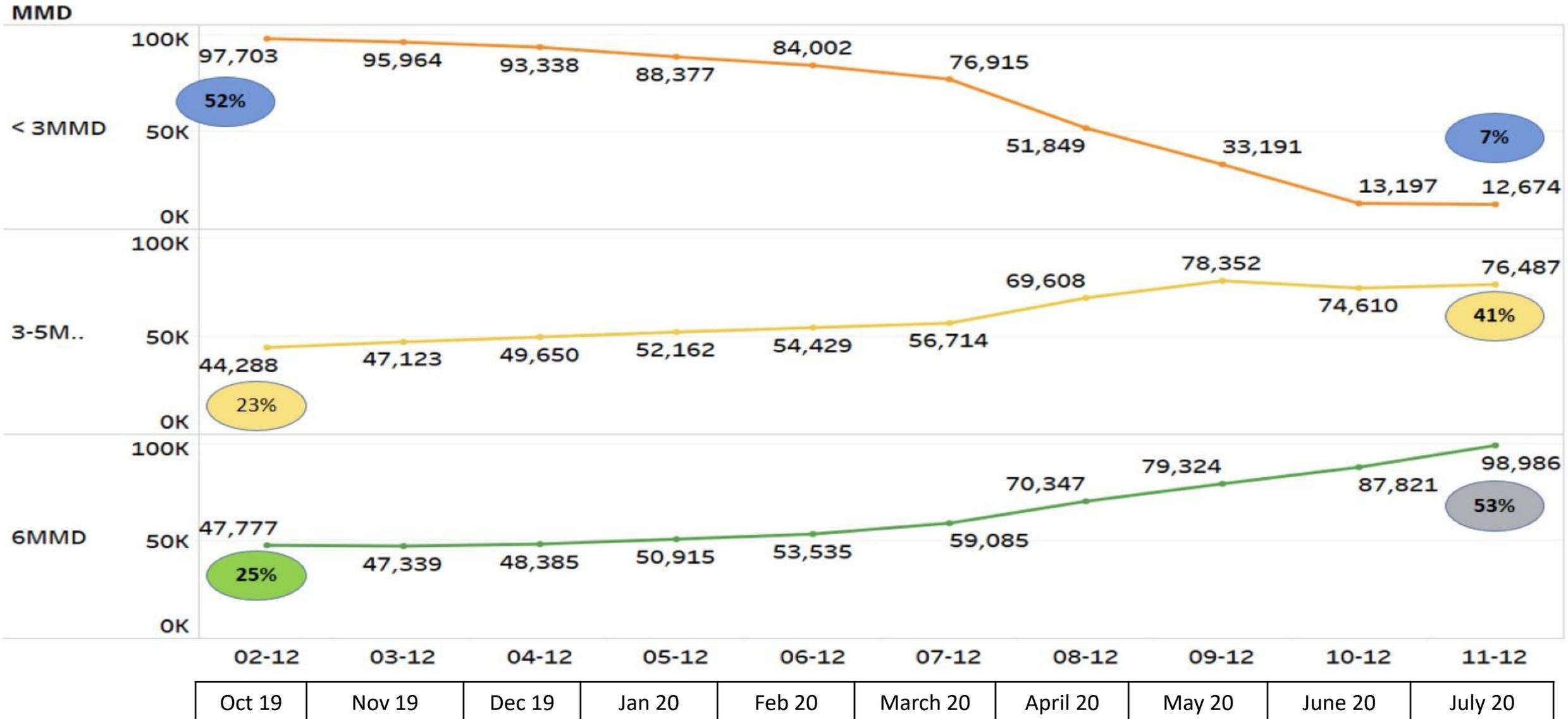
Data from
this cohort
shown on
subsequent
slides

Virtual oversight

- Virtual trainings for health workers
- Virtual IP performance reviews

Adult MMD – Rapid expansion of 6-MMD and 3-5 MMD

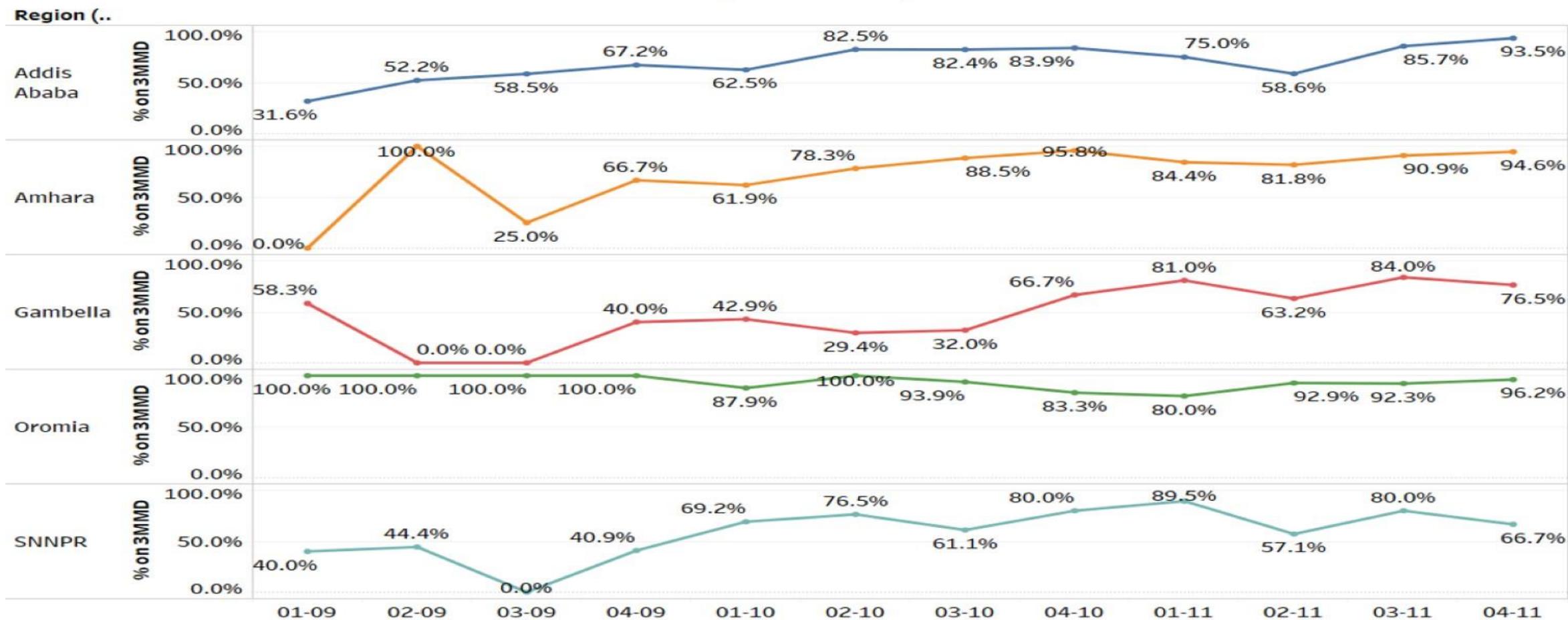
FY20 Adult MMD Trend , EMR



Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20	April 20	May 20	June 20	July 20
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3-MMD for newly initiated clients

