Adaptation of National Guidelines and Tools in Support of Re-Engagement into ART Care: Zimbabwe

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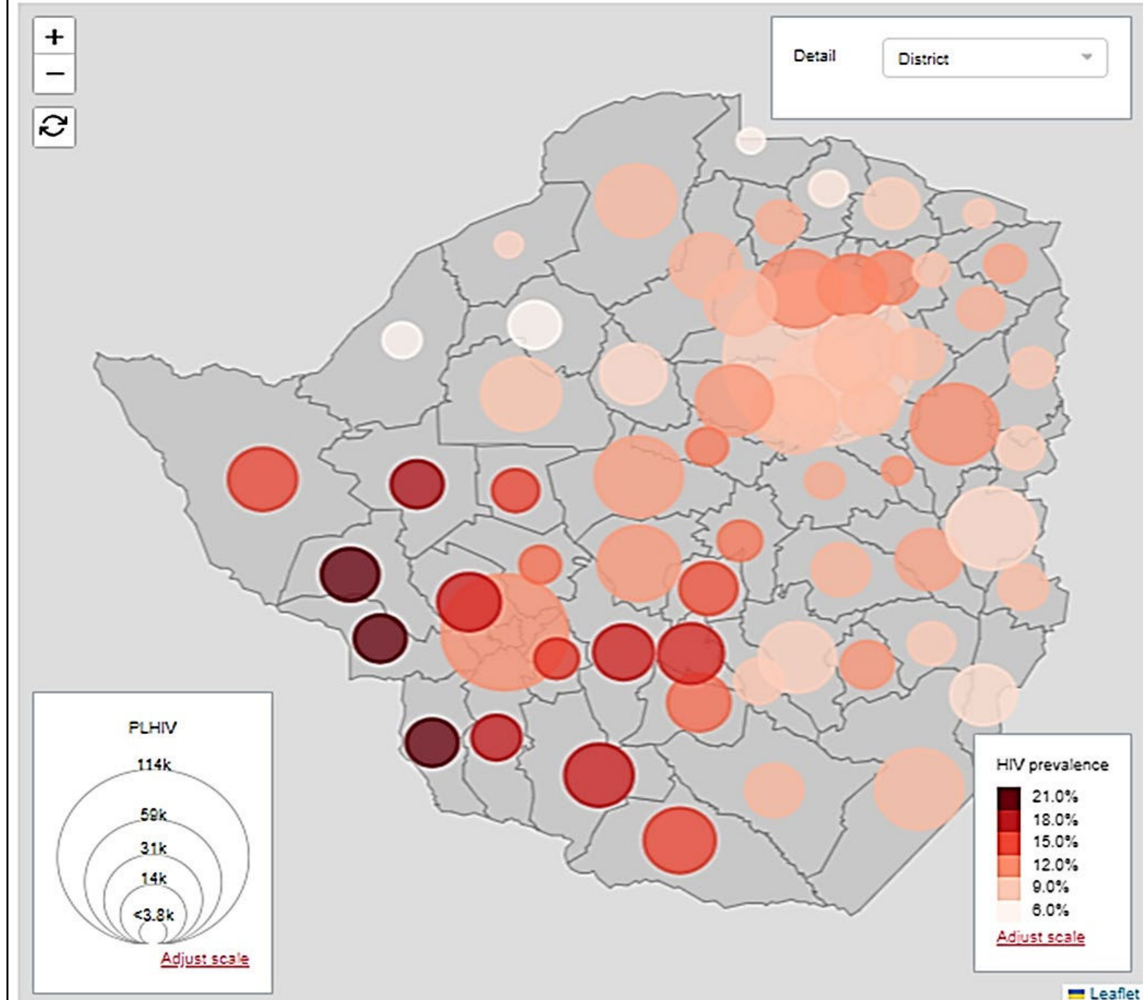
Country Context

- **Zimbabwe has a high burden of HIV & TB**
  - 1.3M PLHIV (2024 Spectrum Estimates)
  - TB/HIV co-infection rate of 50% (Global TB Report, 2023)
- **HIV Prevalence:**
  - 15-49 age group – 10.49% (2024 estimates)
- **HIV Incidence:**
  - 0.96 per 1000 (2024 estimates)
- **Attrition Rate Target – 5% (Dec 2022)**
  - **All Ages – 2.35%**
    - Adults 15+ - 2.1%
      - Males – 3.14%
      - Females – 1.53%
  - **Children 0-14 – 6.69%**



