Response to reduce risk among HIV and TB patients within the context of the COVID-19 pandemic: The South African response to COVID-19

Aim

The aim of this document is to delineate recommended priorities to ensure continued HIV and TB treatment and prevention throughout the COVID 19 response. The primary audience of this document are managers within the Department of Health at all levels.

Background

With the rising number of cases of COVID-19 in South Africa, the disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), measures must be taken not only to contain the pandemic, but also to reduce mortality associated with the disease. Given the high number of people in South Africa living with HIV and/or TB, it is critical to reduce the risk of contracting SARS-CoV-2 through unnecessary exposure to the healthcare system.

The World Health Organization (WHO) has published and is regularly updating a questions and answers page on COVID-19, HIV and antiretrovirals[1]. WHO warns that PLHIV not on antiretroviral therapy (ART) or who do not have a suppressed viral load are likely to have a compromised immune system and may be more vulnerable to opportunistic infection and disease progression. At this time, there is no evidence that PLHIV who are clinically and immunologically stable on ART have a different risk of infection or complications of O0VOID-10 when compared with the general population. WHO reports that there were only a few SARS and MERS cases reported among PLHIV who experienced mild disease. At a time where we do not know the clinical outcomes of PLHIV co-infected with SARS-CoV-2, and in the context of a resource constrained public health system and millions of PLHIV not on treatment or virally suppressed, we need to take every precaution possible to avoid SARS-CoV-2 co-infection. While there is not a considerable body of evidence available about increased risk of acquiring the infections, suffering more serious outcomes and having higher levels of transmissions, people living with HIV with unsuppressed viral load and lower CD4 levels and people with active TB might be at an increased risk.

Currently there are around 1.3 million PLHIV 50 years and above in South Africa, it is estimated that about 300,000 of them are not accessing ART. Among them, there are about 180,000 PLHIV above the age of 65, 45,000 of them not on ART. Considering the prevalence of NCDs in the population, we can expect that the majority of PLHIV above 50also have hypertension, often uncontrolled. Between a quarter to a third of PLHIV above 50 also suffer from diabetes, only less than 20% of them controlled. These comorbidities add to the vulnerability and increase the probability for more severe outcomes of COVID-19. The COVID-19 outbreak creates specific challenges for people living with HIV raising concerns about access to quality treatment, care and support; access to ARV refills; and potentially anxiety that they may be at increased risk of infection.

In a publication from UNAIDS, it was highlighted that in many countries current approaches to self-protection, social distancing and containment may not be viable due to weaker healthcare systems, informal settlements, over-crowded cities and public transportation, and lack of clean water and sanitation. Concern was raised regarding the welfare of vulnerable and marginalized populations, including key populations and people living with HIV, with specific concern around the disruption of

[1] World Health Organization, https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals

services. The publication went further to raise the issue of stigma and discrimination which could jeopardize the human rights and affect access to services for people living with HIV, sex workers, transgender people, people who use drugs, gay men and other men who have sex with men and people in prisons.

TB disease has been shown to shown to increase the likelihood of SARS-COV-2 infection and associated with more severe COVID-19 disease. Based on the WHO Global TB Report 2019, there were around 177,000 TB incident cases among PLHIV in South Africa in 2018, about 75,000 of them not on ART; including an estimated 73,000 missing TB not detected or started on treatment. The onset of TB symptoms is gradual and they may appear after several weeks whereas COVID-19 symptoms develop 2-14 days after infection and appear quickly within a few days.[2] When a patient presents with symptoms of COVID-19, the history of previous exposure to TB and TB treatment should be considered. Where feasible a test for TB infection should be conducted to confirm infection. TPT should be offered to all PLHIV who have not previously received it to reduce the risk of TB disease. A patient can get infected with the coronavirus whilst on TB treatment exposed to a person with COVID-19. They may develop new symptoms or their symptoms may get worse. Patients should be educated and counselled about their risk, how to protect themselves and what to do when they have been exposed to a person with COVID-19 or suspect they could have COVID-19.