Trend of 3MMD among Clients newly Initiated on ART



May

May

May

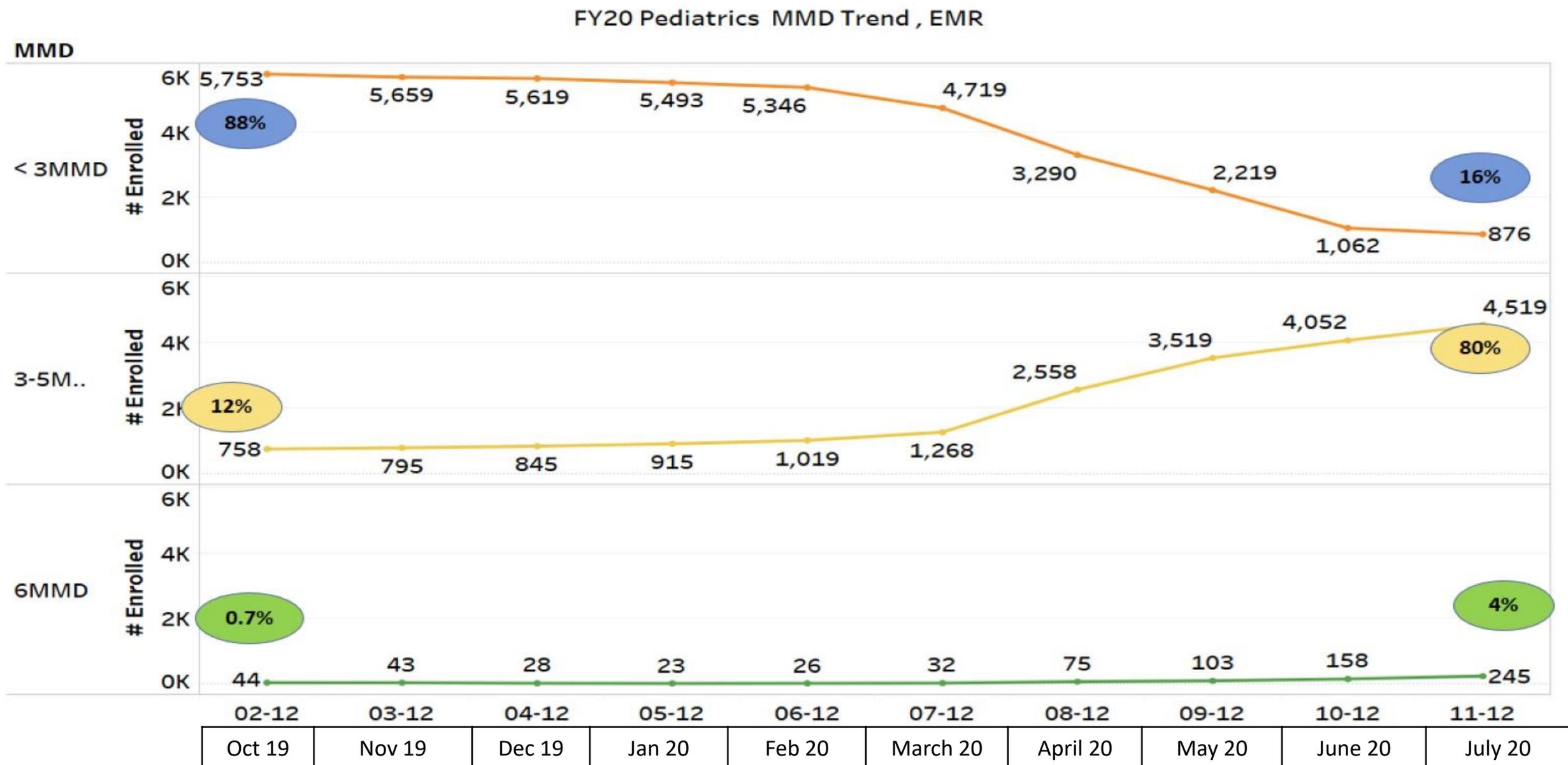
June 25

June

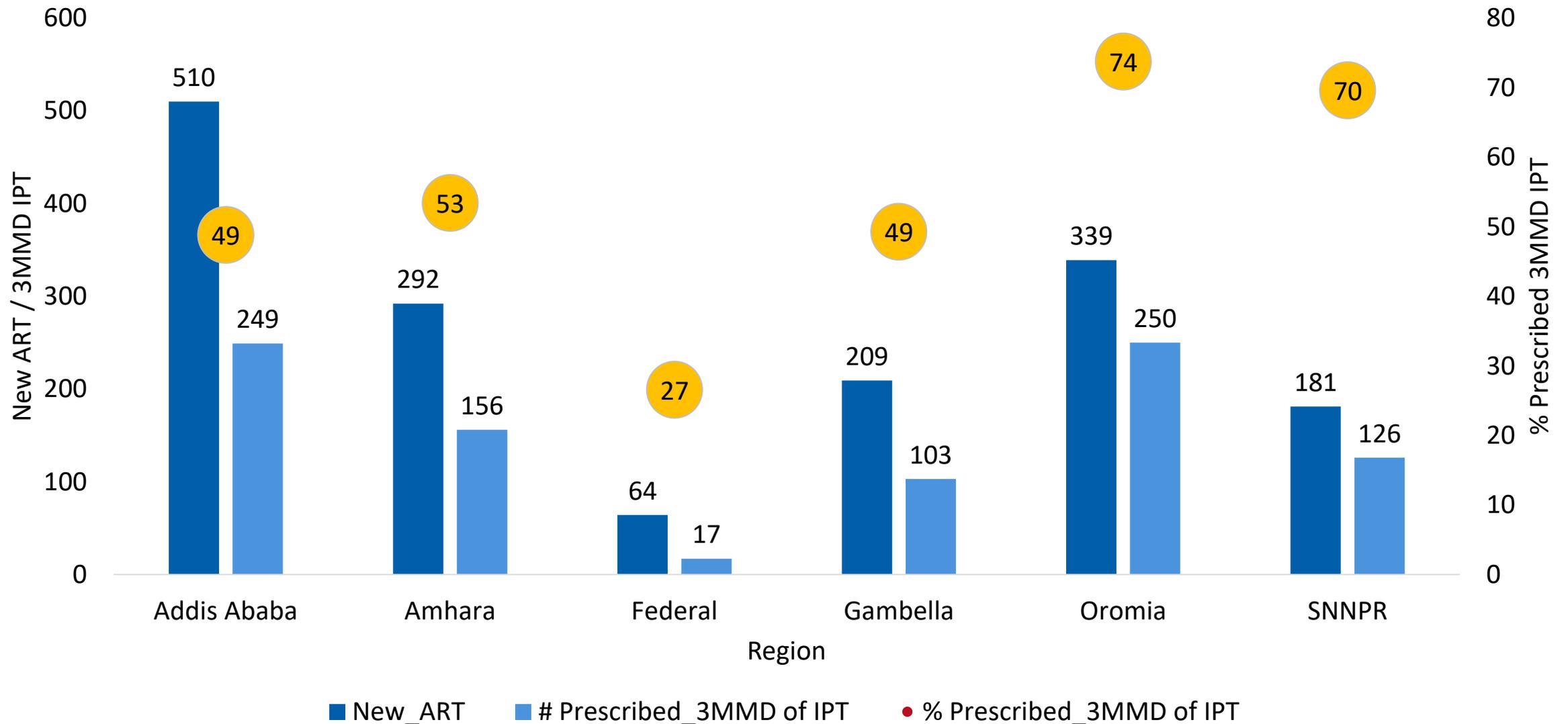
July 8

July 15

Pediatric MMD: Rapid expansion in 4 months

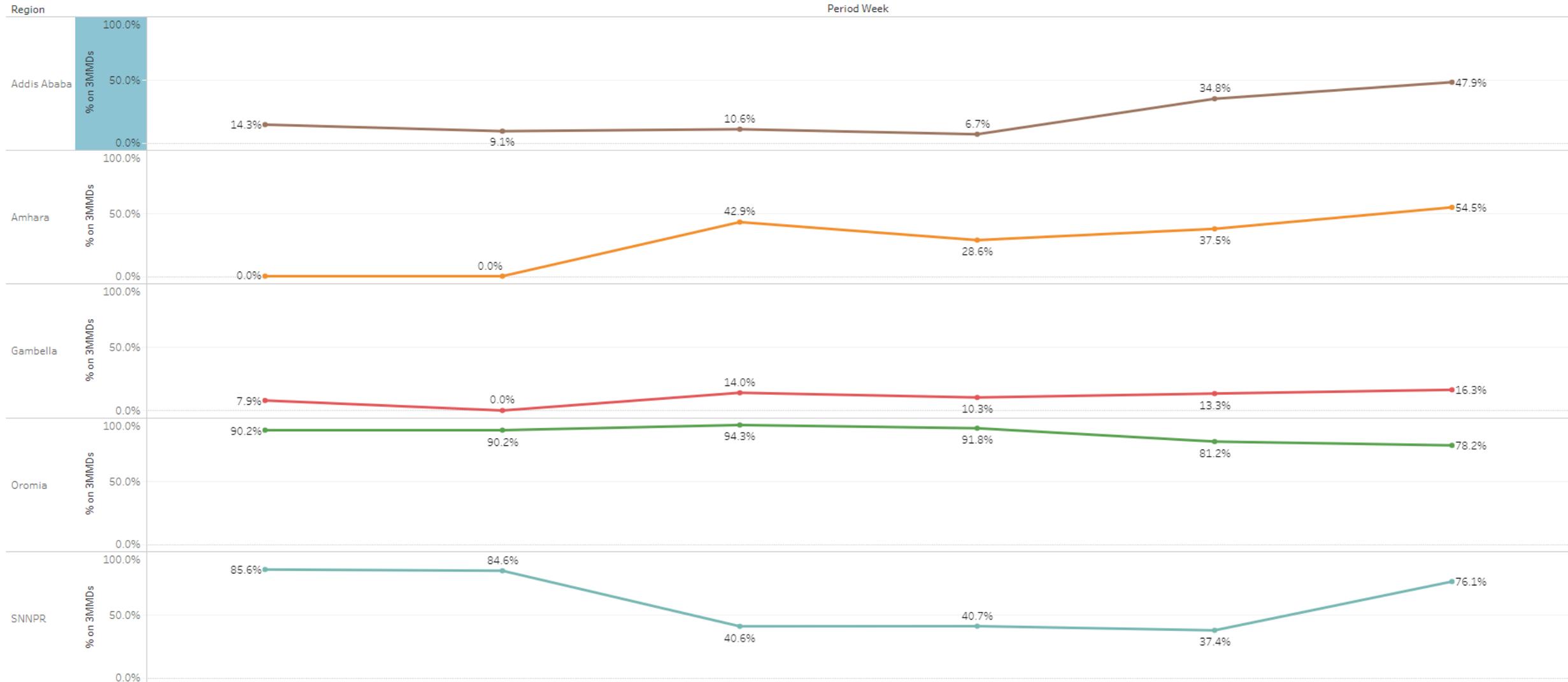


