



Tsitsi Apollo, Ministry of Health & Child Care, Zimbabwe
**DSD model transitions: Supporting the evolving
care needs of people living with HIV**

Country example III: Ensuring quality support to clients moving between DSD models in Zimbabwe



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Conflict of interest

I have no relevant financial relationships with ineligible companies to disclose.



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Country context

- Zimbabwe is heavily burdened by HIV/AIDS & TB
- 1,3M people living with HIV¹ with over 1,2 million on ART by end of 2022
- Adult HIV prevalence of **11%** (15-49 age group)¹
- HIV incidence of **0.17 %** in 2022¹, down from 1.42% in 2011, 0.98% in 2013
- TB/HIV co-infectivity rate of **51%**²
- Remarkable progress towards targets – Zimbabwe has achieved **95/99/95**

1 - 2022 estimates, 2 - Global TB report 2022

Overview of DSD in Zimbabwe

- First DSD guidance in Zimbabwe developed in 2014.
 - Informed by lessons from pilot studies on the **Community ART Refill Groups (CARG)** model.
- Scale-up of DSD began in 2017 after the first revision of the Operational and Service Delivery Manual (OSDM)
 - Models of DSD for ART: **Fast Track, Facility Club, CARG, Family ART Refill Groups** and **Outreach**
- Recently adopted models include the **Omalayitsha model, Drop-in-Centers** and **Community ART Distribution**.
- Zimbabwe DSD in numbers
 - 443,258 people living with HIV enrolled in DSD models by Dec 2022 (44% of all PLHIV on ART)
 - Most popular models are the Fast Track and CARGs



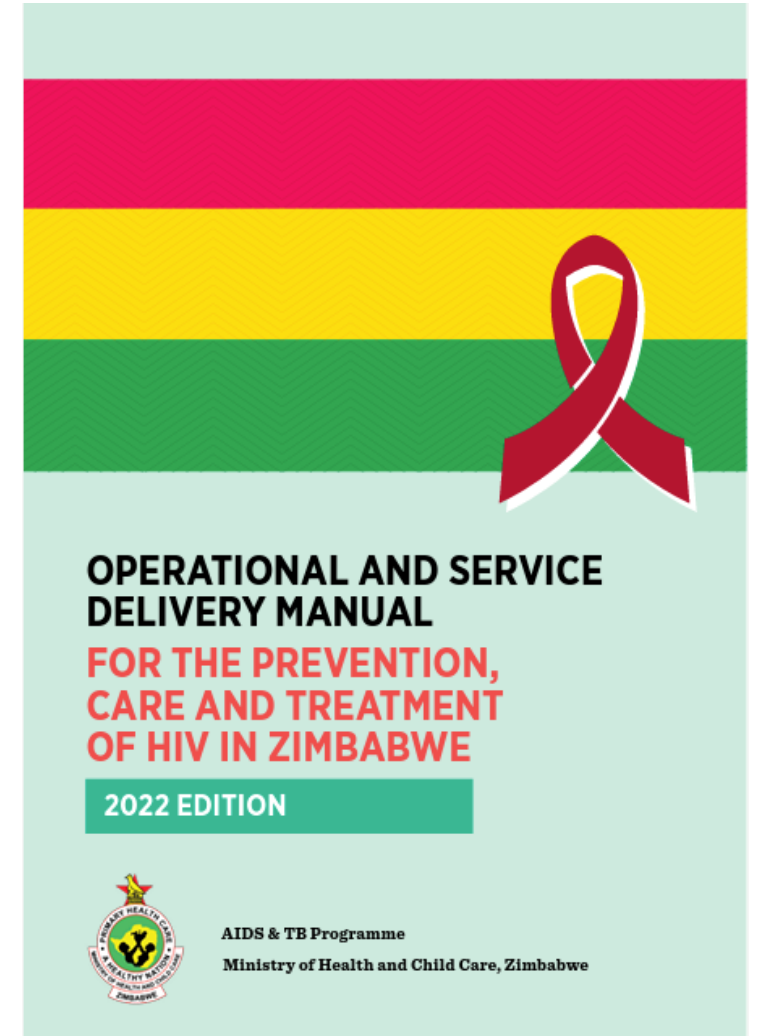
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2022 updated guidance