MOHCC Zimbabwe, 2024 Spectrum Estimates

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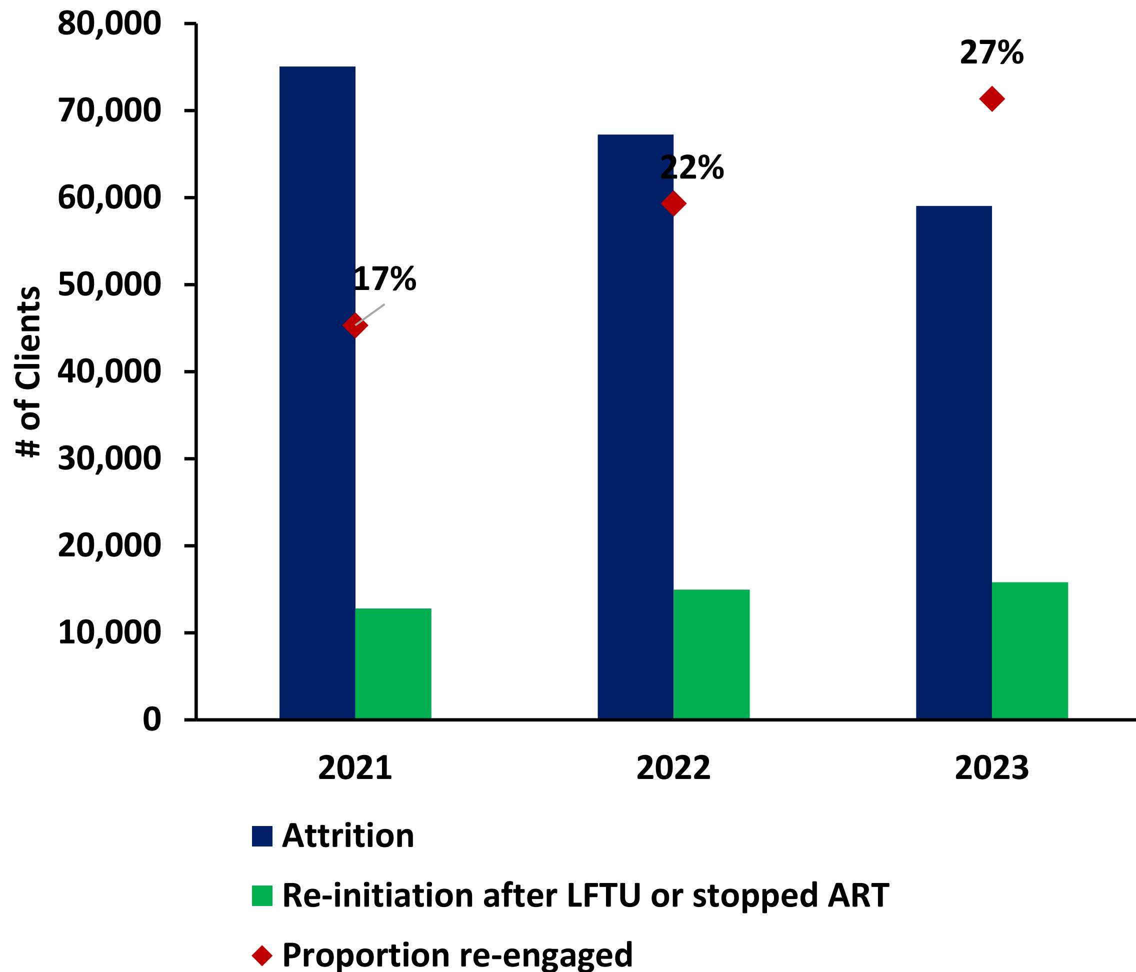
Zimbabwe has been strengthening re-engagement efforts



- Recorded re-engagement is low at **less than 30%**
- The increasing trend in re-engagement as a proportion of attrition highlights a gradual improvement in client retention and return to care

Attrition = clients who stopped TX + LTFU + unaccounted transfer out (transfer out – transfer in)

