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## ACKNOWLEDGEMENTS

The CEU and all its members would like to express sincere gratitude to their valued partners in their 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 Organisations (NGOs) and individuals who supported our efforts in the past year.

Furthermore the Clinical Epidemiology Unit (CEU) and its members are grateful to the University of Newcastle in Australia for continued technical support in the field of clinical epidemiology training.

This initiative would not have been possible without the support of the US Centers for Disease Control and Prevention (CDC) - Zimbabwe AIDS Programme, to whom we are grateful.

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## PREFACE

The AIDS epidemic remains unabated on the African continent with devastating consequences. Dramatic changes in the population pyramids are being experienced and will continue for as long as antiretroviral therapy is inaccessible. HIV sero-prevalence rates of about 35% among pregnant women presenting to antenatal clinics in Zimbabwe currently prevail and these prevalence rates are believed to be worsening. The rate at which the prevention of mother to child transmission (PMTCT) of HIV programmes are being scaled up and rolled out are worryingly slow in many African countries. This concept of having interventions which support infant survival without placing equal emphasis on parental (particularly maternal) survival may be of questionable benefit given the fact that in poor countries infant survival is largely dependant on maternal survival. Widespread effective implementation of PMTCT plus, which has a family approach, is eagerly awaited.

Young adults remain very vulnerable to the AIDS epidemic, particularly females. Factors that mould appropriate behaviour before and during young adulthood need identification and packaging into interventions that promote survival in this age group and beyond.

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

It is critical for all those involved in care including governments, NGOs care providers at all levels to appreciate and understand the scope of care and support needs of people living with HIV/AIDS (PLWHA) in order to develop relevant care responses. These care needs have been recognised to go beyond clinical care and treatment and to include social support to alleviate the social economic impact of HIV (e.g. need for food, soap, safe water, school fees, shelter), psychosocial support to cope with having a life threatening condition, emotional support, protection against stigma and discrimination and orphan care. PLWHA have a right to protection in employment, to confidentiality and to medical care including access to new treatments.

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 PLWHA.
- 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.

There is strong evidence worldwide however that action against AIDS can yield positive results and losing hope can lead to devastating consequences.

Effective responses are possible with full governmental and political commitment and support. One of the ways the Government of Zimbabwe showed commitment recently was by declaring AIDS a state of emergency for 6 months. Some of the expected results of such a declaration remained disappointing given that antiretroviral therapy is still inaccessible to the public at large. This may have been because the emergency period required to get effective results was too short.

This report highlights the infrastructure and some of the interventions to improve HIV/AIDS quality of care that are being undertaken by the Clinical Epidemiology Unit (CEU) at the University of Zimbabwe.

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

**Dr. Rose A. Kambarami**

Director - HAQOCI

Director - Clinical Epidemiology Unit - College of Medicine

University of Zimbabwe

## CLINICAL EPIDEMIOLOGY UNIT

The Clinical Epidemiology Unit (CEU) 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 CEU is to offer professional service in the areas of research, clinical care and training to relevant health related organizations and institutions. In the year 2001, the CEU successfully applied for and received funding to embark on an initiative to improve the quality of care received by people living with HIV/AIDS.

## The 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, development and dissemination of evidence based health information on HIV/AIDS care improvement, training in improved HIV/AIDS care, capacity building for health research and advocacy for improved care.

## 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 Organisations (NGOs), Institutions and individuals involved in HIV/AIDS care.
- b) The use of the multidisciplinary expertise that exists in the CEU, the Faculty of Medicine as a whole and beyond.
- c) Conducting stakeholder meetings to build consensus on critical HIV/AIDS care issues.
- d) Providing 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.
- g) Advocating for HIV care improvement.

## FIRST YEAR ACTIVITIES AND ACHIEVEMENTS

The first year of this initiative has gone by very quickly but non the less a lot was achieved.

The objectives for year one were:

1. To develop the Clinical Epidemiology Unit infrastructure for the HIV/AIDS quality of Care Initiative.
2. To develop a broad and specific framework and partnership strategies for implementing HAQOCI.
3. To develop baseline assessments for HIV/AIDS quality of care.
4. To provide support for research projects on health services and operational research addressing questions in the area of HIV/AIDS quality of care improvement.
5. Strengthen training in Clinical Epidemiology, focusing more on capacity building for HIV/AIDS research and care.
6. Develop an information dissemination plan for HIV/AIDS care and initiate implementation.

