

TREAT ALL in Zimbabwe:

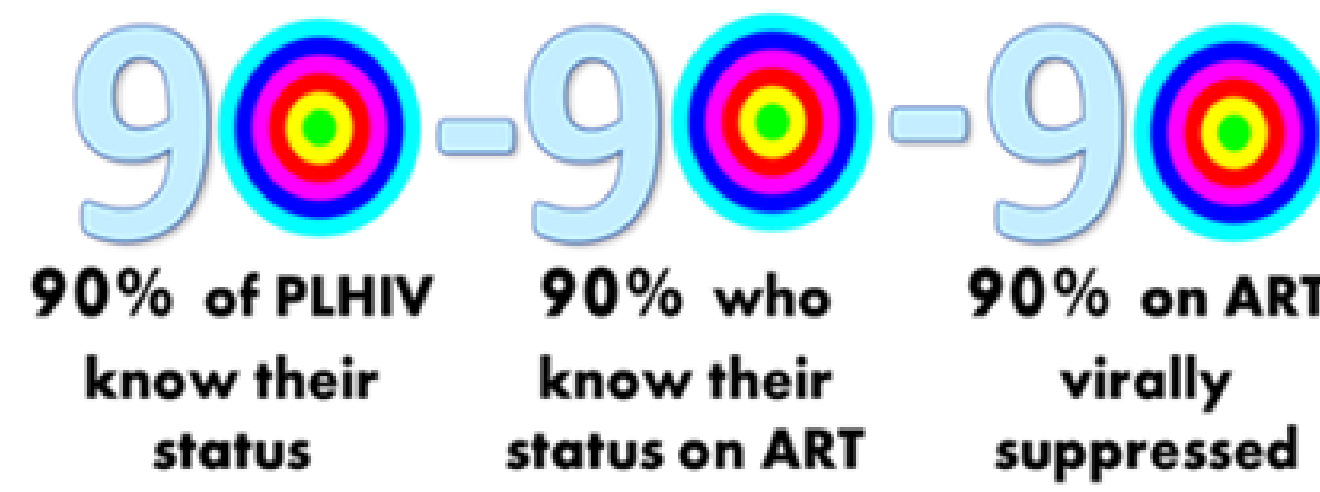
6 month trend in ART initiation rates after learning phase implementation

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BACKGROUND

- Attainment of the 90-90-90 goals is a priority for Zimbabwe.
- With 62% of PLHIV receiving ART in 2015¹, and recent findings indicating 86.8% of known HIV positive adults self-report use of ART², Zimbabwe embraces the roll-out of TREAT ALL.
- In June 2016, the USAID-PEPFAR funded, Families and Communities for the Elimination of HIV (FACE-HIV) consortium supported the Ministry of Health and Child Care to implement TREAT ALL in six learning districts to inform national roll-out of the treatment guidelines.
- Sites were prepared for TREAT ALL in May 2016 through introduction of the concept to provincial, district and site level leadership, community sensitization, capacity building of health care workers, readying the supply chain and distribution of implementation tools.



OBJECTIVE

- To report impact of TREAT ALL implementation on the uptake of HIV services in 92 PEPFAR-prioritized health facilities in six learning districts in Zimbabwe

METHODS

- In June 2016, 90 health facilities in 6 Districts of Zimbabwe began learning phase implementation of HIV test and treat 'Treat All'.
- Selected sites were PEPFAR prioritised facilities based upon high volume of clients on ART.
- Data for PEPFAR impact indicators (clients newly identified as HIV positive and clients initiated on ART) was compiled and cleaned.

