

## I-TECH Support to MoHSS Preparedness and Response in the Context of COVID-19

### Background:

Namibia has had its first two imported COVID-19 cases reported on Saturday, 14 March. Namibia's President has on 17 March declared, with immediate effect, a national state of emergency, which includes a wide range of epidemic containment and mitigation measures, encompassing, amongst others, the following: School closures for a period of 30 days; a ban on direct flights arriving from Addis Ababa, Doha and Frankfurt as well as a ban on any arrivals by air or sea from the Schengen states area, China, Iran, Korea, UK, USA, Japan; mandatory reporting of suspected Covid-19 cases from state and private health facilities; and immediate release of special funds to the Ministry of Health & Social Services for epidemic preparedness work.

On 18 March I-TECH Namibia was approached by the CDC Country Office requesting for the preparation of a plan to ensure that HIV/AIDS services will continue with minimal disruption (and indicating where CDC support might be needed). In line with its CDC funded HIV/AIDS Care & Treatment grant, I-TECH Namibia provides support to 7 of 14 regions in the country. Three regions receive comprehensive direct service delivery (DSD) support, and four regions technical assistance support (TA). DSD support includes the staffing of a limited number of RN (registered nurse), EN (enrolled nurse), HA (health assistant) and DC (data clerk) positions in selected MoHSS health facilities, supported by above-site Nurse Mentors (NMs), M&E officers (MEOs), one Clinical Mentor (CM) per region, and one HIV Laboratory Coordinator (HLC) per two regions. I-TECH's TA support includes the latter staff categories only.

The MoHSS on 18 March indicated that a comprehensive SOP including guidance on Infection Prevention and Control (IPC) and the management of suspected and confirmed COVID-19 cases is imminently due to be officially released.

Based on the communication from CDC, three broad areas for I-TECH support have been identified, namely:

1. **Patients:** General measures aimed at maintaining support to individuals on ART and minimizing their risk of exposure to SARS-CoV-2 and COVID-19
2. **Health Care Workers:** Support to enhance the work of HCWs by preventing SARS-CoV-2 infection through strengthened IPC (infection prevention and control) measures, and continued provision of on-site training and mentoring support
3. **Communities:** Prevention or mitigation of SARS-CoV-2 spread in communities through health facility-based support

### Main Strategies and Activities:

1. **Patients:** General measures aimed at maintaining support to individuals on ART and minimizing their risk of exposure to SARS-CoV-2 and COVID-19

Purpose: Minimize risk of ART patient's exposure to SARS-CoV-2 through reduced frequency of health facility visits, while maintaining/improving treatment outcomes

	Strategy	Activity	MoHSS Actors	I-TECH support
1	MMD (multi month dispensing) - Prescription	<p>a) Fully virally suppressed patients (VL=&lt; 40): Provide MMD: 6/12 supplies</p> <p>b) Low level viremia (VL &gt;40 &lt;1000) patients: Assess case-by-case and prepare for 3/12 medicine supply prescription</p> <p>c) Unsuppressed (VL&gt;1000) patients: continue monthly visits, assess for drug and adherence issues, and manage accordingly</p> <p>d) Actively encourage promotion of patients to become members of CAGs and to receive their medicine supplies in communities; Refer consenting patients to respective CAGs via CAG coordinators</p>	NIMART RNs, MOs	NMs and CMs
2	MMD - Dispensing	<p>Work with pharmacies to ensure adequate and relevant stock and dispensing:</p> <p>Calculate figures (by health facility) of patients requiring respective MMD dispensing and share with pharmacies for more accurate demand forecasting and supply ordering</p>	Pharmacy heads (PAs, pharmacists)	NMs and CMs supported by SI directorate
3	Avoid multiple follow-up dates	<p>a) Ensure pharmacy FU date coincides with prescribers' FU date</p> <p>b) Fully integrate other chronic condition Rx with ART prescription and follow-up</p>	Pharmacy heads and NIMART RNs, MOs	NMs and CMs
4	TLD transition	Increase first TLD prescription from 1/12 to 3/12	NIMART RNs, MOs	NMs and CMs

		Complete TLD transition process by July 2020		
5	Minimize NVP prescription	List all patients, by health facility, who still are on NVP Rx, actively manage adherence issues, and transitioning to EFV or DTG based Rx	NIMART RNs, MOs	NMs and CMs
6	Ensure TPT coverage for all PLHIV	Apply standard TPT process as per 2019 ART Guidelines	NIMART RNs, MOs	NMs and CMs
7	Triaging ART patients presenting with symptoms suggestive of COVID-19	Apply MoHSS COVID-19 SOP, e.g. triage ART patients with COVID-19 symptoms; Mask and isolate these patients in a designated space/area; Apply Infection Prevention and Control procedures throughout (see below)	NIMART RNs,	NMs and CMs

2. **Health Care Workers:** Provide support to enhance the work of HCWs by preventing SARS-CoV-2 infection through strengthened IPC (infection prevention and control) measures, and continued provision of training and mentoring engagements

Purpose: Strengthen the safety and conduciveness of the working environment and maintain high motivation of staff in all health facilities that are supported by I-TECH

	Strategy	Activities	MoHSS Actors	I-TECH Support
1	Strengthen IPC measures in health facilities	Implement IPC measures in line with MoHSS COVID-19 SOP Designate Isolation space/room Provide IPC on-site training/mentoring	Health Facility charge-nurse/matron, IPC focal person RNs, MOs	NMs and CMs
2	Ensure relevant PPE supplies for effective IPC are in place	Work with respective Pharmacy heads to verify necessary PPE supplies are in stock at all health facilities	Pharmacy heads Charge-nurses	NMs and CMs
3	Quality assurance of IPC implementation in line with SIMS	Regularly observe IPC measures implementation and provide mentoring	IPC focal person	NMs and CMs
4	Provision of on-site and remote training and	Continue supportive supervisory and mentoring	Health Facility charge-nurse	NMs, MEOs, CMs

	mentoring support for HIV/AIDS services	site visits to individual health facilities Continue remote mentoring and support	NIMART RNs, ENs, HAs, DCs	
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3. **Communities:** Prevention and/or mitigation of SARS-CoV-2 spread in communities through targeted health facility-based support

Purpose: Synergize I-TECH's facility-based DSD and TA support to enhance preparedness and prevent/ minimize SARS-CoV-2 spread in communities served by I-TECH supported health facilities

	Strategy	Activities	MoHSS Actors	I-TECH Support
1	Reduce number of unsuppressed (=immuno-compromised), but regularly seen, ART patients living in any given community	See Section 1 above	See Section 1 above	See Section 1 above
2	Reduce number of unsuppressed (=immune-compromised) lost to follow-up (LTFU) ART patients in communities	List all LTFU patients of the past year, trace by phone and/or physical visit through strengthened cooperation with community IPs/partners Strictly maintain newly introduced Missed Appointment Register and follow-up/trace patients without delay through community IPs/partners	NIMART RNs, HAs	NMs, CMs
3	Strengthen Health Education (HE) of ART patients and all HTS clients	Increase frequency of group health education in waiting areas with focus on adherence and Covid-19 Provide Covid-19 individual client education as part of provision of HTS Obtain, distribute and ensure use of relevant HE materials Compile HE script on Covid-19 for use by HAs during provision of HTS	NIMART RNs, HAs	NMs, CMs, HLCs

Implementation Coordination:

I-TECH Namibia representatives are to participate in MoHSS COVID-19 Preparedness and Response Coordination Mechanisms at national, regional and district level.

**Resource Implications:**

TBD

**Monitoring and Evaluation:**

TBD