

Entry Point Analysis of Provider Initiated HIV Testing Services: Progress Towards Achieving the First 90 in Zimbabwe

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BACKGROUND

- Provider Initiated HIV Testing and Counselling (PITC) at all entry points is an integral component towards achieving the first 90 goal.
- Zimbabwe has a high HIV prevalence estimated at 14.6%.^[1]
- However, approximately 74% of the people living with HIV know their status.^[2]
- Intensifying the efforts to reaching undiagnosed individuals to know their status requires evaluation of current progress and high yield service entry points of PITC to facilitate programmatic prioritization in the context of limited resources in sub Sahara Africa countries.

OBJECTIVE

To-establish the proportion of clients that present at the health facility that receive HIV testing in different entry points, to inform the development of targeted strategies to increase identification of HIV positive clients with unknown HIV status.

METHODS

- Retrospective analysis of routine facility level data.
- Purposive selection of eight health facilities in three Families and Communities for Elimination of HIV supported districts namely Bulawayo, Kwekwe and Makoni.
- Aggregate counts of clients accessing health services from July to September 2016 from multiple registers were examined in the different entry point to evaluate subsequent access to HIV testing services and the associated yields.
- Descriptive and inferential analyses were conducted using STATA

RESULTS

Main entry points for PITC were:

- Outpatients** department (TB and STI as subentry points) and
- Inpatients** department (medical and surgical wards as subentry points).
- From July-Sept 2016, 12 050 and 3 581 adults (>15 years) accessed health services through outpatients and inpatients departments, respectively.
- Entry Point HIV Testing Rates and Prevalence**
- Majority, 91% of clients had unknown or undocumented HIV status at presentation for health services
- Overall, 23% with unknown/undocumented HIV status received HIV testing
- HIV positivity among those tested was 14%.

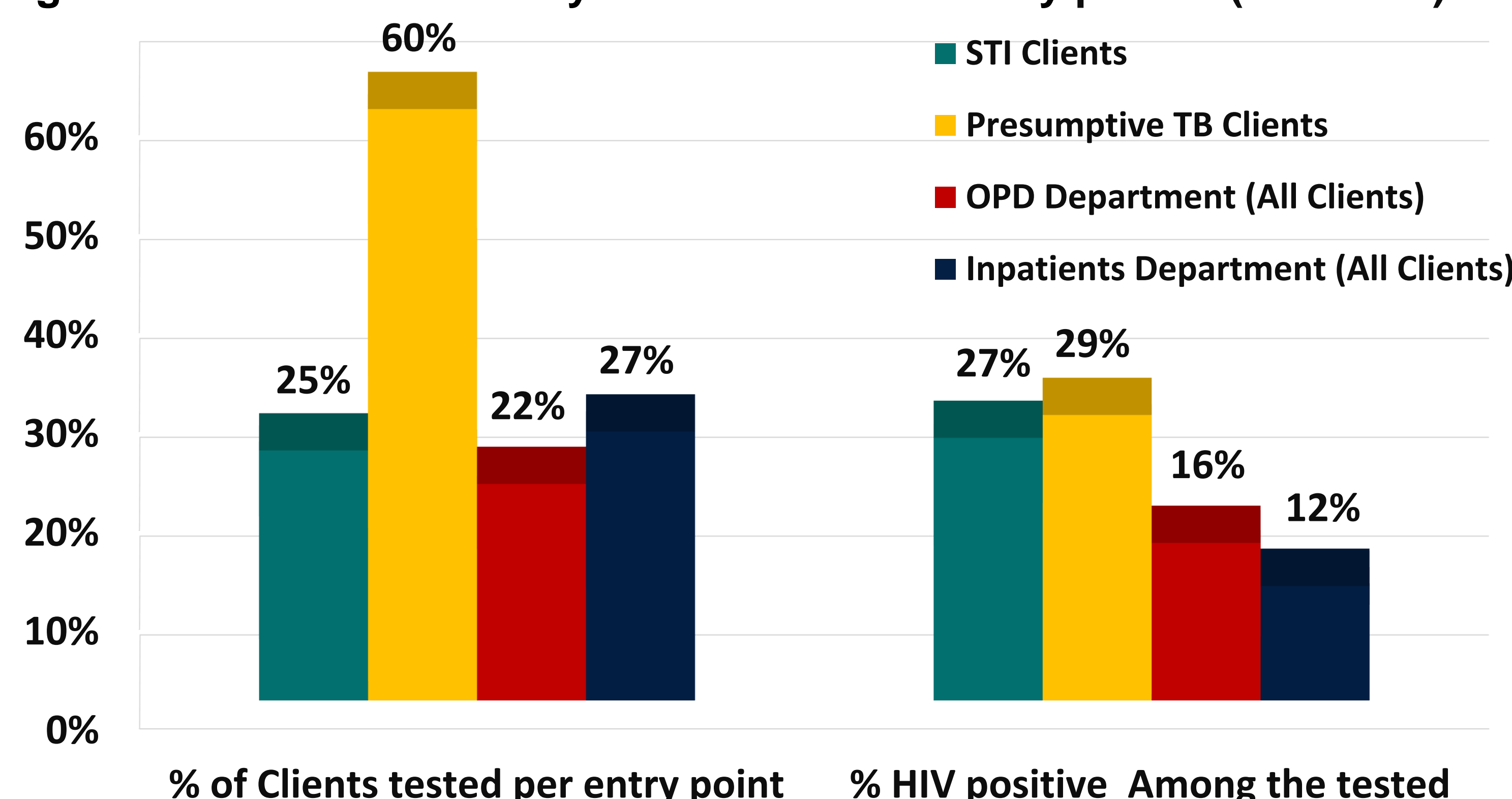
Table 1: Distribution of Access to HIV Testing Services by Main Entry Point

	Outpatients	Inpatients
Total Attendance	12050	3581
Number Unknown HIV Status	11268 (94%)	2992 (84%)
Number HIV Tested	2464 (22%)	813 (27%)
HIV Positive Among the Tested	367 (15%)	94 (12%)

RESULTS continued

- Excluding presumptive TB clients, all health service entry points provided HTS to less than a third of its clients with unknown HIV status (Figure 1).

