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Ref: MOH/NASCOP/C&T/012

Date: 24th March 2020

To: All County Executive Committee Members of Health

Dear All

RE: COVID-19 GUIDANCE ON COMPREHENSIVE HIV SERVICE DELIVERY

The World Health Organization (WHO) has declared COVID-19 a pandemic and all countries are being impacted by COVID-19. This pandemic poses significant risks to HIV service delivery in Kenya. The effects on both global and local supply chain for HIV health products cannot be ignored.

Following confirmation of coronavirus infection cases (COVID-19) in Kenya, the Ministry of Health (MOH) is committed to promoting preventive measures and ensuring continuity of antiretroviral treatment(ART) and other essential HIV services for the over one million people living with HIV (PLHIV) while maintaining a safe environment for other clients and service providers. On daily basis, thousands of PLHIVs seek services at the comprehensive care clinics (CCC) across the country. It is also important to note that individuals living with HIV, especially those with co-morbid conditions and/or advanced HIV disease, may be at greater risk for COVID-19 related complications.

This circular therefore aims to provide guidance to service providers at health facilities, county governments, implementing partners and other stakeholders on strategies to undertake to ensure there is continuity of HIV prevention, care and treatment for individuals living with HIV in the context of potential increase in demands arising from COVID-19 screening and treatment.

1. **TRIAGE:**

   a) All PLHIV must have their temperature taken on arrival at the clinic. All facilities should have functional thermometers at the CCC.
   b) Patients presenting with Coughs need to be isolated immediately and infection prevention and control (IPC) measures observed.

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c) At the facility, staggering clinic appointment times throughout the entire day with specific clinic times as opposed to clinic visit date should be practiced to avoid crowding.

d) Need to have health education sessions at facilities focusing on the essentials of prevention and control of COVID 19 for HCWs and PLHIV at waiting bays.

e) Use of Mhealth applications such as USHAURI to communicate to clients on service availability and non-interruption of the same, appointment reminders, wellness check among others

2. HIV TESTING AND CASE IDENTIFICATION

HIV testing services (HTS) should continue as per the National guidelines on use of antiretroviral drugs for treating and preventing HIV in Kenya, 2018.

a) Clinical-based HIV testing services should be prioritized for those in need e.g. ANC testing, individuals with TB, STIs, malnutrition, Early Infant Diagnostic (EID) detection, partner/family/index testing.

b) Contact tracing for assisted partner notification services should also be aligned to the directive on social distancing and prioritize healthcare worker and patient safety. Phone tracing or contacting of index clients is highly encouraged.

c) Maximize use of HIV Self Testing kits outside clinical setting.

Please note that RTK stock levels are adequate since distribution has been done, however, timely reporting needs to be done as per guidelines.

3. ART CONTINUITY OF CARE & TREATMENT

Plans should be made to fully support continuity of ART care & treatment while at the same time minimizing the risk of exposure of COVID-19 to both service providers and beneficiaries of care and treatment. To **reduce clinic attendance and drug pickup frequencies**, the following measures are recommended;

a) Up to 3 multi-month dispensing (3-MMD) of ARVs should be considered for ALL PLHIVs regardless of age and viral load status. This should be based on assessment of patient needs and availability of adequate ARV stocks at the facility. Adequate client education and adherence support as per current guidelines should be provided before medication dispensing.

Note: This applies ONLY during this time as we try to minimize the COVID-19 risk of transmission.

b) For ALL pregnant women, breastfeeding women and newly diagnosed HIV patients, routine care and follow-up should be done as per the recommendations in the national guidelines.

c) All health facilities should promote flexible ART delivery models such as Community ART Group (CAG) distribution with staggered pick up times to prevent overcrowding.

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4. LABORATORY SERVICES

Principle is to reduce the volume of patients/specimens being handled at site /referred from the sites.

a) As much as possible viral load monitoring should be adhered to as per the national guidelines. However, priority should be given to the following population during the COVID-19 pandemic;

   a. Pregnant women & breastfeeding women

   b. Newly diagnosed HIV patients

   c. Early infant Diagnosis (EID)

b) Ensure infection prevention and control practices are followed while handling patients and laboratory samples

5. Commodity management for antiretroviral drugs and HIV test Kits

All facilities offering ART services should ensure that they submit ARV reports and orders by the 10th of every month to allow timely validation by the County and the Division of National AIDS and STI Control Program (NASCOP). This will allow expedited order processing and dispatch by the Kenya Medical Supplies Authority (KEMSA). Facilities should closely monitor the ARV stock levels to aid decision making regarding dispensing duration.

In view of the recommendation for dispensing for up to 3 months' duration, ART facilities will be supplied with up to 4 months of stock of ARVs in the month of April 2020, subject to stock levels at the national warehouse

6. Medication Assisted Therapy (MAT) programs in select counties.

People Who Use Drugs are at increased risk of contracting COVID-19. Due to the nature of the program in the country currently, MAT services will continue at the MAT clinics with daily administration of methadone. However, the following should be observed:

a) use of the SOPs that are currently in place tailored per site

b) Use of protective personal equipment (PPEs) by healthcare workers

c) Social and physical distancing while preventing unnecessary contact.

   a. Staggered scheduling of clinic appointments for daily administration of methadone

   b. The CSOs have already been instructed and supported on their role and will support the MAT clinics specially on implementing social distancing.

d) Long and extended prescriptions are encouraged to avoid unnecessary consultations as well as reduce mandatory in-person visits.

e) Minimize any in-person visits for urine drug screens and counseling unless there is a high index of suspicion of concomitant use of heroin and methadone

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Methadone dispensing will continue on a daily basis as we continue to review other practical dispensing modalities.

Dispensing of ARVs and other HIV services should follow the general guidance as stipulated above.

In case of any queries get in touch with Dr. Imbuki at eskechi@gmail.com or Dr. Susan Njogo at smnjogo2012@gmail.com or Mary Mugambi at mmugambi49@gmail.com

This circular is in force ONLY during this COVID-19 pandemic crisis until resolution or further guidance by the Ministry of Health.

Dr. Ngugi Catherine
Head, Division of National AIDS and STIs Control Programme

Copy to:

All County Directors of Health
All County AIDS & STIs Coordinators
PEPFAR Coordinating Office, Kenya
PEPFAR Implementing partners
PEPFAR Agencies (CDC, DOD, USAID), Kenya
AHF, Kenya

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