

Operational Implementation of Provider Initiated Testing and Counselling: HIV Testing Rate among Adult Outpatients in Zimbabwe

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BACKGROUND

- Provider-initiated HIV testing and counselling (PITC) at all service entry points is a key strategy for health facilities in the diagnosis of HIV in high burden countries including Zimbabwe.
- It is estimated that Zimbabwe has an HIV prevalence of 14.6%.^[1]
- Although numbers testing for HIV have increased over the years, the evidence is mainly based on antenatal settings.
- Approximately 74% of the people living with HIV know their status in Zimbabwe.^[2]
- Despite national testing and counselling guidelines, there has been limited evidence on implementation of PITC in outpatients departments which provide health services to large patient volumes.

OBJECTIVE

To describe HIV testing rates among clients in outpatients department (OPD) across healthcare levels with the aim to quantify and understand facilitators and barriers to HIV testing.

METHODS

- Retrospective cross-sectional analysis of routine facility level data.
- Purposive selection of eight (including one tertiary, one district hospital, six clinics) health facilities in three districts namely Bulawayo, Kwekwe and Makoni.
- All selected facilities supported by OPHID under the PEPFAR/USAID funded Families and Communities for Elimination of HIV (FACE HIV) Program.
- Aggregate counts of clients accessing health services from July to September 2016 from the out patient attendance registers were examined to establish subsequent access to HIV testing services and the associated yields.
- Observational data were collected and healthcare worker qualitative interviews were conducted to identify the main influences of implementation processes.
- Descriptive and inferential analyses were conducted using STATA V12.

RESULTS

- 11 268 clients (adults >15 years) with unknown or undocumented HIV status received health care in OPD July-Sept 2016.
- 22% (n=2464) were tested for HIV.
- 15% (n=367) of those tested received positive results.
- A lower proportion of adults aged 25 years and above with unknown status were tested for HIV compared to the young people 15-24 years, $p<0.05$. (Table 1)
- Adults 25 years and above had higher positivity compared to young people, $p<0.05$. (Table 1)

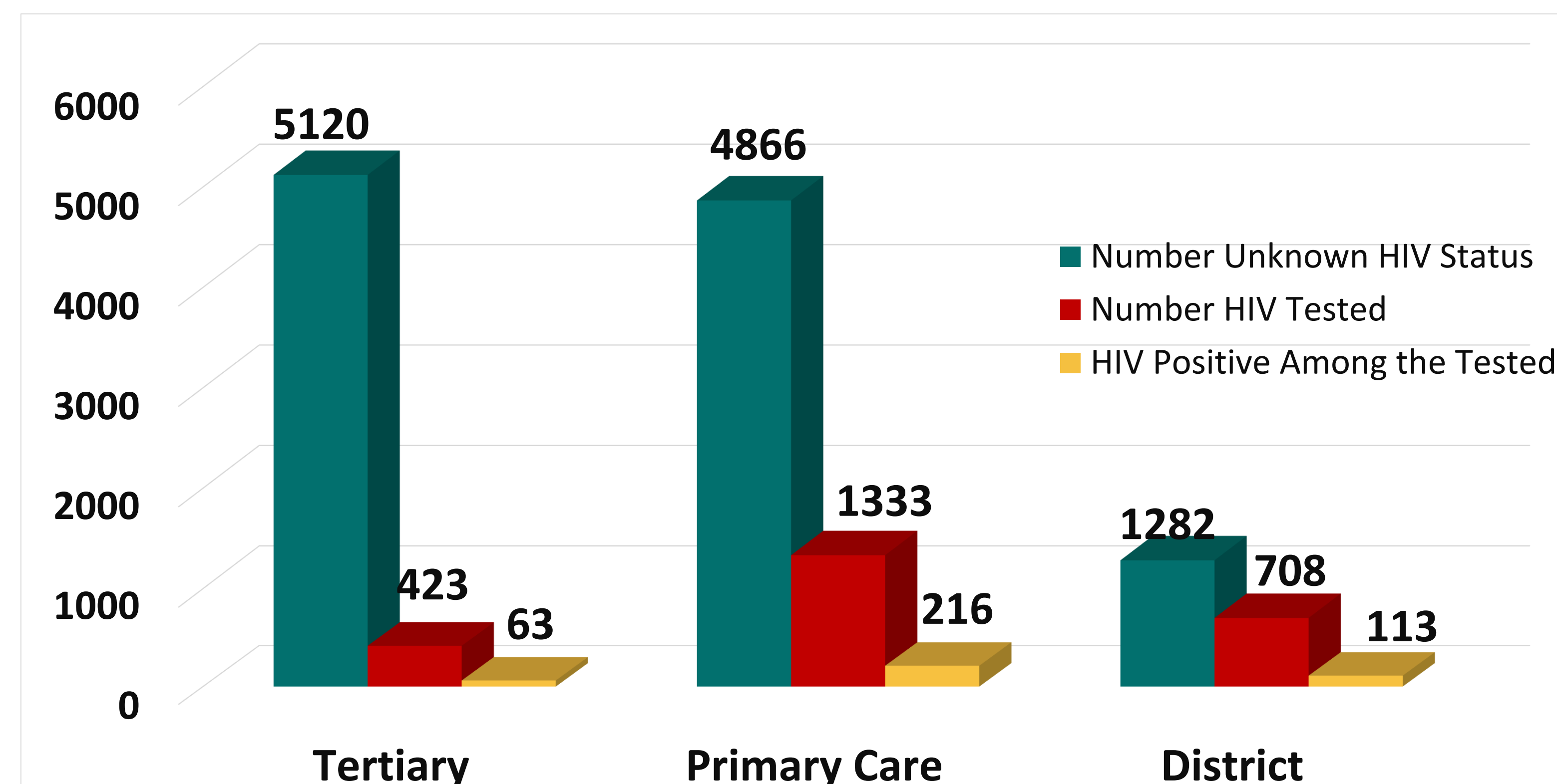
Table 1: Age Distribution of Access to HIV Testing of Adult OPD Clients

