



Guidance to Implementing Partners Regarding Managing Clients on Pre-Exposure Prophylaxis during the State of Emergency COVID-19

Date: 26 March 2020

Guiding Principles

- i. While health workers will continue with efforts to initiate and retain HIV positive individuals on ARV treatment during the National Lockdown, every effort will be made to also continue to reduce the number of new infections.
- ii. Health workers will ensure that all HIV services continue to be made available for people at increased risk of HIV. This includes ensuring the availability of condoms and lubricants (where applicable), post exposure prophylaxis, pre-exposure prophylaxis, harm reduction services, HIV testing, antiretroviral treatment and risk reduction counselling and messaging.
- iii. While priority will be given to ensure continuity of care for clients already on PrEP, health workers should attend to all persons presenting, especially those be at substantial risk of contracting HIV and/or request PrEP.
- iv. Every effort should be made to reduce non-essential exposure of staff and clients to health care settings, which may become increasingly overburdened and potential sources of risk during this time, by exploring alternative sites and approaches for service delivery.
- v. Every engagement with clients for PrEP or otherwise will be used as an opportunity to disseminate correct/reliable information on COVID-19 and educate clients on the appropriate measures to protect themselves and their families, to screen every client seen and refer appropriately for testing if required.

Providing Prevention Services for Persons at Increased Risk for HIV Infections

The following general guidance is provided for partners implementing PrEP services during the period of National Lockdown (26 March – 16 April), which is largely focused on containing and responding to the COVID-19 pandemic:

1. Managing New Clients

- a) During this period social mobilization activities will be curtailed, however demand creation for PrEP will continue (e.g. through community based testing).
- b) All new clients assessed to be at increased risk and/or requesting HIV testing and PrEP should not be denied these services.
- c) If the implementing partner is not able to provide the PrEP service at the site, the client should be linked to other services or sites where PrEP is being offered.
- d) All newly initiated clients are provided 1-month supply of PrEP with a one month follow up appointment.



It is important to confirm that the client will be able to attend the follow-up visit. If this is not possible then defer initiation and provide the client with risk reduction strategies and alternative HIV prevention options.

2. Managing existing clients

- a) Existing clients that present at the clinic (by appointment only) should be provided with at least 2 month's supply of pre-packed medication (if available stock permits).
- b) For clients who are unable to collect their PrEP, collection can be arranged at alternative pick up points in the community, where possible.
- c) If delivery is the preferred method for the client, obtain the necessary consent and ensure confidentiality of the client is maintained before doing so.
- d) Where available stock of PrEP drugs is limited, then existing clients should be prioritized for multi-month dispensing as follows:
 - o Those that have consistently been on PrEP for at least 2 months
 - o Students from TVETS and universities who will be travelling home and where PrEP is not readily available
 - o Those who may not have easy access to the services
 - o For injecting drug users the schedule of PrEP drug collection will be determined and context and need.
- e) For community-based services, alternative pick-up service points or any routine service disruptions, clients must be informed in advance of the following:
 - o Which services will be provided
 - o Where these services will be offered
 - o Times and dates
 - o Frequency
 - o Contact details of service should the client need to reach out
- f) If an existing PrEP client is due for a 3 monthly HIV test, then assess the following telephonically:
 - o Has the client been taking their PrEP daily
 - o How often has he/she missed a dose;
 - o How often does the client use or not use a condom;
 - o Is the client experiencing any signs of an acute infection;
NB Based on the above responses If you as the health care provider are concerned that the client may have seroconverted, then arrange for the client to go and have an HIV test at a point closest to them
- g) If the client is due for the 7 month or annual creatinine clearance test, then you may assess the following telephonically:
 - o Any problems with urinating (urinate more often, or in greater amounts than usual, with pale urine, feel pressure or have difficulty urinating);
 - o Swollen legs, arms or puffy face;
 - o Unusual tiredness, nausea or vomiting;
 - o History of diabetes, high blood pressure or heart disease;



NB If you are concerned that the client has compromised kidney function based on the above responses arrange for the client to either come in for a test or go to the nearest health facility for a creatinine clearance test. As such, any interim or follow up visits should be done by telephone, WhatsApp or SMS.

- h) In addition to the abovementioned, provide existing PrEP clients with ongoing/routine support for continued use telephonically or through WhatsApp or SMS.
- i) Appropriate COVID-19 infection control and prevention protocols should be observed at all times for example:
 - o Using a mask and gloves;
 - o Creating outdoor waiting and collection points;
 - o Using hand sanitisers; and
 - o Create space to ensure social distancing
- j) Ensure that approved COVID-19 messaging is displayed at all service delivery points.
- k) Ensure that suspected cases of COVID-19 are linked to testing services where available.
- l) Ensure that you screen all clients seen for COVID-19 and link them immediately to testing services as required.

3. Providing continued support for capacitation of health facilities for implementation of PrEP

Implementing partners can continue to support PrEP implementation and capacitation of facility staff through the **on-line PrEP training** or the **offline PrEP training** videos. In-person trainings are not advisable at this time.

The support could be through:

- a) Assistance to facility level staff to plan for PrEP delivery using the PrEP planning tools
<https://drive.google.com/open?id=1pOXTrDNgdetP7EPFTm6IvG3OTRKtMp4L>
- b) **ONLINE:** Making available internet access so that staff can individually complete the online training <http://cm.myprep.co.za/login>;
- c) **OFFLINE:** Sharing the PrEP training videos offline
<https://drive.google.com/open?id=1hYHw3OhtcYpdvPVC34qcP4RgL3UyoehR> and assisting staff to complete the offline tools
https://drive.google.com/open?id=1p-yYpIAYCUKClvGrVPofTa_T0PW6yJ1w and uploading these for them onto the online platform
- d) Ongoing mentorship and support to health facilities can be conducted telephonically



(Note that the above links are for to the relevant folders on the Google drive folder.
This is link for the full folder with all the resources
<https://drive.google.com/open?id=1WNJpOzRSbEjl5UFzJhJvI7iqAYuBO0qb>)

4. Monitoring and Reporting

- a) Partners must continue to capture PrEP and related data and comply with reporting requirements during this period.