COVID Impact on ART Program in South Africa

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Outline

1. HIV and COVID-19 epidemics in South Africa
2. Impact of COVID-19 on health services in South Africa
3. CDC response to COVID-19 in South Africa
4. Site-support/monitoring in the context of COVID-19

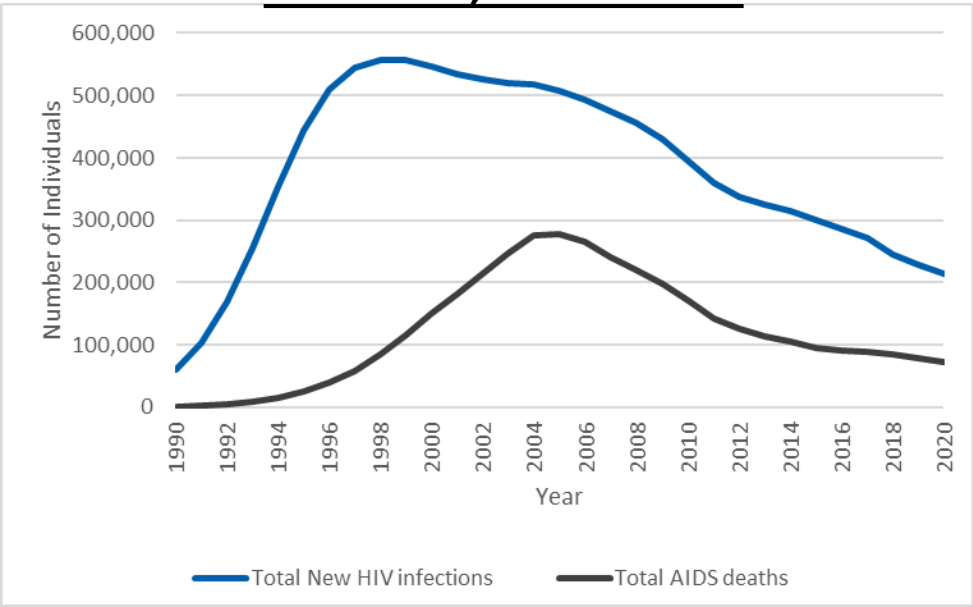
HIV and COVID-19 Epidemics in South Africa

South Africa HIV Epidemic & Program Context

HIV in South Africa

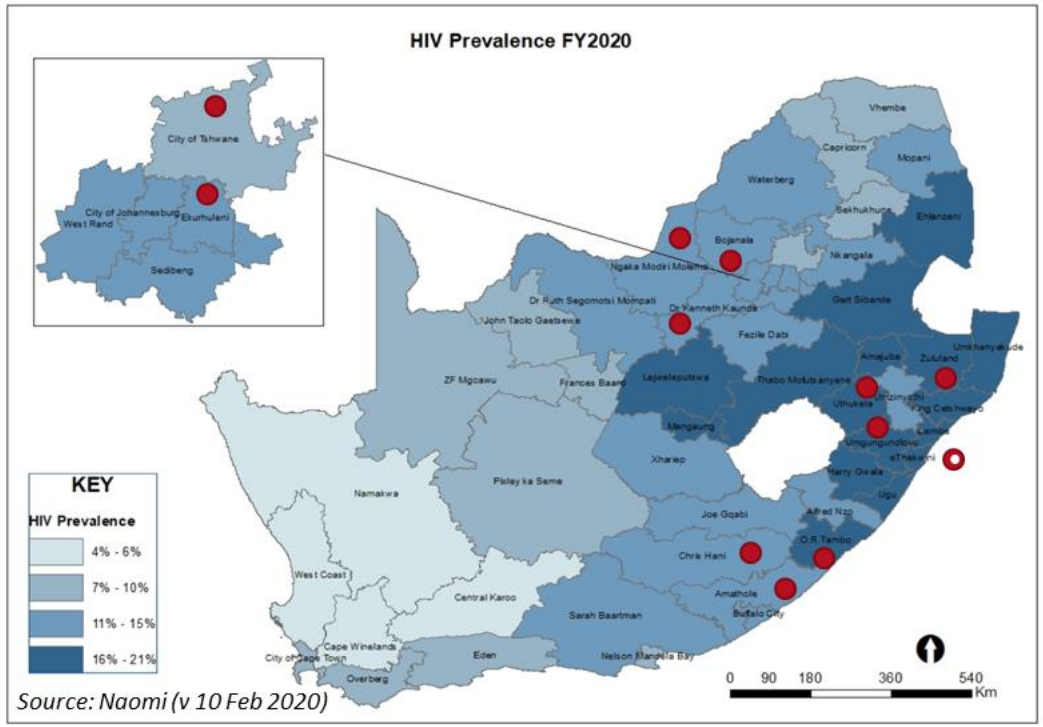
- Total Population: **58.7 million**
- PLHIV: **7.7 million**
- Adult (15+) HIV prevalence: **18%**
- New HIV infections: **166,000 per year**

New HIV infections and Total AIDS deaths, 1990-2020, South Africa



HIV statistics reported are projections for mid-2020
Source: Thembisa 4.3 (June 2020)

HIV prevalence by district, Sept 2020



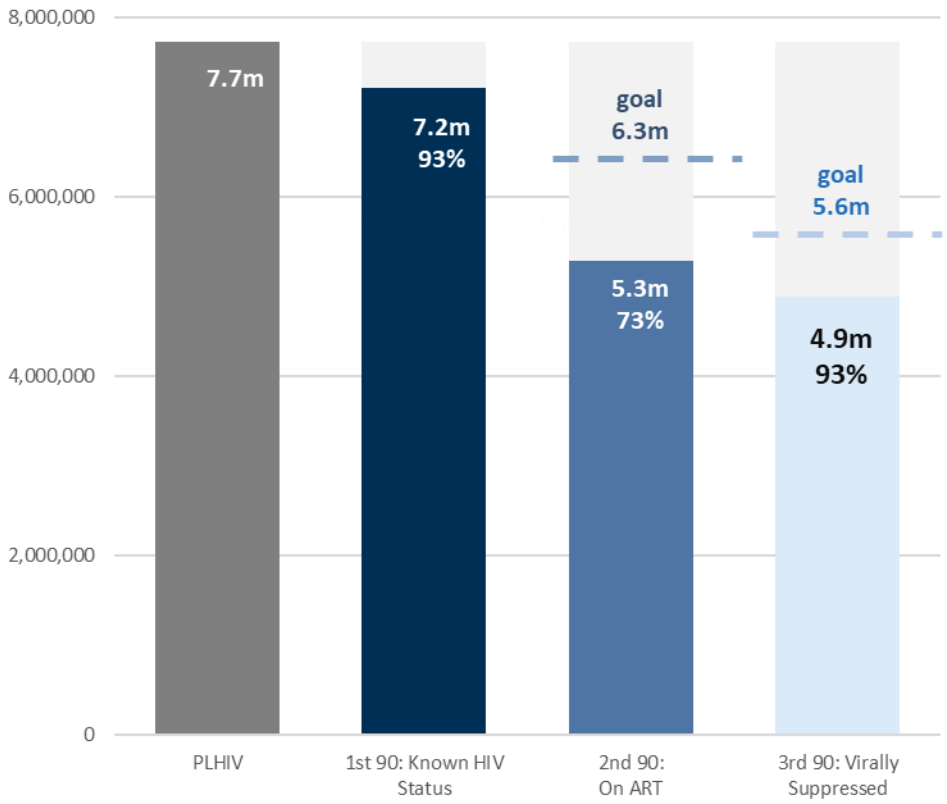
Source: Naomi (v 10 Feb 2020)

CDC-supported district CDC- and USAID-supported district; transition to full CDC support in FY21

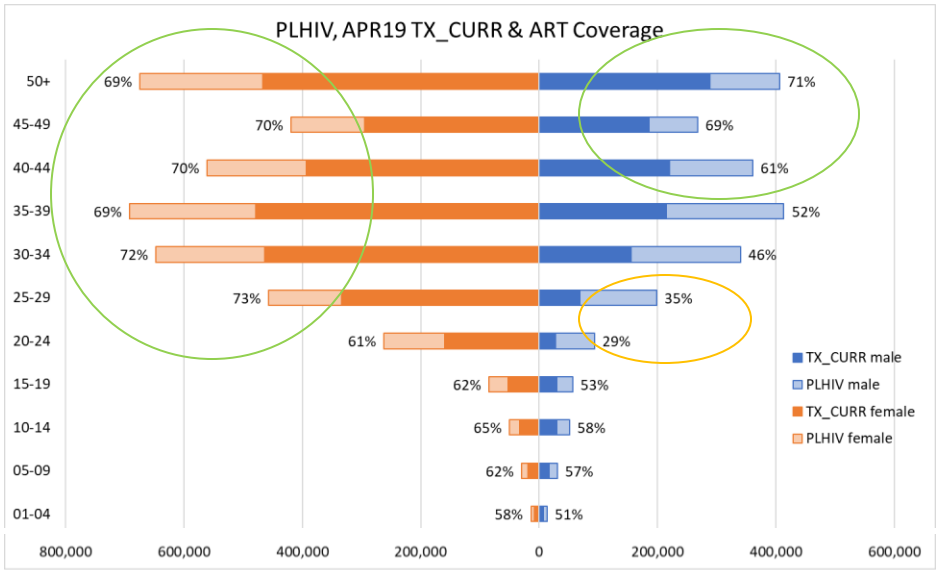
9 *Provinces* → **52 *Districts (PSNU)*** → **27 *PEPFAR-supported districts*** → **12 *CDC-supported districts***

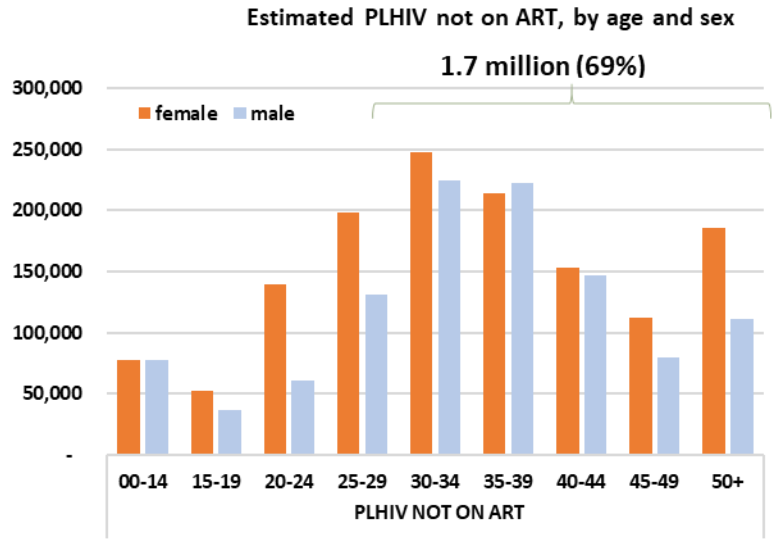
South Africa HIV Epidemic & Program Context

2nd 90 remains largest barrier to epidemic control in South Africa, with an estimated 2.4 million PLHIV not on ART



Source: Thembisa 4.3 (June 2020)



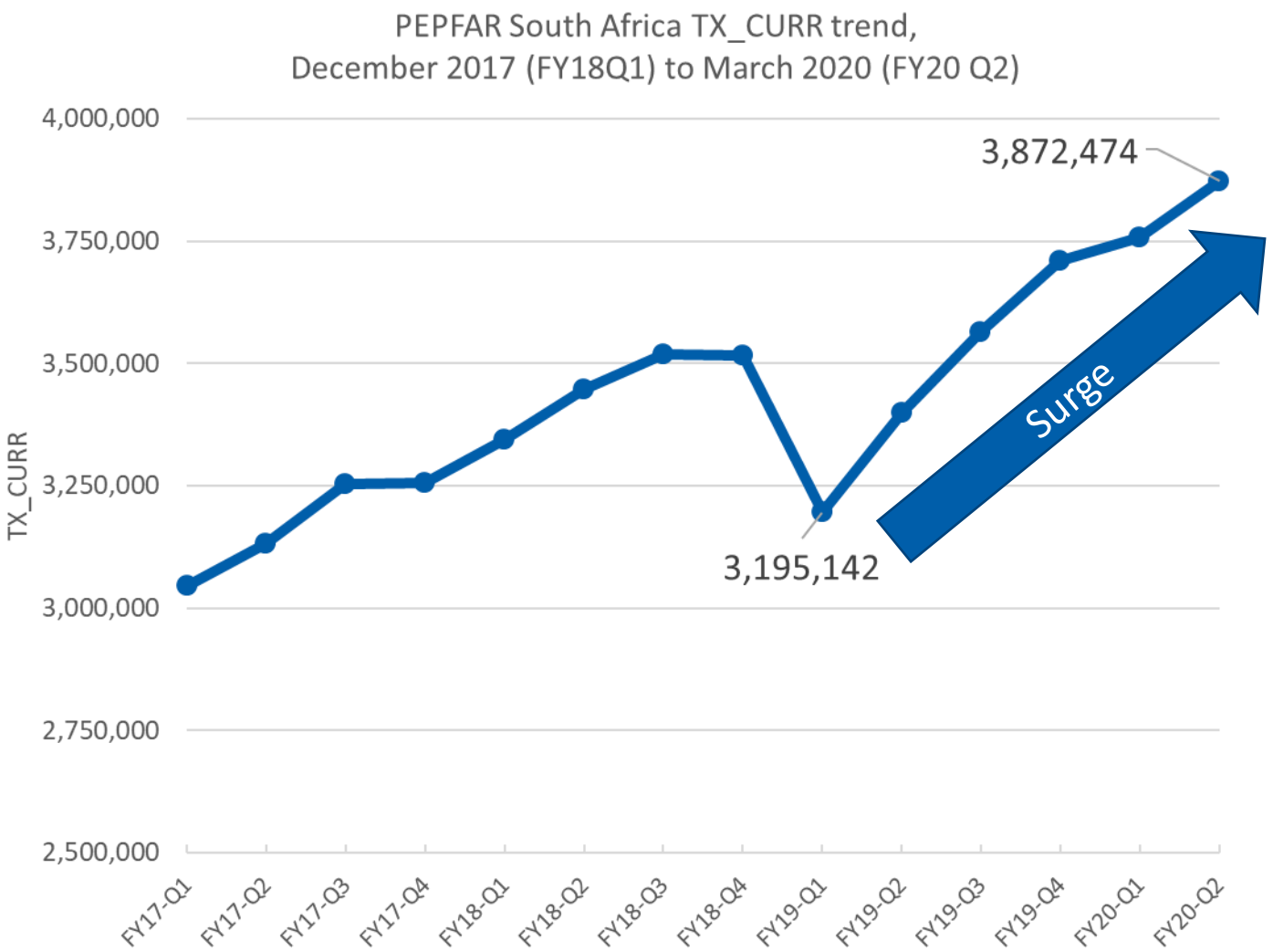


ART Coverage is the **highest in women 25+** and in **men 40+** years of age

ART Coverage is lower in men compared to women, **with lowest coverage in men 20-29** years of age.

