



<u>TABLE OF CONTENTS</u>	Page
Acknowledgements	2
Introduction	3
Clinical Epidemiology Resource & Training Center (CERT)	6
HIV / AIDS Quality Of Care Initiative (HAQOCI)	6
- HAQOCI Mission Statement	6
- HAQOCI Objectives	6
Achievements	8
- Partnerships	8
- Baseline Survey on HIV / AIDS quality of care.....	10
- Projects on HIV / aids Care	11
- Discharge planning for chronically/terminally ill patients.....	11
- Opportunistic Infection program	12
OI Pilot Sites	13
- Harare Hospital OI Clinic.....	14
- Mpilo Hospital OI Clinic	15
Training in OI prevention for Health care workers	15
National Standard Treatment Guidelines for HIV/AIDS	16
Training in Clinical Epidemiology	17
Information Dissemination	17
Challenges	18
Audited Financial Statements	20

ACKNOWLEDGEMENTS

The CERTC and all its members would like to express sincere gratitude to their valued partners in the efforts to improve HIV/AIDS care in Zimbabwe particularly the Ministry of Health & Child Welfare (MOH&CW), National Aids Council (NAC), The Centre, Zimbabwe National Network for People Living Positively with HIV/AIDS (ZNNP+), Provincial Medical Directors (PMDs), Health institutions, Non-Governmental Organizations (NGOs) and individuals who supported our efforts in the past year.

HAQOCI is supported by the Centers for Disease Control (CDC) – Zimbabwe AIDS Program to whom we are most grateful. Without Zim-CDC this work would not be possible.

INTRODUCTION

HIV/AIDS remains a global emergency that has carried the greatest challenge particularly in sub-Saharan Africa where it has affected all levels of society. HIV/AIDS has undermined social and economic development as well as obviously reversed of previous gains in many domains including infant mortality, maternal mortality and other indicators. Population pyramids continue to be distorted. The recently published global HIV/AIDS data for 2003 are a major concern.

Zimbabwe is among the countries with the highest HIV prevalence rate in the world. Even with the use of recently improved statistical methods that have resulted in some adjustment in the HIV prevalence for Zimbabwe, an HIV prevalence rate of 25% is unacceptably high and gives no comfort. Sadly there is no simple solution in sight.

The UN millennium goals only hopes to halt and begin reversing HIV spread by 2015.

Levels of poverty that prevail on the African continent are a critical drawback for all health programs particularly those aimed at HIV control.

Thus, recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, one of the UN Millennium Development Goals' target is to halve the proportion of people living in hunger and extreme poverty by 2015.

World leaders at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in 2001, recognizing that provision of care, support and treatment were fundamental elements of an effective response, committed themselves to strengthen the health care systems and their responses to HIV/AIDS including the provision of antiretrovirals.

pledged to set a target of allocating 15% of their national budgets for the improvement of health sector to address the HIV/AIDS epidemic. Such commitments should be commended.

The need for a more serious, coordinated and sustained response to this epidemic of a global nature is urgently called for. Such serious responses have to start at local level if they are to be truly effective.

Responses to the HIV/AIDS epidemic have generally been inadequate. The following have been put forward as possible constraints faced by health systems which result in inadequate responses to the epidemic in resource poor countries;

- Low priority for health sector financing nationally and internationally for HIV care.
- Inadequate training of health workers in care and support of people living with HIV/AIDS.
- Insufficient remuneration and support for care professionals.
- Managerial weaknesses in the health sector at all levels.
- Irregular and inadequate availability of drugs, reagents, equipment and other commodities needed for care and support.
- Lack of investment in the infrastructure: e.g. poor support for laboratory services for diagnosis and monitoring for HIV and HIV related diseases.
- Insufficient VCT services resulting in most people not knowing their sero- status.
- Low priority of HIV care in national health budgets.
- Loss of staff due to burn out.
- Loss of staff due to high HIV related morbidity and mortality among staff.
- Shortage of relevant HIV related information at all levels.
- Essential drug lists and drug procurement not adapted to needs of PLWHA.

HAQOCI in partnership with MOH&CW , NGO and others work towards strengthening Zimbabwe's response to the HIV epidemic.

This report highlights some of the interventions to improve HIV/AIDS quality of care that were undertaken by HAQOCI and the Clinical Epidemiology Resource and Training Center (CERTC) at the University of Zimbabwe in project year two. While a lot was achieved in year two of the project, this year has been challenging given currently prevailing hardships affecting the country generally.

Development of strategic and effective partnerships between HAQOCI and various governmental, non-governmental bodies, people living with HIV/AIDS and donor agencies remains pivotal to the success of this initiative in improving HIV/AIDS care in Zimbabwe.

