

Zimbabwe Country Updates

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Designation: DSD, TB/HIV and Community Collaborations Medical Officer



Outline

- **Where are we now?**

- Progress towards 95:95:95 targets
- Treatment capability maturity model self-staging results
- DART model mix and MMD
- AHD CMM self-staging results
- dHTS CMM self-staging results

- **How did we get here?**

- Stakeholder coordination and prioritization processes
- Engagement with CQUIN
- Update on Country Action Plans
- Update on Integrating Non-HIV and HIV Services
- Program sustainability efforts and opportunities
- Successes and Challenges
- **2025 Priorities**

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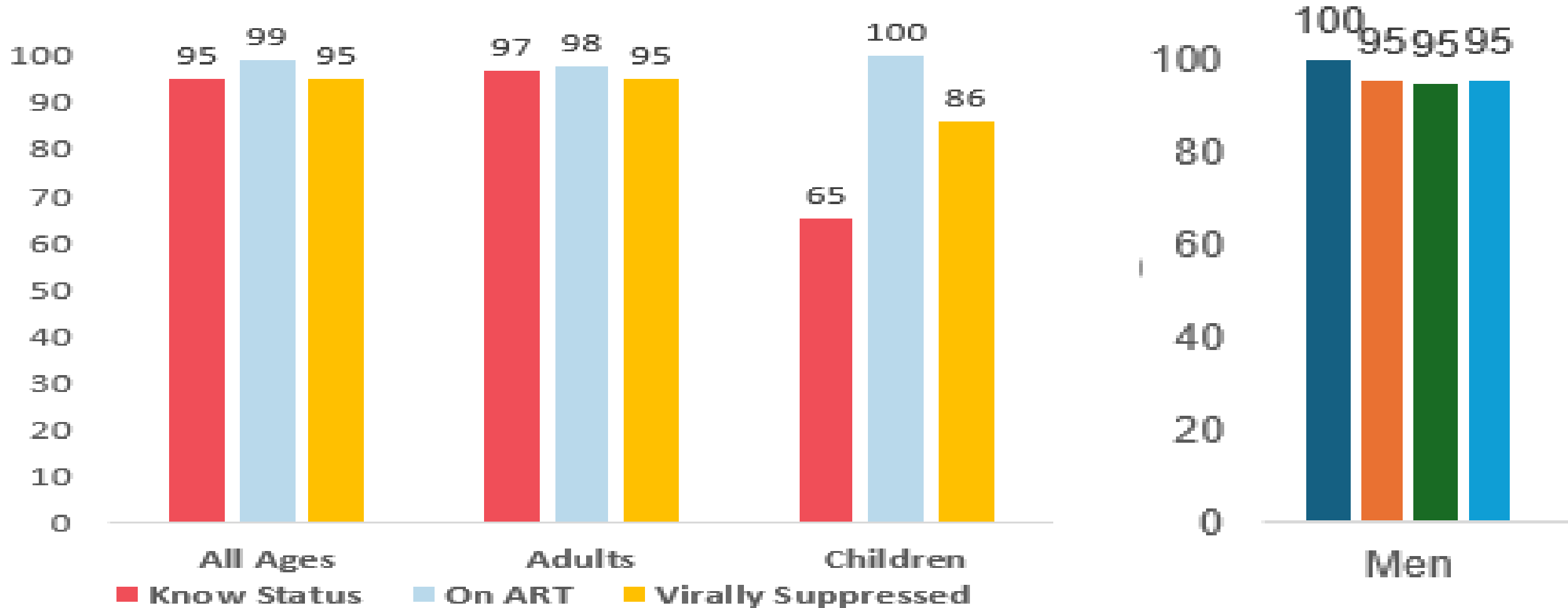
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Country Context

- Zimbabwe is heavily burdened by HIV/AIDS and TB
- 1.3M PLHIV (*2024 estimates*)
- HIV Prevalence: 10.49% (15-49 age group)
- HIV Incidence: • 0.14 % (2024 Estimates) - downward trend: 0.17 % in 2022, 1.42% in 2011, 0.98% in 2013
- TB/HIV co-infectivity rate of 50% [Global TB Report, 2023]
- On track to achieve the 95: 95: 95 targets based on HIV estimates

