

VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

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Ministry of Health

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Overview of COVID-19
Trends in Zambia

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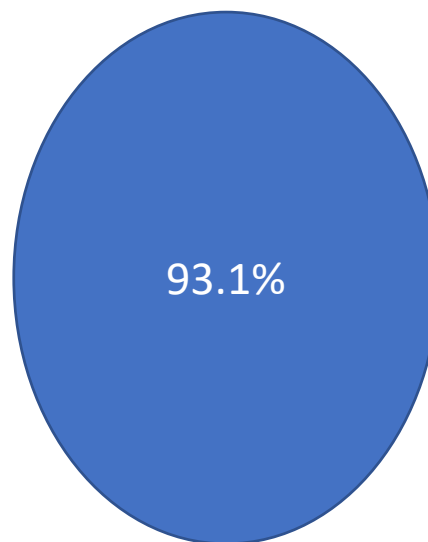
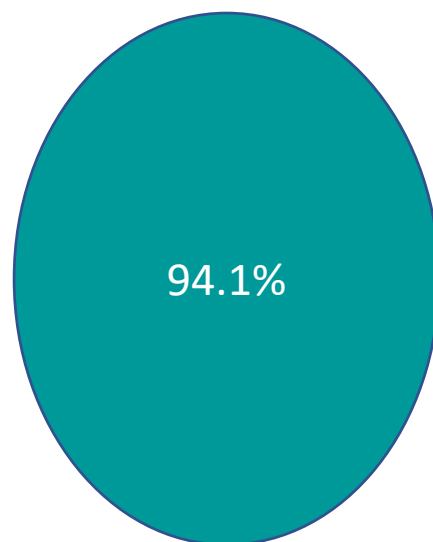
The Current Scenario on 95/95/95 strategy: May 2020

National TxCurr:

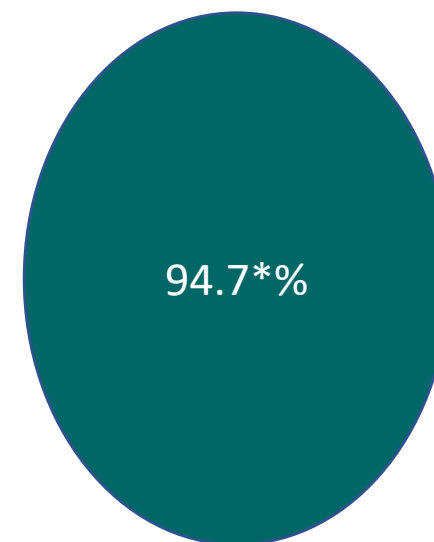
1,052,759

Lusaka

- 27% of HIV Burden is in Lusaka City
- Estimation attrition rates at 20%
- Lusaka Surge Launched WAD 2017

