



# Management of PLHIV with viremia; Experiences from a High-Volume Referral ART Clinic in Zimbabwe

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**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery

# Presentation Outline

- Introduction
- Findings following introduction of viremia clinics
- Impact on viremic patients
- Scalability of viremia clinics nationally
- Conclusion

# Introduction

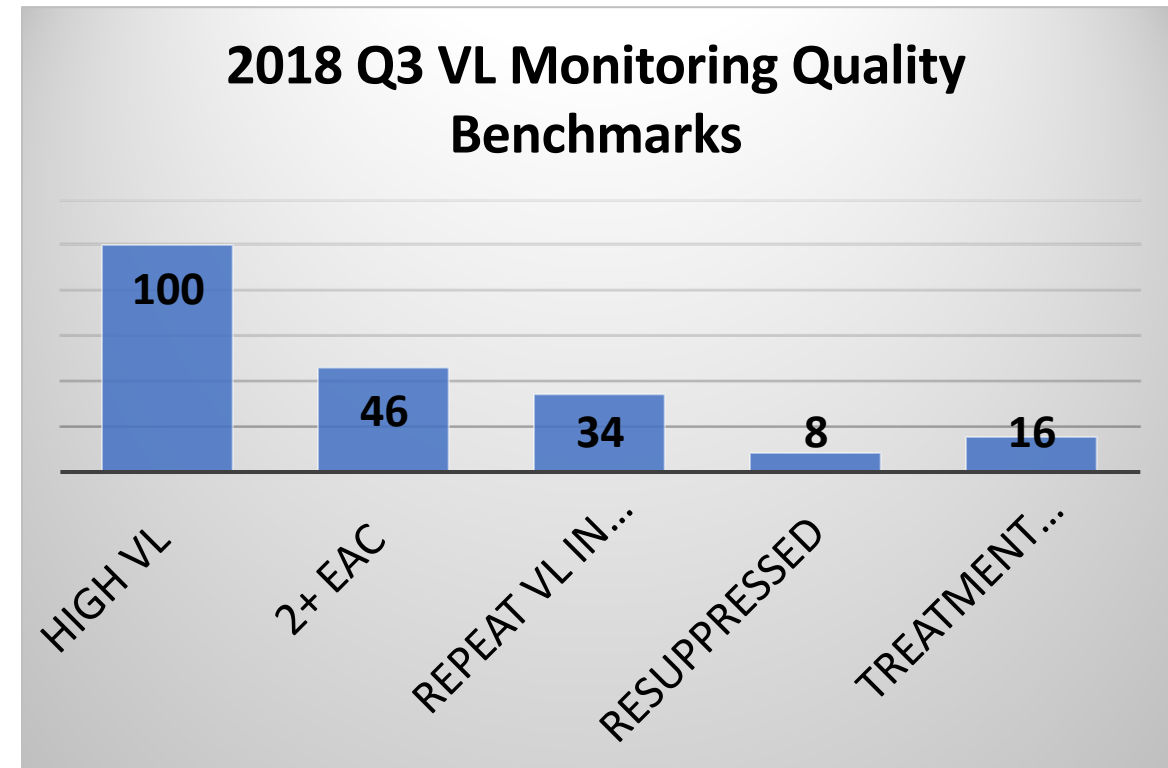
- The goal of HIV treatment is to achieve virological suppression
  - Near zero transmission from HIV-positive partner (virally suppressed) to HIV negative partner (Bavinton BR et. al, 2017)
- Viremia has a negative impact on HIV control
  - Individual - High risk for advanced HIV disease
  - Population – high risk for HIV transmission
- When high viral load is identified – efforts to identify barriers to adherence and support the patient

# Introduction - Setting

## Mpilo Centre of Excellence (CoE)

- Pioneer ART site in public sector in Zimbabwe
- 11,000 patients in care
- 900–1,000 VL tests per month
  - 84% VL suppression (2018)
  - > 100 patients with high VL every month