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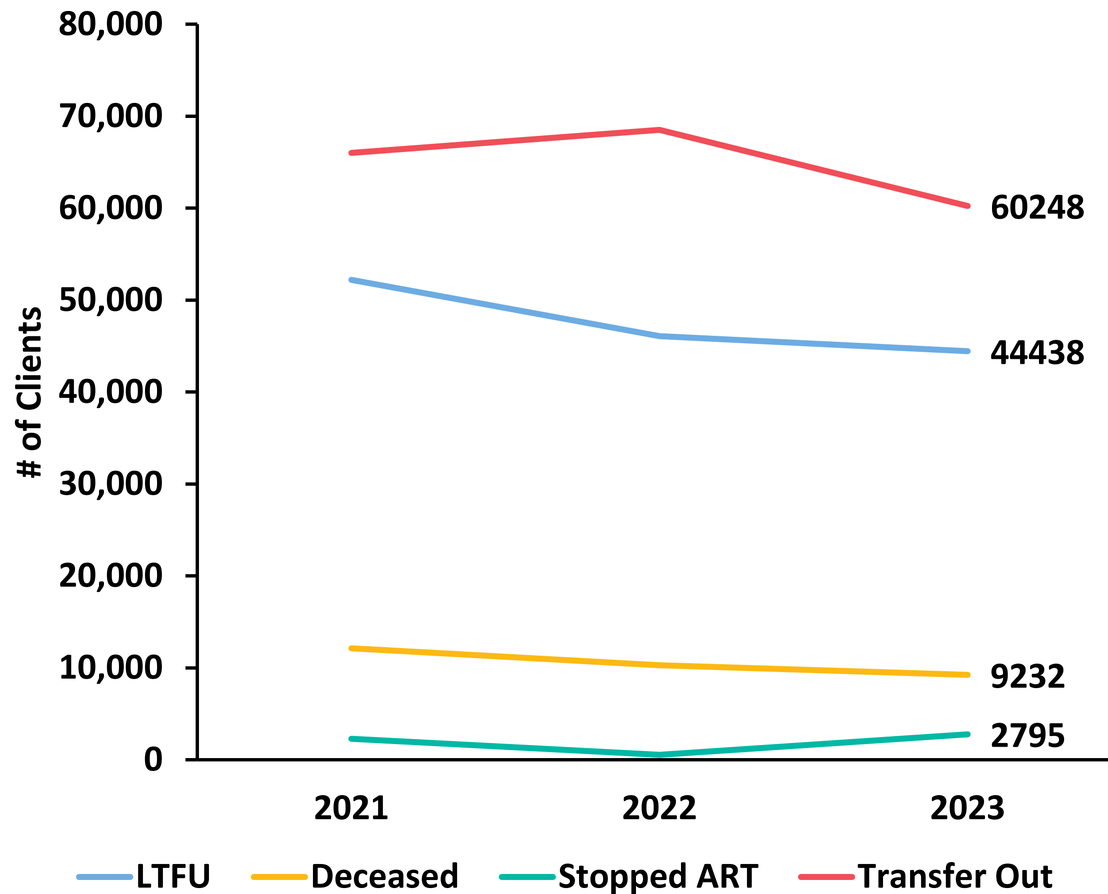
Trends of clients disengaging from treatment in Zimbabwe



Source: Programme Data DHIS2

- Transfer out is a leading cause of client movement out of care and clients transferring out were recorded as a losses, even though they *should* be moving into other health facilities.
- Attrition can occur if these clients do not successfully enrol at the next facility - for example, **between 20-30% of transfer-outs are not registered as transfer-ins**
- **However,** there is a declining trend in LTFU and can be attributed to improvements in client retention.

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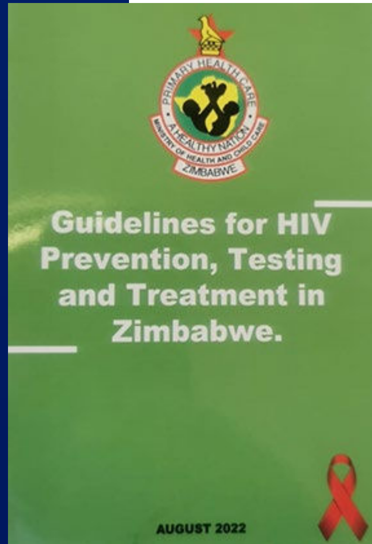
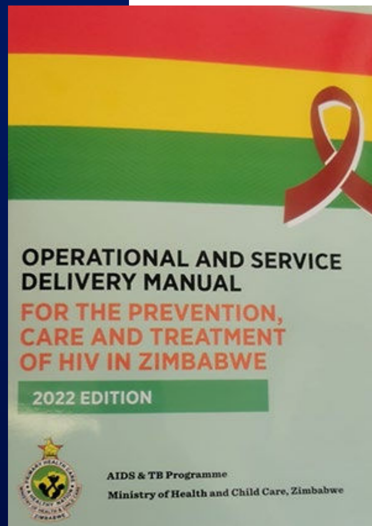
Adapting Guidance for Re-Engagement to Care





To improve client retention, the Ministry of Health and Child Care Zimbabwe developed guidance on re-engagement in care for PLHIV on ART after interrupting treatment:

- The Guidance is for healthcare workers to know which services to provide for PLV returning to care
- The guidance is incorporated in the national Operational and Service Delivery Manual (OSDM) which outlines the operationalization of the clinical guidelines.