TPT: 3-MMD for new clients, May–Aug 2020



PrEP – Introducing 3-MMD for first time

Trend of Clients Already on PrEP provided with 3MMD



May 4

May 11

May 18

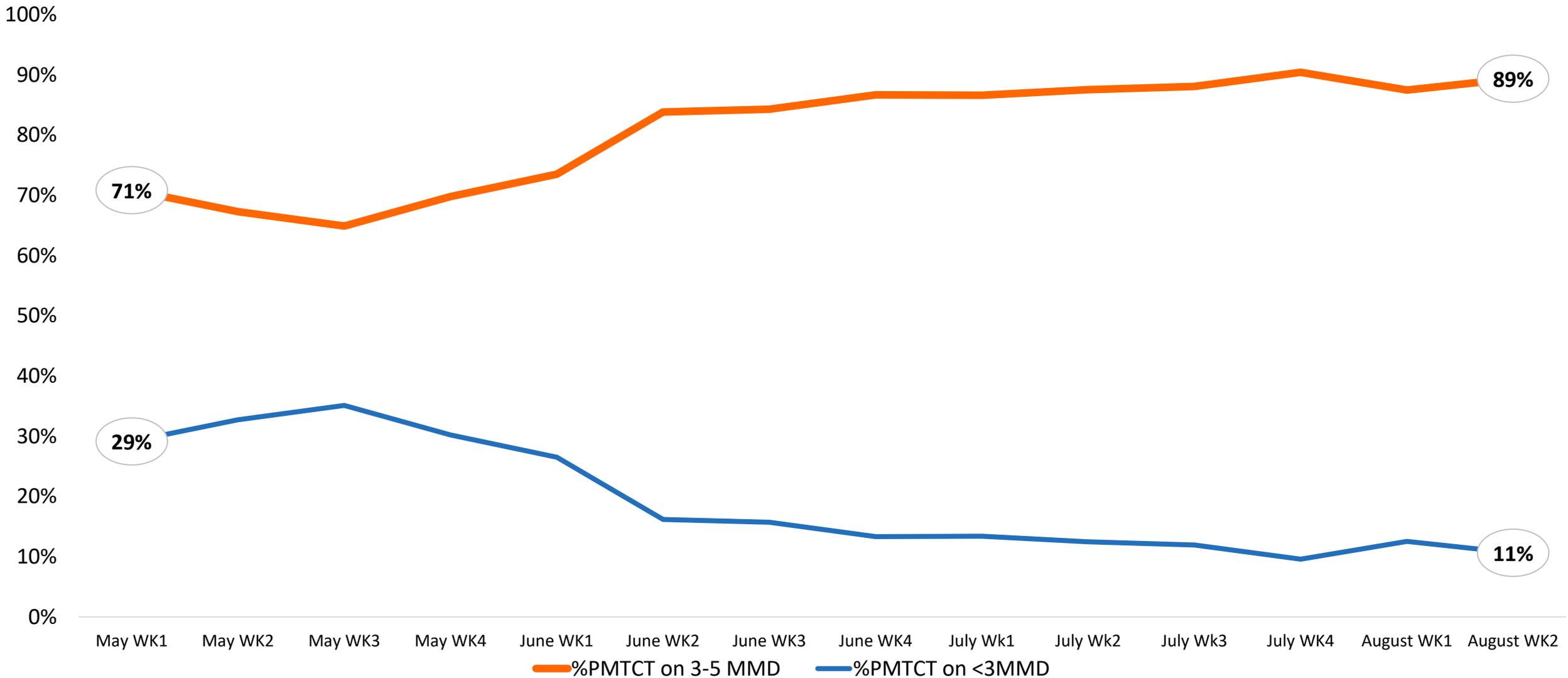
May 25

Jun 1

Jun 8

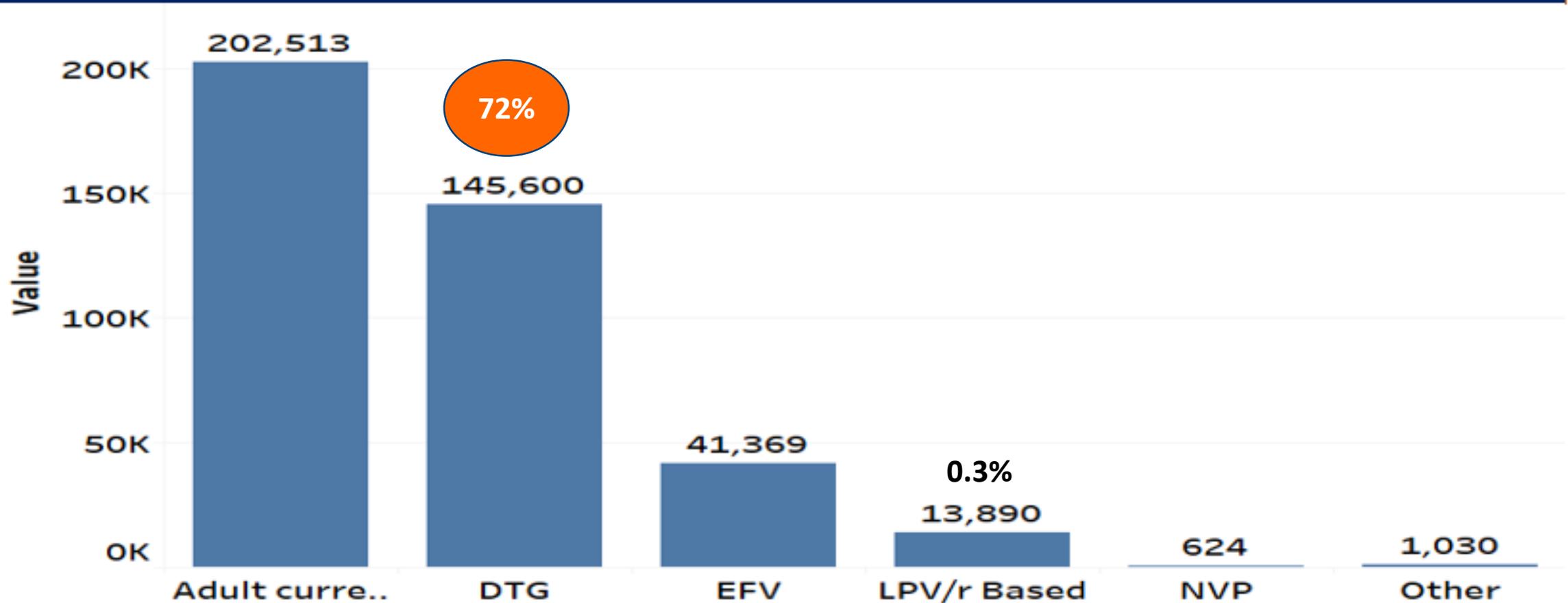
Jun 15

PMTCT: Trend in MMD performance, May – Aug 2020

