

HIV Services in Zimbabwe: Resilience during volatility-PEPFAR teams deliver in a failing health system

HIV Services Branch

CDC Zimbabwe

Wednesday August 05, 2020

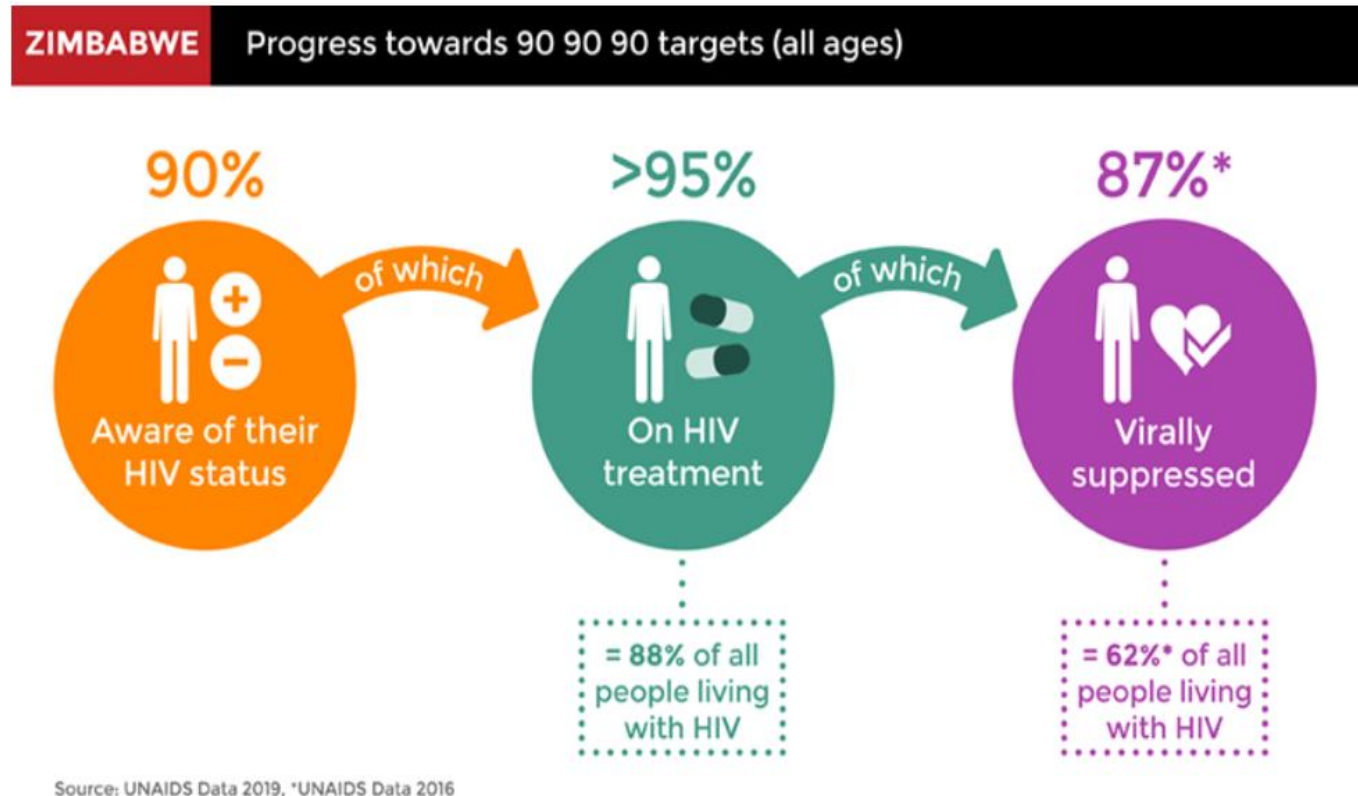


HIV in Zimbabwe

Zimbabwe is heavily burdened by HIV/AIDS & TB

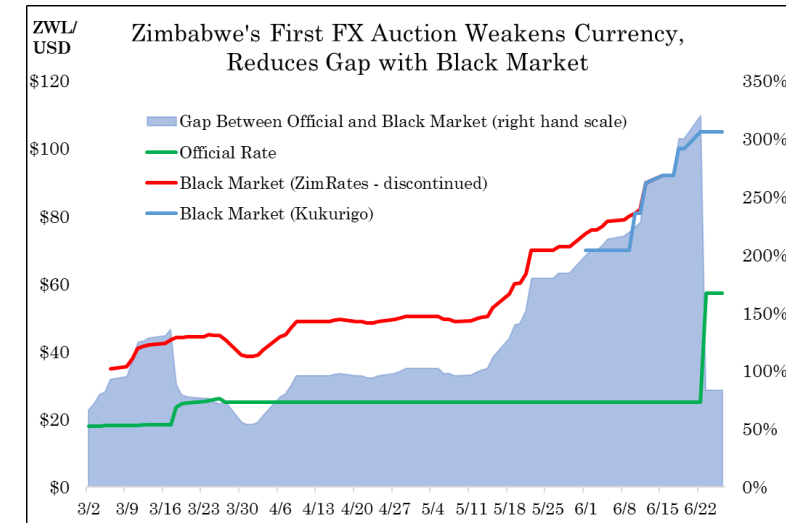
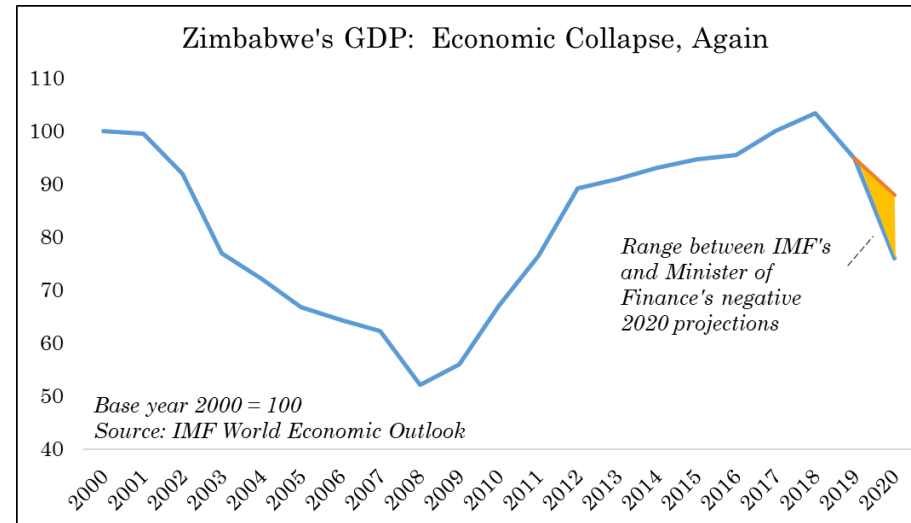
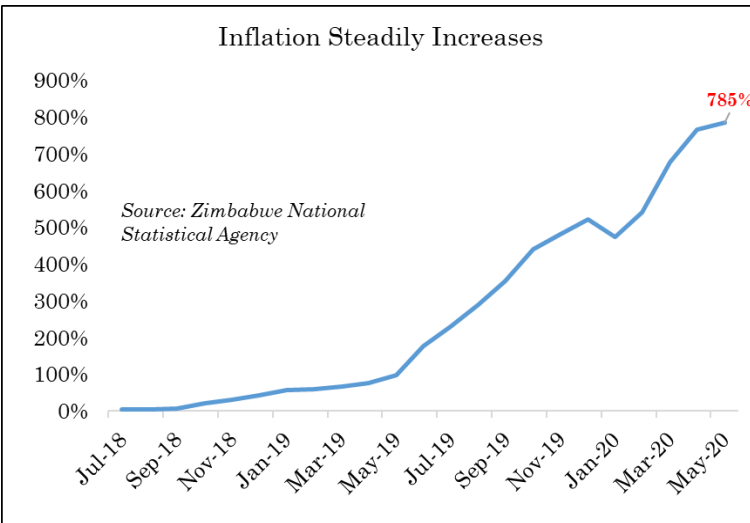
- 1.4M PLHIV (2019 estimates)
 - 1,3m adults
 - 84,000 children
- HIV Prevalence: 13.7% (15-49 age group)
 - Female 16.7%
 - Male 10.5%
- HIV Incidence: 0.48% in 2016 (*ZIMPHIA, 2016*)
 - down from 1.42% in 2011, 0.98% in 2013
- Progress on 90 90 90
 - 90; 95; 87 (UNAIDS, 2019)
- TB/HIV co-infectivity rate of 62% [*Global TB Report, 2019*]

Progress on UNAIDS 90-90-90, 2019 HIV Estimates, 2010-19, All ages



Source: <https://www.avert.org/infographics/hiv-and-aids-zimbabwe>. Accessed on 14 April 2020

On the Brink of Economic Collapse, Again?

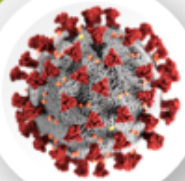


- Economy continues to suffer from a deep recession and continually increasing inflation
 - Inflation reached 786% in May; actual inflation is likely >1000%
- Local currency has crashed on the black market to about 100 to 1 against the USD vs 1:30 in March 2020
 - Official Rate is not rising in alignment; currently 57:1
 - PEPFAR partners are required to use the official rate for goods and services priced at black market rates (100:1)
- Shortages of fuel, electricity, clean water, and foreign exchange persist
- June 24th: GoZ announces a 150% rise in the price of fuel; price of bread and sugar increased by ~30% in the last week

Zimbabwe COVID-19 crisis timeline

COVID-19

- Back drop of failing economy & health system
- 12th - President declares national disaster
- 14th - 1st case of COVID-19 confirmed
- 30th - 21-day lockdown effected
- **31st - 8 cases, 1 death**



March 2020

April 2020



Lock-down period

- Highly restricted mvmts. results in decreased clinic visits
- PEPFAR/MOHCC technical guidance rolled out
- Severe shortage of PPE
- 19th - Lockdown extension
- **30th - 28 cases, 4 deaths**

HR challenges

- 11th - HCW advised to work 1wk & take 2wks off
- 12th - Health Permanent Secretary "reassigned"
- 27th - first health workers COVID-19 +ve.
- 28th - testing for health workers in public institutions start
- **31st - 178 cases, 4 deaths**



May 2020

June 2020



Economic crisis deepens

- 7th - 3000 ghost workers unearthed by audit
- 8th - civil servants salary negotiations start
- 18th - Spike in local COVID-19 cases
- 23rd - Reserve bank rolls out Forex auction to curb inflation
- **30th - 591 cases, 7 deaths**

Nationwide Strike

- 1st - nationwide health worker strike starts
- Opposition political parties call for nationwide demonstration against corruption
- 8th - Health minister fired
- 12th - Health Service Board fires and suspends over 20 directors and 6 central hospital CEOs
- 22nd - President announces new lock down measures
- **30th - 3092 cases, 53 deaths**



July 2020

NEWS / AFRICA

Zimbabwe Health Minister Obediah Moyo sacked amid graft scandal

Moyo, accused of illegally awarding multi-million-dollar contract for medical supplies, removed 'with immediate effect'.

Zimbabwe inflation rate soars to 175%

PUBLISHED: 15 JUL 2020 AT 20:48

WRITER: AFP

Rapid changes in MOHCC Leadership

May 15: MOHCC Permanent Secretary, Agnes Mahomva, removed from her role.

- Dr. Mahomva given the role of Chief Coordinator of COVID-19 Response in the Office of the President and Cabinet.

June 19: Minister of Health Obadiah Moyo arrested on allegations of irregular conduct in awarding contracts for COVID-19 medical supplies

- Eventually recalled from his position as cabinet minister

July 13: CEOs of major hospitals and Directors at HQ fired/suspended

- Restructuring to improve efficiency cited

July 18: NATPHARM Executive fired.



*Information available in public media

The Zimbabwe COVID 19 outbreak



MINISTRY OF HEALTH AND CHILD CARE

COVID-19 UPDATE

Date of issue: 01/08/2020

HIGHLIGHTS OF THE SITUATION REPORT

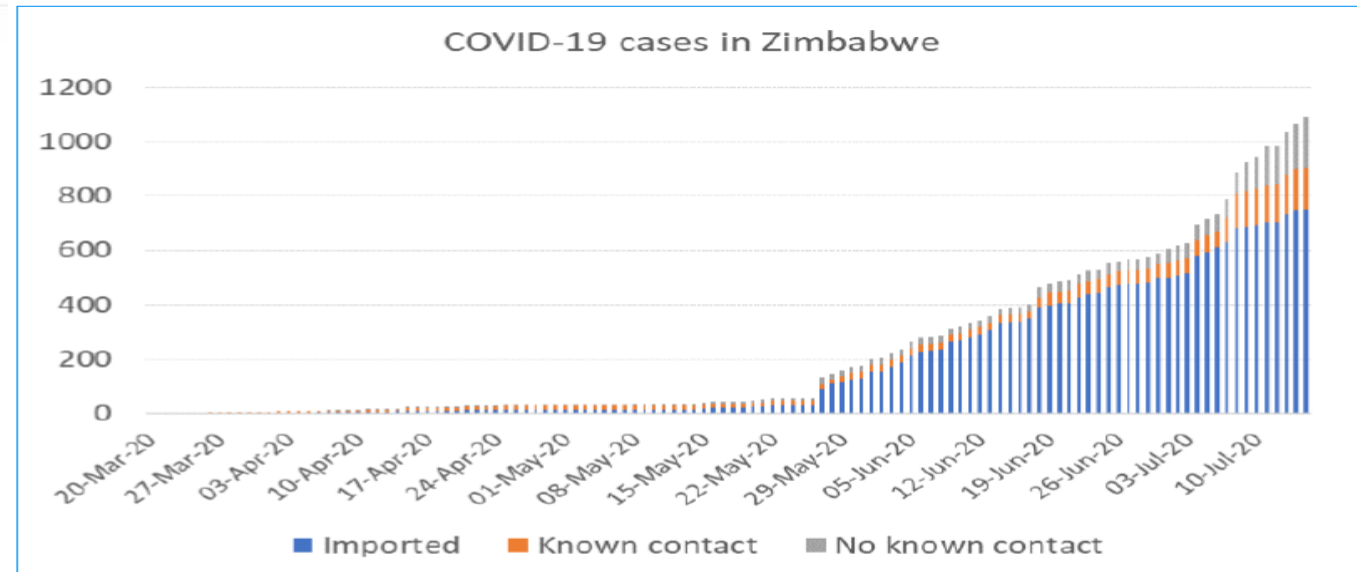
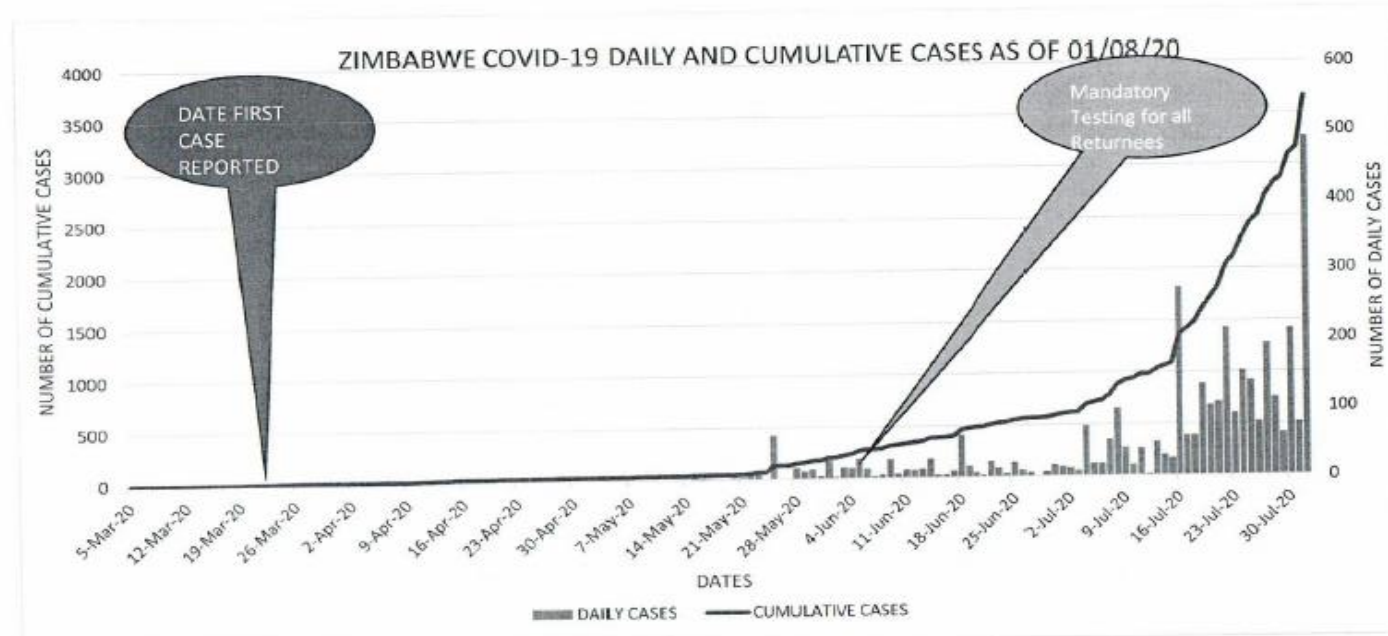
- ✓ Four-hundred and ninety (490) cases tested positive for COVID-19 today. These include 485 local cases and 5 returnees from South Africa who are isolated.
- ✓ New recoveries were reported by Mashonaland East Province (6) and Masvingo Province (1).
- ✓ Today we regret to report (2) deaths at facility level in Bulawayo Province. The deaths are of a male aged 62 and a female aged 52.
- ✓ Today 55 RDT screening tests and 1 445 PCR diagnostic tests were done. The cumulative number of tests done to date is 132 535 (70 958 RDT and 61 577 PCR).
- ✓ Since the onset of the COVID-19 outbreak on 20 March 2020, the total number of confirmed cases is 3 659; recovered 1011, active cases 2 579 and 69 deaths.

