How can government support scale-up of differentiated care?
The Zimbabwe Experience

INTEREST Workshop

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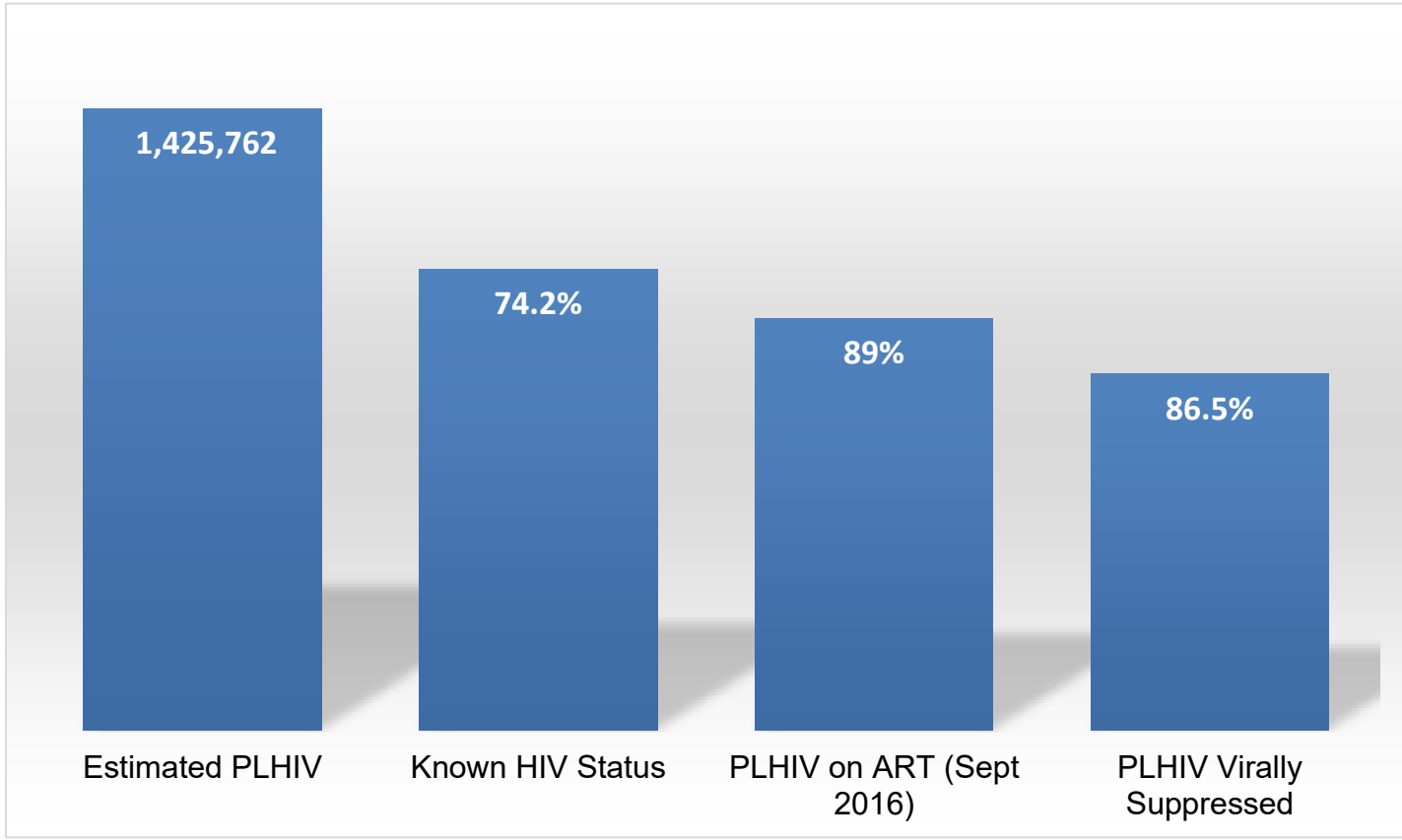
Presentation Outline

- Country Context
- Differentiated Service Delivery (DSD) Guidelines in the OSDM
- Special considerations in DSD
  - Children and Adolescents
  - Pregnant women
  - Key populations
- Progress Update

Country Context

- In Zimbabwe, 1.4 million people living with HIV
  - HIV prevalence among 15 – 64 year age group is 14.6%

Data from ZIMPHIA towards 90-90-90



National response to HIV has been cross cutting and comprehensive

Guided, Cross-cutting Response

-A **multi-sectoral and multidisciplinary** response
- Implementation is **guided by** the ZNASP III, eMTCT strategy, Consolidated ARV Guidelines for Preventing and Treating HIV, VMMC Operational Plan etc.

