

# Prioritizing high yield entry points for 'test all' in endemic settings: Evidence from Manicaland Province, Zimbabwe

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

## BACKGROUND

- Zimbabwe had 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)
  - 'Testing the right people' – to increase HIV test yields.
  - Ensuring effective linkages to treatment and care for all people diagnosed with HIV.
- The majority of facilities in Zimbabwe record patient information in multiple, paper-based registers.
- HIV test yields by health service entry point are not routinely reported in Zimbabwe's HIV Care and Treatment Program..

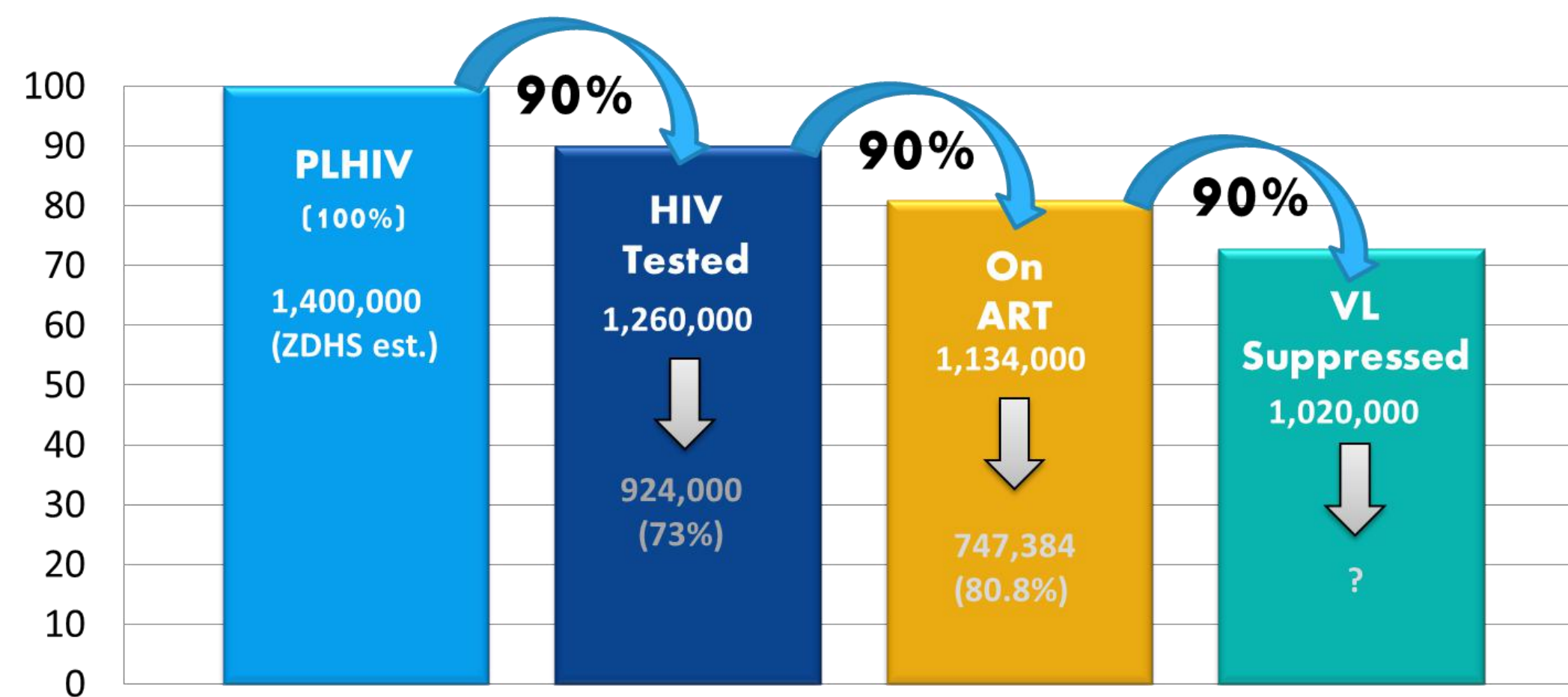


Figure 1. 90-90-90 in Zimbabwe: Ambitious targets with current missed opportunity and uncertainty

## OBJECTIVE

- To establish current HIV test yields and documented linkage of HIV positive individuals to treatment and care from different health care entry points.

