

Advanced HIV Disease in Zimbabwe

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Outline of the presentation



- Introduction
- Epidemiology of HIV
- AHD update
- AHD capability maturity model staging

Epidemiology of HIV in Zimbabwe



Zimbabwe HIV context



- Zimbabwe has a high burden of HIV/AIDS & TB
 - 1,3M PLHIV (2021 estimates)
 - 1,22 M Adults (15+ Years)
 - 77,000 Adolescents (10-19 Years)
 - 72,000 Children (0-14 Years)
- HIV Prevalence: 11.8% (15-49 age group)
 - Female 14.8%
 - Male 8.6%
- HIV Incidence: 0.45% in 2020 (*ZIMPHIA, 2020*)
 - Down from 1.42% in 2011, and 0.98% in 2013

Trends in Cumulative number of PLHIV on ART by Year, Zimbabwe, 2004- June 2022

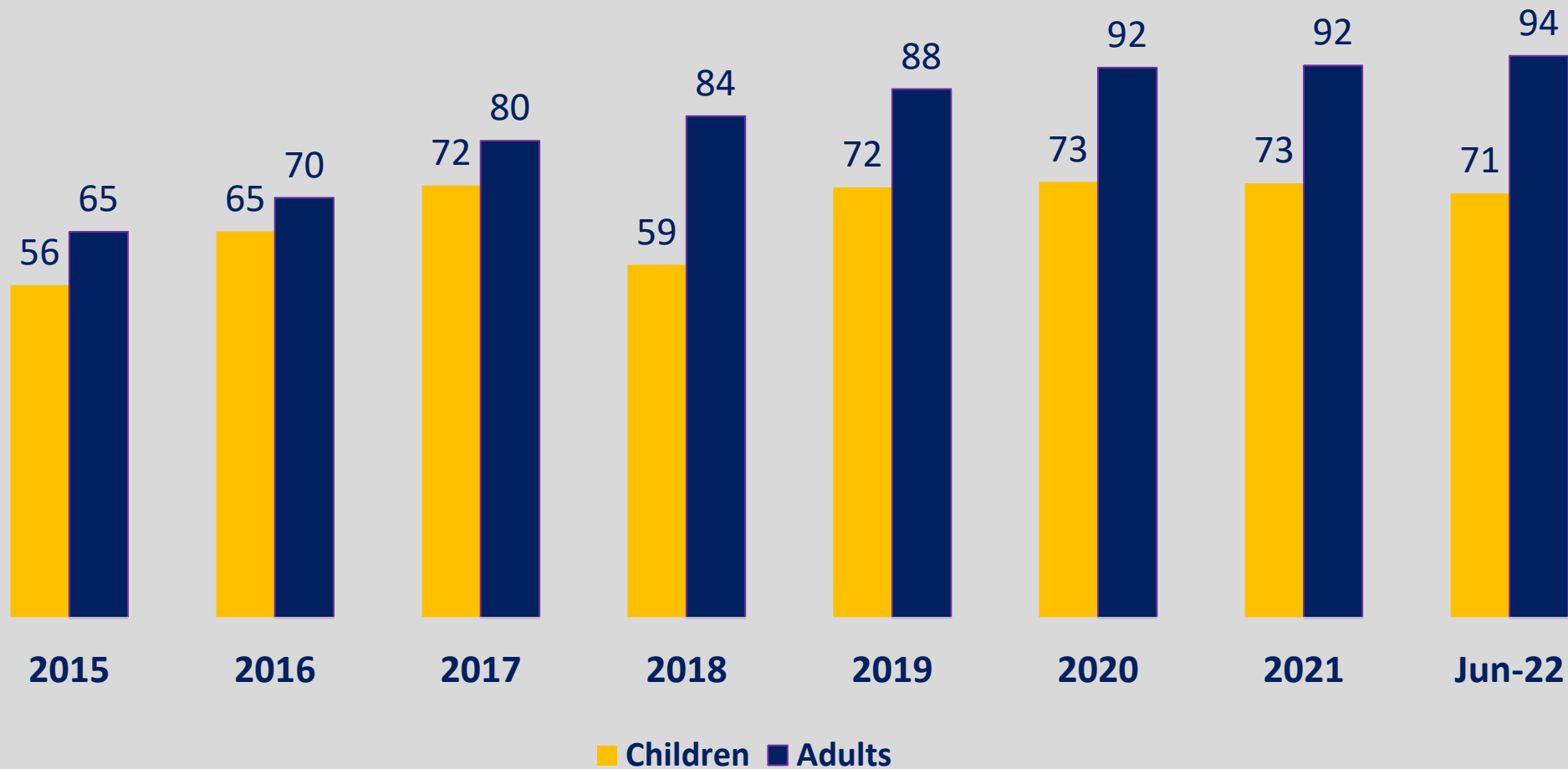


PLHIV on ART significantly increased to just over 1.2m attributable to

- Early adaptation and use of standard & simplified treatment guidelines
- Decentralization of ART Centres from 7 pilot sites in 2004 to 1,669 health facilities by June 2022
- Use of standard training curriculum
- Scale up of Clinical Mentorship activities in all districts
- Roll out of Quality Improvement projects
- Effective partnerships

