



Community-based distribution of ARVs
Photo: Raymond Avosseh

#EAWA

Creating Opportunities out of Challenges

How #EAWA Togo Is Successfully Retaining People Living with HIV on Antiretroviral Therapy Despite Disruptions from COVID-19

AUGUST 2020

PEOPLE LIVING WITH HIV AND COVID-19 IN TOGO

On March 6, 2020, Togo registered its first case of SARS-CoV-2 virus, which causes Coronavirus Disease 2019, or COVID-19. Through July 10, 2020, 704 confirmed cases and 15 deaths were reported in eight health districts of four health regions of Togo.*

As in many countries, there is the possibility for widespread community transmission of COVID-19 in Togo. Significant risk of exposure for people living with HIV (PLHIV) also results from overcrowding in hospitals despite efforts to provide differentiated care, as HIV services are often co-located within outpatient departments. Clients living with HIV may choose to avoid care in these facilities for fear of COVID-19. In addition, the COVID-19 pandemic has been plagued by inaccurate news reporting involving misinformation and myths that can lead to public anxiety and dissuade PLHIV and other vulnerable populations from obtaining necessary services, including antiretroviral therapy (ART) refills. The ability to obtain ART services may also be affected by restrictions in the public transportation needed to reach facilities.

*Johns Hopkins University COVID-19 Dashboard interactive map

EFFECTS OF COVID-19 ON #EAWA

Togo's response to COVID-19 triggered drastic disruptions in the Ending AIDS in West Africa (#EAWA) project's HIV care and treatment activities in the country (Box 1). These disruptions were primarily due to the exceptionally restrictive public health measures designed to protect people from COVID-19. Togo's government suspended air travel beginning on March 16, followed by closing air and land borders on March 20 except for the transit of goods. A three-month state of health emergency was declared on April 1, with a curfew enforced from 7 p.m. to 6 a.m. Five cities with confirmed cases of COVID-19 were also on lockdown and curfew, including Lomé, Tsévié, and Kpalimé, where #EAWA is active. #EAWA's activities have also been affected in the



Lomé commune and Maritime health regions, including the District 2, District 4, District 5, Agoè, Golfe, and Zio health districts. The night curfew ended on June 8, but face masks continue to be obligatory.

An immediate consequence of the COVID-19 measures was the unexpected constraints on the ability of #EAWA and its partners to ensure the provision of ART and viral load testing for the 30,161 PLHIV on ART currently served by the #EAWA project. The most urgent concern was how to make certain that PLHIV continued to have easy access to these services. However, all health facilities now apply a triage system at the entrance doors to restrict access to urgent and essential cases only. This sometimes makes PLHIV reluctant to visit the facilities to obtain or continue ART or get their viral load tested for fear of contracting COVID-19.

There were no ideal options for how to respond to the situation. Continuing to provide services as usual posed risks for both beneficiaries and providers. And yet, discontinuing services even temporarily would cause harm to PLHIV and high-risk members of key populations. Despite the life-threatening risks of COVID-19 infection, #EAWA staff, health care providers, peer educators, and peer navigators were determined to continue to provide services and keep disruptions to a minimum by quickly finding creative solutions.

#EAWA'S CREATIVE SOLUTIONS FOR CONTINUING ART PROVISION

Mitigating the adverse effects of COVID-19 was critical, but #EAWA's HIV services had become much harder to deliver and access in the COVID-19 era. To create stable opportunities for PLHIV to maintain ART adherence in these conditions, #EAWA initiated three strategies:

1. Accelerating three-month multi-month dispensing (MMD) of ART refills

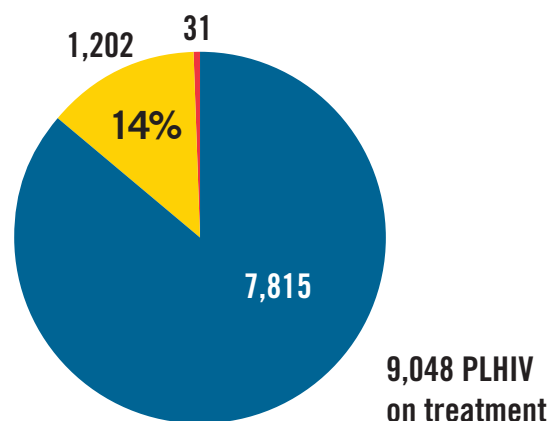
Before the pandemic, MMD was given exclusively to people already stable on ART. In December 2019, a rapid assessment conducted among 14 of the 25 project sites revealed that 26% (2,352) of the 9,048 PLHIV served by the #EAWA project were virally suppressed and eligible for MMD, of whom 52% (1,233) were receiving MMD; this represented 14% of all project beneficiaries living with HIV who were on treatment. During COVID-19, program data show that 61% (5,213) of all those on treatment who presented to renew their antiretrovirals (ARVs) (8,582) at project sites from April 13 to May 10, 2020 were receiving MMD (Figure 1).

