FIRST REPORT

OF THE THEMATIC COMMITTEE ON HIV AND AIDS

ON

THE ART ROLL OUT PROGRAMME IN SOME HEALTH INSTITUTIONS

IN HARARE

SECOND SESSION – EIGHTH PARLIAMENT

Presented To the Senate in March, 2015

[S.C 12, 2015]

IOUNCED 17th October 2013

Hon. Senator Bhebhe M, Hon Senator Chabuka K, Hon. Chifamba J, Hon. Senator Chimbudzi A, Hon. Hon. Senator Chief Chisunga, Hon. Senator Chief Chitanga, Hon. Senator Chizema C., Hon Senator Chief Gwenzi, Hon. Senator Juba A, Hon. Senator Komichi M, Hon. Senator Manyeruke J,. Hon. Senator Chief Marozva, Hon. Senator Masuku A, Hon. Senator Mathuthu T.A, Hon. Senator Mkhwebu A, .Hon. Senator Mohadi T.B., Hon. Senator Muchihwa R, Hon. Senator Mumvuri D.D, Hon. Senator Mutsvangwa, Hon. Senator Ncube S, Hon. Senator Chief Nebiri, Hon. Senator Chief Ngungumbane, Hon. Senator Nyathi R., Hon. Senator Sinampande H.M.

Hon. Senator Timveos to be Chairperson

IOUNCED 12th February 2015

That the Committee consists of the following;

Hon. Senator Bhebhe M, Hon Senator Chabuka K, Hon. Chifamba J, Hon. Senator Chimbudzi A, Hon. Hon. Senator Chief Chisunga, Hon. Senator Chief Chitanga, Hon. Senator Chizema C., Hon Senator Chief Gwenzi, Hon. Senator Juba A, Hon. Senator Komichi M, Hon. Senator Manyeruke J,. Hon. Senator Chief Marozva, Hon. Senator Masuku A, Hon. Senator Mathuthu T.A, Hon. Senator Mkhwebu A, .Hon. Senator Mohadi T.B., Hon. Senator Muchihwa R, Hon. Senator Mumvuri D.D, Hon. Senator Ncube S, Hon. Senator Chief Nebiri, Hon. Senator Chief Ngungumbane, Hon. Senator Nyathi R., Hon. Senator Sinampande H.M.

Hon. Senator Timveos to be Chairperson

ORDERED In Terms Of Standing Order No.153

1) At the commencement of every session, there shall be committees designated according to such government policy areas as the Standing Rules and Orders Committee may deem fit.

3) The members of such committees shall be appointed by the Standing Rules and Orders Committee, from the Senate and such appointments shall take into account the expressed interests or expertise of Senators and the political and gender composition of the Senate.

4) Each select committee shall be known by the theme determined for it by the Standing Rules and Orders Committee.

TERMS OF reference
STANDING ORDER no. 153 (2)

c. It shall be the function of such committees to examine government policies which fall under or relate to the designated theme or themes, and other matters falling under their jurisdictions as the Standing Rules and Orders Committee may determine.

1.0 **Introduction**

The Zimbabwean Government declared HIV and AIDS a national disaster in 2002, this required the government to deal with it as a high priority in terms of funding and management. The government implemented a policy of widespread information dissemination on HIV and AIDS, behavioural change and abstinence. The teaching and encouragement of consistent and correct condom use has been carried out from 2002. In 2004 Anti Retro Virals (ARVs) were introduced in some government hospitals. The elimination of parent to child transmission plan was introduced thereafter. Option B plus has been introduced – where a pregnant woman who is found to be HIV positive must be initiated on lifelong treatment no matter what the CD4 count level is. It has been ten years since Anti Retroviral Therapy (ART) was introduced into a few health care institutions in Zimbabwe and the Committee decided to assess the progress of the programme in Harare.

2.0 **Methodology**

The Thematic Committee on HIV and AIDS had planned, as part of its work plan to assess the Anti Retroviral Therapy (ART) roll out programme in every province. However, as fact finding visits were only possible in locally, the Committee settled for assessment of the ART roll out programme in some Health care centres in Harare. The Committee held meetings where it heard oral evidence from the Ministry of Health and Child Care and National AIDS Council. It also visited Chikurubi Prison Hospital, Wilkins Hospital and Mabvuku and Mbare Poly clinics. The Committee was given guided tours of these healthcare centres by the relevant officials and given information on the progress of the ART roll out programme. The Committee also heard oral evidence from the Zimbabwe National Network of People living with HIV and AIDS.

3.0 Findings of the Committee

3.1 **The Disease Burden**

The first institution the Committee visited was Chikurubi Prison Hospital. The Committee learned that 1867 prisoners are on ART country wide and about 500 of these are female. At the time the Committee visited Chikurubi, there were 325 prisoners on ART. Zimbabwe Prison services has only 2 accredited Anti-Retroviral Therapy sites i.e Harare Central and Khami Prisons. The Committee was informed that other sites were not accredited because they could not meet the minimum standard requirement.

