



Zimbabwe DSD Country Update

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Outline

- **Where are we now?**
 - CQUIN Dashboard Results
 - DART Model Mix
- **How did we get here?**
 - Update on CQUIN Action Plan
 - Program adaptations made in response to COVID19
 - Successes and Challenges
- **2021 goals and targets**

Country Context



Zimbabwe is heavily burdened by HIV/AIDS & TB

- 1,4M PLHIV (2019 estimates)
 - 1,3m adults
 - 84,000 children
- HIV prevalence: 13.7% (15-49 age group)
 - Female 16.7%
 - Male 10.5%
- HIV incidence: 0.48% in 2016 (*ZIMPHIA, 2016*)
 - down from 1.42% in 2011, 0.98% in 2013
- Progress on 90 90 90
 - 90; 95; 87 (UNAIDS, 2019)
- TB/HIV co-infectivity rate of 62% [*Global TB Report, 2019*]

CQUIN Dashboard Results



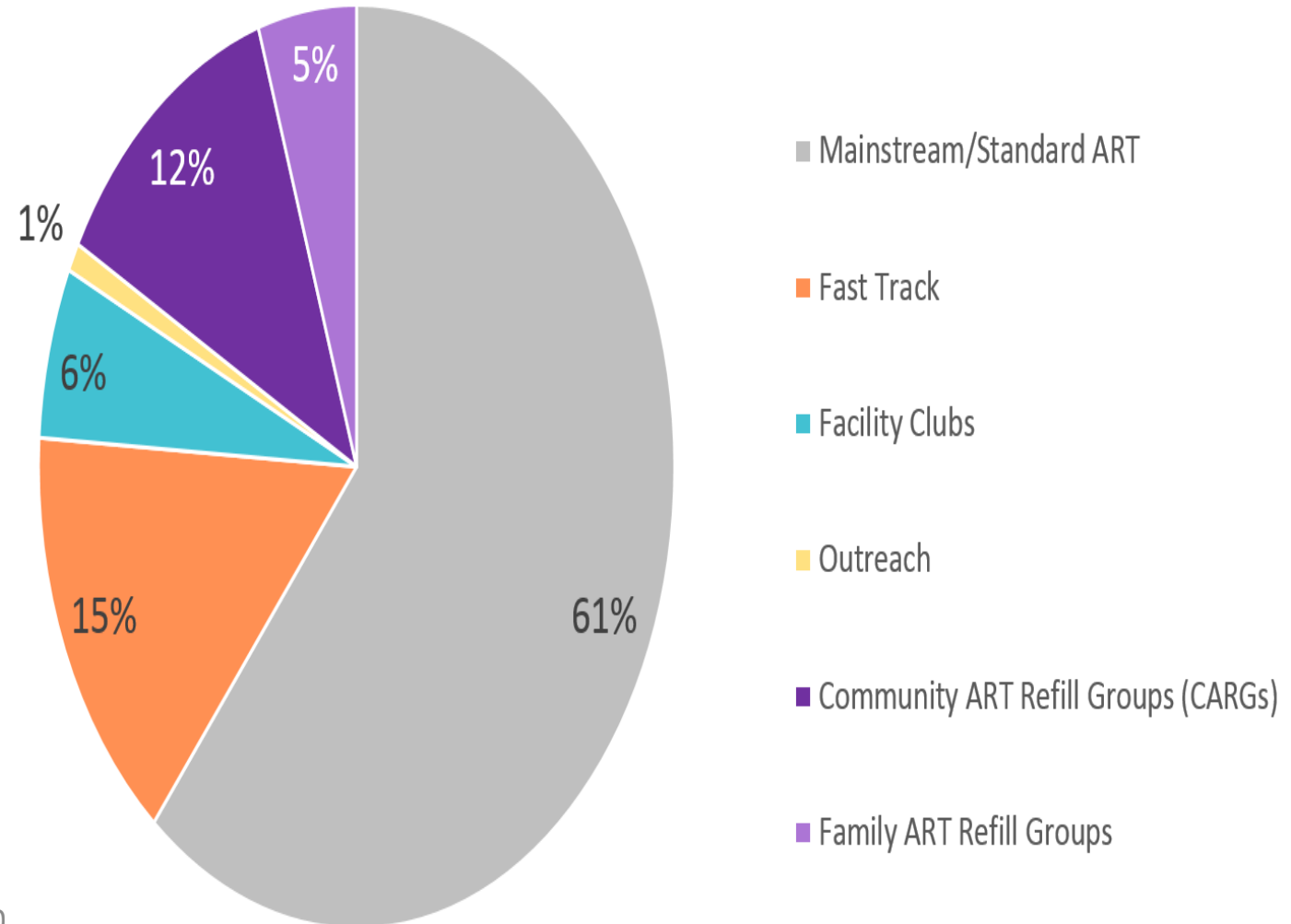
Whilst no gross changes were seen in the domains, improvements were noted within domains including