Box 1. #EAWA Project

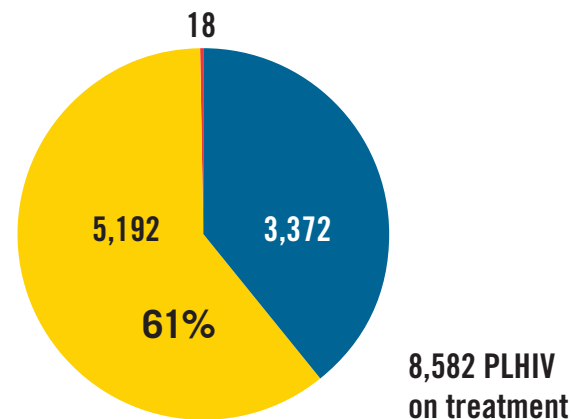
The Ending AIDS in West Africa project, known as #EAWA, is a five-year cooperative agreement (2017–2022) funded by the U.S. Agency for International Development (USAID)/West Africa and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and led by FHI 360. #EAWA's main goal is to accelerate progress toward the UNAIDS 95-95-95 targets for ending the AIDS epidemic by 2030 in the West Africa region. The targets are to achieve 95% diagnosed, 95% on treatment, and 95% virally suppressed by 2030. #EAWA currently operates in Togo and Burkina Faso and focuses on improving access to HIV prevention, care, and treatment services for sex workers, men who have sex with men, and people living with HIV.

Figure 1. Number and percentage of PLHIV who received MMD:

December 2019



April 13 to May 10, 2020



■ Number of PLHIV who received less than 3 months dispensing
 ■ Number of PLHIV who received 3-5 MMD
 ■ Number of PLHIV who received 6 MMD



*A client living with HIV in Lomé receiving a three-month supply of ARVs.
Photo: #EAWA Togo*

However, from May 10–25, 2020, a shortage of some ARVs occurred. As a result, the number of MMD refills of ART decreased, continuing into the week of June 5 (Figure 2). Most MMD refills during the period of COVID-19 restrictions were for a three- to five-month supply, with a much smaller number being for six months or more.

2. Calling clients one week before appointments as reminders and to arrange safe ART refills

Prior to COVID-19, only the clients who had missed their appointments were called due to the financial and human resource costs of phoning all clients on ART. However, the #EAWA team began extending phone-based

reminders to more clients who were due for refills during COVID-19. Of the 2,111 PLHIV eligible for ART refills whom they contacted by telephone, 93.5% (1,973) came for their refills.

#EAWA's adaptation of its practices to COVID-19 conditions has resulted in better organization and more contact with clients by phone and online, including providing individual and/or group counseling on treatment adherence through WhatsApp. Staff have also accelerated the search, mostly by telephone, for people who do not show up for their appointments, are absent from treatment because they no longer seek appointments, or may be lost to follow-up.