## 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.
- 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 MSeExcel and analyzed descriptively using StataV12.

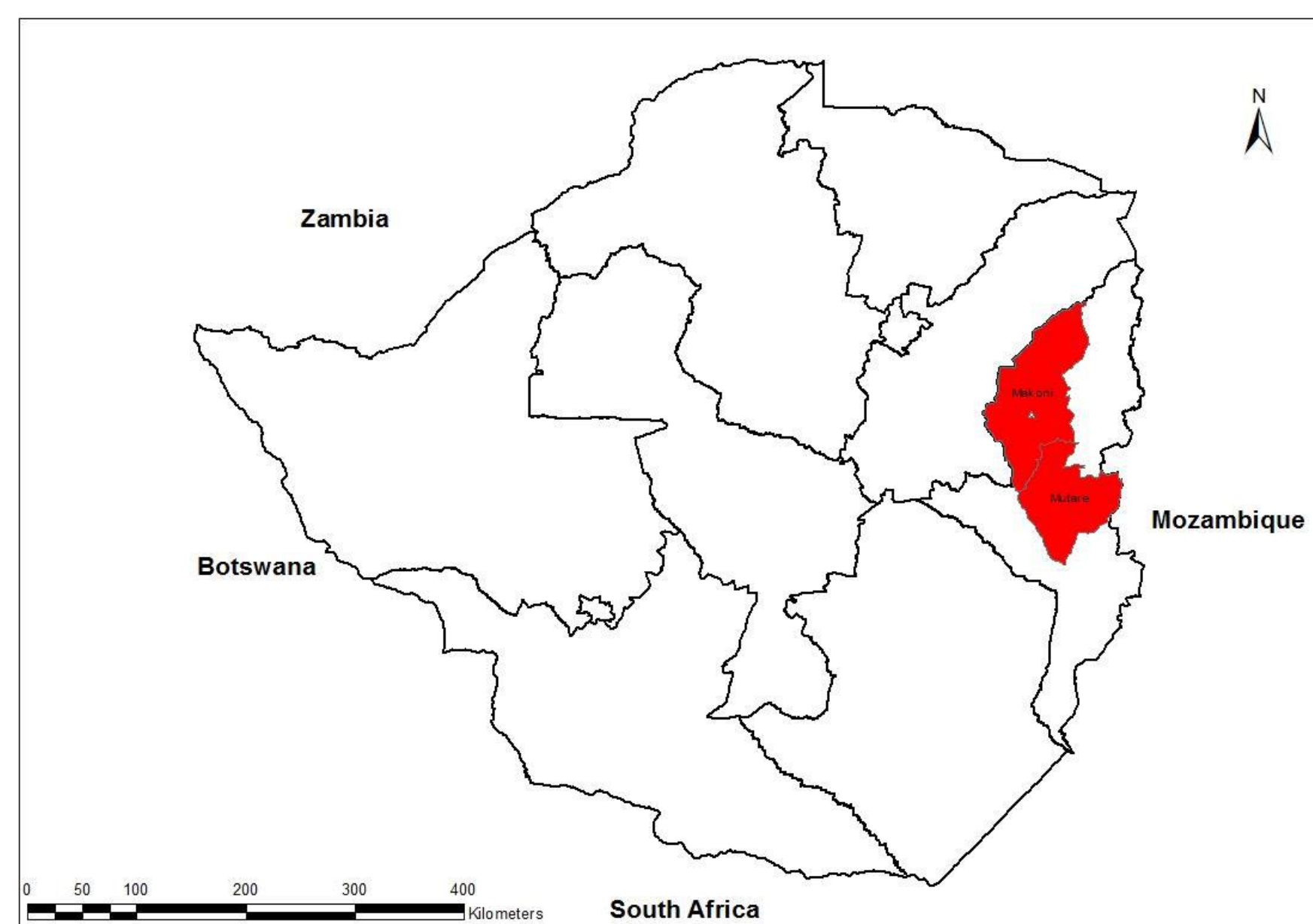


Figure 1. Makoni and Mutare Districts, Manicaland Province

## RESULTS

### HIV test rates and test yields by entry point

- From Jan-Mar 2015, 4,398 individuals were HIV tested at selected sites, 10.6% (n=467) were HIV positive.
- HIV positivity was highest among men 50+ (21.3%) followed by men 35-49 yrs (21.2%) and women 35-49 yrs (19.2%).