- Facility coverage domain, increasing from 88.5% by Sept 2019 to 91.5% by June 2020 in the 44 districts reporting on DSD quarterly
- Patient coverage exclusive of MMD increased from 32.4% to 39% during the same period
- Elements of a DSD M&E system for the country now have DSD data points included in the comprehensive Electronic Health Records (EHR) system which is currently in use in one province

Model Mix (1): DSD Models for ART exclusive of MMD

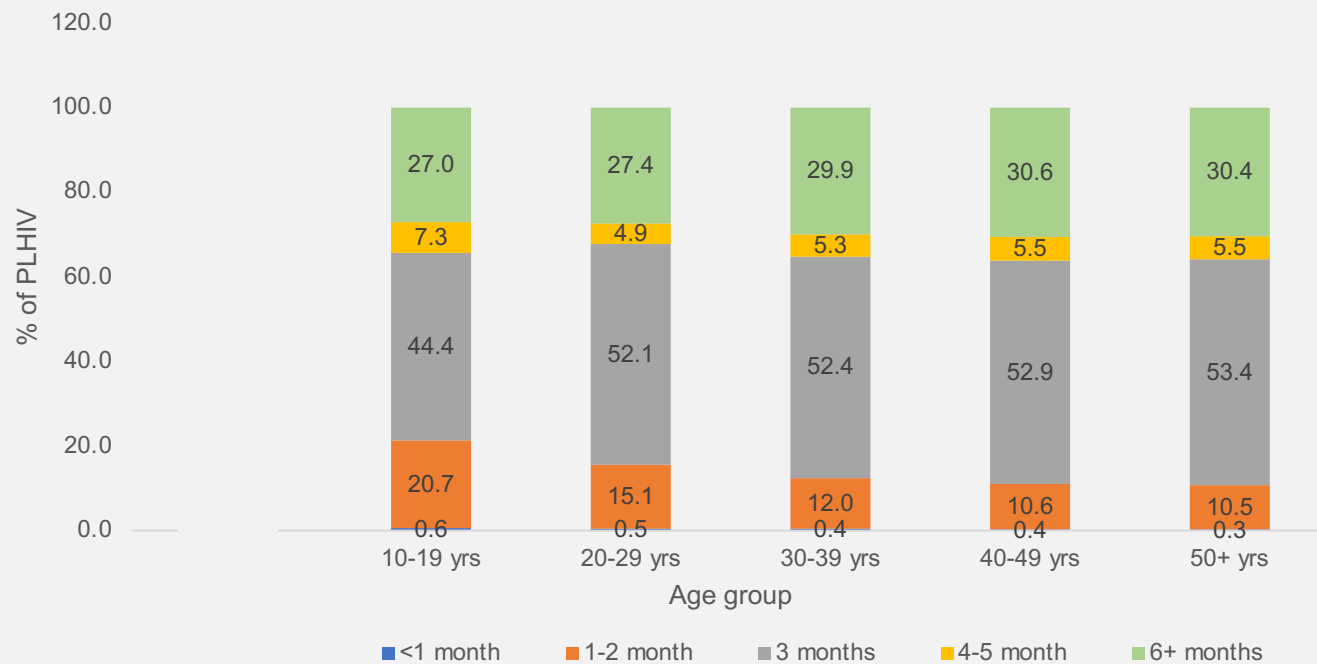
Derived from 43/65 partner-supported districts catering for 918,043 (79%) of all PLHIV on ART, as of June 2020

- Exclusive of multi-month dispensing the most clients were enrolled in the Fast Track model (15%), followed by the CARGs (12%).
- The smallest proportion was enrolled in the outreach model



Model Mix (2): Multi – month Dispensing among PLHIV on ART for at least 6 months as at end of Dec 2019 (N= 452,811)