## *Challenges in VL monitoring and results utilisation*

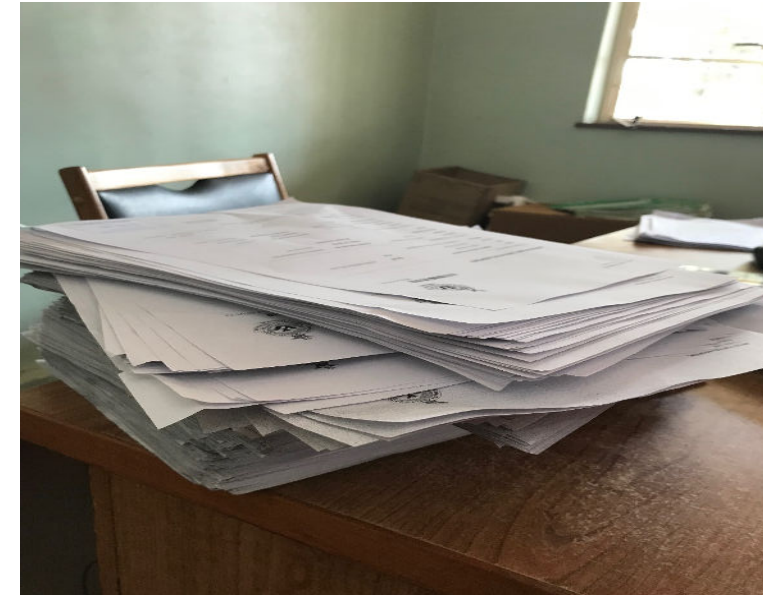


# CQUIN South-to-South learning visit

- CQUIN south-to-south visit to South Africa in November 2018 focused on VL utilization
- Visited the Centre of AIDS Programme of Research in South Africa (CAPRISA) in Kwa-Zulu Natal
- Objective: to observe and learn key interventions for better Viral Load Completion and re-suppression of failing patients

# What did we do?

- Viral Load Monitoring and utilization Quality Improvement Initiative taken on board with the following key intervention
  - Increasing VL testing coverage and results documentation
  - Taking action on high VL results
    - Prioritization of High VL results
      - *emailed to the clinic as an Excel spreadsheet*
    - Patients are contacted to come for first Enhanced Adherence Counselling session

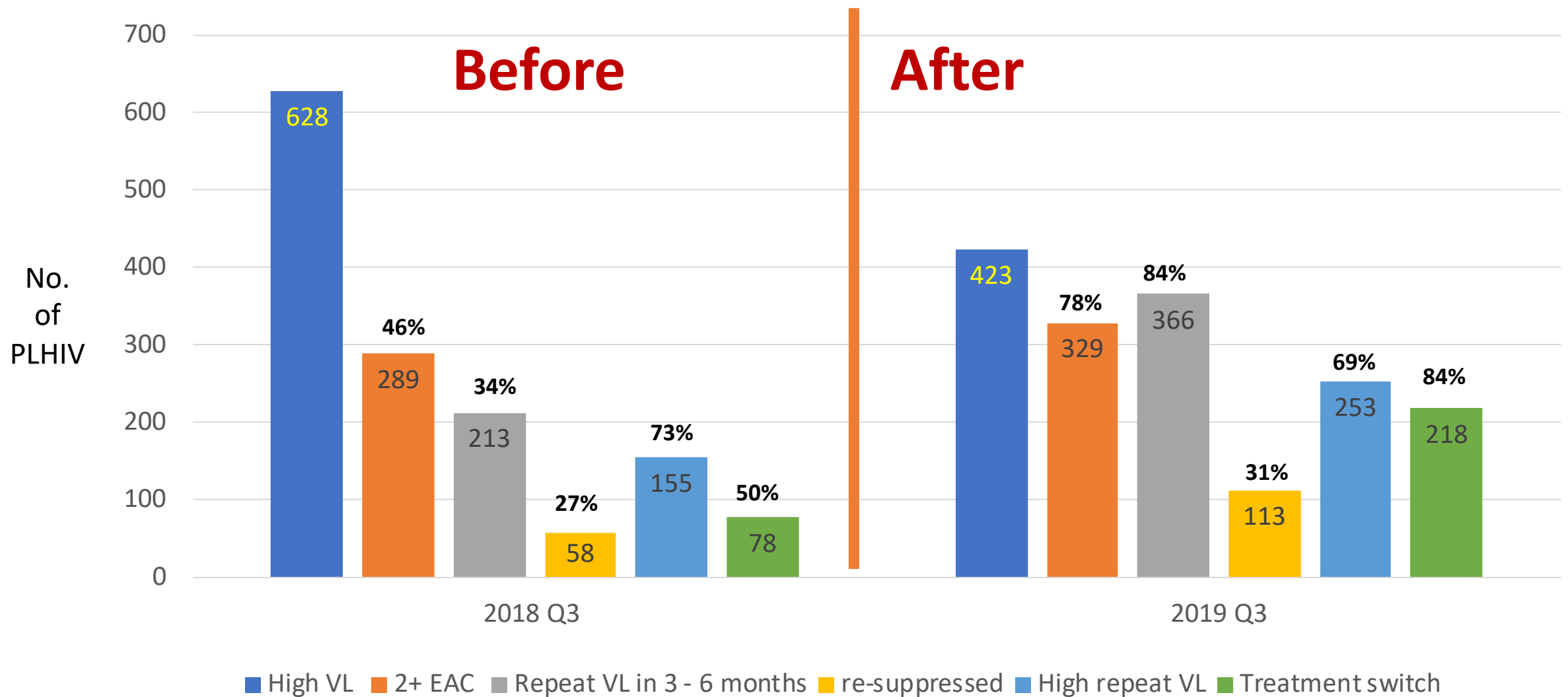


# Viremia Clinics

- Viremia Clinics Introduced
  - “Wednesday Clinic” weekly
  - Clinical Meeting to discuss difficult cases every 3<sup>rd</sup> Thursday of the Month
  - Multi-disciplinary team involved in management
    - Clinicians, counsellors, clinical psychologist, social worker
    - Community base care and support - JF Kapnek Trust / Childline / Million Memory Project
  - A new counselling tool “Explaining adherence and Resistance” introduced into our EAC sessions
    - All staff including peer educators trained on the tool