Objectives

The National Department of Health, in consultation with Provinces and support partners, has reviewed options available in the short, medium and long term to address the specific needs of these at-risk populations. Objectives have been defined for PLHIV and people with active TB which address the Prevention, Diagnosis and Treatment of COVID-19 in these population groups, but also ensure that the number of undiagnosed and untreated HIV and TB cases is reduced during this time. These objectives are listed below:

Objective 1: Reduce the risk of contracting COVID-19 for PLHIV and people with active TB infection.2Diagnose and treat COVID-19 in PLHIV and people with active TB infection.

Objective 3: Ensure that PLHIV and people with active TB are able to access essential services during the COVID-19 lock down period. 4: Diagnose and treat HIV and TB in people with COVID-19.

Objective 5: Reduce the risk of contracting COVID-19 in clients accessing HIV and TB prevention services.

Objective 6: Reduce the risk of contracting COVID-19 in key populations.

Objective 7: Provide support to the COVID-19response leveraging existing HIV and TB resources.

[2] Yu Chen, Yugao Wang, Joy Fleming, Yanhong Yu, Ye Gu, Chang Liu, Lichao Fan, Xiaodan Wang, Moxin Cheng, Lijun Bi, Yongyu Liu; Active or Latent Tuberculosis susceptibility to COVID-19 and disease severity. Unpublished

Proposed Interventions - Summary

Proposed interventions in support of the above objectives, specifically for HIV and TB positive patients, are listed below.

For all interventions, it is critical to follow routinely updated NICD/NDOH and NHLS guidance related to the COVID 19 response.

Top 5 Priorities in the COVID_HIV_TB Response

These top priorities aim to ensure the continuation of critical services for people living with HIV and individuals with active TB through access to life saving treatment and related care.

1. Accelerate decanting to external pick up points (PUPs)
   1.1. Decanting all eligible clients who are currently not decanted
   1.2. Transferring clients from in-facility to external pick up points and/or temporarily from larger group pick up points to external pick up points
2. Implement multi-month dispensing for all chronic patients
3. Rapidly scale up TLD among all eligible ART clients.
4. Strengthen facility-infection control Readiness – Including Infection Control Practices
   4.1. Implement infection control practices within the facility and screening/separation of those with COVID19 symptoms
   4.2. Fast track vulnerable patients in facilities
   4.3. Implement chronic care service delivery points that are separate from COVID19 screening, testing and care points in open-air environments
5. Expand Community HIV Testing Services, ART, and TB services

Additional Interventions in the COVID_HIV_TB Response

6. Communicate key interventions and routinely updated guidance to Healthcare workers and managers
7. Strengthen in-facility and community processes and support to PLHIV on ART in order to maintain adherence
8. Incorporate COVID-19 education, screening and referral into CHW practice
9. Ensure COVID 19 messaging provided to all PLHIV and TB patients, and integration of importance of continued treatment for HIV, TB and chronic diseases
10. Extend supply of HIV prevention interventions, including multi-month dispensing for PrEP
11. Strengthen treatment and support services to Key Populations

Proposed Interventions – Detail

For all interventions, it is critical to follow routinely updated NICD/NDOH and NHLS guidance related to the COVID 19 response.

1. Accelerate decanting to external pick up points

Accelerate decanting of all eligible PLHIV to external pick up points aligned to new eligibility criteria as listed in Figure 1. This acceleration will be implemented through 2 processes:

1.1. Decanting all eligible clients who are currently not decanted

Facilities will be provided with a target and list of eligible clients who have not been decanted as yet. Facilities must action this list. *It is important to note that clients can now be decanted based on a clinicians' sign off, and need not wait for a follow up viral load to be completed.*

Figure 1: Revised eligibility criteria to access Repeat Prescription Collection (RPCs)

RPCs ELIGIBILITY CRITERIA

- No current TB/medical condition requiring regular clinical consultations
- Clinician confirms eligibility
- Patient voluntarily opts for RPCs option

For adults:

- Above 18 years
- HIV: ART >6m + VL <6m old + VL <50 copies/ml
- Diabetes: Tx >6m + HbA1c <6m old + HbA1c ≤7%
- Hypertension: Tx >6m + 2 consecutive BP <140/90

For children and adolescents:

- 5 to 18 years old
- HIV: ART >6m + no regimen/dosage change last 3m + VL <6m old + VL <50 copies/ml
- Caregivers counselled on disclosure process

For pregnant and post-partum women:

- Pregnant women not eligible for RPCs.
- Integrated MNCHW care preferable. Only mothers not receiving integrated care eligible for RPCs – same eligibility criteria as adults

Staff cadre	Requirement
National Managers	Calculate facility-based targets for decanting. Produce weekly reports on decanting progress and circulate to provinces. Monitor progress weekly and work with AMD to project and address stock levels.
Provincial Managers	Disseminate facility decanting targets to Districts. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive decanting, at every available forum, to address the congestion in facilities.
District and Sub-district Managers	Disseminate facility decanting targets to Facilities. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive decanting, at every available forum, to address the congestion in facilities.
Facility Managers	Ensure all PNs and Pharmacy staff are aware of facility decanting target. Ensure all PNs and Pharmacy staff are aware of new eligibility criteria for decanting and know the process. Monitor decanting daily to ensure numbers are improving steadily and that weekly / monthly targets will be achieved.
Facility staff	Action decanting for all eligible clients.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in dissemination of targets, and monitoring of progress. Identify facilities that require additional support or management.
PEPFAR facility staff	Support and action decanting processes at facilities. Monitor progress daily.

1.2. Transferring clients from in-facility or group pick up to external pick up points

Offer and enrolment of patients participating in in-facility Repeat Prescription Collection (RPC) strategies, to, either community clubs with options for non-group ART delivery, or external pick up points. In-facility RPC strategies include facility-based adherence clubs and Spaced Fast Lane

collection points. *Community clubs will be operated as external pick up points run by lay HCW until end of outbreak (see each patient individually).* For HIV and TB patients, this may not be through CCMDD, it can be facilitated through facility pre-packed medication and outreach services (mobiles for example). *Facility and adherence clubs should no longer include group gatherings, but rather should serve as additional external pick-up points for clients to pick-up their medications individually.*

Staff cadre	**Requirement**
National Managers	Develop short guidance document on process to follow to transfer patients and disseminate to provinces.
Provincial Managers	Disseminate guidance to Districts. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive process, at every available forum, to address the congestion in facilities.
District and Sub-district Managers	Disseminate guidance to Facilities. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive process, at every available forum, to address the congestion in facilities.
Facility Managers	Ensure all PNs and Pharmacy staff are aware of requirement. Allocate staff to extract lists of clients currently receiving meds through in-facility pick up points, complete transfer of patients to external pick up points. Monitor transfer process daily to ensure all clients are transferred before their next appointment.
Facility staff	Extract lists of clients currently receiving meds through in-facility pick up points, complete transfer of patients to external pick up points.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in dissemination of guidance and monitoring of progress. Identify facilities that require additional support or management.
PEPFAR facility staff	Support and action transfer processes at facilities. Monitor progress daily.

2. Implement multi-month dispensing for all chronic patients

Implement 2-month minimum dispensing for all ART and TB patients across all facilities. For patients on TLD, 3 month dispensing is encouraged. All other medication should be aligned to the dispensing period to ensure that patients can collect all their medication with one visit to the clinic.

Note: At this stage, South Africa is not in a position to move forward with multi-month dispensing for ART or PrEP for periods longer than 2 months, with the exception of 3 month TLD dispensing and the 6 month pilots, due to instability of stock supply globally.

Staff cadre	**Requirement**
National Managers	Include in communication to healthcare workers.
Provincial Managers	Disseminate communication to Districts. Monitor progress with districts to ensure 2/3 month MMD is implemented. Report any challenges or concerns to NDOH Operation Phuthuma team. Actively drive process, at every available forum, to address the congestion in facilities.