Mbare Poly clinic reported that it administers ART to 1983 patients, 1043 women, 874 men and 66 children. The clinic caters for people from different places because of the bus terminus and the market, for example those working in Mbare *musika* and some pregnant women from rural areas. The Committee was informed that the clinic is not adequately staffed to deal with the volumes of patients who need care. The Clinic relies on two nurses seconded by Medicines Sans Frontiers (MSF) whose tenure ended in October 2014.

Mabvuku Polyclinic manages many patients from Mabvuku and the surrounding areas. The Committee heard that 60 children, 365 men and 2435 women were on ART. 688 expecting and lactating mothers were on option B plus. The decentralisation of ART to clinics has meant that the clinics have increased volumes of patients, while the staff establishment has remained the same.

Wilkins Hospital reported a manageable workload, because they treat and refer patients to nearest health care centres. The Hospital officials informed the Committee that 2785 patients were on ART, 1345 women, 718 men and 722 children.

The Committee noted that each centre also battled with treatment of tuberculosis (T.B). For Chikurubi prison hospital, the fight against T.B. was a losing battle because the prison hospital is overcrowded and lacks proper ventilation, which is a requirement for improved health for T.B sufferers. At Mabvuku and Mbare Poly clinics, treatment of T.B. was being carried out aggressively as HIV positive patients tended to also have T.B.

3.2 Testing and Counselling

The Committee noted that Health Care Centres which administer ART are moving away from voluntary HIV counselling and testing to health service provider initiated HIV counselling and testing. Instead of waiting for people to request for counselling and testing, hospitals and clinics offer this service to any person who seeks treatment for any ailment. This was the policy drive encouraged by the Ministry of Health and Child Care. The reason for this was that it was found that uptake of services for HIV testing and counselling were low as people fear stigmatisation. The Committee found this to be commendable as lives are saved in this way.

3.3 Administration of ART

The Committee was informed that the World Health Organisation (WHO) had recommended stopping the use of stavudine based ARVs. Some patients on this drug were found to exhibit deforming side effects, where the body unevenly distributes fat in the body by depositing it on just one part of the body. The Ministry of Health and Child Care made a policy pronouncement regarding phasing out of the stavudine based ARVS to be replaced by the tenoforvir based ones. All centres visited informed the Committee that they were slowly phasing out the old drug as its stocks were high and the old drug is cheaper. However, all new patients being initiated on ART were given the new drug and the process of phasing out stavudine was almost complete. The Committee was informed by

Health Care authorities that while the new ARV was better, it also had some side effects, in some patients, it negatively affected the liver or and the kidneys.

Chikurubi Prison hospital authorities reported that last year, it recorded over 100 AIDS related deaths, but in 2014, at the time of the Committee's visit, only 23 had been recorded. Mbare Polyclinic and Wilkins hospital also reported a decline in AIDS related deaths. However, all were unanimous that behaviour change has not yet occurred as new infections were still being recorded.

The Committee was informed that while administration of ART has been fine tuned to run smoothly, people living with HIV and AIDS feel stigmatised because ART is distributed either from clinics specifically set aside for ART or designated rooms in health care institutions as opposed to integrated clinics or health institutions. This makes people who receive ART to be easily visible.

People who are on ART are usually given a green book or green file with all their health and treatment information, this sets them apart and stigmatises them. People living with HIV and AIDS are sometimes deterred from receiving ART by this 'special treatment'.

3.2.1 ART and Adolescents

Mabvuku Poly Clinic had a colourful and lively adolescent corner, where young people meet and discuss issues pertaining to ART. Wilkins Hospital had a similar arrangement. The Youth form support groups for one another and engage in peer education, while they also share ideas on Art, income generating projects and topical issues.

However, the Zimbabwe National Network of people living with HIV and AIDS informed the Committee that only 40% of HIV positive adolescents are on ARVs, because most of them find it difficult to disclose their status to their parents / guardians as they are always taught to abstain from sex until marriage. The

Committee heard that not all health institutions have a youth friendly corner, making access to treatment for adolescents very difficult. ZNNP+ informed the Committee that young people also struggle with self-stigma as well as fear of rejection by peers if and/ when their HIV status is discovered.

3.3 The Drug Situation

The Committee was informed by all the Health Care Centres visited that the National Pharmaceutical Company supplies all drugs. Chikurubi prison was observed to have the worst drug situation. Antibiotics were said to be in short supply, except cotrimoxizole. The Committee observed that the pharmacy was stocked with mostly paracetemol and cotrimoxizole. Some of the drugs on the shelves had expired or were about to expire. Prison authorities reported that they had never experienced ARV and TB drug stock outs, but had experienced low stocks in drugs for treatment of opportunistic infections.

