



**ጤና ሚኒስቴር - ኢትዮጵያ**  
**MINISTRY OF HEALTH-ETHIOPIA**

**የዜጎች ጤና ለሃገር ብልጽግና!**  
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

# Interim Guidance for Provision of HIV Services in the context of COVID-19 Pandemic in Ethiopia

**Second Edition**

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**Ministry of Health**



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## 1. Background

COVID-19 poses a significant risk to countries with fragile health systems and disease surveillance capabilities. Individuals living with HIV, especially those with co-morbid conditions and/or advanced HIV disease may be at greater risk for COVID-19 related complications. The World Health Organization (WHO) has declared COVID-19 a pandemic and it should be assumed that Most African countries will be impacted by COVID-19 disease.

Therefore, it is imperative to have plans and guidance to ensure the continuity of care of individuals living with HIV in the phase of additional demands arising from COVID-19 screening and treatment. The FMOH of Ethiopia upholds that prevention and rapid containment of COVID-19 is a priority in order to reduce the impact on the provision of needed services to people living with HIV.

The clinical course of COVID-19 in People Living with HIV (PLHIV) is not well understood yet. However, in other countries experiencing COVID-19 outbreaks, persons with immune compromising medical conditions like diabetes or cancer appear to have higher occurrence of severe disease and mortality. It is likely that PLHIV will also experience more severe manifestations of COVID-19. In order to ensure the health of PLHIV in Ethiopia as well as maintaining the continuity of HIV services through providing essential HIV program components towards 3-90's the FMOH has prepared this guidance to standardize national responses to control the spread of COVID 19 among PLHIV and healthcare workers by minimizing patient visit to health facilities, reducing the burden on these health facilities and to mitigate potential consequences of the COVID 19 Pandemic in the country.

### 1.1. Challenges experienced so far and anticipated during COVID-19 pandemic

- Disruption of the supply chain system that could lead to shortage of ARVs and other drugs for HIV management, rapid HIV testing kits, DBS, laboratory sample collection materials, laboratory reagents for EID, VL, POC-EID and other tests.
- Shortage of personal protective equipment's (PPE)
- HIV patients will be at increased risk of exposure to COVID-19 during follow up visits
- Disruption of HIV testing, prevention, care and treatment services
- Shortage of health care workers

- Shortage of transportation
- Overwhelmed medical facilities
- Inadequate awareness/ Unnecessary rumor in the community
- Disruption in data collection and reporting
- Missed appointments and lost to follow up
- Overcrowding in some facilities due to unexpected visits
- Diversion of focus to COVID response at facility and community level lead to service disruption
- Discontinuation of facility base peer-to-peer education and support of Adolescent with HIV (ALHIV)
- Possible HIV data discontinuity due to COVID-19 Pandemic, which includes data loss (paper based and electronic), data confidentiality breach, lack of infrastructure that support data continuity/ failed-data base restoral and data recovery,

## 2. Ensuring program monitoring and management in the Context of COVID-19

Understanding the need for essential HIV service continuity during COVID-19 pandemic, MOH has implemented a weekly reporting system to monitor the provision of essential HIV services by implementing the HIV Interim Guidance.

Collect and review key indicators like number identified positive, number newly initiated ART, number currently on treatment and the like at least on monthly bases, analyze and identify reason for decrease in performance and prepare improvement plan.

In addition, it is mandatory to have data continuity plan during the COVID-19 pandemic and ensure the HIV service related data (hard and electronic) are protected from damage, kept secured and confidential and manageable for recovery in post pandemic season.

### 3. Ensuring uninterrupted supply of essential HIV commodities during COVID-19 pandemic

COVID-19 is having an adverse impact on the supply chain system of HIV commodities from global to local level. The impacts include, but not limited to, delay of orders/deliveries and increase in price. MOH will therefore closely monitor the supply chain management of HIV commodities so to ensure uninterrupted availability at country and facility level. Please refer section 6 for more details.