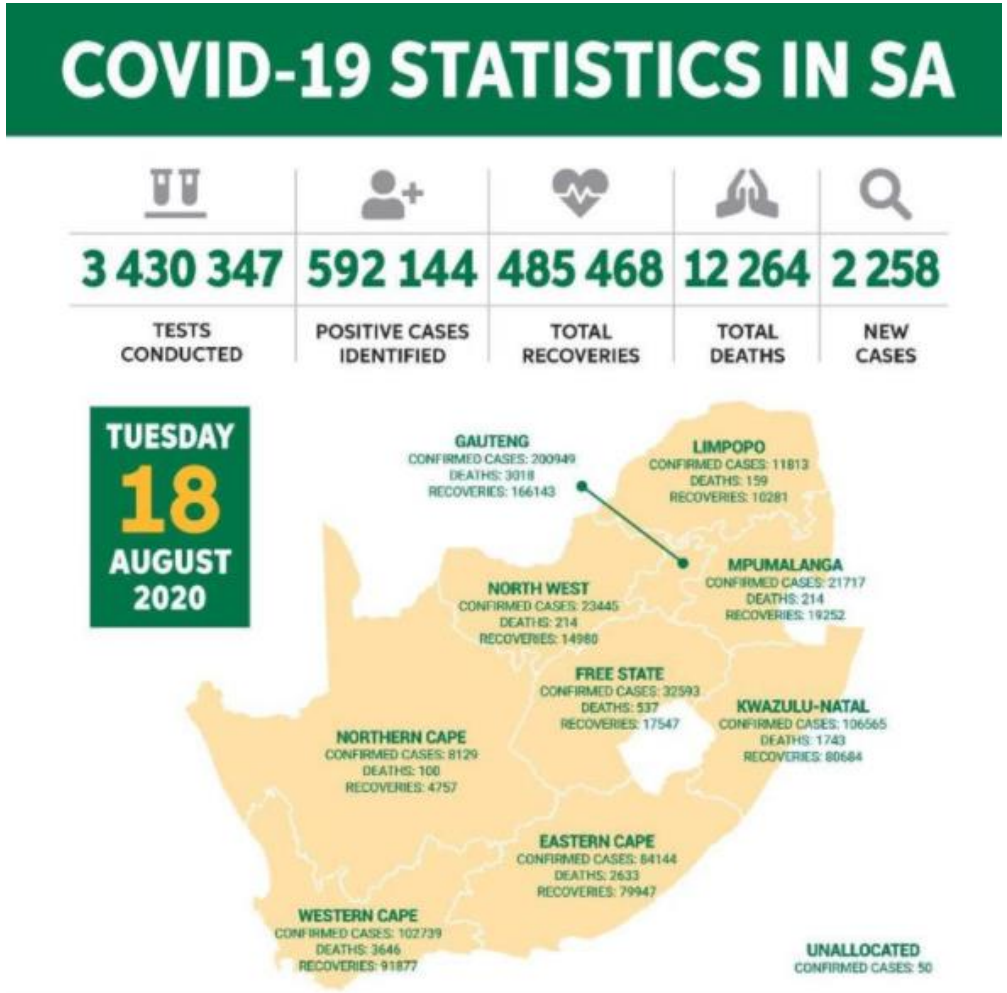
More **than 2/3 (69%) of untreated PLHIV are over 30 years old**, and 50% are over 35 years old

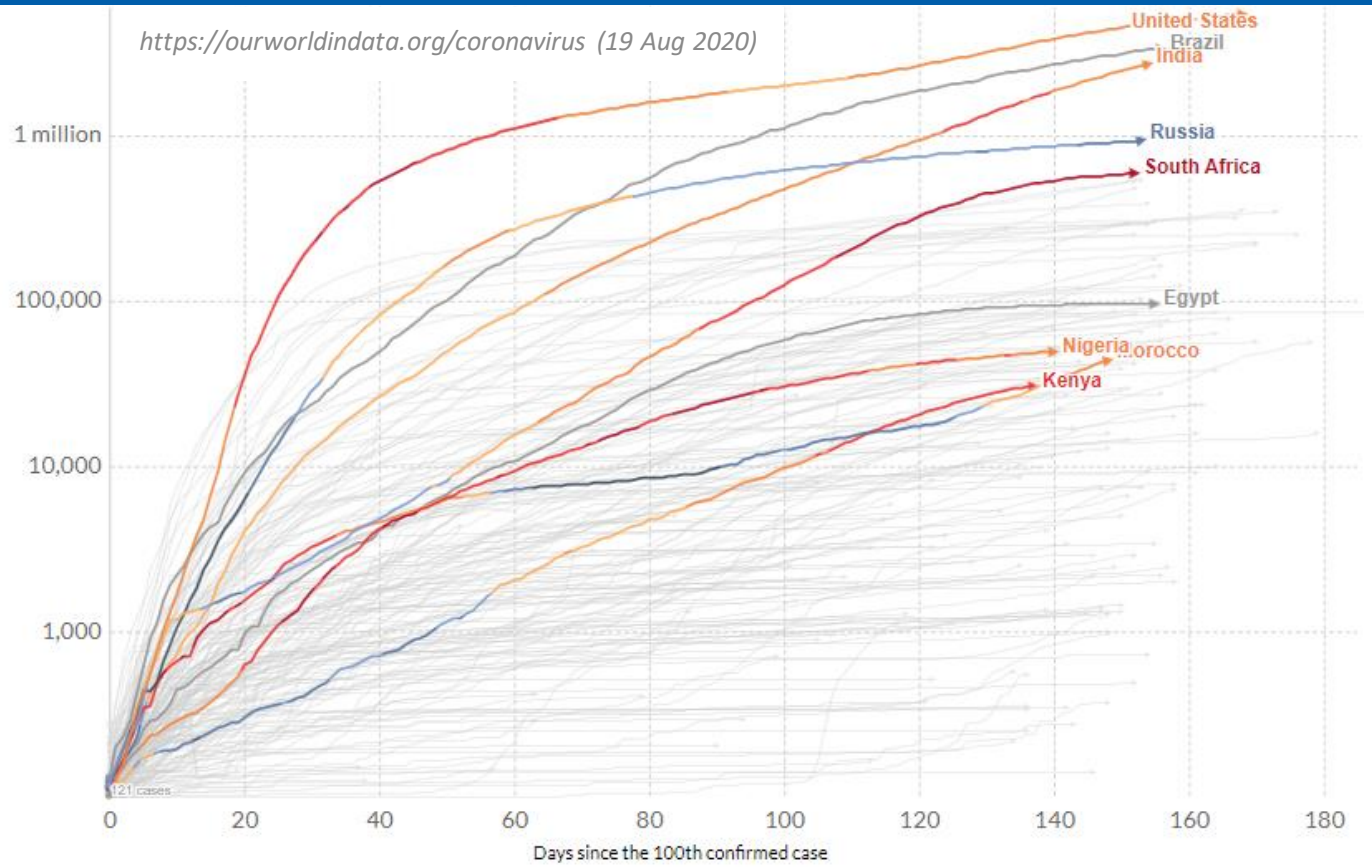
South Africa PEPFAR Program Recent History



- PEPFAR South Africa is supporting a 2-year surge in FY19 and FY20
- Approximately 50% of the PEPFAR treatment program is supported by CDC in South Africa
- The program **increased TX_CURR by over 700,000** in the first 18 months of the surge
- Gains were achieved through implementation of the "Siyenza" program, which involves intensive site support and close monitoring of core program areas

South Africa has the 5th highest global burden of COVID-19





- South Africa's COVID-19 burden is the **5th highest in the world**, below only US, India, Russia, and Brazil
- There have been **over 590,000** cases and **over 12,000 deaths** since the beginning of March
- There have likely been **24,000 deaths due to TB** over the same time period

COVID-19 in South Africa

Feb 28
Amb. Birx and Minister Mkhize sign **COP20** in Johannesburg

Mar 15
Pres. Ramaphosa declares a **national state of disaster**

March 23
Pres. Ramaphosa announces a strict nationwide lockdown

March 27
Lockdown goes into effect, initially until April 16.

Strict nationwide lock-down in place

April 9
Pres. Ramaphosa announces a **2-week extension** of the strict nationwide lockdown.

April 23
SA's risk-adjusted strategy is unveiled, comprising Levels 1-5 of restrictions.

May 1
SA moves from Level 5 to **Level 4** in the risk-adjusted strategy

June 1
SA moves to **Level 3** in the risk-adjusted strategy

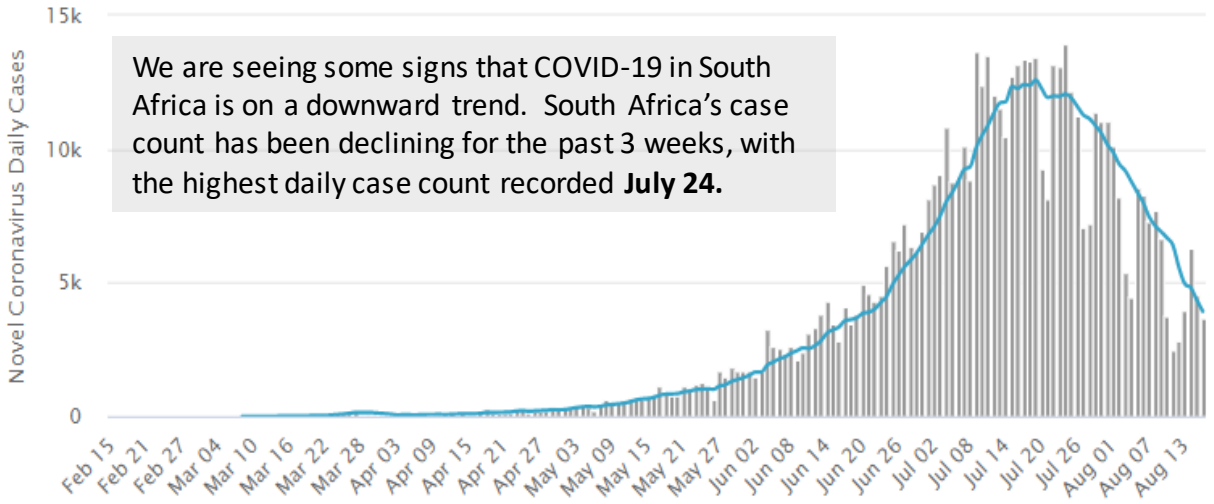
June 22
SA surpasses **100,000 diagnosed COVID-19 cases**

August 8
SA surpasses **500,000 diagnosed COVID-19 cases**

August 18
SA moves to **Level 2** in the risk-adjusted strategy; inter-Provincial travel permitted for first time since March

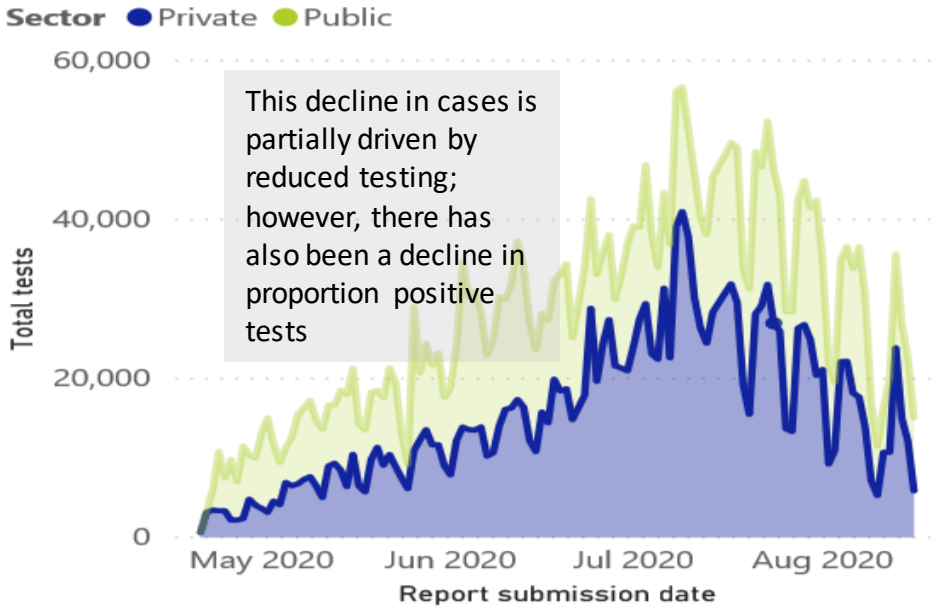
COVID-19 Cases, Tests, Hospitalizations, and Deaths

Daily case count with 7-day moving average, South Africa



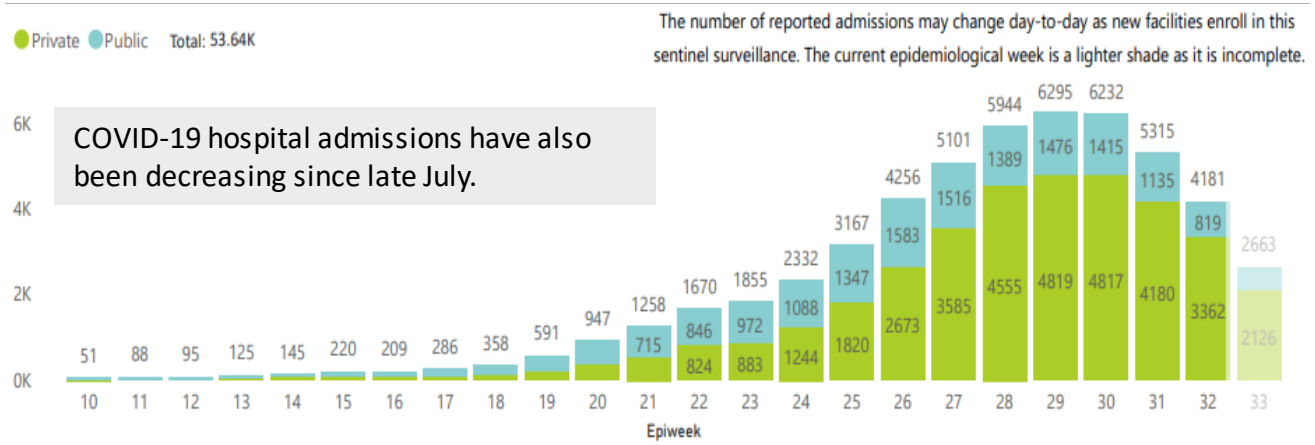
We are seeing some signs that COVID-19 in South Africa is on a downward trend. South Africa's case count has been declining for the past 3 weeks, with the highest daily case count recorded **July 24.**

COVID-19 tests, by health sector, South Africa



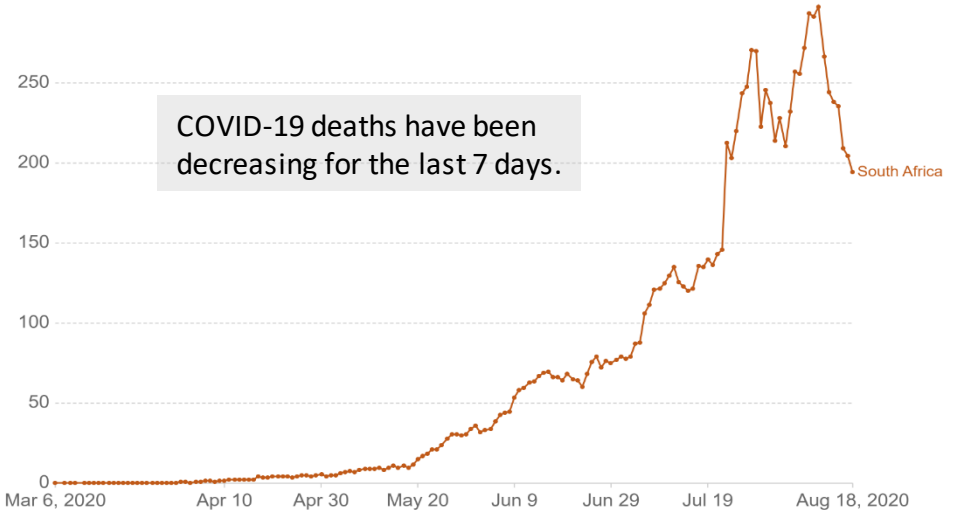
This decline in cases is partially driven by reduced testing; however, there has also been a decline in proportion positive tests

COVID-19 hospital admissions in sentinel facilities, by health sector, South Africa



COVID-19 hospital admissions have also been decreasing since late July.