District and Sub-district Managers	Disseminate communication to Facilities. Monitor progress at facilities to ensure 2/3 month MMD is implemented. Report any challenges or concerns to PDOH team. Actively drive process, at every available forum, to address the congestion in facilities.
Facility Managers	Ensure all PNs and Pharmacy staff are aware of requirement. Monitor process daily to ensure all clients are provided with 2/3 months medication at their next appointment.
Facility staff	Implement the process for all eligible clients.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in dissemination of guidance and monitoring of progress. Identify facilities that require additional support or management.
PEPFAR facility staff	Support and action processes at facilities. Monitor progress daily.

3. Rapidly scale up TLD in eligible ART clients.

Initiate new eligible ART clients on TLD and transition current eligible ART clients on TEE to TLD. Patients should be offered switch to TLD which has more secure stock supply over next 6-12 months. Education and explanation of TLD risks and benefits can be provided by lay HCW to patients as they wait in the queue outside. Patients should be rescripted immediately (including for TLD, if consent) with *no requirement to come back for viral load review before rescript.* Distribute communication messaging to healthcare workers to address any reluctance to transition or start clients on TLD.

Staff cadre	**Requirement**
National Managers	Calculate facility based targets for TLD transition. Produce weekly reports on transition progress and circulate to provinces. Monitor progress weekly and work with AMD to project and address stock levels.
Provincial Managers	Disseminate facility based targets for TLD transition to Districts. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive transition, at every available forum, to address the management of stock and optimising treatment for patients on ART.
District and Sub-district Managers	Disseminate facility based targets for TLD transition to Facilities. Monitor progress weekly using reports produced by NDOH in the absence of a provincial reporting mechanism. Actively drive transition, at every available forum, to address the management of stock and optimising treatment for patients on ART.
Facility Managers	Ensure all PNs and Pharmacy staff are aware of facility transition target. Ensure all PNs and Pharmacy staff are aware of process of transitioning. Monitor transition and new clients on TLD daily to ensure numbers are improving steadily and that weekly / monthly targets will be achieved.
Facility staff	Action transition of existing clients and starting all new clients on TLD for all eligible clients.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in dissemination of targets, and monitoring of progress. Identify facilities that require additional support or management.

PEPFAR facility staff	Support and action transition of existing clients and starting all new clients on TLD for all eligible clients.

4. Strengthening Facility-level Readiness – Including Infection Control Practices

Introduce measures within facilities to reduce the risk of HIV and TB clients contracting COVID-19. This includes interventions that minimises the amount of time spent at facilities.

4.1. Implement infection control practices within the facility and screening/separation of those with COVID19 symptoms

Conduct facility infection control risk assessments. Intensify facility-wide infection control, including appropriate use of PPE and hand sanitizers, sanitization stations, screening stations, triaged patient pathways, signage, cleaning services and infection control training to staff. Establish infection control monitors/champions to oversee COVID—19 facility preparedness set up, monitor and reinforce the implementation of IPC measures.

Patient screening and appropriate triage is required outside after patients enter the facility through a single point of entry and past a hand sanitation station. Coughing patients should be triaged into COVID-19 PUI section. Processes must align with NICD/other facility readiness SOPs. Implement inventory control for PPE to avoid stockouts (assuming that suppliers will be able to provide adequate quantities). Print and display/disseminate IEC materials (including Infection Control posters in every room in the facility) and include information about COVID-19 in facility educational talks. Provide surgical masks and other PPE in line with NICD guidance.