### 4. Communication strategies for HIV services during COVID-19 pandemic

Aligning with the ministry's communication strategies in the context of COVID-19, different virtual communication platforms like email, telephone, zoom, SMS, telegram, WhatsApp, skype, Microsoft team, etc. will be utilized to ensure the continuity of key essential HIV service delivery at facility and community levels. These communication strategies shall be applied to various stakeholders including but not limited to patients, health care workers, health facilities, woreda health offices, zone health departments, regional health bureaus, MOH, agencies and partners.

### 5. Activities to be undertaken at facility level

#### 5.1. Implement infection prevention and control national standards

- Health facilities should have plan for air borne infection prevention and control (IPC) to prevent the spread of COVID-19 pandemic.
- Health facilities should ensure the availability and proper utilization of Personal Protective Equipment (PPE) and hand sanitizer for their health care workers.
- Health care providers should wear gown and goggles in addition to gloves and medical face mask when handling a client suspected of having COVID-19.
- Providers shall advise all HIV clients to call the health facility/health care worker in charge before they come if they develop or suspect developing symptoms of COVID-19 infection.

- The ART clinic shall arrange the waiting area with recommended physical distance between clients to the extent of moving the clinic to a less congested area in the facility
- The ART clinic staff should educate waiting clients on COVID-19 prevention measures.
- The ART clinic and other HIV service delivery points should provide HIV services over extra working hours (e.g. starting early morning, lunch time service, weekend service) so to avoid congestion/crowd of clients at service delivery points.
- Triage any client or healthcare worker who are unwell (e.g. have flu like/respiratory symptoms or fever  $\geq 38^{\circ}\text{C}$ ) to be seen first and provide them with a face mask immediately upon arrival to the health facility.
- If a health care provider identifies a client with suspected/probable/confirmed COVID-19 infection, he/she shall separate the client from other clients, immediately let them wear face mask and notify the COVID team/taskforce in the health facility as per the national COVID-19 client flow guide.
- All ART providers who are unwell/ill should take sick leave and stay home.
- All health care workers and clients should practice frequent hand hygiene, including:
  - Before and after patient care,
  - When encountering secretions,
  - Before eating and after using the toilet.
  - To facilitate this, HFs must ensure access to clean water and soap for hand washing (at least 20 seconds) or provide adequate supply of  $\geq 60\%$  alcohol-based sanitizer.
- Ensure self-care of health care providers, including ART health care providers, by being informed about the illness and risks, monitoring one's own stress reactions, and seeking appropriate assistance with personal and professional responsibilities and concerns including professional mental health intervention if indicated.
- Maintain infection prevention standards in all facility areas, including ART clinics, by sanitizing all surfaces per MOH guidelines.
- Inform MOH, relevant authorities and implementation partners in case of any suspected COVID-19 case in ART patients.

## 5.2. Maintain key essential HIV testing and HIV prevention services

- Provide targeted case finding for all children under 15, adolescents and adults using HIV risk screening tools and referral services. No more universal HIV testing for children younger than 5 years of age.
- Continue to prioritize HIV testing for pregnant and breastfeeding women, repeat testing of pregnant and breast-feeding women should be based on their HIV continues risk (using the risk assessment tool that has been provided).
- Maintain physical distancing when providing HIV testing at service delivery points.
- Provide one-to-one directly assisted HIV self-testing outside of health facility for key and priority populations using peer navigators and/or peer educators and provide unassisted HIV Self-testing outside of health facility settings for key and priority populations including index case partners and partners for PMTCT clients by following the national unassisted HIV self-testing implementation manual.
- Provide social network strategies (SNS) to FSWs and their network members while maintaining physical distancing and using appropriate PPE.
- Provide ICT services for all newly identified HIV Positive cases regularly using passive notification (client referral) approach.
- Counsel PLHIV coming to health facilities to get their partners tested for HIV using self-testing service
- Provide a 3 months ARV dose (3MMD) for PrEP for previously and newly enrolled HIV negative FSWs & HIV negative discordant couple.
- Perform EID specimen collection during PMTCT visit and integrate the mother-baby pair follow up approach to minimize unnecessary frequent visit.
- Identify/list infants eligible for EID testing (using either POC-EID or DBS referral) and remind the mother using phone call. The role of Mother-Support Groups in this perspective is important.
- Although recency testing of Case Based Surveillance (CBS) is temporarily suspended due to COVID-19 pandemic, maintain completing the Case Reporting Form (CRF) for all newly diagnosed HIV positive cases and timely reporting of the completed CRFs through the REDCap.