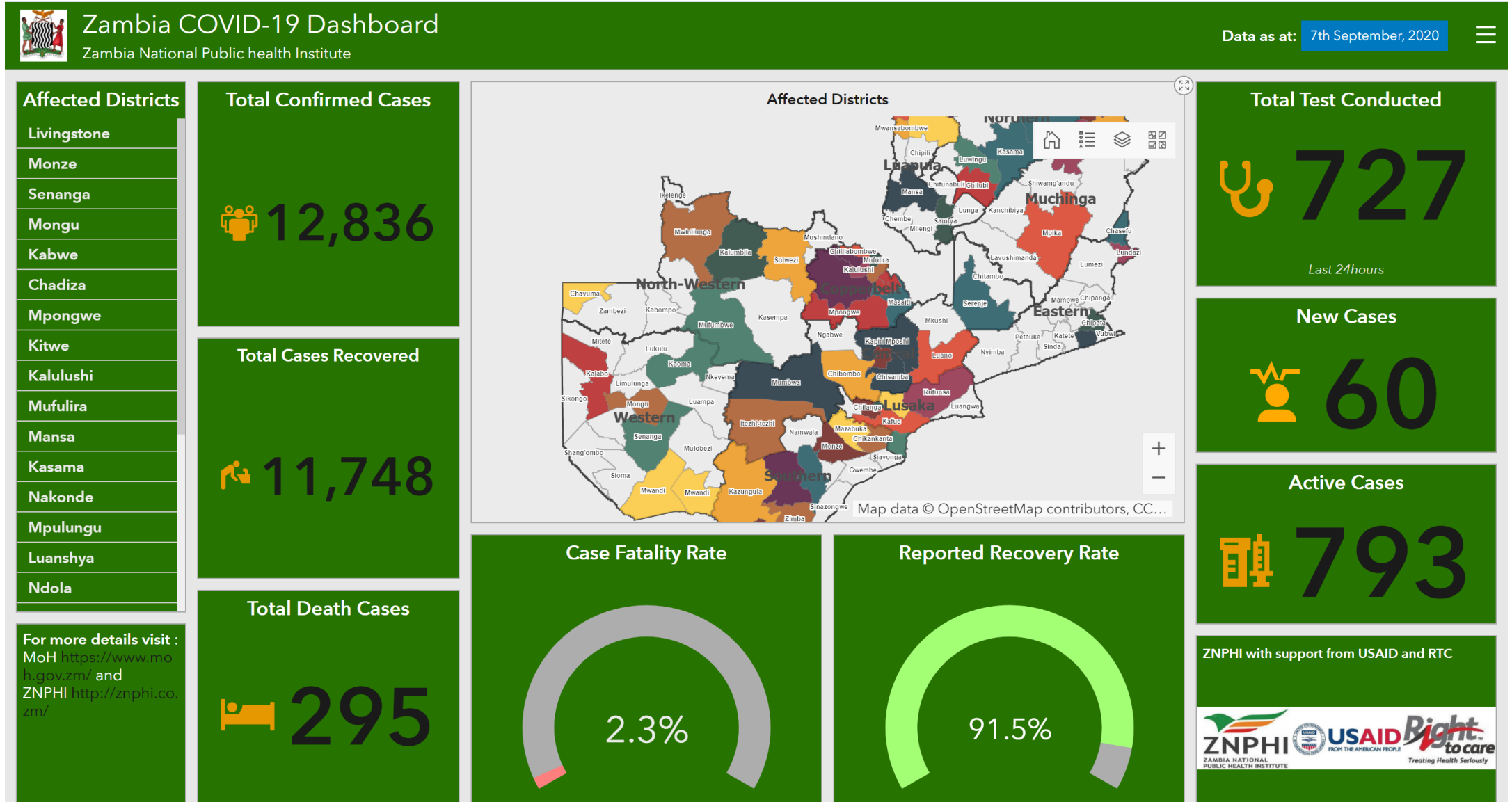


of those diagnosed
are on ART

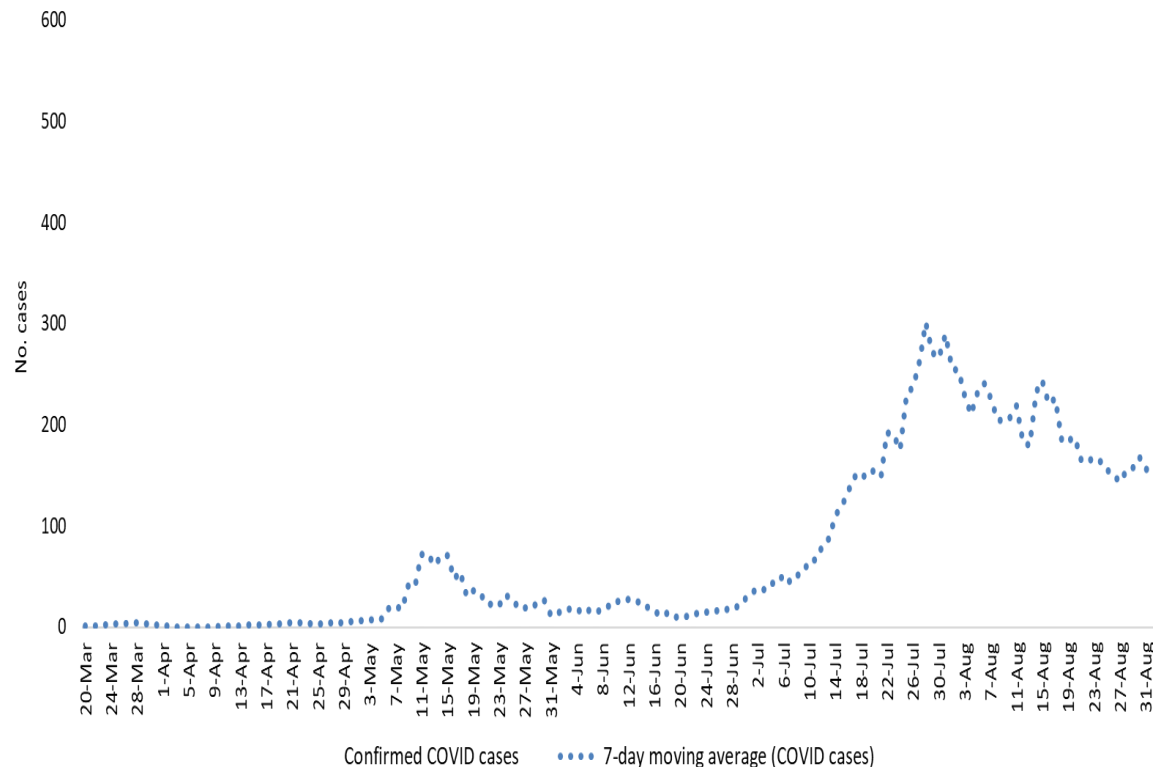


of those on ART are
virally suppressed

*VLS rate calculated based on number of suppressed out of tests done in Q1 and the full cascade can only be done annually at close of the year



COVID-19 Trends in Zambia



- Initial cluster among the Asian community
- Disproportionate high admissions and mortality among Men, Asian, >45years old, Diabetics and hypertensives
- Reported cases from Urban and border towns
- Burden in rural areas unclear

SAR-CoV-2 Prevalence Survey in Zambia

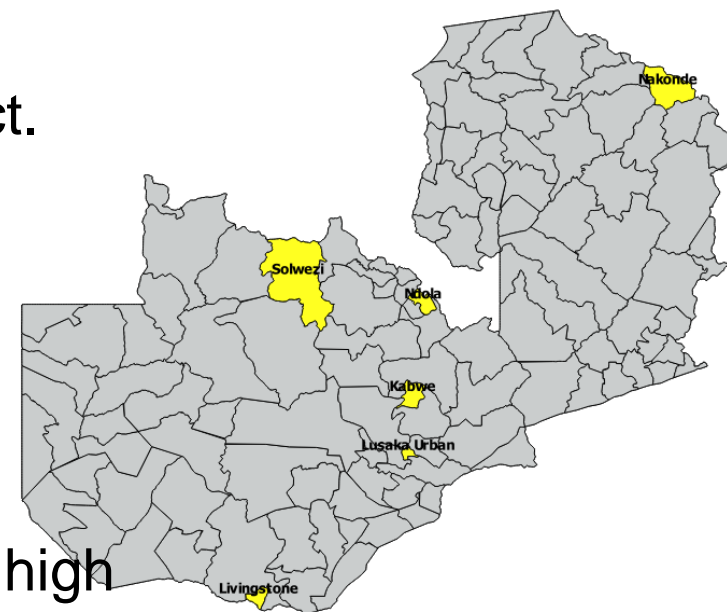
- **Methods**

- Three surveys:

1. General population: 16 randomly selected EAs per district. Within EA, HHs listed and 20 randomly selected
2. OPD patients: Randomly selected from 20 purposefully selected HFs*
3. HCWs: convenience sample from 20 HFs

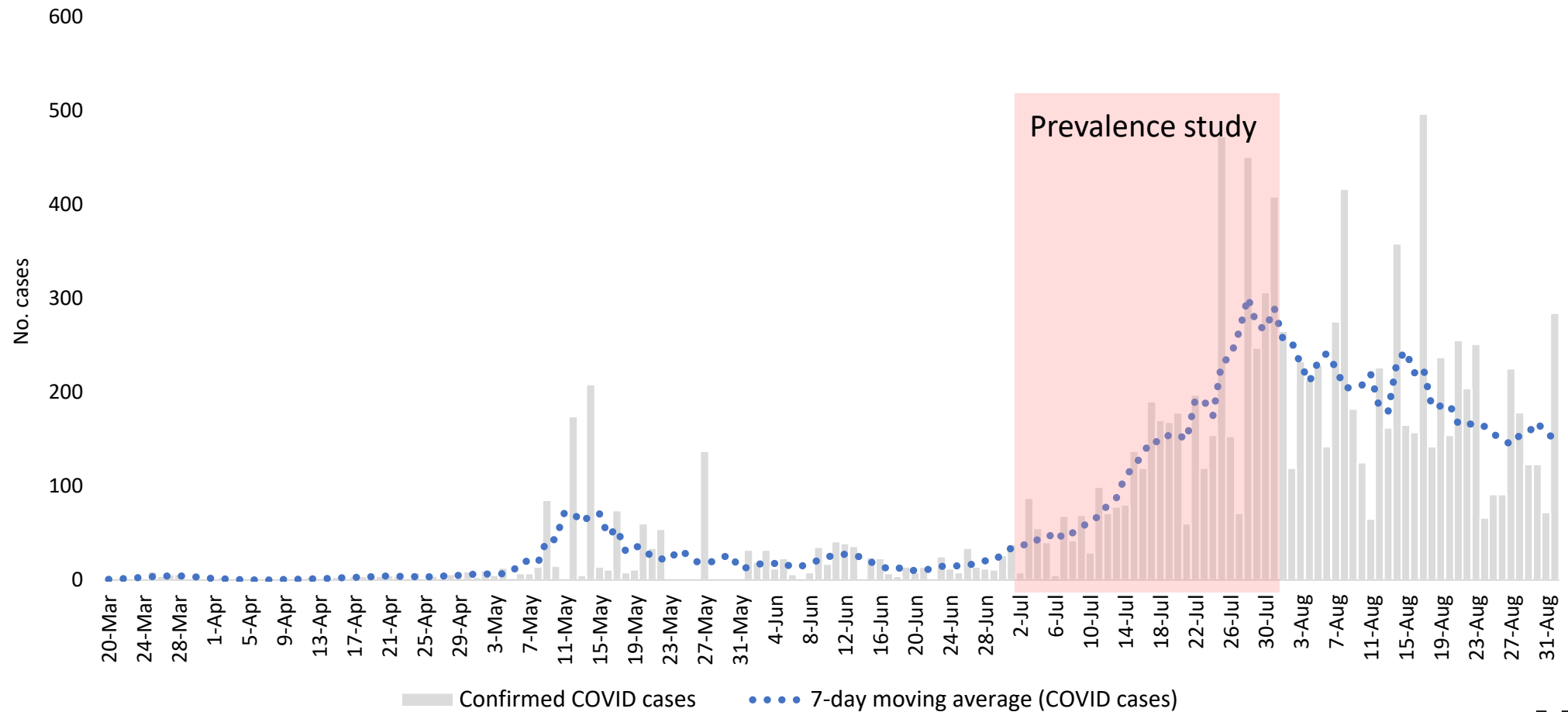
- 6 districts: Kabwe, Livingstone, Lusaka, Nakonde, Ndola, Solwezi

- Purposefully selected: ongoing cases/outbreak or deemed high risk, mix of urban/rural, travel corridors/PoEs
- **~4.2 million people (24% of total population of Zambia)**
- **5610** people interviewed