Figure 2. Multi-month distribution of ARVs to PLHIV, April 13–June 15, 2020

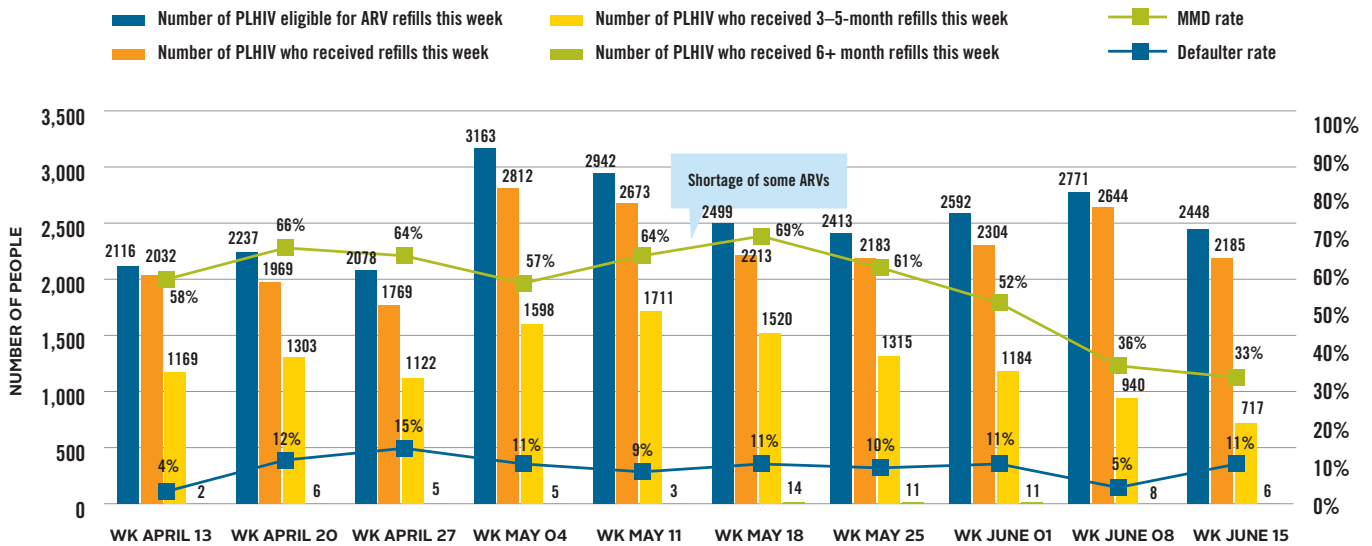
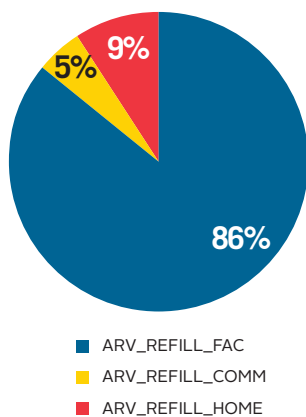
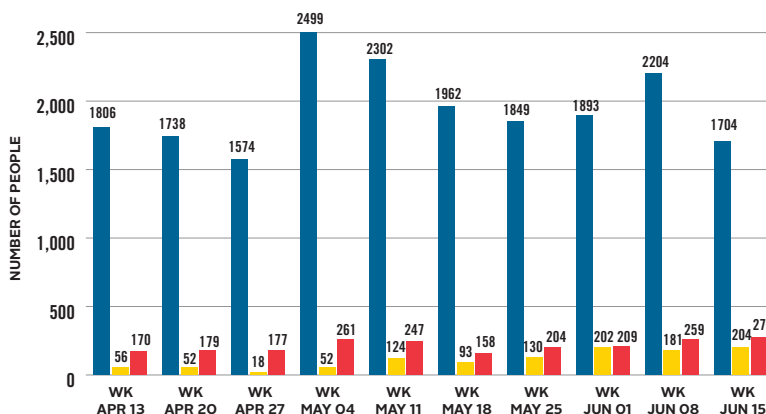


Figure 3. Methods of receiving ART refills, April 13–June 15, 2020

Percentage of ARV Refill Distribution Methods



Variation in Methods of ARV Refill Distribution by Week



3. Decentralizing ART dispensation to the community through community-based or home delivery

The utility of novel methods of providing refills is also borne by the evidence. Prior to the COVID-19 outbreak, no community or home delivery existed; ART was distributed in health facilities only. During the ten weeks of the COVID-19 restrictive measures, 3,253 patients (14%) received their refills in the community (5%) or at home (9%) (Figure 3). When patients did have to come to the health facility for ART refills, appointments were scheduled carefully to avoid overcrowding or long waiting times, which put PLHIV at risk of COVID-19 infection. Efforts are continuing to expand ART dispensation through community-based or home delivery.

ENSURING SAFE DELIVERY OF ART AND VIRAL LOAD TESTING AT HEALTH FACILITIES

Increased attention to safe delivery of HIV services at health facilities is important for promoting retention on ART during COVID-19, because the main method of receiving ART in Togo continues to be at health facilities—though community-based and home delivery of refills is increasing. Based on #EAWA’s experience in facilities, encouraging retention on ART within the context of the emergency response to COVID-19 requires the following:

- Preventing nosocomial infections of COVID-19 through attention to hand washing, use of hand sanitizer and masks, infection prevention and control measures, and

modified service delivery (e.g., client scheduling) to achieve social distancing and crowd control. PLHIV and other vulnerable populations who present with mild to moderate symptoms of COVID-19 are first triaged, followed by referral to designated isolation centers within the health facility for diagnosis and treatment based on national protocols.

