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**Differentiated strategies to support sustained engagement and re-engagement in HIV services in eastern and southern Africa**

# **Early learnings from implementation of revised re-engagement guidelines in Zimbabwe**





**AIDS 2024**

# Zimbabwe's updated Operational and Service Delivery Manual

- The Ministry of Health and Child Care (MOHCC) updated its HIV Prevention, Testing and Treatment guidelines in 2022 in line with updated WHO guidelines – the “**what to do**”,
- To accompany this, the *Operational and Service Delivery Manual was updated* - “**how to do it**” to increase retention at all steps of the cascade
  - For doctors, clinical officers, nurses, counselors, pharmacists, health information officers, health promotion officers, community health workers and community-based organizations (CBOs)



## OPERATIONAL AND SERVICE DELIVERY MANUAL

FOR THE PREVENTION,  
CARE AND TREATMENT  
OF HIV IN ZIMBABWE

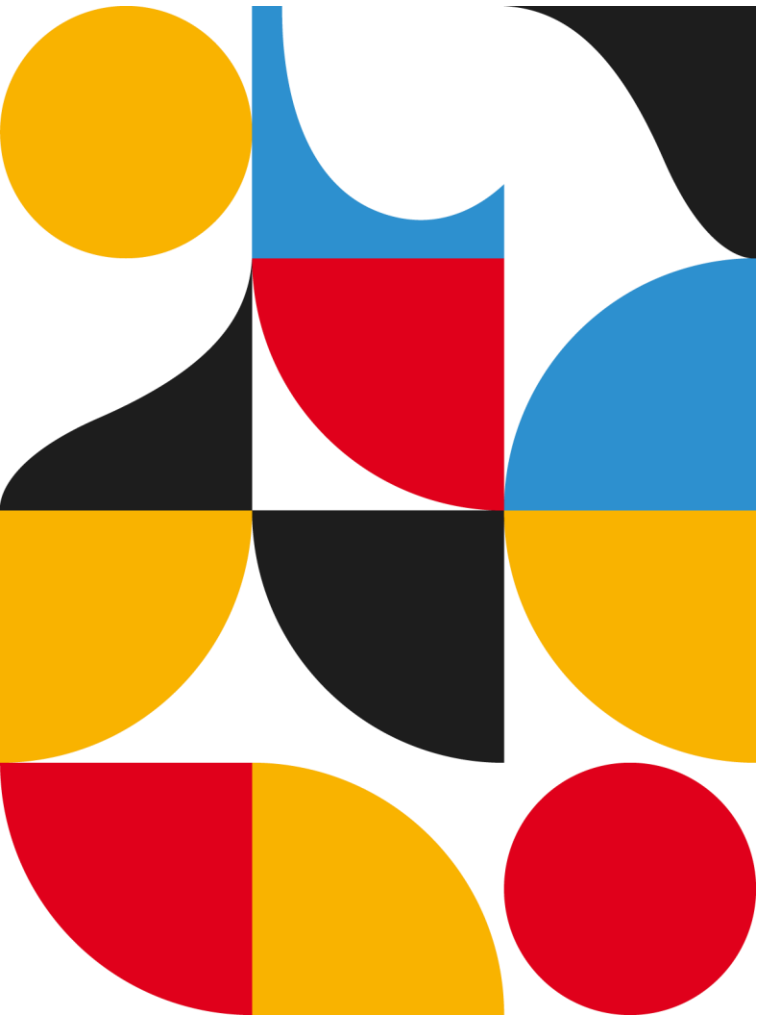
2022 EDITION



AIDS & TB Programme

Ministry of Health and Child Care, Zimbabwe

# What's in the OSDM on HIV care and treatment



1

- Re-engagement in care

2

- Differentiated ART initiation

3

- Integration of other medical needs into DSD models for RoCs established on treatment SRH/HIV, DM and HPTN and mental health integration