Province	Number of Tests Done Today	Number of Confirmed Cases			Number Recovered	Number of Active Cases	Death due to COVID-19
	PCR	Cum (New)	Local(New)	Import(New)	Cum (New)		Cum (New)
Bulawayo	133	886 (39)	837 (39)	49 (0)	437 (0)	429	20 (2)
Harare	1273	1412 (337)	1127 (337)	285 (0)	76 (0)	1305	31 (0)
Manicaland	0	167 (36)	101 (36)	66 (0)	44 (0)	117	6 (0)
Mash Cent	0	39 (7)	24 (7)	15 (0)	30 (0)	28	1 (0)
Mash East	0	173 (13)	121 (13)	52 (0)	105 (6)	67	1 (0)
Mash West	0	93 (0)	34 (0)	59 (0)	12 (0)	78	3 (0)
Midlands	0	337 (42)	230 (42)	107 (0)	150 (0)	183	4 (0)
Masvingo	0	94 (1)	18 (0)	76 (1)	76 (1)	18	0 (0)
Mat North	4	50 (0)	16 (0)	34 (0)	25 (0)	23	2 (0)
Mat South	35	408 (15)	86 (11)	322 (4)	76 (0)	331	1 (0)
Total	1445	3659 (490)	2594 (485)	1065 (5)	1011 (7)	2579	69 (2)

Provinces with zero PCR done today received positive results from NMRL, NTBRL and Lancet laboratories.

Definition of a death due to COVID-19 for surveillance purposes is a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma, Diabetes, Arthritis, Hypertension, etc.). There should be no period of complete recovery from COVID-19 between illness and death. A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of pre-existing conditions that are suspected of triggering a severe course of COVID-19.

SECRETARY FOR HEALTH AND CHILD CARE
(01) SECRETARY OFFICE (01)
01 AUG 2020
P.O. BOX CY 1122, CAUSEWAY
ZIMBABWE



SECRETARY FOR HEALTH AND CHILD CARE
(01) SECRETARY OFFICE (01)

Zimbabwe CDC Supporting MOHCC & Embassy



COVID-19 National Response Plan							
Pillar 1: ★	Pillar 2: ★	Pillar 3: ★	Pillar 4:	Pillar 5: ★	Pillar 6: ★	Pillar 7: ★	Pillar 8:
Coordination, Planning & Monitoring	Risk Communication & Community Engagement	Surveillance, Rapid Response Teams & Case Investigation	Points of Entry	National Laboratory System	Infection Prevention & Control	Case Management & Continuity of Essential Services	Logistics, Procurement & Supply Management

USG Technical Experts
Supporting Pillar
★ CDC

Support to Front Office & Embassy

- Lead contact tracing among Embassy Staff
- Develop Guidance & SOPs for Embassy Community
- Risk communication through weekly emails & Q/A mailbox
- Lead USDH & LES Town Halls bi-weekly

Health workers' grievances go unanswered

CORONAVIRUS

Zimbabwe health workers down tools as Covid-19 incidents climb

By Fazila Mahomed • 3 July 2020



There is a shortage of healthcare personnel in Zimbabwe after at least 32 healthcare workers tested positive for Covid-19. (Photo: EPA-EFE...)



Striking nurses at Mpilo Hospital



HCWs are demanding their salaries in USD. These were the scenes at Sally Mugabe Hospital in Harare on Thursday 18 June (Photo: ZimLive)

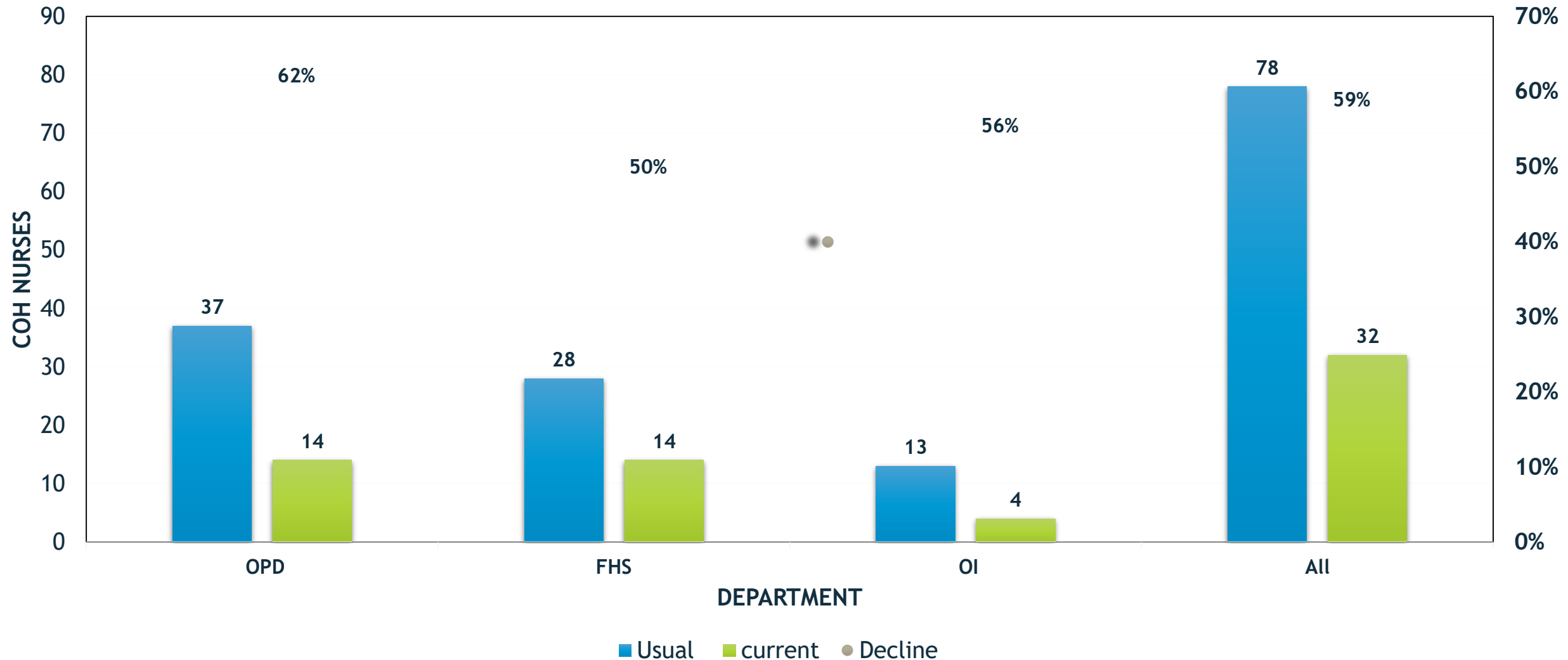


Police guard striking health workers at Parirenyatwa hospital



Striking health workers at Mpilo Hospital

Decline in City of Harare nurses manning Depts by >50% due to strike—work shifts to DSD cadres

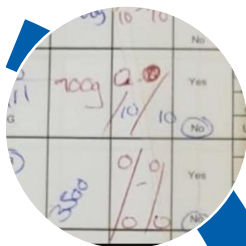


Leading to catastrophic results

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Harare City Council Closes Polyclinics

**Crumbling
health
system**



Seven babies were still born at Harare Central Hospital in one night after urgent treatment was delayed because of staffing issues



Hospital suspends operations after at least 25 health care workers test positive for COVID-19



32 more Mpilo nurses catch COVID-19

The Harare City Council has closed some of its clinics in northern suburbs due to a shortage of nurses.

In a memorandum, City Health authorities notified residents that Mt Pleasant, Avondale and Borrowdale clinics have been closed until further notice. The memo read:

Good Afternoon to you all Could you please note that Mt Pleasant, Avondale and Borrowdale clinics have been closed until further notice, the reason being that there is a shortage of nurses.

- **Currently only 16 opportunistic infection (OI) clinics operations in Harare (out of 43)**
- **Only 14 out of 43 hospitals in City of Harare remain open**
- **At least six ZimPAAC staff have tested positive and over 60 in isolation due to exposure**

PEPFAR-supported HRH overwhelmed covering for striking workers

- PEPFAR supported workers now running numerous OI clinics at sites where MOHCC workers are on strike
- At some facilities, only the Nurse-in-Charge and PEPFAR staff are present at the site
- Cleaning staff not present at many facilities
- PEPFAR staff overwhelmed carrying the HIV program at many sites

CORONAVIRUS

Zimbabwe health workers down tools as Covid-19 incidents climb

By Fazila Mahomed • 3 July 2020



There is a shortage of healthcare personnel in Zimbabwe after at least 30 healthcare workers tested positive for Covid-19. (Photo: EPA-EFE...)



HARARE, Zimbabwe



Hospital workers at Zimbabwe's biggest hospital walked out on Wednesday, expressing anger over the government's decision to abruptly cut their salaries by at least 50 percent.



Most of those protesting at Parirenyatwa Hospital in the capital Harare said they were earning between \$7,000-\$10,000 Zimbabwean dollars (ZW) a month (\$100-\$130) before their earnings were slashed to ZW\$3,500-\$5,000 amid crushing estimated inflation of 900%.



Anticipated threats to HIV services provision

Client threats

Clients not aware that facilities are open during lockdown, others locked away from residential area

Fear of visiting facilities due to COVID-19

Transport challenges due to unavailability of public transport, others turned away at road checks

System threats

Facilities offering limited services due to staff shortages

Disruption to supply chain

Lack of PPE, resulting in fear for HCWs to attend to clients

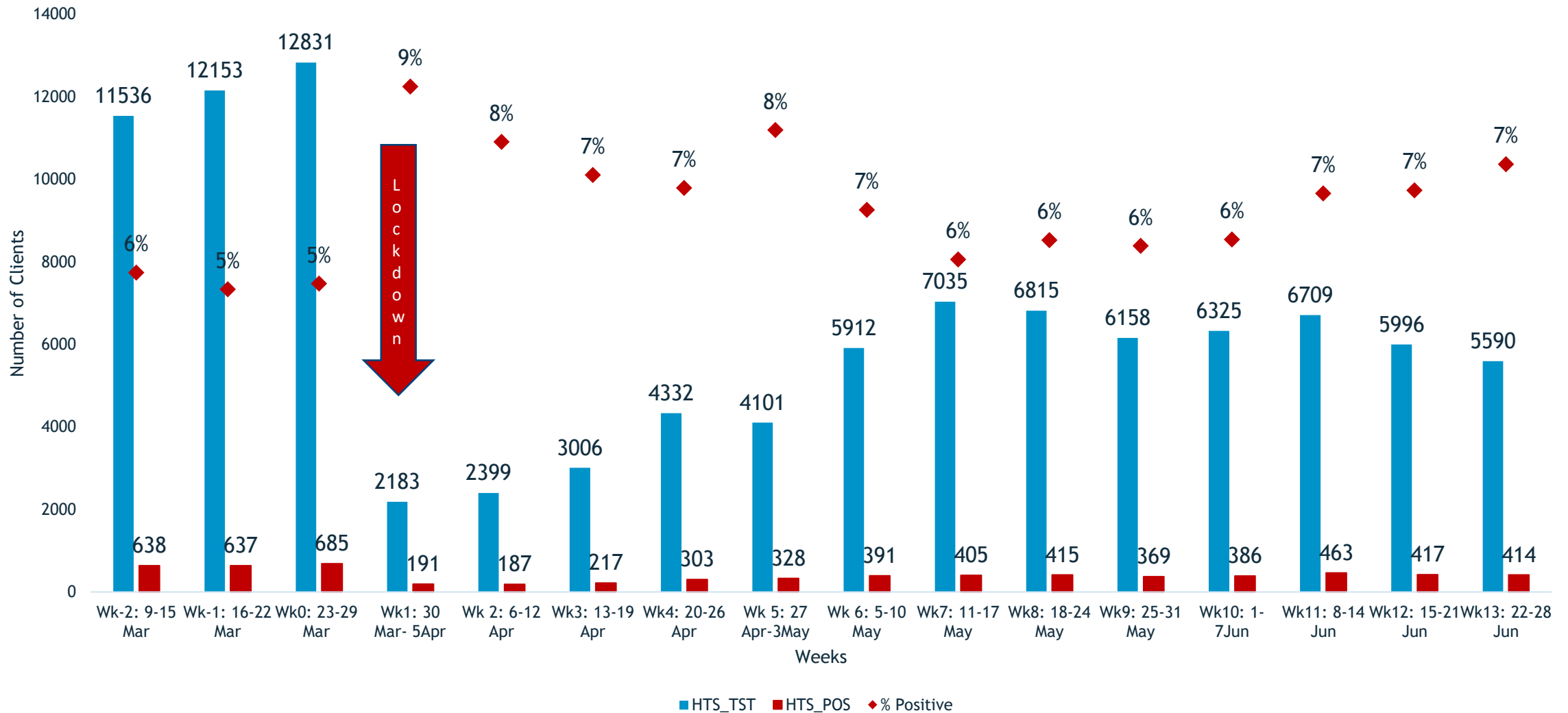
Closure of facilities in case of COVID-19 suspect

