

Implementation of a Quality Improvement Collaborative of HIV Status Disclosure of Young People Living with HIV in Zimbabwe

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Background

- Treatment and mental health outcomes of Adolescents and Young People Living with HIV (AYPLHIV) remain suboptimal, of which **non-disclosure to AYPLHIV of their own HIV status is a key factor**.
- Ministry of Health and Child Care (MoHCC) of Zimbabwe recommends **that full disclosure should be done before 10 years of age**.
- Zvandiri found that HIV status was not fully disclosed **22% (1,443/6,666) of AYPLHIV aged 10-14 and 4% (389/9,149) of AYPLHIV aged 15-19**.
- Zvandiri connects AYPLHIV with trained, mentored, peer counsellors called **Community Adolescent Treatment Supports (CATS)**.
- We utilised a **Quality Improvement (QI) collaborative** from **April to September 2022** to improve disclosure status among AYPLHIV across **three selected districts (Hurungwe, Nkayi, and Goromonzi) in Zimbabwe**.

To ensure that all **adolescents living with HIV are aware of their own status**, it is imperative to **actively document and follow up on disclosure status**.

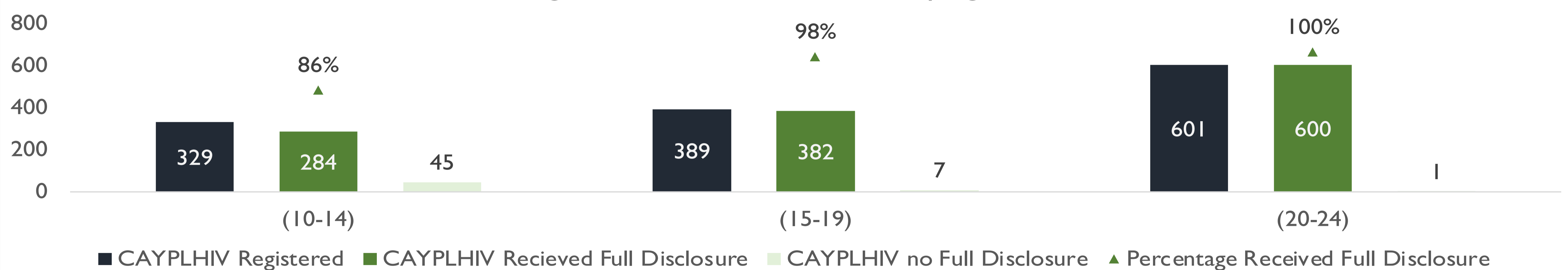


Description

- The Zvandiri District Team (ZDT) engaged Health Care Workers (HCW) and peer counsellors to **elucidate the disclosure status** of supported AYPLHIV.
- AYPLHIV who were not fully disclosed to were **identified and followed up with for disclosure support**.
- The QI package included **documentation of disclosure status in patient files, monthly caregiver support meetings and individual additional counselling, HCW Initiated Opt-out Disclosure Sessions (HIODS) and CATS-led pre- and post- disclosure counselling sessions**.
- During HIODS, **HCWs offered to disclose to the AYPLHIV in the presence of the caregiver as part of standard care**. The caregiver was given the opportunity to opt out.

HIODS assisted caregivers to disclose when caregiver counselling was not enough.

Figure 1; CAYPLHIV Disclosure by AgeBand



“The caregivers were happy and felt like **they had gotten over a hurdle that previously seemed impassable**. They expressed gratitude for the initiative” — *Zvandiri QI staff member*

Lessons Learned

- The **proportion of AYPLHIV that had received full disclosure increased from 73% (959/1319) to 96% (1266/1319)** over six months as 360 AYPLHIV without full disclosure and their caregivers received the QI package of disclosure support.
- The prevalence of non-disclosure was higher among the younger age groups at the end of the intervention; **14% (45/329) versus 2% (7/389) in age group 10-14 and 15-19 respectively** (see figure 1).
- Among **53 (Female:36, Male:17) AYPLHIV** that did not receive full disclosure:
 - **69% (37/53) had a primary caregiver that was unwilling to disclose;**
 - **23% (12/53) had an absent primary caregiver;**
 - **8% (4/53) of AYPLHIV had a cognitive impairment**, making it difficult to comprehend their HIV status.



Conclusion

- The QI collaborative was **successful in improving disclosure status** among almost all AYPLHIV, which is **expected to improve retention in care, mental health status and overall treatment outcomes** for AYPLHIV.
- This initiative has demonstrated the importance of **active follow up and documentation of disclosure status** among AYPLHIV, in addition to **caregiver counselling and HIODS**.
- We know disclosure is important for treatment success, but there is need for **more research on how we support caregivers to disclose to AYPLHIV**.

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