DSD implementation guidance was updated in 2022

Key changes include:

- Adoption of the new definition of “Established on ART” – eligibility criteria for enrolment in DSD models
- Four (4) categories of DSD models – expanded and now allows inclusion of more DSD models apart from the main 5 that existed previously
- Expansion on choice of DSD models by population – children, pregnant and lactating women, key populations
- Integration of other medical needs into existing DSD models
- A more elaborate section on quality improvement principles to enhance DSD implementation

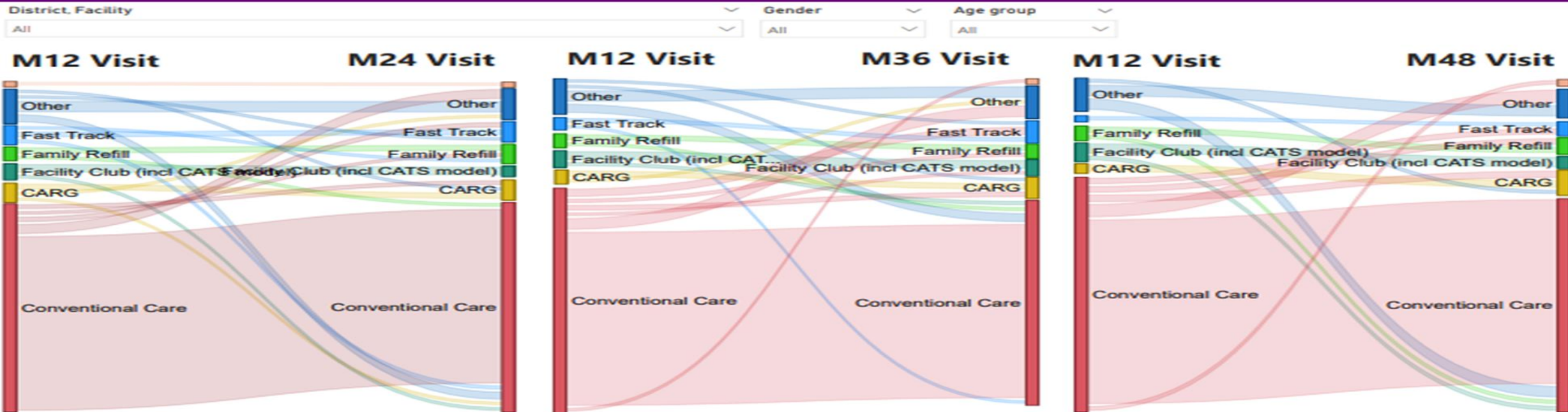




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Model switches and transitions at 24-, 36- and 48-month visits¹

Model switch, 12 ->24, 12 ->36, 12 ->48 month visits



- Most of the patients are in conventional care
- There are transitions – down-referrals (from convention to DSD), lateral moves (between DSD) and up-referrals (back to conventional)