4

- Differentiated service delivery for advanced HIV



## Re-engagement in care

### Definition of re-engagement

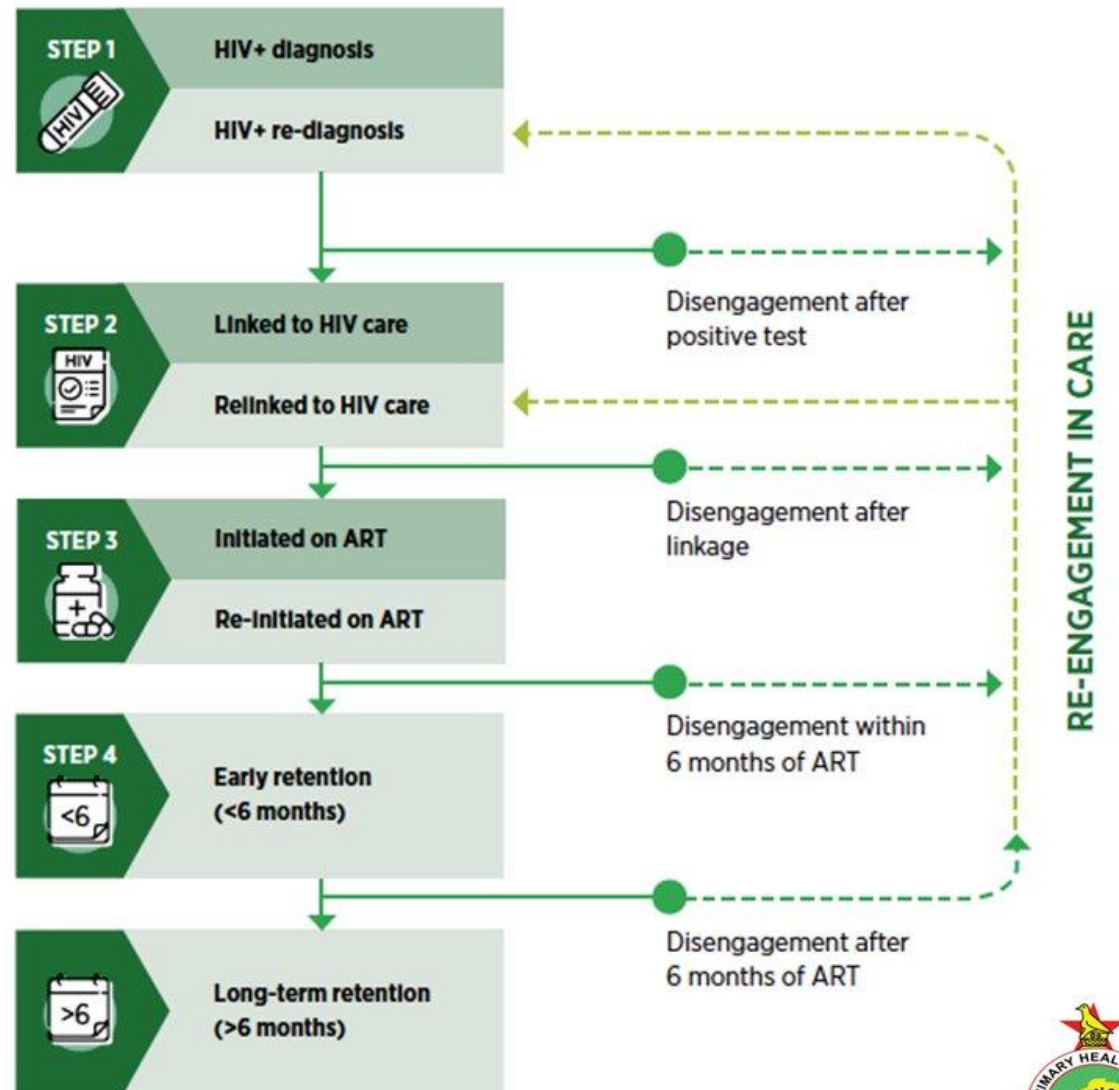
Re-engagement refers to any RoC who is presenting to HIV services who has:

- Previously tested positive but never linked to 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

Figure 4: Re-engagement cycle across the HIV care and treatment cascade

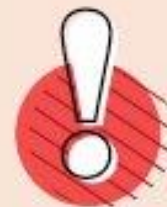


# Re-engagement in care

“Re-engagement services should ensure that RoCs who re-engage are received with dignity, are assisted and clinically managed and receive quality psychosocial services from healthcare workers. RoCs re-engaging in care are often those struggling the most with adherence and should not be penalized by being asked to attend more frequently unless there is a clinical indication.”

