



ART Services in the time of COVID-19

Adaptations to differentiated service delivery (DSD) models with a focus on those struggling with ART

Dr Tracy Flowers
Médecins Sans Frontières (MSF), Khayelitsha
South Africa





Khayelitsha, South Africa

- Total population: >500 000
- Large HIV burden: N= 48 231 on ART
- **Multiple HIV DSD available**
 - **N = 19 767 in Adherence Club model**
- National response
 - Community screening and testing, minimise non-urgent clinical consultations, decant primary care facilities
 - National lock down extended: end April





Stable Patients (1): Adherence Club Adaptations

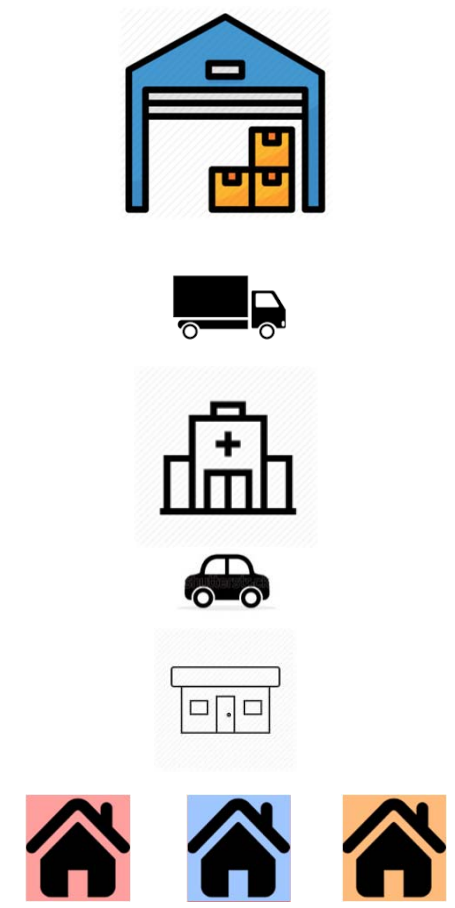
	Pre-COVID	During COVID
Key Changes	<ul style="list-style-type: none">In-person supportSessions in facility>1 club visit at facility/daySeparate blood and clinical visits	<ul style="list-style-type: none">Advice leafletsTelephonic counseling for those with high VLsVisits in tents/communityRedistribute club dates (1/day) & combine blood/clinical visits
Successes	<ul style="list-style-type: none">Buddy collection limited to 1 patientPost-natal care clubs: some non-essential non-vaccination visits	<ul style="list-style-type: none">Buddy/collection for multiple patientsDrop non-vaccination visits
Challenges	<ul style="list-style-type: none">Smaller facilities lack space for social distancingWinter weatherNeed to put systems in place for follow-up of results/contacting patients	





Stable Patients (2): Expansion of Home Delivery + Longer Refills

	Home Delivery	Longer ART Refills
Key Changes	<ul style="list-style-type: none"> Patients who are already receiving centrally-packed chronic meds and are contactable Not-for-profit (NPO) community care workers deliver to patient homes 	<ul style="list-style-type: none"> Expedite switch to TLD 4 month refills – TLD only (shortage of TEE - requires switch + clinical review)
Successes	<ul style="list-style-type: none"> Expanded to include ART 	<ul style="list-style-type: none"> Scripts valid 1 year (vs 6 months) Group information sessions + consent to switch
Challenges	<ul style="list-style-type: none"> Updated contacts and addresses Drivers (Uber/NPO) 	<ul style="list-style-type: none"> Staff need convincing and support Pharmacy monitoring





What about patients who are struggling?

- Effectiveness of ART relies on **adherence**
 - Part of the response must be to focus on struggling patients (*those that are unsuppressed or disengaged*)
- Such patients are even **more vulnerable** now
- **Clinical concerns:** Increased risk? Increased transmission?
- **Reducing burden** on an overburdened healthcare system
 - Ensure facilities are available for those that need
 - What can be done remotely?
 - Telephonic counseling and clinical follow up
 - Linkage to and from district hospital
 - Restart with 2 months supply





Key considerations going forward (1)

- **Consider the setting and practicality of interventions**
 - Clear messages to community; involvement of the community
 - Logistical issues: safety, limited healthcare worker resources, patient contactability
 - Avoid double stigma (HIV and COVID-19)
- **Review patients now** while have capacity in order to reduce overwhelm in the near future
- **Support adherence and reduce risk of COVID-19:** alternative patient support
 - Telephonic consults and counseling
 - Social media
- **Go one step further:**
 - Recruit **all stable patients** into DSD models
 - Home delivery: **add other services**
e.g. Family planning (long-acting reversible contraceptives/condoms), flu vaccine, TPT (TB preventative therapy)
 - **Longer refills:** 6 months ART as supply allows + 4 months PrEP (for those already on PrEP)





Key considerations going forward (2)

- **Focus on those that are struggling with ART**
 - The response to COVID risks leaving them unsupported and more vulnerable
 - **High VL** – those that are already in clubs should remain [\(re-suppression better than if return to facility care\)](#)¹
 - People who don't know their status will eventually need to be **tested** (OST) and **initiated** (same day, community initiation and ongoing management)
- Some of these COVID-triggered healthcare system changes are helpful to **continue long-term**
 - Primary care facilities should be more available for unwell patients that require clinician care



1: Tali Cassidy^{1,2}; Jonathan Euvrard³; Claire Keene¹; Erin Roberts⁴; Rodd Gerstenhaber¹; Andrew Boulle³. ART patients experiencing viraemia in adherence clubs: Is back-to-clinic always best? CROI 2020



Resources

- [Welcome Service Intervention Summary](#)
- [TLD Rollout Circular \(extended refills\)](#)
- [Khayelitsha DSD Models during COVID Pandemic: A summary](#)
- **MSF Activities:**
 - If you'd like any further information regarding this presentation, the Welcome Service or other MSF activities, please contact Dr Kirsten Arendse: msfocb-khayelitsha-wbsdr@brussels.msf.org