COVID-19 deaths, South Africa

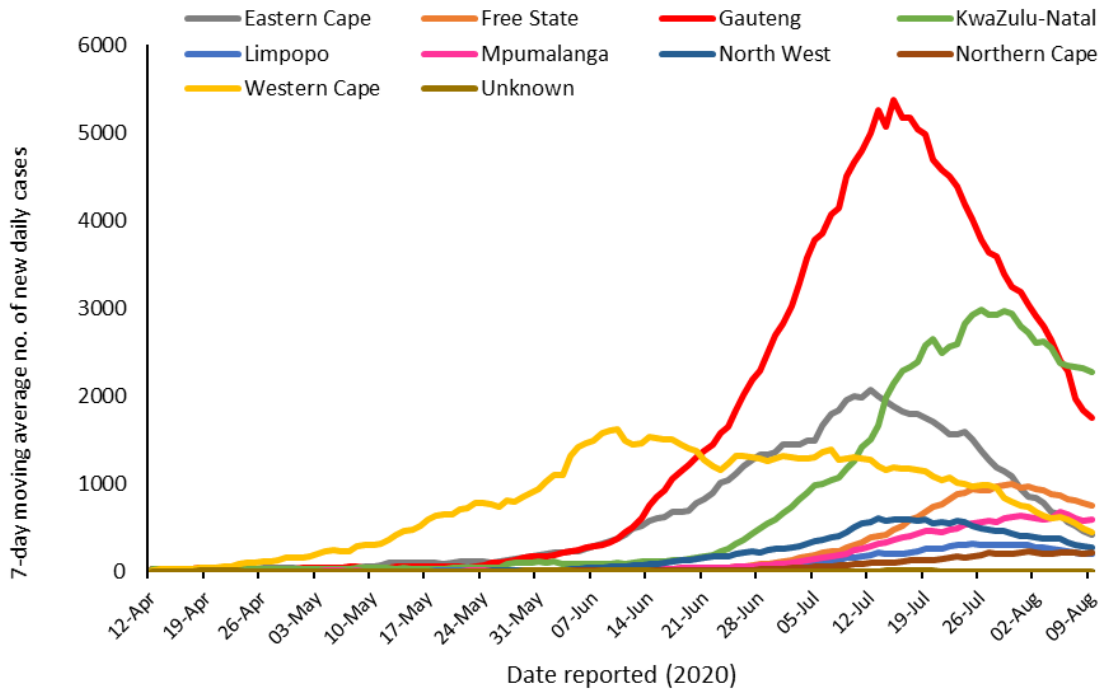


COVID-19 deaths have been decreasing for the last 7 days.

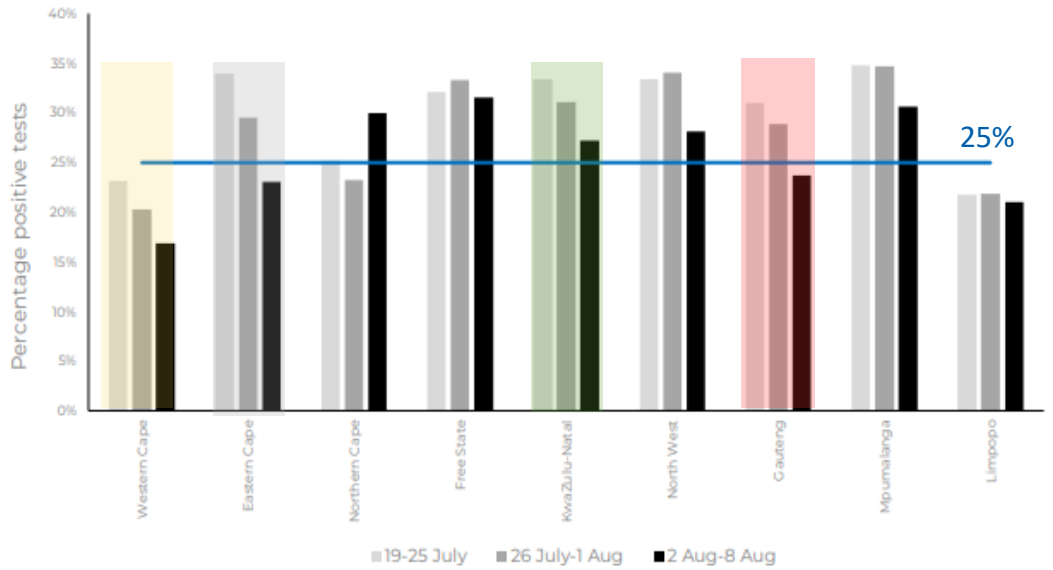
https://www.nicd.ac.za/diseases-a-z-index/covid-19/surveillance-reports/
https://ourworldindata.org/coronavirus

COVID-19 by Province

Daily Case Count, by Province



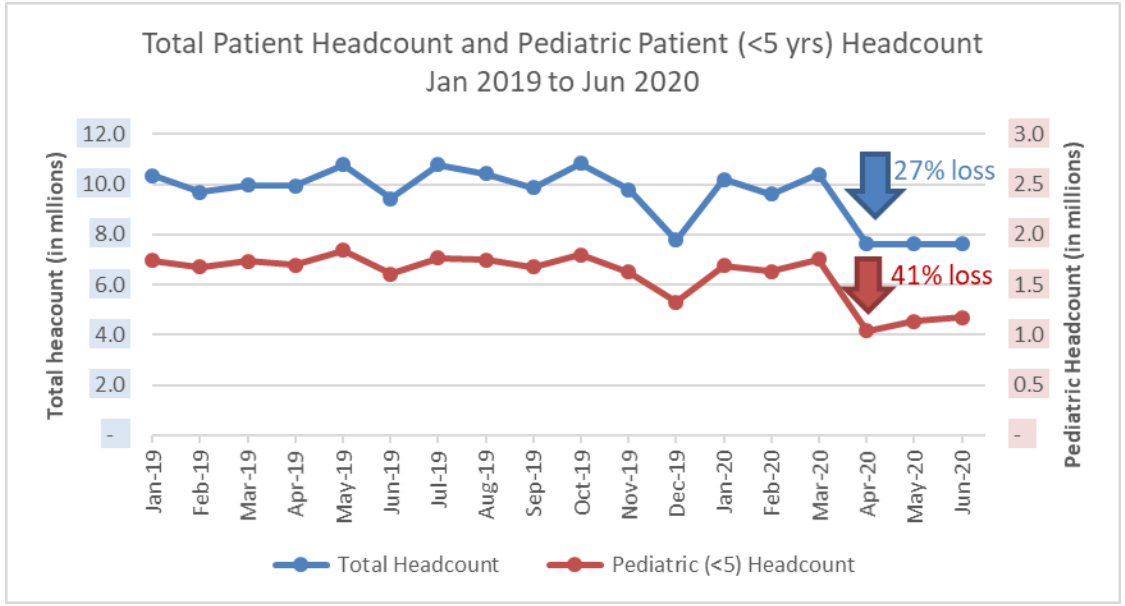
Change in % Positive, by Province

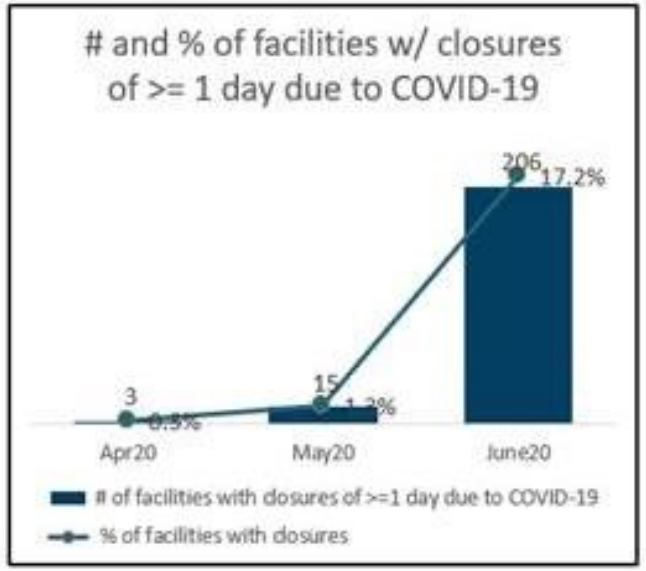


- There are Provincial differences in the timing of the epidemiologic peak; Western Cape led the epidemic, and has been followed by Gauteng, Eastern Cape, and KZN.
- The decline in cases partially explained by shift to focused testing strategy and long turnaround times.
- However, decline in proportion positive in WC, EC, KZN, GP and decline in COVID-19 hospital admissions (not shown) indicate improvement.

Impact of COVID-19 on Health Services in South Africa

Impact Of COVID-19 Felt Across The Health Sector

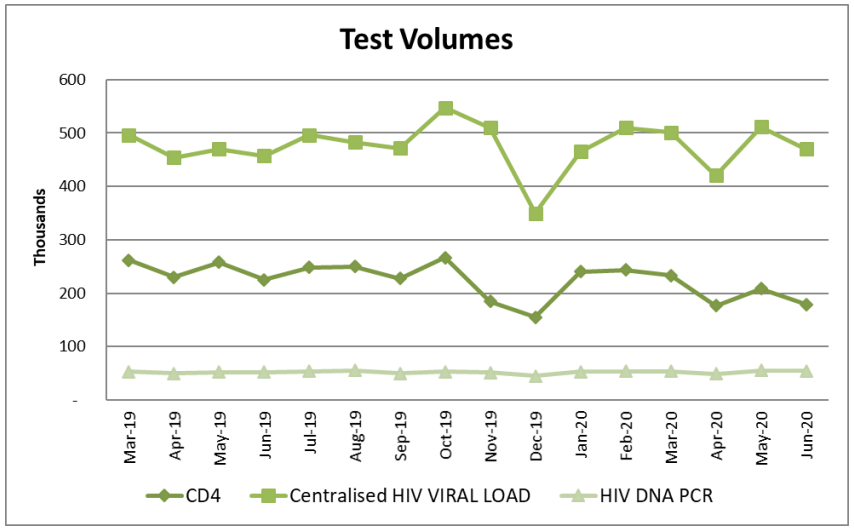




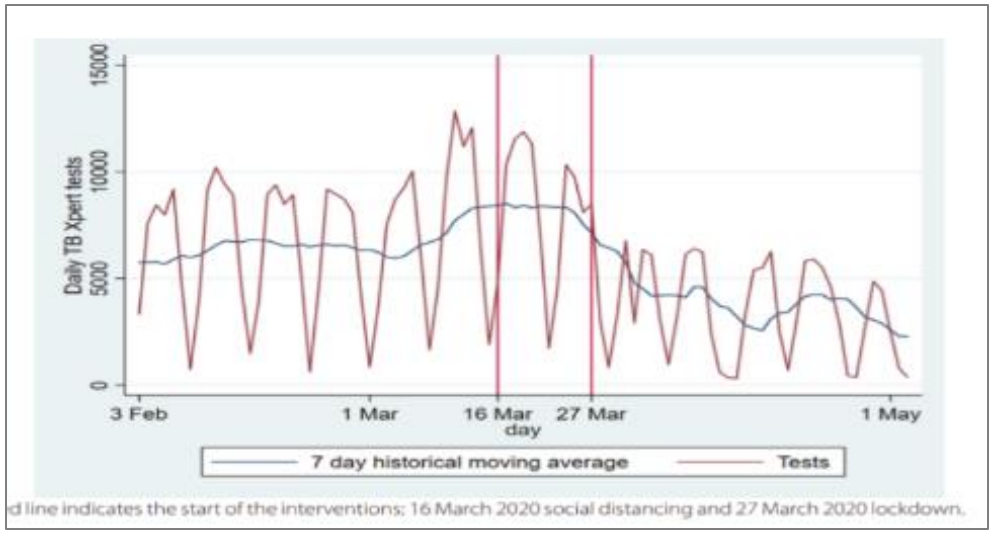
Key lockdown statistics:

- Facility attendance dropped from **41% in children <5yrs and 27% overall** in March 2020
- **~ 17% of CDC-supported facilities were closed** at least 1-day due to COVID
- TB, VL, and CD4 tests all reported **significant declines** during the month of April
- Increased **HCW infections** among DOH and partner staff from May to June