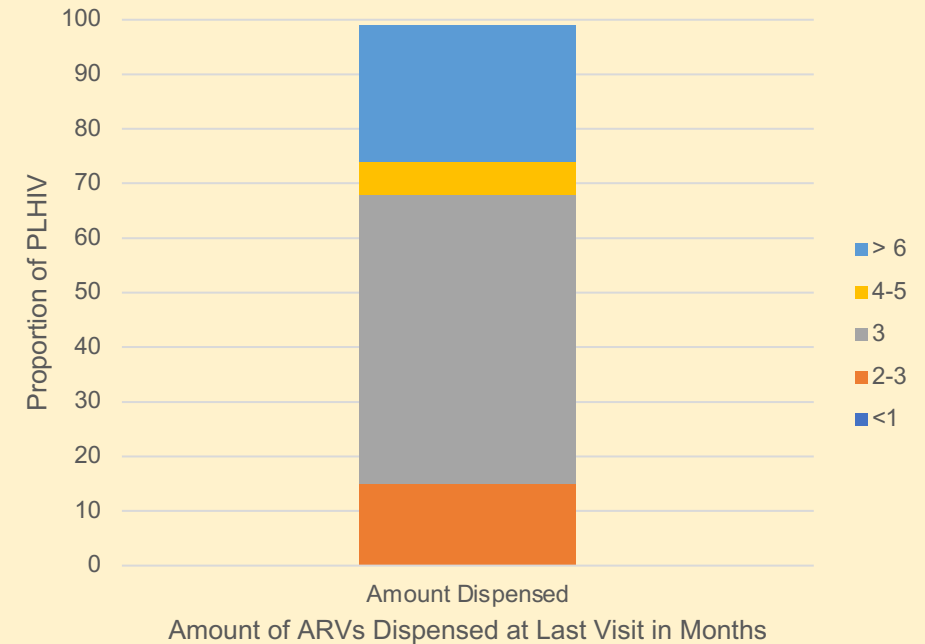
ARV multi-month prescribing practices stratified by current age group among adolescents & adults (10+ years) in ART care for ≥ 6 months between 2018-2019



Age group	10-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50+ yrs
No. of PLHIV	43,686	185,961	338,113	191,555	98,142

More adolescents compared to adults received less than 3 months for most probably due to reduced length of prescriptions during EAC sessions to address adherence challenges

Distribution of ARV multi-month Dispensing at last Annual visit among Adolescent & Adult PLHIV (≥10 years old) in ART care for ≥6 months in 2019



85% of PLHIV in care were receiving 3+ months of ARVs

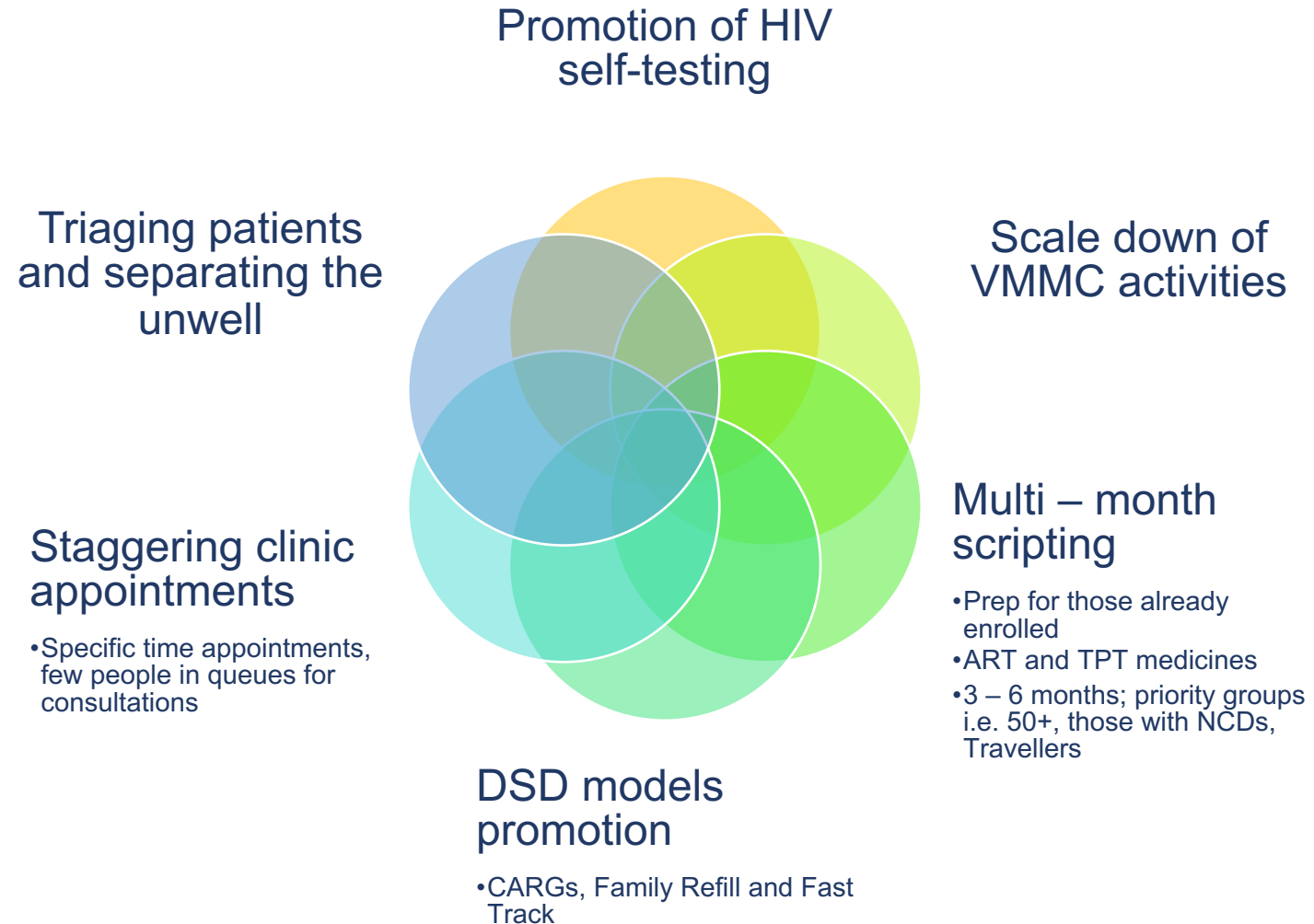
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Update on CQUIN Action Plan from 11/2019