Restricted movement for staff and also support and supervision teams

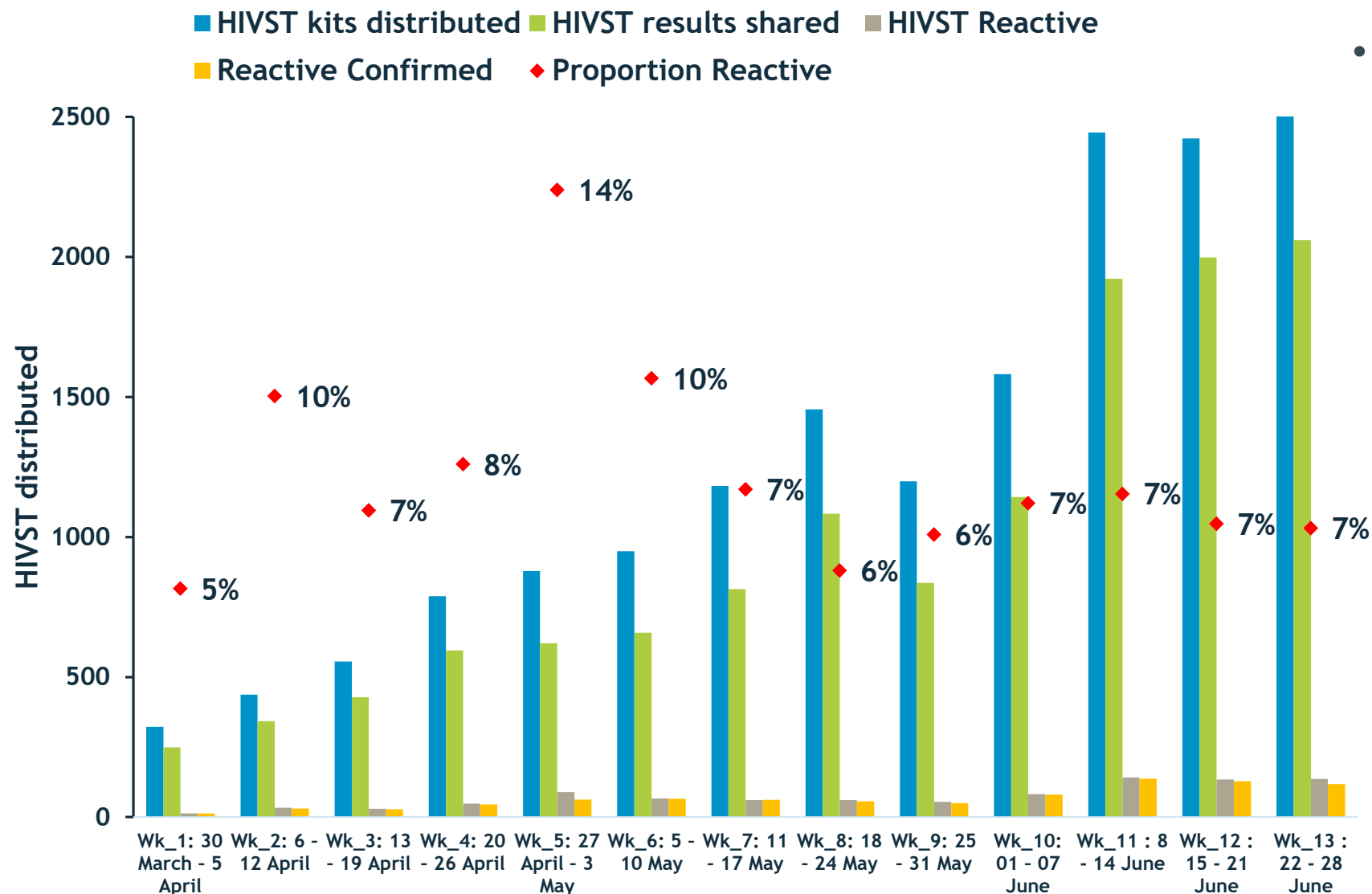


HIV testing services and linkage

HIV testing responding to intensity of lockdown measures



Rapid scale up of HIV self-testing



- Distribution of HIV Self Test kits rose sharply during the lockdown period due to several reasons:
 - Recommendation to minimize physical contact with clients for non-essential services to reduce risk of possible Covid19 infection for service providers.
 - Drop in stock levels of Determine RDT kits in May
 - Reduced number of clinic visits by clients
 - Aim to reach hard to reach contacts of index clients



ART delivery

HIV treatment guidance

Continue to serve clients with critical HIV treatment services in areas affected by COVID-19



Ensure access to critical HIV and TB medicines

- Ensure continuous ART provision to current recipients of care with 3-6 ART MMD to maintain virologic suppression
- Trace all individual with missed appointments and LTFU to provided services

Offer drug supplies outside of health facilities

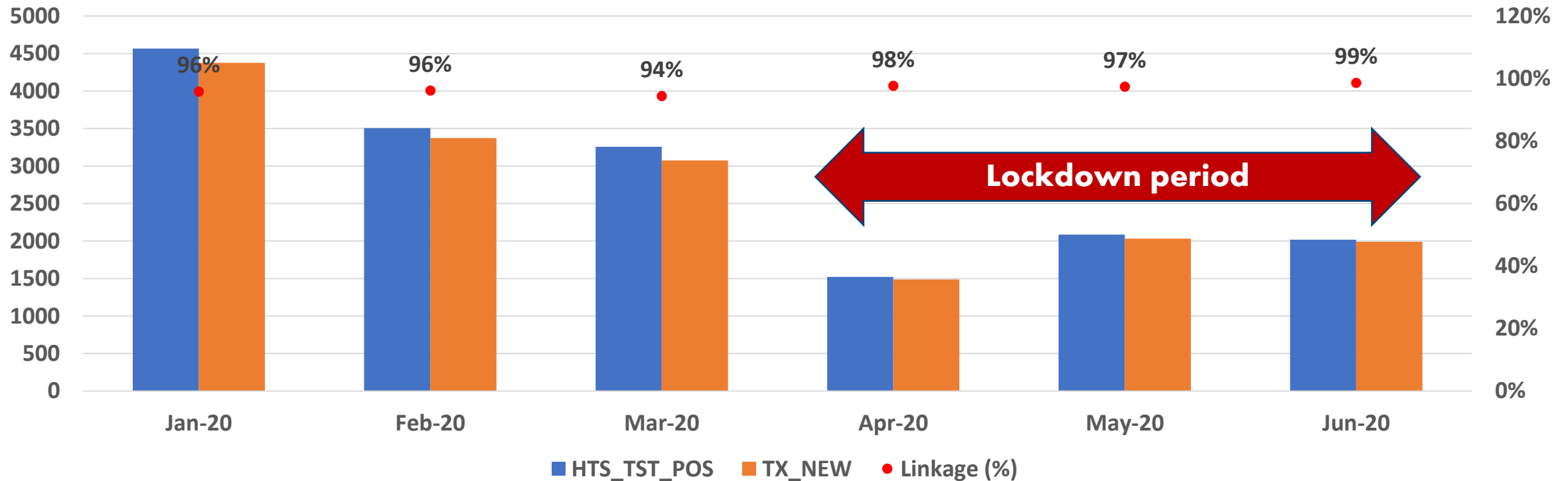
- Home deliveries
 - Community/private pharmacies
 - Pop-up pharmacies
 - Community pick-ups
- Other modalities? (CARGS, FARGS, etc.)

Reduce transmission of COVID-19

- Separate HIV clinic space
- Decongest health facilities with staggered appointments
- Virtual follow up of clients by phone, SMS and other digital platforms
- Ensure airtime/data for staff

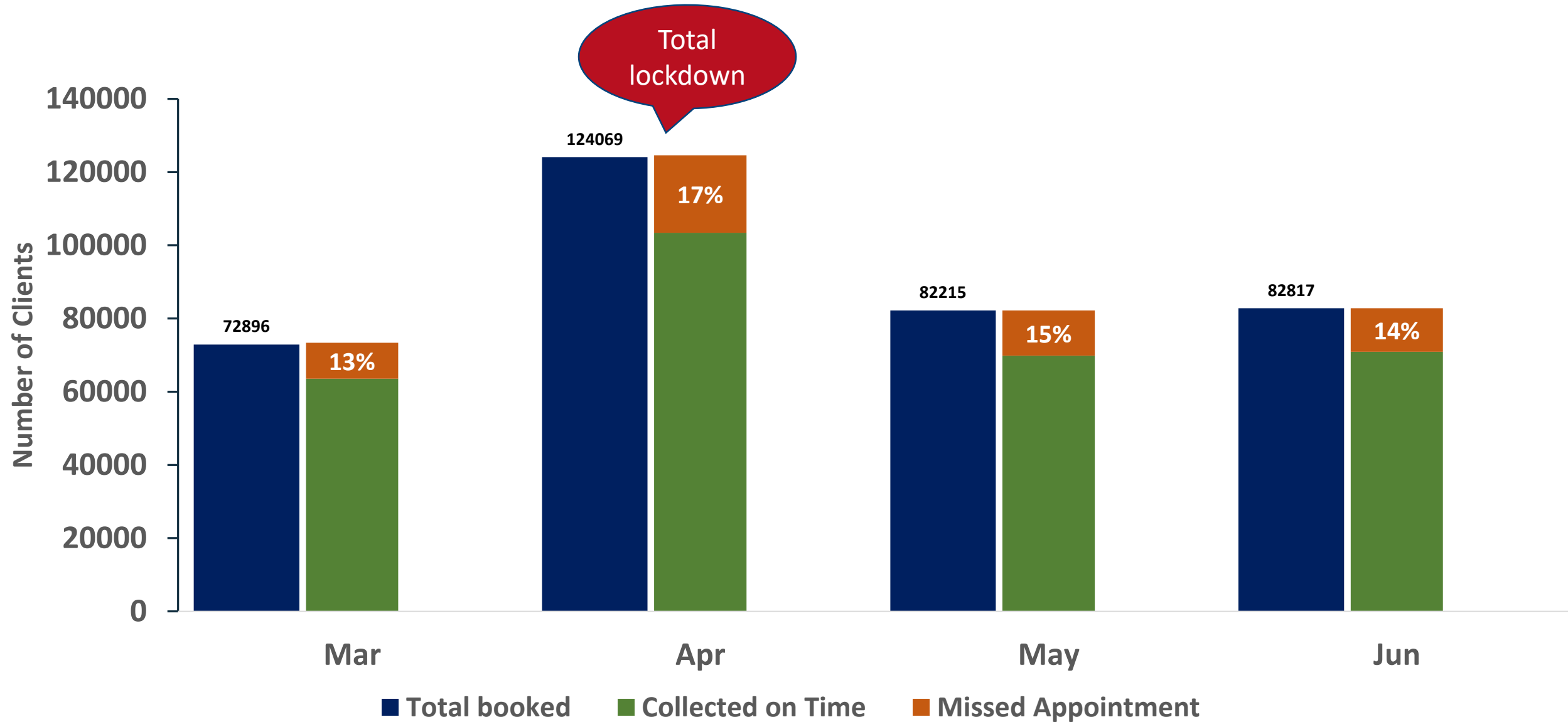
Test and treat ongoing but numbers low, linkage improved

CDC IP Monthly Linkage Analysis



- Test and start continues to be standard practice within facilities
- Marked reduction in HTS_TST_POS, reduced initiations: easier to link fewer people
- Big reduction in community testing which had poorer linkage than facility testing
- Numbers picking up with relaxation of lockdown restrictions, PPE, mentorship

Trends in missed ART pick-up appointments



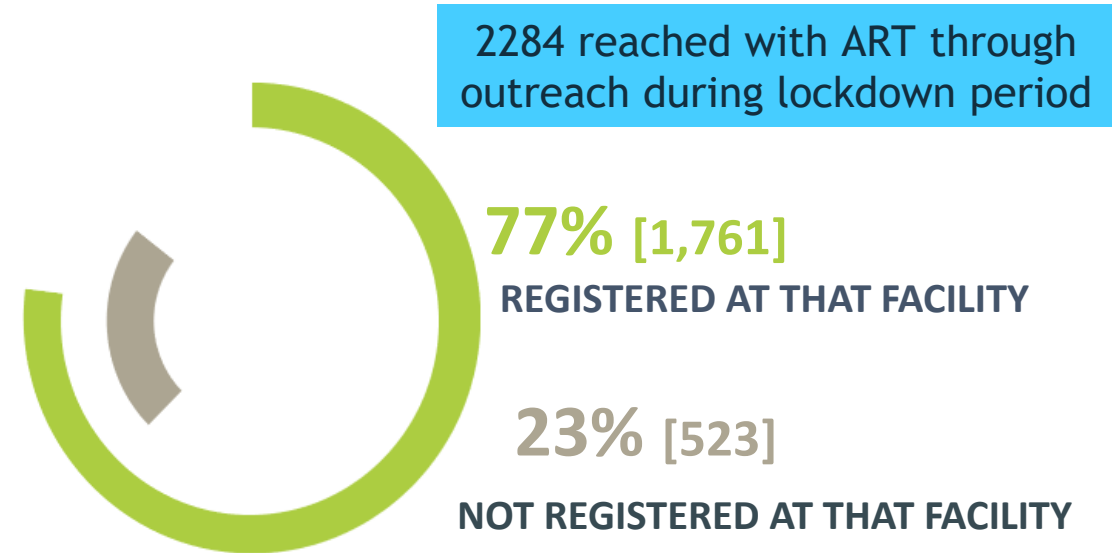
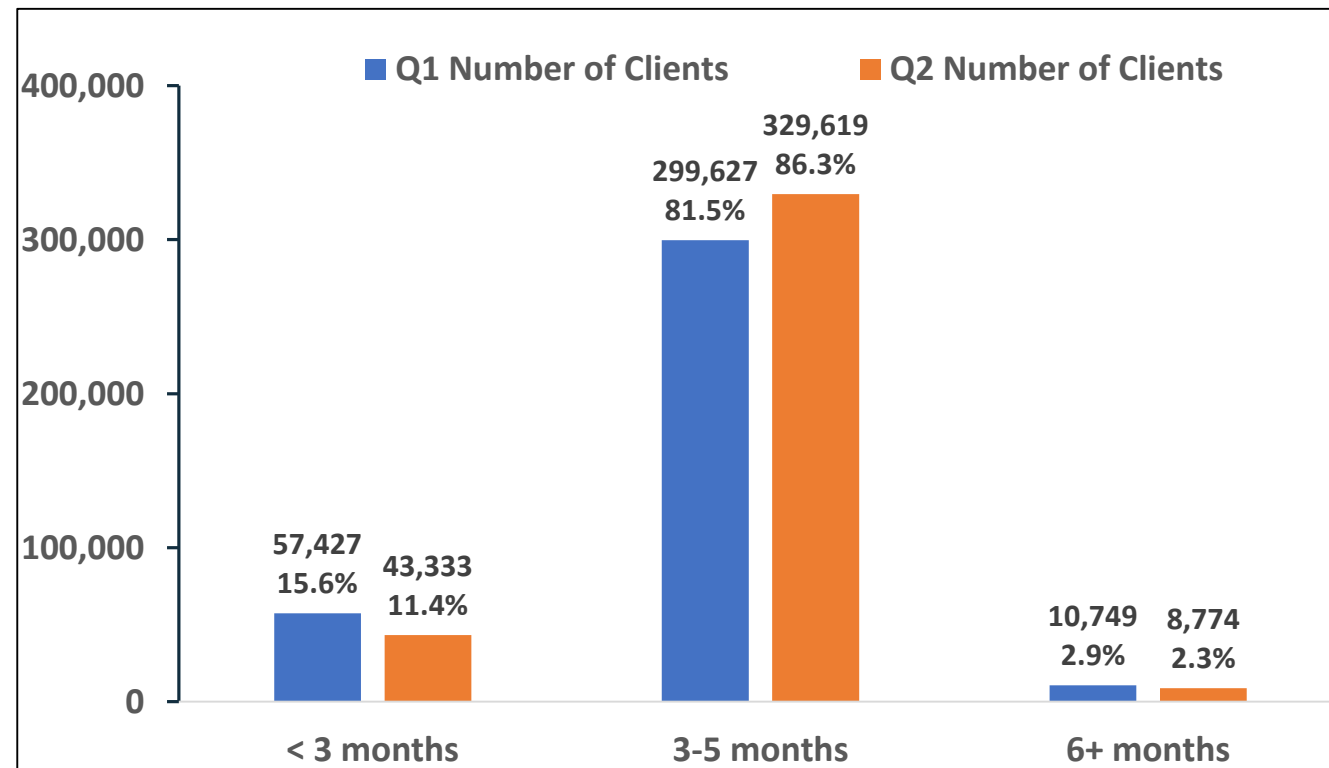
Program adapted to ensure access to ART, retention and adherence