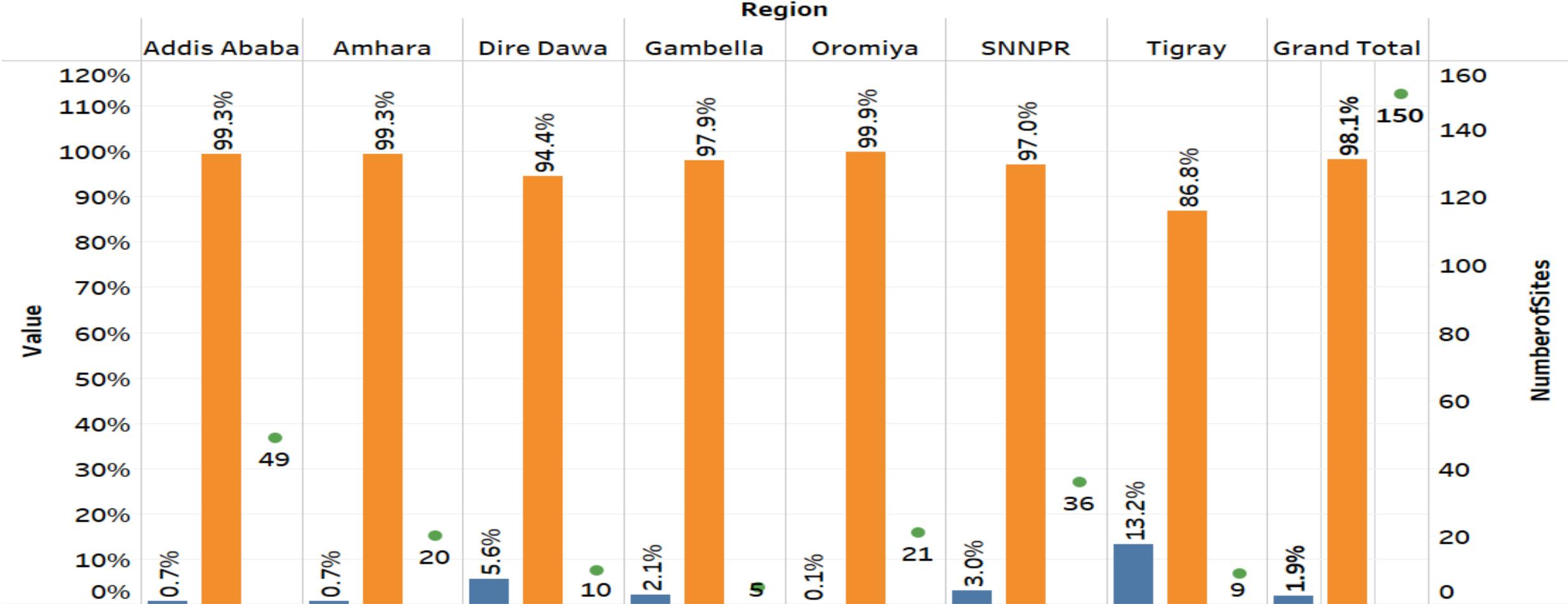


Adult ART optimization: Ensuring TLD transition continues as planned

Adult ART Optimization, National, July 2020, EMR (N=150HFs)



Pediatric ART optimization progress at high case load facilities: 150 EMR sites, July 2020

