



HIV Department Ministry of Health
Republic of South Sudan

HIV programme Guidance in the context of COVID-19
Pandemic

April 2020

Objective of this guidance

1. To protect the gains in the HIV response and ensure continuity of HIV services to PLHIV in the context of COVID-19 Pandemic
 - a. Ensure continuity and provision of critical HIV services
 - b. Employ innovative and client centered strategies amid movement restrictions
 - c. Ensure availability of key supplies amid supply chain disruptions
2. To protect HIV services providers and service beneficiaries from COVID-19
3. To harmonize HIV service provision among different actors amid COVID-19

Background

National HIV context: According 2019 report, in South Sudan there are more than 35,149 people living with HIV (PLHIV) accessing antiretroviral therapy (ART). This gives a coverage of 17% against the PLHIV estimated for 2019 [194,000]. In 2019 alone, about 9,000 clients were newly started on ART.

In terms of geographical access, nationally 81 facilities provide ART services, 108 facilities provide PMTCT services, and 130 facilities provide HIV Testing services (HTS). These services are available in 80 countries across the country [South Sudan MoH 2019 report]

National COVID-19 context: South Sudan Reported the first COVID-19 case on April 5 2020. So far South Sudan tested about 300 individuals and of these six cases are confirmed with COVID-19. There is no reported COVID-19 death. South Sudan is implementing different public health and social distancing measures. All borders are closed and movement is restricted between states. There are coordination bodies ranging at all levels. There is high level task force led by His Excellency First Vice President of Republic of South Sudan. The national COVID-19 operation is being coordinated by Public Health Emergency Operation center [PHEOC] and there is incident management team based at the EOC and led by Incident manager. There are different national and international partners supporting the response.

COVID-19 and HIV: In January 2020, a novel coronavirus, SARS-CoV-2, was identified as the causative agent of an outbreak of viral pneumonia centered in Wuhan, Hubei, China. The disease caused by this virus is called COVID-19. The disease is now widespread, and nearly every country in the world has reported cases [<https://who.sprinkl.com/>]

The evidence on the impact of COVID-19 amongst PLHIV is still scarce. People living with HIV with advanced disease, those with low CD4 and high viral load and those who are not taking antiretroviral treatment have an increased risk of infections and related complications in general. It is unknown if the immunosuppression of HIV will put a person at greater risk for COVID-19, thus, until more is known, additional precautions for all people with advanced HIV or poorly controlled HIV, should be employed.

At present there is no evidence that the risk of infection or complications of COVID-19 is different among people living with HIV who are clinically and immunologically stable on antiretroviral treatment when compared with the general population. Some people living with HIV may have known risk factors for COVID-19 complications, such as diabetes, hypertension and other noncommunicable diseases and as such may have increased risk of COVID-19 unrelated to HIV.

Hence, PLHIV are advised to take the same precautions as the general population which includes: wash hands often, cough etiquette, physical distancing, seek medical care if symptomatic, self-isolation if in contact with someone with COVID-19 and other actions per the South Sudan government response strategies. People living with HIV who are taking antiretroviral drugs should ensure that they have up to 6-month supply of medicines. [<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>]

What is the Role of ARVs in the treatment of COVID-19? There is no evidence that DTG- and EFV-based regimens which account for >90% of all ART in South Sudan, have any activity or role in treating COVID-19 infections. Lopinavir/r has been investigated for treatment COVID-19 because of in vitro activity, but there is no evidence supporting its efficacy.

1. To protect the gains in the HIV response and ensure continuity of HIV services to PLHIV in the context of COVID-19 Pandemic

HIV treatment

What is most important for MoH and partners to implement at this time?