Key issues:

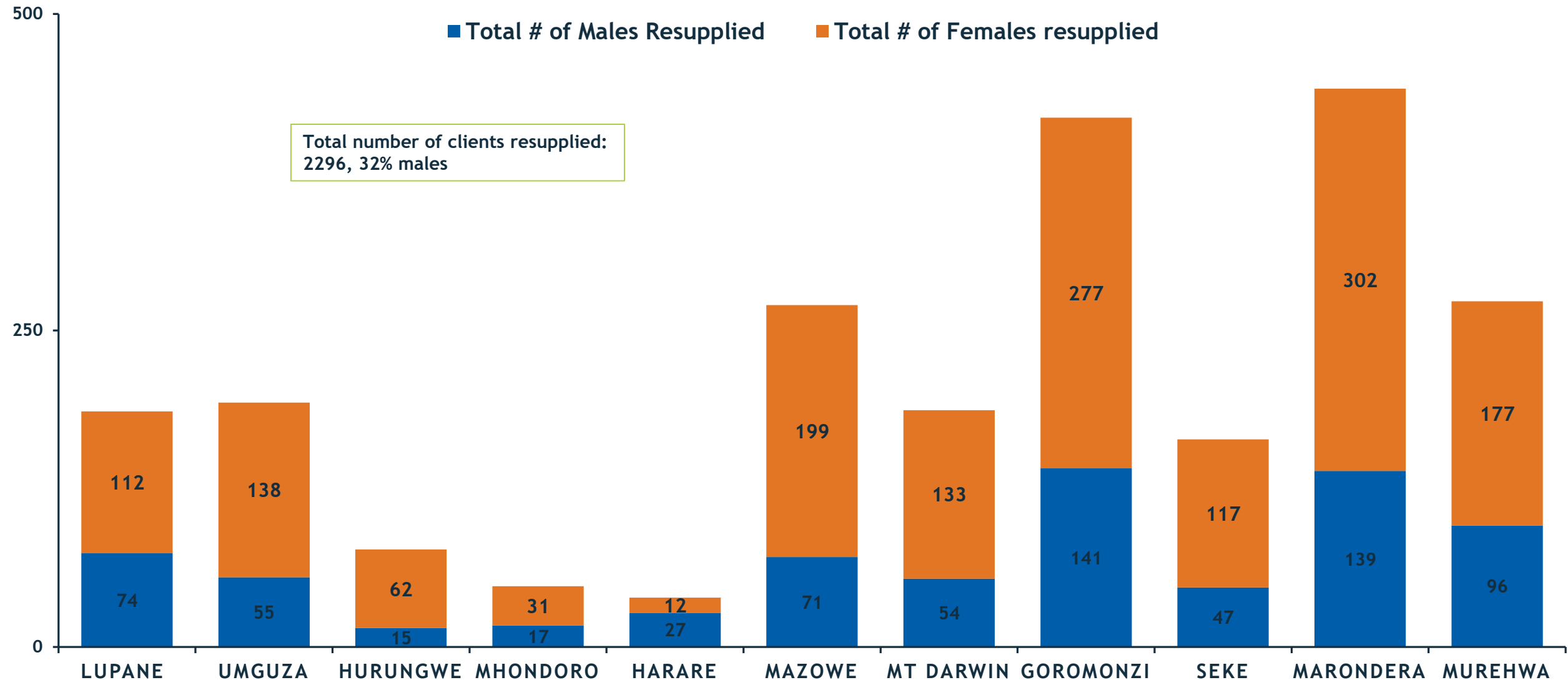
- General lack of clarity on lockdown modus operandi
- Challenges accessing facilities due to lockdown
- Clients locked down away from usual ART clinic
- HRH, Reduced physical contact
- Fear, inadequate information

Interventions:

- Triage, IPC, HIE
- MMD, DSD
- Outreach
- MMD for visitors, including during outreach
- Virtual reminders, adherence support, defaulter tracking



ART clients resupplied during outreach



Strategies to bring back to care PLHIV who have missed appointments



Doubled airtime allocation to all supported sites to intensify defaulter tracking



SMS reminders prior to client's appointment date



Information dissemination using WhatsApp (AFRICAID and NAC videos), sensitising CARG leaders, VHWs and CATS to disseminate information to clients



Tracking of clients is initiated on the day the client misses an appointment or on the next day

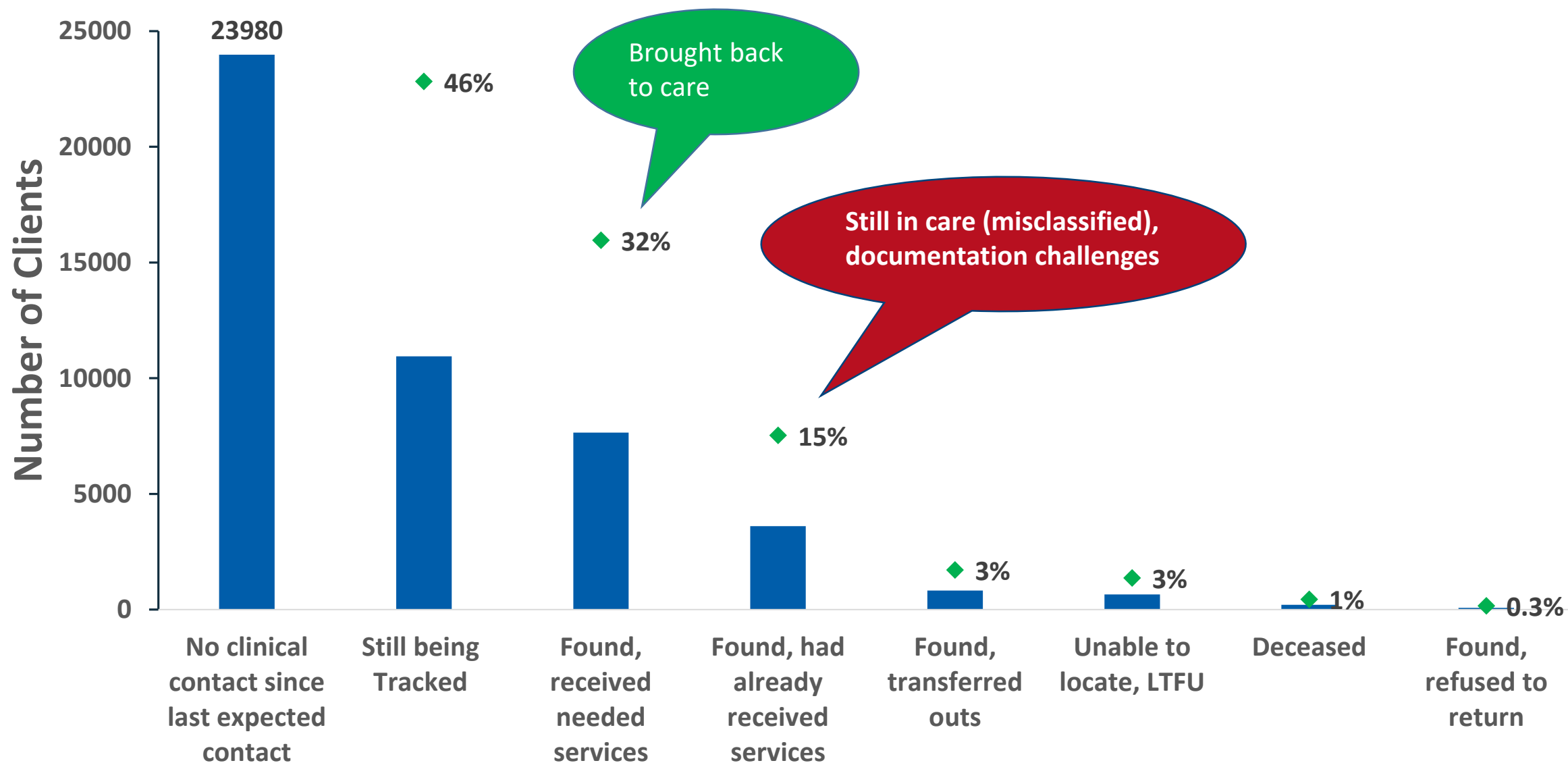


Provision of airtime to CHWs so that they can conduct virtual communication



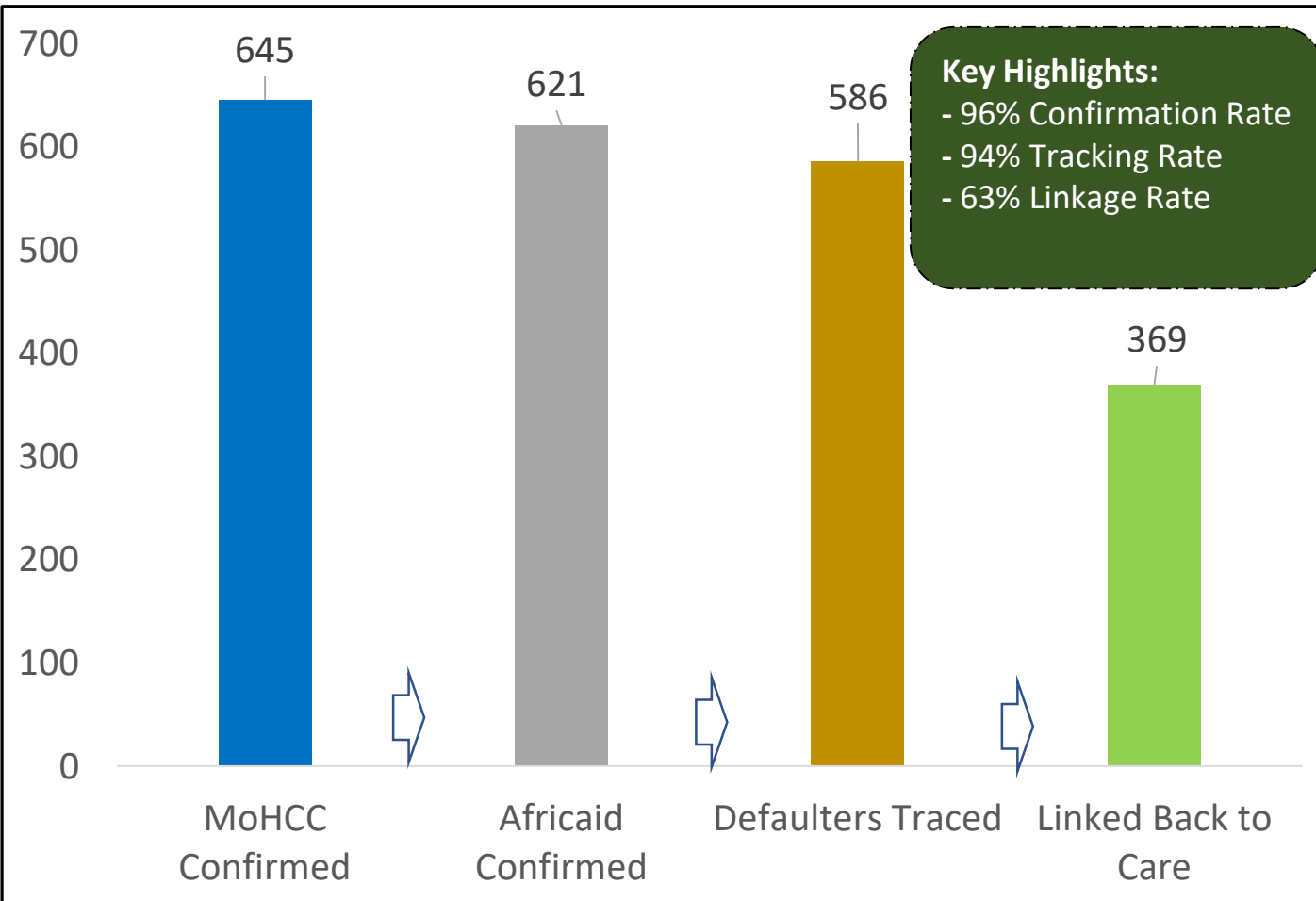
Surveillance and mapping of clients defaulting due to the lock down and conducting outreaches to farms and other hard to reach areas

Defaulter tracking outcomes (Jan-Jun 2020)