Staff cadre	**Requirement**
National Managers	Monitor implementation and challenges with infection control.
Provincial Managers	Disseminate guidance to Districts. Ensure all districts have communicated to facilities. Report any challenges or concerns to NDOH Operation Phuthuma team. Monitor implementation of infection control measures during facility visits.
District and Sub-district Managers	Assess resource available at facilities to implement infection control effectively. Address provision of PPE to staff at facilities and those involved in service provision. Disseminate guidance to Facilities. Report any challenges or concerns to PDOH team. Monitor implementation of infection control measures during facility visits.
Facility Managers	Allocate facility champions to ensure that infection control practices are adhered to at all service points. Monitor implementation in facility daily.
Facility staff	Practice all required infection control practices. Remind patients of practices required.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in planning and implementation. Identify districts, sub-districts or facilities that require additional support or management.
PEPFAR facility staff	Support Facility managers in implementation of infection control practices at facilities. Print IEC materials to support implementation.

4.2. Fast track vulnerable patients in facilities

Expand Fast Queue as outlined in ICSM to include HIV positive, TB positive clients, and pregnant women. Queue is currently limited to the visibly ill, disabled, coughing and elderly. Increase the number of fast lanes if required to accommodate increased volumes of patients. All facility RPCs models (facility pick-up points and facility adherence clubs) – focus on ensuring the shortest possible time for a patient to collect their re-packed medication. Patients should not be brought together for a group discussion but be seen individually at the table for distribution.

Staff cadre	**Requirement**
National Managers	Develop and distribute guidance in terms of how this will be implemented. Include in communication to healthcare workers.
Provincial Managers	Disseminate communication to Districts. Ensure all districts have communicated to facilities. Report any challenges or concerns to NDOH Operation Phuthuma team. Actively drive process, at every available forum, to address the congestion in facilities.
District and Sub-district Managers	Disseminate communication to Facilities. Report any challenges or concerns to PDOH team. Actively drive process, at every available forum, to address the congestion in facilities.
Facility Managers	Allocate facility staff to support services at applicable service points. Decide on signage or staff members to direct patients. Define number of fast track queues required.
Facility staff	Provide services at applicable points.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in planning and implementation. Identify districts, sub-districts or facilities that require additional support or management.
PEPFAR facility staff	Support Facility managers in deciding how to reorganise queues to accommodate. Provide services at applicable points.

4.3. Implement o chronic care service delivery points that are separate from COVID19 screening, testing and care points

Provide service points for essential services for HIV, TB and other chronic diseases using desks, gazebos, mobiles or other settings outside the clinic and/or in settings separate from COVID 19 screening testing and care points. Implement outdoor waiting areas as far as possible and regulate entrance into HIV, TB and other chronic health services. All patients should enter facility premises through single entrance (gate) and pass through a sanitation station. Where facilities do not have sufficient sanitizer, use water containers with tap and bucket and water/bleach concentration. Thereafter patients should be screened for COVID-19 symptoms and those with symptoms triaged to a separate area. As part of this screening process, the purpose of client visit should be evaluated. Clients with no COVID-19 symptoms can then be directed to most appropriate service point. For chronic clients, a Healthcare worker (HCW) should distribute chronic medication refills from a table outside of facility building. For those requiring rescripting: These patients need to be seen a clinician briefly. Patients should not be made to queue inside the facility but queue outside 1 metre apart after washing their hands and either be taken into facility to see clinician with their folder (retrieved by HCW) or the clinician can see patients briefly from table outside with a very brief check-up and rescripting.

Whenever possible, provide follow up clinical visits, and medicine pickups in gazebos or mobile units outside of the facilities and/or in settings that are not co-located with COVID 19 screening, testing or

care settings. Offer HIV testing services (HTS) and linkages in alternative locations (public buildings, privacy tents outside of facilities) to decongest facilities.

For sites converted to COVID 19 only locations, ensure seamless continuation of care through phone or in-person notification of nearest site continuing to provide chronic disease management. Ensure continued care through transfer of physical and virtual files and seamless continuation of data entry processes.

Where possible, consider offering telemedicine or virtual services for rescripting and other routine chronic disease management.