	15-24 Years	25+ Years
Total OPD Attendance	2666	9384
Number Unknown HIV Status	2524 (95%)	8744 (93%)
Number HIV Tested	726 (29%)	1738 (20%)
		311

RESULTS continued

- Performance varied per healthcare level, with district hospital testing 55% of eligible clients, and clinics and tertiary hospital testing 27% and 8%, respectively (Figure 1).
- While primary care is that main point of contact for clients before referral to district or tertiary level, less than a third (27%) of OPD clients with unknown status received testing services.

Figure 1. OPD HIV test rates and yields for different health facility levels



Facilitators to PITC Implementation

The following were observed and reported factors that positively influenced implementation of PITC:

- Innovative integration of data systems:** The two of the eight health facilities that took the initiative to document HIV status and offer PITC for its clients in the attendance registers had higher HIV test rates among clients with unknown HIV status compared to other facilities.
- HIV testing services within OPD department:** Availability of HIV testing services within or relatively close to the OPD consultation rooms was observed to have high HIV test rates indicating that the proximity of testing services influences utilisation of PITC.
- Human resource capacity:** The health facilities which had healthcare providers with capacity and authorised by the institution to conduct testing within the OPD had higher HIV testing rates indicating that this was an enabling factor to timely offer PITC to eligible clients.

CONCLUSIONS

- Implementation of PITC in OPD is suboptimal, resulting in large numbers of missed opportunities to identify HIV positive individuals of unknown status - particularly adults 25 years and above due to high HIV positivity rate.
- Higher testing rates attained at district level indicate the feasibility of increasing testing coverage across healthcare levels despite high patient volumes.
- Every contact with healthcare system including care at tertiary level should offer an opportunity for HIV diagnosis for early detection and timely treatment, and is critical for treatment as prevention towards ending the AIDS epidemic by 2030.
- In response to these findings, OPHID developed and implemented a PITC Job Aide for healthcare workers to increase testing in all entry points, currently being implemented in 348 facilities across Zimbabwe.
- Future research to achieving the first 90 of the 90-90-90 UNAIDS should explore the transferability of strategies employed by higher performing health facilities in operational implementation of PITC.

REFERENCES

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