### 5.3. Maintain essential HIV treatment services

- Provide 6 months ARVs dose (6MMD) for ART clients eligible for appointment spacing model (ASM), including those refused/declined from ASM earlier.
- Provide 3 months ARVs dose (3MMD) for:
  - PMTCT clients
  - Children  $\leq$  15 years old
  - Newly identified clients including key populations (KPs)
  - Clients on second and third line ART
  - Any other unstable clients who do not need admission (Advanced HIV Disease, High Viral Load (HVL), those on EAC, etc.)
- Prepare list of eligible clients for 6 & 3 MMDs (from EMR and ART register/ASM register)
- Provide monthly virtual follow up and support for those unstable clients using telephone calls and other communication mechanisms.
- Continue ART Optimization, NVP phase out and third line ART initiation services as per national manual for eligible clients. Ensure that the regimen shift happen during scheduled appointments.
- The Multi-Month Dispensing (MMD) and ART optimization shift shall happen during clients' scheduled clinical visit.
- Children on NVP based regimens should be transitioned to a more effective regimen during their scheduled appointment. Viral load should not be a rate limiting step to shift children from NVP containing regimens to optimal regimens.
- For children starting a new medication, the first dose should be demonstrated and administered to the client/care giver by the health care provider, particularly for formulations like scored tablets, pellets, and solutions/suspensions/syrups.
- Children with concerning symptoms such as fever, lethargy, convulsions, poor oral intake, and persistent vomiting or diarrhea need to be evaluated by health care provider.
- At least monthly virtual follow up shall be provided using phone calls, SMS texts, and other communications mechanisms for children <30KG body weight for dose adjustment,

clients with co-morbidities and high viral load, clients on TB Preventive Therapy (TPT) and other clients with concerns.

- Provide Multi Months Dispensing (MMDs) for co-administered preventive therapies like TPT, CPT, fluconazole together with their ARVs dispensing schedule.
- Services for PMTCT clients should be integrated to reduce unnecessary facility visits, and at least monthly virtual support should be given. PMTCT clients should be shifted to the TLD regimen during their facility visit according to the guidance that has been provided, and side effects should be monitored virtually through a phone call. Thorough clinical screening for TB, STI, and other OIs should be done during their visit, and care should be provided accordingly, including IPT provision.
- Monitor adverse effects of TPT, CPT and other preventive therapies through phone call and SMS.
- Provide multi-month dispensing of oral contraceptive pills, condoms, and other family planning methods along with MMD ARV refill.
- Services for PMTCT clients should be integrated to reduce unnecessary facility visits
- Align the clinical visit of infants and children with their mothers/caregivers clinical visit to avoid unnecessary facility visits. (EID, ARV refill, etc.)
- For HIV Exposed Infants, maintain their immunization schedule align their mother's visit with immunization schedule.
- Advise caregivers of children receiving 3 months dose of ARVs to observe their children closely for signs and symptoms of health problems, especially weight loss, changes in appetite, fevers and prolonged cough, and report to the facility if observed.
- Provide regular virtual adherence supports through telephone calls and reminders for client concerns.
- Where feasible, facilitate home to home delivery of ARVs for clients through community platforms such as community ART groups; community implementing partners, urban health extension professionals and family health team to decrease the need for health facility visits.
- Where feasible, facilitate family-based ARVs refill; where a family member on ART can collect ARVs for all other family members when a family member requests the ART provider through phone call or message or sending the index card/unique ART number.