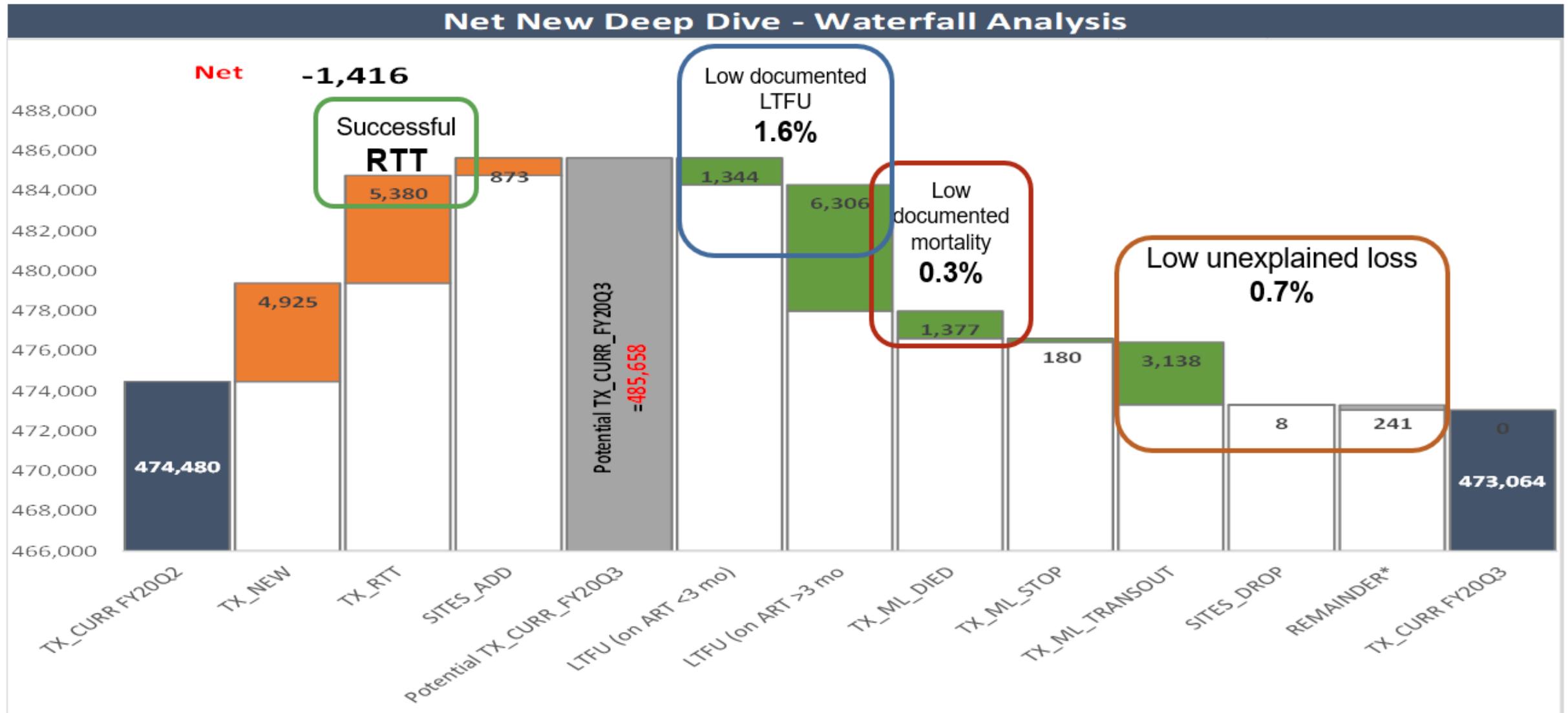


Measure Names

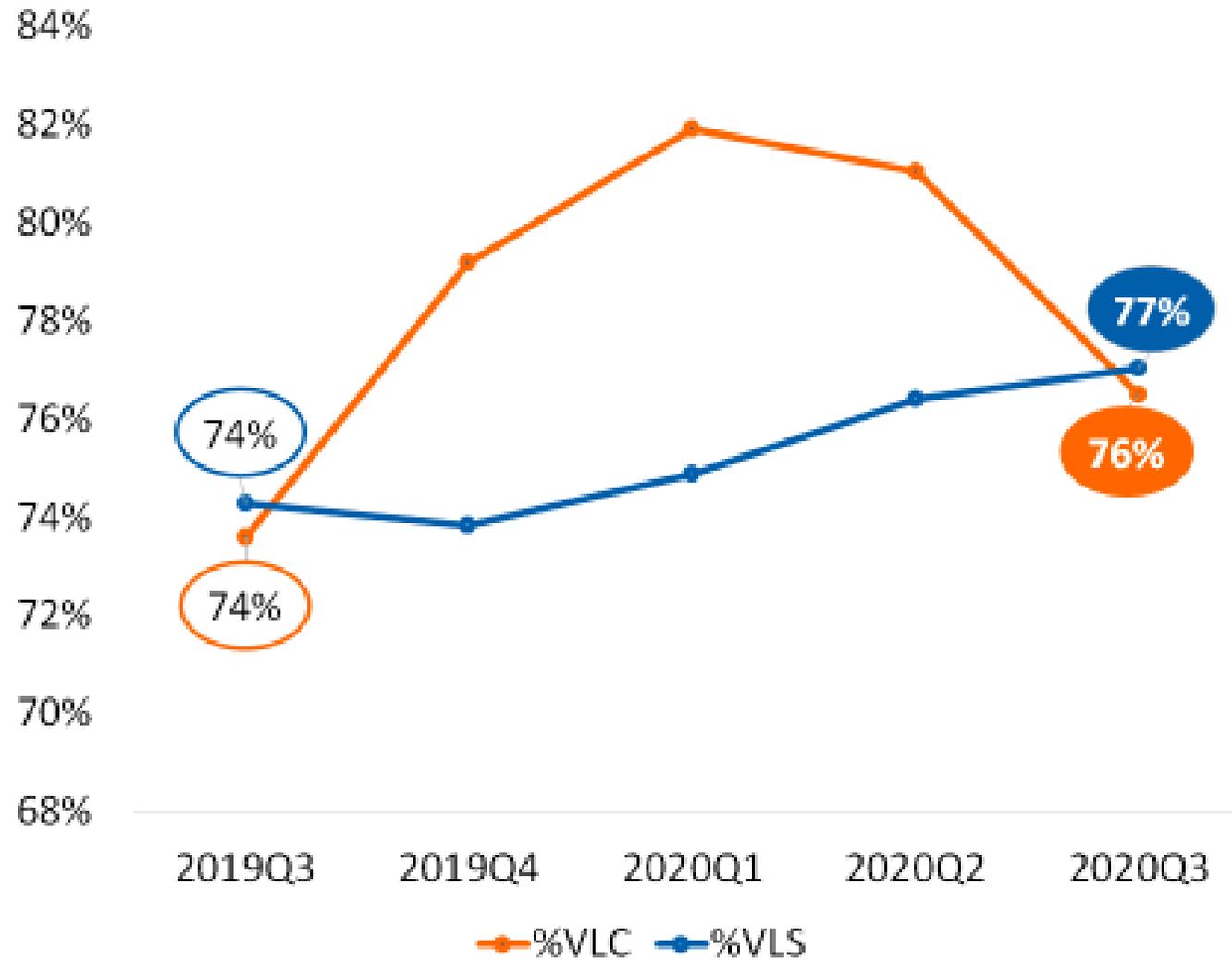
- Non-Optimal (NVP)
- Preferred and Alternative (DTG/LPV/r/EFV)
- Number of Sites



