

HIV Care Continuum

Adopting Sustainable Innovations for Remote Access to HIV Care

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Adopting Sustainable Innovations for Remote Access to HIV Care

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HIV Care Continuum Adherence 2022 Monday November 7 from 1:45-3:00 PM ET









Impact of COVID-19 on HIV

South Africa made significant progress before the emergence of COVID-19

- Maternal mortality reduced to just over 70 per 100,000 live births
- Under 5 mortality rates reduced
- Universal healthcare targets were within reach
- For HIV, more than 5.3 million people were receiving ART
- Success rate for TB was on an upward trajectory

COVID-19: Routine healthcare services were negatively impacted

- Impact of the pandemic and government restrictions on patients and healthcare services have been described.
- Urban + peri-urban ► rural areas
- Fewer reports describe how service delivery was adapted.



Impact of COVID-19 on TB

- TB cases and deaths now increased for the first time in decades.
- WHO fewer cases were detected and fewer people treated during 2020/2021 due to disruptions caused by COVID-19.
- In 2021, compared to 2020
 - 10.6 million with TB in 2021 (↑ 4.5%)
 - 1.6 million died \uparrow
 - TB incidence 13.6%
 - 3% ↑ in DR-TB; 450 000 new RR-TB
- Major drivers: growing rates of poverty, inequity, under-nutrition, comorbidities, discrimination and stigma.



WHO Global TB Report, 2022

"TB services are among many others disrupted by the COVID-19 pandemic in 2021, but its impact on the TB response has been particularly severe".

Interventions to strengthen the public health system

Rapid review

19 countries Close to 100 interventions

e-survey (SA) 7 provinces ; 47 responses researchers, funders, stakeholders, implementing partner

Building institutional capacity

Strengthening service delivery

Digital transformation

Community engagement

Health Economics and Epidemiology Research Office





Screening, testing, diagnosis

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Health-care worker support and training

Doorstep diagnostic services and delivery of results

Availability of self-testing in non-health settings

Increased co-morbidity testing (diabetes, HIV etc.)

Mobile outreach with GeneXpert and digital X-ray

New tools or equipment

Awareness, empowerment, education

Self-testing

& rapid

screening







Digital technology to improve delivery of results

Targeted ACF for TB – high burden villages,

congregate settings and urban settlements

- Digital specimen referral to facilitate specimen transportation
- Additional GeneXpert / Truenat machines

Sputum collection at patient's home

Self-screening and self-testing

including community check points

- Chest X-rays and computed aided detection
- Private providers to identify and refer to NTP clinics









Awareness, empowerment, education

Improved reporting & access to results

"Welcome back campaign"

Test Cente

uffer from COVID-19. hore information and in case o

queries please visit https://ul.gl/cgR3eG Your Test Center Bremen-Nord

- Communication material given during re-engagement or via SMS
- Communication through radio, print or social media
- Interactive voice calls to raise awareness and improve self-referrals
- Peer led counselling village health support group
- Telemonitoring to provide patient counselling
- Follow-up patient remotely through telephone
- Telemedicine to reach patient lost or who miss a visit
- Peer led navigators
- Lay counselors/recruits in the community to link patients with the health facility for TB services
- Telemedicine to refer for TB preventative therapy
- Nutritional support, food parcels, care packages
- Monetary support vis mobile payment platforms
- Hospital linkage (Cambodia) support district referral hospitals to conduct TB screening at OPD & IPD wards.



Welcome Back!

Your Health is in your hands



Retained in care

Expanded DSD models + eligibility

Facility Patient operating support

hours

- Medication collection and delivery •
 - Multi-month dispensing for TB
 - Extended multi-month dispensing for HIV
 - Multi-month dispensing for children < 15 years
- Community collection of medication •
 - E-lockers or pelebox / Gazebo or rental containers
- Delivery of medication to household via delivery • bike/scooter/motorbikes, uber, CHWs, or clinicians.
- Community delivery to a convenient central point by CHWs • or clinicians. Drone delivery for hard-to-reach areas.
- Collection of medication at private pharmacies •
- Rapid registration of stable HIV positive patients at • external pick-up points
- Decanted PLHIV to external pick-up points closer to home •
- SMS to reach those who miss a visit for ARV collection
- Telemedicine to provide support, DOTs, monitor treatment •
- Visit or medication refill reminders
- Call centers to manage services & provide counselling
- Telephonic or video DOTS adherence and ADR monitoring