### High yield entry points

- Overall, index cases had the highest HIV test yield (41%), but the lowest HIV test rate (Figure 3).
- Other entry points with high test yield were those in which patients were seeking care for other illnesses such as TB and out patient department (Figure 2).

### Low yield entry points

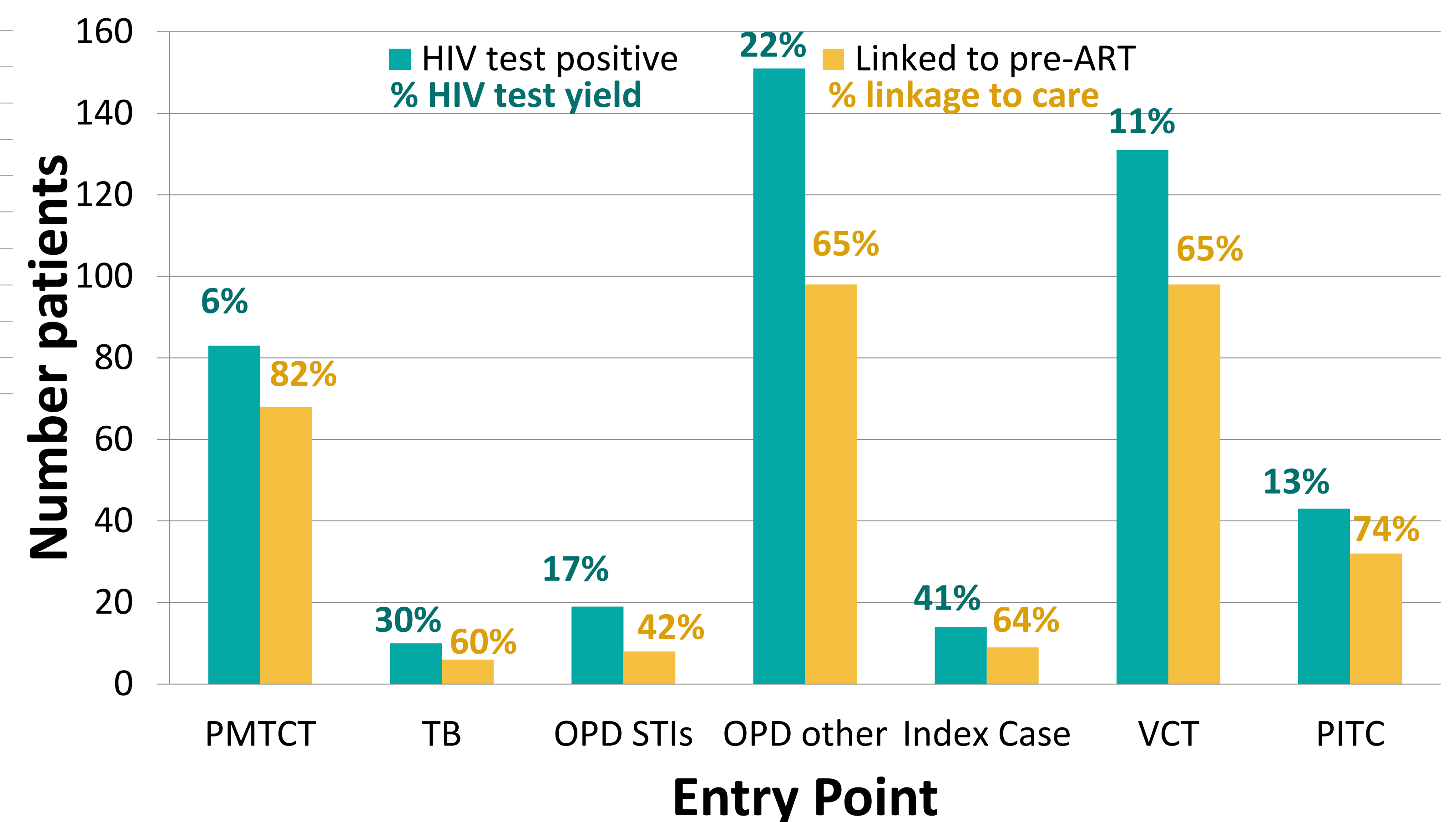
- Entry points with lowest positivity rate included PMTCT (5%), Pediatric services (7%) and VMMC (1%).
- PMTCT was the entry point with the largest proportion of HIV tests (38.6%; n=1,374)