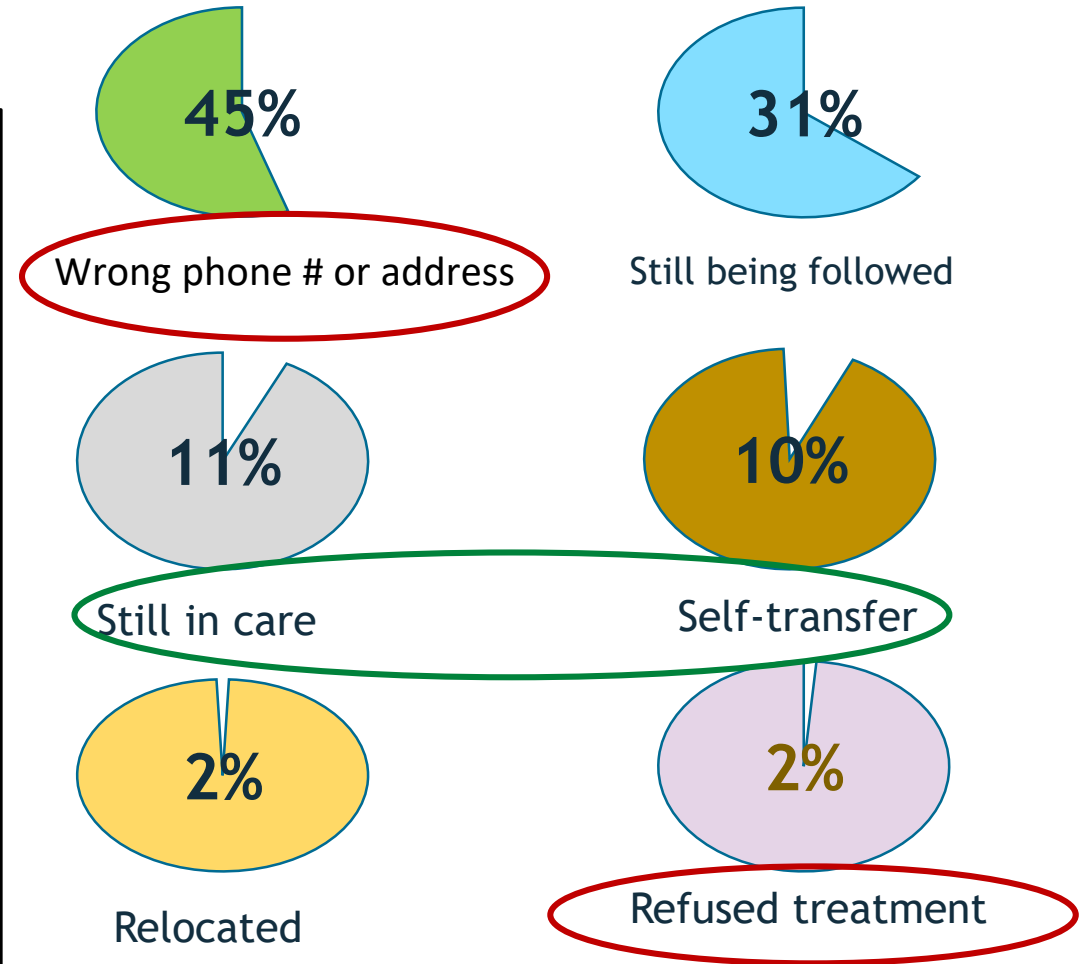


Granular defaulter tracking for high gap subpopulations

CAYPLHIV tracked in May 2020



217 CAYPLHIV not linked back to care

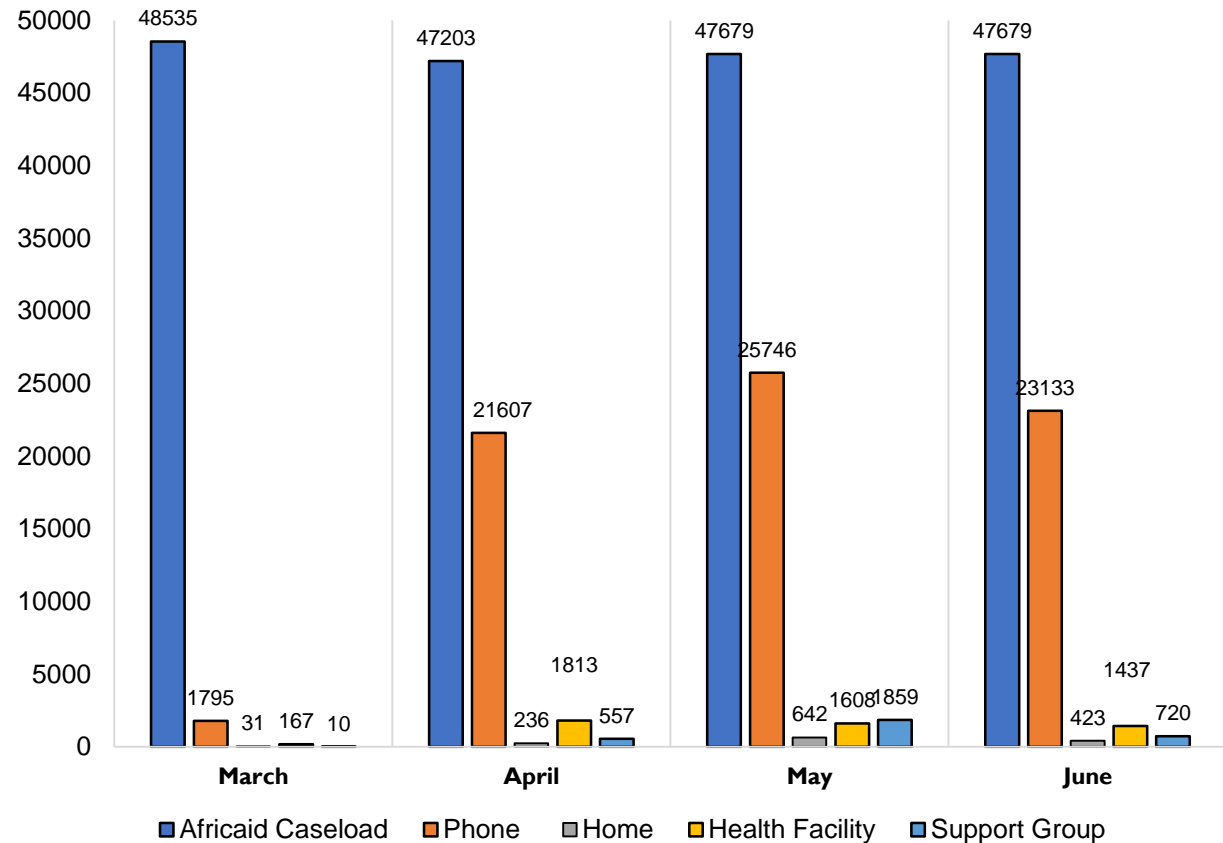


Adherence support for youth, including COVID 19 messaging

- Shift to 100% virtual approaches for youth, including e-support groups. However, about half of all CAYPLHIV on Africaid's books do not have access to a basic phone.
- Support to MoHCC to conduct the first virtual training of HCW on enhanced adherence counseling CAYPLHIV
- Integration of COVID-19 messaging targeted at CAYPLHIV



Title: Clients Supported by Africaid in CDC and USAID Supported Districts through virtual and in-person contacts during lockdown

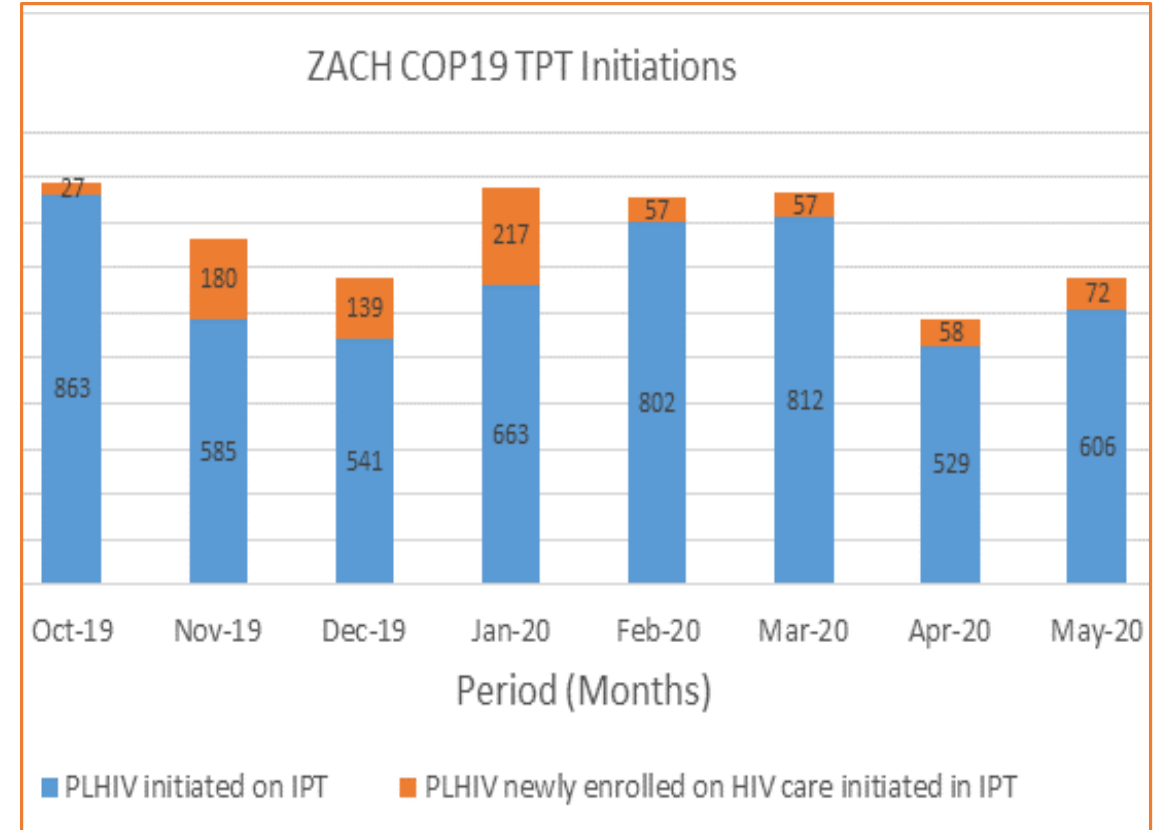
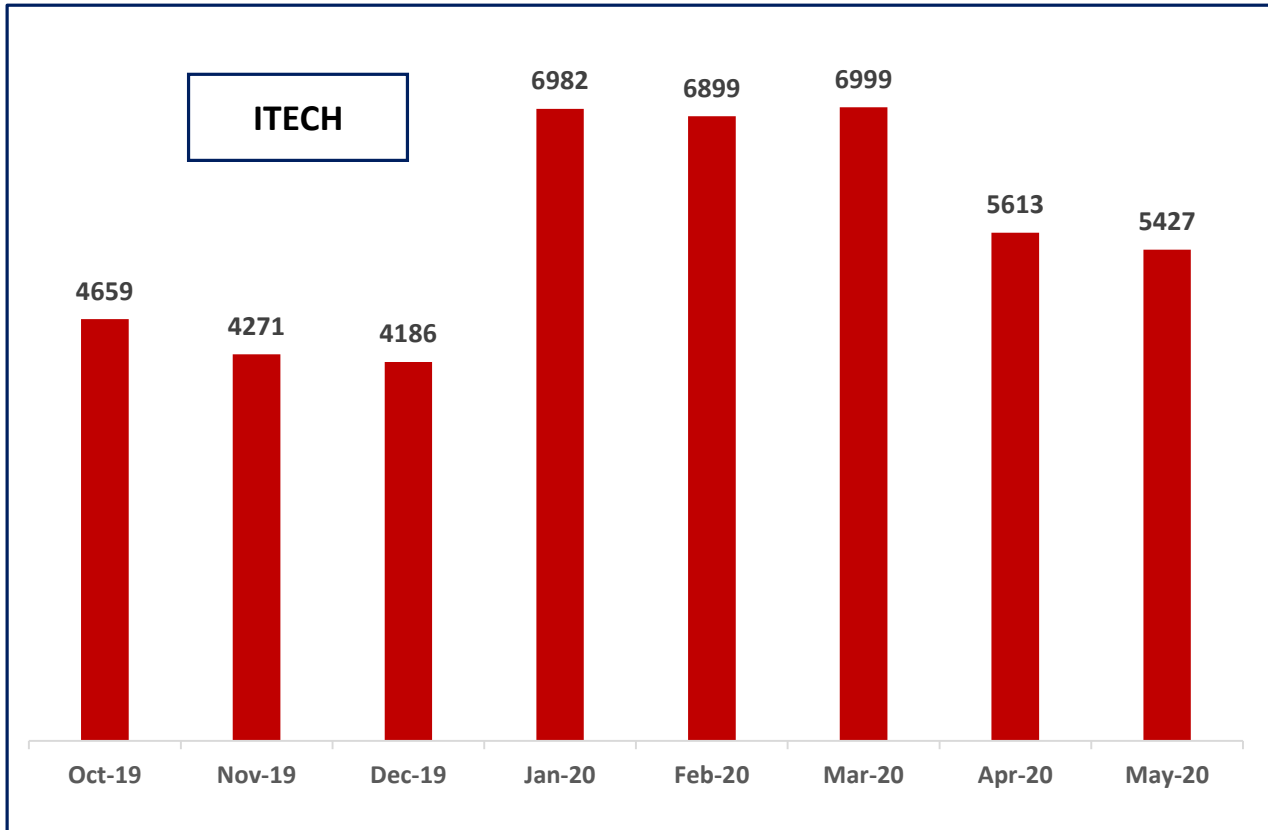


92% of clients reached
received adherence counseling



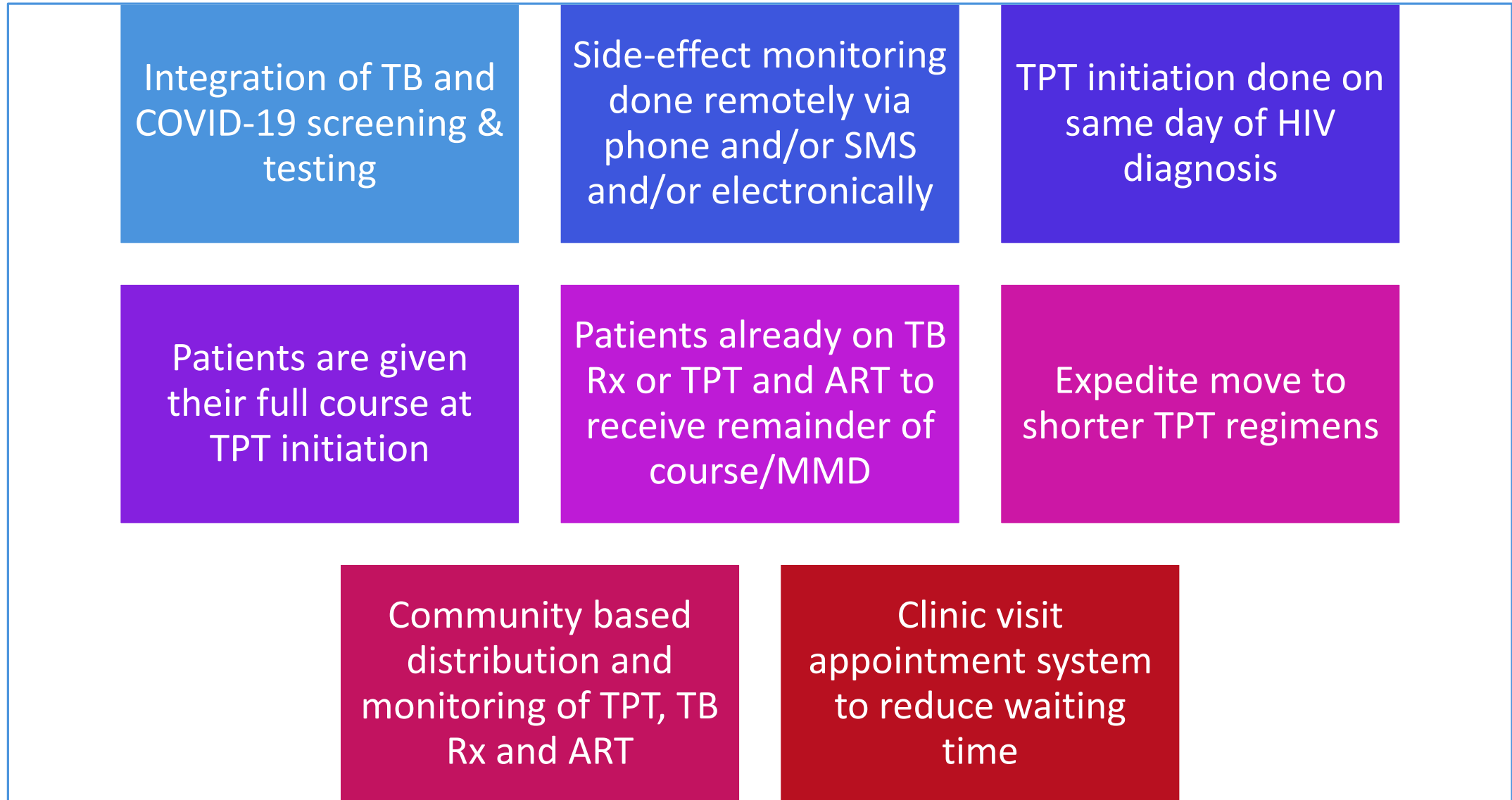
TB preventive services

Impact of COVID-19 on TPT program



- Sites confirmed limited access to the TPT medicines, hence stock ruptures were a reason for the decline
- IPs continue to tracking the number of clients initiated on TPT, monitoring on TPT initiations virtually and reinforce need to scale up TPT