Staff cadre	**Requirement**
National Managers	Develop and distribute guidance in terms of how this will be implemented. Include in communication to healthcare workers.
Provincial Managers	Disseminate communication to Districts. Ensure all districts have communicated to facilities. Report any challenges or concerns to NDOH Operation Phuthuma team. Actively drive process, at every available forum, to address the congestion in facilities.
District and Sub-district Managers	Assess resource available at facilities to set up service points outside facilities (desks, mobile units, gazebos). Disseminate communication to Facilities. Report any challenges or concerns to PDOH team. Actively drive process, at every available forum, to address the congestion in facilities.
Facility Managers	Allocate facility staff to support services at applicable service points. Decide on signage or staff members to direct patients. Define number of service points required.
Facility staff	Provide services at applicable points.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in planning and implementation. Identify districts, sub-districts or facilities that require additional support or management.
PEPFAR facility staff	Support Facility managers in deciding how to reorganise service points to accommodate. Provide services at applicable points.

5. Expand Community HTS, ART, and TB services

Increase the number of mobile testing service points to provide HIV testing and TB screening outside of health facilities. All mobile services ensure community members attending stand 1.5m apart and are asked if they have any COVID-19 symptoms. Those that do have COVID-19 symptoms (provided not severe in which case they should be referred immediately to appropriate facility) be given HIVST (with telephone number to contact if test positive) and educated to isolate at home for 14 days. After 14 days, patient should attend outreach point for confirmatory testing and ART start. If patient symptoms get worse during isolation, the patient must go to their clinic. All other patients can be tested and started or re-started on ART provided IPC precautions in place at outreach point (PPE for providers, 1.5 queue management, triage out of COVID-19 symptom positive patients and appropriate disinfection of hard surfaces between testing patients). For clients who have defaulted and are identified through any community-based screening and referral activities, referral should be to a Community ART service point. Community ART can be provided through existing mobile units.
Ensure seamless continuation of care through continued data entry processes.

Staff cadre	Requirement
National Managers	Include in communication to healthcare workers. Distribute guidance (as required) in terms of how this will be implemented.
Provincial Managers	Disseminate communication to Districts. Ensure all districts have identified community HTS, ART and TB Services. Report any challenges or concerns to NDOH Operation Phuthuma team. Actively drive process, at every available forum, to address the congestion in facilities.
District and Sub-district Managers	Disseminate communication to Facilities. Ensure all sub-districts have identified community HTS, ART and TB Services. Report any challenges or concerns to PDOH team. Actively drive process, at every available forum, to address the congestion in facilities.
Facility Managers	Allocate facility staff to support services at community service points. Manage data flow to ensure that all services provided in community continue to be reported through the facility or sub-district.
Facility staff	Deliver the services through community service points as allocated by the facility manager.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in planning and implementation of community service points. Identify districts, sub-districts or facilities that require additional support or management. Procure HIV self-screening kits and distribute at community HTS service points.
PEPFAR facility staff	Deliver the services through community service points as allocated by the facility manager.

6. **Communicate key interventions and routinely updated guidance to Healthcare workers and managers**

   Distribute communication on what is required from healthcare workers and facilities in order to support the COVID_HIV_TB Response at all facilities. This should include guidance on each intervention, what is required from staff and facility management.

Staff cadre	Requirement
National Managers	Develop communication materials to be disseminated to all DoH staff which provides guidance on implementation and priorities.
Provincial Managers	Disseminate all communication from NDOH to districts and follow up that communication has been further disseminated.
District and Sub-district Managers	Disseminate all communication from NDOH to facilities and follow up that communication has been further disseminated to staff.
Facility Managers	Disseminate all communication from NDOH to staff and allocate staff appropriately to act on guidance.
Facility staff	Review communication and action where appropriate.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the process of disseminating communication material from Provincial to Facility level
PEPFAR facility staff	Ensure that facility staff have received communication, provide additional orientation or support regarding communication.

7. **Strengthen in-facility and community processes and support to PLHIV on ART in order to maintain adherence**

   Track and trace (telephonically and then in-person) individuals who have unsuppressed viral load results. Ensure that all viral load results are captured in the clinical record and on Tier. For patients with unsuppressed viral loads, conduct telephonic Enhanced Adherence Counselling (EAC) with viral load repeated as per clinical guidelines (only 3 months after EAC). Patient does not need to come to the facility for EAC. Where patient has also missed their appointment – refer to community ART point (see point 5).