Reasons for not linking to treatment or stopping ART may include

- RoC factors (stigma, non-disclosure)
- Healthcare worker related (staff attitude)
- Institutional factors (for example, drug stockouts, transport issues and long waiting times)

Differentiated service delivery aims to address many of these barriers, offering a more RoC-centred approach

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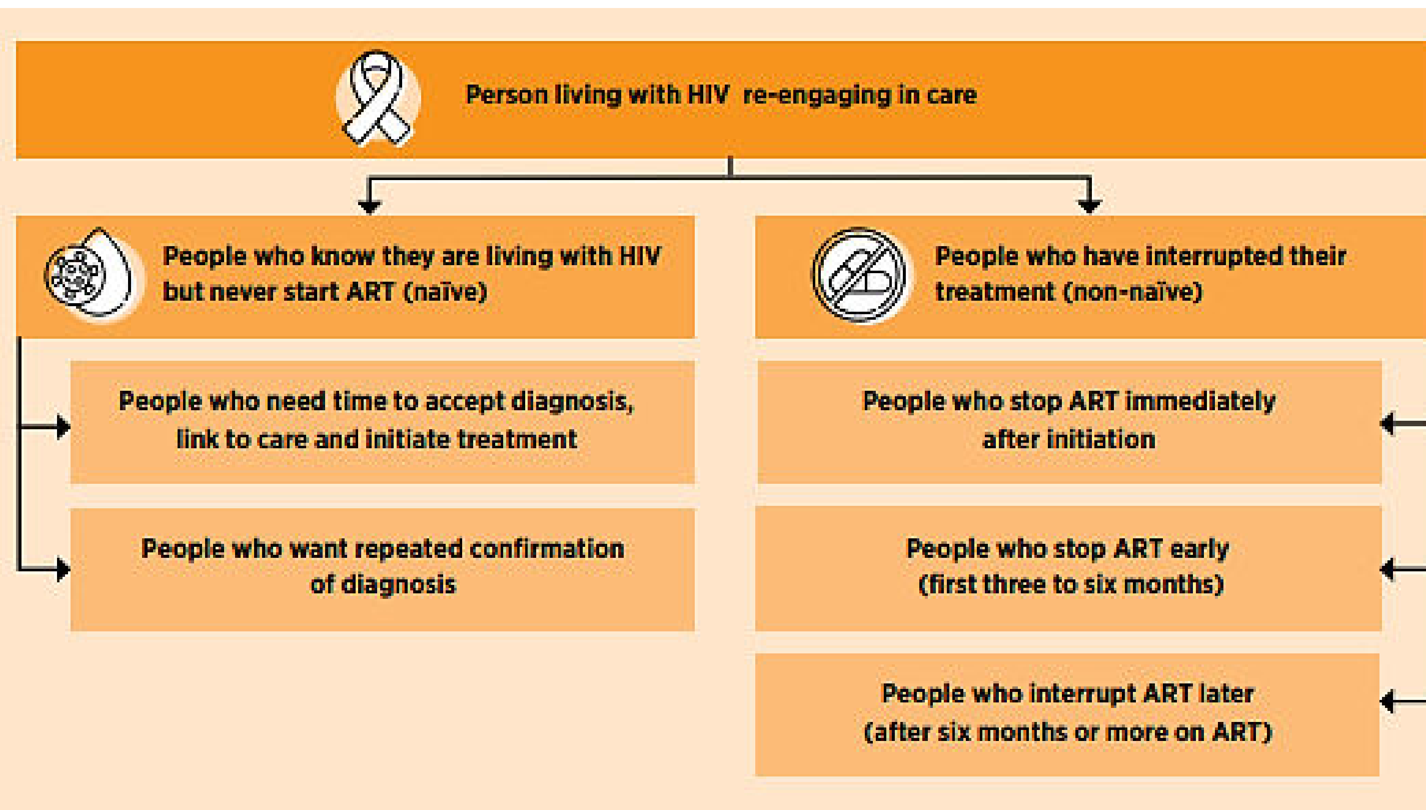

Defining Re-Engagement into Care

MOHCC has a differentiated approach to re-engagement, dependent upon the following:

- The duration of time that the RoC has stopped ART and,
- The findings of a comprehensive clinical (including CD4) and psychosocial assessment

Re-engagement refers to any RoC who is presenting to HIV services who has:

- Previously tested positive but never initiated treatment
- Previously been on ART but stopped

The RoC may re-engage:

- At HIV testing sites or through HIV self-testing
- At an ART site where they are known or not known to have HIV

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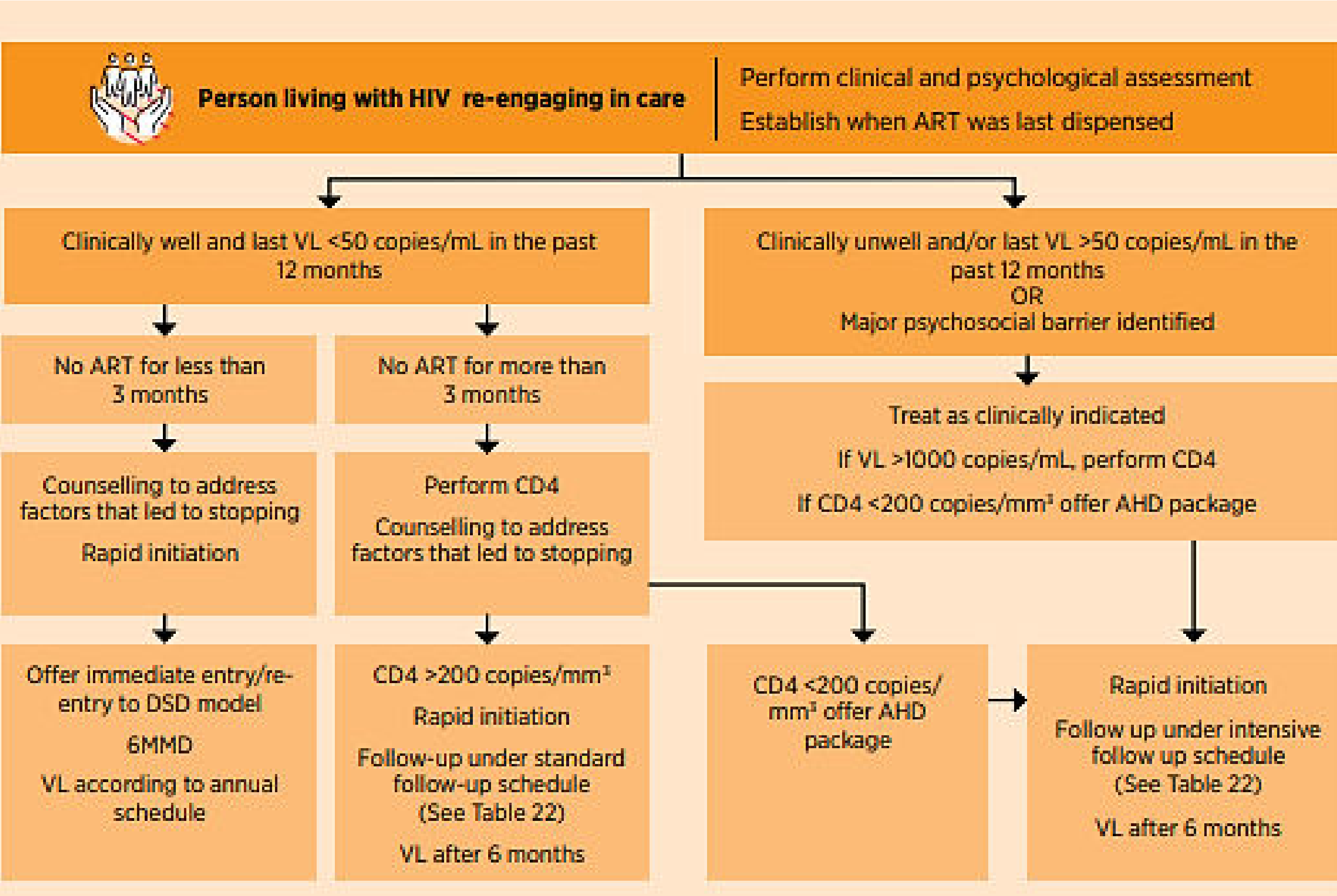

Clinical Algorithm to be Followed for Recipients of Care Returning to Care

Algorithm followed for clinical management depending on

- Length of treatment interruption
- Last viral load in the last 12months prior to treatment interruption (incl. clinical assessment findings)
  - Suppressed ≤ 3 months interruption VS > 3 months interruption
  - Unsuppressed and presenting unwell

Key cadres actively involved in the RTC process:

1. Primary Counsellor
2. Registered Nurses
3. Community Cadres

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M&E Tools Revision in Support of Re-engagement: OI Care Booklet and ART Register

Patient level tools

PATIENT OI/ART CARE BOOKLET

PROVINCE: ... PROVINCIAL CODE: ...
DISTRICT: ... DISTRICT CODE: ...
FACILITY NAME: ... FACILITY CODE: ...