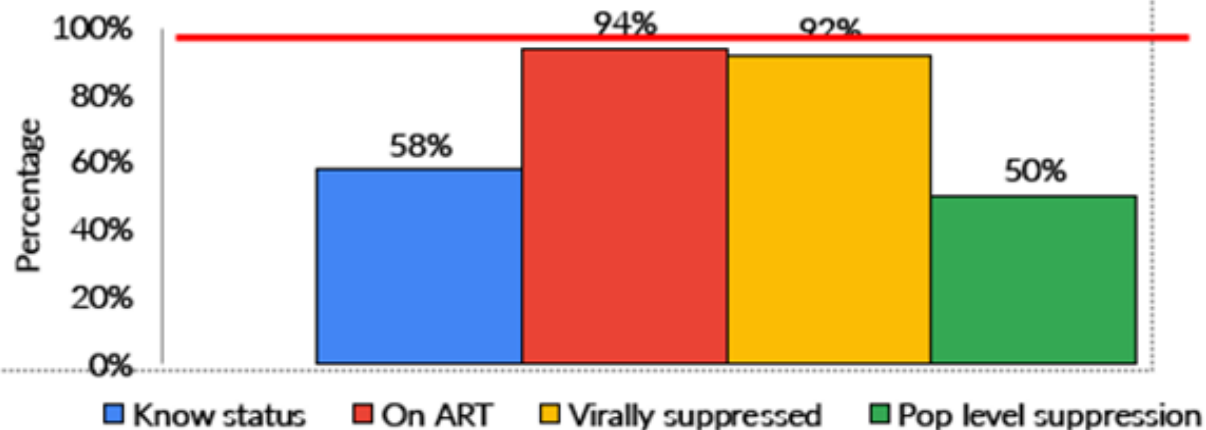


Progress Towards the 95:95:95 Targets - 1

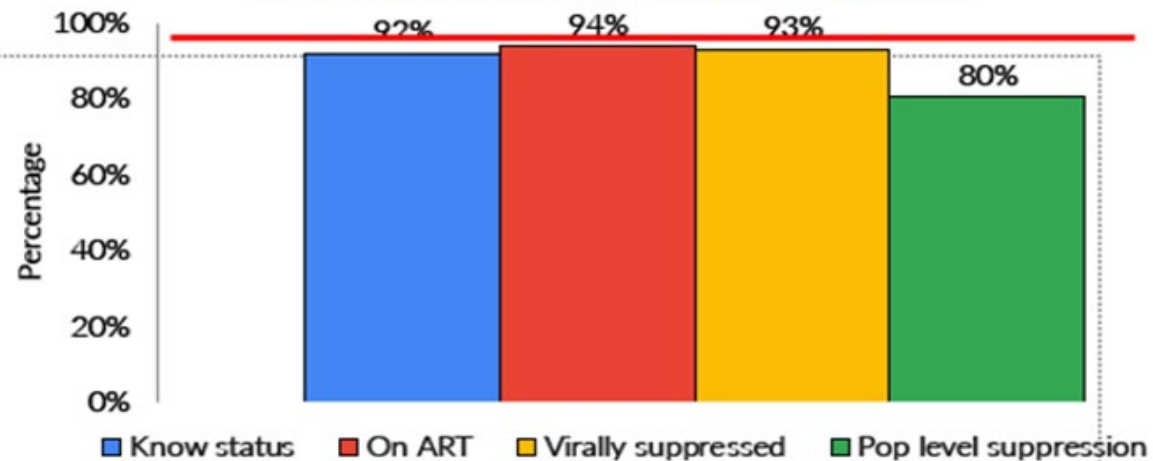


Progress Towards the 95:95:95 Targets - 2

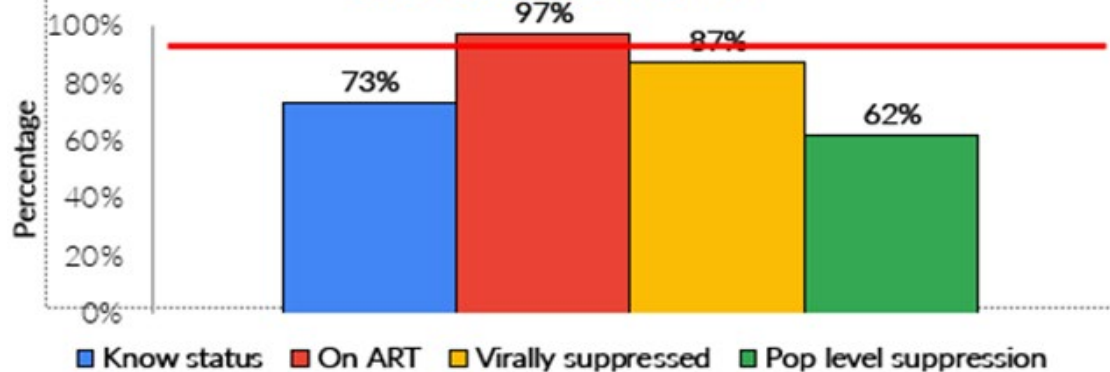
ICAP IBBS DATA, 2019
95-95-95 CASCADE FOR TRANSGENDER PERSONS



AMETHIST TRIAL DATA
95- 95- 95 CASCADE FOR FEMALE SEX WORKERS



ICAP IBBS DATA, 2019
95-95-95 CASCADE FOR MSM



Zimbabwe Treatment CMM Results: 2024

Policies				
Guidelines				
Scale Up Plan		Community	AHD	
Coordination		M&E System	Key Populations	
Training		Client Coverage	MCH	
Procurement		TB/HIV	Family Planning	
Facility Coverage	Diversity	NCD/HIV	Quality	Impact
Most mature				Least mature