- **Activities that have been successfully completed include:**
 - Strengthen demand creation by dissemination and trainings
 - Facility and community demand creation activities conducted in 20 districts with collaboration between clinical partners and RoC
 - Call centres and WhatsApp platforms used to increase enrolment of RoC in DSD models
- **One activity that was dropped or that is still underway is:**
 - DSD implementation review meeting with stakeholders – postponed to 2021 due to the changes in policies and funding reallocation during the COVID era

Key policy and practice adaptations made in response to COVID19 - 2



M&E adaptations made in response to COVID19 to enhance data reporting

- SOPs on reporting of 'visitors'
 - Due to travelling restriction RoC could not access services at their usual facilities so guidance was given to allow them to receive refills from any facility closest to them
 - MoHCC developed an SOP for standard reporting of 'visitors' at facilities to avoid misclassifications of visiting RoC as defaulters or loss to follow up
- Increased utilization of social media platforms for feedback to other facilities for update
 - District WhatsApp groups were formed and nurses would report RoC from other facilities who would have visited their facilities so that records would be updated

Successes

- Design of standard national DSD register
 - Going through validation processes with the rest of the revised & new MoHCC HIV tools
- Successful implementation of outreach services for HIV/ART in urban areas
 - 20 outreach sites established and 25 028 clients supplied with ARVs in Harare province
- Establishment of the call centre for RoC
 - 350 calls handled during the COVID period
 - Issues included access challenges and community DSD models coordination
- Increase in 6-MMD implementation
 - Both for priority groups and non-priority groups

The CQUIN Project 4th Annual Meeting | December 7-10, 2020

KUTABILA PLATFORM
CALL CENTRE FOR PEOPLE LIVING WITH HIV & THEIR COMMUNITIES

TOLL FREE
08080441

CALL FREE AND GET LINKED

1. HIV prevention and treatment
2. Psycho-social support services
3. Key Population and Youth friendly services
4. Impact mitigation of COVID-19 and HIV
5. SRHR services

HOW TO GET CONNECTED

- 1** **08080441**
Call 08080441 and wait for the welcome message
- 2** **SELECT**
Select your Provincial Agent on your Dialpad
- 3** **CONNECTED**
Wait to be connected. You're connected

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BULAWAYO:	0	MASH-WEST:	5
HARARE:	1	MASVINGO:	6
MANICALAND:	2	MAT-NORTH:	7
MASH-CENTRAL:	3	MAT-SOUTH:	8
MASH-EAST:	4	MIDLANDS:	9
YOUTH, KP & GENERAL ENQUIRIES:		#	