Counselling for a RoC re-engaging in care should include:

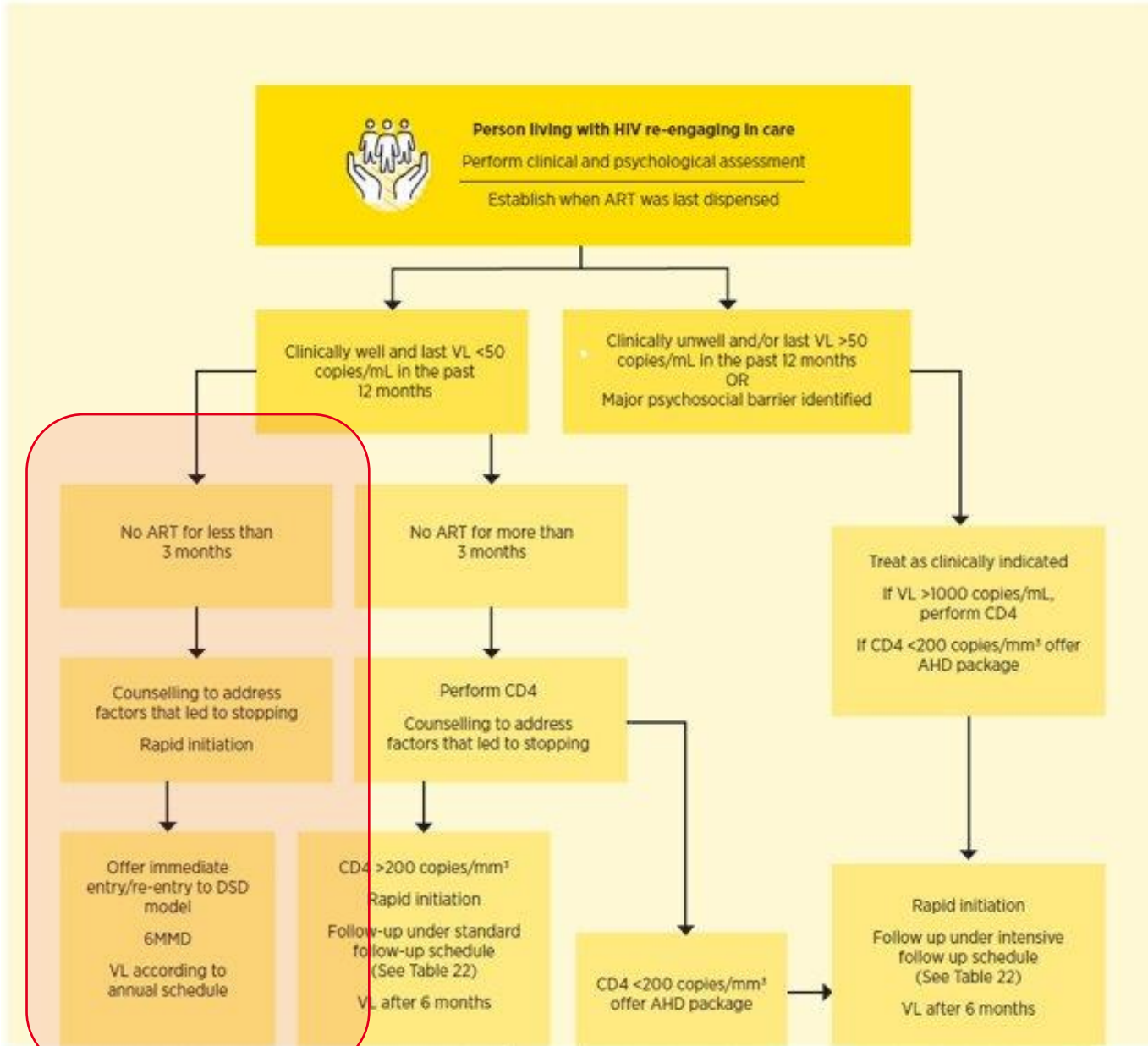
- Exploring treatment literacy
- Addressing the reasons for stopping ART
- Identifying motivational factors for starting ART
- Identifying mental health issues



Healthcare worker attitudes are key to supporting those returning to care and should be non-judgemental and welcoming.



Figure 17: Algorithm for the management of a RoC re-engaging in care



# Implementation experience from 70 facilities (1)

- Data on re-engagement (returning after 3+ months) from 70 public sector facilities from five provinces introducing new guidelines
- N=1,484 re-engaged between Oct 2022-Sept 2023
- 23% (n=345) received CD4 testing, 41% (n=142) had a CD4 cell count <200 cells/mL
- 14% (n=202) tested for TB-LAM, 12% (n=25) CrAG positive

Dhiwayo R et al, "Prioritizing advanced HIV disease screening for treatment interruption in PLHIV: early lessons from implementation of new guidelines in Zimbabwe", abstract 41000

