



AHD in Zimbabwe: Hub and Spoke

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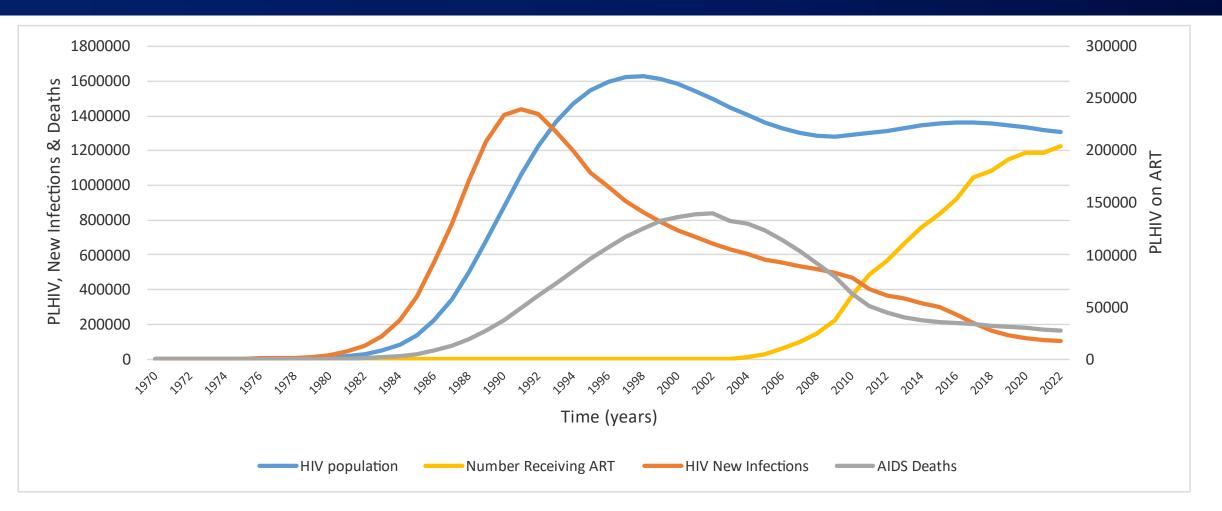
Epidemiology of HIV in Zimbabwe

- 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





HIV Population, New Infections, AIDS Deaths and Number Receiving ART



The country is on track to reach epidemic control



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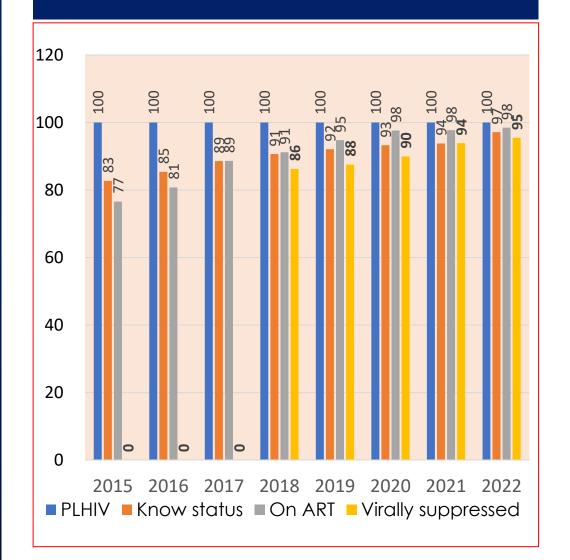
Output	Primary Care Level	District / Mission Hospitals	Provincial Hospitals	Central Hospitals	Total
Total HIV pts in Care	990,953	197,886	24,613	33,649	1,247,101
Number on ART	990,267	197,726	24,585	33,603	1,246,181
Number Newly initiated on ART	29,904	5,093	887	1,092	36,976
Number of patients on:					
First line	964,638	183,807	22,526	27,005	1,197,976
Second line	25,617	13,669	2,009	6,362	47,657
Third line	12	250	50	236	548

Source: DHIS 2, 2023

79.5% and 15.9% on ART at Primary Care Level and District/Mission Hospitals respectively548 on 3rd line ART



National Treatment Cascade and Progress towards 95-95-95 Targets: Adults (97-98-95)

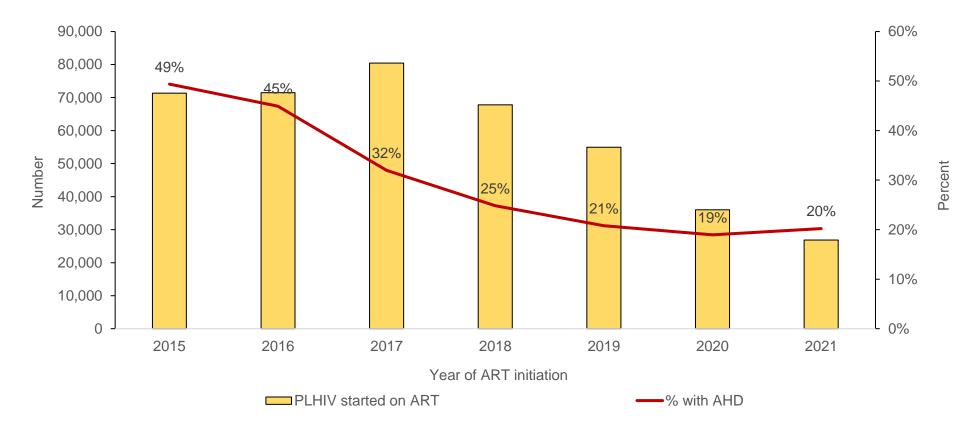


National Treatment Cascade and Progress towards 95-95-95 Targets: Children (65-100-86)





AHD among PLHIV initiating ART, 2015- 20212021



- 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 initiation



AHD Demonstration Projects 2021-2022



Implementation:

24 facilities supported by CHAI and 10 sites supported by EGPAF introduced the AHD package of care which included OI screening commodities (VISITECT, CrAg test and TB-LAM) in all the 34 facilities. Trainings and site support supervisory visits conducted regularly at these demonstration sites.