National Trends in Proportion of ART Coverage by age, 2015- June 2022

National ART Census

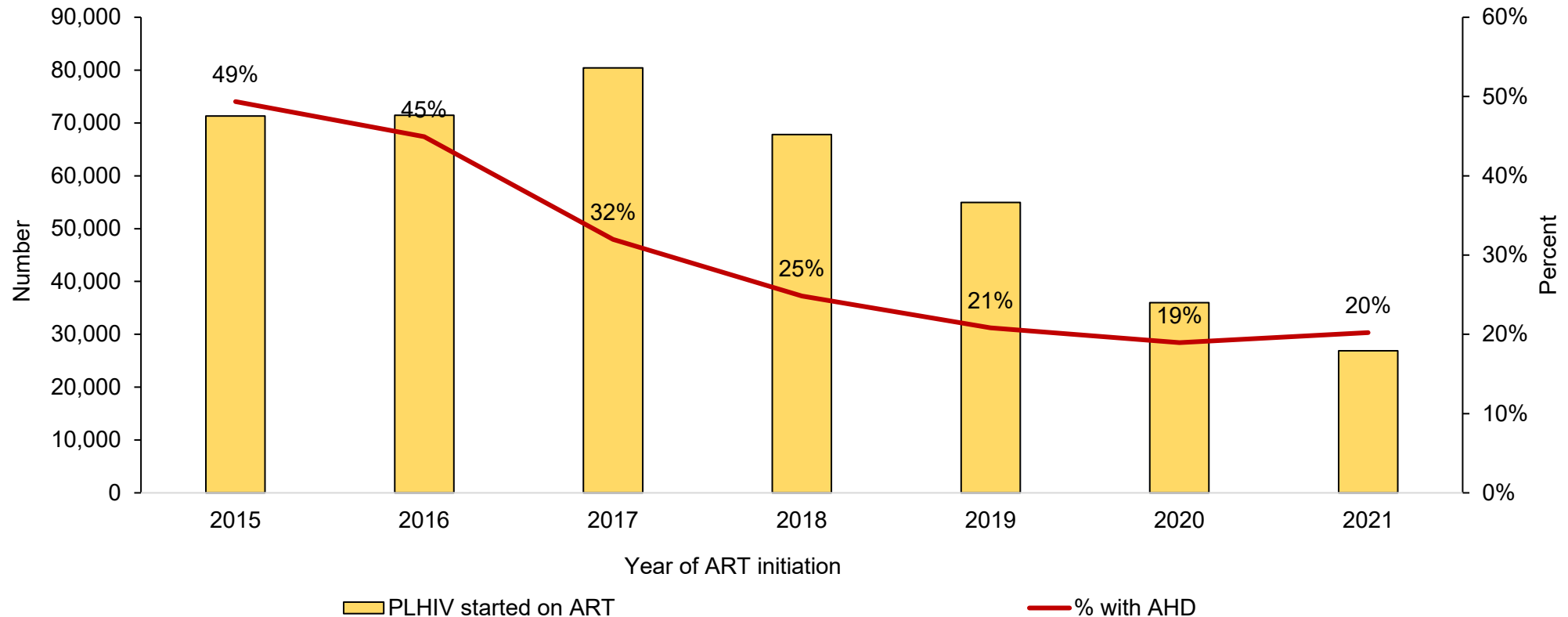


- Increasing ART coverage
- Children lagging behind

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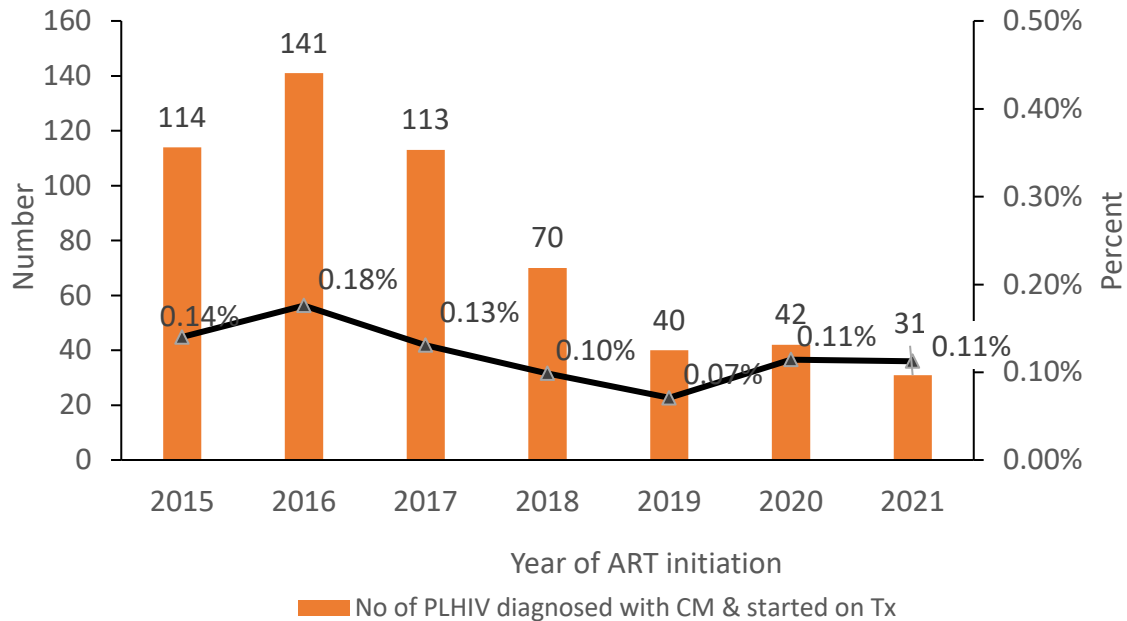
AHD among PLHIV initiating ART, 2015- 2021



- Declining trend in AHD prevalence from 2015 to 2021 among PLHIV.
