

MEMORANDUM

FROM: DIRECTOR OF HEALTH SERVICES

TO: ALL PUBLIC AND PRIVATE FACILITIES PROVIDING CHRONIC CARE SERVICES

THROUGH: ALL REGIONAL PRINCIPAL HEALTH ADMINISTRATORS AND REGIONAL MATRONS

THROUGH: THE DIRECTORATE

DATE: 22 APRIL 2020

RE: GUIDANCE ON PROVISION OF CHRONIC CARE DURING THE COVID-19 PANDEMIC

This memo serves as a guide on how to manage clients with chronic conditions during the covid-19 pandemic.

HIV care and treatment

For adults:

- All clients on first line TLE must be dispensed 6 months' supply of medicine. No transitions to DTG-based regimens should happen for these clients. All new clients should be initiated on TLD.
- All clients on first line TLD must be dispensed 3 months' supply of medicine. Clients that have been identified to qualify for the 6 months scripting and dispensing (6MMS/D) in the pilot facilities must be supplied with 6 months of medicine (up to the assigned target for the health facility).
- All clients on second line atazanavir/ritonavir (ATV/r) or lopinavir/ritonavir (LPV/r) must be dispensed 1 month's supply of medicine.
- Stable virally suppressed clients on second line DTG-based regimens must be dispensed 3 months' supply of medicine.

For pregnant and lactating women:

- All pregnant and lactating women should be dispensed ART refills that are aligned with the client's Scheduled ANC and Post Natal visits.

For children:

- Children who are able to swallow a whole tablet of LPV/r (100mg/25mg) must be transitioned from the syrup/granules to the solid tablet formulation.

- Virally suppressed children above 2 years of age should be dispensed 3 months' supply of medicine (taking into account the weight band shifts).

Both adults and children on ART who are eligible for longer refills but are also taking other prophylactic medicines including TPT, CTX and fluconazole should also be dispensed longer refills of these medicines.

For contraception commodities

- Clients preferring long acting contraceptive methods should be given such
- Clients stable on oral contraceptives should receive their packs in line with the ART drugs dispensed
- Clients on injectables follow their normal routine

Viral load monitoring

- Viral load monitoring should continue as per standard schedule for clients receiving ART within the facility. In the event that services are being offered within the community and viral load sample collection is not feasible clients on ART for 6 months should have their six months VL test done in the facility and clients with two consecutive undetectable viral load in the past 2 years can have VL testing deferred for the next six months unless if there is a clinical indication then the viral load should be done within the facility.

HIV services should continue to be provided routinely in facilities. However, where necessary, community outreaches for distribution of commodities is encouraged where the resources and circumstances allow.

NON-COMMUNICABLE DISEASES

Guidance for provision of services for hypertension, type 2 diabetes and asthma during the COVID-19 pandemic

Given the increased risk of severe COVID-19 outcomes in people living with NCDs, every effort should be made by hospitals and health center staff to down-refer clients to primary care level, within the guidance laid out below.

General guidance

- Only adult clients with stable disease can be down-referred to primary care level

- Clients with unstable disease, recent emergency presentations related to their condition and/or paediatric clients are outside the scope of this guidance
- Clients on injectable therapies are also currently outside the scope of this guidance
- Detailed clinical protocols for health care workers and partners will be distributed to the Regional NCD Coordinators and Regional Health Management Teams.

Guidance for primary care

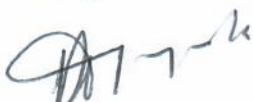
- All clients should be administered with a **one-month refill only**
- Clients on the following first- and second line therapies (**metformin, gliclazide, HCTZ, captopril, nifedipine, inhaled salbutamol and/or inhaled beclomethasone**) that have no other risk factors may have their treatment adjusted at primary care level according to the Stepwise Management Tables in the *NCD Desk Guide*
- Adjustment, or initiation, of any other treatment regimens is not permitted at primary care level

Guidance for community-based distribution

- In general, primary care is preferred to community-level care for the provision of NCD services.
- The delivery of community-level refills and monitoring for clients living with NCD will depend on community need and the availability of partner support
- Nurses at primary care facility are requested to refer clients to implementing partners, with specific regard to monitoring requirements
- Implementing partners should ensure that clients receiving services at community-level receive the same point-of-care monitoring tests (e.g. blood pressure, blood glucose) as are available within the primary care facilities

The Ministry of Health will continue to monitor the situation and provide guidance as necessary.

Sincerely,



Dr VUSI MAGAGULA
Director Health Services, Ministry of Health