Treatment Program Maintained Strong Retention and Successful Return to Treatment despite COVID-19



Improving Pediatric Viral Suppression



Drop in VL testing coverage in Q3

Improvement in VLS among children mainly due to improved performance in shifting children to optimal regimen despite the COVID situation

Caregiver counselling job aids on medication administration rolled out

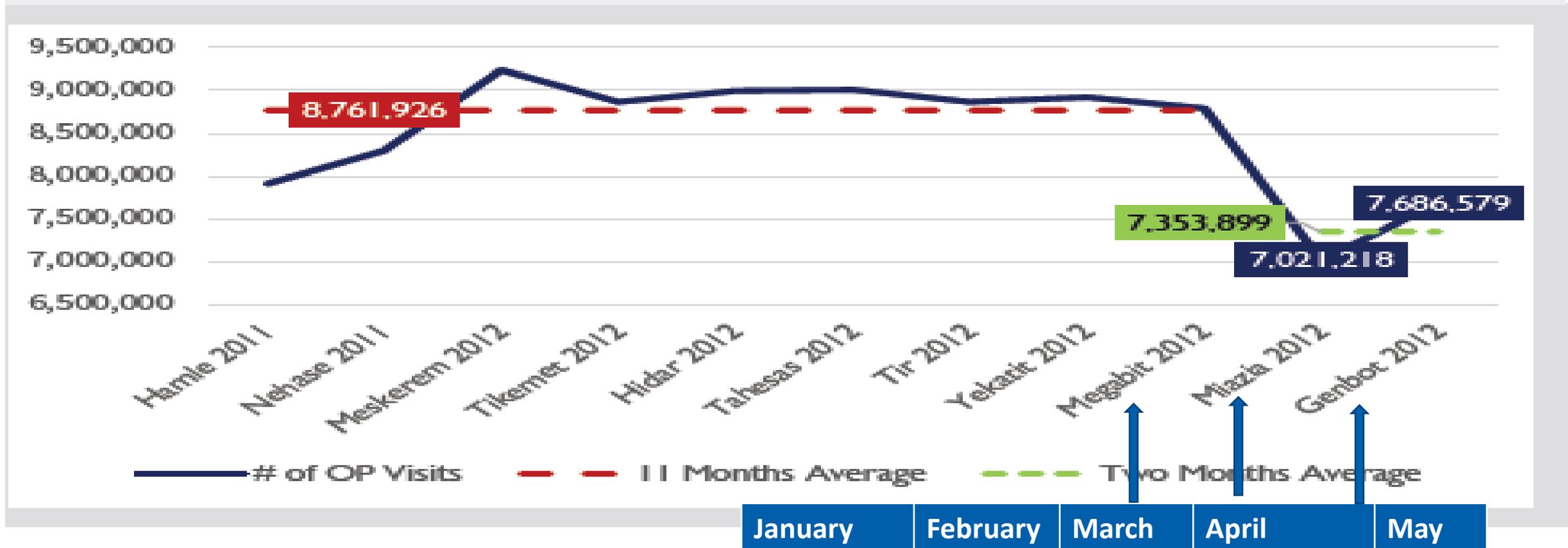
High VL result reporting maintained with EAC for HVL cases



