



## MINISTRY OF HEALTH

Division of National Aids & STIs Control Program

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To All County Directors of Health

**RE: UPDATED OPERATIONAL GUIDANCE ON CONTINUITY OF HEALTH SERVICES IN HIV PREVENTION, CARE AND TREATMENT IN THE CONTEXT OF THE COVID-19 PANDEMIC**

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The Ministry of Health has strived to maintain routine health service delivery from the early phases of the COVID-19 outbreak in March 2020. The increasing case-load of COVID-19 leading to a health system demand surge, strategic adaptations have become critical to ensure essential health services are maintained.

In June 2020, World Health Organization provided guidance on how to safely maintain essential health service delivery during the COVID-19 pandemic, including all people living with or affected by HIV. As Ministry of Health, we borrow some of the stipulated approaches to ensure we maintain service delivery.

The purpose of this second circular is to provide updated operational guidance to the service providers at health facilities, County Governments, implementing partners and other stakeholders on strategies to ensure continuity of services in HIV prevention, care and treatment amidst COVID-19 pandemic.

### **1. 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) The following HTS should continue to be offered; Antenatal care (ANC) testing, Early Infant Diagnostic (EID), partner/family/index testing and testing of clients with Tuberculosis (TB), Sexually transmitted Infections (STIs) and malnutrition.
- 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.
- c) Health facilities are adequately stocked with Rapid test kits (RTK) and routine reporting should be done as per guidelines. Facilities with sufficient stocks for HIV self-testing (HIVST) should offer the kits to clients who opt to self-test (with the exception of ANC and new clients starting PrEP) and thereafter confirmation for the positives should be performed using the national algorithm.



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## **2. ART CONTINUITY OF CARE & TREATMENT**

We urge all health facilities to introduce strategies that fully support initiation of treatment, 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.

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

### **2.1. Managing clinic appointments and multi-month dispensing**

- a) Differentiated service delivery (DSD) should continue as per the national guidelines. However, up to three months' ARVs supply can be considered for ALL PLHIVs regardless of age and viral load status in circumstances such as reduced workforce, pending closure of health facility due to reported COVID-19 positive cases among staff and temporal relocation of health service to a different setting away from health facility.
- b) Mechanisms preferable using M-Health applications should be instituted to follow-up patients to ensure adherence to treatment and psychosocial support.
- c) For Prevention of mother to child transmission (PMTCT) of HIV clients, newly diagnosed clients and PLHIV who have not virally suppressed, Multi Month Dispensing is **NOT recommended** at this time.
- d) ALL pregnant /breastfeeding women and newly diagnosed HIV patients should undergo routine care and follow-up as per the recommendations in the national guidelines.
- e) For all other populations, there should be options of flexible ART delivery models such as community ART group distribution with staggered pick up times to prevent overcrowding.

### **2.2. Active transition of patients from Tenofovir/Lamivudine/Efavirenz (TDF/3TC/EFV) regimen**

The Ministry of Health issued a circular guidance dated 25<sup>th</sup> July 2019 on Use of Dolutegravir in adolescent girls and women of child-bearing age. By June 2020, more than a third (343,488) of people living with HIV (PLHIV) both men and women were still on TDF/3TC/EFV regimen despite the guidance to transition to optimized dolutegravir-based regimen and other appropriate regimens. It was projected that only 2-3% of PLHIVs would continue to require TDF/3TC/EFV by this time but the large number who remain on the regimen have strained the available stock.

To ensure that PLHIV are on optimized regimen and avoid stock out of TDF/3TC/EFV, facilities are advised to carry out **active transition** of all male and female PLHIVs aged 15 years and above based on the following criteria:

<b>Criteria</b>	<b>Recommendation</b>
a) All virally suppressed clients (LDL)	Transition to TDF/3TC/DTG
b) Persistent low-level viremia (pLLV) with no known adherence issues or have been LLV for more than 6 months and have not re-suppressed	Transition to TDF/3TC/DTG
c) Virally suppressed pregnant and breastfeeding women	Transition to TDF/3TC/DTG
d) Clients with viral load >1000copies/ml	Transition to 2 <sup>nd</sup> line as per national guideline



Note:

- Transition should be guided by the most recent viral load test results.
- All newly enrolled clients including pregnant and breastfeeding women should be initiated on TDF/3TC/DTG.
- Clients who are intolerant to Dolutegravir are not eligible for transition.