TB HIV adaption strategies for implementation during COVID-19





PMTCT

MCH implementation guidance during COVID19

Limit time spent in clinics, reduce crowding, improve patient flow, community services



Pregnant & lactating women

3-6MMD depending on stock availability

Prioritize for VL testing

Frequency of ANC & PNC unadjusted

Repeat HIV testing synchronized with ANC, L&D and PNC



Peds and Adolescents

3 MMD

Continue transition to optimized regimens

Prioritize for VL

Caregiver/parent can collect medication without child

Retention & adherence thru CATS



Early Infant Diagnosis

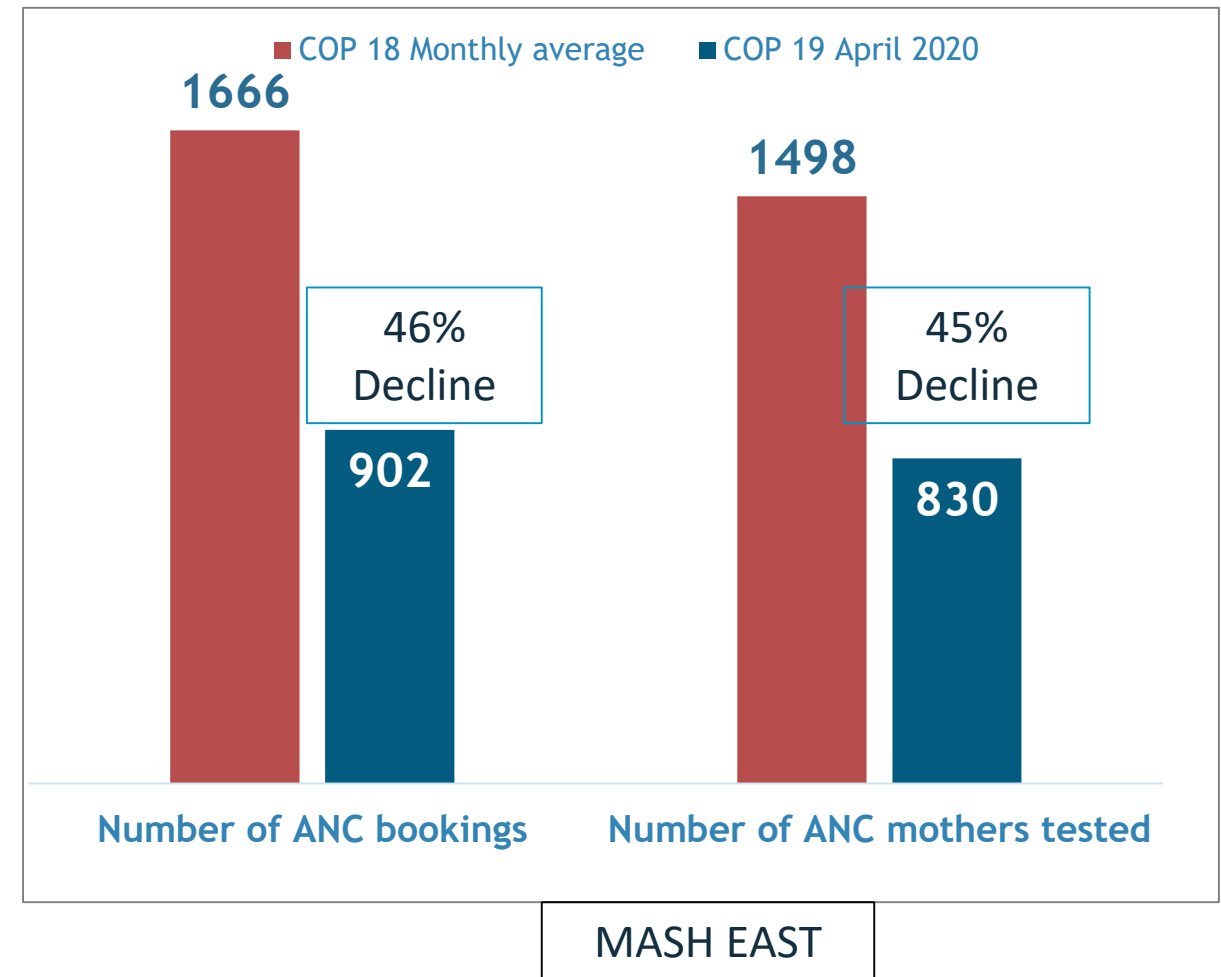
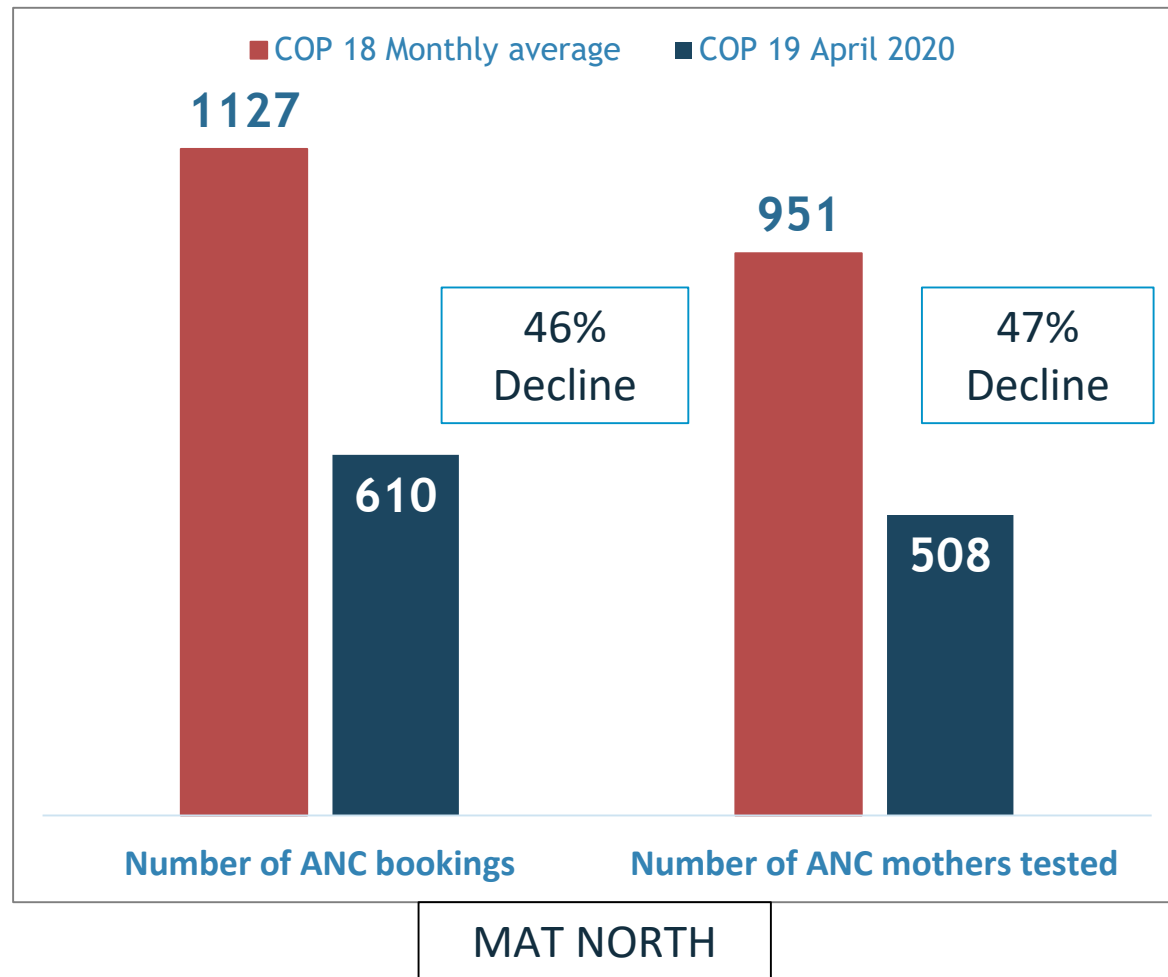
EID continue birth, 2mo and 12mo

Offer birth testing for all HEI regardless of risk for sites with POC testing

Offer newborn prophylaxis to take home in case delivery at home

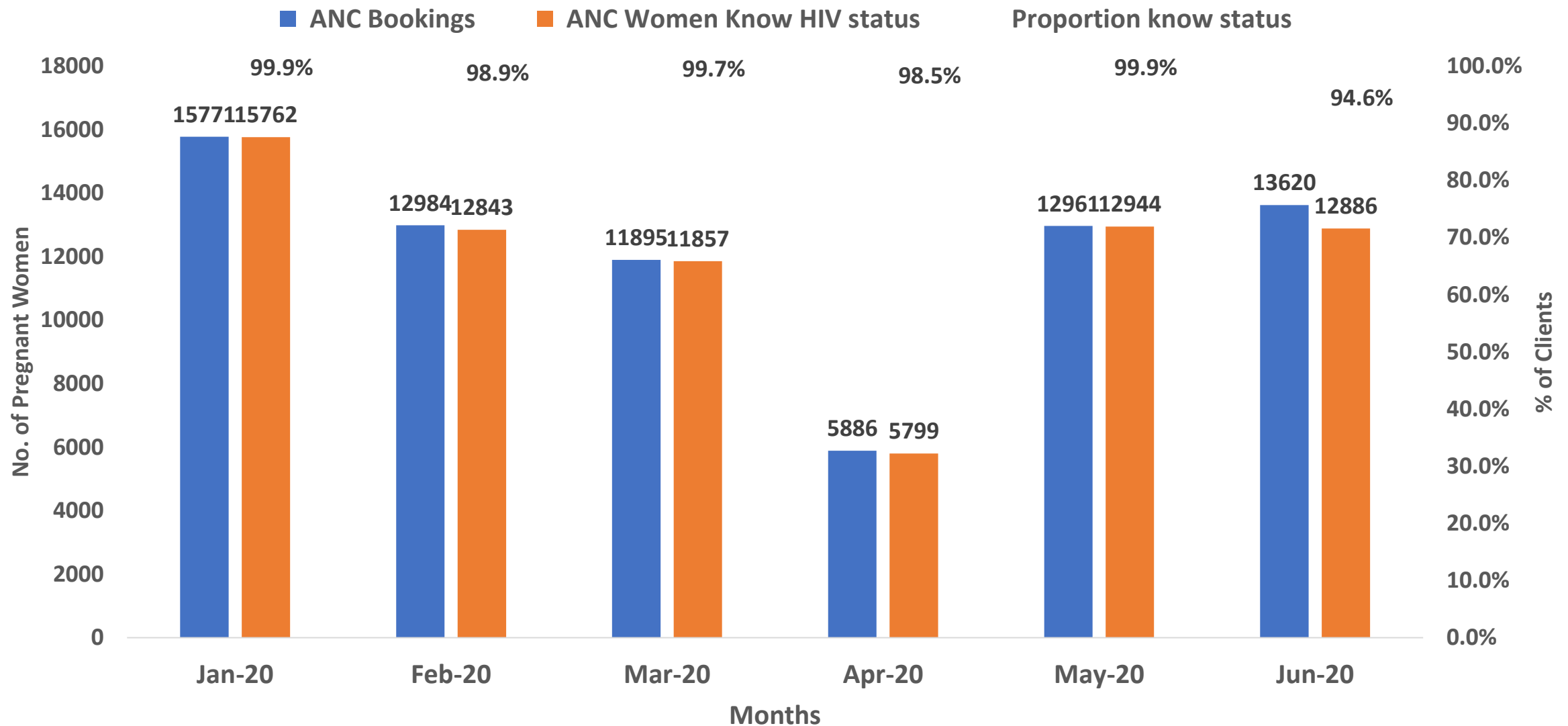
MOHCC statement: MCH services are essential services, hence should continue unhindered

Marked reduction in ANC bookings with onset of COVID 19 and lockdown in 2 CDC supported districts