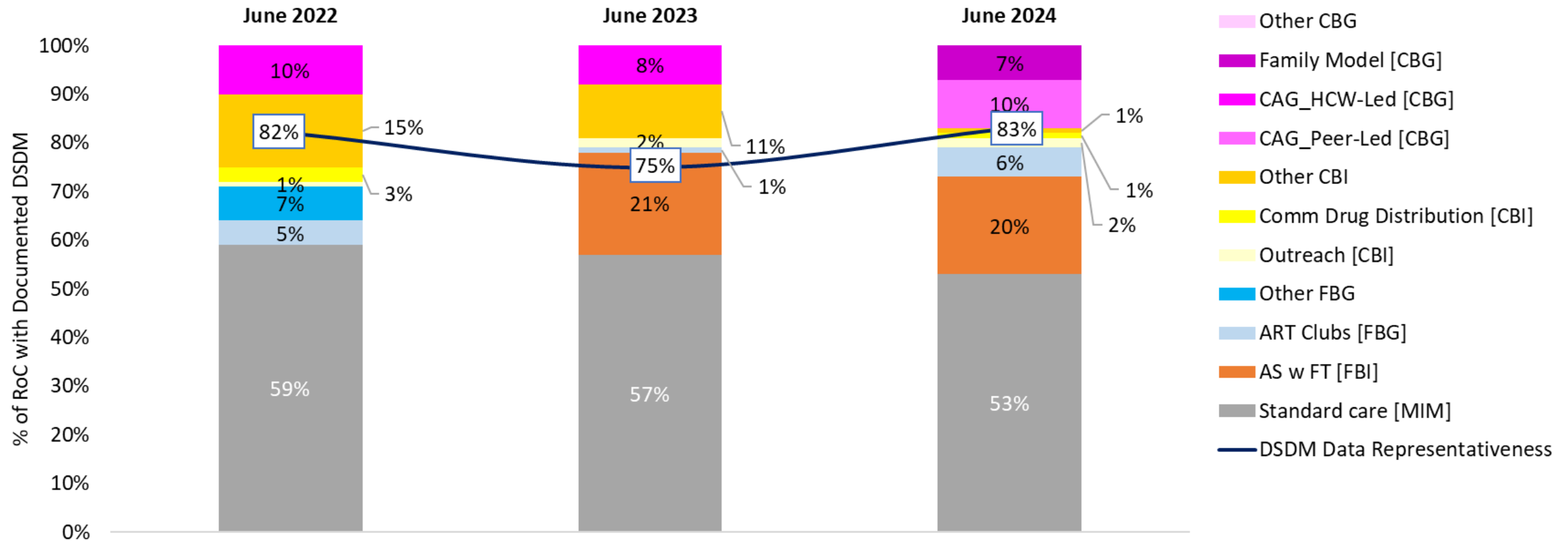
- The country has eight (8) most mature domains and six (6) domains that are least mature
- More data is being availed on AHD, KPs, MCH, and FP but these areas that still need strengthening
- The quality evaluation for DSD implementation in Zimbabwe is ongoing and results will be shared in early 2025

Zimbabwe Treatment CMM Results: Change Over Time

Domains	2022	2023	2024
Policies	Light Green	Medium Green	Dark Green
Guidelines	Medium Green	Medium Green	Dark Green
Diversity	Light Green	Light Green	Light Green
Scale Up Plan	Yellow	Medium Green	Dark Green
Coordination	Medium Green	Medium Green	Dark Green
Community	Light Green	Yellow	Yellow
Training	Medium Green	Medium Green	Dark Green
M&E System	Yellow	Yellow	Yellow
Procurement	Medium Green	Medium Green	Dark Green
Facility Coverage	Medium Green	Medium Green	Dark Green
Client Coverage	Yellow	Medium Green	Yellow
AHD	Yellow	Orange	Orange
Key Populations	Red	Orange	Orange
TB/HIV	Orange	Yellow	Yellow
MCH	Orange	Orange	Orange
NCD/HIV	Light Grey	Yellow	Yellow
Family Planning	Orange	Orange	Orange
Quality	Orange	Orange	Orange
Impact	Yellow	Red	Red

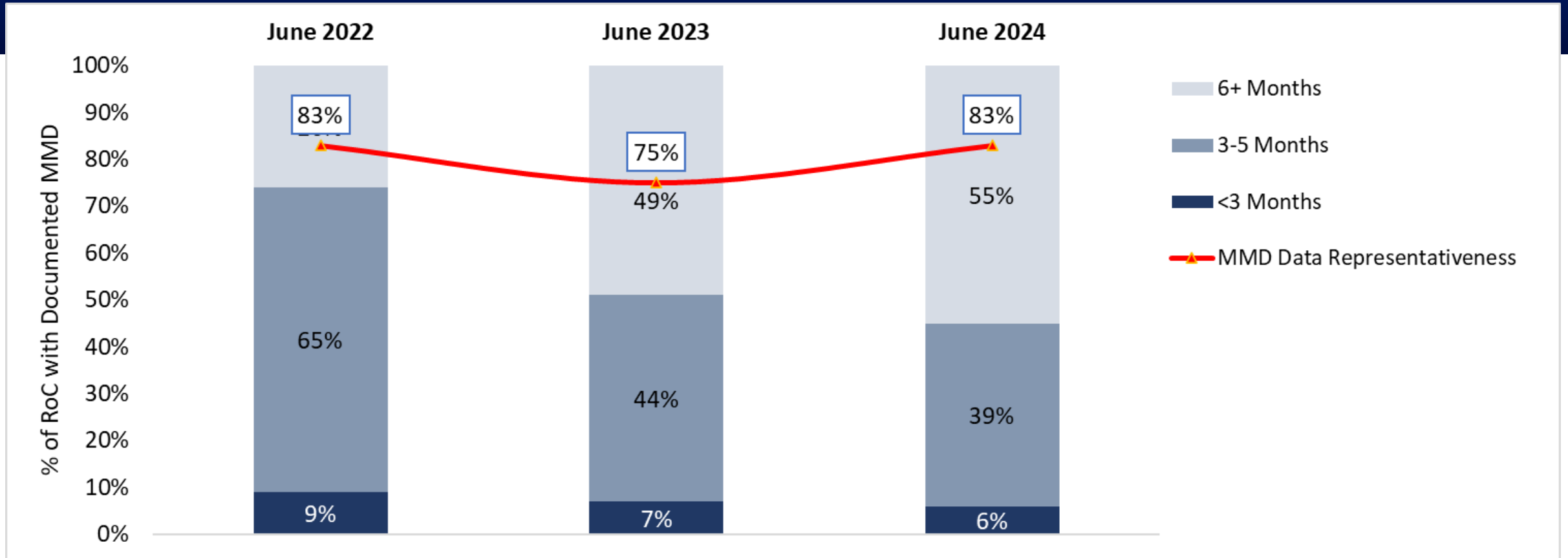
- Most of the domains remained with the same maturity over the last 12 months
 - The domains not yet matured are data dependent and M&E tools take longer to be revised; new M&E tools were launched this year, and changes in domain maturity are expected in future
- One domain, client coverage reduced in maturity from dark green to yellow
 - The country tightened the assessment for the domain by excluding multi-month dispensing (MMD)
 - This will allow the country to keep focusing on increasing DART coverage and to better define the DART models
 - Encourages country to devise ways of perfecting the denominator so that the true picture of PLHIV enrolled among the eligible may be seen