Dr. Rose A. Kambarami

Director - HIV/AIDS QUALITY OF CARE INITIATIVE

CLINICAL EPIDEMIOLOGY RESOURCE AND TRAINING CENTER

UNIVERSITY OF ZIMBABWE

CLINICAL EPIDEMIOLOGY RESOURCE AND TRAINING

CENTER (CERTC)

The Clinical Epidemiology Resource and Training Center (CERTC) is a multi-disciplinary unit made up of paediatricians, surgeons, obstetricians/gynaecologists, physicians, laboratory scientists, pharmacists, general practitioners, pharmacologists and others who have been trained or are in training in the disciplines of clinical epidemiology such as clinical epidemiology, biostatistics, behavioral science, health promotion, pharmaco-epidemiology and health economics. The main objectives of the CERTC is to offer professional service in the areas of research, offer clinical care to patients and training to relevant health related organizations and institutions. The HIV/AIDS Quality of Care Initiative is currently an initiative being conducted by the CERTC.

HIV/AIDS Quality of Care Initiative (HAQOCI)

HAQOCI is a non-profit making coalition of health care professionals committed to assist with the provision of high quality HIV/AIDS care in Zimbabwe.

HAQOCI MISSION STATEMENT

Our mission is to promote the highest standards and quality of HIV/AIDS care in Zimbabwe, through evaluation of HIV/AIDS care services, development and integration of models of improved care, dissemination of evidence based health information on HIV/AIDS care, training and advocacy.

HAQOCI OBJECTIVES

The following are the objectives of this initiative:

1. To develop the infrastructure and capacity for HIV/AIDS quality of care improvement.
2. To characterize the HIV/AIDS quality of care situation through consensus meetings and surveys.
3. To identify, develop, pilot and evaluate high priority, achievable models of improved HIV/AIDS care.
4. To develop standard treatment guidelines on HIV/AIDS care.
5. To develop and implement an HIV/AIDS care information dissemination plan.
6. To promote, support and advocate for high quality HIV/AIDS care in Zimbabwe.

These objectives will be achieved through;

- a) The development of effective partnerships with Ministry of Health and Child Welfare, National AIDS Council, Non-Governmental Organizations (NGOs), Institutions and individuals involved in HIV/AIDS care.
- b) The use of the multidisciplinary expertise that exists in the CERTC, the Faculty of Medicine as a whole and beyond.
- c) Conducting stakeholder meetings to build consensus on critical HIV/AIDS care issues.
- d) Provision of support for operational research and research projects on health services that pertains to HIV/AIDS care.
- e) Capacity building for HIV/AIDS care and research.
- f) Information dissemination.

The objectives for year two are:

1. To strengthen the Clinical Epidemiology Resource and Training Center infrastructure for HIV/AIDS quality of Care Initiative.
2. To develop a broader and specific framework and partnership strategies for implementing HAQOCI.
3. To conduct in depth analysis and write a report on the quality of HIV/AIDS care situation in Zimbabwe.
4. To identify areas for improving HIV/AIDS care based on the HAQOCI situation analysis.
5. To provide support for research projects on health services and operational research addressing questions in the area of HIV/AIDS quality of care improvement and to conduct training in HIV care.
6. To strengthen training in clinical epidemiology by distance education program.
7. Implement the information dissemination plan on HIV/AIDS care improvement.
8. To play a catalytic role as well as an advocacy role for HIV/AIDS care improvement in Zimbabwe.

ACHIEVEMENTS FOR PROJECT YEAR TWO

Strengthening the Clinical Epidemiology Resource and Training Center infrastructure and capacity for HIV/AIDS quality of Care Improvement.

All project committees were maintained. Most of the members who serve on the committees are from the CERTC - University of Zimbabwe. There were some changes in committee membership. Dr Mike St Loius from Zim- CDC left and was replaced by Dr Shannon Hadder and Dr C Alfredo on the steering committee. Dr O Mugurungi from Ministry of Health and Child Welfare was replaced by Dr C Chakanyuka.

The core project staff are all still in place. Mr. David Manyika is now the current senior assistant administrator for finance. Mr T. Nyathi the project information officer left in August for a higher post with another organization. The new information officer for the project is Miss Tandiwe Mubape. See the 2001/2002 annual report for core staff and committee members.