# Implementation experience from 70 facilities (2)

- Health-care workers reported that guidelines specifying which laboratory test to prioritize for people living with HIV returning to care was helpful
- Client flow and staff shortages were challenges to implementation.
- Need to ensure that recipients of care get AHD screening on point of re-engagement

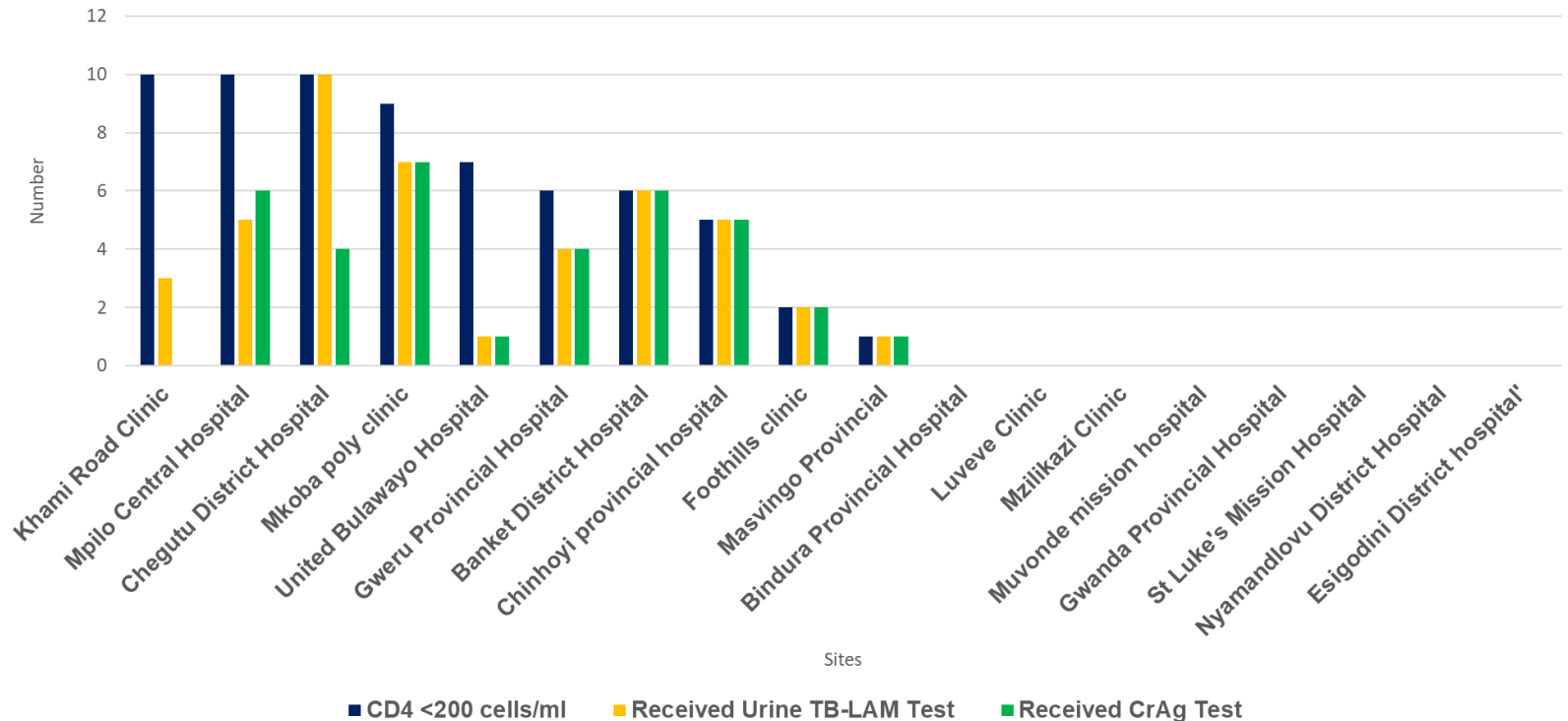
Dhiwayo R et al, "Prioritizing advanced HIV disease screening for treatment interruption in PLHIV: early lessons from implementation of new guidelines in Zimbabwe", abstract 41000





## Implementation experiences from 18 Facilities (3): Documented Urine TB-LAM and CrAg Tests among Patients Returning to Care with CD4 <200 cells/ml, 2023