Public health Approach

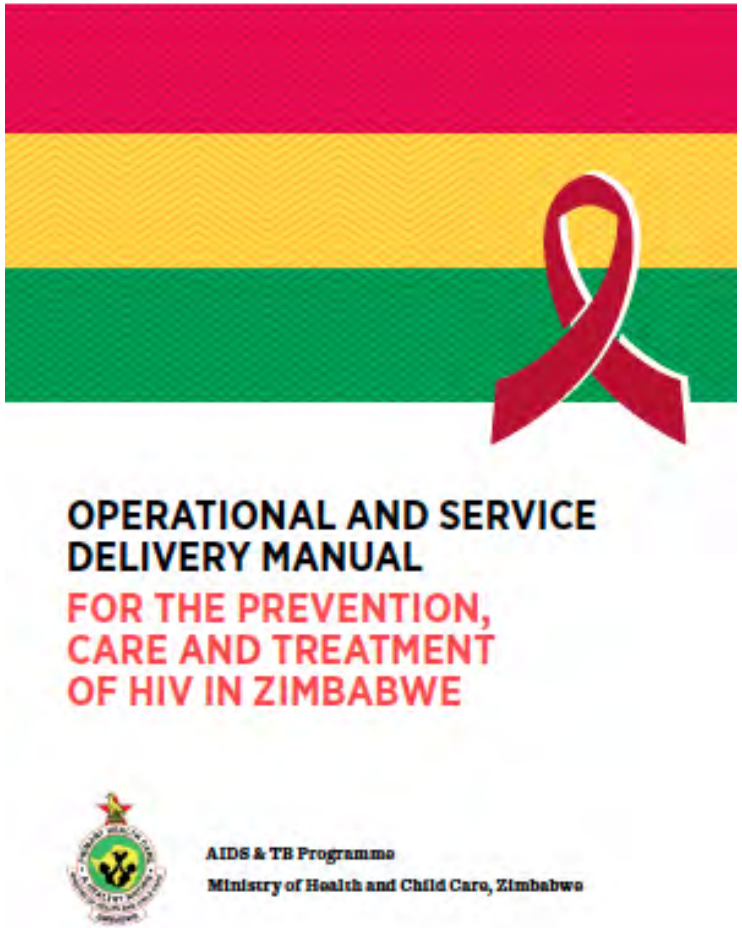
A **public health approach** to scale up of HIV prevention, care & treatment
- -Population based
- -Evidence based
- -Simplified tools and guidelines

Comprehensive context for implementation

Implementation is undertaken in the **context of a comprehensive combination HIV** prevention, treatment, care and comprehensive HIV support package that addresses all