- Vulnerable PLHIVs like those with co-morbidities and age above 60 years can delegate someone else who is well oriented on COVID-19 prevention measures to collect the ARV on their behalf.
- Health facilities should report the number of clients they are providing emergency ART refills due to travel restrictions and lock down because of COVID-19 pandemic.
- Health facilities should provide client centered services such as flexible service hours, implementation of MMDs, virtual follow up and support of clients, etc.
- One-on-one virtual check-ins should be conducted for appointments and ART/MMD pick-up scheduling. Adolescents without personal phones can consent for their caregivers to be engaged directly and are encouraged to identify an accessible phone when possible.
- If staff/resources are limited, the highest risk Adolescent & Young Living with HIV should be prioritized, including those with high viral load, newly initiated on ART, that are pregnant and breastfeeding, at risk for treatment disruption (running out of ARVs at home), and those with mental health or psychosocial challenges.

#### 5.4. Provide care and support services to enhance client retention

- Maintain ART treatment cohort and prevent lost to follow up by conducting proactive patient tracking and lost to follow up tracing
- Identify adherence-at-risk clients such as those with mental illness, history of suboptimal adherence, high viral load and support them with virtual follow up by phone call, SMS, and other communication mechanisms.
- One-on-one peer support and social support shall be provided virtually for adolescents in particular who are more at risk of poor adherence.
- Intensify the screening and management of mental health and substance use problems during the spaced clinical visits for clients on MMD and provide virtual support such as telephone counseling addressing specific stressors associated with COVID-19 pandemic.
- Maintain documentation of Emergency ARV Refills (EAR), MMDs, and family-Based Refills during the COVID-19 pandemic.
- Maintain routine viral load monitoring service along with spaced clinical visits/MMD,

- Prioritize viral load (VL) testing services for children, adolescents, pregnant and breast-feeding women, key populations and clients with high viral load.
- Identify clients eligible for VL and ensure specimen collected during the nearest clinical MMD visit.
- Provide Enhanced Adherence Counseling (EAC) for clients with high VL every month virtually through phone call using the national EAC follow up form standards.
- Ensure all clients are given the ART clinic phone number or clearly posted in an open area in the health facility.
- All clients should be advised to contact the facility via phone, if they face any adverse drug events, severe side effects, or clinical symptoms of concern while on their ARVs. Patients should not wait until their next appointment to do so.
- PLHIV screened for TB should be screened for COVID-19 and vice versa.
- Always consider aligning clinical visits if clients have both ART and TB treatments.
- When a health care facility is designated for COVID-19 isolation and/or treatment, ensure seamless transfer of ART clients to other ART sites based on the annexed “standard operating procedure.”
- Maintain cervical cancer screening for women living with HIV during their clinical visits.
- Enhance the identification and provision of support for intimate partner and other types of violence; and encourage clients to call the facility whenever they face violence.

### **5.5. Documentation and HIV data continuity**

- Health facilities should exercise data security and confidentiality measures for HIV data collection, storage, and sharing/ release.
- Health facilities should ensure data personnel protection, availability of Systems and Database Restoral procedure and data recovery procedures

## 6. Above site level Activities:

### 6.1. MOH Level:

- Provide policy and guidance on roles and responsibilities for all levels of the health tier system actors in maintaining the delivery of sustained quality HIV/AIDS services during COVID-19 pandemic.
- Develop and disseminate contextualized messages to prevent the acquisition of COVID-19 and its mitigation to PLHIV and HIV service providers.
- Work with different multilateral organizations to ensure continuous supply of commodities for HIV diagnosis, treatment and monitoring as well as infection prevention interventions (e.g. PPE).
- Issue guidance on flexibility of working hours and virtual HIV service delivery.
- Ensure continuity of key essential HIV services towards achieving the 3-95's.
- Monitor implementation of the national HIV Interim Guidance on regular tracking of essential HIV services availability.
- Follow the compliance of different stakeholder's interm of implementing the national HIV Interim Guidance.
- Follow the collaboration of HFs and community HIV service implementers on community ART delivery during restrictive measures for COVID-19 pandemic.
- Provide guidance on data continuation for HIV/AIDS program in context of COVID-19 pandemic to ensure full data protection and recovery post pandemic.