- Continuity of ART therapy and accelerated decongestion of health facilities to minimize transmission of COVID-19 and protect PLHIV

Critical Interventions and strategies

- Partners /facilities should accelerate and complete simplified antiretroviral therapy delivery models which include multi-month dispensing (3-6 month supply) which will reduce the frequency of visits to clinical settings and ensures continuity of treatment during possible disruption of movements during the coronavirus outbreak.
- Every effort should be made now to trace individuals who have been lost to follow-up and provide them with the package of care and treatment that they require before COVID-19 disruptions worsen.
- HIV program and supply partners should carefully evaluate stock on hand and projected availability to determine the best options for all PLHIV. Stock on hand and pipelines should be monitored frequently. If possible weekly supply monitoring is encouraged to avoid emergency stock out of supplies. All supply information should be shared to UNDP and MoH on weekly basis. All efforts should be made to pre-position supplies in case the restrictions worsen. The supply partner should avail supplies in country as the MMD might exhaust the in county stocks.
- The MoH will work with the national high level task force to:
 - Ensure importation and transport of health commodities isn't interrupted
 - Designate health commodity logistics, warehousing, and distribution (e.g. last mile delivery) operations - as exempted activity and related personnel as essential personnel
 - Ensure that decentralized distribution approaches are permitted
- Older age and presence of uncontrolled comorbidities such as hypertension, diabetes and heart disease pose a higher risk for COVID-19 morbidity and mortality. All efforts should be made to streamline health services for older individuals living with HIV (>age 50), PLHIV with advanced disease, and those with co-morbidities. Facilities should provide MMD to these group of clients reduce the number of times these individuals visit health facilities.
- Viral load monitoring is a critical to categorize clients for risk of COVID-severity and must be routinely offered
- People living with HIV who know their status and are not yet on antiretroviral treatment should start treatment without delay

What changes should be considered for adjusting the model of service provisions for PLHIV?

The overarching goal is to minimize patient contact with health facilities and reduce the burden on these facilities.

- Health facilities should optimize clinic spaces in order to minimize potential exposure to COVID-19. Individuals with proven or suspected COVID-19 should be separated from where care is

provided to other clients. Dedicated HIV clinic spaces where they do not already exist may be useful in accomplishing this goal.

- Through phone calls or SMS, facilities staff should proactively communicate with HIV clients using positive messaging about the need to stay healthy.
- Facilities should maximize convenient six-month refills where stock is available in the country pipeline. Facility level stock status should be reviewed regularly to ensure any changes to scale 6 MMD rapidly are immediately placed as orders.
- Clients should preferentially receive their drug supplies outside of the health facility
- Community drug distribution /pickup through peer-run groups, community ART refill groups or through community outreach volunteers that maximize social distancing and respect client's privacy.

HIV Testing services

What is most important for MoH and partners to implement at this time?

- All efforts should be made to support community social distancing and reduce contact of well persons with health care settings during COVID-19 period of risk. Plans should be in place to adapt programming should service be disrupted. Potential issues/responses as far as HTS is concerned include:
 - Adapting HTS programming to policies on social distancing.
 - HTS should not take place where routine adequate PPE is not available, (e.g. gloves)
 - Prioritizing clinical-based HTS for those most in need [essential HTS]:
 - Testing in ANC
 - Diagnostic testing for individuals presenting (or admitted) to facilities with illness suspicious for HIV infection (Diagnostic testing)
 - Individuals with suspected or confirmed TB , STIs, malnutrition
 - Early infant diagnosis (EID) detection
 - Partner/index/family testing may be offered for individuals presenting at facilities (passive testing),
 - Testing in KP programs if ongoing and not facility based

Supply Chain/Commodities

Decentralized Drug Delivery: Decentralized drug delivery systems offer the opportunity to reduce risk in the health facility.

What should be done to prevent country-level drug shortages? Consider the following interventions:

- Ongoing supply plan and inventory data review to identify and respond to urgent need
- Decentralized distribution approaches that include: Home deliveries, CARGs, etc.
- Re-distribution of urgently needed supplies within a state when it is over stock in another facility

Tracking Stock Status

- Weekly stock reporting should be introduced to for all HIV commodities
- Early identification of supply stock outs and communication to MoH
- Early Identification of Delayed and At-Risk Orders and communicating to MoH
- Bi-weekly follow up and update of pipelines

2. To protect HIV services providers and service beneficiaries from COVID-19

Actions recommended to ensure continuity of HIV services in South Sudan. General measures are effective to protect the vulnerable and to limit the spread of COVID-19 in the facility /community