- In 2021, about a fifth of PLHIV initiating ART had AHD using both CD4 testing (CD4 < 200) and WHO staging (WHO Stage 3 and 4)
- 95% of PLHIV have a recorded WHO clinical stage at ART initiation

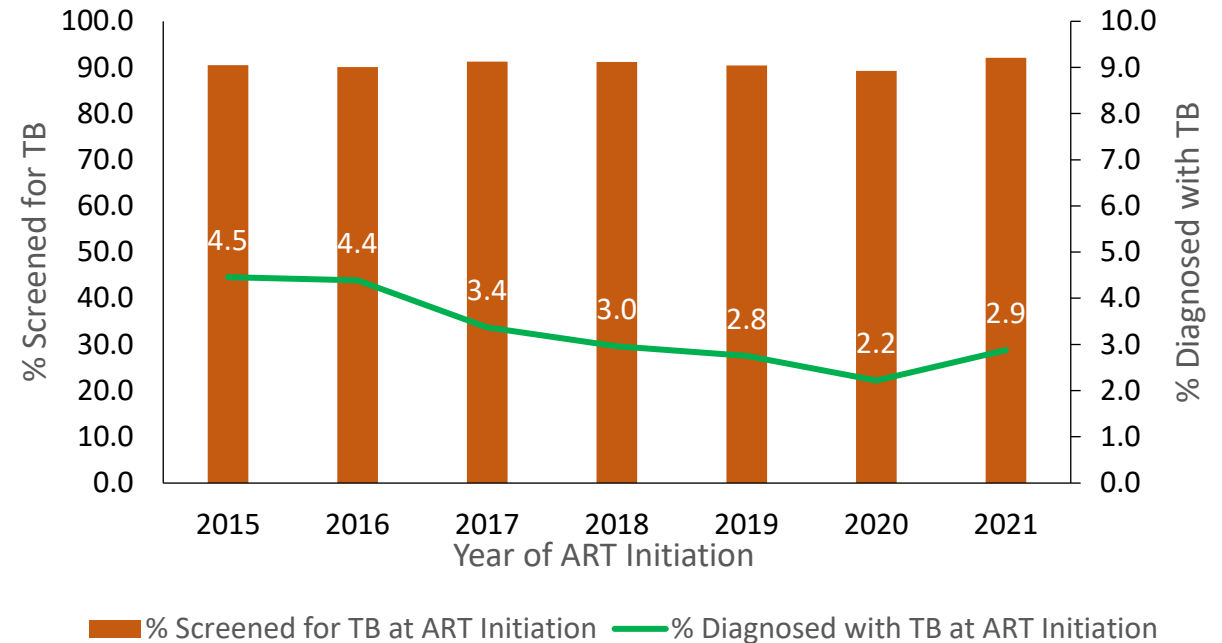
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PLHIV diagnosed with Cryptococcal Meningitis at ART initiation & started on treatment, 2015 - 2021