Partnerships

The implementation of the HAQOCI objectives requires the establishment of strategic partners at national, provincial and district levels. Furthermore, establishment of partnerships at regional and international level remains vital. HAQOCI has continued to enjoy strong support from the Ministry of Health and Child Welfare, National Aids Council, NDTPAC, HIV/TB Unit, Nutrition Unit, Local WHO office, WHO Afro, Zimbabwe National Clinical Assurance Foundation, HOSPAZ, Island Hospice, Provincial and district medical officers, individuals and NGOs involved in AIDS care. HAQOCI offered technical assistance at a SADC summit (2-4 July 2003- Lesotho) on HIV/AIDS care. HAQOCI is currently working with partners from other Universities such as University of California San Francisco and others. Experts from I-TECH visited and are assisting

technically in the areas training material development. Zim - CDC continue to play a pivotal role in funding the HAQOCI activities. Such partnerships in areas of mutual interest are valued and should be supported.

The **National Stakeholders consultation meeting** to build consensus on HIV/AIDS care improvement took place on 2-4th April 2003 at the Monomotapa Crown Plaza with 92 participants. The purpose of the meeting were:

- To inform stakeholders about HAQOCI and involve them in the development of plans
- To identify short-term, achievable priority areas for HIV/AIDS care improvement in Zimbabwe for 2003
- To identify areas that require operational research and other forms of research related to AIDS care improvement.



National Stakeholders consultation meeting

The report on the outcomes of the stakeholder meeting is available from the HAQOCI offices at Mbuya Nehanda Hospital - Pairenyatwa.

A **national advisory committee meeting** on HIV/AIDS quality of care improvement was held on 12th February at the Sheraton Hotel.



Participants during an Advisory Committee meeting

Baseline survey on HIV/AIDS quality of care situation.

HAQOCI developed tools for a national HIV care situation analysis survey. The situation analysis was conducted in project year one. There is need for in-depth analysis of the data with the teams that were involved with the development of the data collection instruments in order to come up with a final report. Groups to work on the final report have been identified and write up is still in process. It is anticipated that the final report will be available in February 2004.

Area for improving HIV/AIDS care based on the HAQOCI situation analysis survey.

One of the major preliminary findings of the HIV care situation analysis survey was the need for health care worker training in the areas of opportunistic infections prevention and treatment, discharge planning and palliative care, antiretroviral use and nutrition and HIV. To this end, HAQOCI has developed training material for health care providers in these areas. Details on this training are given later. Further areas for improving HIV/AIDS care in Zimbabwe will be identified when the final data analysis is complete.

Projects on HIV /AIDS care improvement.

The need to develop pilot models of improved HIV/AIDS care and evaluate them remains urgent. The CERTC, through HAQOCI has taken leadership in strengthening previously identified strategies for HIV care improvement.

Four strategies are currently supported.

These include:

1. A strategy to improve the discharge process of chronically/terminally ill patients leaving hospital: implementation of a discharge plan.
2. A strategy for reducing opportunistic infections in HIV/AIDS through establishment of an opportunistic infections prevention program. This program provides training for health care providers on opportunistic infections recognition, prevention and treatment. The program is also piloting the feasibility and effectiveness of opportunistic infection prevention clinic for patients with HIV/AIDS.
3. Development of national standard treatment guidelines.
3. Information dissemination.

Discharge planning for chronically/terminally ill patients.

Community home-based care has become a household name in HIV care provision. With the current strain on the health care systems majority of patients are cared for at home. Households and families bear the brunt of coping with chronic illness and its consequences. The need to strengthen continuity of patient care and support after hospital discharge is important for quality care provision. HAQOCI has supported the development of training material for health care providers and national training in discharge planning of chronically/terminally ill patients has started. To date training has taken place for candidates from Mashonaland East, Mashonaland West, Mashonaland Central and Manicaland provinces. Training has also included candidates from Bulawayo, Harare and Chitungwiza Cities as well as Mpilo hospital. Recently, we conducted training of candidates from Matabeleland North, Matabeleland South and Masvingo. Training has included training of trainers. HAQOCI has collaborated with the AIDS and TB Unit of MOH&CW and WHO country office. This national training will continue to be provided.



Participants during a presentation OI Taining

Opportunistic infections program.

Up to 70% of hospitalized patients are admitted for HIV related illnesses. The knowledge by health care providers of HIV related conditions is critical for patient survival and improve quality of care. It is acknowledged that the use of antiretroviral (ARV) drugs is the best way to improve immune status and significantly reduce opportunistic infections (OI s) in persons with HIV infection. ARV drugs are currently not accessible in the public sector in Zimbabwe at this point in time. There is however need to develop infrastructure and strengthen systems for the delivery of ARV drugs to patients.

1. OI CLINIC PILOT SITES

The main goal of the OI clinics is to improve the quality of care provided to persons with HIV/AIDS. This may be achieved through the strengthening of existing infrastructure for the successful introduction of antiretroviral drugs in the public sector.