¹ DSD Review Report, 2022



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Important transitions

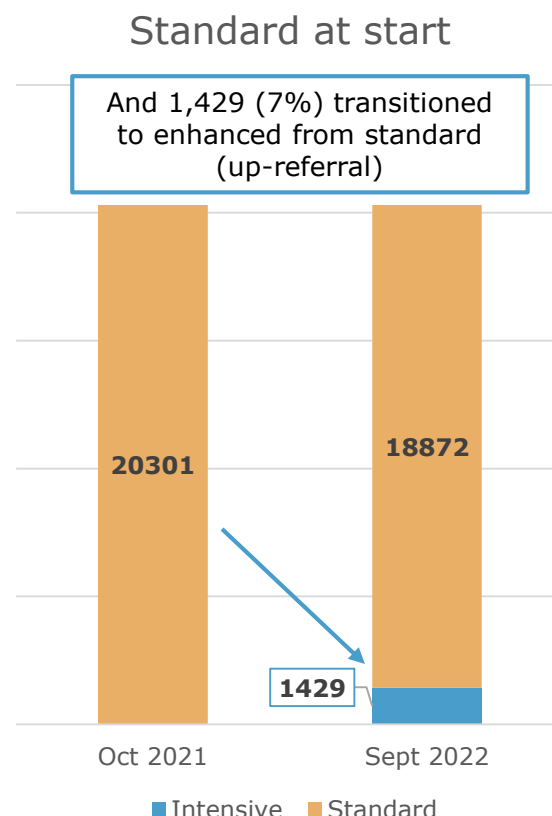
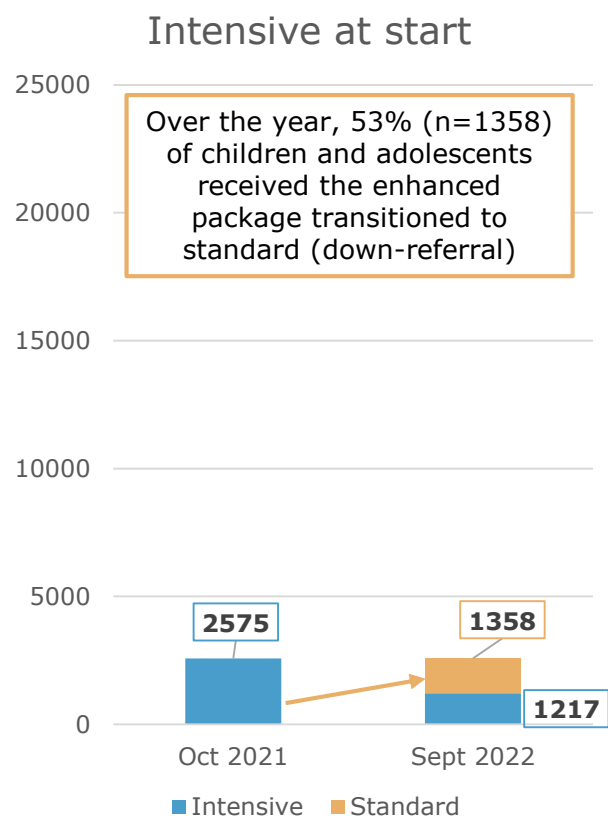
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1 – From adolescent to adult care

- Adolescents living with HIV have unique challenges associated with their rapid growth and development
- The treatment cohort is aging
 - 2015 – 7.2% 10-19 years, 74.6% 20-49 years, 14.2% 50+ years
 - 2022 – 5.5% 10-19 years, 70.5% 20-49 years, 22.1% 50+ years)
- Designed a checklist to support children and adolescents with age-appropriate knowledge and self-care milestones for successful transitions in HIV care
 - The tool is administered by health workers during clinical and counselling sessions
- Duration of ART refills (4-monthly for adolescents – to align with school holidays- versus 3- or 6-monthly for adults) changes such as adequate preparation for the transition is required
- Adolescent to adult care is a lateral move from one DSD model to another

Community Adolescent Treatment Supporters (CATS) provide a standard and an intensive package of care (1)



Adolescent Community Adolescent Treatment (CATS) support – provision of standard and intensive-package of care

- MoHCC is providing differentiated services to adolescents at community level through the CATS programme
 - Monthly vs bimonthly home visits
 - Weekly vs daily SMS contact
 - Engagement of other cadres as per need
- The intensive package is for those with a high viral load, mental health condition, TB, who are pregnant or breastfeeding, etc.



