

Tackling the First 2 90s in Zimbabwe:

HIV test yields and linkage to care in Makoni and Mutare Districts, Manicaland Province

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Families and Communities for Elimination of HIV – FACE HIV Program

BACKGROUND

- The government of Zimbabwe through the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III 2015-2018) has prioritised fast tracking attainment of 90-90-90 by 2020 in Zimbabwe.
- With an adult HIV prevalence of 16.7% (UNAIDS, 2014), reaching ambitious 90-90-90 targets will require increasing the proportion of people living with HIV who know their status and strengthening linkages to care and treatment.
- Health information in paper-based registers precludes routine reporting of entry point disaggregated or individual patient outcomes in the HIV Care and Treatment program.

OBJECTIVE

- To establish current rates of HIV test yields and linkage of HIV positive (HIV+) individuals to care and treatment from different healthcare entry points.

METHODS

- We selected 11 prioritised health facilities in Makoni and Mutare Districts of Manicaland Province using a simplified probability proportional to size sampling 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.

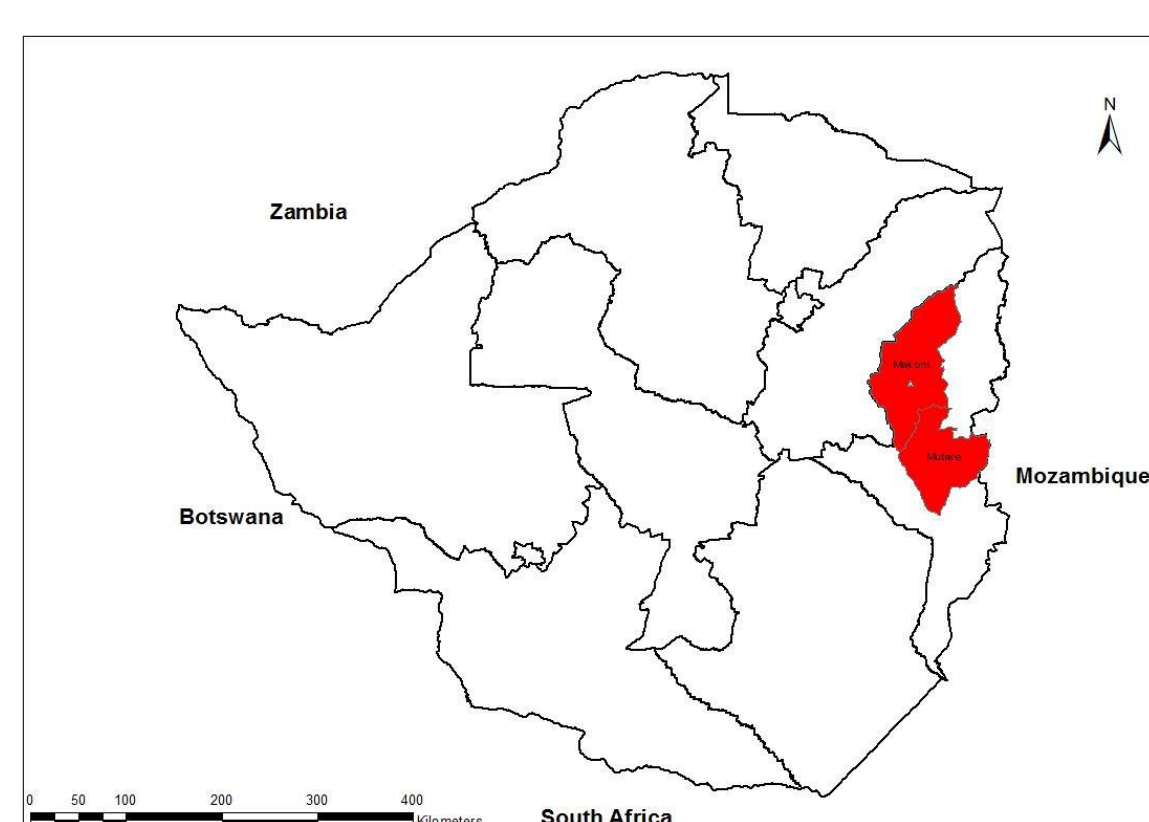


Figure 1. Makoni and Mutare Districts, Manicaland

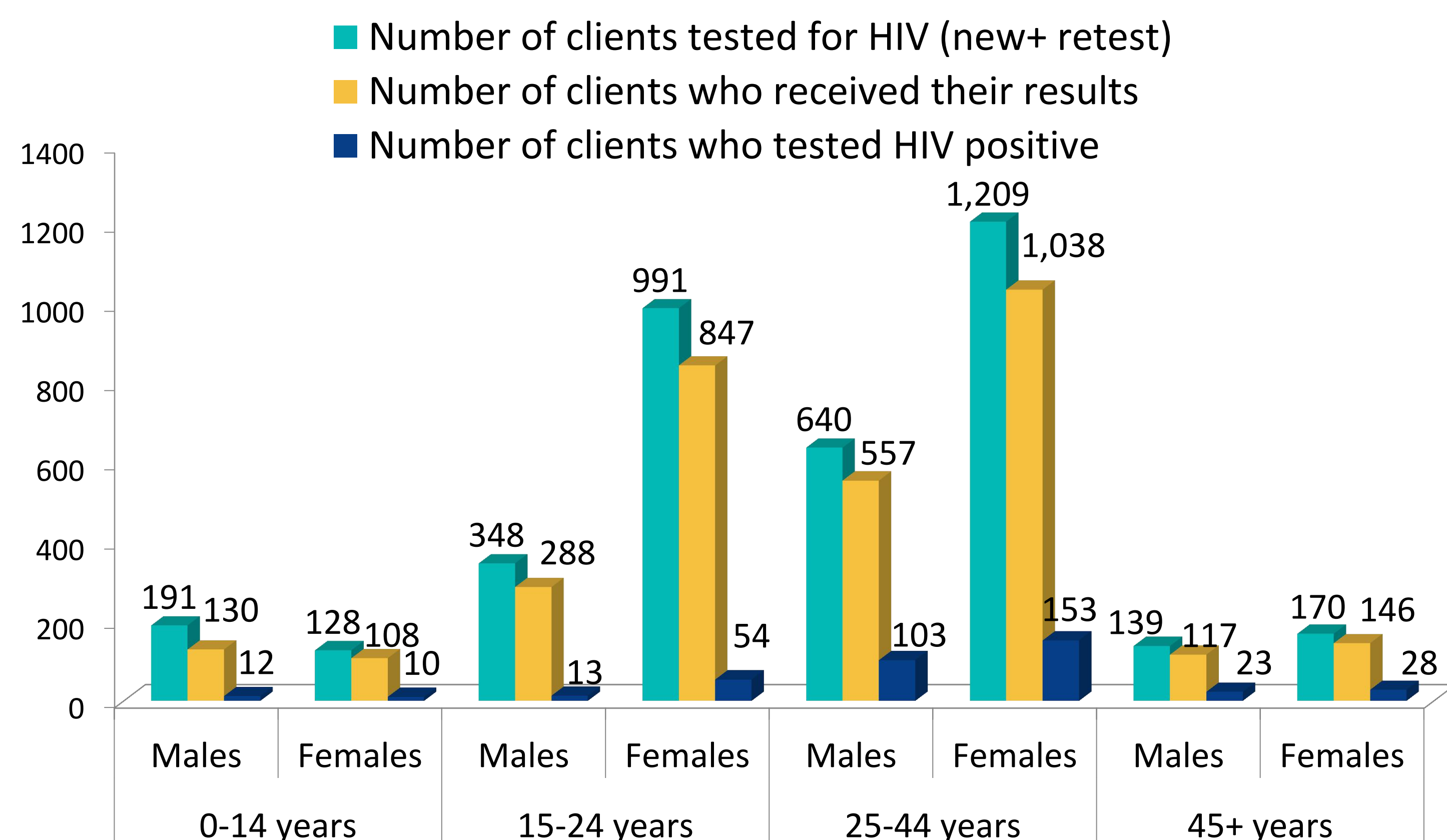
- Available data for each patient entry was recorded including age, gender, entry point for HIV testing, receipt of HIV test result, whether HIV test was first or repeat test and HIV test method employed.
- Among those testing HIV positive, linkage to care and treatment up to September 2015 was determined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

RESULTS

HIV test rates

- Among 3, 816 HIV tests conducted Jan-Mar 2015, the majority (62.1%; n=2, 370) of tests were conducted among adult women (Figure 2).
- The entry point with highest HIV test rates was antenatal care: women testing in PMTCT program settings accounted for 36% (n=1,374) of all HIV tests.