1. Provide a hand-washing facility at all waiting areas. Enforce thorough hand washing with soap for at least 20 seconds for anyone before entering the facility.
2. Ensure there is adequate ventilation in all areas in the healthcare facility
3. Health education should be given every day focusing on the essentials of prevention and control of COVID-19 for health workers and clients at waiting areas.
4. Wipe all objects and surfaces that are touched by many people such as doors, desks, chairs, etc. with disinfectant on a regular schedule several times per day.
5. Spatial separation of at least 1 metre should ideally be maintained between all patients within all types of services
6. Suppress or cover up sneezing and cough into upper sleeve or elbow, not into your hands (cough etiquette). Avoid touching your eyes, nose and mouth.
7. Disseminate information via other clients, phone calls and local radio on availability of HIV services and non-interruption
8. Use hand sanitizer or wash hands with soap and water between patients/clients.
9. Use standard PPE when handling HIV patients who are not confirmed to have COVID-19 to protect against self-exposure and transmitting to our highly vulnerable population
10. If possible screen all patients before entering the facility for cough and fever. Provide a face mask to all clients with cough and investigate and manage them in a separate area as appropriate
11. Dispensing medicines [for treatment of HIV, TB, IPT] for longer periods allowing reduced frequency of patient visits

Guidance for Persons with HIV in Self-Isolation or Quarantine Due to SARS-CoV-2 Exposure

Health Care Workers Should:

- Verify that patients have adequate supplies of all medications and expedite additional drug refills as needed.
- Devise a plan to evaluate patients if they develop COVID-19-related symptoms, including for possible transfer to a health care facility for COVID-19-related care.

Persons with HIV Should:

- Contact their health care provider to report that they are self-isolating or in quarantine.
- Specifically, inform their health care provider how much ARV medications and other essential medications they have on hand.

PLHIV Should:

- Follow MOH and WHO COVID-19 guidelines
- If they develop a fever and symptoms (e.g., cough, difficulty breathing) call for medical advice.
- Call the clinic in advance before presenting.

- Use respiratory and hand hygiene and cough etiquette when presenting to the healthcare facility and request a face mask as soon as they arrive.
- If they present to a clinic or an emergency facility without calling in advance, they should alert registration staff immediately upon arrival of their symptoms so that measures can be taken to prevent COVID-19 transmission in the health care setting

3. Harmonize HIV service provision among different actors amid COVID-19

Implementing partners need to work with the MoH and support facilities to prepare well to provide HIV services in the context of COVID-19 pandemic. The HIV partners need to support the facilities in the following activities

- Train/orient health facility and community staff on COVID-19 prevention and control
- Implement minimum IPC packages at facility level
- Procure and provide to HFs minimum PPEs and other necessary supplies
- Provide remote support avoid interruption of services
- Work with MoH for any updates
- Facilitate /Support last mile supply delivery
- Provide weekly commodity and service status update to OH as necessary via core HIV team meeting [zoom meeting]

Below are strategies for preventing/limiting spread of COVID-19 within health facilities

- Applying standard precautions for all patients at all times
 - The basic level of IPC precautions, to be used for ALL patients at ALL times regardless of suspected or confirmed status of the patient
 - Risk assessment is critical for all activities i.e. assess each health care activity and determine the personal protective equipment (PPE) that is needed for adequate protection
 - Elements of Standard Precautions include: Hand hygiene, Respiratory hygiene (cough etiquette), PPE according to the risk, Safe injection practices, sharps management and injury prevention, Safe handling, cleaning and disinfection of patient care equipment, Environmental cleaning and Waste management
- Ensuring triage, early recognition and source control.
 - Use clinical triage in all health care facilities for early identification of patients with ARI to prevent transmission of pathogens to health care workers and others
- Implementing empiric additional precautions for suspected cases of COVID-19 infection
- Implementing administrative controls
 - Provision of adequate training for healthcare workers
 - Ensuring adequate patient-to-staff ratio
 - Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 among HCWs
 - Ensuring that HCWs and the public understand the importance of promptly seeking medical care
 - Monitoring healthcare workers compliance with standard precautions and providing mechanisms for improvement as needed.
- Implementing environmental and engineering controls when appropriate