   Where feasible, ensure continuation of adherence club and other group or in-person adherence activities to virtual modalities.

   Work closely with community health workers (CHWs) to ensure food security for adolescents living with HIV (ALHIV) in order to maximize treatment adherence; CHWs to monitor ALHIV and report back to the facility on cases which require poverty relief planning and intervention.

   Note: These are existing processes and would therefore align to current responsibilities for managers and staff.

8. **Incorporate COVID-19 education, screening and referral into CHW practice**

   Provide Coronavirus symptom screening through all CHWs in addition to TB and HIV Risk assessments. Provide PPE for CHWs as they go to communities to educate on COVID 19. Distribute IEC materials specific to HIV, TB and Coronavirus through the CHWs.

Staff cadre	Requirement
National Managers	Produce in-service training material to orientate CHWs on COVID-19 symptom screening and referral processes. Produce IEC materials for CHWs to distribute to households. Translate material into as many languages are possible. Support distribution of materials to provinces and districts.
Provincial Managers	Support districts to orientate CHWs on COVID-19 symptom screening and referral processes. Support distribution of IEC materials to CHWs across all districts. Ensure all districts have received materials and are distributing. Report any challenges or concerns to NDOH Operation Phuthuma team.
District and Sub-district Managers	Support districts to orientate CHWs on COVID-19 symptom screening and referral processes. Support distribution of IEC materials to CHWs across all districts. Ensure all districts have received materials and are distributing. Report any challenges or concerns to NDOH Operation Phuthuma team.
Facility Managers	Ensure that all CHWs have received in-service training and copies of IEC material.
Facility staff	OTLs to ensure that CHWs are distributing IEC materials to communities, and that referral processes are adhered to.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the provincial, district and sub-district management in planning for CHW training and distribution of materials. Identify districts, sub-districts or facilities that require additional support or management.
PEPFAR facility staff	Support OTLs and CHWs to ensure that materials are distributed and referral processes adhered to.

9. **Ensure COVID 19 messaging provided to all PLHIV and TB patients, and integration of importance of continued treatment for HIV, TB and chronic diseases**

Produce and distribute messaging to PLHIV and people living with TB incorporating the following:

- Encourage people to start ARVs and adhere if they are already on ART, highlighting the risk of a more severe Coronavirus infection in patients with compromised immune systems.
- How to contact their clinic remotely and to know how to access community supports or information in their locality.
- Provide media communication and education to reach PLHIV not on ART with treatment literacy that starting ART will help strengthen their immune system which is likely to reduce risk of infection or severity of COVID-19 infection.
- Encourage patients to attend any available community service for ART initiation e.g. mobile or outreach site that is starting patients on ART.
- Provide extensive communications on COVID-19 and HIV (knowing status, returning/remaining in care, viral load suppression) through mobile and social media channels (SMS, WhatsApp), radio, and outreach/peer communication (as appropriate) to reach target populations during periods of social distancing, including townships and informal settlements. This includes working with MomConnect and NurseConnect (implemented by Praekelt Foundation) and reaching out to telecommunications providers to broker agreements on using mobile channels.
- Print and display/disseminate IEC materials in facilities and community sites (including spaza shops, salons, supermarkets, taxi ranks, halls and churches).
- Augment call center activities to provide information to clients on service delivery changes.
- Provide radio, tv, and social media advisories on new service delivery locations.
- Provide phone consultations to address client questions and concerns, including on side effects.
- Verify all client contact phone numbers in client files and scale up virtual case management.
- Scale up WhatsApp support groups and alternate methods of virtual adherence support.
- Print and display IEC materials in public places used by AGYW.
- Distribute widely the NDoH Corona virus IEC materials with the government toll free number (0800 029 999
- Call centre staff to be trained on new information regarding COVID 19 , so that they can inform the public
- Emphasising the message of prevention and adherence to treatment (both TB & HIV)
- Develop IEC directed at the infected people & those affected and caring for the sick
- At the call centre, send messages about importance of taking treatment to keep them healthy
- All COVID 19 IEC to be translated in all official languages
- OTLs to give information regularly to CHWs on corona messaging (how to inform the public)
- TB patients should take measures to protect themselves against infection with corona virus. Washing hands with soap and water regularly for at least 20 seconds. Where possible use an alcohol based hand sanitizer regularly. Avoid touching your eyes, nose and mouth with unwashed hands. Avoid close contact with people who are sick. Clean and disinfect frequently touched objects and surfaces.
- Patients should also take TB treatment regularly and complete their treatment, eat well, avoid alcohol and smoking in order to improve the body's defence mechanism against infection.
- In order to prevent spread of TB infection, patients with TB should use a tissue or handkerchief to cover your mouth and nose when coughing or sneezing. Or cough/ sneeze into a flexed elbow to cover your mouth and nose. Throw the tissue into a bin and wash your hands, or use a sanitizer. This is to prevent spreading the droplets into the air. Keep windows and doors open when indoors to ensure adequate ventilation.
- Eat healthily, drink a lot of water and exercise regularly.
- Use condoms correctly and persistently
- Prevent unwanted pregnancies