Zimbabwe Differentiated Treatment Model Mix



- Overall, with the less intensive DSD models, coverage remained the same over the last 12 months
- Evident movement of RoCs within DART models is notable within the same time period e.g. Fast Track, ART Clubs etc.

Zimbabwe Differentiated Treatment: Multi-Month Dispensing



- Sustained increase in overall >3MMD, especially 6+ MMD since 2022
- Only 6% of RoCs receiving <3months of ART i.e. new ART initiations, children under 5 and some RoCs with high VL

Zimbabwe AHD CMM Results 2024

		Diagnostic Capability 2		
Guidelines	Polices	Client Coverage 2		
SOPs	Training	Client Coverage 3	AHD Scale-up Plan	
Coordination	Diagnostic Capability 1	Supply Chain	Client Coverage 1	Client Coverage 4
ROC Engagement	Facility Coverage	M&E System	Quality	Impact
Most mature			Least mature	

- 8 mature domains noted, including diagnostic capability 1 and facility coverage
- 5 domains are mid-maturity and the other 5 domains still to achieve maturity including Quality and Impact
- The country is working towards having a robust M&E system that will facilitate demonstration of maturity with the AHD package of services

Zimbabwe AHD CMM Results – Trend Over Time (2022-2024)

Domains	2022	2023	2024
Policies	Light Green	Light Green	Light Green
Guidelines	Dark Green	Dark Green	Dark Green
AHD Scale-up Plan	Orange	Orange	Orange
SOPs	Yellow	Dark Green	Dark Green
Coordination	Dark Green	Dark Green	Dark Green
ROC Engagement	Dark Green	Dark Green	Dark Green
Training	Light Green	Light Green	Light Green
Supply Chain	Yellow	Yellow	Yellow
M&E System	Yellow	Yellow	Yellow
Diagnostic Capability 1	Dark Green	Yellow	Light Green
Diagnostic Capability 2	Red	Yellow	Yellow
Facility Coverage	Orange	Yellow	Light Green
Client Coverage 1	Orange	Orange	Orange
Client Coverage 2	Red	Light Green	Yellow
Client Coverage 3	Red	Red	Yellow
Client Coverage 4	Red	Red	Red
Quality	Orange	Orange	Orange
Impact	Red	Red	Red

- Three domains improved in maturity in the last 12 months
 - Diagnostic Capability 1
 - Facility Coverage
 - Client Coverage 3
- Mainly due to the identification of more reliable data sources for staging
- Most of the domains remained with same score
 - Efforts to strengthen M&E systems that provide adequate data for staging, are ongoing

Zimbabwe Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix	Dark Green	Dark Green
Policy: Optimizing HIV	Dark Green	Dark Green
Policy: Linkage	Light Green	Dark Green
Finance/Resource Allocation	Light Green	Dark Green
SOPs	Dark Green	Yellow
Scale-up Plan	Dark Green	Dark Green
Community Engagement	Light Green	Dark Green
Private Sector Engagement	Red	Red
Coordination	Yellow	Dark Green
dHTS Training	Dark Green	Yellow
M&E	Dark Green	Light Green
Procurement/Supply Chain	Light Green	Yellow
Population Coverage	Red	Orange
Linkage to Tx: Timely Linkage	Dark Green	Light Green
Linkage to Tx: Verification	Dark Green	Dark Green
Linkage to Prevention	Orange	Orange
EQA/IQC	Orange	Light Green
Proficiency Testing	Yellow	Orange
Clinical Services	Orange	Orange
Impact: Knowledge of Status	Red	Red
Impact: Linkage to Tx	Red	Red
Impact: Linkage to Prevention	Red	Red

- Most improved country dashboard of the three CMMs
- 11 domains were in the most mature staging [dark and light green in 2024]
 - Five (5) domains achieved maturity over the last 12 months
 - Coordination: The development and validation of the HTS TWG ToRs
 - Population Coverage, EQA/IQC: Improved due to availability of data to stage these domains
 - Improvement in data sources and understanding of the definitions and the staging process led to “regression” of 4 domains compared to the 2023 results
- There are ongoing program strengthening efforts to improve the domains with gaps