### 6.2. FHAPCO Level

- Coordinate the multi-sectoral response to HIV to maintain essential HIV services for PLHIVs and their families during COVID -19 pandemic.
- Establish and lead national HIV-COVID-19 Message and IEC Material Development Taskforce.
- Develop and disseminate social behavioral change communication and demand creation of COVID-19 in the context of HIV/AIDS through different mass media.
- Coordinate the availability of condom for KPPs and PLHIVs.

- Work closely with MOH and NEP+ and other PLHIV associations to enhance facility-community collaboration to trace LTFU.
- Coordinate and mobilize community care coalitions (CCCs) to reach OVCs and PLHIVs to avail care and support services in the context of COVID
- Mobilize resource for IEC material development
- Closely work with EPSA on timely procurement of HIV commodities.

### 6.3. Ethiopian Pharmaceutical Supply Agency (EPSA)- central level

- Ensure proper inventory control practice to avoid unexpected shortage of all HIV related commodities and Personal Protective Equipment (PPE).
- Regularly update HIV commodities supply plan and execute timely procurements to ensure uninterrupted availability of HIV commodities and Personal Protective Equipment (PPE) during COVID-19 pandemic.
- Expedite all orders on pipeline and speed up the deliveries from suppliers through all available mechanisms.
- Initiate emergency procurement orders for any possible gaps that may arise.
- Distribute adequate quantity of HIV commodities and Personal Protective Equipment (PPE) to their hubs on timely and regular basis.
- Monitor and ensure the regular supply of HIV commodities to the health facilities considering implementation of multi-month dispensing (MMDs) models during the COVID-19 pandemic.

### 6.4. EPSA hub level

- Work closely with the regional health bureaus/zonal health departments/city administrations and health facilities on HIV commodities and Personal Protective Equipment (PPE) supply management.
- Ensure uninterrupted availability of essential HIV commodities and Personal Protective Equipment (PPE) at health facility level during COVID-19 pandemic.
- Ensure the regular supply of HIV commodities to the health facilities considering implementation of multi-month dispensing (MMDs) models during the COVID-19 pandemic.



- Implement regular inventory management practice and regular stock status analysis to avoid unexpected shortage of all HIV related commodities and Personal Protective Equipment (PPE).

#### **6.5. Ethiopian Public Health Institute (EPHI)/regional laboratory level**

- In situations where COVID-19 testing capacity is expanding, high emphasis should be given to maintain routine EID and VL testing services.
- Since some of the reagents and common supplies may be shared for COVID19 testing, support should be provided to testing laboratories to appropriately forecast and early reporting (one month earlier than the normal) to minimize stock outs and service interruptions
- Extra hour and weekend testing and data entry should be considered to minimize sample and data backlog at regional laboratories and viral load testing sites those initiated COVID19 testing services.
- Work closely with postal office on sample transport

#### **6.6. PLHIVs Associations / NEP+/ NNPWE/Regional Networks:**

- Collaborate with FMOH and regional health bureaus, partners, stakeholders to ensure continuity of care and treatment to PLHIV.
- Communicate and engage at all level for the smooth implementation of the guidance
- Mobilize resource provision and distribution PPE to PLHIVs and their families to prevent COVID-19
- Work together with MOH and RHBs on
  - Developing new ART refill approach.
  - Select and prepare PLHIV association, support group, CM/AS for community ART refill platform and follow up on adherence,
  - Develop clients data and information in PLHIV association that are ready to join the community ART refill group
  - Conduct awareness raising among PLHIVs about COVID-19 through different mass and social media,
  - Design messages and transmit radio, TV, SMS messages and spots in a PLHIVs-friendly manner about psychosocial issues, as well as general health and hygiene

