Eswatini Specific DSD and HIV Policy Changes made in response to COVID-19 to protect both providers and recipients of care

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Outline

• Background
• Impact of the country’s lockdown
• National DSD Enrollment (December 2019)
• Eswatini COVID-19 Update
• Rational in implementing changes
• Key policies changes
• Viral load sample collection experience
• Coverage of implemented models
• Lessons learnt from Community Commodities Distribution
• Country’s Priority Questions
On the 17th of March 2020, His Majesty King Mswati III declared COVID-19 a Public Health Emergency in the Kingdom of Eswatini.

A full lockdown with checkpoints and Police enforcement were implemented.

Only essential services have been allowed to operate, including health facilities, food outlets, and a few others businesses (e.g., water and electricity suppliers).

The National Disaster Management Agency has become responsible for the overall coordination of the COVID-19 response.
# Impact of the country’s Lockdown

## Negative impact

- Clients missing their appointment due to unavailability of public transport
- Unintentional disclosure of HIV status at Police check points
- Disruption of supply chain, resulting to limited stock of commodities including ARVs
- Limited access to Viral Load (VL) test
- Suspension of all group models (Teen & Treatment Clubs, and CAGs), with a consequence of limiting access to adherence and psychosocial support

**Generally, Risk of losing HIV program gains and achievements realized prior COVID-19 era**

## Positive impact

- Multi-sectoral engagement to respond to the pandemic and other health related issues
- Implementation of new models of care responding to specific client’s needs
- Multiple months refills models have been taken to scale
- Integration of other health services into HIV services has been reinforced
- Wellness units have been re-activated to screen and update staff’s files
### National DSD Enrollment (December 2019)

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Enrolled in DSD</td>
<td>60,626</td>
</tr>
<tr>
<td>Fast Track</td>
<td>44,193</td>
</tr>
<tr>
<td>Teen Clubs</td>
<td>5,223</td>
</tr>
<tr>
<td>Treatment Clubs</td>
<td>1,141</td>
</tr>
<tr>
<td>Outreach</td>
<td>1,677</td>
</tr>
<tr>
<td>CAGS</td>
<td>3,213</td>
</tr>
<tr>
<td>Family Centered</td>
<td>3,403</td>
</tr>
<tr>
<td>6 MONTH MMS</td>
<td>267</td>
</tr>
<tr>
<td>DSD for KPS</td>
<td>47</td>
</tr>
<tr>
<td>Advanced Disease</td>
<td>55</td>
</tr>
<tr>
<td>Children's Clinic</td>
<td>96</td>
</tr>
<tr>
<td>High VL Clinic</td>
<td>1311</td>
</tr>
</tbody>
</table>

**Tx_curr:** 191,782
Eswatini COVID-19 Updates (23 June 2020)

Cumulative confirmed cases and recoveries

- **Recoveries**
- **Confirmed cases**
- **Deceased**

### Key Statistics

- **Total Confirmed Cases:** 674
- **Active Cases:** 348
- **Total recovered:** 319
- **Total Deaths:** 7
- **Total confirmed cases per 100K of pop.:** 61.65
- **Total confirmed cases relative to pop.:** 0.0617%
- **Test results received:** 9897

*Getting to Zero (Time to act now) ....*
Rational to implement change

Risk from traveling to health facility
- Reduce need to take public transport
- Increase access to commodities during lockdown situation

Patient volume at health facility
- Decongest facilities
- Reduce risk of community transmission from visiting health facilities

Community-Level Considerations
- Integrated services
- Reduce stigma and increase chances of service delivery uptake

Overarching aim:
To reduce COVID-19 exposure for people at higher risk of presenting severe form of COVID-19, including:
- PLHIV with high VL
- Patients with TB
- Patients with NCDs
Key Policy Changes

Relaxation of eligibility criteria for DSD models (being of ART for 12 months or more; Two consecutives undetectable VL; No OIs; Good History of adherence)

- Scaling-up Community Commodities Distribution for ART, TPT, TB, and NCDs
- Provision of multiple months dispensing (MMD) for the following categories of clients:

<table>
<thead>
<tr>
<th>Category of Clients</th>
<th>Model of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients receiving TLD and TLE</td>
<td>6 MMD</td>
</tr>
<tr>
<td>Children and Adolescents aged &lt; 17 years</td>
<td>3 MMD</td>
</tr>
<tr>
<td>Clients on Second line ART regimen</td>
<td>3 MMD</td>
</tr>
<tr>
<td>Newly initiated on ART</td>
<td>3 MMD</td>
</tr>
<tr>
<td>Pregnant &amp; Lactating Women on ART</td>
<td>3 MMD or refills aligned with ANC</td>
</tr>
<tr>
<td>Clients on TPT, NCDs, and TB treatment</td>
<td>2-3 MMD</td>
</tr>
</tbody>
</table>
Viral load sample collection experience

- VL sample collection have declined because clients could not come to facilities, and also because of limited staffs and logistics for community commodities distribution model.

- Samples collected using full blood or DBS for these categories:
  - Clients on second line
  - Clients with detectable VL
  - First clinical review after initiation
  - Clients with poor adherence

- Action taken: Additional staffs and logistics have been made available to collect sample in the community, so far the suppression rate has been maintained beyond 95%.
National VL coverage and Suppression Rate (from LIS)

Trend of VL testing and suppression rate, Jan 2020-May 2020

- Jan-20: 16712, 95%
- Feb-20: 18037, 96%
- Mar-20: 16666, 95%
- Apr-20: 10758, 96%
- May-20: 15507, 97%

Getting to Zero (Time to act now) ....
Coverage of implemented models

Number of clients enrolled in 6 MMD by regimen

- Total on 6MMD: 22631
- # on TLD: 19018
- # on TLE: 3588
- Other regimen: 25

Distribution of Community Distribution Points (CDPs)

Overall:
- # of HFs implementing CCD: 69
- # of functional CDPs: 355
- # of planned CDPs: 619

By region:
- Hhohho: # of HFs implementing CCD: 12, # of functional CDPs: 91, # of planned CDPs: 245
- Lubombo: # of HFs implementing CCD: 16, # of functional CDPs: 82, # of planned CDPs: 107
- Manzini: # of HFs implementing CCD: 32, # of functional CDPs: 123, # of planned CDPs: 129
- Shiselweni: # of HFs implementing CCD: 9, # of functional CDPs: 59, # of planned CDPs: 138
Lessons learnt from Community Commodities Distribution (CCD)

- Health Facilities have been decongested due to 6MMD and CCD (Pictures: ART units at two high volume facilities at pick time)
- The model allowed health facilities to identify possible sites for permanent outreach services
- Defaulters have been actively followed up and reviewed in the community or at health facilities
- The majority of clients are excited about the model and are asking facilities to maintain the model after the COVID-19 period
- Engagement of clients on their preferred point of refill is important for the success of CCD
- Different channels of communication necessary to reach clients e.g Telephone, RHMs, expert clients
- M&E Challenges: using paper based forms to collect data in the community. Plan to have CMIS light version for Tables
- Strategies to reduce Stigma: Use of non-branded vehicles, Recruitment of clients through existing ART support groups, integration of other services (NCDs)
Country’s Priority Questions

• Effect of the country’s lockdown due to COVID-19 on recipient of care’s adherence to ART
• Effect of the news models of care on Viral load coverage and suppression rate
• Trend of “Missed appointments” during COVID-19 period
• Effect of the Global Lockdown due to COVID-19 on the country’s supply chain
• COVID-19 management outcome for patients who are concurrently taking ART
Thank you