Version 6: January 2024

OI Care Booklet which is source documents for electronic systems (EHR)

ART Register

MINISTRY OF HEALTH AND CHILD CARE

PRE-ART / ART REGISTER

PROVINCE: ... PROVINCE CODE: ...
DISTRICT: ... DISTRICT CODE: ...
FACILITY NAME: ... FACILITY CODE: ...
PERIOD: ... FROM ... TO ...

Version 7: January 2024

14a. ARV Status
1=No ARV
2a=Start ARV
3=Continue
4=Change
5=Stop
6=Restart

14b. ART initiation Category
N1 = Newly Initiated ART
N2.1 = Re-initiation < 3 months after stopping ART
N2.2 = Re-initiation 3-5 months after stopping ART
N2.3 = Re-initiation 6+ months after stopping ART
N3.1 = Re-engagement <3 months after lost to follow up
N3.2 = Re-engagement 3-5 months after lost to follow up
N3.3 = Re-engagement 6+ months after lost to follow up
N4 = transfer in on ART from the private sector or diaspora.
N4.1= Final Outcomes
TX = Active on treatment
TO = Transferred out (official)
STO = Self transfer out
OO = Client opted out (refused to return / stopped treatment)
LTFU = Lost to follow up
D = Client died
O = Other (Specify)________

Source documents for the aggregated monthly reporting form/tool

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M&E Tools Revision in Support of Re-engagement: Monthly Return Form and DHIS 2

MINISTRY OF HEALTH AND CHILD CARE ZIMBABWE

PMTCT, HIVST, HTS, HIV/TB, OI/ART, PrEP, KPs, PEP, STI/HIV, SEXUAL VIOLENCE, DSD, VMMC & CERVICAL CANCER

MONTHLY PROGRESS RETURN FORM

REPORTING UNIT:							CODE:
PROVINCE:		CODE:		DISTRICT:			CODE:
TELEPHONE:		E-MAIL:					
Start date	Day:	Month:	Year:	End Date	Day:	Month:	Year:

Report timeliness:

The reporting deadlines for all the monthly progress return forms are as follows;

- Health Facility to District (Paper based report): By the 7th
- District to Province (Electronic system - DHIS2): By the 21st
- Province to Head Office (Electronic system - DHIS2): By the 28th

Site Level	District Level
Prepared By: ……………… Date: ………………	Received By ……………… Date………………
Checked By……………… Date Sent:………………	Checked by ……………… Date:………………

printed by: BELMA 242-250476/83

Version 6: January 2024

Source document for the DHIS.

The DHIS has also been updated to accommodate these changes

ART SUMMARY																													
AGE	<2 months		3-12 months		13 -24 months		25 -59 months		5-9 years		10 -14 years		15 -19 years		20 -24 years		25 -29 years		30 -3 4 years		35-39 years		40-44 years		45-49 years		50 years and		Total
SEX	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
D25. Number of PLHIV in care newly initiated on first line ART this month. (ART register)																													
D26.Number of PLHIV in care reinitiated on First line ART after Lost To Follow Up this month (ART Register)																													
D27.Number of PLHIV in care reinitiated on First Line ART after stopping treatment this month (ART register)																													
D28.Number of PLHIV in care reinitiated on First line ART from the private and diaspora this month (ART Register)																													