Zimbabwe

dHTS	
	2024
Policy: Strategic Model Mix	Dark Green
Policy: Optimizing HIV Testing	Dark Green
Policy: Linkage	Dark Green
Finance/Resource Allocation	Dark Green
SOPs	Yellow
Scale-up Plan	Dark Green
Community Engagement	Dark Green
Private Sector Engagement	Red
Coordination	Dark Green
dHTS Training	Yellow
M&E	Light Green
Procurement/Supply Chain	Yellow
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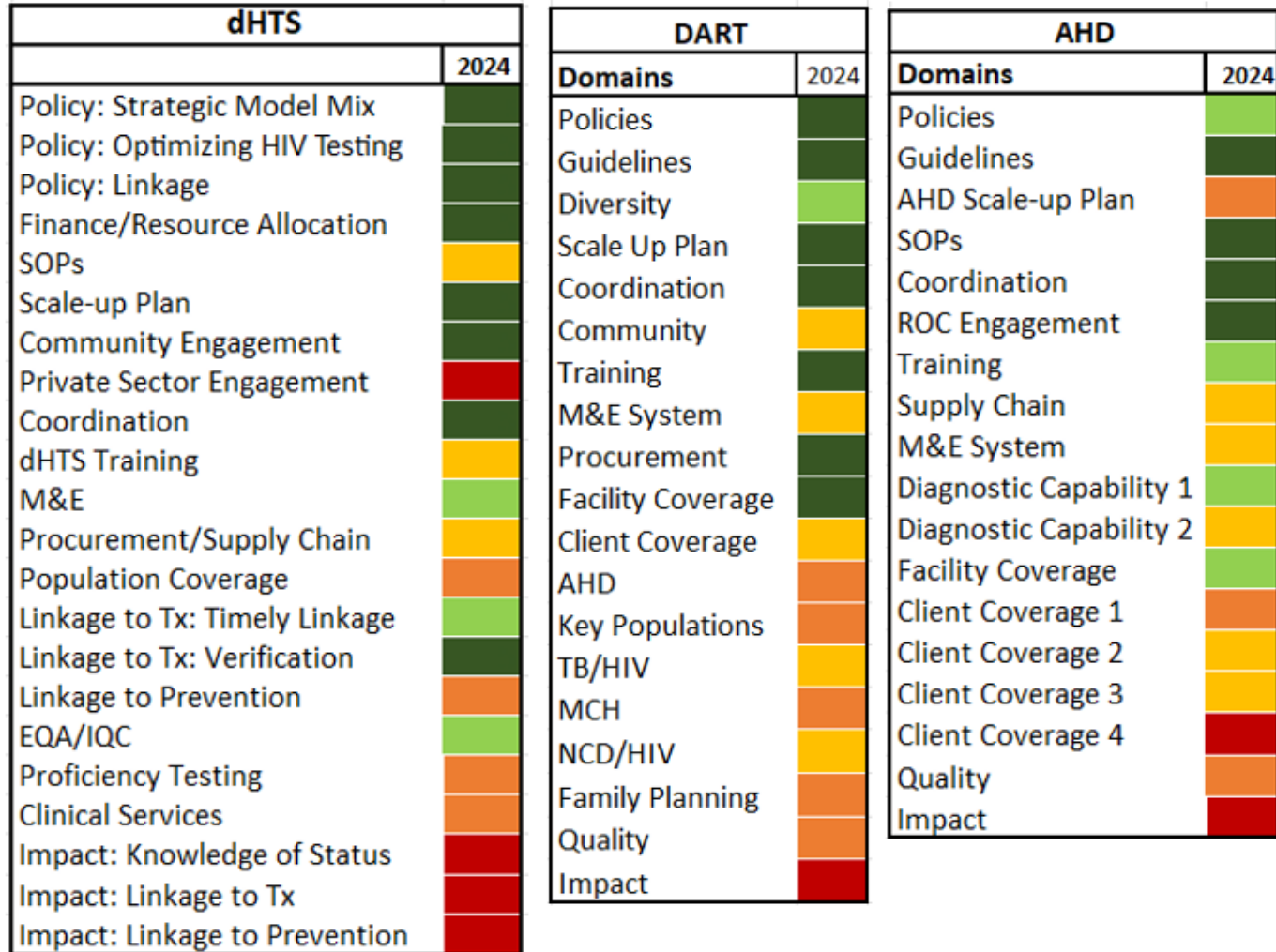
DART	
Domains	2024
Policies	Dark Green
Guidelines	Dark Green
Diversity	Light Green
Scale Up Plan	Dark Green
Coordination	Dark Green
Community	Yellow
Training	Dark Green
M&E System	Yellow
Procurement	Dark Green
Facility Coverage	Dark Green
Client Coverage	Yellow
AHD	Orange
Key Populations	Orange
TB/HIV	Yellow
MCH	Orange
NCD/HIV	Yellow
Family Planning	Orange
Quality	Orange
Impact	Red

AHD	
Domains	2024
Policies	Light Green
Guidelines	Dark Green
AHD Scale-up Plan	Orange
SOPs	Dark Green
Coordination	Dark Green
ROC Engagement	Dark Green
Training	Light Green
Supply Chain	Yellow
M&E System	Yellow
Diagnostic Capability 1	Light Green
Diagnostic Capability 2	Yellow
Facility Coverage	Light Green
Client Coverage 1	Orange
Client Coverage 2	Yellow
Client Coverage 3	Yellow
Client Coverage 4	Red
Quality	Orange
Impact	Red