Operational Service Delivery Manual (OSDM) and Job Aide

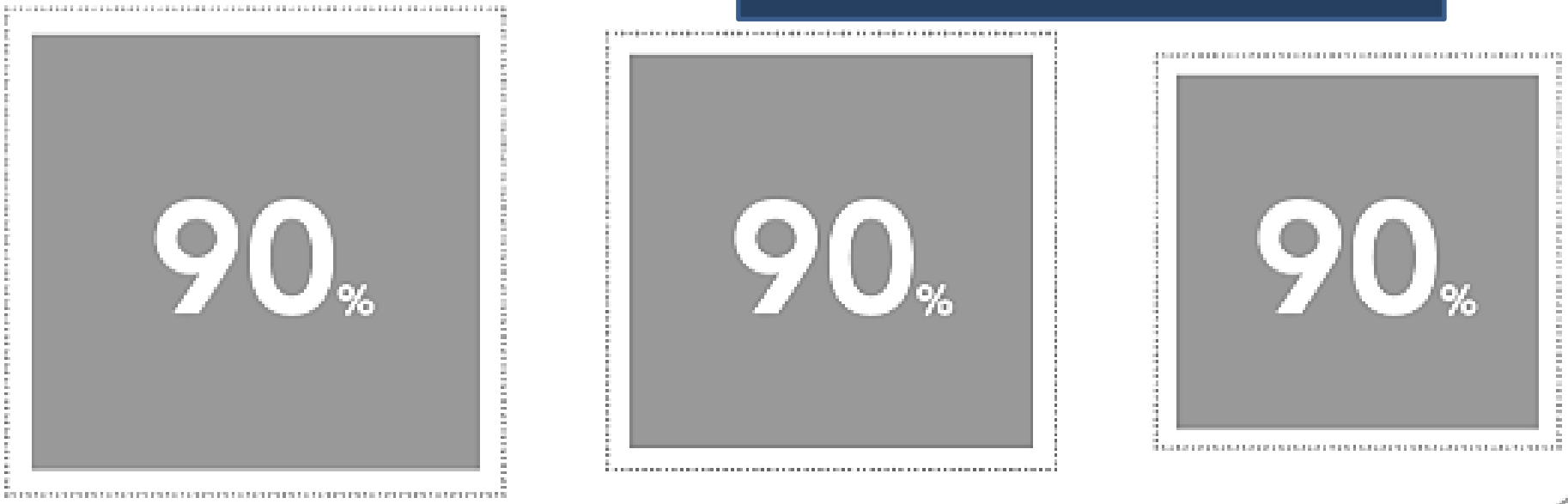
OSDM for the Prevention, Care and Treatment of HIV in Zimbabwe



- Guidance on the **"how to" to implement the National Guidelines**
- Defines **the minimum package of care per service** delivery level, decentralisation scope of practice and **capacity building** strategies for health workers,
- Emphasizes on **integration of services**
- Identifies **Differentiated care across the cascade strategies** acrpss the cascade
- Highlights **special considerations** for children, adolescents, pregnant and lactating women
- Four models for ART delivery highlighted in the OSDM

Differentiated care

Differentiated ART delivery



Differentiated Testing

Differentiated Initiation

Differentiated Testing and Identification Strategies

WHEN

Moon light testing/ extended hours for special populations

WHERE

Community based
- Outreach testing, Index case household testing, -self testing

Facility Based
- Family Centred Approach, VCT, PITC

WHO

Primary care counsellor
Nurses

WHAT

HIV Testing and counselling
OI screening

Special Considerations for HIV testing for Specific Populations

Children & adolescents	• After School, weekends testing • Opt Out in OPD, Schools/Colleges, Door to Door • Peer to peer mobilisation and testing • SRH education, FP advice and services
Pregnant and breastfeeding women	• Integration of res-testing in facility and EPI outreach activities • HIV self – testing as an option for partner testing
Key populations	• Moonlight testing • Hots spots, Bars and door to door • Peer sex workers mobilisation and testing, self Testing • STI Treatment, condom distribution, SGBV education (PrEP)

Linkage to Care for PLHIV

- **Tested at facility →**
  Guided by HCW to assessment for ART
- **Tested in the community →**
  Linked, with their consent, with a community health worker or community based expert client
- **Tracing** of HIV+ clients not linked to care after 1 month after receiving their consent

Differentiated ART Initiation

WHEN

Eligibility criteria

WHERE

Community based initiation by PSI (pilot)

Facility based initiation

- Stable vs. unstable clients
- Early presenters vs. late presenters

WHO

Health Care workers for both community based and facility based ART initiation

WHAT

Initiations

CD4 & VL sample collection

Counselling

OI screening

Differentiated ART Follow-up

WHEN

Three monthly refills
Six monthly clinical visits

WHERE

Facility based
- Family ART club
- Individual pharmacy refill
- Multi-month drug dispensing

