

## **CITIZENS HEALTH WATCH (CHW)**

38 Harvey Brown, Milton Park

Harare

Zimbabwe

W: [www.citizenshealthwatch.rog](http://www.citizenshealthwatch.rog)

E: [chw.zimbabwe@gmail.com](mailto:chw.zimbabwe@gmail.com)

C: +263 772 265 433/ +263 772 428 925/+263 777 135 750

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## **Press Release**

# **New WHO guidelines on HIV likely to be a challenge for Zimbabwe**

The World Health Organisation (WHO) recently announced sweeping new guidelines for the treatment of HIV that allow for early intervention and will require that anyone who tests positive is immediately put on anti-retroviral therapy.

CHW welcomes this recommendation and looks forward to not only its adoption as a national guideline but also its implementation. As Zimbabwe strives to “Getting to Zero”, zero new HIV infections, zero HIV related deaths and zero pediatric HIV infection, the new WHO recommendation could not have come at a more appropriate time. Earlier antiretroviral therapy will help Zimbabwe achieve an HIV free generation.

The gains of the new guidelines far out-weigh the initial costs related to implementation. Earlier ART will help people with HIV to live longer, healthier lives, and substantially reduce the risk of transmitting HIV to others. Adopting these new guidelines could go a long way in reducing HIV related mortality and morbidity.

Whilst CHW welcomes the WHO recommendations it is concerned with the state of our health care service delivery system in effectively implementing the guidelines. Considering that close to a tenth of Zimbabwe’s population is living with HIV and only half of this population is on ART. If implemented in Zimbabwe, the new guidelines would double the number of people on anti-retroviral therapy (ART). The current quality of ART services needs attention. ART clients in most facilities spend more than 6 hours in queues, ART pharmacies open late around 10am and 11am respectively. Zimbabwe needs to invest in management of ART services as groundwork towards the adoption of WHO guidelines. If this is unattended the hours spent at hospitals will double and such tendencies inadvertently deter adherence.

CHW raises these concerns as Zimbabwe has struggled to meet previous WHO guidelines that required that the start of treatment be based on the CD4 count, meaning treatment had to be initiated in adults with HIV when their CD4 cell count falls to a level of 500 or less. CD4 cells are a type of white blood cells that identify and fight infections. The new guidelines also recommend the use of preventative anti-

retroviral treatment - Pre exposure prophylaxis as a preventive measure for those populations at “substantial risk”. Government is unlikely to have the capacity to meet these and other clinical recommendations made by WHO unless it addresses service delivery challenges in its health institutions. During its monitoring activities CHW found that CD4 count machines often broke down while many of the patients surveyed at OI clinics in the country’s ten provinces were not offered viral load tests that are considered expensive or are only available at provincial and other selected hospitals. This requires patients to travel substantial distances at great cost in particular in resource poor settings. All these barriers have an impact on adherence levels and mean the Zimbabwe government has to seek more resources towards implementation of the WHO guidelines.

Access to treatment is further curtailed by introduction of ART user fees in some health institutions. Through its monitoring activities CHW has observed that some public health institutions required patients to pay a fee of between \$1 to \$4 to access ART, and those that fail are denied treatment. These costs are high considering the current economic difficulties and are more straining in particular, in poor peri- urban and rural communities. CHW calls upon the government to address these barriers if the WHO guidelines are to be realised. Government would also have to accredit new treatment centres to increase access. Implementing the new guidelines will entail government lifting restrictions on employing staff and improving the remuneration of health care professionals. Patients at many of the OI clinics lamented the shortage of staff and this will limit scale up of treatment.

A declining annual health care budget, competing health priorities, a heavy dependence on donor funding will make it extremely difficult to implement the new guidelines. According to Zimbabwe’s Global Aids Response Progress Report 2015, “Eighty five (85) percent of the total cost of the national response is externally funded”. Zimbabwe urgently needs to increase health care spending and develop innovative ways of funding the health care to enable it to implement these new guidelines. The health care system needs strengthening while domestic investment in health needs to increase. In addition to this our health care monitors have reported some drug stock outs and shortages of HIV drugs in public hospitals and this will have an impact on efforts to increase access to ART. There has to be a national plan to estimate resource needs to scale up treatment using the WHO guidelines. The reality is that millions will be needed to increase uptake of ARVs.

The right to health is enshrined in Zimbabwe’s new constitution, and as CHW we believe that adoption of these guidelines will be a step in the right direction towards the realization of this right. CHW thus calls for a concerted effort, primarily by the Government, which has the constitutional obligation to provide health care services to the citizenry and other partners to ensure that these guidelines are implemented.

### **About CHW**

***CHW is a Zimbabwean health watchdog, which monitors healthcare service delivery in the country’s main provincial public, private and community hospitals. The organization has monitors stationed in all of the country’s ten provinces. Our aim is to enhance government and private sector accountability on health delivery while contributing to the recognition/restoration of health as a democratic right for Zimbabweans as enshrined in the country’s constitution.***