

BACKGROUND

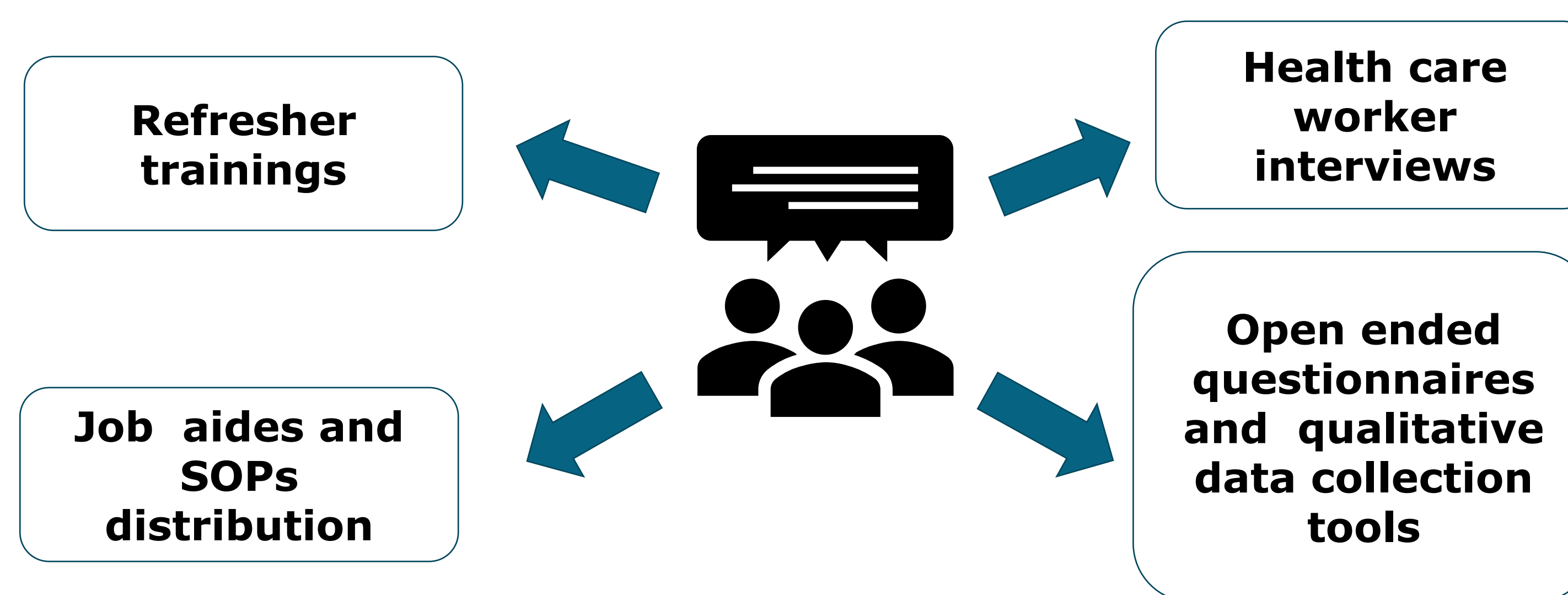
Zimbabwe has achieved one of the highest antiretroviral treatment coverage rates (95.8%) in Southern Africa. However, it is estimated that 35% of persons newly initiated on ART present with advanced HIV disease (AHD), and 50% of HIV/AIDS related deaths are due to cryptococcal meningitis (CM) and tuberculosis (TB).

Following the 2018 World Health Organization (WHO) package of care for AHD, the Zimbabwe Ministry of Health and Child Care implemented the recommended AHD package of care at 24 high volume sites in August 2021. During early implementation, initial cryptococcal antigen (CrAg) and TB lipoarabinomannan (LAM) screening coverage rates were low. In response to this, tailored supportive supervision visits were conducted to improve uptake. We documented the impact of these tailored support visits as a tool to improve CrAg and TB LAM screening rates among patients with AHD during early implementation of the WHO package of care in Zimbabwe.