Community based
- Community ART group

WHO

Health care worker at Facility
Peer provider at community based

WHAT

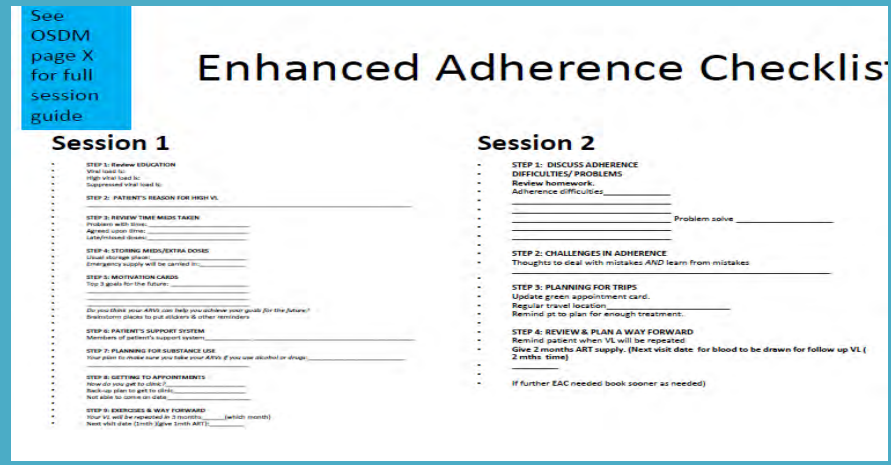
Medicine refills three monthly
Clinical visits once every 6 months for VL and clinical monitoring
Community based adherence support

Special Considerations for ART follow-up for Specific Populations

Children & Adolescents	• Paediatric Disclosure Counselling, longer refills for boarders, adolescent and young adult peer counselling and defaulter tracing • 0-2yrs: One month refills in MCH, 2 – 5yrs: Three month refills in MCH through family approach, >5yrs: Group refills with guardians, Outside schools hours / weekends
Pregnant and breastfeeding women	• Integration of PMTCT and MNCH antenatally and postnatally, Group ART refill offer for peer support: Expert clients with PMTCT experience, Breastfeeding women and exposed infants seen on the same day, Choice of refill option for women already on ART, **PLUS** ANC/PNC
Key & mobile Populations	• Specific service times - Clinic hours extension/ weekends, peer counselling and defaulter tracing, integrated package of medical care (e.g. STI screening and treatment, condom distribution etc.), clinically stable have same refill options as general population
People with disabilities	• Linking with local rehabilitative and specialist services • Sign and braille languages offered where possible

Differentiated ART Delivery for Unstable Clients (HVL)

- Flagging systems to
  - identify who needs viral load and
  - those with high viral load
- **> 1000 ACTION**


See OSDM page X for full session guide

Enhanced Adherence Checklis

Session 1

STEP 1: Review EDUCATION
Viral load is:
High viral load is:
Suppressed viral load is:

STEP 2: PATIENT'S REASON FOR HIGH VL

STEP 3: REVIEW TIME MEDS TAKEN
Problem with time:
Agreed upon time:
Late/missed doses:

STEP 4: STORING MEDS/EXTRA DOSES
Usual storage place:
Emergency supply will be carried in:

STEP 5: MOTIVATION CARDS
Top 3 goals for the future:

Do you think your ARVs can help you achieve your goals for the future?
Bedrooms places to put stickers & other reminders

STEP 6: PATIENT'S SUPPORT SYSTEM
Members of patient's support system:

STEP 7: PLANNING FOR SUBSTANCE USE
Your plan to make sure you take your ARVs if you use alcohol or drugs:

STEP 8: GETTING TO APPOINTMENTS
How do you get to clinic?
Back-up plan to get to clinic:
Not able to come on date

STEP 9: EXERCISES & WAY FORWARD
Your VL will be repeated in 3 months: (which month)
Next visit date (1mth /give 1mth ART)

Session 2

STEP 1: DISCUSS ADHERENCE DIFFICULTIES/ PROBLEMS
Review homework.
Adherence difficulties

Problem solve

STEP 2: CHALLENGES IN ADHERENCE
Thoughts to deal with mistakes *AND* learn from mistakes