- Disseminate updated information released from MOH to WLHIVA about COVID-19 and HIV
- Create awareness for women living with HIV on the health services like ANC and PNC
- Inform and link GBV cases to police and health center

#### 6.7. Regional Health Bureau level

- Cascade the national HIV Interim Guidance, support and monitor proper implementation at all facilities and community setups.
- Dissemination of contextualized messages on prevention of PLHIV and HIV service providers from COVID-19.
- Ensure continuity of essential HIV services at the health facilities towards the three 95's during the COVID-19 pandemic.
- Collect, compile and send weekly essential HIV services report.
- Ensure the availability of necessary updated guidelines and tools at health facilities.
- Provide technical support/mentoring and guidance virtually to health facilities.
- Strengthen the clinical mentoring system so that mentor health facilities can continue supporting their mentee facilities.
- Work closely with EPSA hubs to ensure adequate supply of HIV commodities including ARVs at the health facilities.
- Support and closely monitor availability of adequate HIV commodities in the health facilities.
- Support health facilities to strengthen pharmacy recording and reporting practice.
- Support adverse drug reaction monitoring and reporting practice.
- Facilitate and monitor the community level delivery of ARVs to PLHIV stranded in semi or total lock down areas.
- Follow and monitor data continuity guidance implementation at health facilities providing HIV/AIDS services.

#### 6.8. Development and Implementing Partners

- Support MOH in developing/updating policies and guidelines on ensuring the continuity of essential HIV service.



- Support the implementation of this Interim Guidance and continuity of essential HIV services in the country along with the efforts to contain COVID-19 pandemic.
- Support RHBs to ensure the continuity of essential HIV services during COVID-19 pandemic.
- Support the country's supply chain management system to ensure uninterrupted supply and proper use of HIV commodities during COVID-19 pandemic.
- Support and monitor data continuity guidance implementation at health facilities providing HIV/AIDS services.

## Annexes

### Annex-I

#### Standard operating procedures for conducting smooth transfer of PLHIV from Health Facilities assigned for COVID-19 isolation and treatment centers in Ethiopia

##### **Background**

In response to COVID-19 pandemic, a uniform procedure shall be used when a health facility is designated/selected to provide isolation and/or treatment for COVID-19. And the clients receiving HIV services in the facility designated for COVID-19 isolation and/or treatment shall be temporarily relocated or transferred to a nearby ART health facility. Therefore, this standard operating procedure (SOP) is prepared to facilitate smooth/ seamless transfer of PLHIV from COVID-19 isolation and treatment centers to nearby or other health facilities in all regions.

##### **Objectives**

The objectives of this SOP are:

- To define scenarios and procedures to be followed for smooth temporary relocation or transfer of PLHIV from COVID-19 isolation and/or treatment centers to nearby health facilities
- To define roles and responsibilities of stakeholders involved for smooth temporary relocation or transfer of PLHIV from COVID-19 isolation and/or treatment centers to nearby health facilities.
- To define the monitoring and tracking mechanisms for smooth relocation or transfer of PLHIV from COVID-19 isolation and/or treatment centers to nearby health facilities
- To define procedures on how to return temporarily relocated clients to their initial health facilities when the COVID-19 pandemic is over or stabilized.

## 1. Procedures for Seamless transfer of PLHIV from COVID-19 centers in different scenarios

Scenario-1: When the ART/PMTCT Facility is selected as COVID-19 Isolation Center (co-locate)

- Option-1: Maintain the ART/ PMTCT clinic in the facility,
- Option-2: Offer ART/PMTCT clients formal Transfer Out (TO) referral based on their preference

Scenario-2: When the ART/PMTCT Facility is selected as COVID-19 treatment and/or care center (No more ART service):

- Option-1: Temporarily relocate the ART clinic to a nearby non-COVID health facility
- Option-2: Temporarily relocate the ART clinic to a new facility (non-ART site)
- Option-3: Temporarily offload/ transfer out (TO) all clients to a nearby ART clinic
- Option-4: Temporarily offload/ TO clients to different ART facilities as per their preference

\*The ART clinic which transferred out (TO) clients to other ART facilities shall keep the records of whereabouts of their clients.