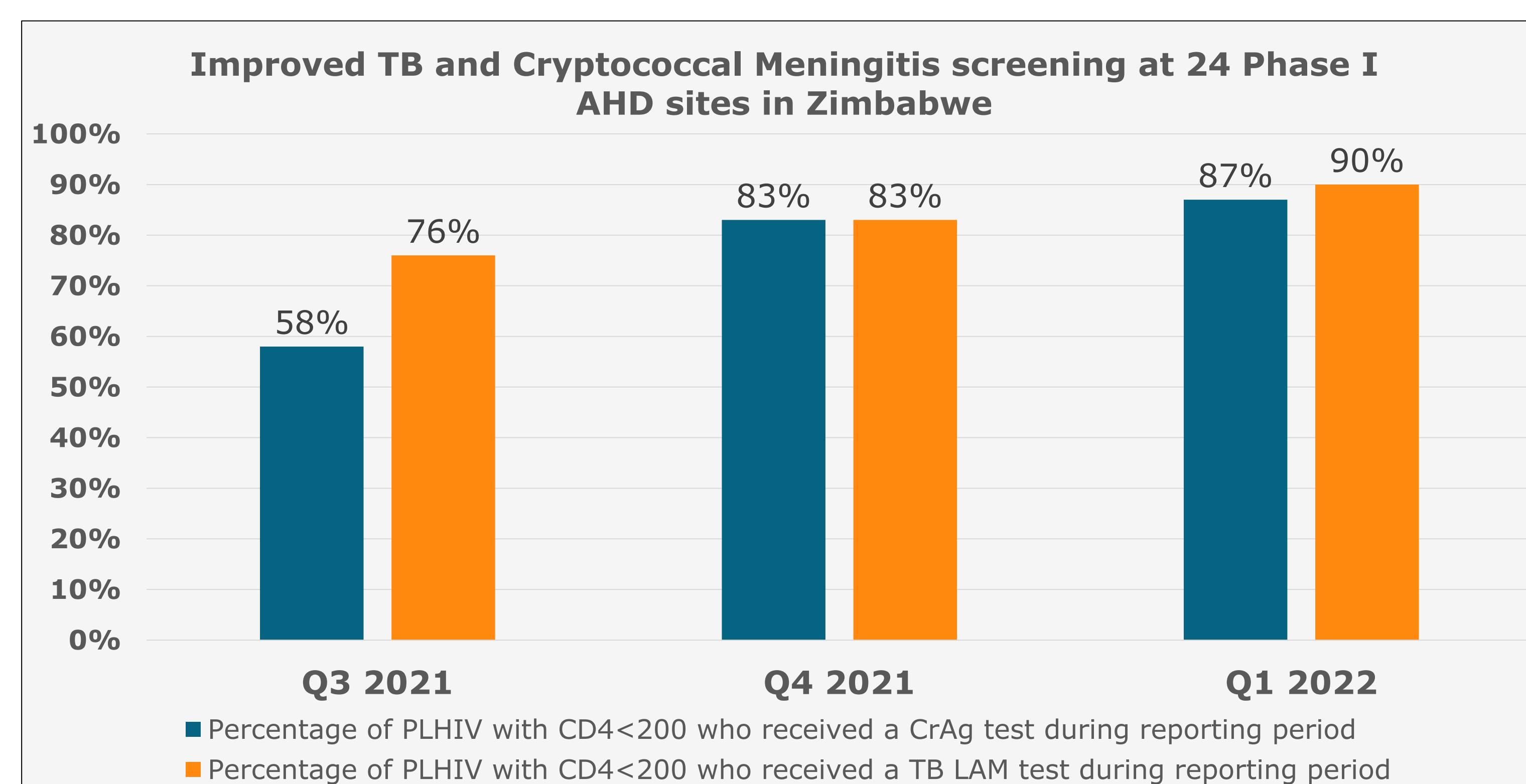
METHODS

In August 2021, AHD trainings were conducted at the 24 AHD sites and quarterly support and supervision supportive visits were conducted to address implementation challenges. During supportive visits, primary outcome data on proportion of AHD patients who were screening for CM and TB was collected from the improvised AHD register and electronic patient management system and inputted into a developed Microsoft Excel AHD data capture tool. Qualitative data on health care worker (HCW) awareness of AHD screening was gathered from HCW interviews using an open-ended questionnaire and cross-sectional survey. Following data collection and qualitative interviews, refresher trainings and job aides were provided to site staff to address any gaps in AHD screening performance and HCW awareness.



RESULTS

At baseline, the 24 sites were not actively screening AHD patients for CM and TB. However, sites demonstrated quick improvement in CM and TB screening following each round of supportive supervision (Table 1). Screening rates increased by an average of 14.5% and 7% respectively per quarter from Q3 2021 to Q1 2022. As a result, at the 23 sites in Q1 2022, 87% of AHD patients received a CrAg test and 90% received a TB-LAM test.



Enablers to successful implementation of the AHD screening package of care reported by health care workers during support visits include:

- 1) Inclusion of TB LAM and CrAg LFA tests in national guidelines
- 2) Standard operating procedure manuals for conducting the tests
- 3) Uninterrupted supply of AHD commodities at screening sites
- 4) Refresher trainings to bridge knowledge gaps in accurately conducting and interpreting the test results of the TB LAM and CrAg tests
- 5) AHD registers with AHD indicators for accurate reporting

CONCLUSION

Zimbabwe was one of the first low-middle income countries to adopt the AHD WHO recommended package of care and demonstrated the effectiveness of tailored support during early implementation of the AHD screening package of care. National HIV programs can learn from Zimbabwe's experience utilizing these tailored support visits when implementing AHD screening interventions.

LIMITATIONS

This was an observational study, hence it did not control for other factors that could have contributed to the increase in screening coverage rates observed

ACKNOWLEDGEMENTS



This work was made possible through the support of Unitaid. The project also acknowledges health care workers at each of the AHD sites and other implementing partners who have supported the roll-out of the AHD screening package of care in Zimbabwe.