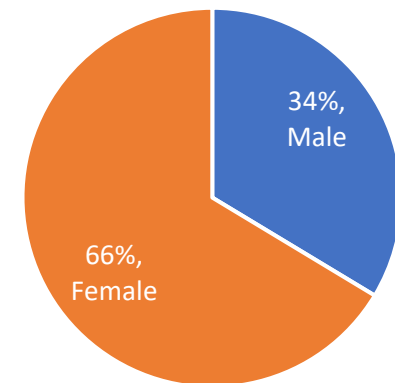
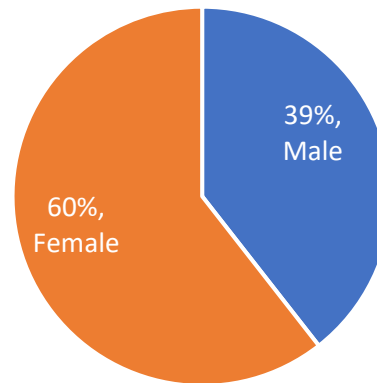
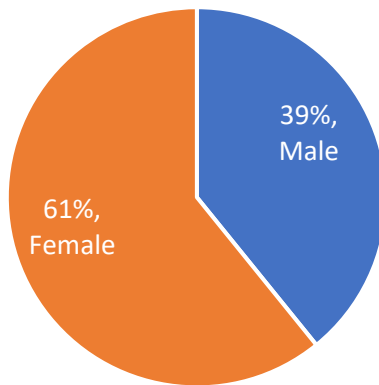
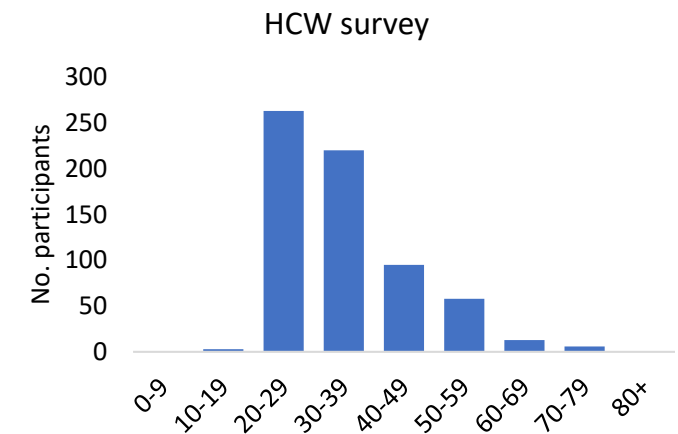
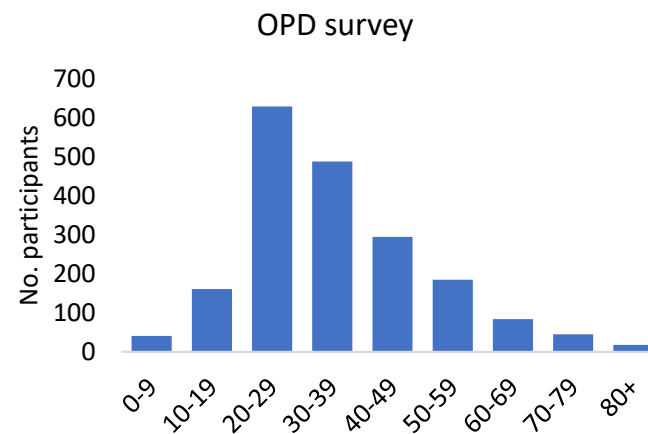
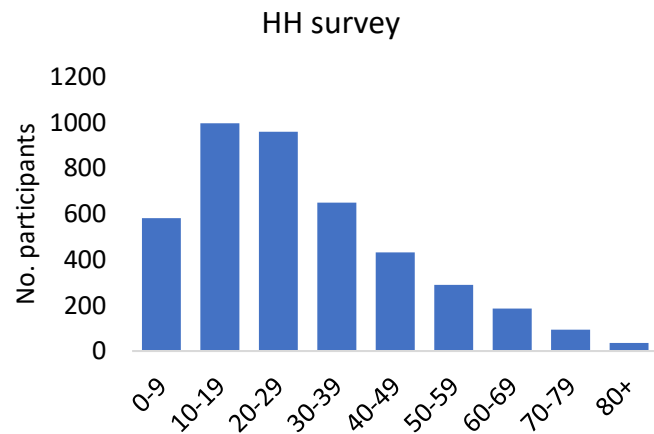
Preliminary. Not for distribution

Study Timing in Relation to SARS-CoV-2 Outbreak in Zambia



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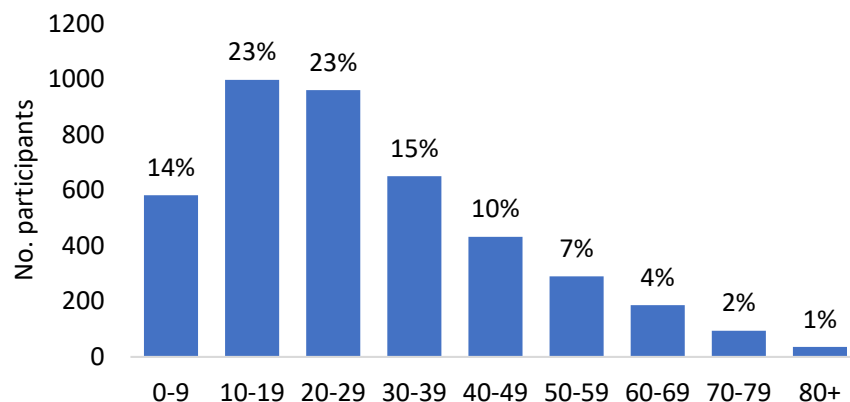
Results: Age/Sex Distributions by Survey Type



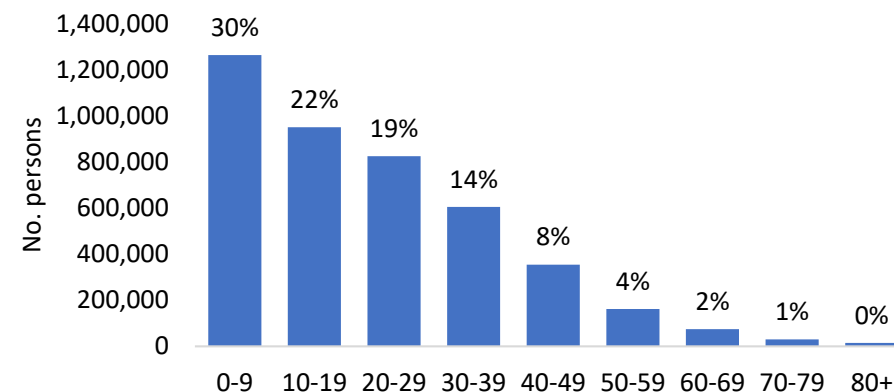
Preliminary. Not for distribution

Results: Comparison of HH Survey to Districts' Population Age/Sex Distributions

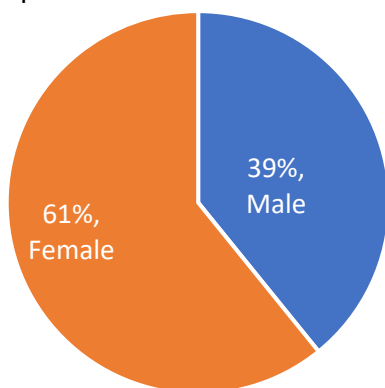
Sample age distribution – HH survey



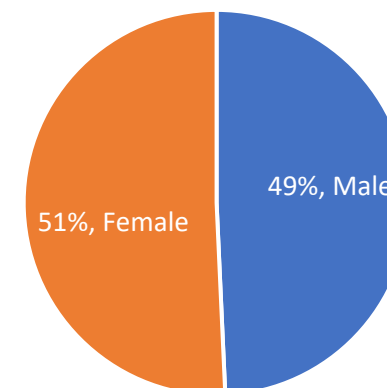
Population age structure - 6 districts (2020)