\*\* When there is relocation of the ART clinic, it is important to ensure the HIV Data continuity and security as per the national data continuity and security guidance.

Scenarios	Options for Seamless Transfer	Criteria for Transfer Options	Procedures for transfer	Service delivery	Data management
1. ART/ PMTCT Facilities selected as COVID-19 Isolation Centers	1.1. Maintain HIV care and treatment service at same facility	Not applicable	Maintain the HIV services	<ul style="list-style-type: none"> <li>• Offer MMDs and other service as per national interim guidance amid COVID-19</li> <li>• Explore community dispensing options as per the interim guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain standard documentation at same facility</li> </ul>

	1.2. Offer client formal transfer out to facilities preferred by client (if preferred sites are not COVID-19 isolation/care center).	<ul style="list-style-type: none"> <li>• Client Preference</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Facility decision</li> </ul>	<ul style="list-style-type: none"> <li>• Provide formal Transfer-Out to facilities preferred by client.</li> <li>• If there are many clients transferred to single facility by TO, we need to ensure the receiving HF has adequate ARV supply (the referring HF can also shift its ARV supply and critical OI medications to the receiving site).</li> <li>• Counsel client on procedures through phone and health education at facility by ART providers</li> </ul>	<ul style="list-style-type: none"> <li>• Offer MMDs and other service as per national interim guidance amid COVID-19</li> <li>• Explore community dispensing options as per the interim</li> </ul>	<ul style="list-style-type: none"> <li>• Document as per national formal TO/TI standard documentation</li> </ul>
2. ART/ PMTCT Facilities selected as COVID-19 Care/Treatment Centers	2.1. If the client does not want to be transferred to the site temporarily identified as relocation center by the HF, consider formal transfer out to site proposed by the client or the HF.	<ul style="list-style-type: none"> <li>• Client Preference</li> </ul>	<ul style="list-style-type: none"> <li>• Provide formal Transfer Out to facilities preferred by client.</li> <li>• Council client on procedures through phone and health education at facility by ART providers</li> </ul>	<ul style="list-style-type: none"> <li>• Offer MMDs and other service as per national interim guidance amid COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Document as per national formal TO/TI standard documentation</li> <li>• RHB will advise on DHIS2, DATIM and PTQIT reporting of relocated sites</li> </ul>
	2.2. Offload clients to selected one nearby facility (Relocation to existing public facility providing ART service)	<ul style="list-style-type: none"> <li>• Facility Decision</li> <li>• Geographic Proximity</li> </ul>	<ul style="list-style-type: none"> <li>• Select one nearby facility by engaging all actors and reach consensus with selected facility</li> <li>• Offload all client to selected one nearby facility</li> <li>• Inform the client by phone about service shift to selected facility.</li> <li>• Shift ARVs and other supply to selected facility</li> <li>• Shift ART providers to selected facility</li> <li>• Council client on procedures through phone and health education at facility by ART providers</li> </ul>	<ul style="list-style-type: none"> <li>• Service will be provided by staff shifted.</li> <li>• Offer MMDs and other service as per national interim guidance amid COVID-19 at selected facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Shift ART register, EMR and other tools to selected facility and continue documentation</li> <li>• Transferred client will be reported separately by referring sites as previous</li> <li>• Recording and reporting will be conducted by staffs</li> </ul>