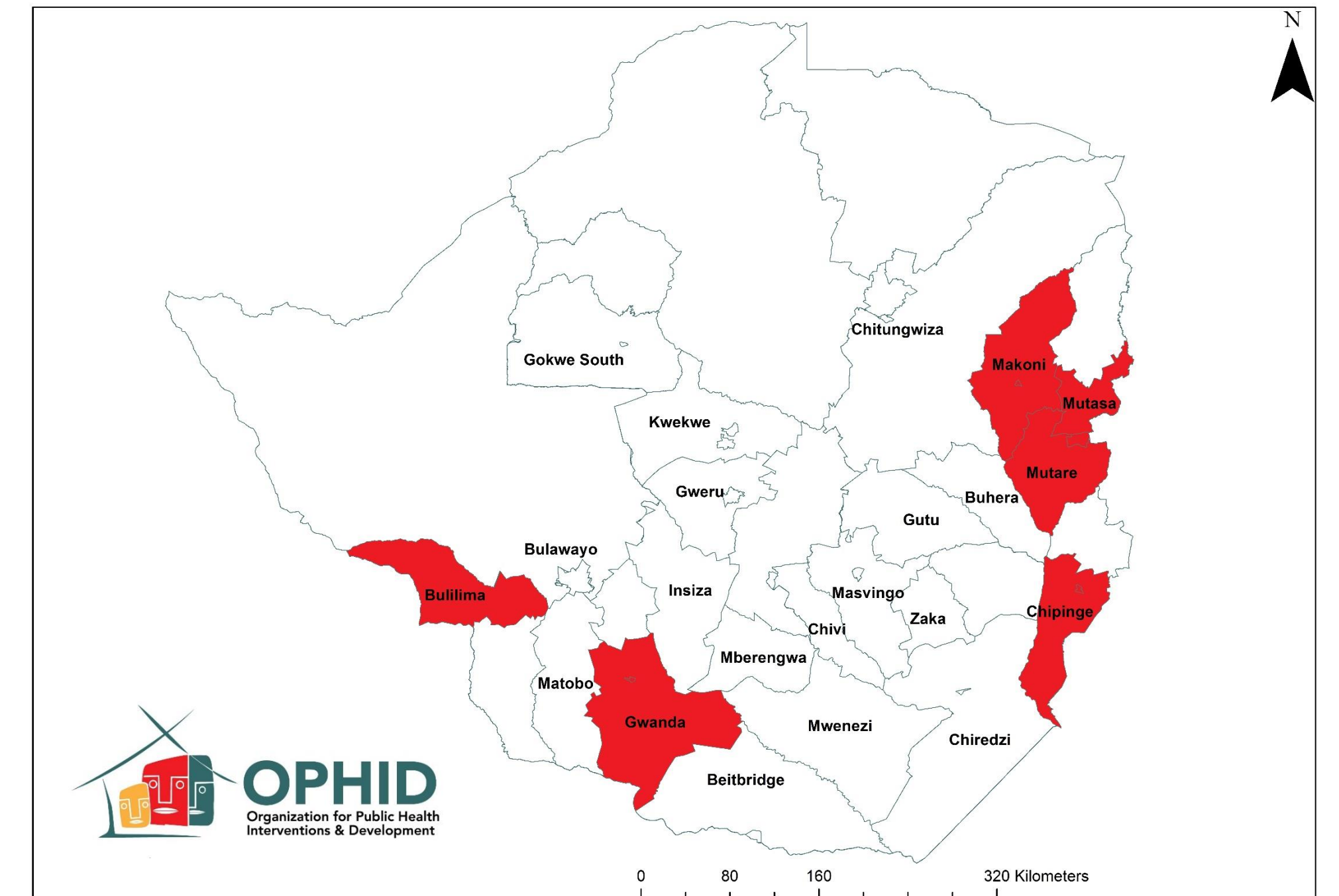
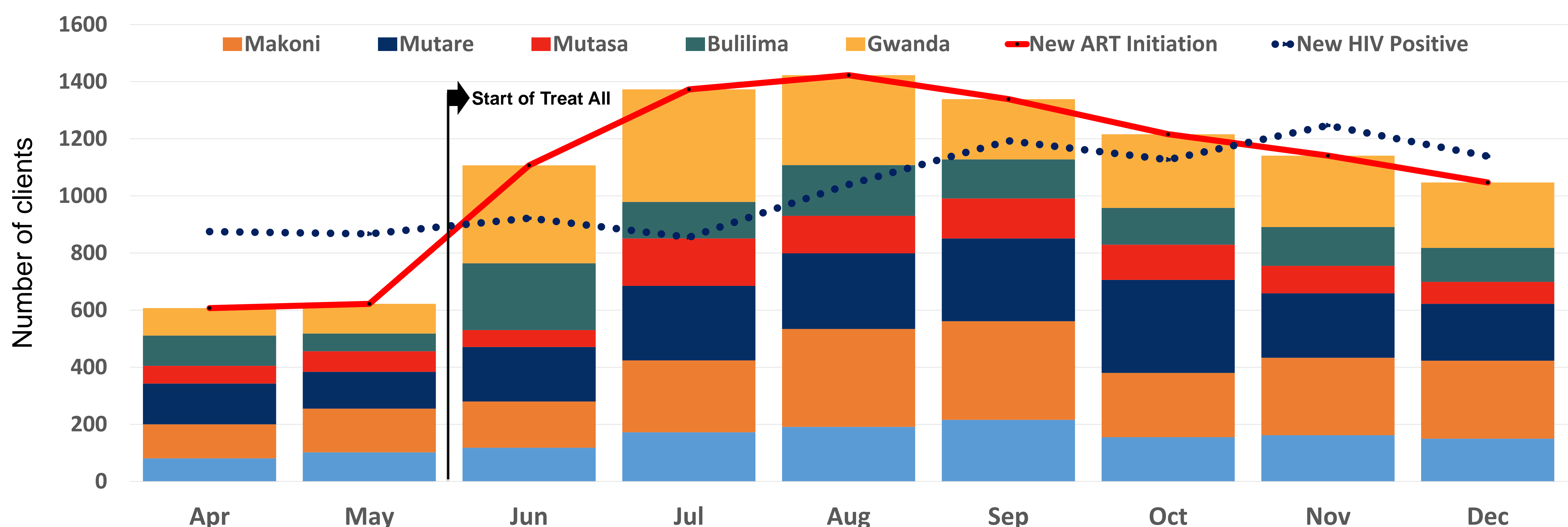