VL, CD4, and EID Trend, Feb – May 2020

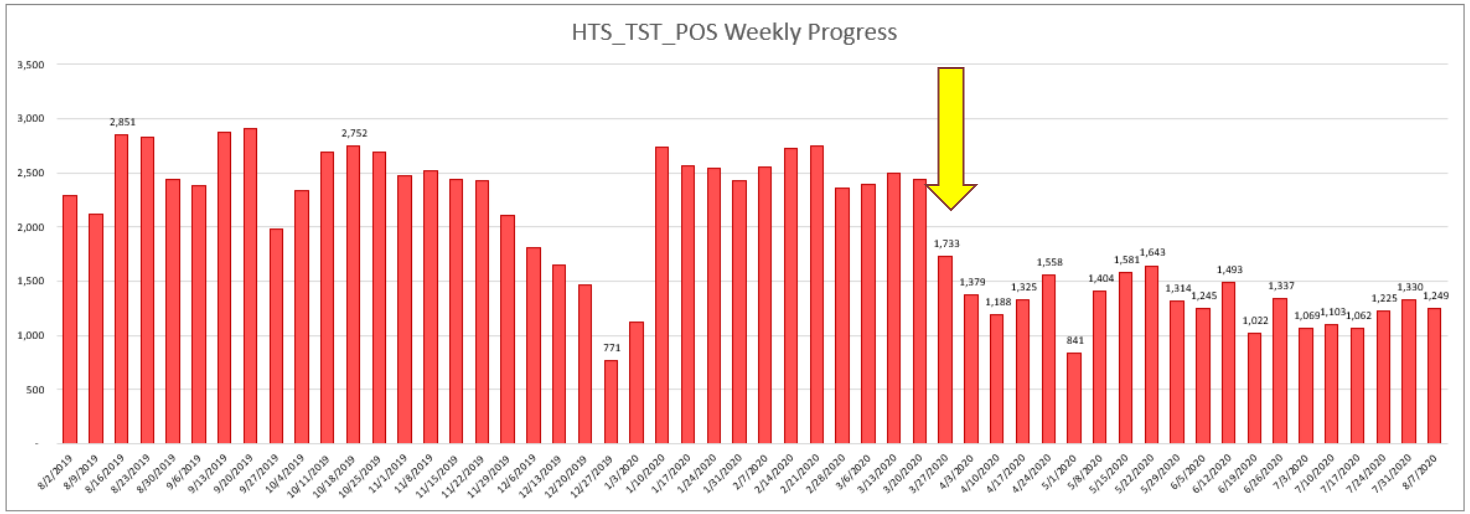


TB Xpert Test Trend, Feb – May 2020



Impact of COVID-19 on Treatment Initiation

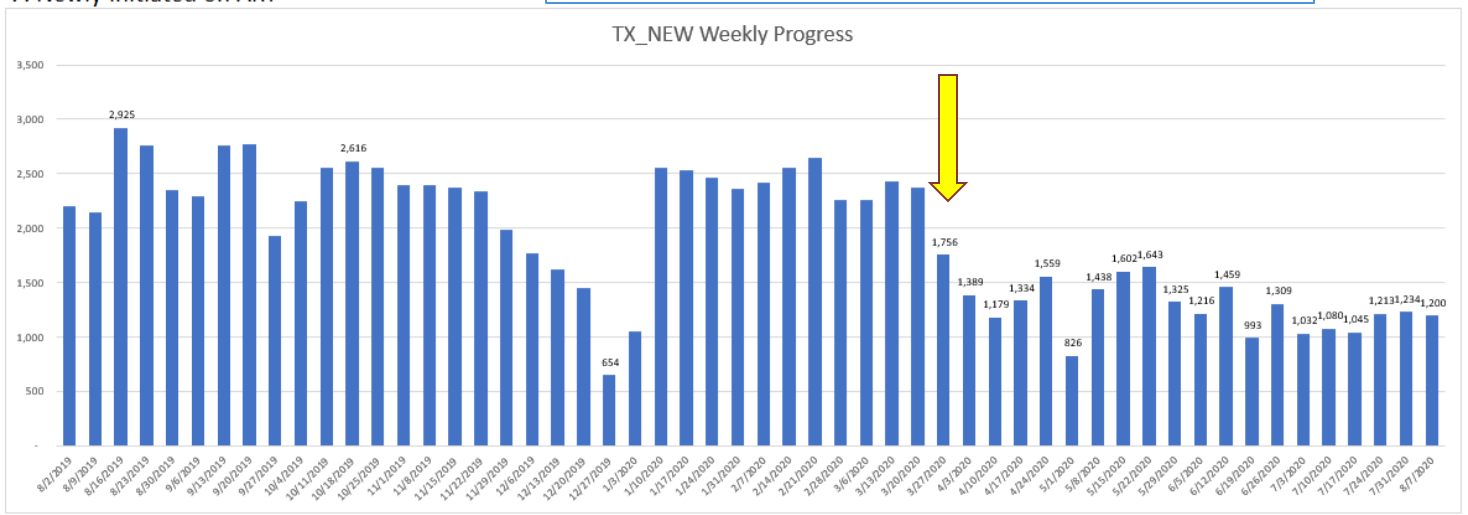
1st day of COVID-19 Lockdown



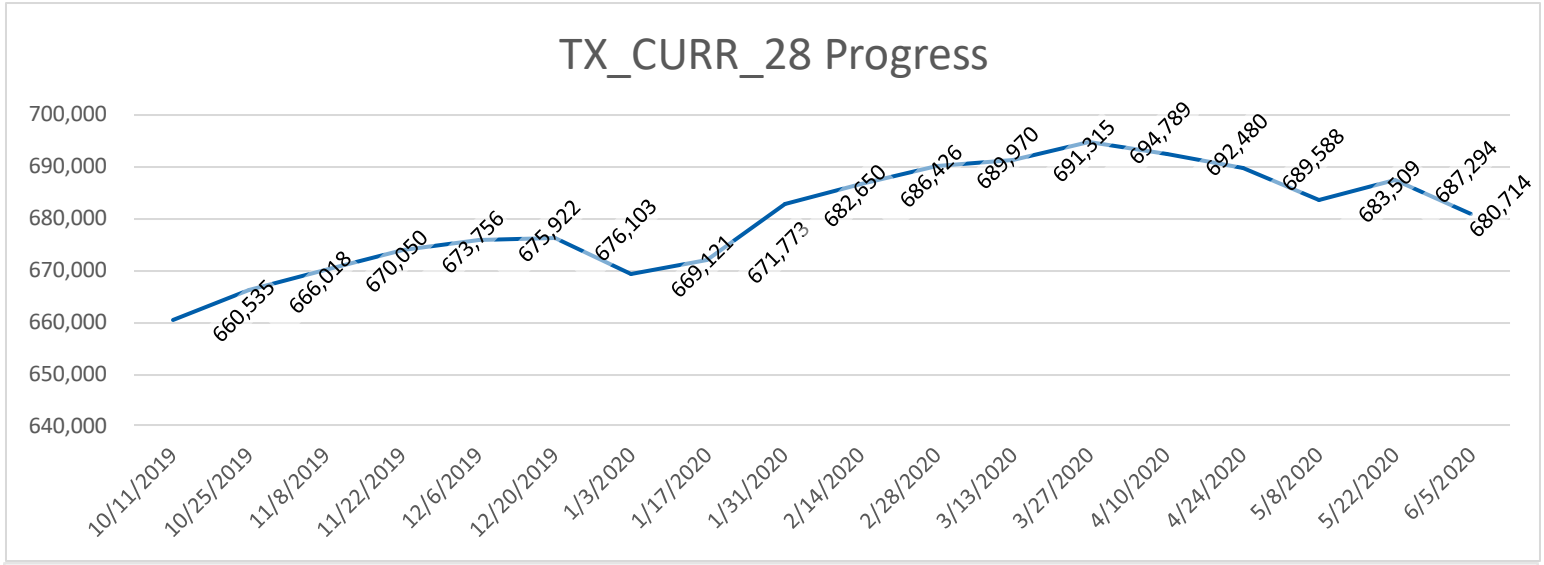
- HTS_POS and TX_NEW dropped from the first day of lock down
- Proxy linkage remained high
- TPT initiations also decreased

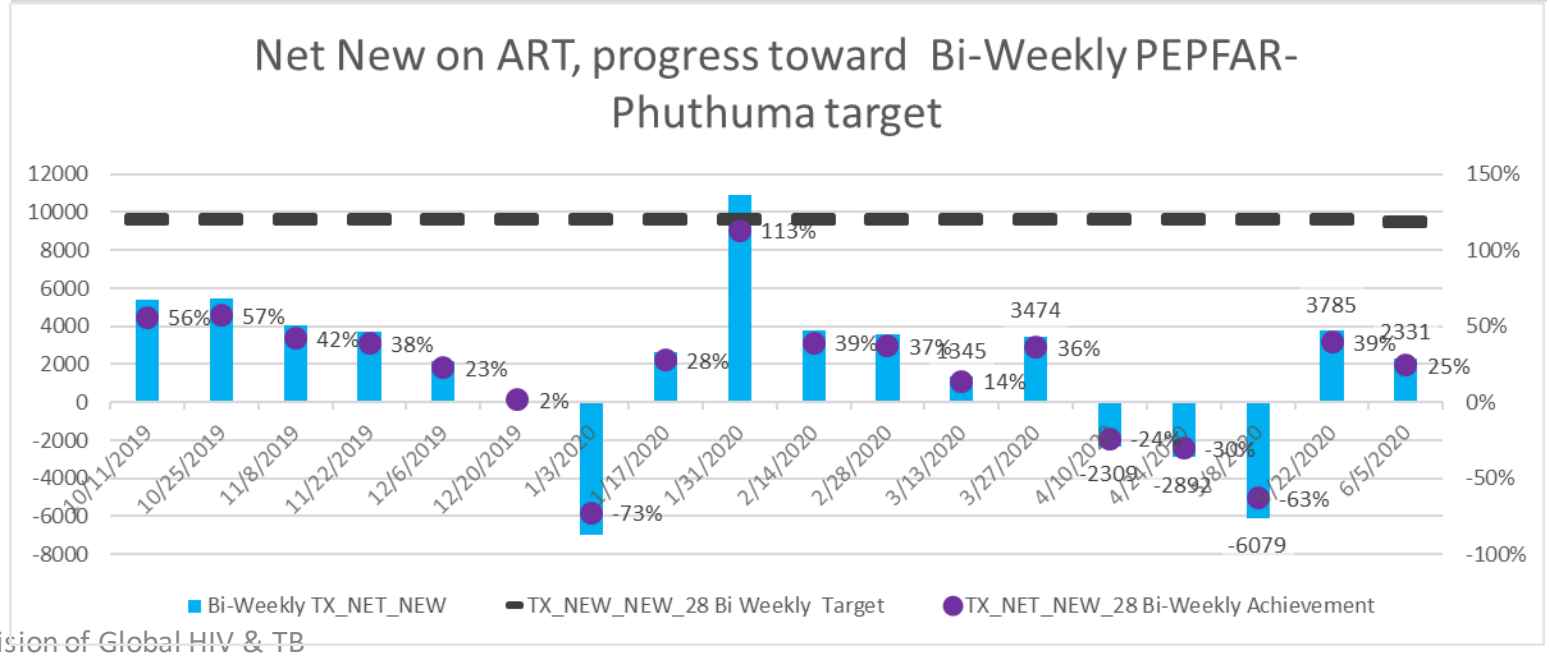
1st day of COVID-19 Lockdown

7. Newly Initiated on ART



Effects of COVID-19 on Retention on ART

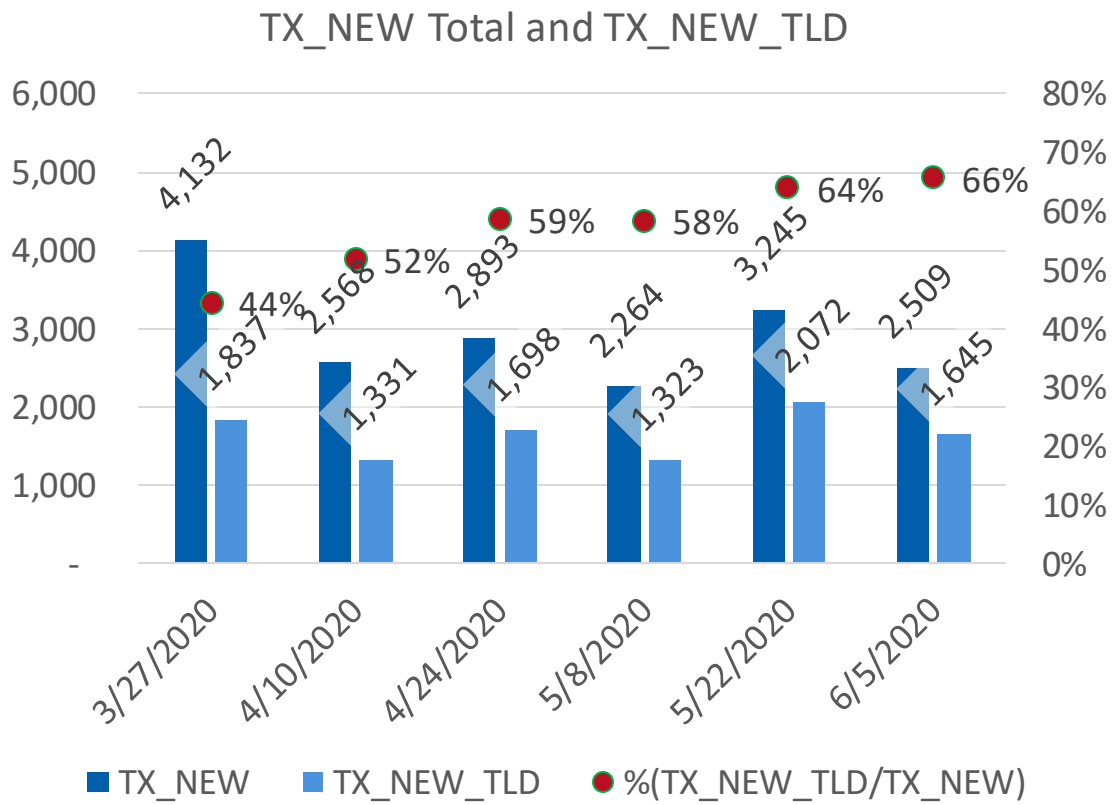




- Data from CDC-supported Siyenza sites
- Most substantial declines noted corresponded with start of lockdown on **27 March and continued through May 8th**
- Variable recovery and worsening of status afterward dependent on significance of outbreak in affected province

Supply Chain Roses and Thorns

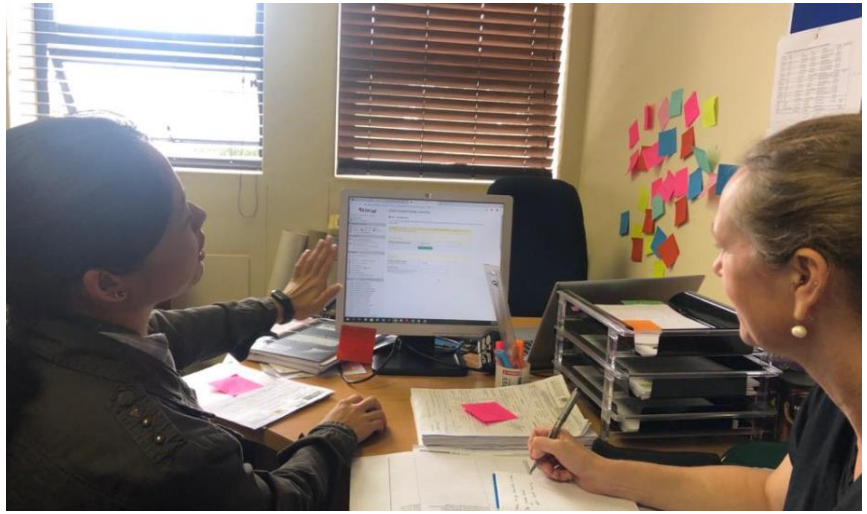
- TLD transition began in Dec 2019 and moved very slowly for the first 3-months of implementation
- Prior to COVID-19 PEPFAR team working closely with NDOH on 3MD, 6MD, and accelerating roll-out of TLD
- In the setting of COVID, TLD uptake initially increased & 3MD was launched
- COVID-related challenges remain significant with critical shortages of both first-line ARVs now making it difficult to continue with the rapid roll-out of MMD



CDC Response to COVID-19 in South Africa

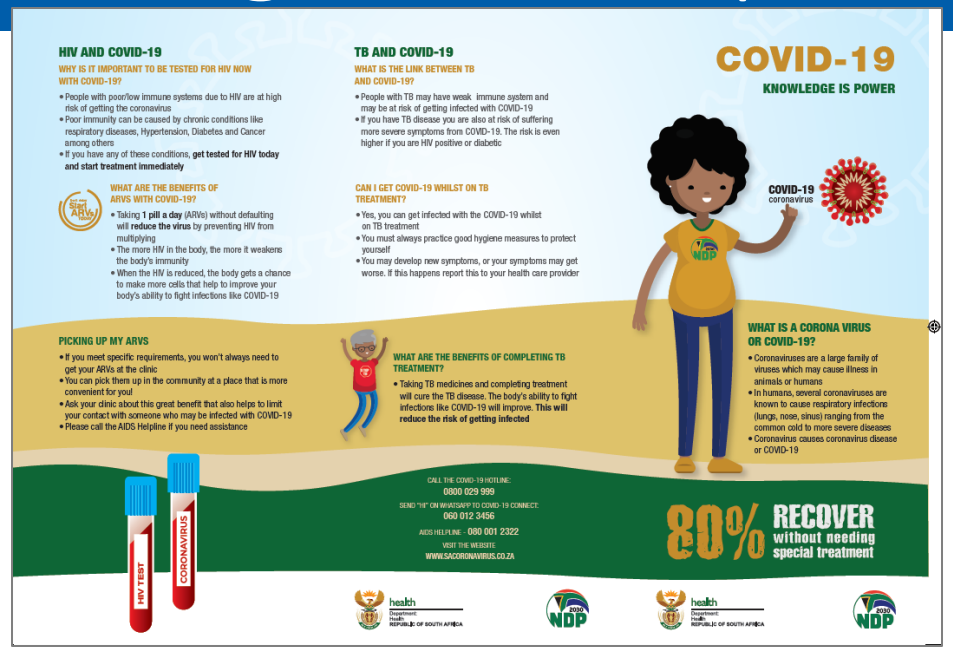
Coordinated USG Response To COVID-19

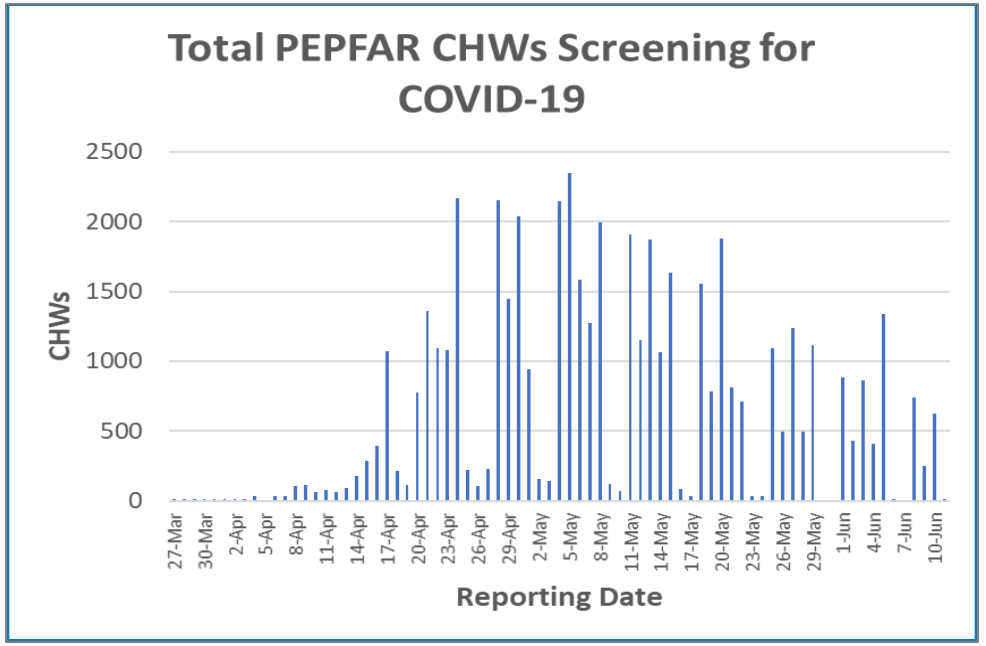
- Close interagency collaboration on leveraging of PEPFAR resources and application for **supplemental funding**
- Initially instituted **weekly calls** with partners to discuss PEPFAR guidance and other updates
- PEPFAR community healthcare workers (CHW) supported the DOH in **nationwide household COVID-19 campaign** integrating HIV/TB education and screening
- Comms campaigns updated to incorporate COVID-19
- **eLABS mobile application** updated to include COVID-19 tracking; now rolling out to more than 2,500 PEPFAR-supported facilities
- CDC **deployment of >30 staff** to national and provincial incident management teams to support development of guidance, epidemiologic analysis, data support, etc.