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Community Adolescent Treatment Supporters (CATS) provide a standard and an intensive package of care (2)

Characteristics of the children and adolescents in the enhanced CATS programme

	October 2021 # (%)	September 2022 # (%)
High viral load	1,156 (45%)	807 (30%)
Mental Health Condition	401 (16%)	380 (14%)
Identified with TB	25 (1%)	23 (1%)
Pregnant/ Breastfeeding	934 (36%)	1,385 (52%)
Other (e.g., social protection, illness)	59 (2%)	51 (2%)
Total	2,575 (100%)	2,646 (100%)

- Around 2,500 children and adolescents received the intensive package of care
- Between Oct 2021 and Sept 2022:
 - The number and proportion with high viral load decreased from 1,156 to 807
 - There was an increase in the number and proportion pregnant or breastfeeding from 934 to 1,385



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2 – Model of care during pregnancy and breastfeeding

- HIV service delivery model during pregnancy
 - Previously, women who became pregnant whilst enrolled in CARGs, Fast Track or Outreach were up-referred to receive their HIV care and treatment through ante-natal care (up-referral)
- In the updated OSDM Guidance, there is choice: Women who are in a DSD for HIV treatment model and become pregnant can:
 - **Stay in their DSD for HIV treatment model** receiving their clinical visits at the OI/ART clinic and the refill through her chosen refill model. They will also attend ANC for their pregnancy needs
 - OR
 - **Transfer their HIV care to ANC.** ANC should continue to provide the woman with MMD refills at the maximum duration available.



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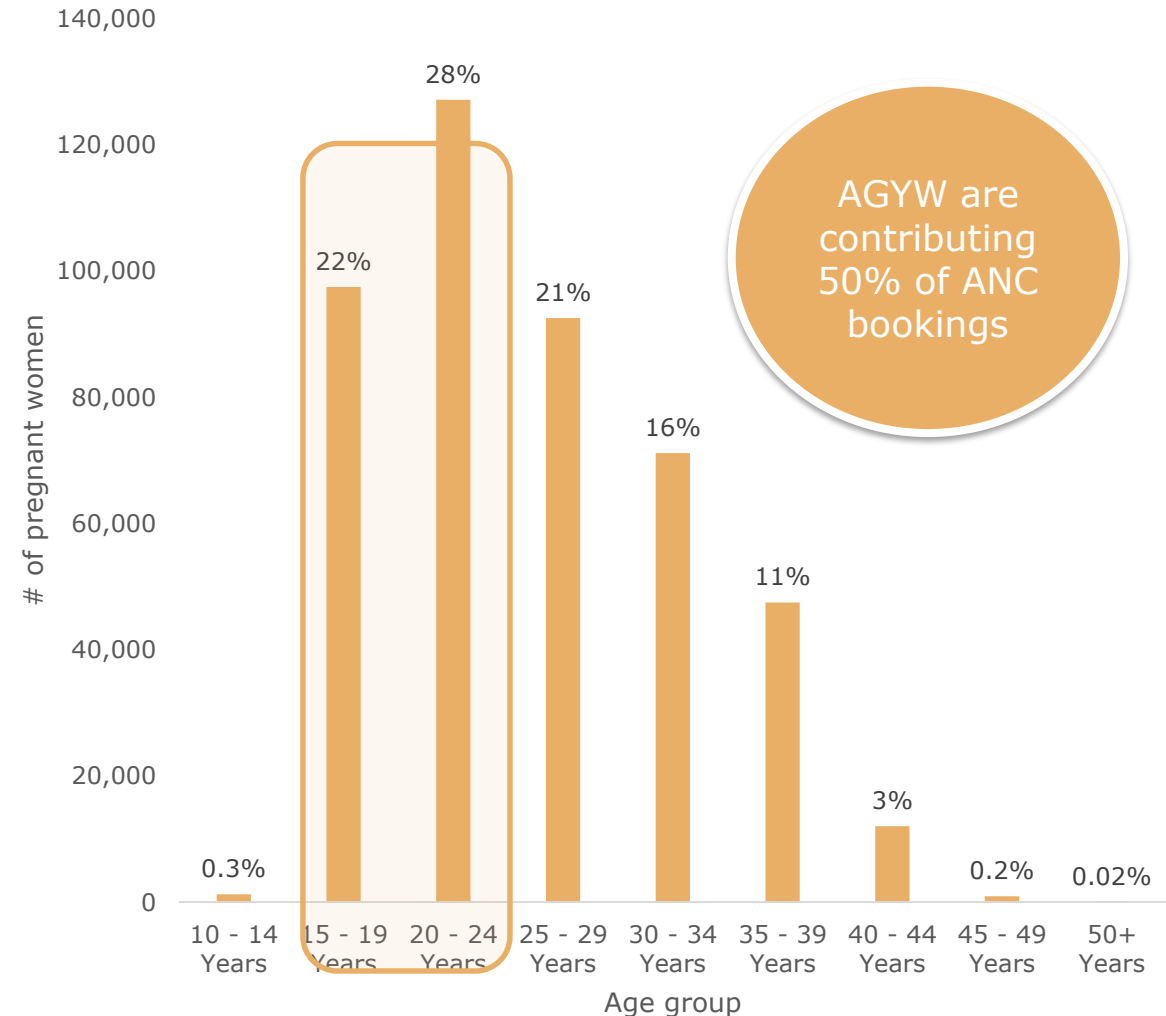
Providing support for adolescents and young women during pregnancy