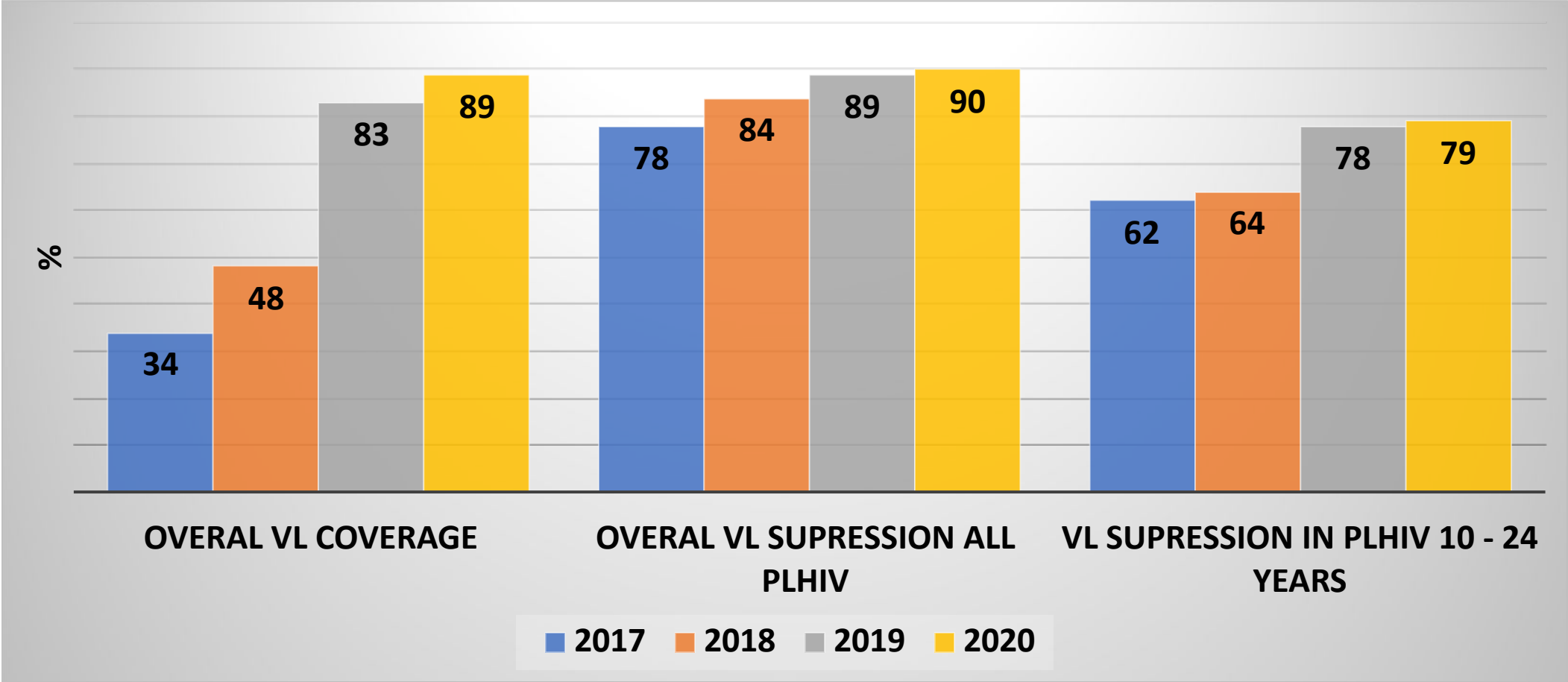


# VL Monitoring and Utilization cascade Before and after introduction of Viremia Clinic at Mpilo CoE





# Impact of Viremia clinic on VL suppression



# Lessons Learned and Way Forward

- Introduction of dedicated viremia clinic has fostered a culture of multi-disciplinary team approach in managing PLHIV with unsuppressed VL
- Feasibility of scaling up of intervention to other facilities e.g., primary level facility where there is limited staff
  - *Clinical mentorship program considered as a platform for scale - up*
- Use model as a pilot for Interprofessional Education and Collaborative Practice
- Introduction of virtual EAC sessions
  - MOHCC has developed SOPs on how to provide virtual EAC sessions
  - This pilot will be evaluated and scaled up nationally

# THANK YOU