Sample sex distribution – HH Survey

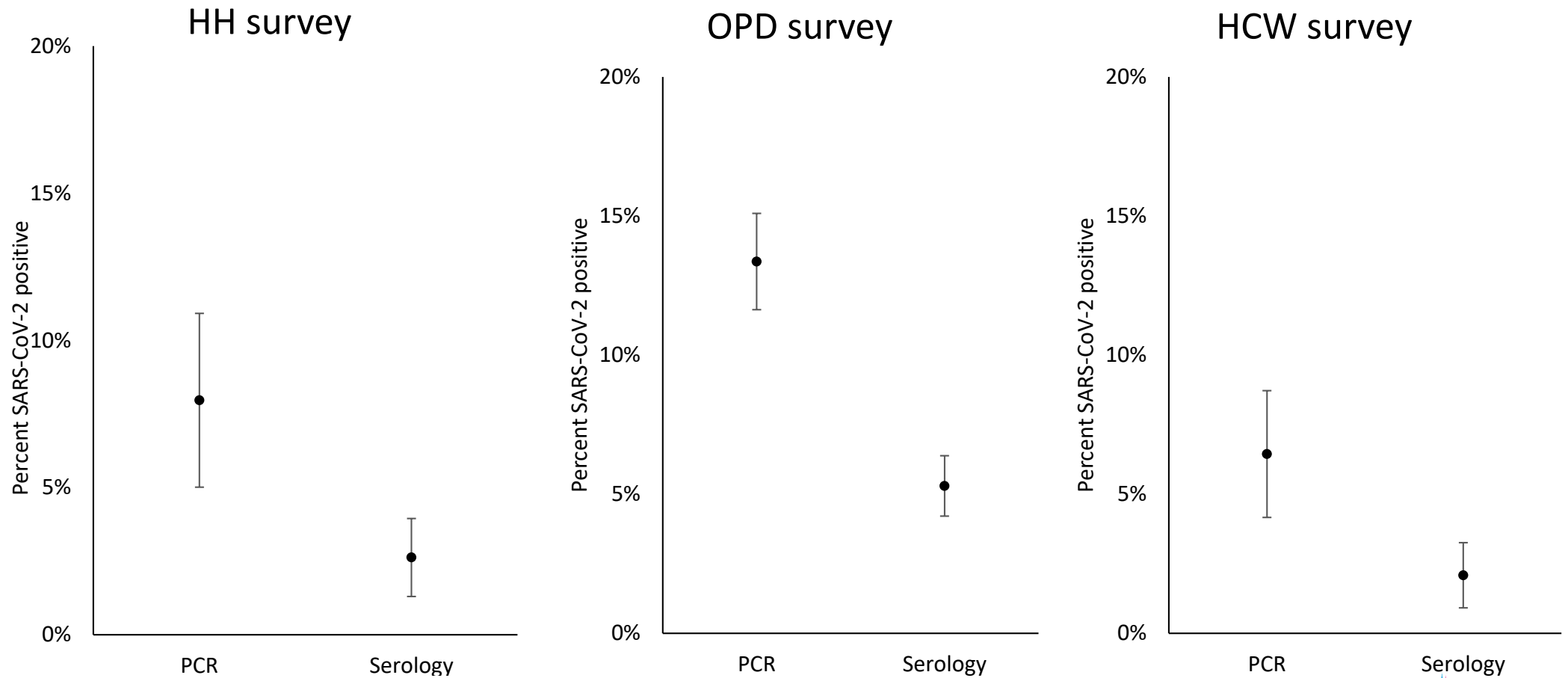


Population sex distribution - 6 districts (2020)



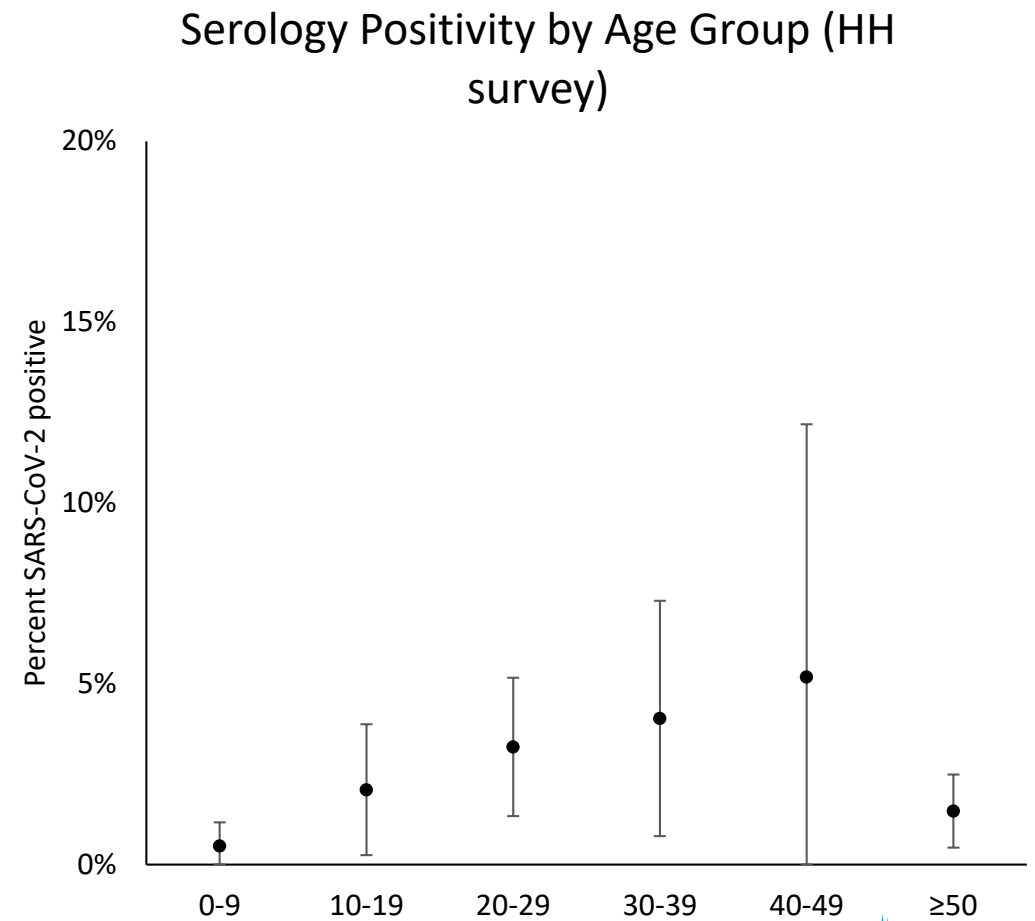
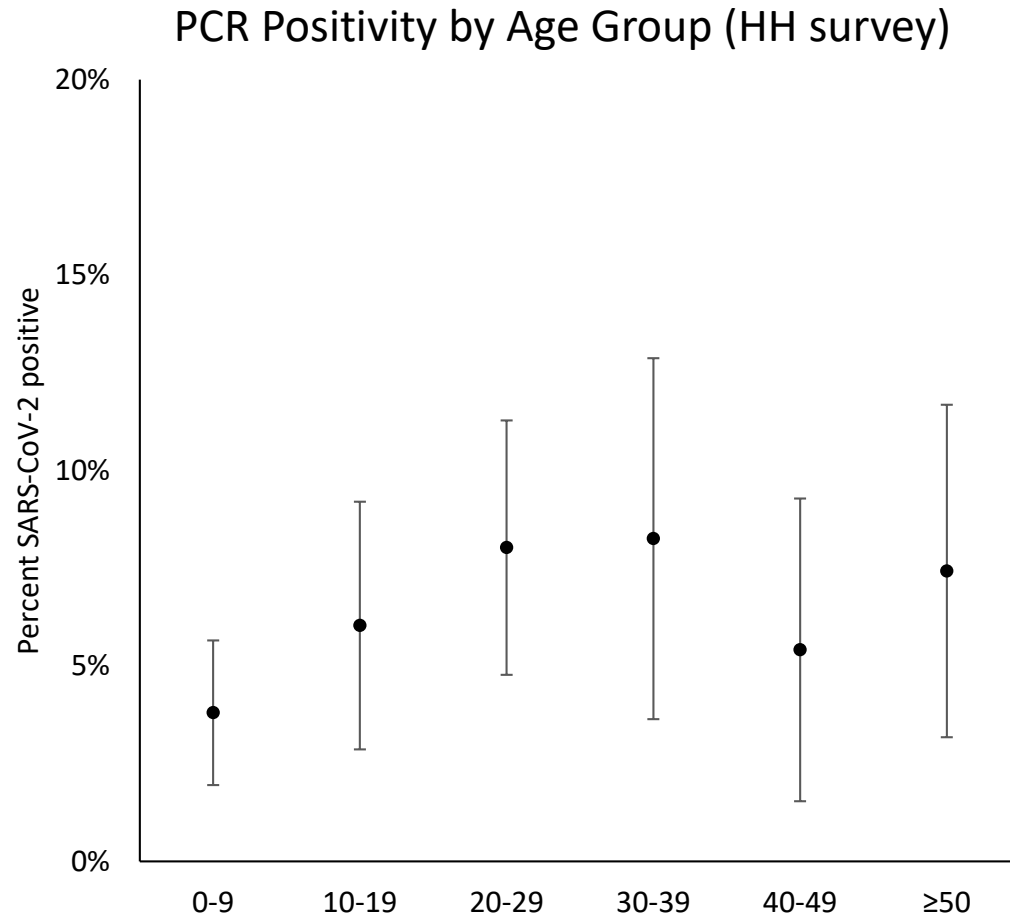
Source: <https://www.zamstats.gov.zm/phocadownload/Zambia%20Census%20Projection%202011%20-%202035.pdf>
Preliminary. Not for distribution