Overview of HIV Program 2024 CMM Results

- Most enabling domains for the three CMMs are in the mature stage
- The country has policies and guidance for program implementation available with SOPs and training being provided for implementers
- Services are being provided and monitored; however national systems are not tracking micro - information that would allow the answering to some of the staging domains

Zimbabwe



Overview of HIV Program 2024 CMM Results (2)

- Program areas needing prioritization to ensure the entire HIV program health systems are strengthened or reach maturity include
 - M & E system – scale-up of the electronic system
 - Integration and private sector engagement
 - Quality and Impact - standardization

Outline

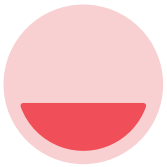
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Stakeholder Coordination and Prioritization Processes

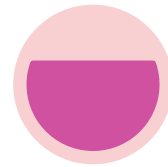


Coordination

The country has a standalone DSD TWG

Three (3) Quarterly meetings conducted last 12 months

RoC organizations represented – Zimbabwe Network of PLHIV (ZNNP+), Zimbabwe AIDS Network (ZAN), PAPWIC Zim, MIPA



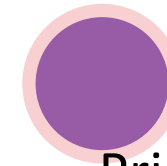
Funding

PEPFAR-funded activities

- DPR Meetings – data abstraction, facilitators support
- Dissemination of new DSD guidance at subnational levels (all provinces)

Global Fund supported activities

- 2024 DSD Review – Data abstraction and Dissemination meeting (2 meetings – 4 provinces)
- DSD Implementation Evaluation - funding consultancy and associated activities



Prioritization

Prioritisation of activities conducted through TWG stakeholder consultation, guided by the Joint HIV Strategy and other emerging focus areas identified during implementation

GF activities already prioritised and in the 2024 – 2026 DIP

Annual work-plan shared with partners and activities to be funded are agreed on

Engagement with CQUIN

- **Communities of practice participated in**
 - TB/HIV, DSD Coordinators, QI for DSD, M&E, MCH, KP, AHD, NCD, dHTS,
 - Identified potential areas of programme strengthening
- **Country to Country learning exchange visit to Malawi**
 - Focus was on re-engagement packages offered to RoCs after interrupting treatment
 - Two (2) packages implemented by Lighthouse and Partners in Hope were identified:
 - Packages focus on the non – judgmental processes of welcoming back RoCs into care and equipping them with skills/information on how to handle situations that lead to treatment interruptions
 - Zimbabwe will adopt and adapt concepts from the two strategies to develop a package that can be implemented in our country context

DSD Performance Reviews: Key Findings - 1

A DPR was conducted in 4 provinces i.e., Midlands, Masvingo, Mashonaland East and Matabeleland North

- All districts in the provinces participated (30 districts) - Five (5) facilities per district - A district hospital, 2 high volume facilities and 2 low volume facilities (155 facilities)
- 3 cohorts were analyzed i.e., May 2021, May 2022 and May 2023 to represent the 36 months, 24 months and 12 months ART cohorts respectively
- Total DPR sample size – 4,680
- Indicators changed and increased in line with the need to assess integration of services with HIV and DSD service - AHD, Mental Health, NCDs, TB/HIV and FP

DSD Performance Reviews: Key Findings - 2

Health Facility-Level Assessment

- High level of integration with non – HIV services
 - HTN/HIV integration - 79.4%
 - FP/HIV integration - 78.7%
- Non-discriminatory policies for KPs were on site in 82% of HFs
- Provider satisfaction surveys being implemented in 33% of sites, 94% of facilities received supportive supervision



DSD Performance Reviews: Main Findings

RoC-Level Assessment

- Appropriateness/Fidelity – approx. 50% were enrolled in appropriated models of care, with 49% being missed opportunity for enrollment in LIMs, however this was offset by high MMD implementation within facilities
- AHD cascade – low baseline CD4 tests done for newly initiated ART clients noted. Need for further strengthening as implementation was being hampered by inconsistent supply of reagents, kits etc.
- HIV care cascade – 52% - 68% received VL testing at each annual timepoint. Documentation and issue alluded but
- Integration data (FP, TB, etc.) – TPT is the most integrated programme area, followed by HTN integration. Mental health management was the least integrated within HIV services