PEPFAR CHWs Support for an Integrated Response

- **Staff and Materials**
  - 3,538 PEPFAR **CHW's** provided no-touch household screening
  - 5,417 PEPFAR **devices** distributed to partner-supported CHWs
  - T-shirts, caps, and **educational materials** in 11 national languages, distributed nationwide
- **Training**
  - Guidance documents, presentations and videos for COVID-19 household screening developed
  - DSPs trained in COVID-19 Basics, COVID-19 response, Conducting home visits, Personal safety and infection control
- **Accomplishments (27 March to 11 June):**
  - 240,027 households visited
  - 652,982 individuals screened
  - Referrals
    - 4,084 referred for COVID-19 testing
    - 13,677 referred for HIV/TB testing
  - Distributions
    - 287,374 condoms distributed
    - 345 self-screening kits distributed





eLABS to Monitor VL and COVID-19 Results Return

North West

- **95 facilities**
- 221 nurses
- 30 drivers
- 2 testing lab
- 5 Hubs

Free State

- **117 facilities**

Eastern Cape

- **578 facilities**
- 186 nurses
- 38 drivers
- 2 testing lab
- 9 Hubs

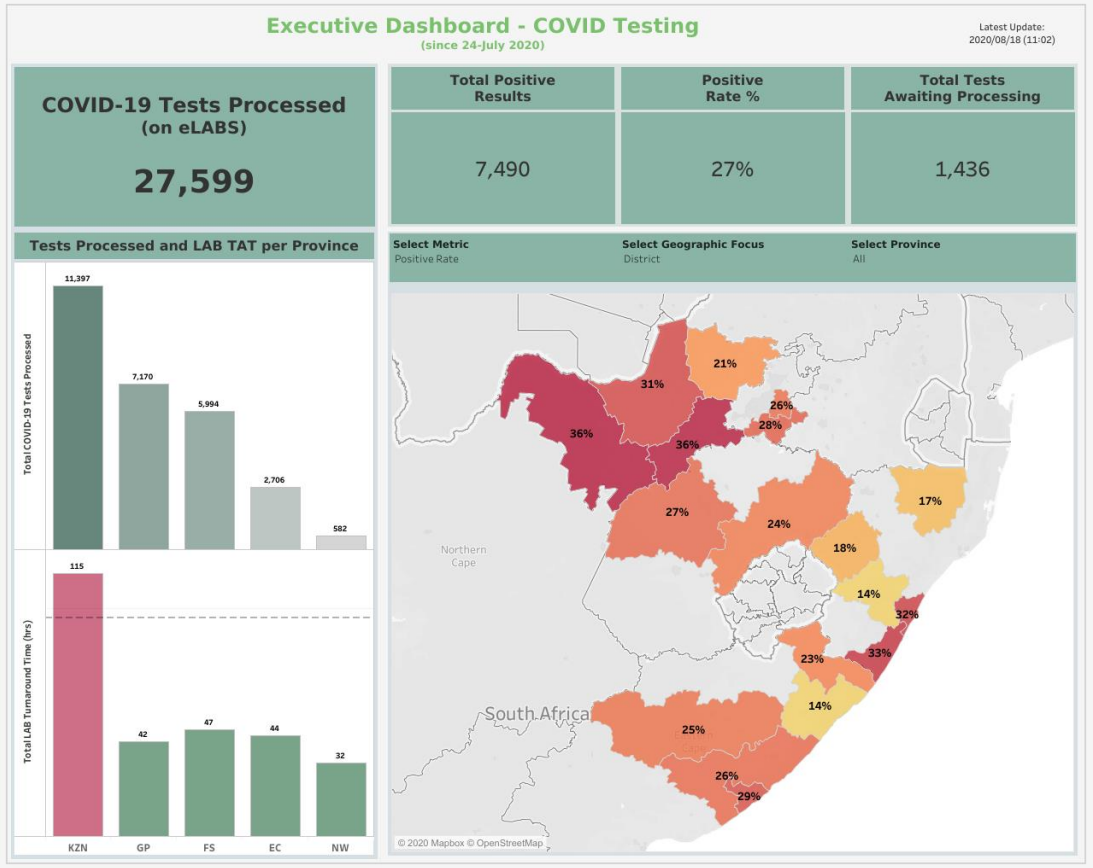
Gauteng

- **102 facilities**
- 546 nurses
- 94 drivers
- 1 testing lab
- 6 Hub

KwaZulu-Natal

- **190 facilities**
- 425 nurses
- 96 drivers
- 3 testing lab
- 10 Hubs

Key	
Completed	
In progress	
Not in scope	



- eLABS scaled-up to 1082 facilities to date
- Addition of COVID-19 specimen tracking and results return
- COVID-19 monitoring dashboard developed

Provincial Deployer Support

NORTH WEST

21,837 cases 542 per 100,000

2 deployers | 79 person days

Key accomplishments: [1] Conducted data analysis for provincial and national reporting. [2] Trained staff on guidelines and reporting processes. [3] Conducted field visits to assess data process flow and improve data quality.

WESTERN CAPE

99,959 cases 1,461 per 100,000

4 deployers | 154 person days

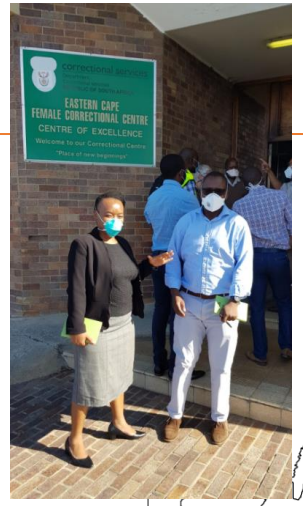
Key accomplishments: [1] Supported case and hospitalization surveillance efforts. [2] Standardized reporting tools. [3] Developed daily situational reports.

EASTERN CAPE

82,401 cases 1,228 per 100,000

4 deployers | 143 person days

Key accomplishments: [1] Developed a data reporting tool for contact tracing. [2] Trained contact tracing teams. [3] Conducted data analysis and supported development of epidemiology daily reports.



LIMPOPO

10,546 cases 176 per 100,000

2 deployers | 82 person days

Key accomplishments: [1] Revised screening tools and plans. [2] Supported development of guidelines for return to work/school and IPC. [3] Facilitated trainings on mapping, screening, data flow, and reporting.

GAUTENG

192,767 cases 1,270 per 100,000

4 deployers | 151 person days

Key accomplishments: [1] Supported development of guidelines and trainings for prisons, schools, and transportation hub. [2] Conducted data analysis and hotspot mapping. [3] Supported development of data quality strategy.

KWAZULU-NATAL

98,068 cases 869 per 100,000

3 deployers | 165 person days

Key accomplishments: [1] Streamlined community screening and contact tracing tools. [2] Worked on district plan for cluster outbreak and management of hotspots. [3] Provided epi and surveillance district support.

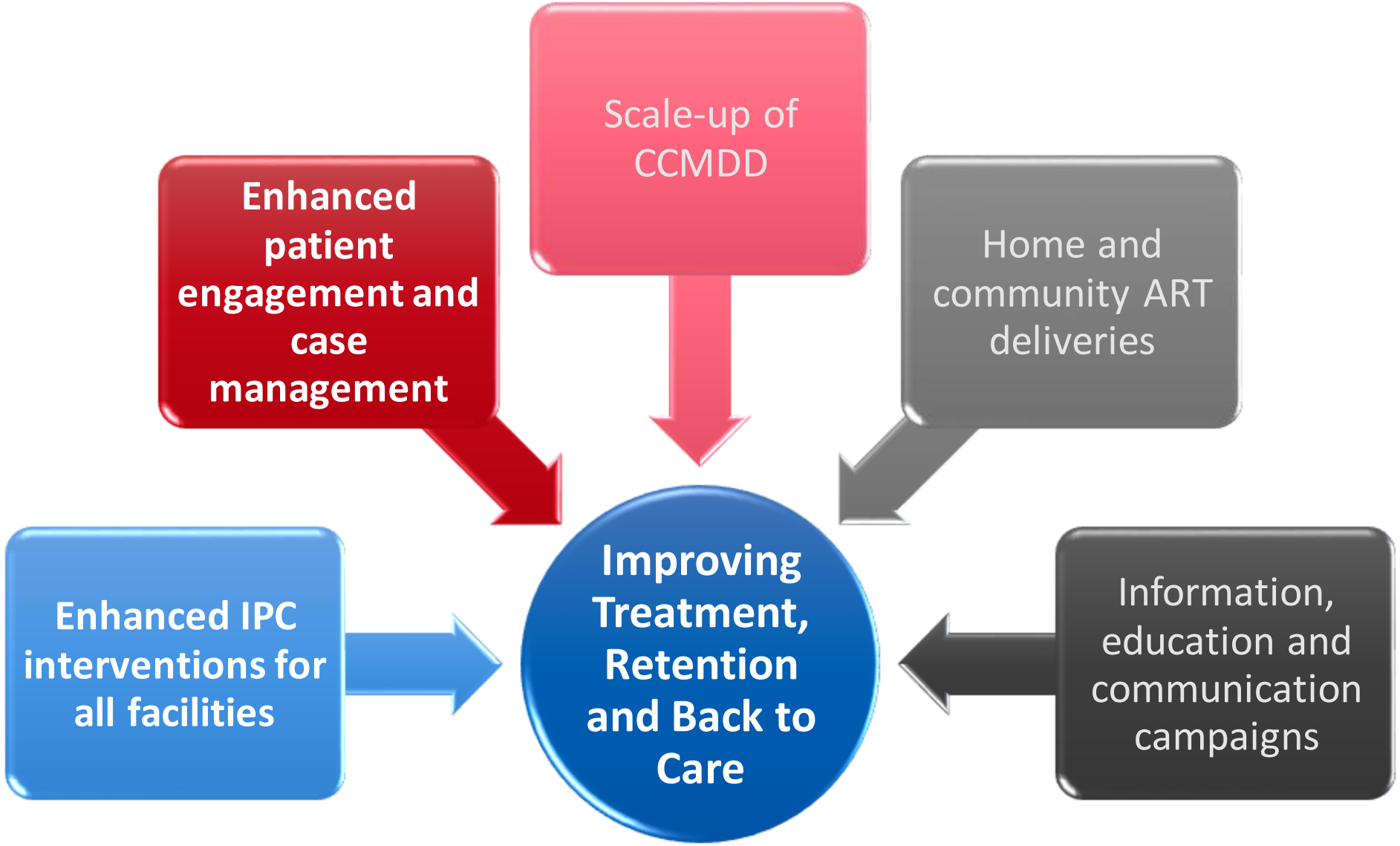
FREE STATE

28,370 cases 983 per 100,000

2 deployers | 89 person days

Key accomplishments: [1] Enabled electronic data entry of cases lists and case investigation tools. [2] Provided TA on contact tracing efforts. [3] Prepared provincial reports.

Interventions to Improve Treatment and Retention



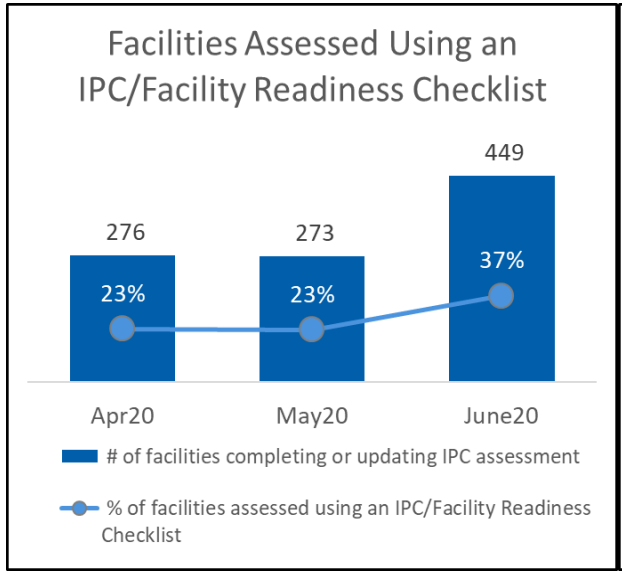
Enhanced IPC To Prevent COVID-19 Infections

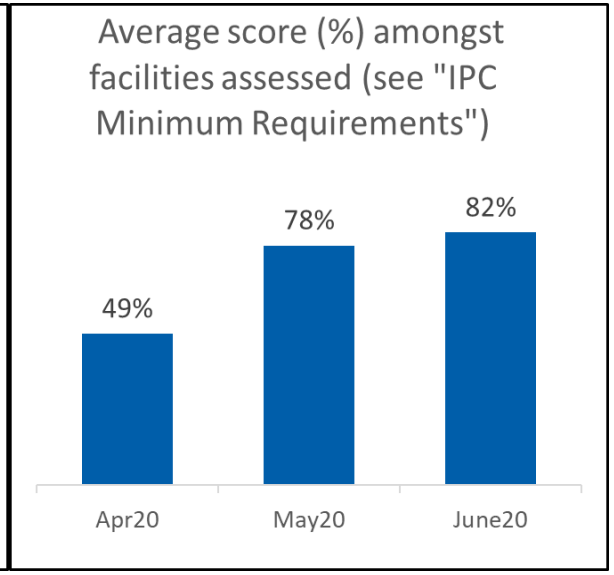
In April and May, PEPFAR team worked with IAS to host IPC webinars for implementing partners

- Focused on **facility flow**, mgmt. of pa**tient ques**; **screening, triage, and separatio**n; and **social distancing**,

Subsequently CDC developed dashboard of key IPC minimum requirements that partners now report on monthly

- Assesses **handwashing;** availability of **PPE**, **screening, triage, and separation**; **cleaning**; and **social distancing**

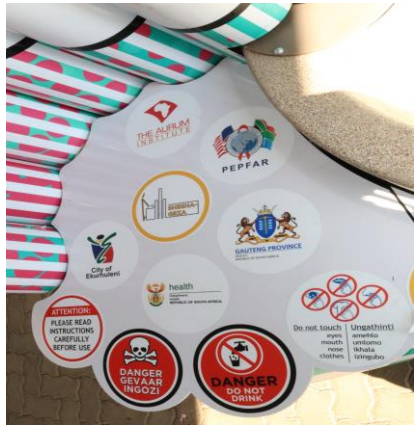




Improving infection control during COVID-19

Utilized COVID-19 specific funds to roll-out innovative **stand-alone handwashing stations** through PEPFAR implementing partner

- Handwashing stations reach many people quickly in public places near health facilities
- Enables the client to be part of the solution
- Aurum deployed 15 units with >50 more planned
- Each unit does 20,000 washes before needing water change
- Excellent initial user and facility leadership feedback



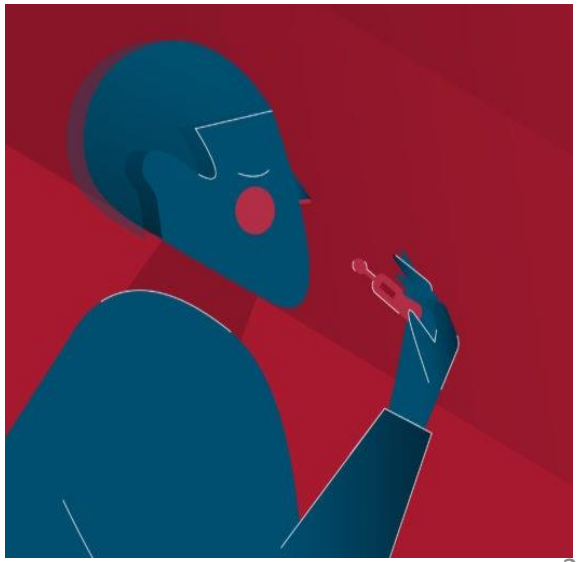
Improving HTS Services in Setting of COVID-19

HTS provided outside facilities through gazebos and mobile units – minimizing entry into clinics for clients only needing an HIV test

Adapting HTS programming and facilities to govt directives or policies on social distancing -

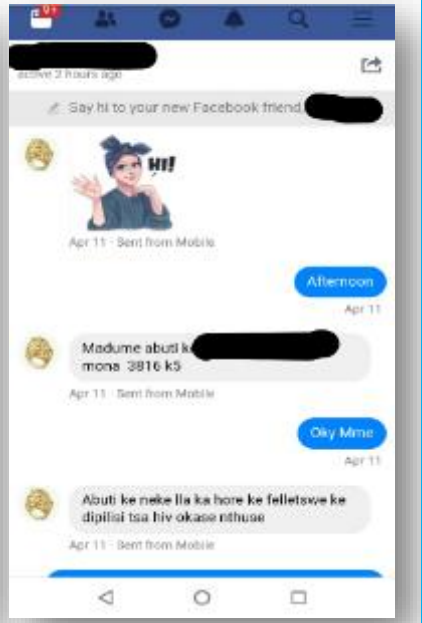
Ensuring adequate PPE is provided for staff and adjusting the facility clinic flow