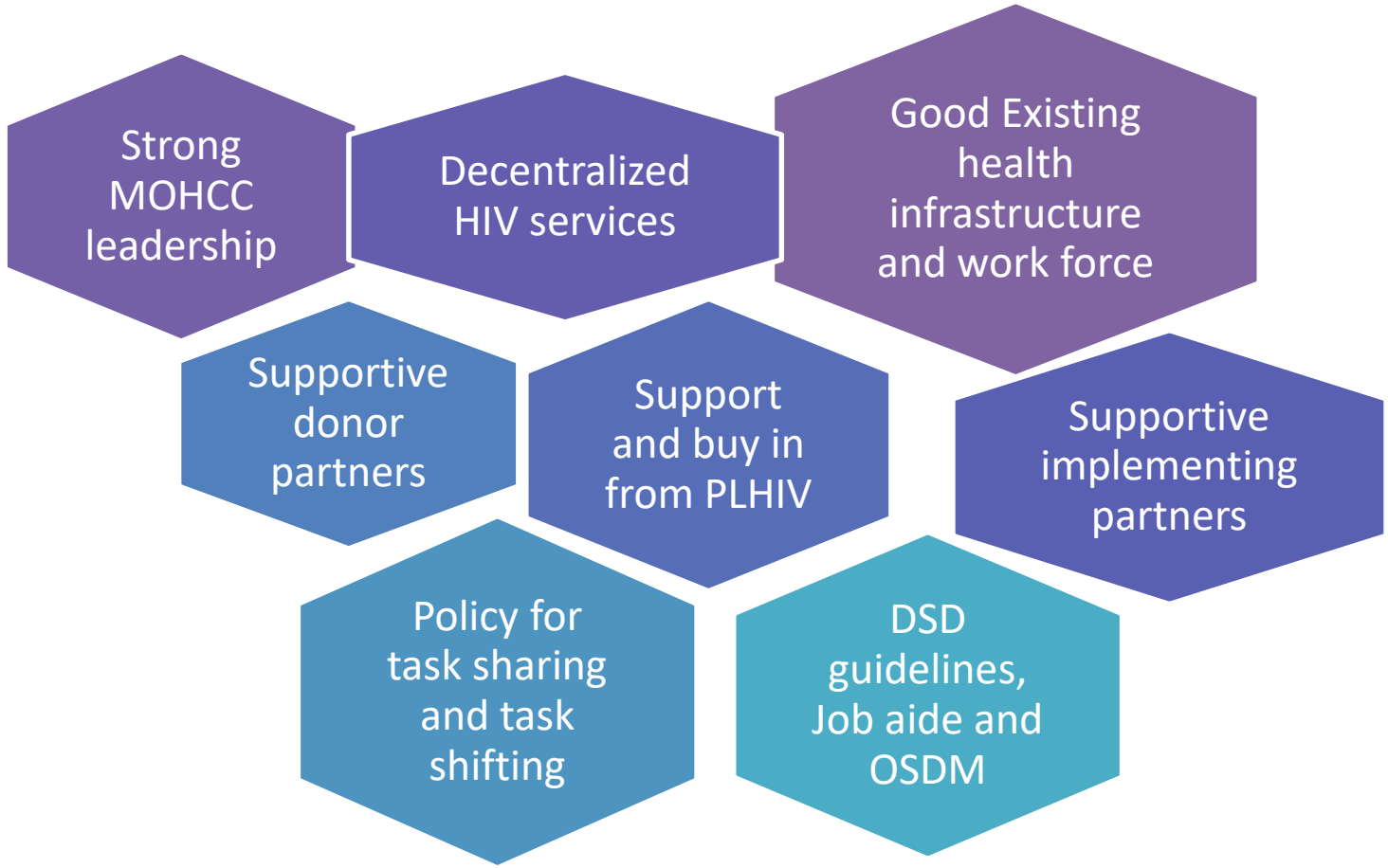
STEP 3: PLANNING FOR TRIPS
Update green appointment card.
Regular travel location
Remind pt to plan for enough treatment.

STEP 4: REVIEW & PLAN A WAY FORWARD
Remind patient when VL will be repeated
Give 2 months ART supply. (Next visit date for blood to be drawn for follow up VL (2 mths time)

If further EAC needed book sooner as needed)

- Content of enhanced adherence –session guides in OSDM; check list on job aide
- Viral load monitoring
- Switching to 2nd line < 2 weeks, done by qualified personnel

Factors making DSD possible in Zimbabwe



We still have challenges requiring innovation in the scale up process

- Limited access to viral load monitoring,
- Community models not well accepted in urban and peri -urban areas,
- Limited funding to scale up DSD effectively to all sites.

DSD Scale Up Plan: National Priority Agenda

- Sensitization of all provinces on updated OSDM and DSD SOPs,
- Setting up DSD Demonstration/learning sites for exchange visits,
- Roll out of comprehensive DSD models to all districts gradually utilizing the learning sites as models,
- Agreed on core DSD indicators, working committee formulated, etc.

Acknowledgements

ICAP
GLOBAL. HEALTH. ACTION.
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