**ACTIVE TRANSITION SHOULD BE DONE BY END OF OCTOBER 2020.**

### **2.3 Active transition of Children and Adolescents (Less than 15 years) living with HIV from Nevirapine, Protease Inhibitors and Efavirenz based regimens to Optimal ARVs based on weight**

The Ministry of Health has issued two sets of guidance on 7<sup>th</sup> October 2019 and 28<sup>th</sup> April 2020 in regard to transitioning CALHIV to optimized regimens. The guidance's on ARV optimization and transition should be expeditiously implemented. As at the end of July, there was still a good number of CALHIV on Nevirapine, Protease Inhibitors and Efavirenz based regimen. The transition should be guided by the two circulars provided earlier.

**ACTIVE TRANSITION SHOULD BE DONE BY END OF OCTOBER 2020.**

### **3. LABORATORY SERVICES**

To maintain laboratory treatment monitoring and other services;

- a) Routine Viral load monitoring should be done for all PLHIVs as per the national guidelines. However, longer turnaround times (TAT) may be witnessed as the same laboratories are used for COVID-19 testing.
- b) EID testing should be done for all HEIs as per the national guidelines
- c) Ensure infection prevention and control practices are followed while handling patients and laboratory samples

### **4. PrEP**

- a) Clients on PrEP for a period of 3 months or more can be given a 3-month supply of their medications and to continue the quarterly testing as per guidelines.
- b) Mandatory re testing before refill at month one post initiation should be observed.
- c) Encourage telephone or social media engagement to ascertain correct usage of the drugs or to mitigate any problems encountered by clients.

### **5. Updated Strategic Information guidance in context of COVID-19 times and beyond**

NASCOP has adopted the new treatment definition and computation, based on WHO guidance released in April 2020.

- i. Clients who have missed an appointment but are within **30 days** of last missed appointment will be included as part of those on treatment, this is to account for any extra medication given and also give ample time to track and account for all missed appointments
- ii. Clients who have missed an appointment and have gone beyond 30 days will henceforth be classified as lost to follow up



### **Accounting for clients on transit who pick refills from a different facility**

Currently, these clients are only accounted for in commodity records/reports and are not counted as part of treatment numbers in either facility. Moving forward, these clients will be reported as part of treatment numbers in the parent facility only after the parent facility confirms from the refill facility that these clients visited and got their medication from that facility. It is envisioned that the parent facility will use the NASCOP e-DIRECTORY (in deployment) to get MFL code and contact details of the refill facility then call and confirm the treatment details.

### **Accounting for transfer out clients**

*Updated guidance:* It will be the responsibility of the transferring facility to account for the transferred clients until they arrive and are enrolled and taken up by the receiving facility. Should they fail to arrive on the designated date, the transferring facility will initiate defaulter tracking effort until they fully account for these clients. They will therefore be part of treatment numbers from the transferring facility until they arrive and get enrolled or until they get classified as LTFU as per the updated definition.

### **Treatment numbers for facilities closed due to COVID-19**

*Temporary closure:* Happens when a facility is closed for fumigation or some health worker(s) have turned positive and the management decides to temporarily suspend services in that facility. The parent facility will reach out to all the clients and advise them on which facilities they can pick their refills from. These clients will be handled as transit clients and hence apply the guidance as provided above.

*Full closure:* Happens when a facility is transformed into an isolation site with no other services being provided at that facility. The parent facility will reach out to all clients, advise and determine their choice of facilities where they desire to be followed up from, document this in the appointment diaries and follow each client individually to determine arrival and registration as at when they run out of meds.

*Reporting for treatment numbers:* The clients on longer term appointment will continue being reported for from the "closed" facility until they are due for medication refill by which time the receiving facility will take them up. Should they fail to arrive, the parent facility will initiate defaulter tracking processes until they determine the actual outcomes for these clients. Cross sectional and transactional services such as HIV testing, starting on treatment etc. will cease being reported from the closed facility from the date of closure and will be reported from the facility where these services are provided from.

***This circular supersedes previous guidance issued in 24<sup>th</sup> March 2020. All safety measures issued by the MOH to mitigate COVID-19 infections should be adhered during service delivery.***



Dr. Ngugi Catherine

**Head, Division of National AIDS & STI Control Program**

**CC: All County AIDS and STIs Control officers  
All County Medical Laboratory technologies  
All Implementing partners**