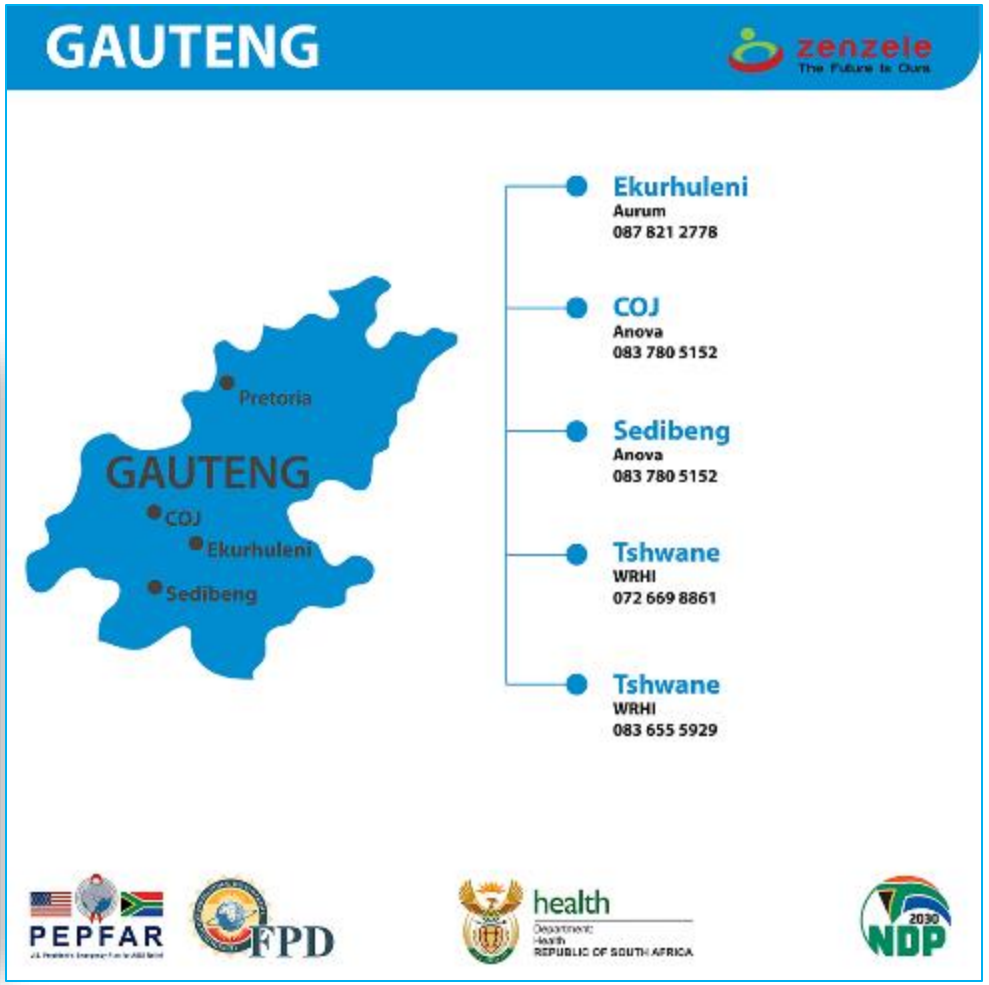
Stronger partnership with UNITAID for **HIV Self Screening** mentorship for our IP's and donated kits during shortages



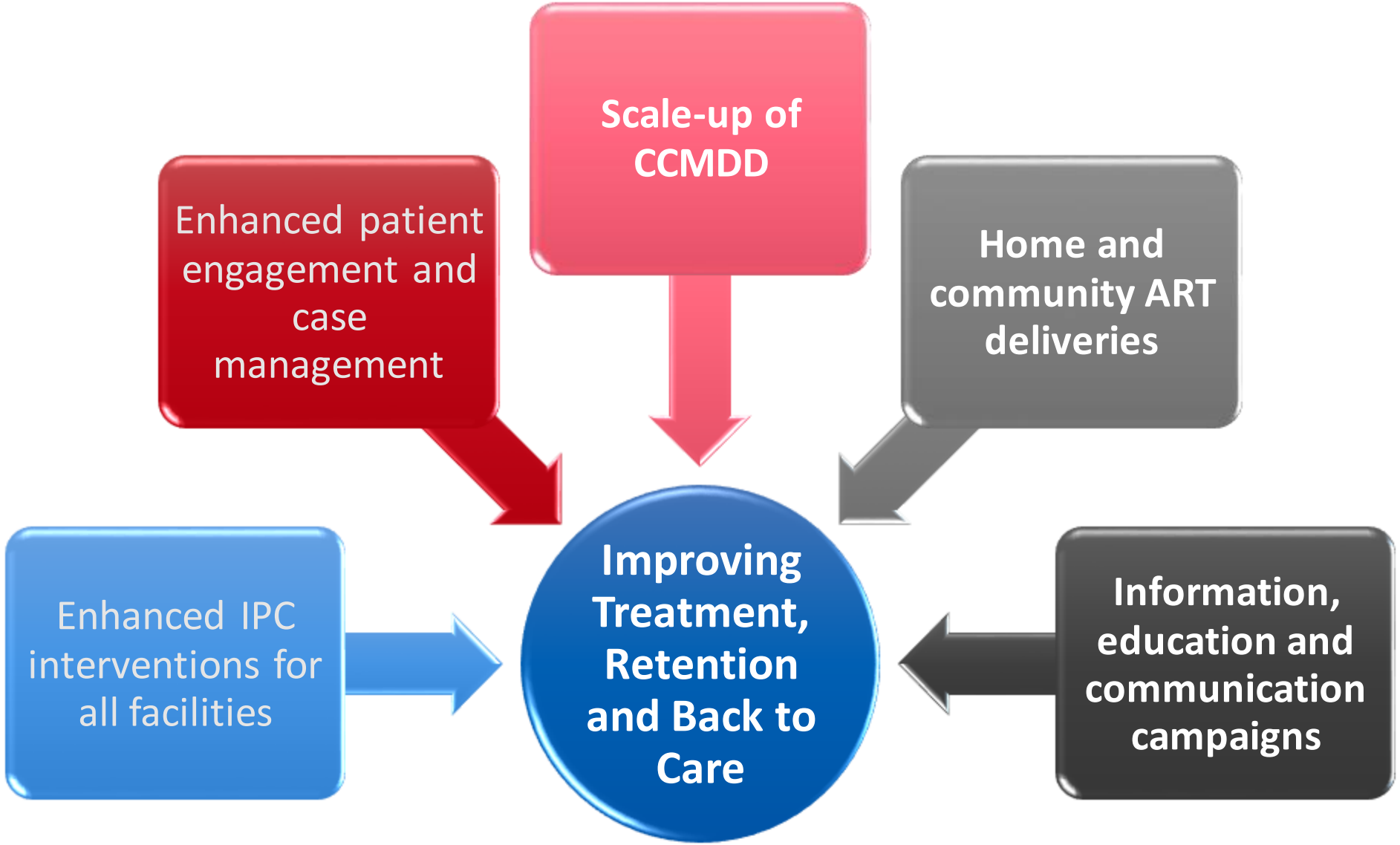
Enhanced Patient Outreach to Improve Retention

- Flyers created per province with contact numbers per district to help link people separated from home to treatment
- DOH and Partners have enhanced all patient engagement through remote channels, including WhatsApp groups and SMS
- Community Facebook Pages have been used to:
  - Communicate facility service access
  - Engage with patients who message privately about returning to care

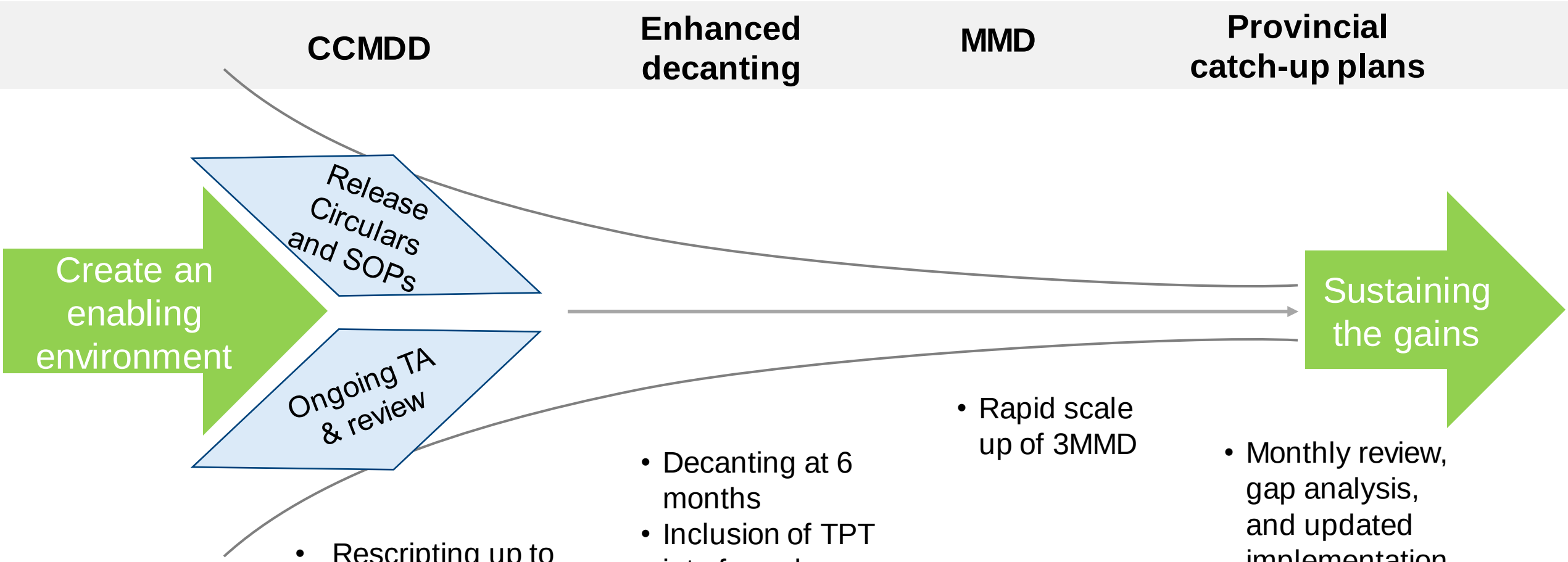




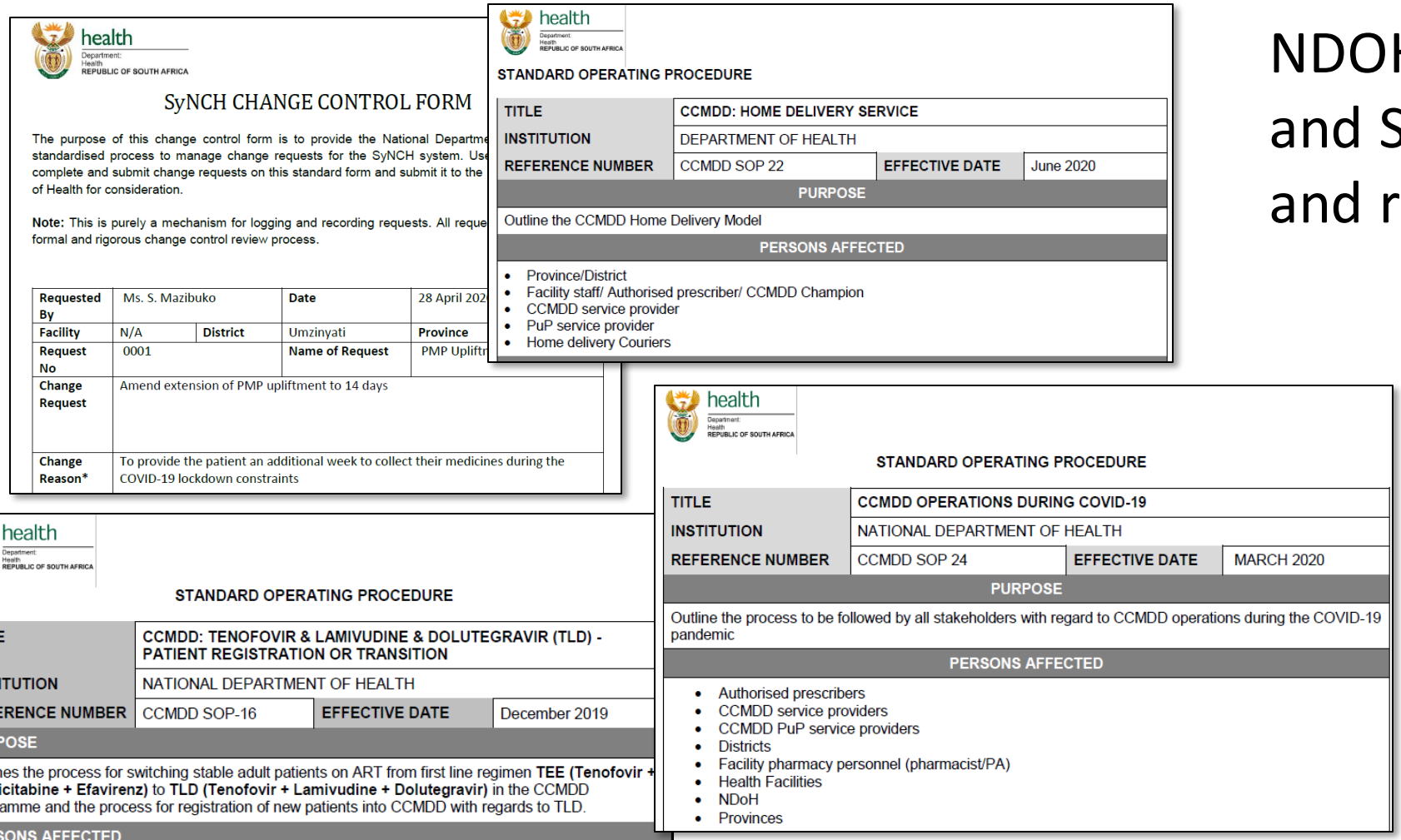
Interventions to Improve Treatment and Retention



Scaling-up Patient-Centered Care for ART Clients



NDOH Circulars/SOPs for ART clients during COVID



health
Department: Health
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SyNCH CHANGE CONTROL FORM

The purpose of this change control form is to provide the National Departme
standardised process to manage change requests for the SyNCH system. Use
complete and submit change requests on this standard form and submit it to the
of Health for consideration.

Note: This is purely a mechanism for logging and recording requests. All reque
formal and rigorous change control review process.

Requested By	Ms. S. Mazibuko		**Date**	28 April 202	
Facility	N/A	**District**	Umzinyati	**Province**	
Request No	0001		**Name of Request**	PMP Uplift	
Change Request	Amend extension of PMP upliftment to 14 days				
Change Reason*	To provide the patient an additional week to collect their medicines during the COVID-19 lockdown constraints				

health
Department: Health
REPUBLIC OF SOUTH AFRICA

STANDARD OPERATING PROCEDURE

TITLE	**CCMDD: HOME DELIVERY SERVICE**		
INSTITUTION	DEPARTMENT OF HEALTH		
REFERENCE NUMBER	CCMDD SOP 22	**EFFECTIVE DATE**	June 2020

PURPOSE

Outline the CCMDD Home Delivery Model

PERSONS AFFECTED

- Province/District
- Facility staff/ Authorised prescriber/ CCMDD Champion
- CCMDD service provider
- PuP service provider
- Home delivery Couriers

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STANDARD OPERATING PROCEDURE

TITLE	**CCMDD: TENOFOVIR & LAMIVUDINE & DOLUTEGRAVIR (TLD) - PATIENT REGISTRATION OR TRANSITION**		
INSTITUTION	NATIONAL DEPARTMENT OF HEALTH		
REFERENCE NUMBER	CCMDD SOP-16	**EFFECTIVE DATE**	December 2019

PURPOSE

Outlines the process for switching stable adult patients on ART from first line regimen **TEE (Tenofovir + Emtricitabine + Efavirenz)** to **TLD (Tenofovir + Lamivudine + Dolutegravir)** in the CCMDD programme and the process for registration of new patients into CCMDD with regards to TLD.