Hotline: 17737



Technical Monitor support for kev procurement indicators

Community-led monitoring

NG OUR LIVES

Virtual models

- Enhanced NTP electronic recording and reporting ٠ system
- Send GeneXpert results to client & provider • automatically using software (DataToCare – Cambodia)
- Geospatial hotspot mapping early outbreak warning
- Monitor program data
- Monitor key indicators virtually during interactive team discussions
- Increased technical support for data completeness • and treatment outcomes
- Technical support to access, forecast and procure • ARV stock to minimize stock-outs.
- Community-led monitoring of service delivery •





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Reporting Rates

Emergent adaptations of HIV and/or TB service delivery in response to COVID-19



Adaptions to HIV/TB service delivery implemented in response to COVID-19

20

Reports documenting changes to service delivery during COVID-19

Health care worker perceptions

n=335 HCWs across 45 PHCs 34% change in roles and responsibilities 57% experienced staff absenteeism 41% inadequate space – social distancing 22% indicated reduced number of patients that could be attended to due to social distancing 49% increased workload

• Virtual training

- Virtual review meetings
- Training in small groups
- Virtual support for burnout and self-help
- Digital platforms for continuous learning
- Hiring more personnel
- Digital technology to access results quicker
- More technical support M&E, procurement, data completeness etc.

Musakwa et al, 2022. PHASA Conference 2022

Limitations

- Most interventions focused on screening, testing, diagnosis or medication delivery and collection. Fewer on adapting clinic visits, awareness, patient education, M&E and reporting
- Cost-effectiveness data is needed to decide which interventions are sustainable and should be adopted as part of better service delivery.
- Nature of the intervention: design (no comparison), small scale, single site, specific setting, limited follow-up or no outcomes reported
- Video DOTS difficult to monitor medication intake remotely
- Few report patient or provider experiences or perspectives
- Likely that some interventions have not been documented



Evidence at the programmatic level

- Nigeria
- Case finding and contact investigation

Improved TB case finding using geospatial hotspot mapping	Digital chest X- ray	Scale-up of TPT in the community	Community gate keepers	New tools - Truenat	GeneXpert utilization
 Identifies hotspots Shows activities and facilities supported Priority screening list of areas Focused community interventions 	 Increase in TB cases diagnosis in the community Capacity building on Al software, CAD4TB, to increase diagnosis in the community 	 Community volunteers Training, mentoring and supervision Contact investigation DOTS officer daily review – support community volunteers 	 Communities with high enrolment gaps List of people diagnosed with TB Followed up weekly – track and re-engage in care 	 New equipment Training HCWs on the use of the machines and sample collection Detect MTB and RR-TB At the health centre level 	 Sensitive HCWs on the need to use GeneXpert Use GeneXpert for testing in children using a stool sample Training and SOPs in sample collection



USAID TB Symposium November 2022 – O. Kayode TB LON 3 Project

Summary

- COVID-19 pandemic demonstrated that services can be delivered outside health facilities and with less facility-based interactions.
- Strengthening community-based care and scaling up selfcare models can overcome some of the barriers to health seeking for TB, HIV and other chronic conditions that were observed during COVID-19.
- Integrated services more convenient for patients, improves patient satisfaction and retention + frees up providers and resources.

Many examples of where this worked well











Summary

- Leverage existing systems for TB, HIV and other chronic conditions (transport systems, referral networks, treatment supporters) and consider targeted interventions to improve outcomes.
- Use data and digital tools to improve services
 - Community-led monitoring to collect and analyze data to generate evidence based solutions for the community.
- Multi-sectoral approach and collaborations (public-private partnerships (PPPs).





Community TB treatment supporter



Conclusion

- Expand efforts to get TB and HIV responses back on track.
- Close to three quarters of documented interventions have been adopted as part of routine care (survey conducted in South Africa).
- Experiences and lessons learned can help build a more resilient health system.
- Solutions will have to be tailored for the setting (e.g., internet coverage, limited telephone services).





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