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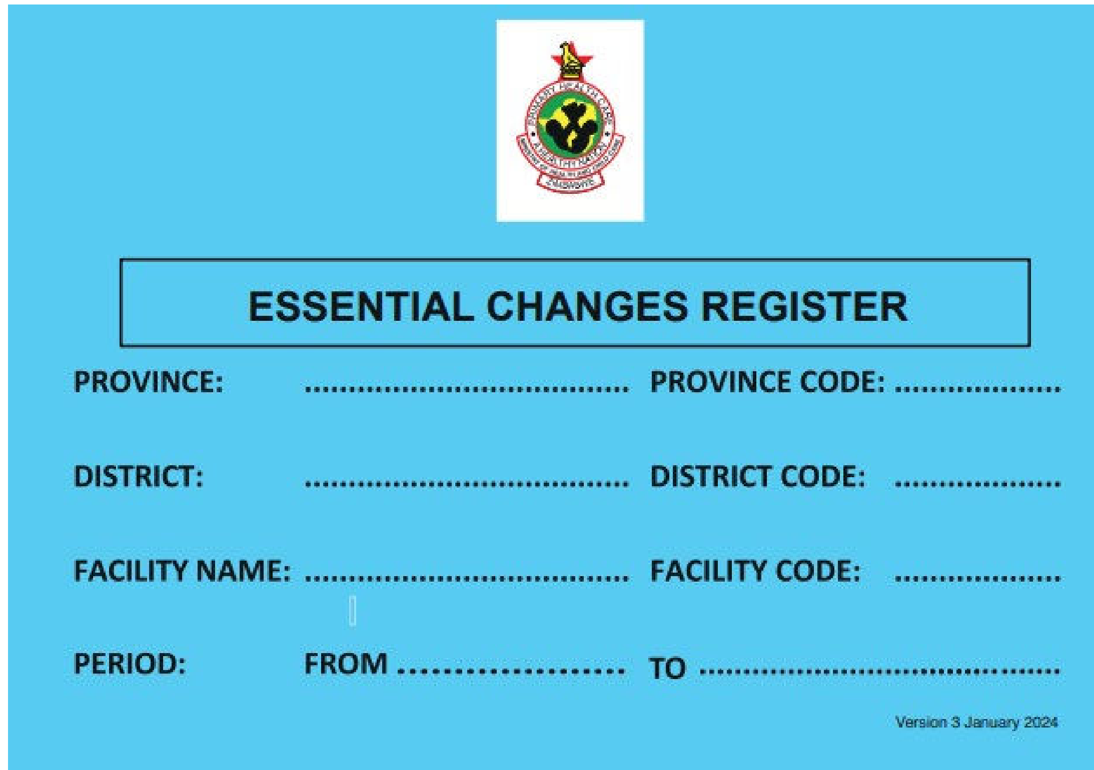
M&E Tools Revision in Support of Re-engagement: Essential Changes Register



ESSENTIAL CHANGES REGISTER

PROVINCE: .... PROVINCE CODE: ....

DISTRICT: .... DISTRICT CODE: ....

FACILITY NAME: .... FACILITY CODE: ....

PERIOD: FROM .... TO ....

Version 3 January 2024

14.ART Outcomes

1TN-Transfer IN while on First Line ART regimen.
1TFO-Transfer OUT while on First Line ART regimen.
1LF-Lost to follow up whilst on First Line ART regimen.
1SP-Stopped treatment whilst on First Line ART regimen.
1D-Died whilst on First Line ART regimen.
1ADE-Developed adverse events whilst on First Line ART regimen.
1ADES-Developed severe adverse events and stopped treatment whilst on First Line ART regimen.
2TN-Transfer In while on Second Line ART regimen
2TNO-Transfer Out while on Second Line ART regimen
2LF-Lost to follow up whilst on Second Line ART regimen.
2SP-Stopped treatment whilst on Second Line ART regimen.
2D-Died whilst on Second Line ART regimen.
2ADE-Developed adverse events whilst on Second Line ART regimen.
2ADES-Developed severe adverse events and stopped treatment whilst on Second Line ART regimen.
3TN-Transfer IN whilst on Third Line ART regimen
3TNO-Transfer OUT whilst on Third Line ART regimen.
3LF-Lost to follow up whilst on Third Line ART regimen
3SP-Stopped treatment whilst on Third Line ART regimen.
3D-Died whilst on Third Line ART.
3ADE-Developed adverse events whilst on Third Line ART regimen.
3ADES-Developed severe adverse events and stopped treatment whilst on Third Line ART regimen.
3N21 - Reinitiation on first line after stopping ART
3N22 - Reinitiation on second line after stopping ART
3N23 - Reinitiation on third line after stopping ART
4N31 - Reinitiation on first line after LFTU
4N32 - Reinitiation on second line after LFTU
4N33 - Reinitiation on third line after LFTU
N2.1 = Re-initiation < 3 months after stopping ART
N2.2 = Re-initiation 3-5 months after stopping ART
N2.3 = Re-initiation 6+ months after stopping ART
N3.1 = Re-engagement < 3 months after lost to follow up
N3.2 = Re-engagement 3-5 months after lost to follow up
N3.3 = Re-engagement 6+ months after lost to follow up
N4 = Transfer in on ART from the private sector or diaspora.
Crypto ADE = Adverse events due to cryptococcal menengitis treatment
Cotri ADE = Adverse events due to cotrimoxazole prophylaxis

Essential changes register records all key changes during the care of a registered RoC on ART at a facility.