PERSONS AFFECTED

- Health Facility staff
- Authorised Prescribers
- Patients
- CCMDD service provider staff

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STANDARD OPERATING PROCEDURE

TITLE	**CCMDD OPERATIONS DURING COVID-19**		
INSTITUTION	NATIONAL DEPARTMENT OF HEALTH		
REFERENCE NUMBER	CCMDD SOP 24	**EFFECTIVE DATE**	MARCH 2020

PURPOSE

Outline the process to be followed by all stakeholders with regard to CCMDD operations during the COVID-19 pandemic

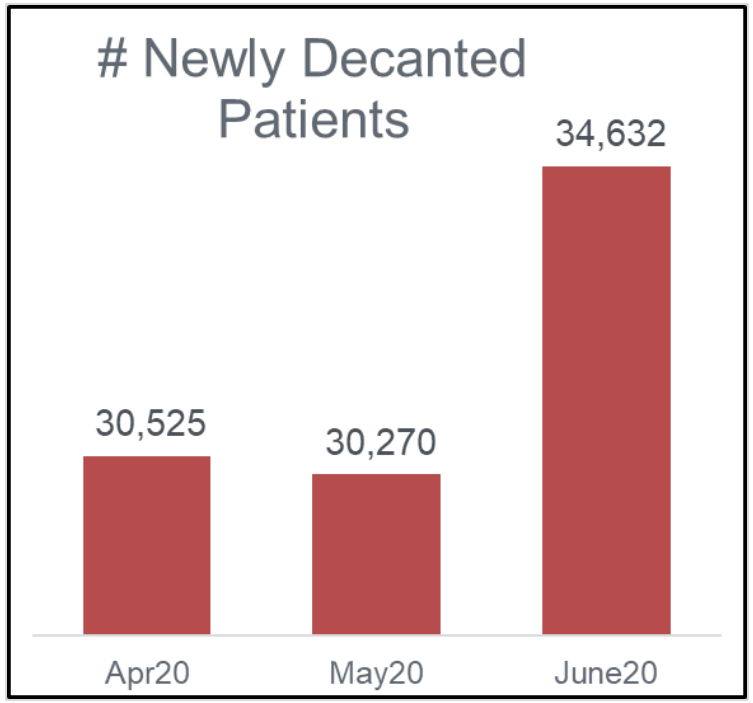
PERSONS AFFECTED

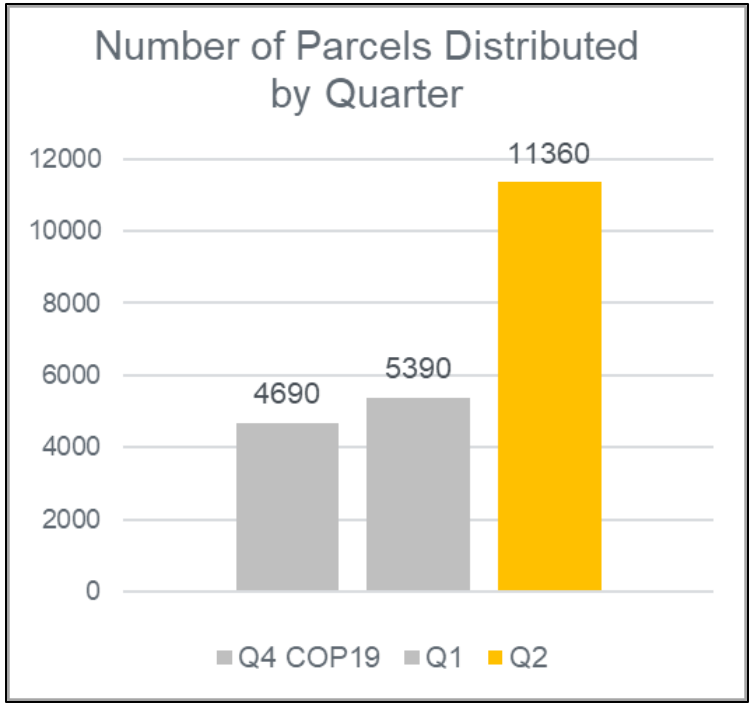
- Authorised prescribers
- CCMDD service providers
- CCMDD PuP service providers
- Districts
- Facility pharmacy personnel (pharmacist/PA)
- Health Facilities
- NDoH
- Provinces

NDOH streamlined circulars and SOPs to improve access and retention during COVID-19

- Allowing **CCMDD clients extra days** to pick up ART
- Allowing for **12-month rescripting** of ART
- Encouraging new and current ART patients to **switch to TLD**
- Permitting **home delivery** of ART

PeleBoxes as the Preferred External Pick-Up Point

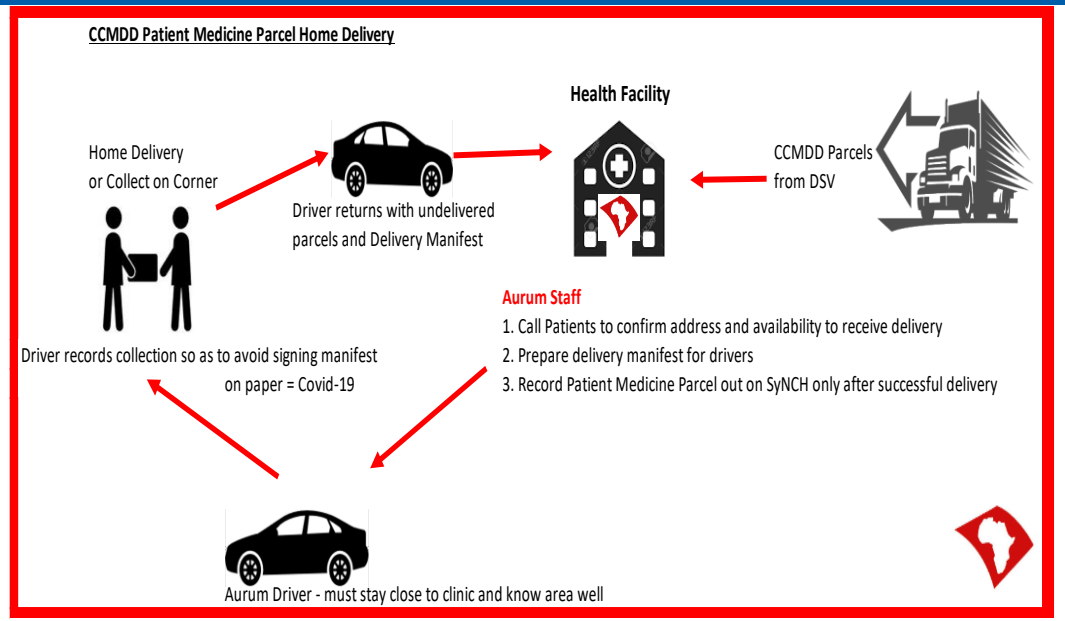


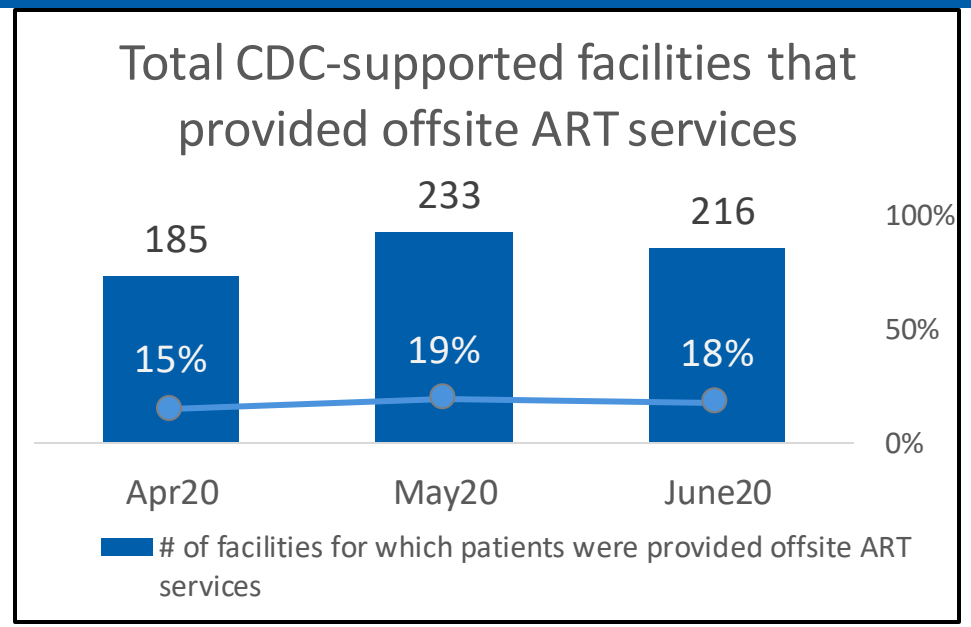


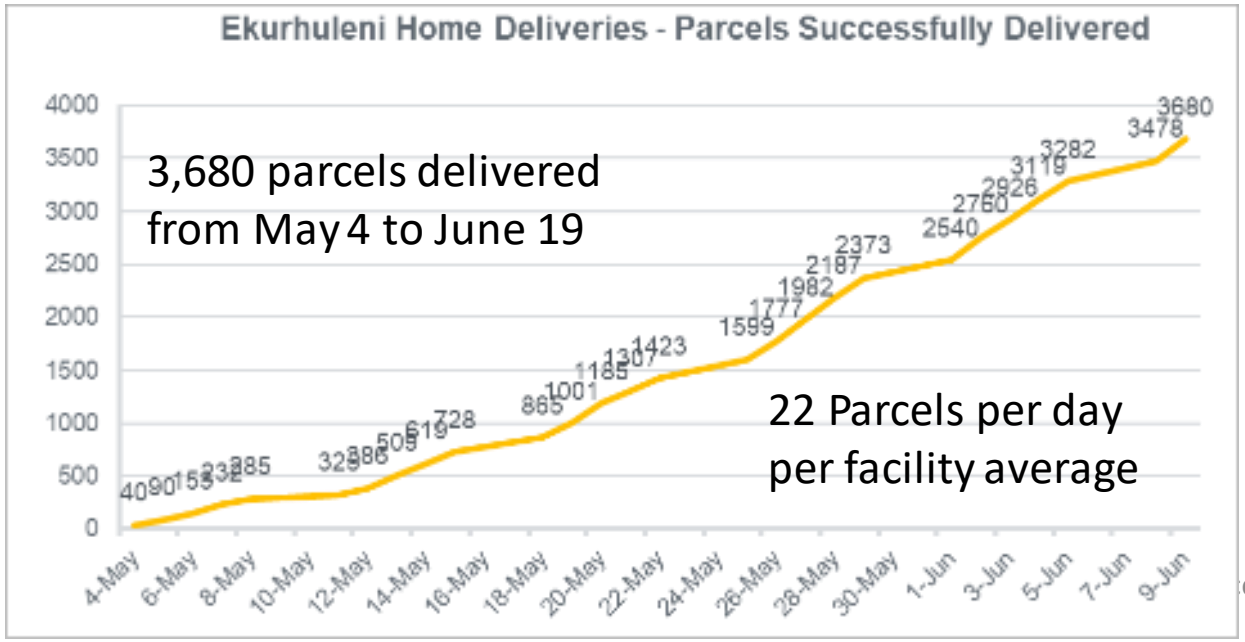
Results

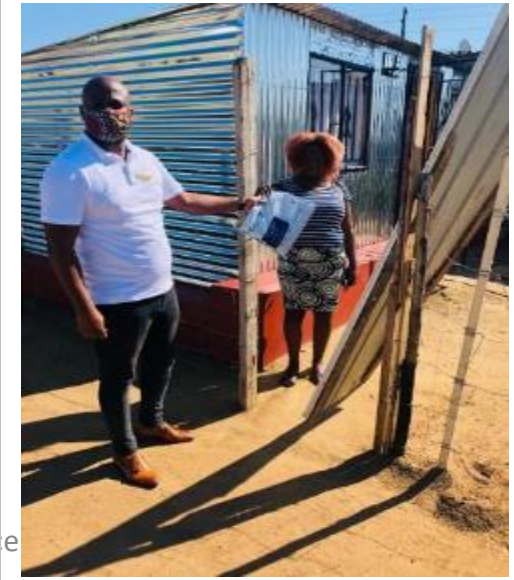
- 18 Peleboxes installed in all Aurum-supported Districts (12 in EKN; 4 in BOJ;1 in DKK and NMM, respectively)
- Majority of Pelebox users are men
- Patient Survey in Q1:
  - >59% of all users stated Pelebox as preferred mode of external Pick-up Point
  - Preferred by decanting staff

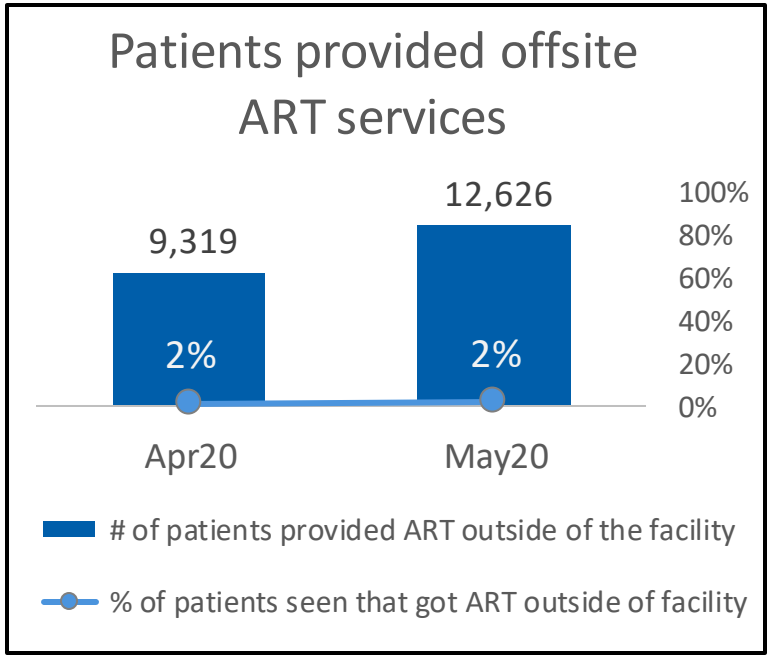
Home Delivery of ART to Reduce LTFU





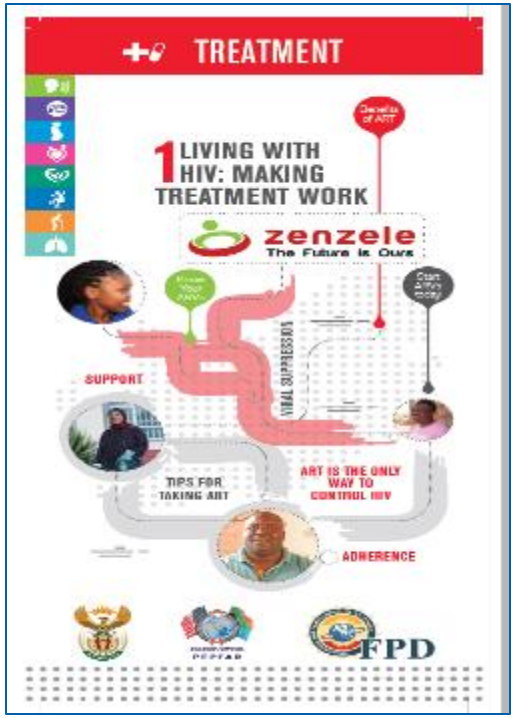


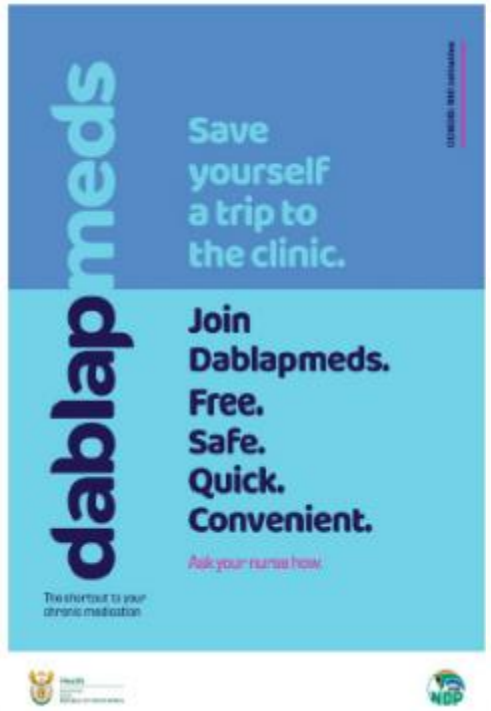




Campaigns Newly Launched to Regain Losses

- The **Zenzele campaign** focuses on welcoming patients back to care
- The **DablapMeds campaign** was launched with COVID messaging to promote CCMDD and alternative PuPs outside of the facility.
- "Dablap" is a commonly used colloquial term for a **<u>shortcut</u>**