Modified HIV care cascade of 36M Cohort

Province, District, Facility

All

Gender

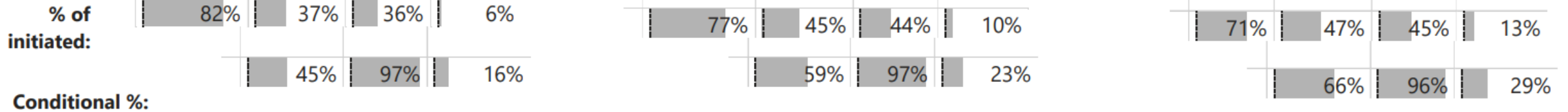
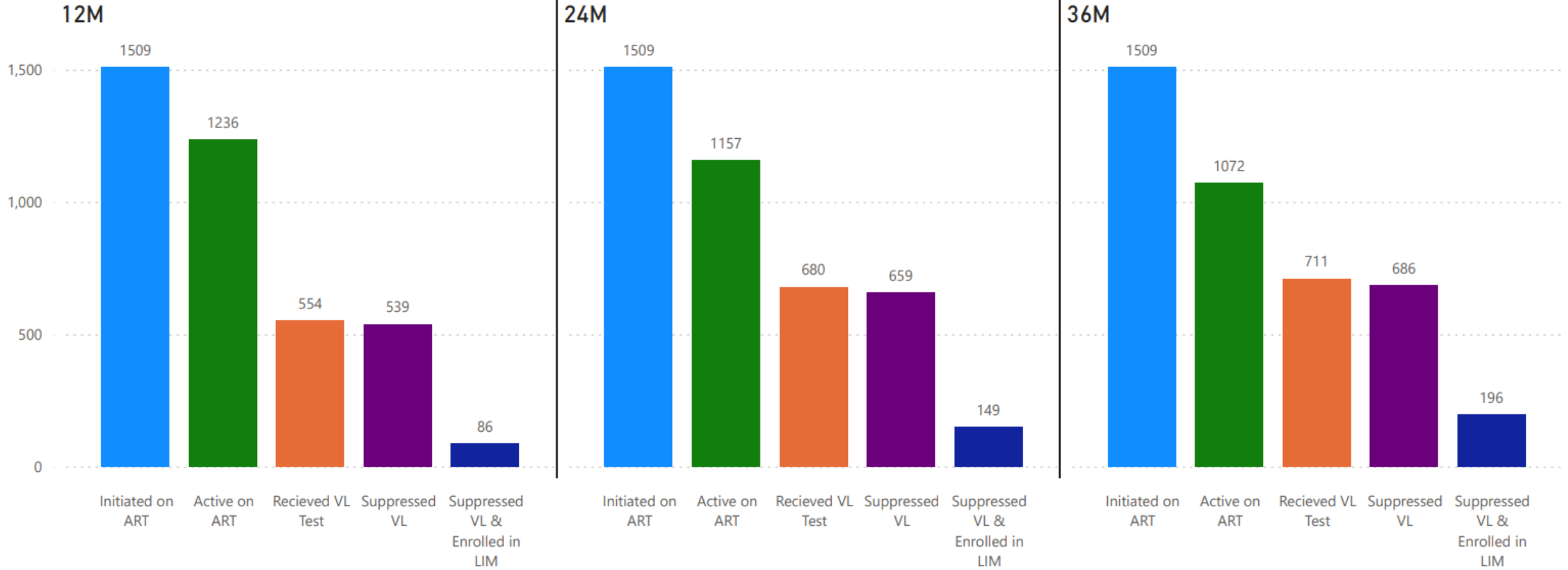
All