Prevalence by Survey Type



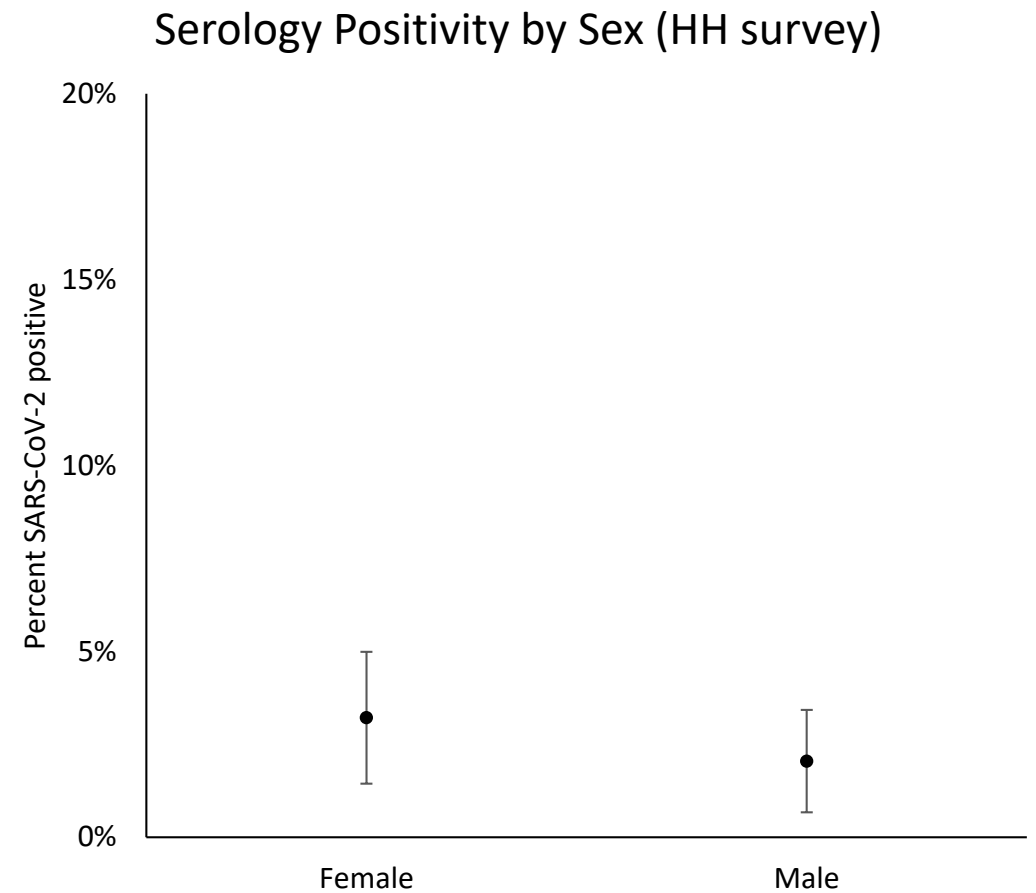
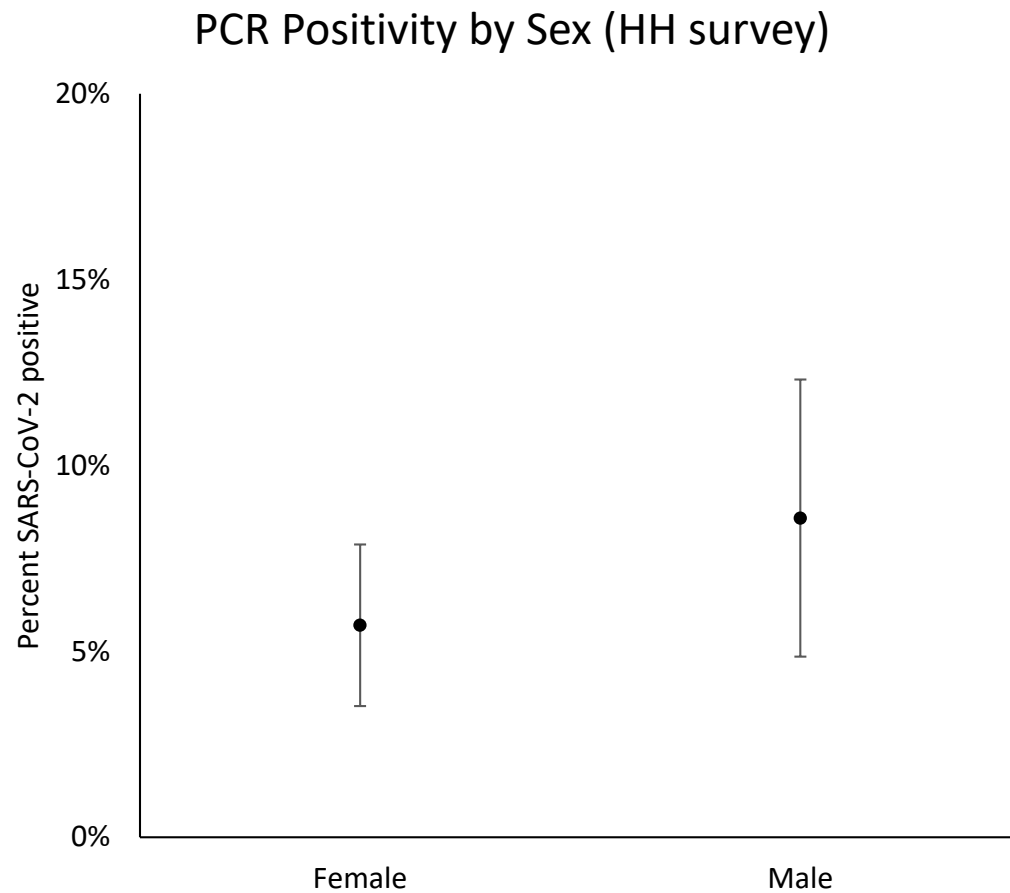
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Prevalence by Age (HH Survey)



Preliminary. Not for distribution

Prevalence by Sex (HH Survey)



Preliminary. Not for distribution

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Impact of COVID-19 on
HIV Services

