

Are undocumented outcomes jeopardizing 90-90-90 goals?

HIV testing and linkages to care in Manicaland Province, Zimbabwe

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Families and Communities for the Elimination of HIV – FACE HIV Program

BACKGROUND

- Zimbabwe has an estimated adult HIV prevalence of 16.7% (UNAIDS, 2014).
- Reaching ambitious 90-90-90 targets in Zimbabwe will require strengthening access to HIV testing and services (HTS) at all health care entry points as well as ensuring effective linkages to treatment and care for all people diagnosed with HIV.
- Health information at the majority of health facilities in Zimbabwe is documented in multiple, paper-based registers.
- HIV test yields and proportion of individuals linking to care and treatment from different service entry points are not routinely reported.



Figure 1. A selection of over 10 paper-based registers used to document HIV testing care and treatment information among patients at different entry points in Zimbabwe.

OBJECTIVE

- To establish current rates of HIV test yields and documented linkage of HIV positive individuals to care and treatment.

METHODS

- We selected 11 prioritised health facilities in Makoni and Mutare Districts of Manicaland Province using a simplified probability proportional to size technique based on number of PLHIV accessing antiretroviral therapy (ART) over the previous year.
- In October 2015, we conducted a retrospective cohort analysis, tracing all individuals accessing HIV testing services from Jan-Mar 2015 through multiple facility-based registers.

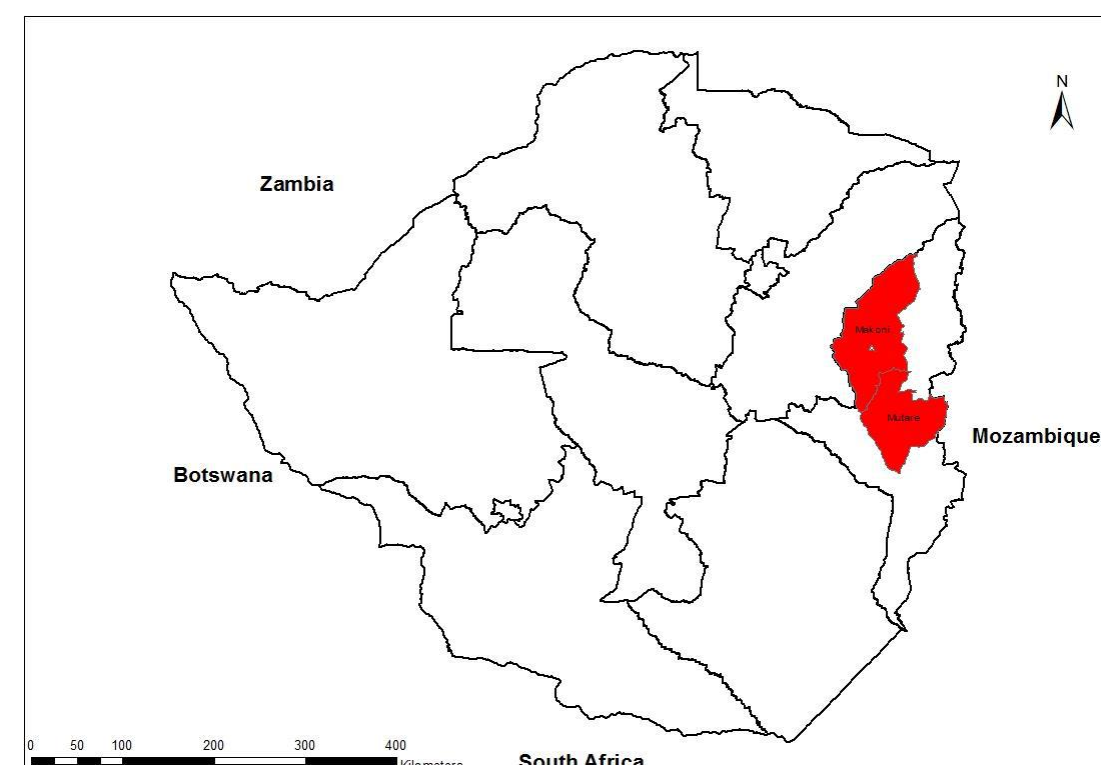


Figure 1. Makoni and Mutare Districts

- Available data for each patient entry was recorded including age, gender, entry point for HIV testing, receipt of HIV test result, whether HIV test was first or repeat test and HIV test method employed.
- Among those testing HIV positive, linkage to care and treatment up to September 2015 was determined by patient identification in pre-ART and ART registers. De-identified data were entered into MS Excel and analyzed descriptively using StataV12.

RESULTS

HIV test rates and test yields

- Among the 4,398 with documented HIV testing, HIV prevalence was 10.6% (n=467).
- Women comprised of 67.8% (n=2,370) of HIV tests done among those 15+ years, due to large number of women tested in PMTCT settings.
- Among those aged 0-14 years, boys accounted for 59.9% of tests done, due to increased test rates among young men in Voluntary Medical Male Circumcision (VMMC) programs.
- Adult men aged 45+ had the highest HIV test yield (17%)

Losses due to undocumented outcomes

HIV testing

- 13.5% of patients that received HIV testing did not have any documented receipt of results.
- 12.1% of those testing HIV positive did not have documented results receipt.