## ACTIVITIES

### 1. INFRASTRUCTURE DEVELOPMENT

- HAQOCI offices are situated at Mbuya Nehanda Maternity Unit 2<sup>nd</sup> floor at Parirenyatwa Hospital. These premises have been refurbished, furnished and equipped appropriately for the tasks ahead.



Outside view of the Mbuya Nehanda Office

- An active project steering committee has been formalized. HAQOCI operating systems are through committees.

**CEU DIRECTOR &  
HAQOCI PROJECT DIRECTOR**



**Dr. Rose Kambarami** -  
MB.ChB. DCH, FRCP, MSc Clinical Epidemiology

Dr Kambarami is a paediatrician by training as well as a clinical epidemiologist.

**CEU DEPUTY DIRECTOR &  
COORDINATOR FOR TRAINING**



**Mr. Simbarashe Rusakaniko**  
BSc, MSc Biostatistics

Mr. Rusakaniko is a biostatistician by training. He also lectures in statistics in the Faculty of Medicine.

**STEERING COMMITTEE MEMBERS:**



**Dr. C.E. Ndlovu**  
MB.ChB. MRCP, MSc Clinical Epidemiology.

Dr Ndlovu is a Physician and Clinical epidemiologist. Her other hat is that of a lecturer in the Department of Medicine at the Medical school- University of Zimbabwe. She currently holds the chair for the

National Drugs and Therapeutics Policy and Action Committee in the Ministry of Health and Child Welfare.



**Dr. Gilbert Mawera**  
MB.ChB. MSc Health economics

Dr Mawera is a medical doctor cum-neurosurgeon in training as well as a Health Economist. He is a senior lecturer in Anatomy at the University of Zimbabwe.



**Professor Lovemore Gwanzura**  
BSc. Mphil, Grad. Dip. Clin. Epidemiology

Professor Gwanzura is a professor in the Department of Laboratory sciences at the medical School- University of Zimbabwe and a clinical epidemiologist



**Dr. R. Dlamini**  
MB.ChB. MMed Paediatrics

Dr Dlamini is a lecturer in the Department of Paediatrics and Child Health and the medical school- University of Zimbabwe. She is currently training in clinical epidemiology.



**Dr. Mike St Louis**  
MD

Dr St Louis is the CDC-Zimbabwe project Director.



**Mr. Rangarirai Masanganise**  
MB. ChB. Dip. Ophth., FRCOphth.  
Grad. Dip. Clin Epidemiology.

Mr. Masanganise is an Ophthalmic surgeon and a clinical epidemiologist.



**Dr. Chiedza Maponga**  
PhD Pharmacy.

Dr Maponga is a lecturer in the Department of Pharmacy at the University of Zimbabwe.



**Mrs Julita Maradzika**  
Msc in Health Promotion Graduate Diploma in Health Social Science. BEd in Adult Education, Diploma in Health Education.

Mrs Maradzika is a Lecturer in the Health Promotion Department of Community Medicine.



**Professor Jonathan Matenga**  
MB. ChB. FRCP, MSc Clinical Epidemiology

Professor Matenga is a professor of Medicine at the University of Zimbabwe.

*(Picture not available)*

- **Dr. Owen Mugurungi** - MB. ChB.

Dr Mugurungi is a sexually transmitted infections specialist and the current Director of the AIDS and TB Unit in the Ministry of Health of Health and Child Welfare.

## FINANCE COMMITTEE

A project Finance Committee has been formed and membership constitutes the following:

- Dr. R. Kambarami
- Mr. S. Rusakaniko
- Prof. J. Hakim
- Dr. G. Mawera
- Ms. T. Sigauke



**Finance Committee meeting in progress**

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## RESEARCH AND ETHICS COMMITTEE

A Research and Ethics Committee has been formed membership includes the following:

- Dr D Ball
- Prof K Nathoo
- Dr R Kambarami
- Prof A Latif

## ADVISORY COMMITTEE

The Advisory Committee membership is composed of persons from the following organizations.

- Faculty of Medicine – Dean-Prof. A Latif
- Clinical Epidemiology Unit - Prof. J Matenga,/ Dr R Kambarami
- Min of Health and Child Welfare – Dr E Xaba/ Dr D Parirenyatwa.
- WHO Afro – Dr Francis Onyango
- Local WHO office - Dr Njelesani
- US Centers for Disease Control & Prevention (CDC) - Dr M St Louis
- National AIDS Council - Dr Marowa
- National AIDS and TB Unit – Dr O Mugurungi
- Legal advisor- Mr. V Nkiwane
- Central Hospitals – Mr. S Makarawo
- Provincial Medical director – Dr Mabiza