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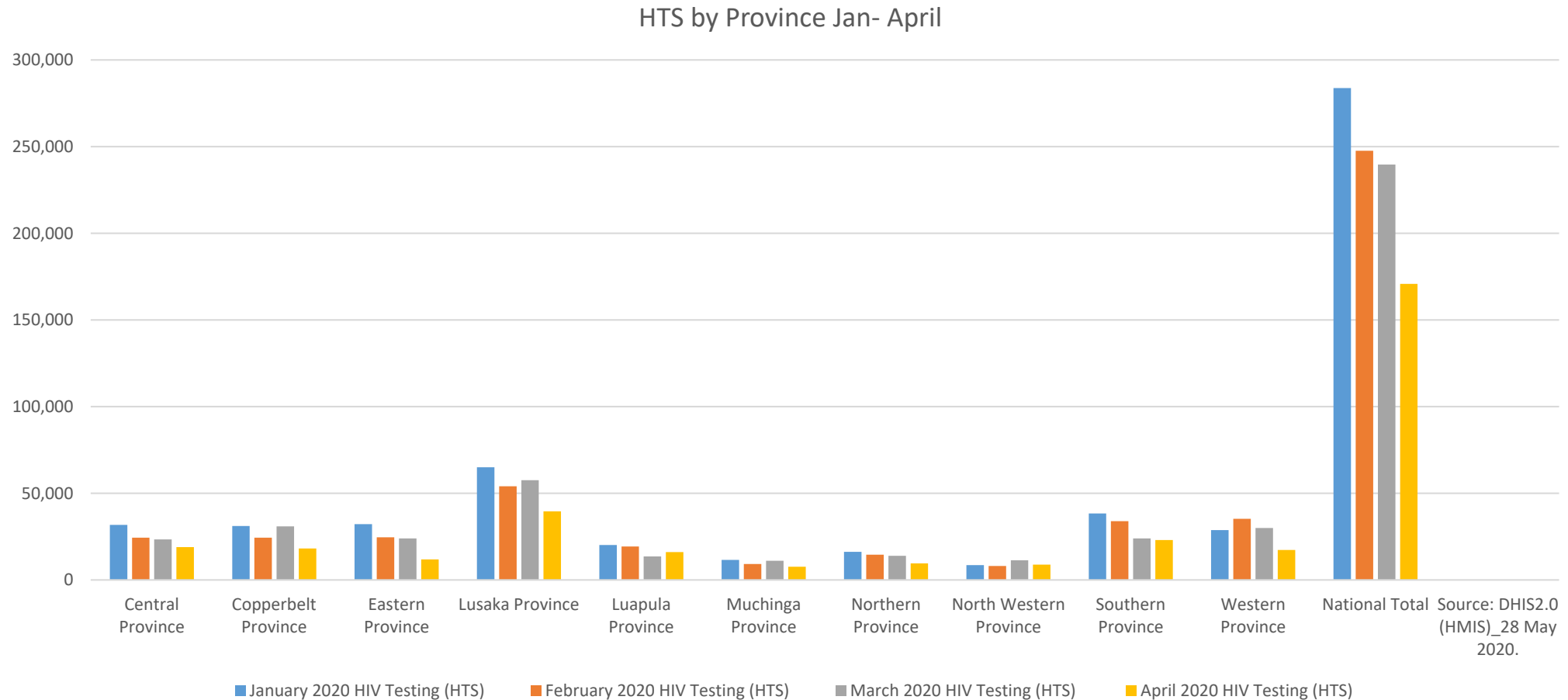
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Impact of COVID-19 on the ART program

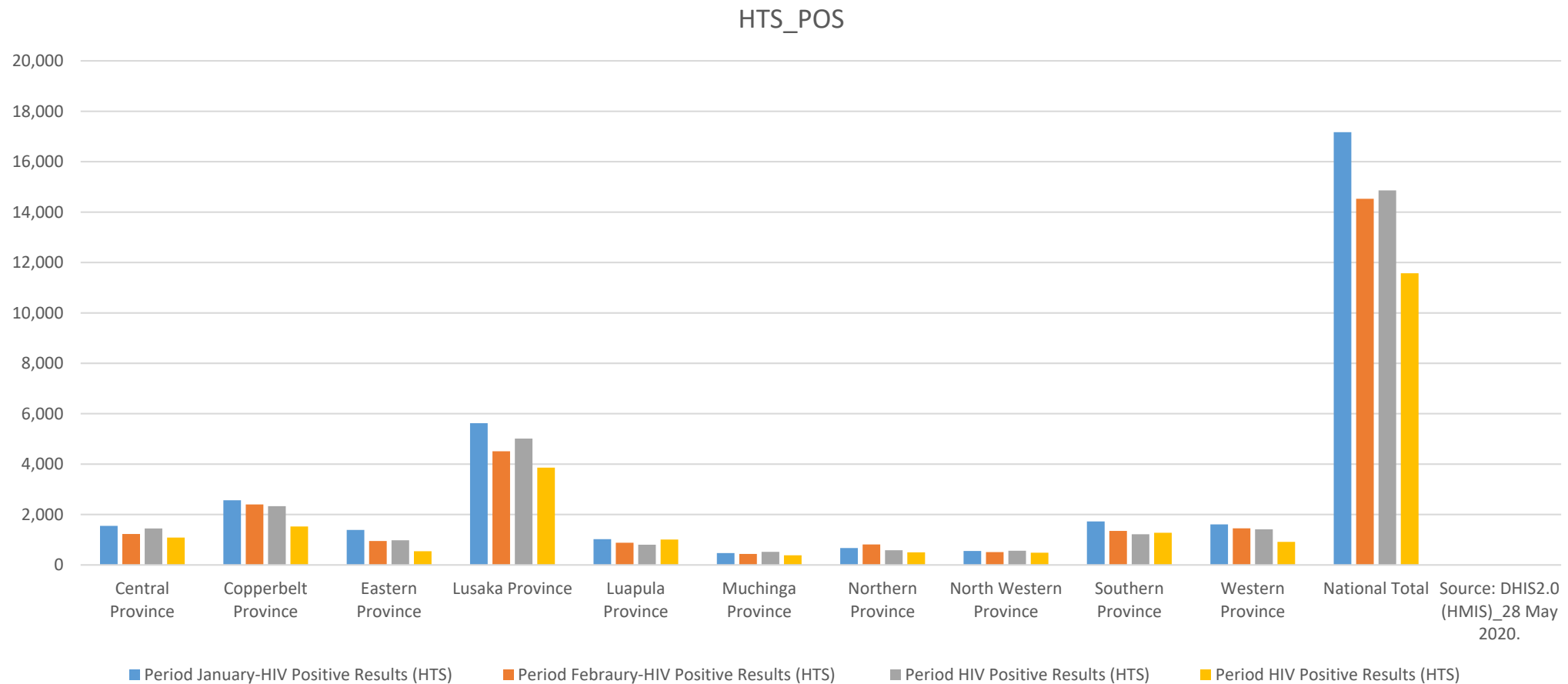
- Reduction in community and facility HIV services resulting in low HTS, new positive and new patient started on ART
- It is too early to tell the impact of COVID-19 on VLS and Retention in Care
- There has been substantial disruption in the supply chain of commodities including ABC, ATV-r and TLD
- TLE substitution for TLD has reduced gains in the ARVs drug optimization agenda

Reduction of HTS due to COVID-19 (Jan-April 20)



National HIV Program Focus for 2020/2021

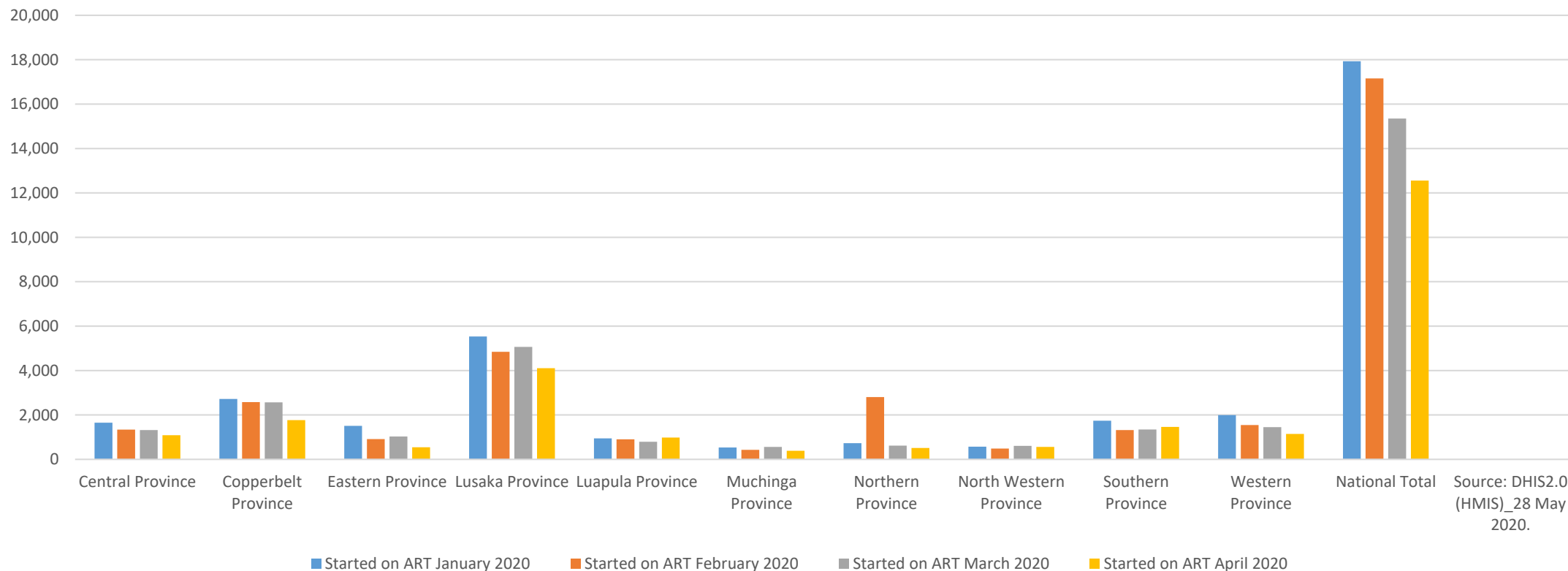
Reduction of New HIV positive cases in the COVID-19 Period(Jan-Apr20)