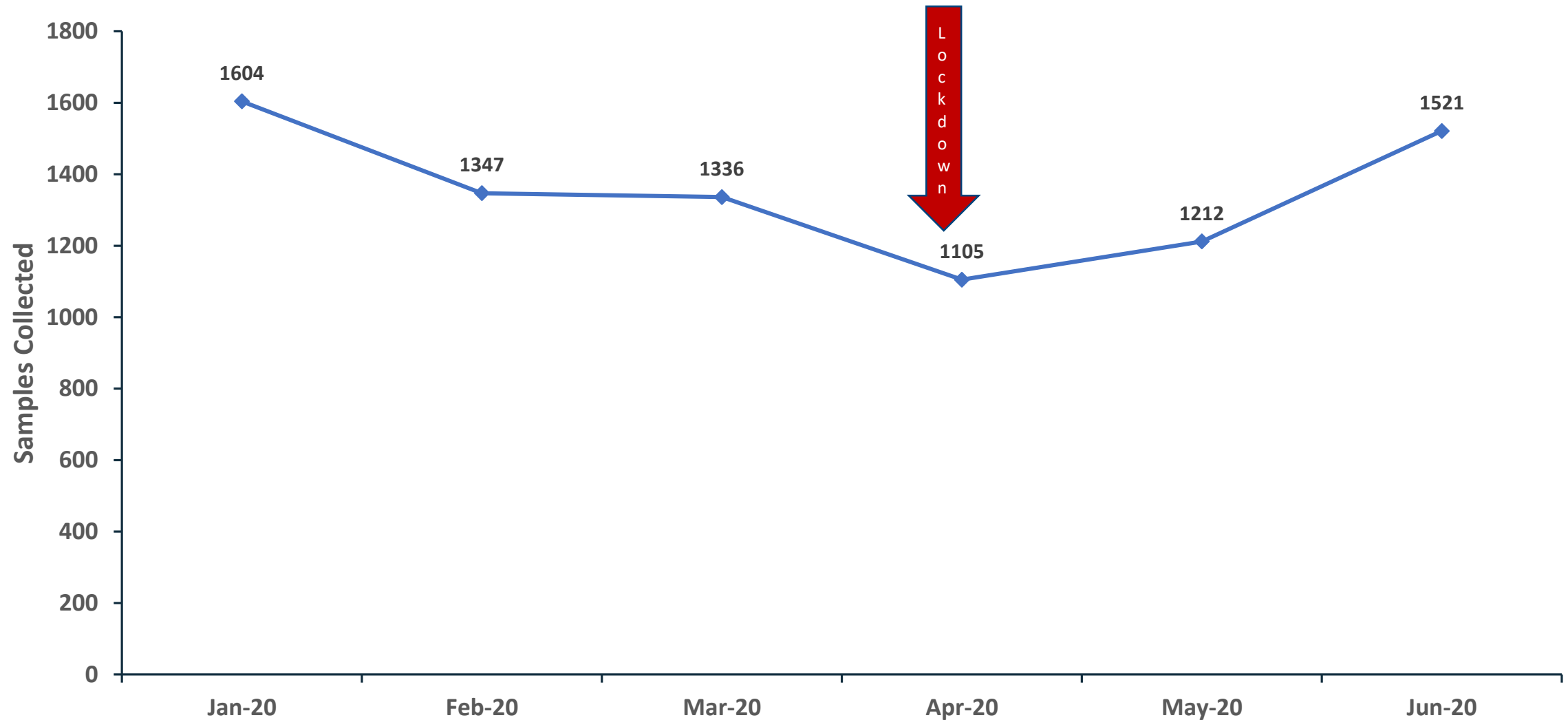


• ITECH ZimPAAC Program Data

ANC bookings and testing creeping back towards normal



DNA PCR Sample Collection Trend (n=373), Jan-June 2020





Viral Load Monitoring

Laboratory services during COVID-19 pandemic

Leveraging PEPFAR Investments

- For efficiency, **use of existing** national laboratory capacity, systems and networks for COVID-related testing is strongly encouraged.
- **Funding dedicated** for HIV and TB testing **should not be reallocated** for COVID-19.

VL, EID & SARS-CoV-2 Testing

- **Commonly used** HIV viral load and EID instruments are anticipated to be **coming online** for SARS-CoV-2 in the **short to medium term**.
- In PEPFAR supported laboratories running COVID-19 and HIV-related tests on the same instrument, **standard operating procedures (SOPs)** should be **developed in collaboration** with the MOH and other stakeholders to document how **concomitant testing** will occur.

HRH

- Plan for **diversion of or reductions** in laboratory staff and other HRH available for HIV (VL/EID) testing due to COVID-19.

Prioritize

- Children
- PBFW
- Adults with documented non-suppression

Supply Chain

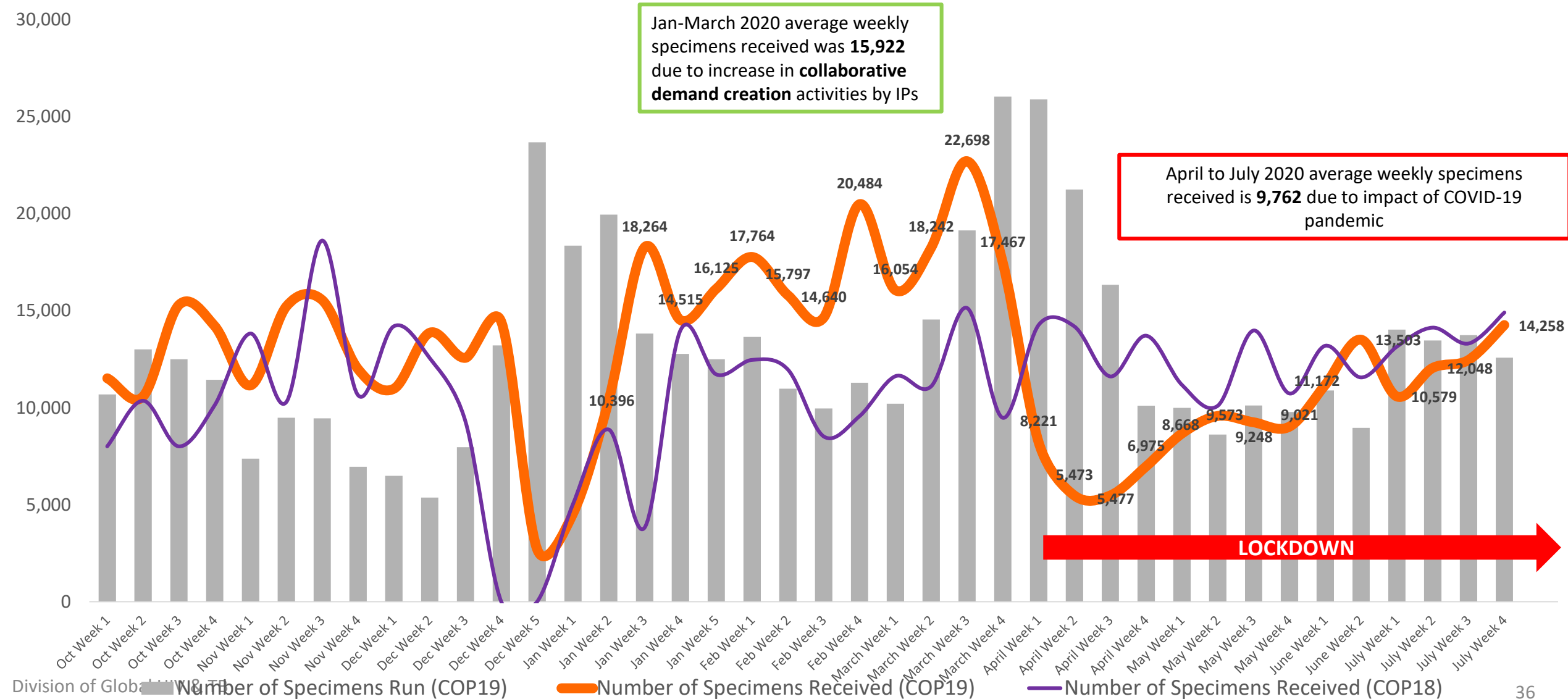
- Place orders for laboratory commodities and RTKs **one month earlier** than normal, to account for **potential shipping delays**

Laboratory Consumables

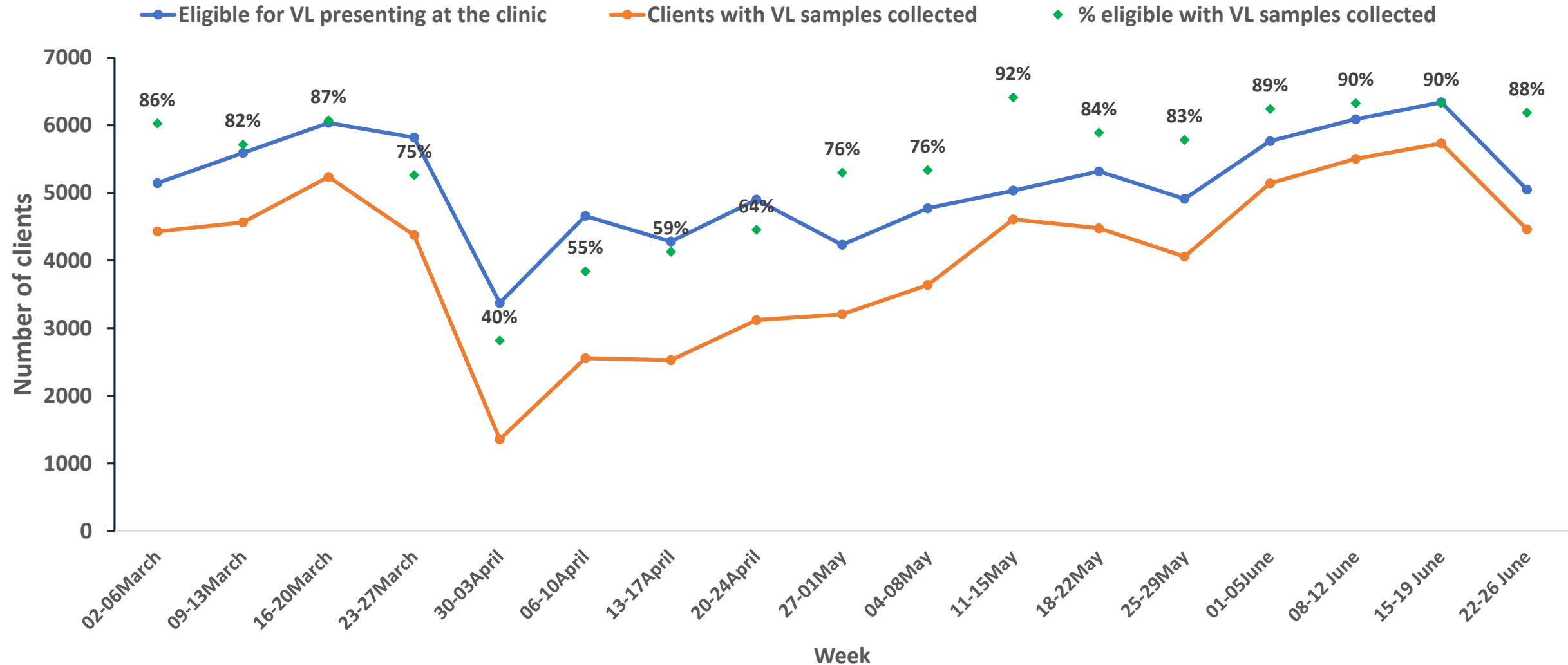
- **Anticipate increased** use of **common consumables** and **PPE** for COVID-19 and HIV-related testing



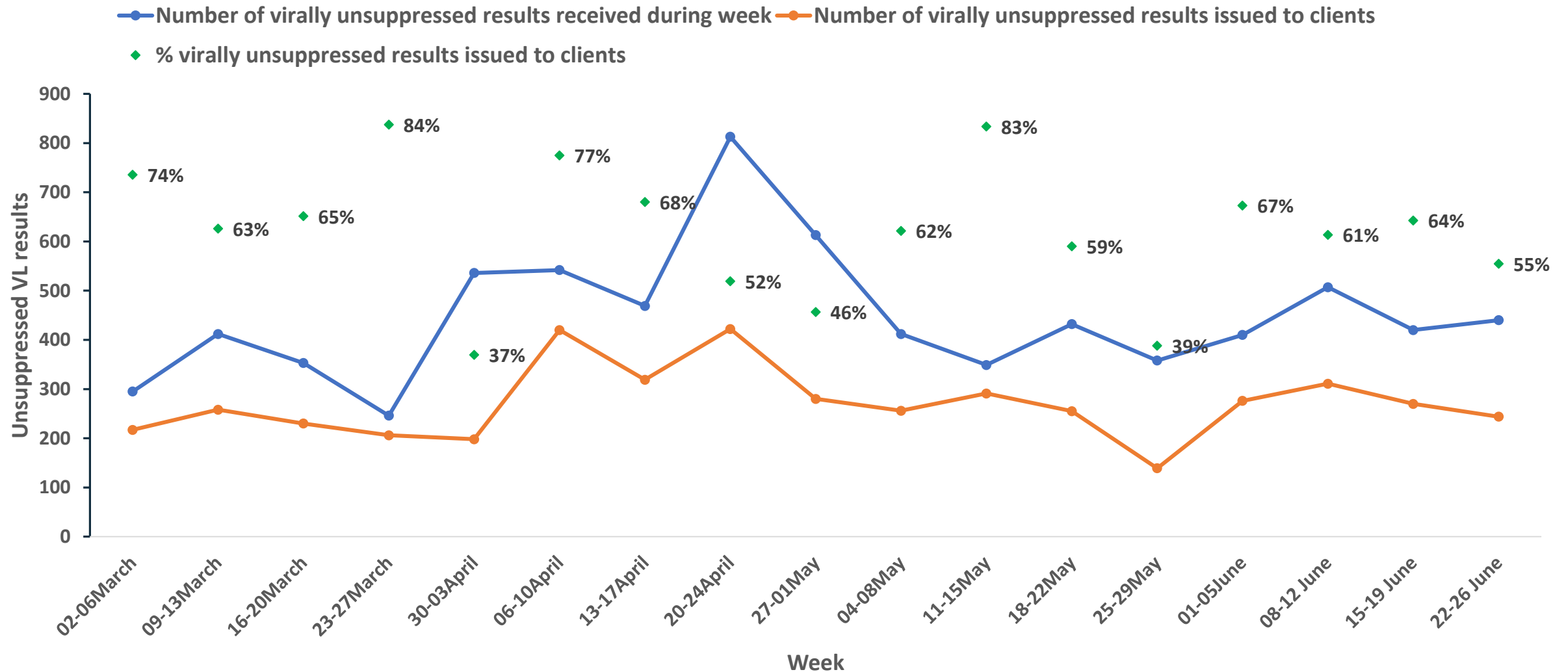
31% Decrease in Average Weekly Specimens Received at Labs, Post Lockdown due to Covid-19



We are monitoring VL sample collection weekly at patient level



Big gap in issuance of unsuppressed VL results, being addressed





Addressing the challenges

CDC has supported guidance development and implementation

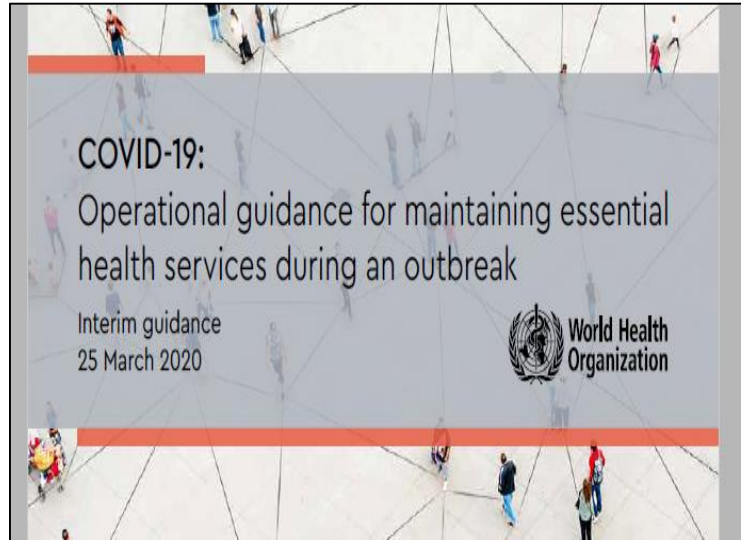


Rapid Guidance on HIV Service Delivery in COVID-19 Context

Version 2: 26 March, 2020

Background:

On 31 December 2019, WHO received a report of a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that



Yellow highlight indicates an addition within the past week.