Chikurubi Prison Officials reported that there was a severe shortage of drugs at the hospital, in fact no new drugs had been purchased in 2014 at the time of the Committee's visit. All the ARVs and anti TB drugs were donated by various organisations. One organisation was reported to have made a cash donation of $100 000 to the prison for purchasing drugs and food.

The drug situation at Mabvuku Polyclinic was a pleasant one. The Clinic had a well-stocked pharmacy, its only challenge with regards to drugs being that of inadequate storage space. The clinic had sufficient drugs to deal with opportunistic infections.

The Committee was informed that the ideal situation was to have five months' worth of drug supplies, however, none of the health care centres had stocks to last them that long. They all reported that their orders were usually not supplied on time. Therefore, they repackage their ART into smaller quantities i.e from

three months' supply per patient to as low as one week when supplies were significantly low. Sometimes ART centres borrow supplies from each other in order to meet demand, however, they all reported that they have never had to send patients away without drugs.

The Committee was informed by ZNNP+ that although ARVS are distributed for free, when people living with HIV develop opportunistic infections, they must pay consultation fees and for medication to treat the opportunistic infections, thereby eroding the concept of 'free HIV treatment'. Some healthcare centres charge $3 as consultation fees, while other areas charge $5, making ART inaccessible.

3.4 Blood Testing for HIV Monitoring

Chikurubi prison hospital had two CD4 count machines, which were no longer functional and the hospital had to seek assistance from other hospitals for this service. Other laboratory equipment was functional, but needed servicing and reactive agents to be of use to the hospital. The Committee was informed that the hospital had no viral load machines and had to outsource, which was difficult due to unavailability of transport and fuel.

Wilkins Hospital had two CD4 Count Machines and enough qualified personnel to run them. The Committee was shown a demonstration of how the machine works and was informed that the machine gave the required results within a time space of 20 minutes. The hospital was still relying on CD4 count to initiate ART because it had no ability to carry out viral load testing.

Mbare Poly clinic had two CD4 Count Machines which were a donation. However, only two nurses were able to use the machines. In their absence, the clinic had to outsource this service.

All the healthcare centres were in need of viral load machines to help with the monitoring of HIV positive patients' progress.

4.0 **Challenges**

The Committee was informed that the challenges the health care institutions faced in carrying out their mandate were as follows;

4.1 Shortage of Financial Resources and Human Resources

Most health care workers at Chikurubi were unregistered because the institution lacks financial resources for the annual registration requirements. Mbare Polyclinic and Wilkins Hospital reported that their data capturing systems were manual and they lacked finances to computerise them. However, the Ministry of Health and Child Care was said to be in the process of establishing Electronic Patient Data Registers for hospitals and clinics.

Most public health care institutions are inadequately resourced in terms of healthcare cadres, resulting in people queuing for long periods to get their ART supplies.

4.2 Challenges Specific to Chikurubi Prison Hospital

The Committee was appalled to learn that prisoners do not get adequate food and the little they get was not a balanced diet. HIV positive people need a nutritionally balanced diet for the ART to be effective.

The Hospital psychiatrist told the Committee that prisoners with mental health problems die unnecessarily because the law does not permit testing for HIV without the consent of the patient or that of the next of kin. The hospital authorities were advocating for law reform which can enable prison health workers to test mentally ill patients for HIV, in order to save their lives.

HIV positive prisoners are admitted to Chikurubi without medical records, this causes them to defect on their ART and makes them vulnerable to deteriorating health.

4.3 Adherence to ART, Follow Up and leakages of ARVs

The Committee learned with great disappointment that some traditional and faith healers pronounce patients healed, causing them to stop taking their ARVs. A few months after stopping ARVs the patients inevitably die. Faith based influence on adherence was a cause of concern for the Committee as prophets tell patients they are healed, leading to their abandoning ART, which they later seek when their health has deteriorated irretrievably.

At Mbare Polyclinic, the authorities reported that follow up of patients is difficult as some patients gave false addresses for fear of stigmatization by landlords and family members. Nurses found difficulties in verifying the identity of patients because many of them have no form of identification. This poses the problem of unscrupulous relatives getting supplies of drugs even after the patient has died, hence leakages of ARVs, which are sold on the streets. Some ARV drugs are found on street markets, allegedly from Zambia.

5.0 Recommendations

In view of the observations and challenges that were noted during its ART Roll-out assessment activity, the Committee came up with the following recommendations:-

a) Traditional and faith healers should encourage people to continue to take their ART medication even after herbal and /spiritual healing to stop the needless loss of lives.
b) Prison Services medical teams should offer awareness programmes on HIV and AIDS and counselling and testing to all new prisoners. This would ensure that prisoners already on ART do not default on their treatment.
c) Where necessary, the law should be amended to allow mandatory testing so that lives are saved.

d) City of Harare should make storage space available in clinics so that drugs are warehoused properly under appropriate conditions.
e) Government should lift the freeze on nursing posts so that health institutions are adequately human resourced.
f) The Committee should visit the other nine provinces in order to give a balanced account on ART countrywide.