Mentorship & Capacity Building

Supported the implementation of the mentorship and capacity building on AHD at the demonstration sites



5FC and L-Amp Procured 5FC and L-amp to be used at these demonstration sites



M&E:

Provided commodities through an informed push system and monitored commodities consumption through direct reporting from sites.



Lessons learnt and recommendations from demonstration projects

Lessons learnt



Task shifting of AHD diagnostics (e.g., Visitect testing, CrAg and TB-LAM) to non-laboratory staff has improved case identification and linkage to care.

Post-training support proved vital in identifying gaps

Lack of indicators specific to AHD to support better identification and monitoring of clients has contributed to consistently poorer progress on treatment and outcomes of AHD clients.



Access to some elements of the package can be extended to lower-level facilities

Recommendation

Task shift POC tests to non-Laboratory staff such as PCs

Need to develop a plan for posttraining support including mentorship to ensure implementation of activities with fidelity.

Update the M and E system with AHD indicators.

Need to ensure good referral and back referral to lower-level facilities for follow up. Need to strengthen the feedback mechanism to lower health facilities







Scale-up of the Advanced HIV POC in Zimbabwe in 2022-2023

Healthcare worker capacity building

To date the AHD POC has been scaled up to 914 out of 1,800 (51%) health facilities

There are **1,650 HCW** trained (doctors ,nurses, primary counsellors, pharmacists, laboratory scientists)

Mentorship and support and supervision integrated with the routine HIV supervision

Hub and Spoke

All 914 facilities were trained to offer CD4,CrAg and TB LAM

All primary level facilities act as the spokes while the district hospitals are the hub

Services offered at hub include CSF investigations for patients with Crag positive results and management of patients with cryptococcal meningitis. Hub also has a conventional CD4 test machine. Average of 30-40 spokes per hub

Challenges

Stock outs of commodities (POC CD4)

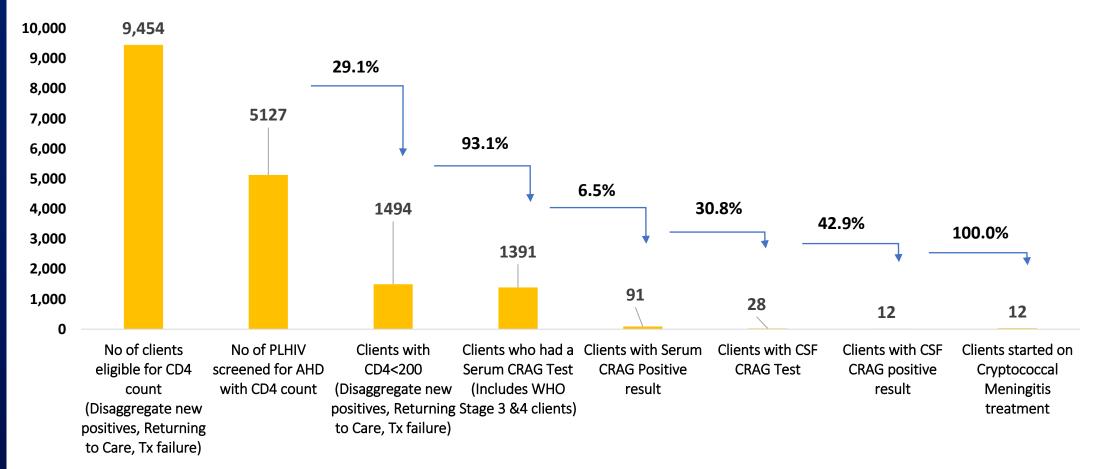
Staff attrition (need for continuous training and mentorship

Poor documentation of the AHD services

Electronic records not yet implemented in all facilities



AHD Cascades in 189 facilities from September 2022-June 2023





AHD Capability Maturity Model Staging



Zimbabwe AHD Dashboard 2023

AHD DOMAINS	2021	2023	
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			T 4
Diagnostic Capability 1 (Identifying AHD)			_
Diagnostic Capability 2 (Identifying OI)			
Facility Coverage			+
Client Coverage 1 (Testing for AHD)			•
Client Coverage 2 (OI screening)			
Client Coverage 3 (OI prophylaxis)			
Client Coverage 4 (OI management)			
Supply Chain			
M&E System			
Quality			
Impact			

- Areas that improved include SOPs, diagnostic capability 2, client coverage 2 and facility coverage due to an increase of number of facilities trained and providing AHD services
- Client coverage 3 and 4 red due to \bullet insufficient information available: updated tools end of Q3 2023 and MOHCC is in process of expanding the eHR

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National AHD Quality Standards developed but have not been used in any evaluations



Activities planned for AHD

Scale-up the AHD package trainings to all facilities Increase demand for AHD services by working with PLHIV Mobilize resources for AHD commodities and medicines

Quality improvement for AHD services

Conduct AHD evaluation



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Thank you!