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



HIV test yields

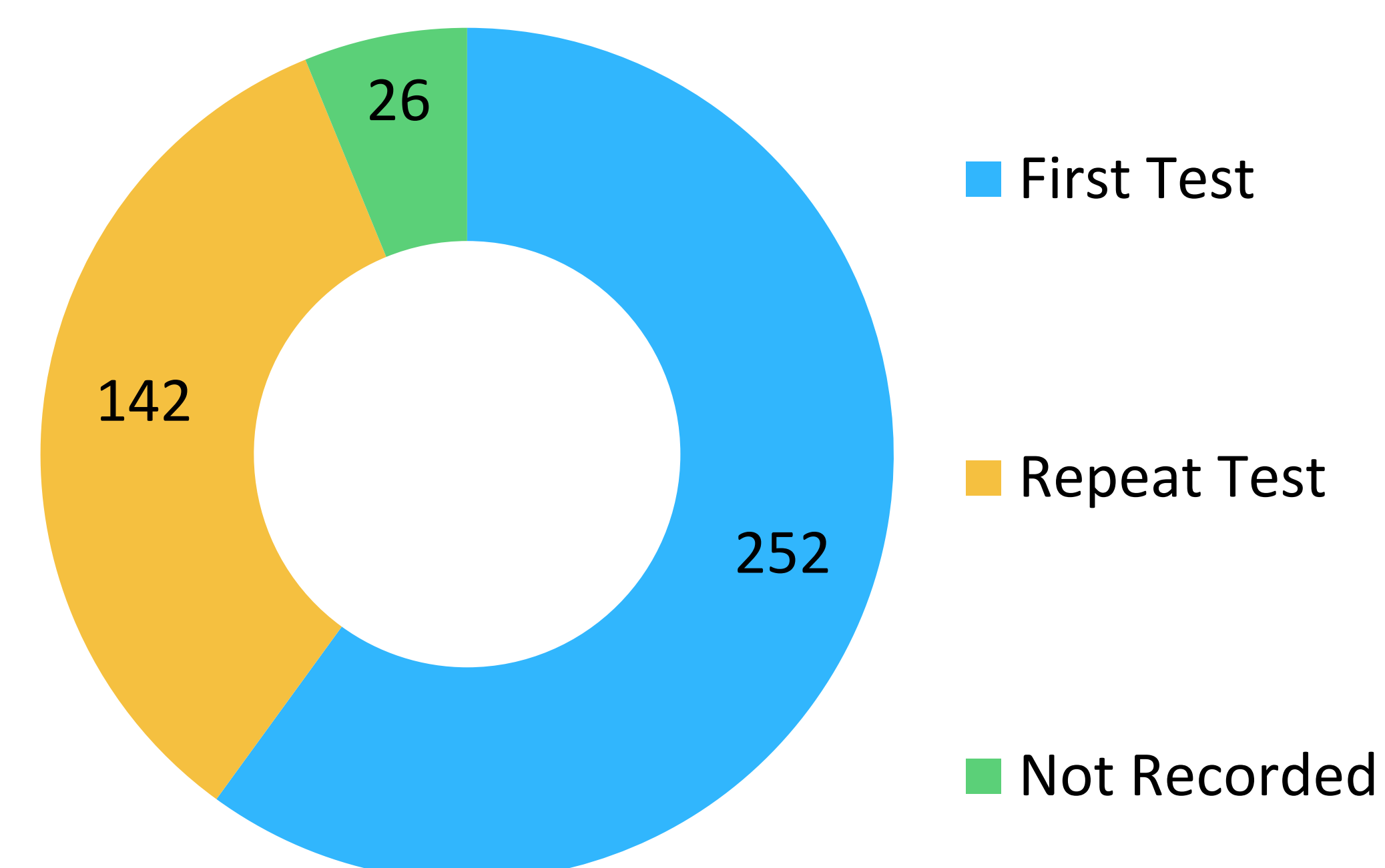
- Adult HIV prevalence: 10.7% (15-45+yrs).
- Pediatric HIV prevalence: 6.9% (0-14yrs).
- Majority of individuals testing HIV+ were tested for the first time (Figure 3).
- Age and sex disaggregated group with highest HIV test yield: males age 45+ (17%).
- Entry points with highest HIV test yields: TB (30%), index cases (24%) and outpatient departments (22%).

RESULTS continued

HIV test results received

- 15% of those HIV tested (n=585) did not have documentation of results received.
- The majority of individuals testing HIV positive had documentation of receipt of test results (88.8%; n=373)
- Children aged 10-14 had the lowest documented results receipt (67%).

Figure 3. First or repeat HIV test among individuals testing HIV positive Jan-Mar 2015 (N=420)



Linkage to HIV Care and Treatment

- Linkage to care and treatment was recorded in 64% (n=297) of all individuals testing HIV positive.
- Highest linkage rates were observed in PMTCT (82%).
- Lowest linkage rates were observed among young people aged 15-24 (49%).
- Higher volume sites serving 1500+ patients on ART had lower linkage rates (range 44-59%) than those serving between 200-1500 ART clients (range 53-100%).
- The majority of individuals failing to appear in ART registers tested HIV positive in diagnostic entry points and had no vital status or transfers documented.

CD4 and Clinical Staging

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

ART Initiation

- Documented ART initiation rates among those eligible was generally high (85%; n=180).
- A decreasing rate of ART initiation was observed as age of clients increased, with those 45+years having the lowest initiation rates (80%).
- Of concern, 20% (36/184) of the those initiated on ART had only one pick-up documented - at ART initiation.

CONCLUSIONS

- We observe adult HIV prevalence rates from facility-based HIV testing 6% lower than national estimates over the same time period.
- High HIV test yields and low linkage to care were observed among older men and young people.
- Overall, fewer than ¼ of individuals testing HIV positive were initiated on ART, providing support for Treat All strategies to improve number of PLHIV on treatment.
- Evidence-based differentiated models of care are required to increase HIV test rates and linkage to care and treatment among key groups to reach the first 2 90s in Zimbabwe.
- Ministry of Health and Child Care should be supported to implement electronic health information systems to enable routine reporting of long term adherence, retention and outcomes among all PLHIV on ART.



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 Increasing access to HIV care and treatment in Zimbabwe

REFERENCES

- MOHCC, 2015. Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III 2015-2018). March 2015.
- UNAIDS, 2014. Zimbabwe HIV and AIDS Estimates