Slowed Case Finding and Threats to Laboratory Services during COVID-19

Impact of COVID-19 on overall outpatient visits

Outpatient Visit Trend vs Eleven Months Average

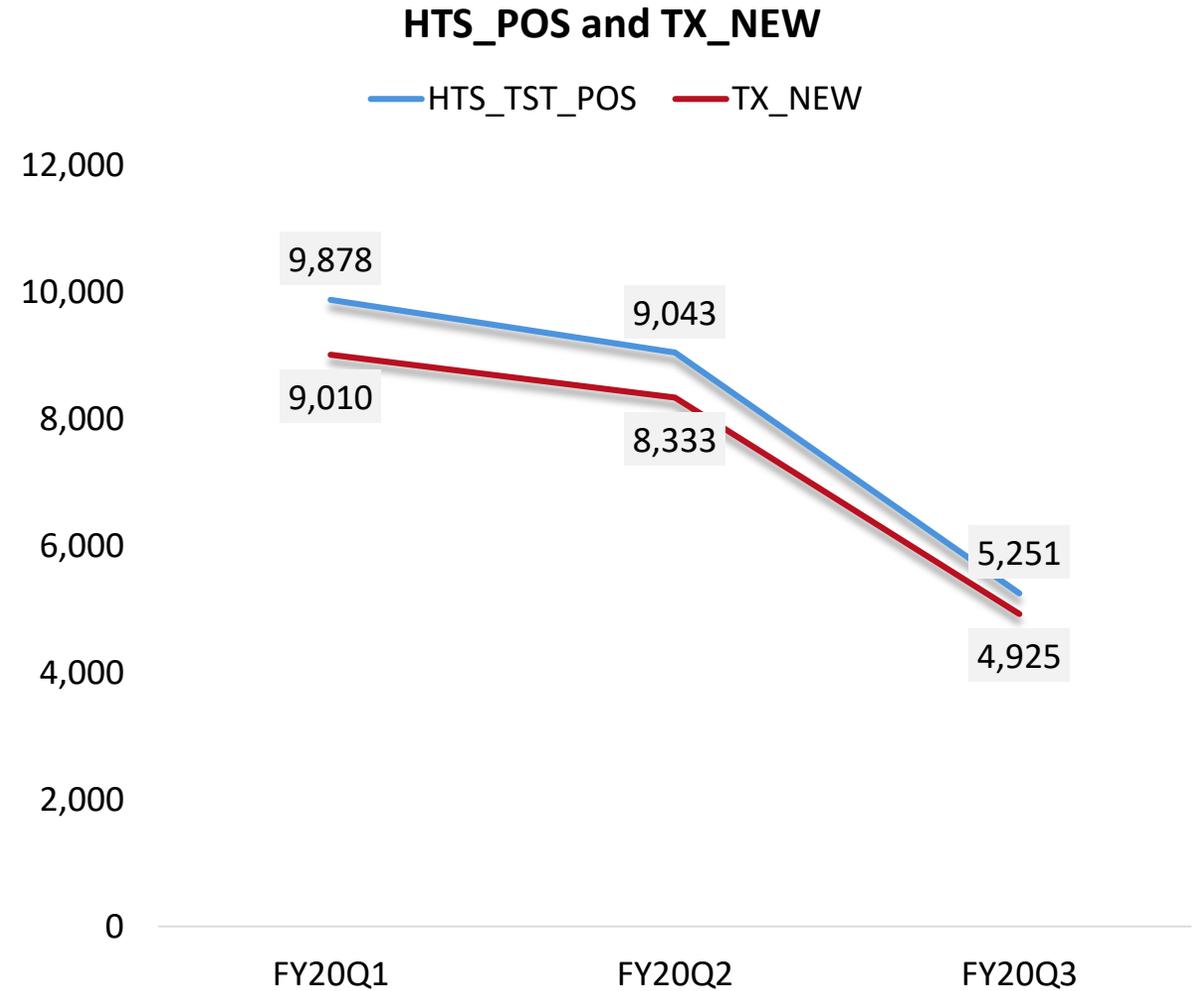
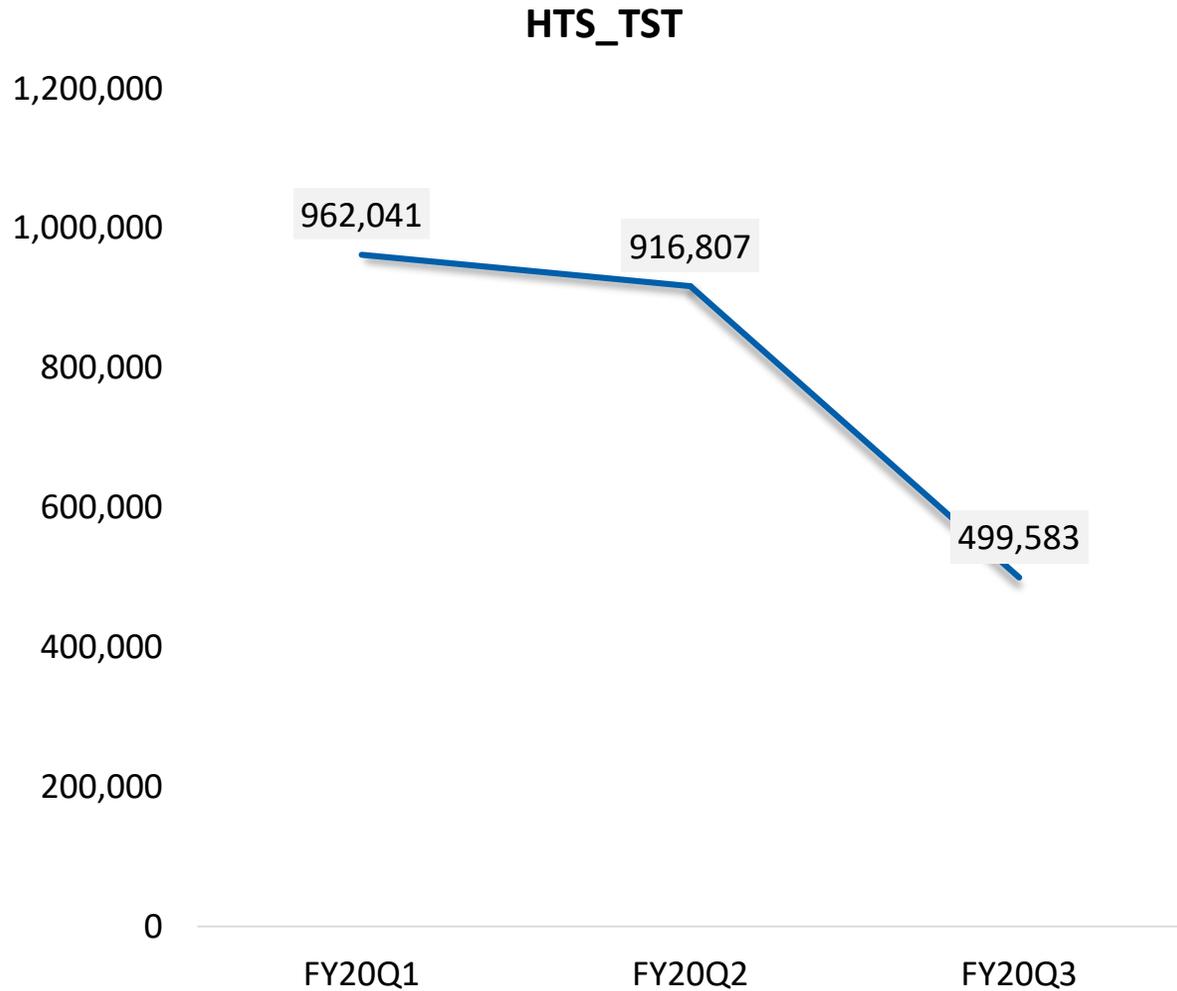


Impact of COVID-19 on hospital admissions

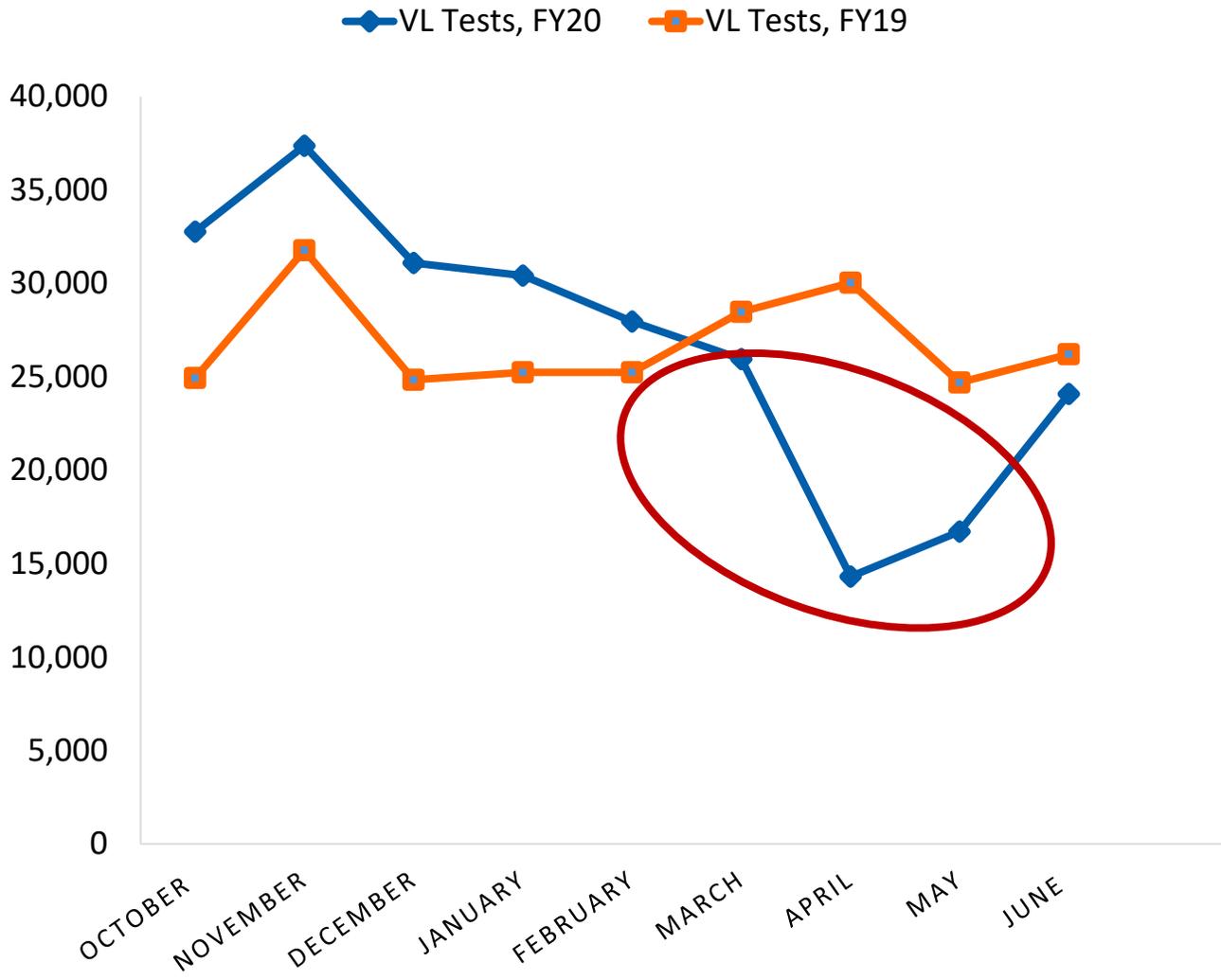
IP Admission Monthly Trend Vs Eleven Months Average