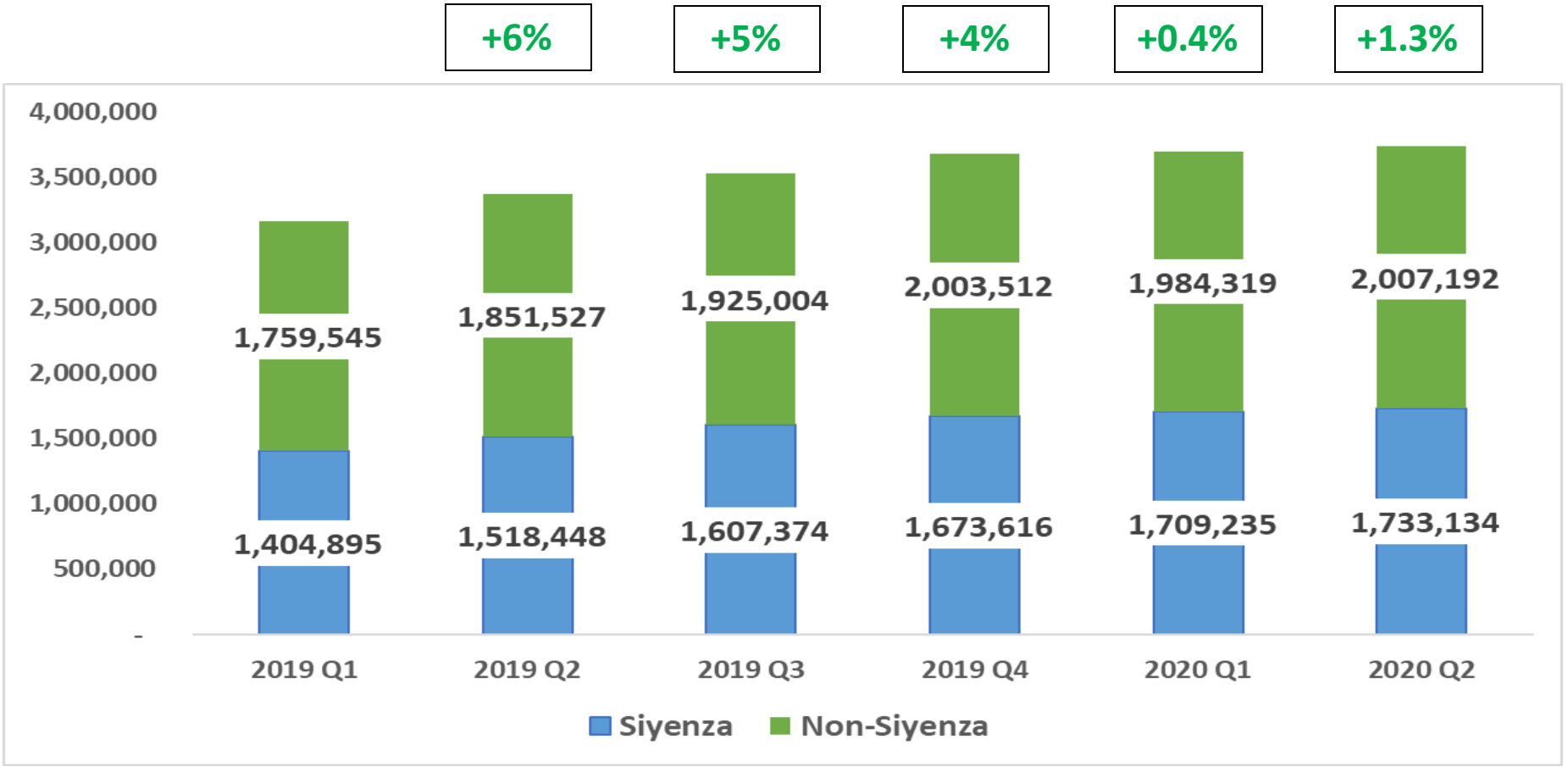




Site-support/Monitoring in the Context of COVID-19

Siyenza-Driven Increases in TX_CURR Since FY19

Increase in TX_CURR in PEPFAR SA program quarter-on-quarter from FY19Q1 - FY20Q2



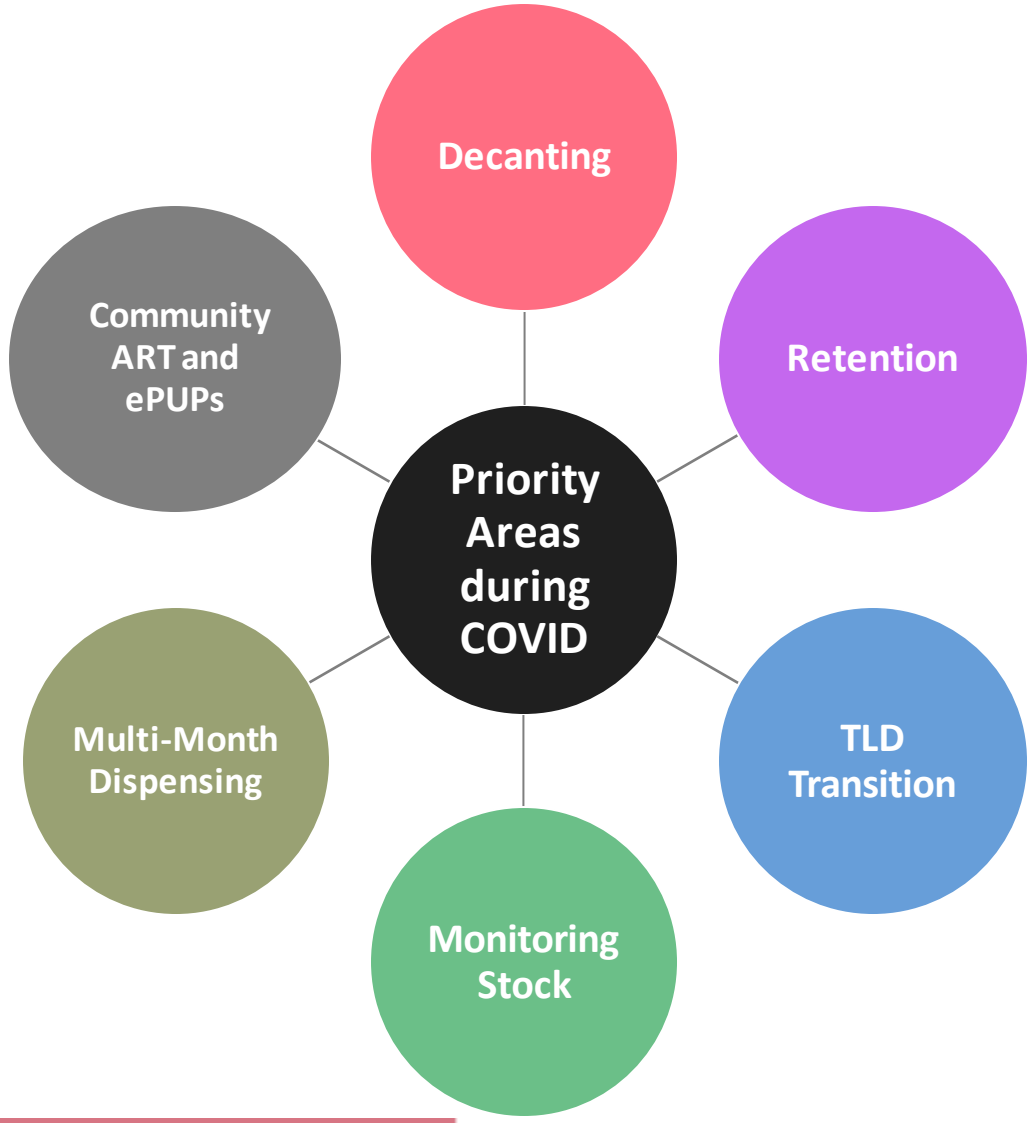
14% increase in ***non-Siyenza*** sites from FY19Q1-FY20Q2

23% increase in ***Siyenza*** sites from FY19Q1-FY20Q2

Source: PAWS Siyenza-MER Dossier, accessed 11 June 2020

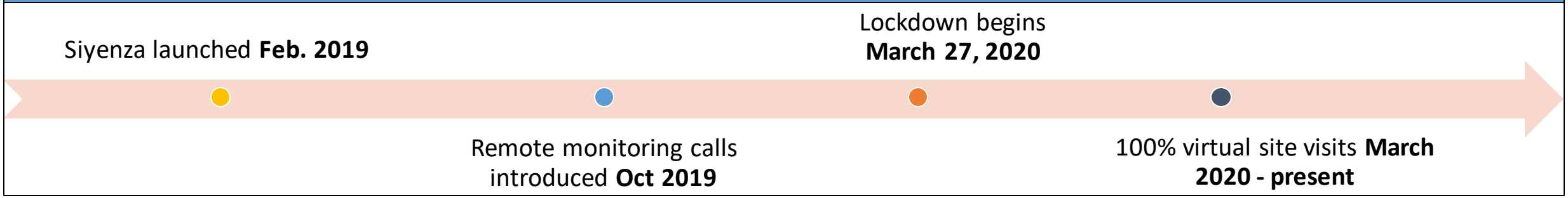
Adapted Strategies In Light Of COVID-19

- During **biweekly Virtual Visits**, Siyenza Site Leads focus on 6 key priority areas:
  - Recommended action items
  - Mitigation plans and best practices
  - Challenges that require intervention from district, province, or national DOH
- Virtual Visits continue to involve a variety of stakeholders, including:
  - Facility staff, Operations Managers, and Sub-district and District Management Teams



CDC's Siyenza Support Transitioned to 100% Virtual

Implementation Timeline



3,806 CDC total visits/calls from Feb 2019 – Aug 2020

Q2	Q3	Q4
219 in-person visits	**0** in-person visits	**0** in-person visits
192 calls	**452** calls	**175** calls in Q4 (as of Aug 13)

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Adapted Siyenza Approach in Light of COVID-19

New strategies make virtual visits more efficient and feasible

1. **Maximizing a variety of platforms,**
   - Including WhatsApp, Zoom, Skype, Webex, etc.
   - Often low bandwidth settings
   - Ensures consistent communication
2. **Establishing new routines**
   - Requires flexibility, patience, creativity
   - Teamwork - Site Leads are working together, allowing facilities to learn from the strengths of PEPFAR Site Leads
3. **Employing a new "roundtable" approach**
   - Multiple sites participate on the same Virtual Visit
   - Many sites face similar challenges
   - New innovation to cross-pollinate ideas
   - Receiving positive feedback from facility staff who rarely have the opportunity to interact and learn from colleagues at other facilities

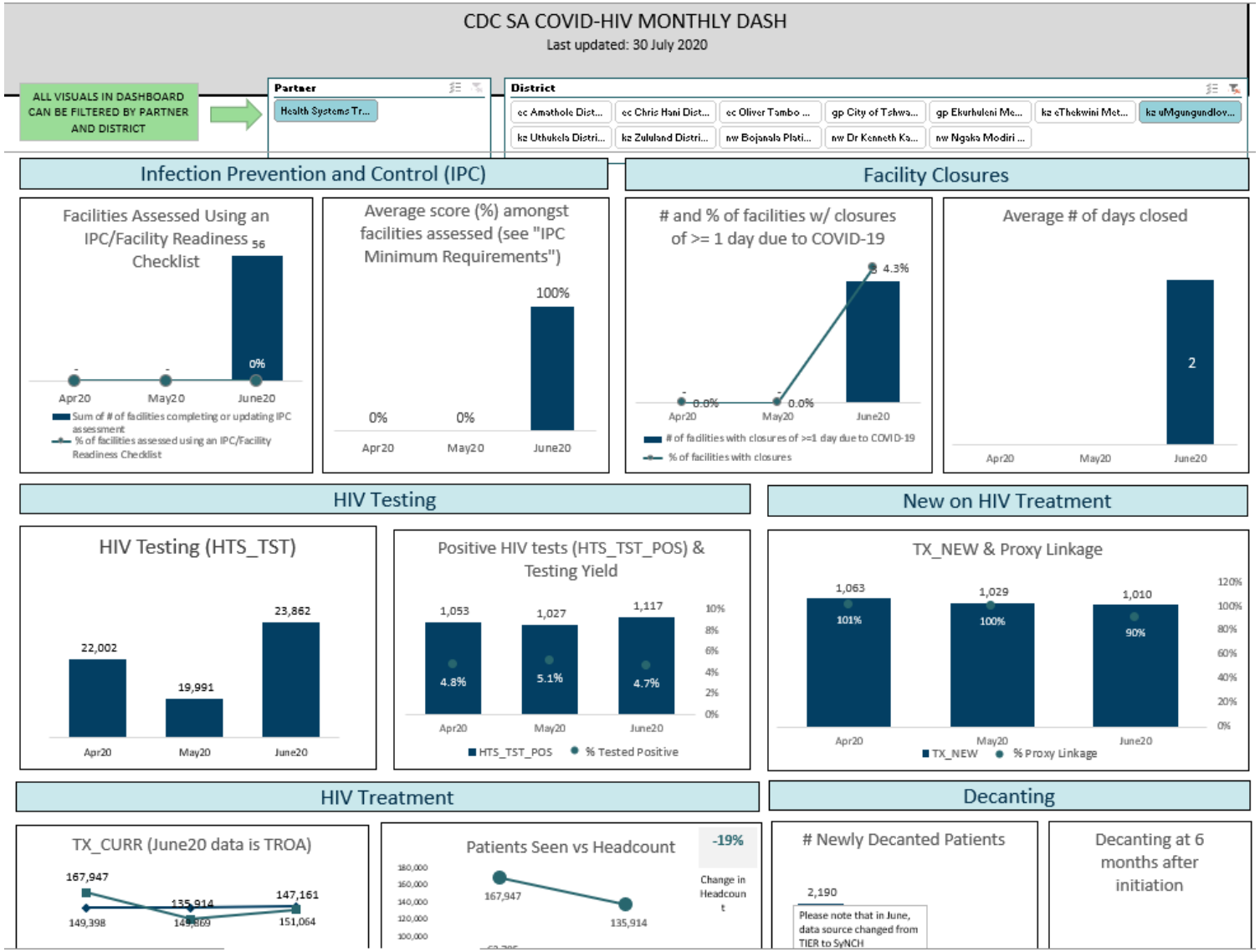
Monitoring COVID-19 Impact on HIV Program

- **Weekly and Monthly data from CDC-supported Siyenza facilities**
  - Trends in case identification, treatment initiation, total on treatment
  - Total number of patients visiting facilities

- **New monthly HIV-COVID indicators to track impact on partner, sites, and changes in approaches**
  - Site closures
  - Partner staff affected by COVID
  - Novel approaches employed under COVID

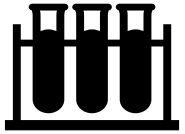
- **National data sources tracking trends in access to services**
  - Laboratory test data from SA National Health Laboratory Services (NHLS)
    - Trends in HIV VL tests completed, Infant PCR tests
  - National health indicator data

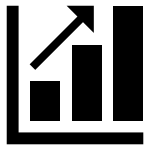
COVID-19 Dashboard



- On a monthly basis, partners report key process indicators and program outputs at district (PSNU) level.
- Program staff use this data to understand the impact of COVID on the HIV program and scale-up of priority activities

Summary of CDC-SA Response To COVID-19





- Providing Clinical, M&E, and admin staff to support national and provincial incident management
- Working closely with the National Department of Health to Scale-up ART Provision Outside of Facilities through both Existing and Innovative New Approaches
- Provided Key Leadership in the Area of Infection Prevention and Control
- Deploying the innovative eLABS mobile application at more than 2,500 PEPFAR-supported facilities to track COVID-19 specimens and results
- Monitoring through remote Siyenza, COVID-specific dashboards to allow rapid feedback and implementation of new solutions

Thank you for your attention

The American Government in partnership with the South African Government
to wage war against HIV and COVID-19 pandemic