- Take TPT to prevent TB
- The DoH will provide a two months' supply of ART to all PLHIVs and to TB clients (to minimise contact with unwell clients at clinics)
- Content specific to HIV and TB to be added to Coronavirus WhatsApp channel.

Staff cadre	Requirement
National Managers	Develop communication materials to be disseminated. Identify platforms for dissemination.
Provincial Managers	Disseminate all communication from NDOH to districts and follow up that communication has been further disseminated across platforms.
District and Sub-district Managers	Disseminate all communication from NDOH to facilities and follow up that communication has been further disseminated across platforms.
Facility Managers	Disseminate all communication from NDOH to staff to reiterate with clients.
Facility staff	Reiterate messages with clients in facilities.
PEPFAR above site support (includes District and Provincial Support Partners)	Support the process of disseminating communication material from Provincial to Facility level across platforms. Support printing of materials where applicable.
PEPFAR facility staff	Ensure that facility staff have received communication, provide additional orientation or support regarding communication.

10. Extend supply of prevention interventions

Implement 2-month MMD for those already on PrEP, with increased-volume provision of condoms, lubricant and harm reduction equipment (sterile needles and syringes). Where feasible and appropriate, incorporate PrEP initiation into ongoing community-based interventions/mobile services that focus on small groups of 10 people or less. Utilize mobile services (phone, WhatsApp, SMS) to provide ongoing adherence support or follow-up. Incorporate messaging about COVID-19 and prevention into client communication.

Ensure continued availability of violence support services and communication of help/call centers for all forms of violence, including gender-based violence (GBV).

Ensure consistent condom supply at all facilities and dissemination to all clients in both facility and community settings, regardless of diagnosis.

11. Strengthen treatment and support services to Key Populations

Procure and disseminate IEC materials approved by the Department of Social Development (DSD). Work with OVC partners to conduct home visits to non-suppressed Adolescents LHIV and weekly check-ins to provide adherence support. Provide door-to-door ART delivery through support partners to Adolescents LHIV to reduce overcrowding at health facilities. Provide KP-specific COVID-19 and HIV messaging, including risk reduction, social distancing and the importance of viral load suppression. Provide virtual and physical COVID-19 contact tracing to key population members using outreach teams. For people who inject drugs, consideration for increased number of syringes provided to decrease the need for repeated visits to DICs or peer outreach. For people on methadone maintenance treatment, consideration on weekly or fortnightly dispensation. Continue with behavioral and structural prevention interventions (Stepping Stones, Healthy Choices, Safe Spaces/Girls Clubs) as feasible. Groups which meet social distancing guidance (number of participants and space between participants). Use of mobile or social media platforms, such as WhatsApp or teleconferencing.