Age Group

All

PEPFAR Status

All



AHD Cascade at ART Initiation

Province, District, Facility

Gender

Age Group

Cohort Label

PEPFAR Status

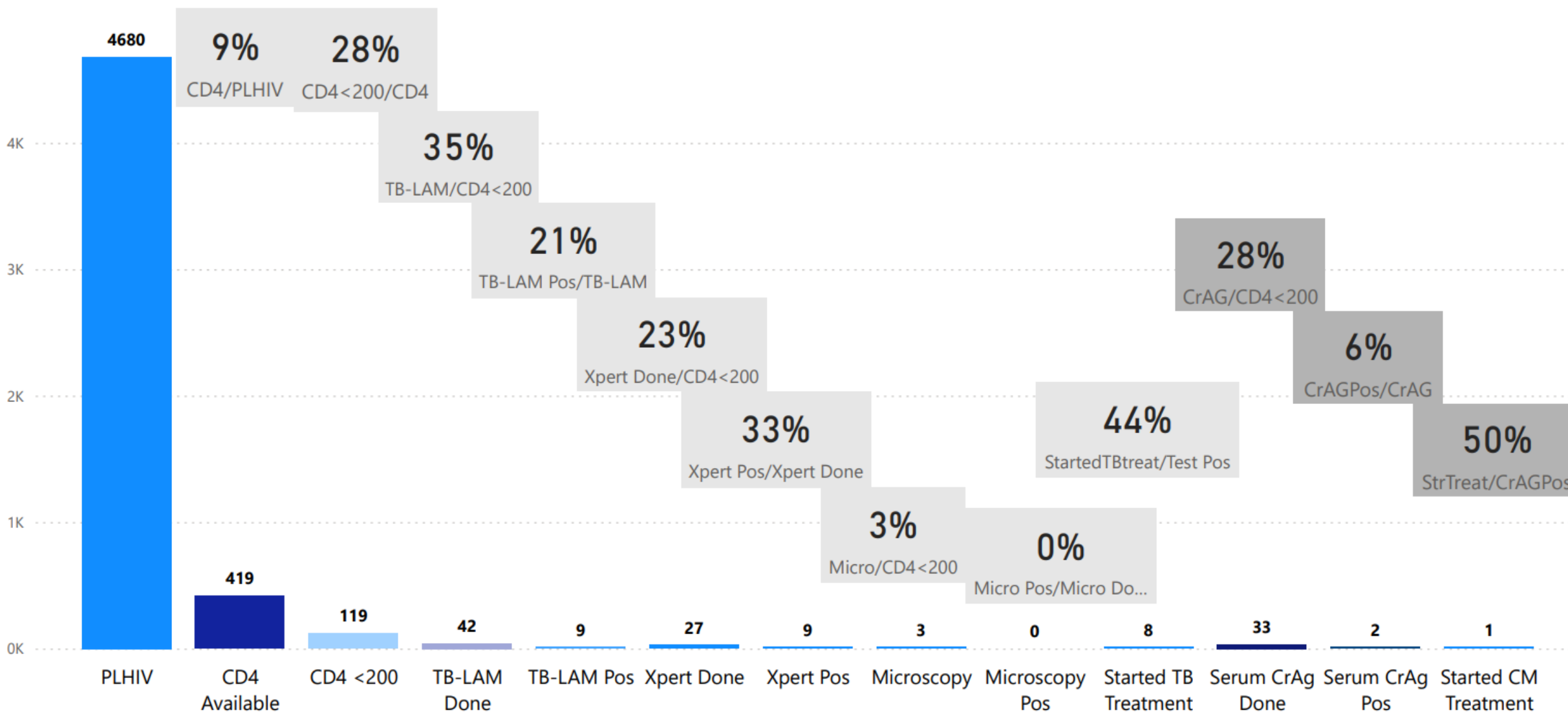
All

All

All

All

All



DSD Performance Reviews: Main Findings

Priority Activities Emanating from the Dissemination Meetings:

- National and provincial managers to resource mobilize for training needs identified during the planning sessions.
- Districts to maximize on support available for mentorship and on the job training as well as utilizing the guidance that allows for task-shifting of certain tasks
- To strengthen integration of HIV services and other services.
- To revamp quality improvement projects at facility level to track poorly performing cascades

Update on Country Action Plans from 2024 Meetings

Activities that have been successfully completed include:

- Add ZNNP+ and other CSOs representing PLHIV to the mailing list for the integration TWG for attendance to quarterly TWGs
- Follow up with CLM steering committee: the extent to which they cover integration of HIV and non-HIV Services

Activities that are still ongoing include:

- Integrate the tracking of unmet need for FP for WLHIV in M and E for DSD
Conduct DSD Programme Evaluation
- Piloting Chronic Care Clinic-all chronic conditions including HIV

Activities that were dropped include:

- Set targets for DART for pregnant and Breastfeeding Women

Update on Integrating Non-HIV and HIV Services

Defining integration:

- Integration on non-HIV services are defined in the National HIV prevention, testing and treatment guidelines and the Operational and Service Delivery Manual
- One – Stop Shop preferred for service integration, but multi-month scripting and review dates alignment also supported where One – Stop – Shop is not possible

Establishing a coordinating mechanism

- Integration activities are coordinated within the program, TWGs available - TB/HIV, Mental Health & HIV.
- The HIV program is a member of the Reproductive Health, and NCDs TWGs

Update on Integrating Non-HIV and HIV Services

Community Engagement:

- There has been continuous engagement of the community (ZNNP+, PAPWC-Zim) for integration of non – HIV services

Defining integration metrics

- Patient level tools, program registers and national reporting tools have been adapted to document and report Integration services for both FP and NCD.
- Indicators include tracking screening and management of RoCs

Program Sustainability Efforts and Opportunities

Sustainability of DSD activities

- DSD Reviews funded in GC7 (2024 – 2026) – Data Abstraction and Dissemination Meetings
- DSD Coordinator support funded by PEPFAR
- M&E monitoring framework co-created within CQUIN – select indicators adapted and incorporated in the national HMIS

National sustainability roadmap

- Both DSD and integration of services have been incorporated in the national plans for sustainability of programs as they both address optimization of resources for both the health system and the recipients of care

DSD Implementation Successes in 2024

DPRs successfully conducted in four (4) provinces – 141 health facilities

- The Global Fund and PEPFAR, through its implementing partners (Zimtech, OPHID, ZHI) fully funded the DPR
- Eighty (80) HCWs participated and capacitated during the dissemination meetings

Engagement of a consultant for the DSD programme Evaluation

- Will contribute to the assessment of the quality and impact domains

Challenges in DSD Implementation in 2024

Slow scale up of integration of some services due to

- Limited availability of monitoring tools and equipment for NCDs in OI clinics e.g. scales, BP machines, glucometers etc.
- Presence of inherent inequities in disease areas: Self-purchasing of other medicines vs “free” ART provision
- Strained Human resources and perpetual training need because of staff movement

Plateauing of DART uptake and coverage

- Rapid and continued scale – up of 6MMD as part of standard of care – still offers convenience for RoCs and reduces workload for HCWs

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DSD Priorities for 2025

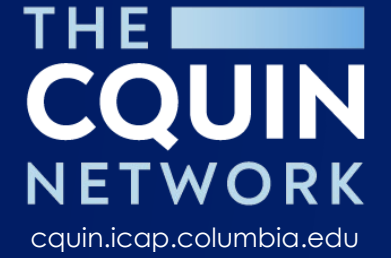
- **Implementation of recommendations from the DSD Evaluation and DPR**
 - Aim is to improve the least mature DART domains using the recommended findings
- **Development and piloting of the welcome back package for RoCs returning to care**

To learn from other CQUIN countries

- Sustainable FP/HIV services Integration

Acknowledgements

- MoHCC – programme managers, implementers (HCWs)
- PEPFAR and non – PEPFAR partners
- Global Fund
- CDC
- USAID
- National AIDS Council
- Representatives of PLHIV
- CSOs and Recipients of Care
- ICAP CQUIN



Thank You!