### Documented linkage from HTS to pre-ART

- Overall, 64% of all individuals testing HIV positive had documented evidence of linkage to care and treatment.
- Young people (15-24yrs) had the lowest documented linkage from HTC to appearing in Pre-ART registers at 49%.

## RESULTS continued

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



Abbreviations: PMTCT = Prevention of Mother to child Transmission; TB = tuberculosis; OPD = outpatient department; STI = sexually transmitted infection; VCT = voluntary counseling and testing; PITC = provider initiated testing and counselling

### Linkage to HIV Care and Treatment by entry point

- Linkage rates to pre-ART care were inverse of test yields, with highest linkage observed in PMTCT (82%) and lowest in OPD for STI treatment (42%).
- Higher volume facilities (1500+ patients on ART) had lower documented linkage rates (range from 44-59%) than lower volume (200-1500 patients on ART) facilities (range from 53-100%).
- Entry points with lowest documented ART initiation rates included TB (60%), STI (75%) and family member on ART (75%) as compared to high initiation rates in PMTCT (94%).

### Variable procedures for entry point documentation

- Process data revealed that the consistent use of entry point codes was highly variable across sites.
- The system of entry codes should be updated to reflect current HIV care and treatment guidelines and/or receive enhanced supportive supervision to agree on standardised documentation procedures reflective of current policy changes (i.e., under Option B+ not correct that women be classified under separate PMTCT categorisations of VCT and PITC, as MOHCC guidelines indicate all pregnant women with unknown status should be offered an HIV test, PITC).

## CONCLUSIONS

- Our assessment demonstrated high HIV test yields and low rates of linkage to pre-ART care in outpatient departments in which patients were seeking care for other illnesses.
- Expanding 'test all' strategies in endemic settings should begin with prioritizing HTS for all in and out-patients with unknown status and index case testing, while strengthening linkages to HIV care and treatment between departments.
- The larger proportion of women testing overall and high rates of linkage to care highlights success of Option B+ at increasing coverage of the first 90 among women in Zimbabwe's PMTCT program.
- Young people living with HIV require differentiated models of care to support linkage and retention in HIV care and treatment services.
- Enhanced health information systems are required to enable accurate documentation of HIV services provided and patient outcomes within integrated service environments.



Women of childbearing age were most likely to receive HIV testing, and among HIV positive, most likely to be linked to care and treatment

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 Increasing access to HIV care and treatment in Zimbabwe