National HIV Program Focus for 2020/2021

Reduction in Number of patients started on ART in COVID-19 period

TxNEW



National HIV Program Focus for 2020/2021

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Mitigation Measures

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National HIV Program Focus for 2020/2021

1. 2020: TLD-TLE regimen Switch

- Due to COVID-19 and to deplete the short dated TLE, MOH instructed a temporal switch between TLD/TLE with only 224,500 patients plus new initiates remaining on TLD.
- As a result;
 - All patients are expected to be on 6-month MMD between now and September - November 2020.
 - Once TLE is depleted, plan is to transition 90% back to TLD around September - November 2020.

2. 2020: Decongestion strategy at ART sites

- In addition to the TLE and TLD intervention due to COVID, MOH with support from GHSC-PSM designs and implemented a 6MMD allocation planned for other ARVs in a bid to ensure ART service decongestion at facilities.
- The Regimens included ARVs for;
 - 1st and 2nd Line ARVs for Paediatrics
 - Adult 2nd Line ARVs
 - PrEP

3. 2020: Enhanced central level collaboration.

- Biweekly updates by MOH/GF/USAID/GHSC-PSM to anticipate and prevent shortages of all commodities.
 - Policy on streamlined distribution of commodities from port of entry to MSL
 - Resource mobilization for additional funding for procurements e.g. TLD
 - Lopinavir/ritonavir temporal switch to atazanavir/ritonavir due to API challenges.

Guiding Principles for maintaining ART treatment gains

- Ensure **safety** of clients and providers
 - Provision of PPE
 - Physical distancing
 - Triage
- **Reduce risk of transmission** of COVID-19
 - Facility screening and setting up isolation centers
 - Minimizing contact with health facilities
 - Infection prevention control measures



Multi-Month Dispensation of ART to Minimize Contact with Health Facilities

- Where possible, initial call in to take advantage and perform full clinical interaction
 - Check adherence to ART
 - COVID 19 prevention messaging
 - VL testing if eligible
- Spaced appointment scheduling
 - Appointment by day and time
 - Weekend and after-hours
- MMD for TPT



**Urgent opportunity to scale-up
MMD to all eligible!**

Engaging the Community

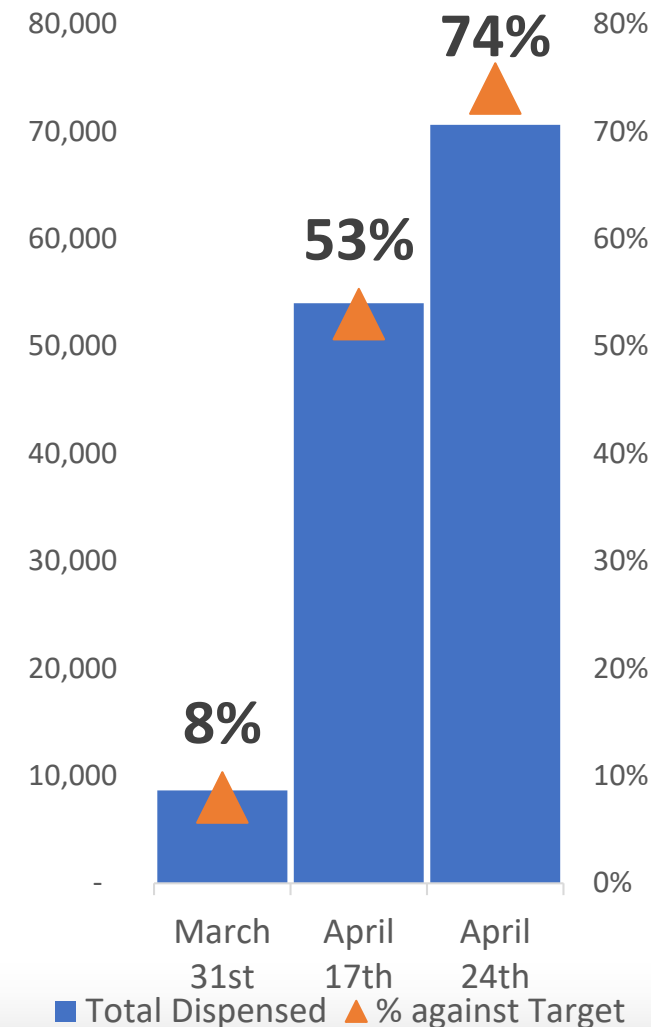
- Community index testing has resumed
 - Training of Community Health Workers (CHWs)
 - PPE for CHWs
 - Community sensitization for HIV testing
- Messaging
 - National policy on face masks has helped to ensure contacts are also wearing masks
 - Measures for the public to protect themselves



Strengthen Continuous Quality Improvement (CQI) for 3/6 MMD

Facility	Weekend Service Organized? (Yes/No)	Drugs Available? (Yes/No)	TX_CURR as at 22nd April 2020	# of Clients to be Dispensed	# Dispensed as at 22nd April 2020	% Dispensed as at 22nd April 2020
Bauleni Urban Health Centre	Yes	Yes	3,920	3,894	5,026	129%
Chainda Urban Health Centre	Yes	Yes	1,201	506	505	100%
Chawama First Level Hospital	Yes	Yes	9,916	7,648	4,729	62%
Chazanga Urban Health Centre	Yes	Yes	3,594	3,520	1,411	40%
Chelstone Urban Health Centre	Yes	Yes	8,708	6,742	3,598	53%
Chilenje First Level Hospital	Yes	Yes	7,767	7,486	10,346	138%
Chipata First Level Hospital	Yes	Yes	10,929	5,760	2,570	45%
George Urban Health Centre	Yes	Yes	8,561	8,303	4,240	51%
Kabwata Urban Health Centre	Yes	Yes	5,278	5,133	5,564	108%
Kalingalinga Urban Health Centre	Yes	Yes	7,856	5,084	2,378	47%
Kamwala Urban Health Centre	Yes	Yes	7,260	4,718	3,157	67%
Kanyama First Level Hospital	Yes	Yes	12,050	5,791	6,591	114%
Makeni Urban Health Centre	Yes	Yes	5,897	3,025	2,480	82%
Matero First Level Hospital	Yes	Yes	13,163	12,794	6,283	49%
Matero Main Urban Health Centre	Yes	Yes	7,629	3,380	2,899	86%
Mtendere Urban Health Centre	Yes	Yes	5,891	3,521	2,624	75%
Ng'ombe Urban Health Centre	Yes	Yes	5,776	5,000	2,223	44%
Railway Urban Health Centre	Yes	Yes	5,502	4,127	3,986	97%
Overall	Yes	Yes	130,898	96,432	70,610	73%

6 MMD in Lusaka



Reliance on the ECHO™ Platform for tele-mentorship

- HIV/TB clinical and programmatic mentorship has relied on the virtual tele mentoring platform
- COVID-19 mentorship series held via ECHO
- Integrated COVID-19/HIV/TB