Decreased health facility attendance drove slower HIV case finding and ART initiation



Initial decrease in VL testing, some recovery in June



Possible Factors

- Decreased clinic attendance
- Compromised specimen transport systems
- Lack of PPE for postal workers
- Labs repurposed for COVID-19 testing (personnel, equipment, consumables)
- Delayed distribution of reagent and supplies from central/regional EPSA hubs

Program Response

- Modified shifts to increase lab runs
- Revised specimen referral networks
- Use of RHB vehicles for specimen transport
- Health facilities to supply PPE to postal workers
- Closer stock monitoring and communication with EPSA hubs for timely resupply



The Unanticipated Risk of HIV facilities being repurposed as COVID-19 Treatment and Isolation Centers

ART Facilities were unexpectedly converted for COVID-19 response

- On April 16, PEPFAR was first notified of ART facilities being converted to COVID treatment and isolation centers
- Communication and coordination gaps between MOH COVID response and HIV program
- >24,000 PLHIV on ART with potential disruption in treatment

	Addis Ababa	Oromia	Amhara
COVID Treatment Centers			
ART sites	2	7	7
Non ART sites	0	7	0
COVID Isolation Centers			
ART sites	12	0	6
Non ART sites	3	0	0

Challenges encountered due to 'Repurposing' ART sites

- The FMOH task force for the national COVID-19 response
 - **Made abrupt and dramatic decisions** to assign facilities for the pandemic response
 - **No consultation with** the entities responsible for program or service delivery
 - Absence of **timely communication** regarding decisions
 - **HIV unit in FMOH, CDC, RHBs, IPs, facilities:** unaware of decisions
 - Lack of coordination
- **No preparations made for client transfer** at the original site or continuing services at the new location
 - No consultation regarding Patient charts, registers, health providers, peer supporters, supplies, working space, track and inform clients and data reporting



Challenges encountered due to 'Repurposing' ART sites

- **Clients had no information;** not provided options for continuing their care
- In some cases, clients shifted to a facility at a distant location
- **No arrangements for continuing other health services** (other than ART) in the new locations, ex. FP, ANC/PMTCT
- **Many of these sites are big facilities with large client volume**
- **The risk for disruption to service delivery and loss of clients was very high**



Rapid Response to ensure seamless transfer of care

Coordination between FMOH, RHBs, ICAP, CDC

Rapidly developed and implemented SOPs and M&E systems

- Accounting for clients on attendance of scheduled appointments
- Provide 6MMD for eligible and consenting clients at the initial site
- Implement and expand MMD at the new location
- Strengthen monitoring program performance: tools and platforms developed
- Frequent monitoring, virtual TA: weekly, bi-weekly

Communicated Information on the new arrangements to clients

- Notice on the gate of the facility
- Line list of clients and their contact addresses
- Client tracking by phone: peer case managers, health workers...
- Frequent monitoring, virtual TA: weekly, bi-weekly

New Tools Created to Ensure Seamless Transfers



1. Procedures for Seamless transfer of PLHIV from COVID-19 centers in different scenarios

Scenario-1: When the ART/PMTCT Facility is selected as COVID-19 Isolation Center (co-locate)

- Option-1: Maintain the ART/ PMTCT clinic in the facility,
- Option-2: Offer ART/PMTCT clients formal Transfer Out (TO) referral based on their preference

Scenario-2: When the ART/PMTCT Facility is selected as COVID-19 treatment and/or care center (No more ART service):

- Option-1: Temporarily relocate the ART clinic to a nearby non-COVID health facility
- Option-2: Temporarily relocate the ART clinic to a new facility (non-ART site)
- Option-3: Temporarily offload/ transfer out (TO) all clients to a nearby ART clinic
- Option-4: Temporarily offload/ TO clients to different ART facilities as per their preference

*The ART clinic which transferred out (TO) clients to other ART facilities shall keep the records of whereabouts of their clients.

** When there is relocation of the ART clinic, it is important to ensure the HIV Data continuity and security as per the national data continuity and security guidance.

Weekly Monitoring Template Introduced

Weekly Template for monitoring seamless transfer of PLHIV from ART providing sites selected as COVID -19 centers in the region,

Region		Reported By		Date													
Name of ART/PMTCT HF selected as COVID center	Type of COVID center	Sub city/Town	Region	Type of HF	COA as of March 2020	Decision of HF on where and how to proceed for PLHIV CGT service	Is offloading to other HF started? (Yes, No)	Date started	# of clients successfully transferred out								Remark
									March 2020				April 2020				
HF1								WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4		
HF2																	
	1. COVID Tx centre, 2. Temporary isolation center			1. ART 2) PMTCT Only 3. Non ART/PMTCT		1. Offload all client to nearby public ART HF 2. Relocate to new non-ART HF/Venue 3. Continue ART service at same HF with prevention measure		Successful TO; means 1) Written TO given from referring HF 2) client accepted & documented as TI at referral receiving site									

Status of Clients from Repurposed sites, July 2020

Region	# of ART sites repurposed	Date repurposed	Total Tx Curr when repurposed	Clients contacted and maintained on ART by end of July 2020	Pct	Clients not yet confirmed on treatment
Addis Ababa	14	Mar – May 2020	7,136	6,932	97%	204
Amhara	13	Mar – May 2020	14,961	14,863	99%	98
Oromia	7	May 2020	2,256	2,167	96%	89

Summary

Strengths of the Ethiopian HIV Program

- Strong HIV program as a result of collaboration between Government of Ethiopia and its partners including CDC, ICAP, NEP+
- High baseline retention & VLS are being leveraged to maintain treatment program quality despite COVID
- Priority activities (MMD, ART optimization, retention) emphasized in response to COVID
- New virtual strategies and tools are being implemented to strengthen the program over the long term

Risks posed by COVID-19 that require further program innovations

- Slowed case finding
- Possibilities of lab disruption

COVID-19 epidemic in Ethiopia is rapidly evolving

CDC-Ethiopia works closely with GoE, ICAP and other partners to anticipate challenges to the HIV program and respond rapidly



Panel Discussion

CDC-Ethiopia Panelists



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Thank You