- There is a decline in CM prevalence among PLHIV at ART initiation from 0.14% in 2015 to 0.11% in 2021

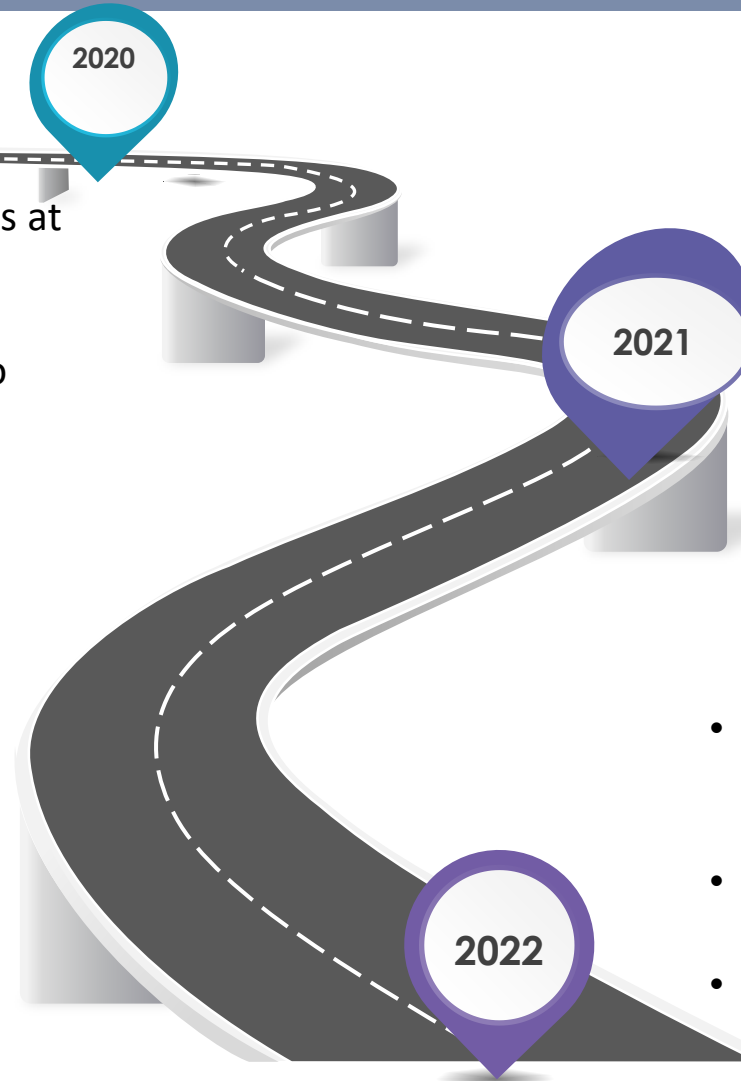
PLHIV newly enrolled on ART screened for TB and diagnosed with TB at ART initiation, 2015-2021



- There is a decline in PLHIV diagnosed with TB at ART initiation despite increasing numbers screened for TB using the 4-symptom TB check list.
- Of concern is the increase in 2021 to 2.9% following COVID which began in March 2020

Advanced HIV Milestones

- AHD Addendum released
- Virtual sensitization done to healthcare workers
- AHD TWG constituted (AHD Focal persons at Headquarters)
- Training package developed
- Developed CD4 gap analysis document to mobilize resources for CD4 testing



- Pilot projects in 33 sites
- Lessons learnt being used to rollout to all sites

- AHD guidelines included in National HIV Prevention and Treatment guidelines, Operational Service Delivery Manual and Job aides
- Rollout of AHD package starting with high volume sites with access to CD4 testing
- To date 1,200 HCW trained on AHD package and approximately 300 sites

Summary of AHD recommendations

Intervention	Priority target population	Age
CD4 testing	<p>PLHIV newly presenting to care (ART naïve);</p> <p>Patients who have interrupted ART by at least 90days and are returning to care</p> <p>Patients on ART who have suspected or confirmed treatment failure</p>	All ages
LF-LAM testing	<p>Inpatient and out-patients settings: in HIV-positive adults, adolescents and children:</p> <ul style="list-style-type: none"> ○ with signs and symptoms of TB ○ with advanced HIV disease ○ who are seriously ill or, ○ irrespective of signs and symptoms of TB and with a CD4 cell count < 200; 	All ages
Cryptococcal antigen	<p>Any PLHIV with CD4<200cells/mm³</p> <p>PLHIV with clinical stage 3 or 4 illness</p>	10 years or older