Link to pre-ART Care

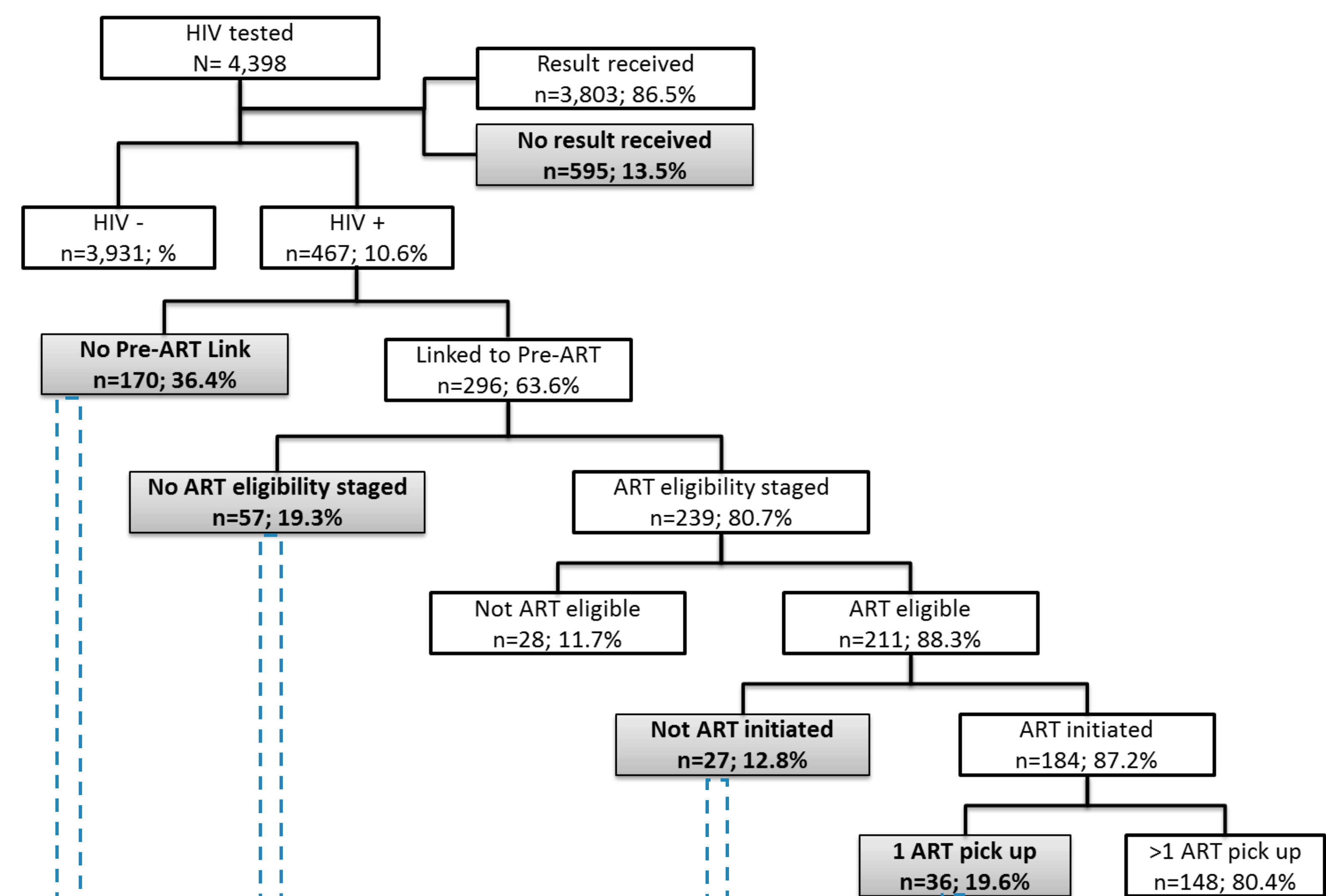
- Greatest loss of HIV positive patients from the HIV care cascade was from HIV testing to linkage to pre-ART services**, with over 1/3 of patients (n=170) testing positive failing to subsequently appear in pre-ART registers (Figure 2).
- Women testing positive in PMTCT settings had the highest linkage to care (82%).
- Young people (15-24yrs) had the lowest documented linkage from HTS to appearing in Pre-ART registers at 49%.
- Young men had lower documented linkage to care and treatment (5/18; 27.8%) than young women (32/56; 57.1%).

ART eligibility assessments

- 20% (n=58) of patients in pre-ART registers had no CD4 or clinical staging documented.
- Among those assessed for ART eligibility, 71% (n=211) were eligible for ART with a median CD4 count of 244 cells/mm³ (IQR:115-372).

RESULTS continued

Figure 2. HIV testing, results received and positivity based on individual-level HTC cohort data (N= 3 816)



Over half of all individuals with HIV positive test documentation subsequently disappeared from the HIV care and treatment cascade in facility registers.

ART Initiation

- Documented ART initiation rates among those eligible (CD4<500 cells/mm³ or clinical stage 3 or 4) was generally high (87%; n=184).
- A decreasing rate of ART initiation rates was observed as age of clients increased, with those 45+ years having the lowest initiation rates (80%).
- Of concern, 20% (36/184) of those initiated on ART had only one ARV pick-up documented - at ART initiation.

Cumulative losses across the care cascade due to undocumented outcomes

- Undocumented patient outcomes accounted for 62% (n=290) of patients diagnosed as HIV positive disappearing from the HIV care cascade in facility registers.
- Few documented transfers or patient deaths were noted in registers, with final patient status unknown for the majority who failed to appear in subsequent registers.

CONCLUSIONS

- Our assessment revealed a large proportion of indeterminate outcomes among individuals accessing HIV testing, care and treatment services.
- Undocumented outcomes will pose extreme challenges to accurate determination of 90-90-90 goals.
- In the short term, enhanced standard operating procedures are required to systematically document patient referrals and vital status outcomes to improve accuracy of health information systems.
- Improved follow-up of patients with undocumented outcomes is required.
- Support is required to pursue MOHCC-led implementation of feasible and effective electronic patient monitoring systems to improve accuracy of routine data and documentation of individual outcomes in Zimbabwe's HIV care and treatment program.



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Increasing access to HIV Care and Treatment in Zimbabwe