					<p>shifted ensuring data security and confidentiality for transferred clients</p> <ul style="list-style-type: none"> <li>RHB will advise on DHIS2, DATIM and PTQIT reporting of relocated sites(N.B. Routine DHIS2/ DATIM reporting is based on where the patients are registered.)</li> </ul>
	<p>2.3. Offload clients to new sites (Relocation to new facility not providing ART service or relocation to new venue setting outside facility)</p> <p>N.B. If the relocation site is previously non-ART site or new venue for temporarily ART service provision, ensure transferred clients receive all requires HIV care and treatment package including VL service.</p>	Facility decision	<ul style="list-style-type: none"> <li>Select one nearby new facility not providing ART service or new venue setting by engaging all actors and reach consensus with selected facility</li> <li>Relocate all client to selected new site/venue</li> <li>Inform the client by phone about service shift to selected new site</li> <li>Relocate ARVs and other supply to selected new site</li> <li>Relocate ART providers to selected new site.</li> <li>Council client on procedures through phone and health education at facility by ART providers</li> </ul>	<ul style="list-style-type: none"> <li>Service will be provided by staff shifted.</li> <li>Offer MMDs and other service as per national interim guidance amid COVID-19 at selected facilities</li> </ul>	<ul style="list-style-type: none"> <li>Shift ART register, EMR and other tools to selected new site and continue documentation</li> <li>Transferred client will be reported separately by referring sites as previous</li> <li>-Recording and reporting will be</li> </ul>

					conducted by staffs shifted • RHB will advise on DHIS2, DATIM and PTQIT reporting of relocated sites
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**2. Procedures to be followed for returning clients to their initial sites when COVID-19 pandemic is over or stabilized/ contained**

- All PLHIV will be returned to their previous sites following national standard procedures
- The time of return should be decided nationally when the country is declared COVID pandemic free
- All health facilities which have already transferred their clients to other sites in one or other ways mentioned in the above scenarios before the development of this guidance, they have to follow this guidance and take corrective measures to ensure continuity of service, its documentation as per the national standard and reporting.

**3. Template for monitoring seamless transfer of PLHIV from ART providing sites selected as COVID -19 centers**

- The following standard template for close monitoring of successful transfer of PLHIV from ART providing sites selected as COVID -19 centers will be utilized
- Status will be reported every week across the health tier (HFs→ SCHO/THO/ZHDs →RHBs/CAHB→MOH-E)

Reporting template for Smooth transfer/ transition of ART service from HF selected for COVID-19 center														
Region _____		Reporting Period: _____						Reporting date: ( ____/____/____ )						
S. No	ART/PMTCT HFs selected as COVID center					Decision of HFs on where and how to proceed for ART service (1/ 2/ 3)	Information on client relocation or transfer:					Challenges	Remark	
	Name	Type (1. COVID Treatment, 2. Temporary Isolation)	City/T own:	Service type: (1.ART, 2. PMTCT Only, 3.Non-ART/ PMTCT HFs )	TX_CURR as of March 2020 (#)		Is offloading/r elocating clients started? (Yes, No)	Date started (DD/mm/yy)	Referral receiving HF					Number of patient reached and refill their drugs during reporting period
							Type of HIV service	Name	Tx_CURR as of March 2020 (#)					

Decision: 1. Relocate all client to nearby ART HF's based on client preference 2. Offload/Relocate to new non-ART HF/Venue 3. Continue ART service at same HF's and give formal TO, if client requested										Type:1.ART 2. PMTCT Only 3. Non ART/PMTCT HF 4. Temporary Venue (Non facility setting)							

The current WHO case definition for COVID-19:

**COVID-19 Case definitions for surveillance:**

The case definitions are based on current information and will be revised as new information is collected. Countries may need to adapt case definitions depending on their own epidemiological situation.

**1. Suspected case**

**A suspected case is:**

- A. patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset (for updated reporting, see the situation reports at;

<https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports/>);

OR

B. A patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms (see the definition of contact below);

OR

C. A patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

## **2. Probable case**

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.

## **3. Confirmed case**

A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.

Annex-II