The objectives of OI clinics are:

- to offer care for patients with OI s
- to offer voluntary counseling and testing for HIV
- to conduct on going counseling for positive living
- to give information on Nutrition and HIV, prevention of new infections etc.
- to strengthen drug adherence for OI chemoprophylaxis
- to screen and prepare patients for antiretroviral drugs
- monitoring and evaluation

Dr Paul Chimedza and Dr Hilary Chigu were supported to participate in one month regional training program for doctors in Africa on HIV care in Uganda.

HAQOCI in collaboration with Ministry of Health and Child Welfare have established two OI pilot clinics. Ministry of Health and Child Welfare intends to establish OI clinics at provincial and district levels nationally.

- A) HARARE HOSPITAL OI CLINIC
- B) MPIOLO HOSPITAL OI CLINIC

HARARE HOSPITAL OI CLINIC.



OI clinic at Harare Hospital

This clinic has been operational since July 2003

The clinic is staffed by;

- Part time consultant physician - **Dr Tapiwa Bwakura**
- Full time medical officer - **Dr Paul Chimedza**
- Part time medical officer - **Dr Charity Alfredo**
- Two full time nurse counsellors/nurse educators **Mrs Constance Mujaji and Ms Getrude Gamanya**
- Full time nurse coordinator - **Mrs Getrude**
- Receptionist - **Miss Julia Magede**

The coordination of the OI clinic activities with other HIV care related activities and psychosocial support systems and clinics in the community is important for effective continuum of care.



DR Paul Chimedza OI Medical Officer

MPILO HOSPITAL OI CLINIC

A site planning meetings have been on going. The Mpilo chest clinic (previously TB in patient clinic) has been identified for the OI clinic and is being refurbished. It is anticipated that the clinic will start operation in January 2004.



Proposed site for OI Clinic Bulawayo

1. TRAINING IN OPPORTUNISTIC INFECTION PREVENTION FOR HEALTH WORKERS.



Health care workers during OI Training (20-24 Oct 2003)

Development of national treatment guidelines for HIV care.

A national stakeholders meeting for final stakeholder input into the standard treatment guidelines was scheduled for the 25th to 28th July 2003.

The editorial process leading to the first edition of the management guidelines has been completed. The guidelines are still to be ratified by MOH&CW for national use. The guidelines will be made available on the HAQOCI web site soon.

Clinical epidemiology masters training program.

Capacity building for research in HIV care is pivotal to the turn around of the HIV epidemic. The CERTC is currently offering a 3-year masters training program through the University of Zimbabwe for postgraduate students in clinical epidemiology by distance education.

This is deemed a cost- effective method of training this cadre given the human resource shortage currently being experienced in the country. The candidate thus continues to provide essential service to his/her institution while studying.

Twenty candidates have been enrolled for the second year of training and are expected to complete their masters course in 2004 this year.

Twenty-four candidates will be starting their 3-year masters training in January 2004.



Epidemiology students during

Information dissemination.

Effective information dissemination and exchange are important in the effort to control and end the AIDS epidemic. HAQOCI is currently working on a web page with Cyberplex Africa. Information available on the web for down loading will include

- Pamphlets for client on HIV care
- HIV care management guidelines for health workers
- newsletters for policy makers
- survey tools for HIV care situation analysis
- Training modules on OI prevention and treatment, Nutrition and HIV, preventive, supportive and adherence counseling as well as discharge planning.
- other information.

Challenges

- a) The economic situation in Zimbabwe continues to decline. This has led to almost total paralysis of the health care system in some areas. The provision of good quality care is a major challenge when one is faced with striking health workers, chronic shortages of drugs and supplies as well as low hospital staffing levels and staff morale, staff burnout, high staff attrition rates and high patient care loads. It is thus important to ensure that models of improved care that are developed are affordable, sustainable and user friendly.
- b) The food crisis in the country works against what the project aims to achieve. Partnerships with governmental and non governmental food relief projects and programs e.g. NAC and others and making food packs available will be of extreme benefit in improving quality of care. This will become more important when antiretroviral therapy is being offered.
- c) Fuel problems in the country have worsened. HAQOCI procured sufficient fuel for for the project for the next few years.
- d) Stigma, silence, discrimination and denial which undermine appropriate care seeking behavior remain a problem to be dealt with. Availability of effective care packages, psychosocial support systems as well as client awareness of services may go a long way towards reducing these phenomena.
- e) HAQOCI work is conducted through contracts and consultancies mainly with academic staff within the College of Medicine - University of Zimbabwe. The need for HAQOCI to be financially competitive is being realized given that MOH & CW, UNAIDS, WHO and other organizations contract the same consultants for their work.

