

Six-month antiretroviral dispensing and other comprehensive, person-centered HIV care to increase service efficiency, client convenience, and risk of COVID-19 infection in three provinces in Zambia



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Problem/Background/Issue

Reduction of COVID-19 transmission among people living with HIV (PLHIV) remained a concern throughout the pandemic. The USAID Supporting an AIDS Free Era (SAFE) program, which operates in three provinces and supports 302 health facilities, and the Ministry of Health (MOH) in Zambia applied various person-centered approaches to reduce clinic visit burden and risk of COVID-19 transmission among PLHIV.

Response/Description

USAID SAFE helped decrease clinic congestion, increase service efficiency and reduce patients' clinic visit burden and risk of COVID-19 transmission. First, stable PLHIV were transitioned to multi-month dispensing (MMD) of antiretrovirals (ARVs). Second, USAID SAFE worked with communities to integrate ARV deliveries and dispensing, TB preventive therapy initiation and refills, cervical cancer screening, and viral load sample collection and monitoring. USAID SAFE reviewed ARV stock status to ensure availability and provided after-hours and weekend clinics for those unable to access treatment during regular working hours. The program supported intensive calling of clients for drug pick-up and/or top-up prior to predicted COVID-19 waves.

Results/Lessons

In March 2020, of 288,115 clients on ART, 70% (203,134) physically attended clinics, with 29% (83,706) of all clients on 6 MMD; 47% (136,211) on 3–5 MMD; and 24% (68,198) on fewer than 3 months. By December 2021, the overall population of clients on ART increased by 9% to 315,299 clients, but the number physically attending clinics in the month decreased by 45% (143,218), with 68% (215,293) of all clients on 6 MMD, 24% (75,912) on 3–5 MMD, and the remaining 8% (24,094) on fewer than 3 months.

Conclusion/Next Steps

MMD and other clinic decongestion measures greatly reduced the volume of health facility visits by PLHIV, while serving larger numbers overall and continuing patient care and treatment. The reduction in the number of PLHIV attending the facility on each clinic day enabled adherence to COVID-19 prevention measures as there was adequate space for social distancing that enabled health practitioners to attend to each client. SAFE will continue to support the MOH to maintain person-centered approaches like MMD.