- WHO recommends cut off point for CrAg test as < 100 but recommends that it can be done to patients with CD4 count between 100-200 as these patients also have a substantial incidence of cryptococcal meningitis
- A CD4 cut-off of 200 for both the CrAg and TB-LAM tests for outpatient recipients of care has also been informed by the quantitative equipment for CD4 currently in use

	Intervention	CD4 cell count	Adults	Adol	Children
Diagnosis	LF-LAM for TB diagnosis among people with symptoms and signs of TB	Any CD4 count when patient seriously ill irrespective of signs and symptoms of TB and with a CD4 cell count < 200	Yes	Yes	Yes
	Cryptococcal antigen screening	<200	Yes	Yes	No
Prophylaxis and preemptive treatment	Co-trimoxazole prophylaxis	≤350 Stage 2,3, and 4	Yes	Yes	All children born of HIV positive mothers from six weeks of age until they are tested and confirmed to be HIV negative
	TB preventive treatment	Any On ART for more than 3 months or Post TB treatment (immediately following the successful completion of TB treatment). No signs and symptoms of TB (Based on adult TB Screening guidelines)	Yes	Yes	Yes
	Fluconazole preemptive therapy for cryptococcal antigen– positive people without evidence of meningitis	<200	Yes	Yes	Not applicable
ART Initiation	Rapid ART Initiation. Defer initiation if clinical symptoms suggest TB or cryptococcal meningitis	Any	Yes	Yes	Yes

Adoption of new WHO guidelines on management of cryptococcal meningitis

Among HIV-positive adults with cryptococcal meningitis, a single high-dose infusion of liposomal amphotericin B plus oral therapy with flucytosine and fluconazole was non-inferior to the standard treatment and was associated with fewer adverse events.

Single-Dose Liposomal Amphotericin B Treatment for Cryptococcal Meningitis

Joseph N. Jarvis, M.R.C.P., Ph.D., David S. Lawrence, M.B., Ch.B., David B. Meya, Ph.D., Enock Kagimu, M.B., Ch.B., John Kasibante, M.B., Ch.B., Edward Mpoza, M.B., Ch.B., Morris K. Rutakingirwa, M.B., Ch.B., Kenneth Ssebambulidde, M.B., Ch.B., Lillian Tugume, M.B., Ch.B., Joshua Rhein, M.D., David R. Boulware, M.D., Henry C. Mwandumba, Ph.D., *et al.*, for the Ambition Study Group*

- WHO has recommended the single high dose of liposomal amphotericin B paired with other standard medicines (flucytosine and fluconazole) due to its benefits of lower toxicity and fewer monitoring demands
- Zimbabwe has subsequently adopted these WHO guidelines given the advantages of few side effects, less monitoring and possible reduction in length of hospital stay

AHD Capability Maturity Model Staging



AHD capability maturity model staging results

Zimbabwe AHD Dashboard 2022

Nov-22

Domain	Results
Policies	Green
Guidelines	Dark Green
Implementation plan	Orange
SOPs	Yellow
Coordination	Dark Green
Engagement of RoC	Dark Green
Training	Light Green
Diagnostic Capability 1 (Identifying AHD)	Dark Green
Diagnostic Capability 2 (Identifying OI)	Red
Facility Coverage	Orange
Client Coverage 1 (Testing for AHD)	Orange
Client Coverage 2 (OI Screening)	Red
Client Coverage 3 (OI Prophylaxis)	Red
Client Coverage 4 (OI Management)	Red
Supply Chain Management	Yellow
M&E System	Yellow
Quality	Orange
Impact	Red

- Staging conducted during an AHD TWG meeting held in November 2022
- Members present included the MOHCCP program, NMRL, Lab Logistics, ZNNP+, PEPFAR Implementing partners, CHAI, UNDP, MSF, and AHF
- Technical assistance provided from ICAP / CQUIN

AHD program activities planned for 2023

- Finalize the AHD Scale-up Plan by end of Q1 2023
- Strengthen M and E systems for AHD by Q1 2023
- Increase capacity building of HCW on AHD management - increased number of HCW trained on AHD as well as mentoring support and supervision of HCW to ensure optimisation of AHD service provision
- Increase demand for AHD services by end of Q2 2023 in collaboration with ZNNP+
- Mobilise resources for laboratory and pharmaceutical commodities to address existing gaps
- Reduce AHD commodities packaging units
- Finalize the development of national quality standards for AHD services
- Conduct an AHD evaluation by end of 2023

Thank you!