It is also a source document for the monthly report section on RoC outcomes.

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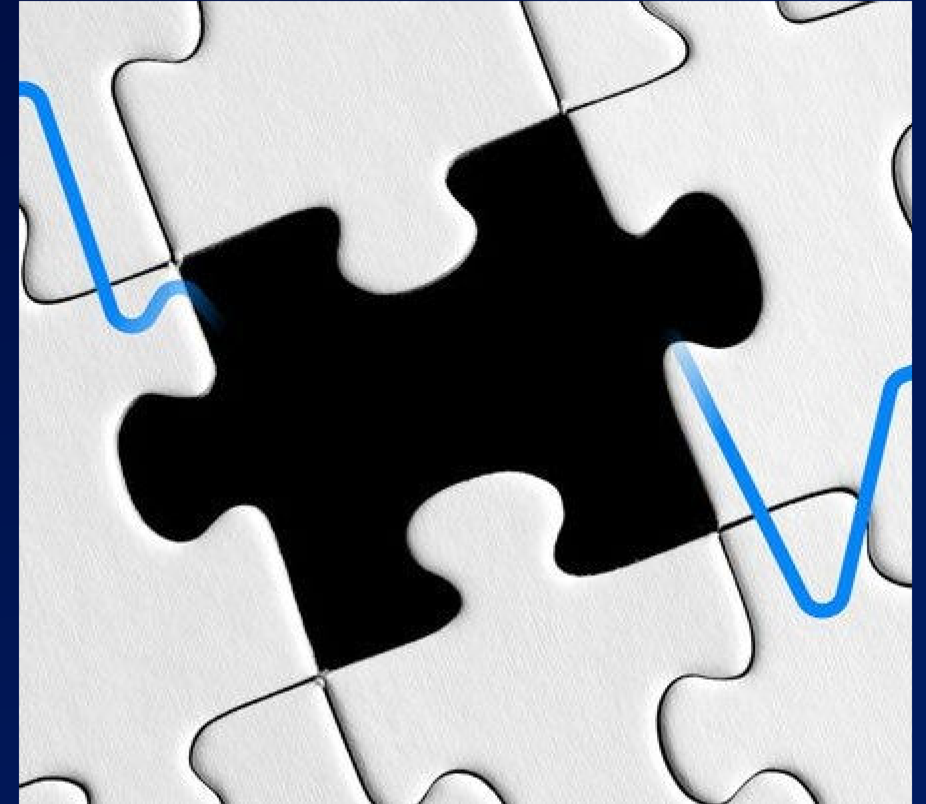
Gaps in Current Guidance

Re-engagement into care for RoC who disengaged from HIV care prior to ART initiation

- This population has been identified and national guidance revised to address their specific needs
- However, there is still a challenge in tracking those who are re-engaging
    - Current M&E system is largely paper based making it difficult to trace RoCs who disengage from care after HIV testing and before ART initiation
    - Longitudinal tracking is anticipated with the scale-up of "Impilo" electronic health records system

Lack of "softer" guidance on ensuring that RoCs feel welcomed and encouraged as they return to care

- Equipping and capacitating HCWs on non-judgemental approaches to receiving RoCs back to care



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Next Steps

Tracking innovations for re-engagement into care for those disengaging from care before ART initiation

- Scaling up M&E systems – the EHR – for ease of tracking this population
- Strengthen linkage, counselling and follow up for PLHIV newly testing HIV positive

Country working on developing a welcome back package for RoC re-engaging after interrupting treatment

- To encourage RoCs to approach facilities freely and receive services in a non-judgemental manner
- To design re-engagement services that ensure that RoCs who re-engage are received with dignity, are assisted and clinically managed and receive quality psychosocial services from healthcare workers.
- To support adherence of RoCs re-engaging who are often struggling with adherence.

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Acknowledgements

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- Representatives of PLHIV
- CSOs and Recipients of Care

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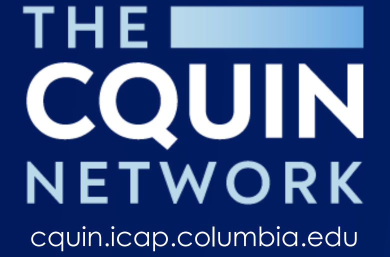

Thank You