7/29/2020

PEPFAR Technical Guidance in Context of COVID-19 Pandemic

In January 2020, a novel coronavirus, SARS-CoV-2, was identified as the causative agent of an outbreak of viral pneumonia centered in Wuhan, Hubei, China. The disease caused by this virus is called COVID-19.

The disease is now widespread, and nearly every country in the world has reported cases.

<https://who.sprinklr.com/>.

Infection Prevention and Control (IPC) in the community and household guidelines

developed by the IPC Pillar under The Government of Zimbabwe's COVID-19 Preparedness and Response Plan/

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STANDARD OPERATION PROCEDURES FOR COVID-19 BURIAL

Background

This interim guidance is for all those; including medical officers, other health workers mortuary attendants, funeral parlors, religious, public health authorities, and families, who attend to the bodies of persons who have died of confirmed COVID-19 or any other infectious disease.

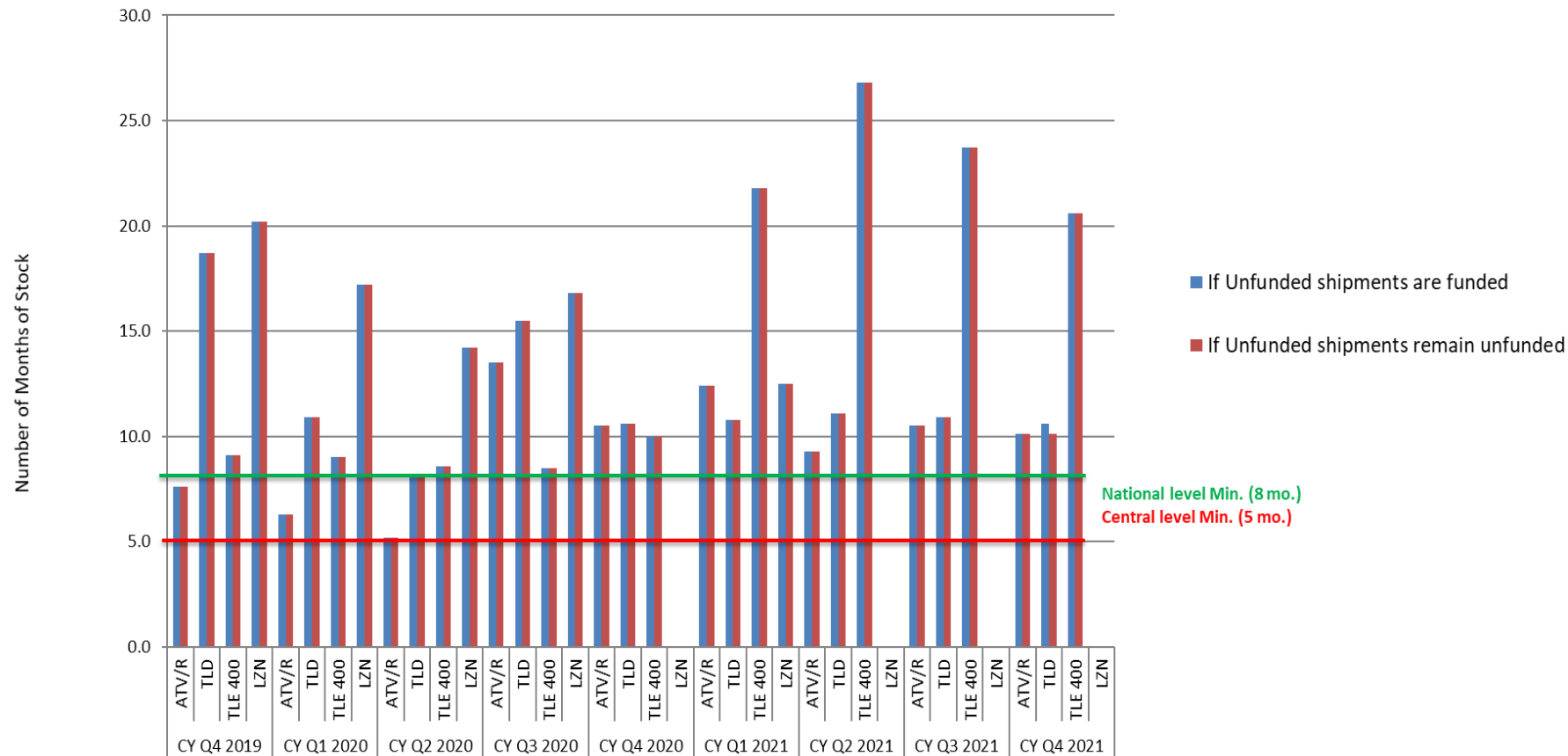
Infection Prevention and Control (IPC) in the community and household guidelines developed by the IPC Pillar under The Government of Zimbabwe's COVID-19 Preparedness and Response Plan

1. Introduction

This document was developed as rapid advice note to meet the need for recommendations on the safe management of people with suspected or confirmed novel coronavirus (COVID-19) infection in community and home settings, including recommendations on the safe home care for patients with suspected COVID-19 presenting with mild symptoms.

Early decision-making example: TLE

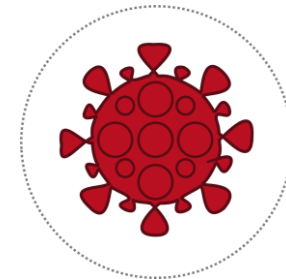
- Zim unexpectedly received an extra shipment of TLE at the end of 2019
- At COP, Zim was encouraged to donate the extra TLE
- In late March, anticipating TLD delays, Zim decided to keep the TLE shipment and use it to allow more clients 3-6 MMD from the beginning of lockdown per guidelines



CDC and PEPFAR Zimbabwe began emergency planning

CDC clinical partners asked to:

- Immediately identify refill points (schools, churches, parking lots, community spaces) where ART and other critical meds can be distributed
- Immediately list all clients at closed facilities due for ART (and TPT/PrEP refills) beginning this week for the next four weeks
- Immediately contact clients in order of ART being due to make arrangements for them to pick up medication
- Develop plans to separate outreach teams from facility-based teams to implement this week as concentrating our staff at 16 sites increases the risk that they can all be exposed to COVID-19 at once
- Ensure all staff have packs including PPE and hand sanitizer needed and including IPC reminders to be followed at all times



CDC partner support to PEPFAR and MOHCC staff

- PPE provided for HIV services per availability (depleting fast)
- Hand-washing stations and hand sanitizer also provided to sites
- Transit letters and travel allowances provided to PEPFAR-supported staff so they can get to work
- CDC working with ZimTTECH team to find legal means of paying PEPFAR-supported staff on daily rate contracts while sick with COVID-19 or in isolation due to work-related exposure
- Work still needed to support resiliency and mental health for staff overwhelmed staff

HEALTH

JULY 26, 2020

323 Health Workers Mostly Nurses Have Tested Positive For COVID-19 Since March 2020



A health worker washes her hands during a demonstration of preparations for any potential coronavirus cases at a hospital in Harare, Zimbabwe, March 11, 2020. Picture taken March 11, 2020. REUTERS/Philimon Bulawayo

/ CORONA VIRUS WATCH / CORONAVIRUS / NATIONAL / NEWSLETTERS

Stiffer conditions to pass roadblocks

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Asst Comm Nyathi

Zimbabwe hospital suspends operations after at least 25 healthcare workers test positive to COVID-19

By Nyawira Mwangi - July 21, 2020

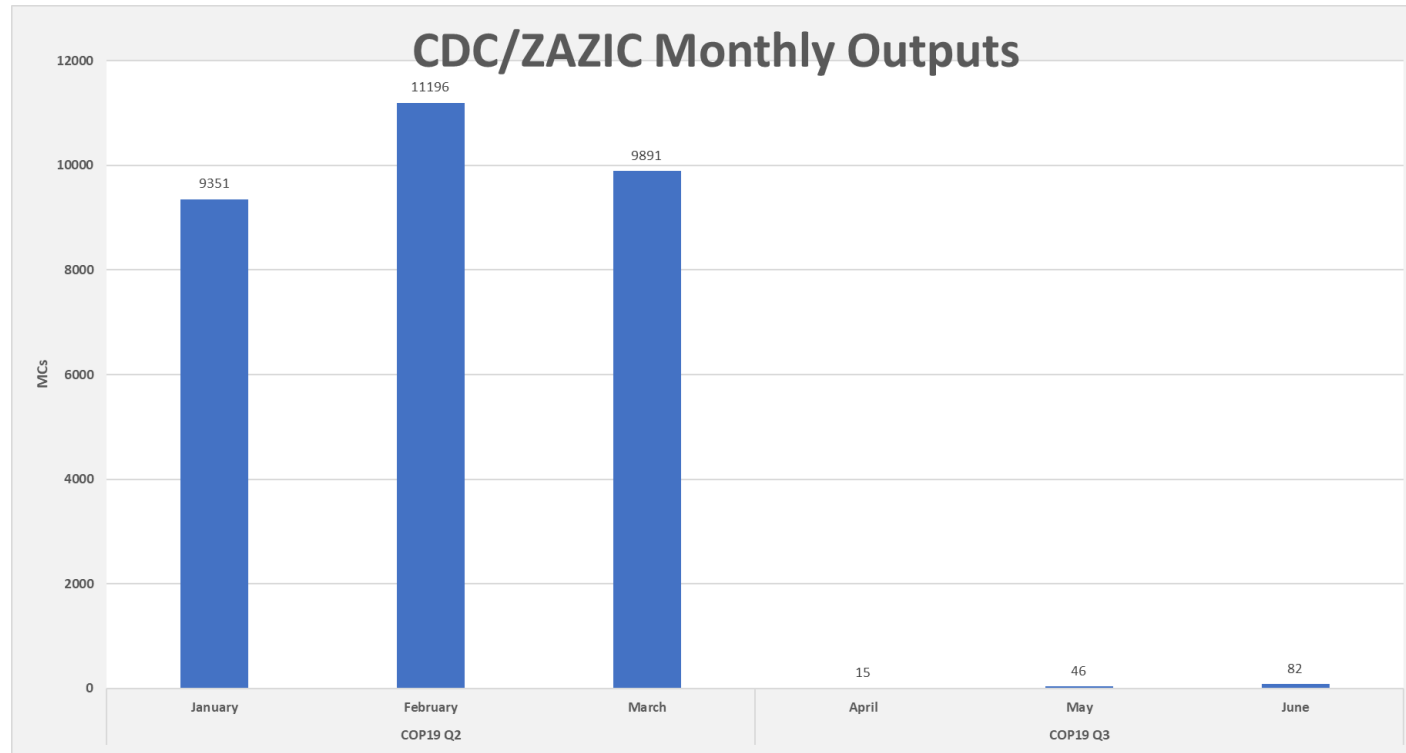
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Medical workers carry boxes of wheelchairs at Health Point Upper East Medical Center in Harare, Zimbabwe, on July 17, 2020. (Photo by Chen Yaqin/Xinhua)

Zvishavane District Hospital in Zimbabwe's Midlands Province has suspended admissions and other health care services after 25 workers, most of them nurses, and three officials from the district registrar's office tested positive for COVID-19.

Reallocating health workers during VMMC pause

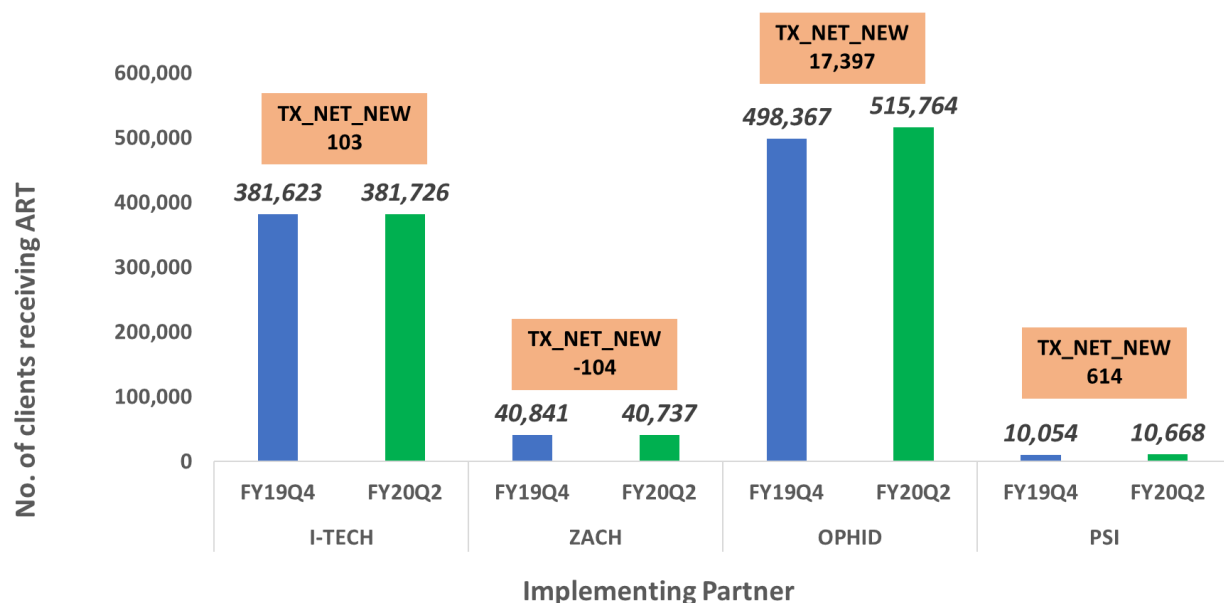


- As VMMC programs paused during COVID-19, ZAZIC, with CDC support, sought approval to reallocate vital resources to delivering critical HIV services
- Resources reallocated include:
 - Human resources for health
 - Travel support for mobile health teams to support sites with HRH shortages
 - Vehicle support
- As health worker strikes continue and more health workers become sick with COVID-19 and/or must quarantine due to exposure, VMMC resources will help fill gaps

Note: CDC team felt process for approval during the pandemic could be shortened/made clearer to improve response capabilities

Mitigation efforts: data collection

CDC partners historically struggle with large amount of paper documentation



How can we ensure proper documentation without staff?

- CDC IPs historically have challenges with keeping up all paper documentation (we hope E-HR will help)
- Last year, DQA activities identified issues and catalyzed clean-up and tracing activities
- HCW strikes have reintroduced documentation issues as short-staffed clinics are not completing all documentation, including patient green books
- CDC is working with partners on a plan to back-fill documentation when COVID-19 and HCW challenges subside at facilities

Note: this will take time to clean up due so ongoing strikes and more HCW infected with or exposed to COVID-19

CDC-Zim approach to partner management during the crisis

- Bi-weekly check-ins (with data) with clinical cascade service delivery partners
- Sessions provide a forum to share current challenges, provide guidance, and discuss program adaptations
- CDC team also strives to remain empathetic and supportive of our partners- as both our partners and their staff remained scared and overwhelmed
- It is key to stay positive on what we can do and remain realistic on what we cannot do
- Safety and support of our staff and clients remain top priorities



We salute our health care workers and partners!

Fighting challenge after challenge





Thank you!