Figure 1. HIV test rates and yields for different entry points (N=14 260)



Entry Point Contributions to New HIV Positives Diagnosed

- Although the OPD had the lowest HIV test rate (22%; Figure 1), the department is the main contributor to the number of new HIV positive individuals diagnosed (76%; Figure 2).
- HIV test yield among presumptive TB cases had the highest HIV test yield (60%), however, but accounted for 3% of new HIV positive diagnoses.

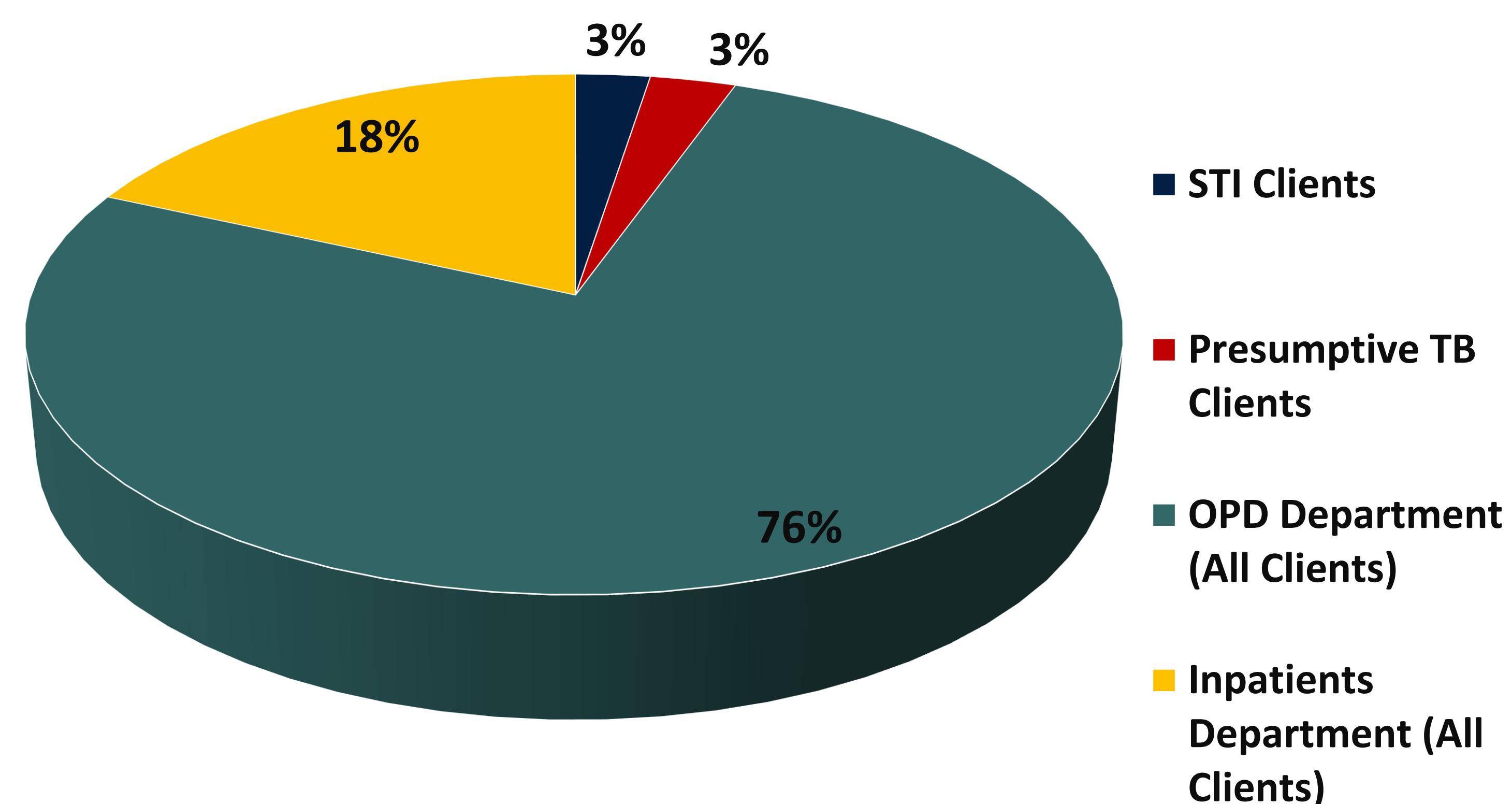


Figure 2. % Contribution to new HIV positives diagnosed through PITC

CONCLUSIONS

- The high volume of patients presenting with unknown or undocumented HIV status reflect opportunities for offering HIV testing services.
- The high yield of HIV testing services provided at the health facility demonstrates that PITC remains key to achieving the first 90.
- Findings demonstrate that we need to strengthen PITC in OPD, with large patient volumes which substantially contribute to our epidemic.
- Although, more than half of the presumptive TB clients were linked to HTS, concerted efforts are required to support HIV testing services to ensure the recommended universal testing of TB clients is attained.

REFERENCES

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