Formation of Adolescent and Young Mothers Clubs – Young Mentor Mother (YMM) intervention

- Adolescent and young mothers (15-24 years old) are vulnerable to poor outcomes from the primarily adult-oriented maternal care
- Adolescent and young mothers require targeted services and support to prevent maternal and newborn illness and mortality and enjoy good health and well-being.

Updated OSDM Guidance

“Adolescent and young mothers should be booked on the same day and form a young mothers club that is assisted by the young mentor mothers”





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Providing support for post-partum women and their families

Adoption of Mbereko + Men postpartum groups

Updated OSDM Guidance:

The Mbereko club will continue to provide the woman with multi-month refills (6MMD) while she attends with her baby exposed to HIV for monthly follow-up and receives integrated postpartum care for herself (including FP) and her baby (testing, prophylaxis and infant monitoring).

The club approach provides additional peer support.

- Inclusion of men “curbs feminization of MNCH services” and increases services uptake – Mbereko + Men Program evaluation report.



Nurse from St. Barbara's Mission addresses Mbereko men and women in Kanyanga Village

Enablers to support transitions

Revised OSDM Guidance (2022) now has enablers to support retention in care for recipients of care going through transitions

1. Development of transition tools and checklist for adolescents into adult care including DSD models available to suit their preferences
2. Pregnant women in CARGs may maintain their enrolment in their CARG for psychosocial support. However, will have to book in ANC and follow the ANC schedule for pregnant women
3. Caregivers can now receive MMD up to 6months despite having a child receiving less frequent refills
4. Recipients of care with co-morbidities now included into DSD models if they are established on their treatment



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Data systems to support transitions

- National HMIS strategic information adapted to track patients as during transition
 - Electronic Health Record (EHR) captures DSD model per every visit and is able to trace model transitions
 - Patient Care booklet captures DSD model per visit and is able to trace model transitions
 - DSD register notes enrolment date and date of leaving model – the challenge is that it is still in paper form
- More DSD models availed in new guidance to better meet the preferences of recipients of care

DSD data elements in EMR

Data elements included:

- ART model and date enrolled
- Visit type (clinical visit/ART pickup)

Preferred DSD Model Form

Select DSD Model

☒ INDIVIDUAL MODEL ☐ GROUP MODEL

Select Model Type

AddJoin FAST TRACK

DSD Options: Add Fast Track Member

Date Member Added

Save

Cancel

DSD

DSD Option Saved

OK

Work going forward

- Scale – up and strengthening of electronic systems for easier tracking of transitions between models
- Continued engagement with recipients of care, conducting regular satisfaction surveys for DSD models for ART
- Strengthen HCWs capacity to support clients' transitions across DSD models
- Sensitize clients on their rights to demand to opt in or out of any DSD model as their preferences change over time



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