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COVID-19 and
Tuberculosis in Zambia

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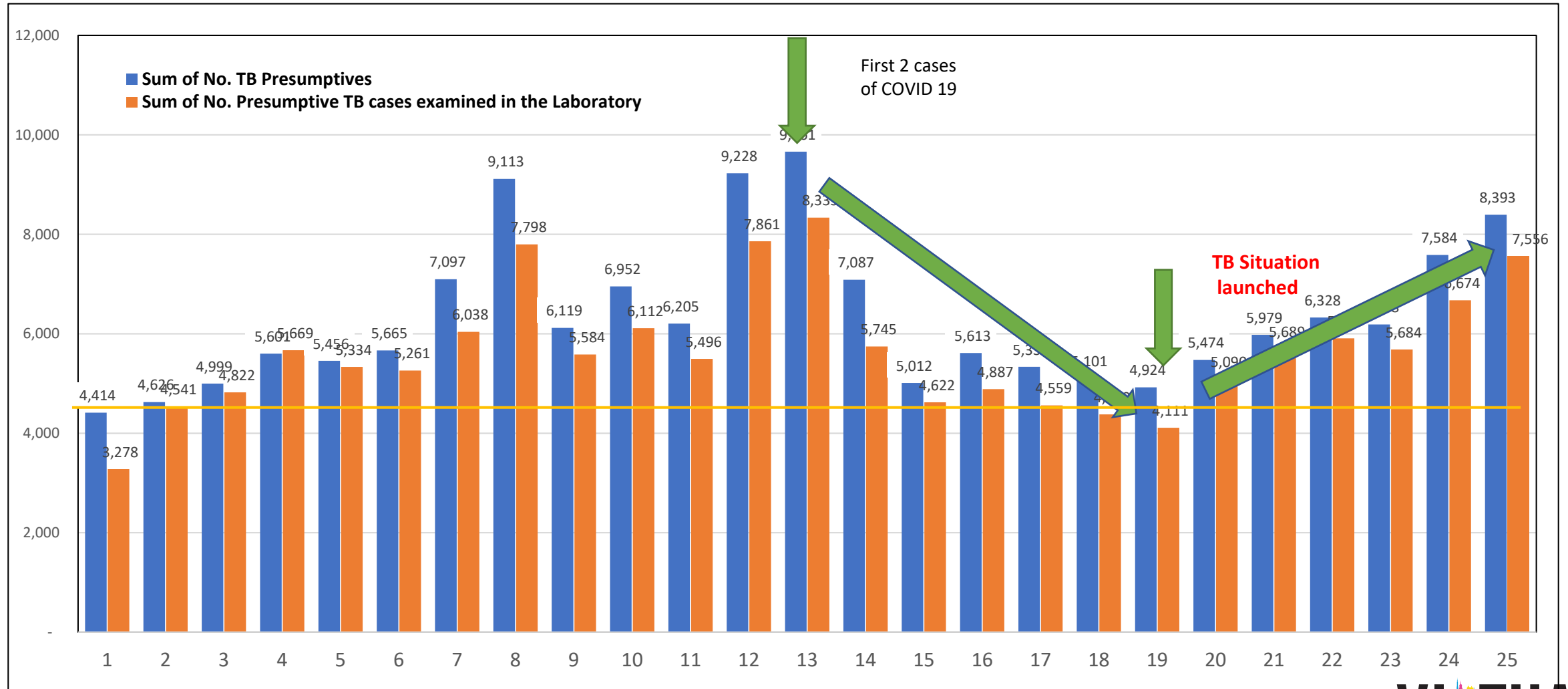
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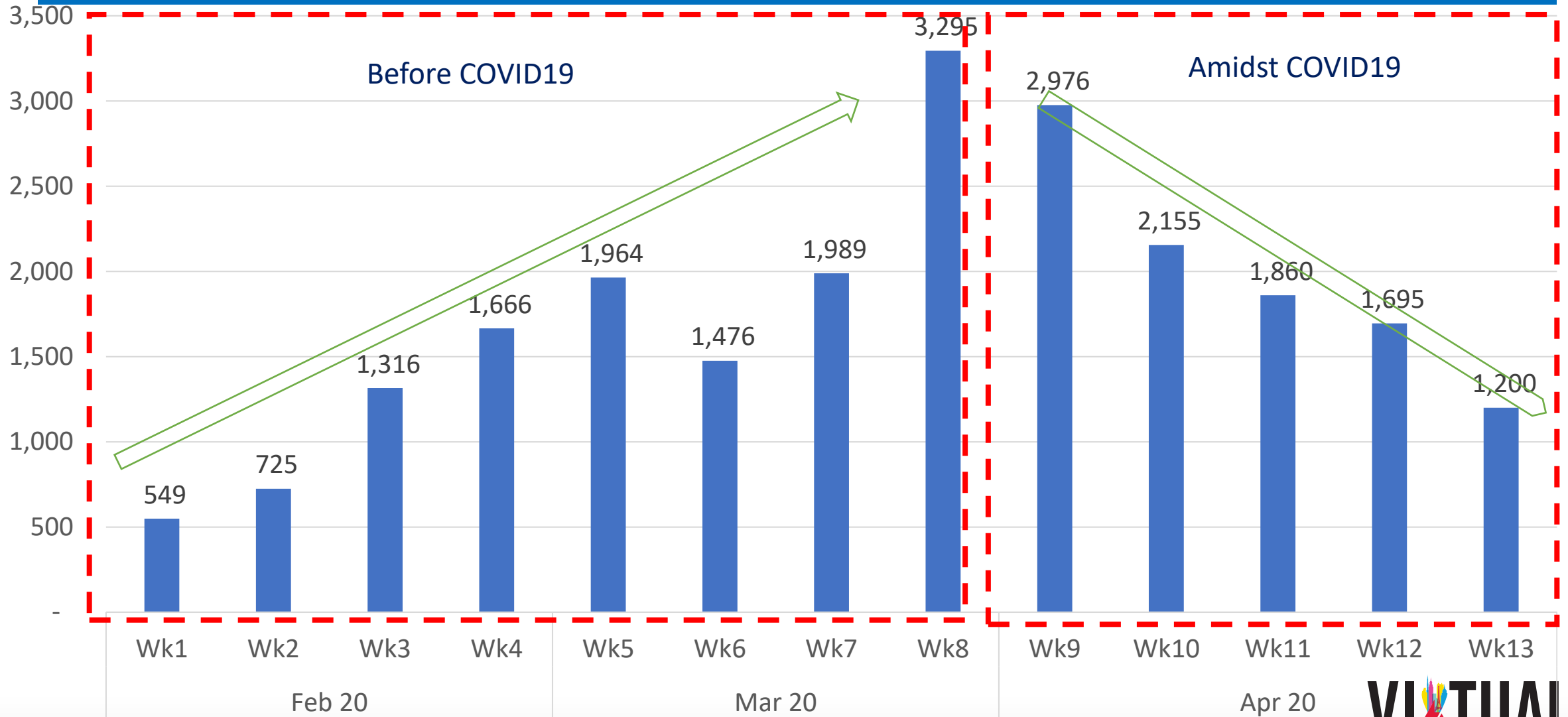
Zambian Perspective of the impact of COVID 19 pandemic on the TB programme

- Like other essential health services, the delivery of TB services in Zambia has been affected by the COVID-19 pandemic
- Since the notification of the first 02 cases of COVID 19 on 18th March 2020, modification of delivery of services was initiated in response to the outbreak of COVID 19
- This resulted in into a low turn out of patients in OPD resulting into reduced number of presumptive TB patients being identified
- Inadvertently TB notifications plummeted

Impact of COVID 19 on TB Key indicators



Effects of COVID19 on Weekly TPT Surge Initiations



Lessons Learnt

- COVID19 pandemic response has leveraged on the strong HIV/TB programme systems from community ,facility and management levels
- Virtual platforms for mentorship and programme supervision have provided an unprecedented versatility
- Granular monitoring and redistribution of commodities has averted stockouts
- Continuous Quality Improvement interventions have sustained some of the programme related indicators