- Continuing to offer safe HIV testing, timely treatment initiation, and support for retention of PLHIV on ART
- Preventing reduced attention to the needs of ART clients when health staff are assigned to care for COVID-19 patients
- Ensuring that taking samples for COVID-19 does not make access to viral load testing more difficult because of overburdened staff
- Pairing access to multi-month packs of ARVs with appropriate prophylaxis and treatment for co-morbidities

#EAWA is using a mix of approaches to ensure that those who are tested for HIV or viral load receive services safely and that the risk to HIV clients and staff is reduced at sites designated as COVID-19 testing or treatment sites. For example, early on, the project began implementing physical distancing in waiting rooms. Telephone calls and visits have been continued as possible to promote adherence and to link clients to safe testing sites.

Viral load testing of a person living with HIV in Lomé

Photo: #EAWA Togo

Whether pre-COVID-19 or currently, viral load testing is usually conducted at six and 12 months after ART initiation and every 12 months thereafter. #EAWA has kept up its efforts during COVID-19 restrictions to maintain coverage of viral load testing services, including point-of-care sample collection and results delivery.

IMPROVING ART ADHERENCE DURING AND DESPITE COVID-19

In the early days of COVID-19, the #EAWA project focused on establishing efficient internal coordination to reduce the risks of infection for its staff and partners. At the same time, it sought to raise risk awareness among PLHIV while ensuring that ART dispensation and viral load testing continued without interruption. The expertise gained in that first phase is being applied throughout the project by offering expanded technical support, including coaching to partner staff.

Going forward, the project is working to address the following needs:

- **Strengthening existing case management and support group mechanisms**, both of which help ensure that a person living with HIV remains in touch with their adherence support system even while observing social distancing and stay-at-home orders.
- **Developing an appointment system to stagger service delivery scheduling** to minimize crowding in ART clinics/health facilities. #EAWA Togo and FHI 360 are currently planning for the adaptation and deployment of the Online Reservation App (ORA). #EAWA is also providing technical assistance to stagger appointments for patients on MMD over the next three months.



- **Administering a COVID-19 screening tool to all clients attending ART clinics** to gain efficiency and speed. Those who respond Yes to any items on the checklist are separated from other PLHIV to minimize the risk of transmission of COVID-19.
- **Scaling up MMD to reduce visits to health facilities.** All patients currently eligible for MMD should be identified to ensure that they are receiving a three-month supply of ART. ART supplies are limited in Togo and prevent programs from implementing six-month MMD. #EAWA is helping to analyze stocks of ARVs to ensure that eligible patients have a three-month supply. How to initiate newly identified clients with three-month MMD should also be explored. #EAWA is coordinating with the National AIDS Control Program (NACP) to identify a set of eligibility criteria to select newly identified PLHIV who can be initiated on MMD. Further, to make ART refills easier, NACP has initiated a new directive suspending eligibility criteria for MMD to allow provision of several months of ART dispensing in light of COVID-19.

- **Addressing diversion or shortages of health care workers in HIV clinic settings** as the number of COVID-19 cases rises. One way #EAWA is dealing with this is by setting up more ART pick-up points in the community, such as with case managers or at faith-based institutions, to accelerate decentralized service delivery. Telephone counseling and consultations are also being encouraged to minimize unnecessary clinic visits.
- **Optimizing supply chain management** by working with partners to develop and use tools to collect essential data, conduct proper analysis and interpretation of data to inform decision making, and expand coaching/mentoring to equip staff with the necessary skills and work habits.
- **Monitoring ART dispensation on a weekly basis** to prevent stock outs.

- **Scaling up community-based and home delivery of ART refills** so that PLHIV do not have to risk coming to health facilities, where they may be exposed to COVID-19.

CONCLUSIONS

#EAWA project staff are implementing solutions that could serve as a model to achieve improved ART retention during and after the COVID-19 pandemic. The three strategies being used by the project—MMD, reminder and scheduling calls, and community-based and home ART delivery—are examples of how seemingly insurmountable challenges are being converted into opportunities to strengthen #EAWA's service capabilities and maintain HIV services during the COVID-19 restrictions and pandemic.

For more information about the #EAWA project, please email eawainfo@fhi360.org

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