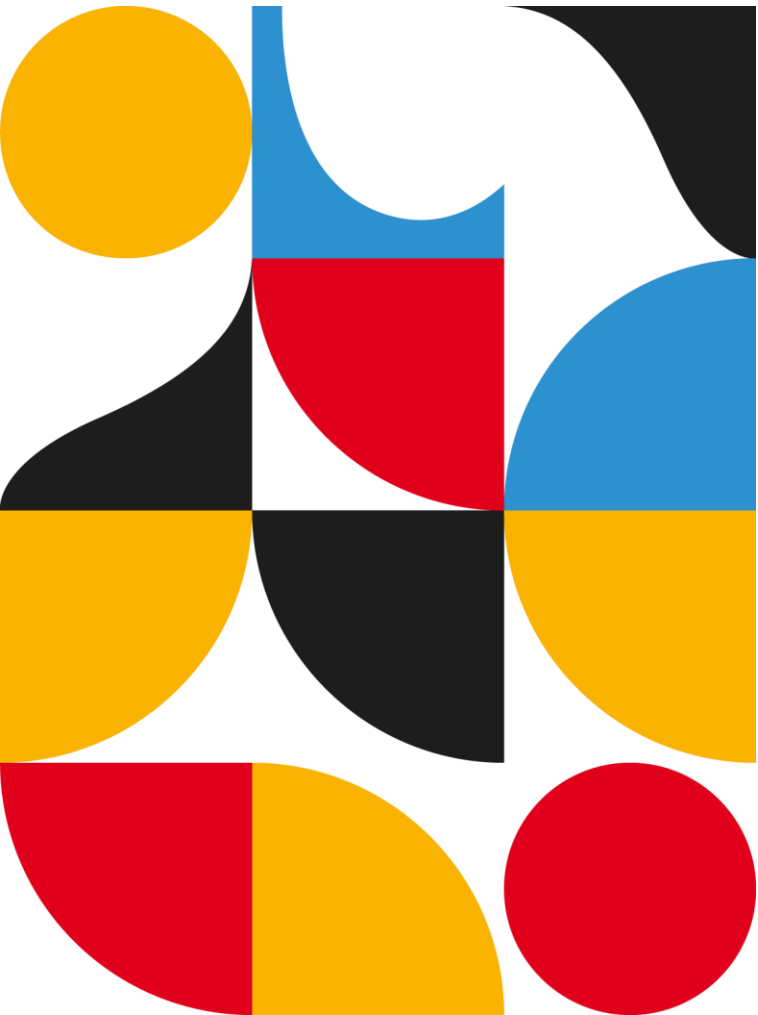
- 56% (10/18) of facilities had documented patients eligible for TB LAM and CrAg Tests
- Eight HF's did not routinely offer a CD4 test or did not have patients with a CD4 test count below 200 copies/ml
- 5/10 and 4/10 of facilities conducted Urine TB-LAM and CrAg Tests respectively for all eligible patients.
- Urine TB-LAM coverage among eligible patients was 67% ranging from 14%-100%.
- CrAg Testing coverage among eligible patients was 55% ranging from 0%-100%.



MOHCC, HIV Quality of Care Assessment June 2024

# Implementation experience from 18 HFs facilities (4)

- Facilities with training in re-engagement guidelines confidently screened returning patients for Advanced HIV Disease (AHD).
- Newly initiating ART patients were more consistently offered CD4 tests compared to patients returning care
- Implementation was hindered by shortages of commodities such as Point-of-Care (POC) CD4 test kits and underutilization of conventional testing platforms.
- Some disengaged patients live in diaspora, sending others “Malaicha” to collect ARVs, missing out on AHD screening and management.



# Lessons Learnt:

1

- **Community Engagement and Support-** Involving PLHIV and communities boosts program effectiveness

2

- **Addressing Socio-economic determinants-** Socio-economic barriers hinder care. Strategies like DREAMS reduce poverty and improve education

3

- **Innovative Approaches-** Technology bridges care gaps. Mobile apps, telemedicine and messaging enhance engagement and adherence

4

- **Strengthening Health Systems-** Health system investment is crucial. Improves infrastructure, supply chain chains, and healthcare financing for better care access

# Next steps

- **Ensuring the consistent availability of essential commodities**, such as CD4 test kits and other critical supplies through better forecasting, procurement, and distribution practices.
- **Continuous professional development and mentorship** programs, particularly for new staff, are essential to maintain high standards of care.
- **Support people living with HIV to update the treatment literacy manual** to incorporate re-engagement guidelines.
- Collaborate across borders to **enhance the care for people living with HIV who are part of the diaspora.**



# Acknowledgements

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IAS