Figure 2. OPHID Treat All learning phase Districts

- Program performance per district was collected and compared pre-and post TREAT ALL implementation (April-May 2016 vs June-December 2016) using paired t-tests

RESULTS

Figure 2. Number of clients newly identified as HIV positive and initiated on ART in six TREAT ALL learning districts during April – December 2016



RESULTS continued

From April to December 2016, the learning sites newly identified 9,265 patients as HIV positive and initiated 9,875 patients on ART.

Before TREAT ALL was implemented:

- The numbers of patients initiated on ART was 30% lower than the number of patients newly identified as HIV positive. This represented patients either not yet being eligible for ART initiation or lost to follow-up.

With the **introduction of TREAT ALL**,

- More patients were initiated on ART, than clients newly identified as HIV positive. This reflects the efforts of clinics to follow up on previously ineligible patients recorded in pre-ART registers.
- The mean number of ART initiations increased sharply, by 130% ($p=0.0013$) from May to August 2016.

Five months **post-introduction of TREAT ALL**,

- Initiation rates declined from their peak during the introduction of TREAT ALL and stabilized at a level 78% higher than pre-TREAT ALL ($p=0.0051$)
- Number of clients initiated on ART was less than the number newly diagnosed as HIV positive (2188/2386; 91.7%)
- Gap between numbers of patients initiated on ART and newly identified as HIV positive (<10%) was smaller compared to the months pre-TREAT ALL (29.4% gap).

CONCLUSIONS

- We demonstrate significant increases in ART initiation rates following implementation of HIV test and treat in Zimbabwe.
- TREAT ALL is an important strategy to attain achievement of the second "90" in Zimbabwe.

Post TREAT ALL, requires us to:

- Close the gap** between the number of patients identified as HIV positive and initiated on treatment.
- Enhance facility-based procedures to identify clients failing to link to HIV care and treatment and/or defaulting from ART care.
- Implement and evaluate evidence-based strategies to support patients lost to follow-up to return to HIV care.
- Undertake continuous quality improvement of systems and services to attain the ultimate public health goal of HIV treatment – sustained viral suppression through adherence and retention on first line regimens.



REFERENCES

- Government of Zimbabwe. Global AIDS Response Progress Report 2016: Follow Up To The 2011 Political Declaration On HIV/AIDS. Zimbabwe Country Report Jan-Dec 2015.
- MOHCC. Zimbabwe Population Based HIV Impact Assessment, ZIMPHIA 2015–2016. Harare: Ministry of Health and Child Care, Zimbabwe; 2016.