

Ministry of Health

Guidance for HIV Services during COVID-19 pandemic

26th January 2021
17 th August 2020
15 th June 2020
17 th April 2020
3 rd April 2020

The 5th edition of this circular is issued in response to the second COVID-19 epidemic wave that started in December 2020 in Malawi. The new guidance will ensure uninterrupted provision of essential HIV services while reducing the risk of COVID-19 transmission among health workers, recipients of care, and in the general population. The recommended measures aim to avoid crowded facilities, to reduce client time at the facility and to suspend non-essential services. This will contribute to minimizing the spread of COVID-19 and free up health worker capacity for screening and management of potential COVID-19 patients.

General COVID-19 prevention measures in clinical services

- A. <u>Continue providing facility-based HIV services</u> following the usual schedule. The following <u>COVID 19 measures should all be</u> in place.
 - All health providers wear full personal protective equipment (PPE)
 - Screen all patients before entering the facility for cough and fever. Provide a face mask to all clients with cough and investigate and manage them in a separate area as appropriate.
 - Provide a hand-washing facility at all waiting areas. Enforce thorough hand washing with soap for at least 20 seconds for anyone before entering the facility.
 - Wipe all objects and surfaces that are touched by many people such as doors, desks, chairs, etc. with disinfectant on a regular schedule several times per day.
 - Minimum distance between patients in queues should be t metre ment
 Reduce waiting and consultation
 - Reduce waiting and consultation times to minimum compromising on the quality of care.

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- B. Suspend HIV-related training sessions. At the discretion of the Director of the Department of HIV and AIDS, some critical training can be conducted when preventive precautions are followed:
 - Limit to 50 participants per session in well ventilated spacious room as gazetted in the government recommendations for public gatherings.
 - Conduct temperature checks upon entry of each participant.
 - Confirm for each participant: no exposure to a confirmed or suspected case without adequate PPE; no signs suggestive of COVID-19 in the previous 7 days.
 - Place participants at least 1.5 meters apart. Provide hand sanitizer. Face masks must be worn by all participants and facilitators throughout the event.
- C. Continue providing all facility- and community-based HIV services as long as adequate Personal Protective Equipment and human resources are available.
 - Make use of 6-month ART dispensing for as many patients as possible.
 - CPT 960mg and 480mg tablets should be dispensed if stocks allow However, prioritise 6 or 3-months ART appointments whenever possible even if patients may need to interrupt CPT 1.
 - CPT 120mg tablets must continue to be dispensed to paediatric patients.
 - Suspend routine viral load except at 6 months milestone. Continue to provide targeted and follow up viral load testing.

In cases of PPE and/or HR shortages, the following services should be deprioritized and may be suspended:

HIV Testing Services

- a. Routine VCT and active partner notification (AIT)
- b. Community mobilization, testing and tracing services
- c. Opening of new HTS sites
- d. Community distribution of HIV self-test kits
- e. HIV Recency testing

Voluntary Male Medical Circumcision

- a. Out-reach mobile Clinics
- b. Campaign models

¹ Adequate supplies for 6-month dispensing are available for regimens 13A, 15P and 15A as well as CPT 120mg Tablets. Contact DHA for additional stocks if required.

- c. Demand creation
- Pre-Exposure Prophylaxis
 - a. Demand creation
 - b. New PrEP initiation

HIV Treatment, Care and Support

- a. TB preventive therapy (TPT): TPT initiation for patients already on ART may be suspended. TPT initiation for patients newly started on ART should continue as it does not require additional clinic visits.
- b. Teen clubs (social activities)

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