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COVID-19, MENTAL HEALTH, VIRAL LOAD, ARVS, TOLL FREE

UNAIDS, Aids Fonds, NATIONAL AIDS COUNCIL, ZNNP

Challenges (other than COVID-19)

- Integration of DSD in electronic systems slower than anticipated
 - Hence DSD M&E data collection and reporting is still manual

Outline

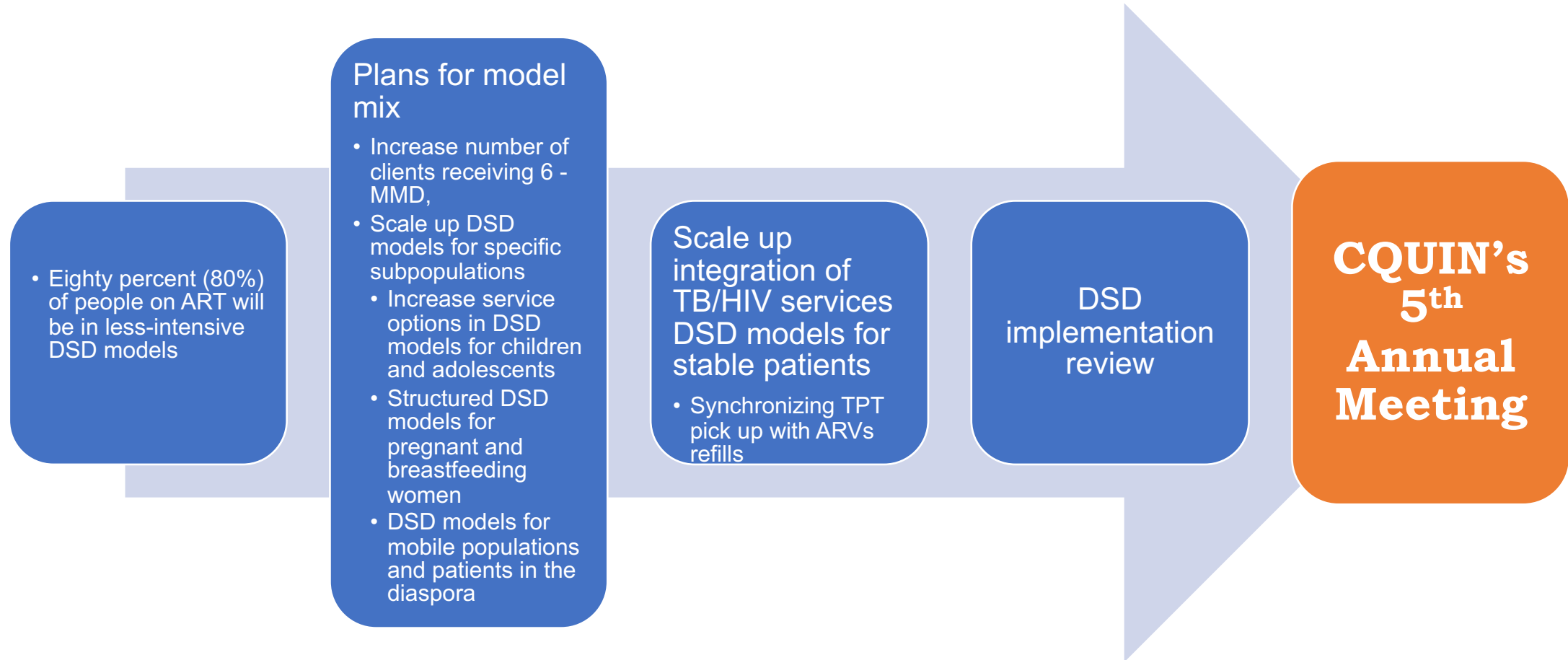
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2021 Goals and Targets

By CQUIN's 5th annual meeting (end-2021):

- Eighty percent (80%) of people on ART will be in less-intensive DSD models
- Plans for model mix
 - Increase number of clients receiving 6 - MMD,
 - Scale up DSD models for specific subpopulations
 - Increase service options in DSD models for children and adolescents
 - Structured DSD models for pregnant and breastfeeding women
 - DSD models for mobile populations and patients in the diaspora
- Scale up integration of TB/HIV services DSD models for stable patients
 - Synchronizing TPT pick up with ARVs refills
- DSD implementation review

2021 Goals and Targets



Acknowledgements

- Ministry of Health and Child Care
- Implementing Partners
- PEPFAR
 - USAID
 - CDC
- Recipients of care