



Linkage to prevention for people at high risk of HIV acquisition in Zimbabwe

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CQUIN 6th Annual Meeting

December 6 – 9, 2022 | Durban, South Africa



Agenda

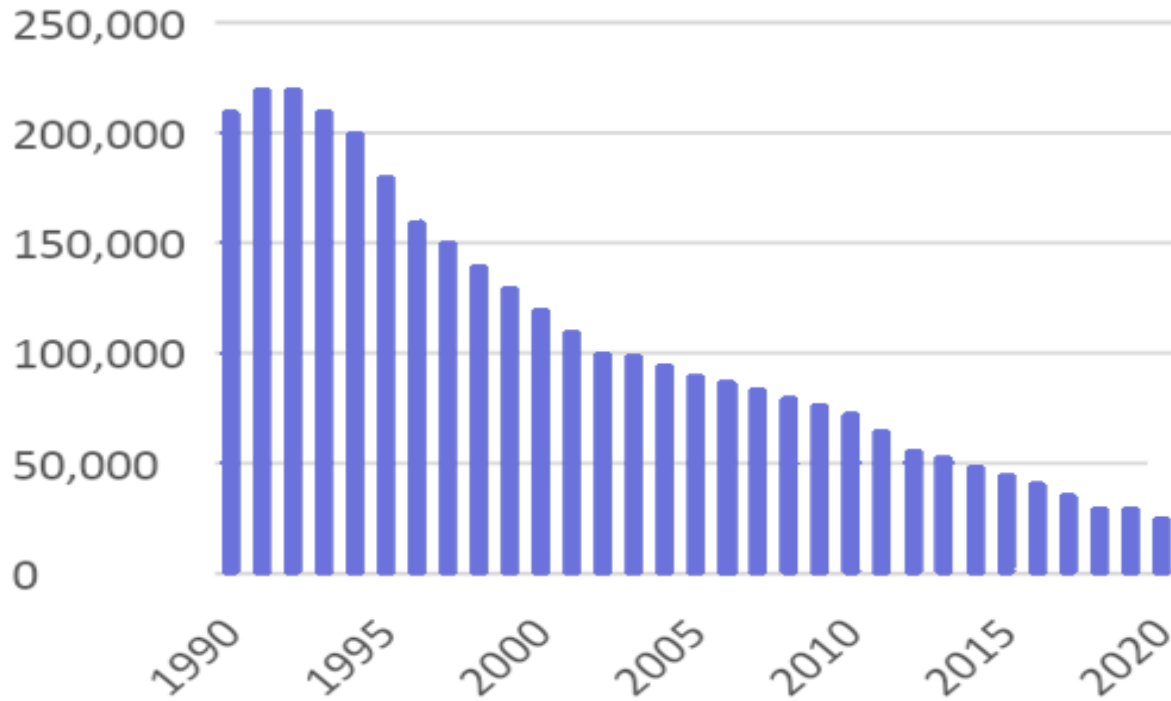
- 1. Country Context**
- 2. Zimbabwe HIV Prevention Background**
- 3. Linkage to Prevention in Zimbabwe**
- 4. Key learnings**



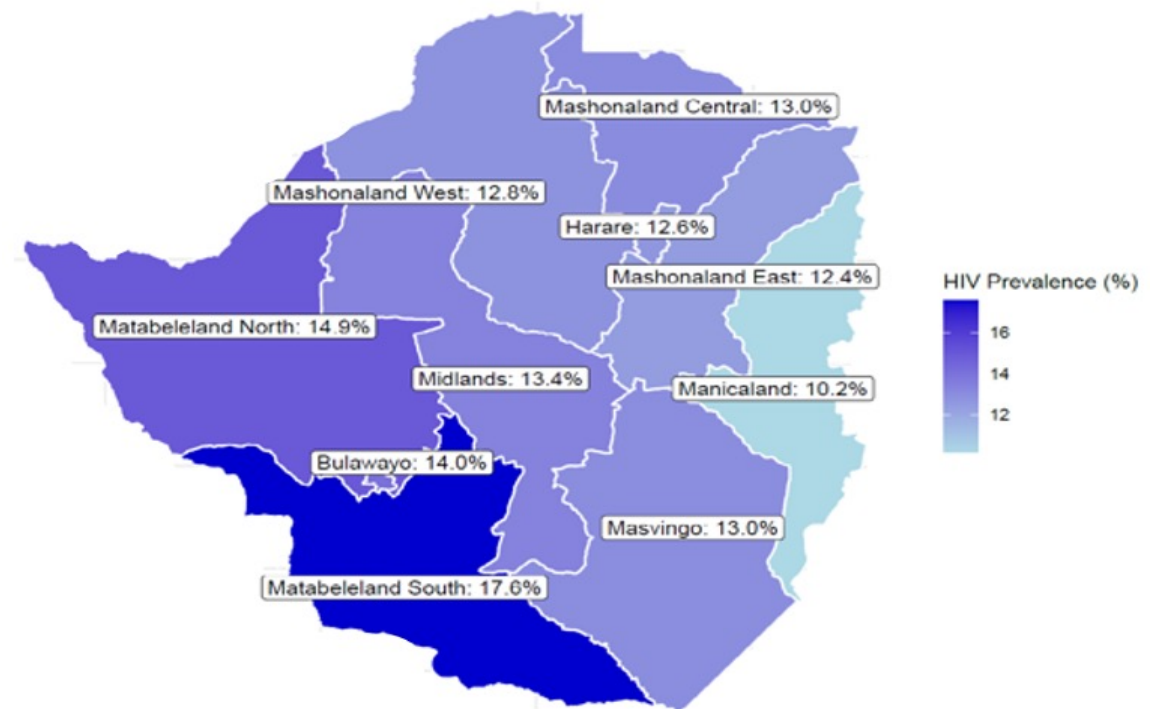
HIV Infections in Zimbabwe Have Declined Significantly Due to Progress Made Within the Overall National HIV Programme

- In 2020, the annual incidence of HIV among adults (15+ years) in Zimbabwe was 0.38%, corresponding to approximately 31,000 new cases of HIV per year.
- Prevalence of HIV among adults in 2020 was 12.9%, corresponding to approximately 1,225,000 adults living with HIV.

New HIV Infections in Zimbabwe in 2020 – 25,000



Zimbabwe HIV Prevalence Among Adults by Province



Positive Milestones Towards Achieving the UNAIDS 95-95-95 Target by 2030

Zimbabwe UNAIDS 95-95-95 results as of 2021

- From the 2021 HIV estimates, MOHCC had surpassed (95.6%) the first UNAIDS 95 target.
- Differentiated testing approaches were implemented:
 - ✓ Provider-initiated testing and counselling
 - ✓ Facility and community-based index testing,
 - ✓ HIV self-testing
 - ✓ Targeted mobile outreach testing.
- Different entry points eg ANC , Outpatients Department (OPD), contributed to expanded access to testing for all populations.

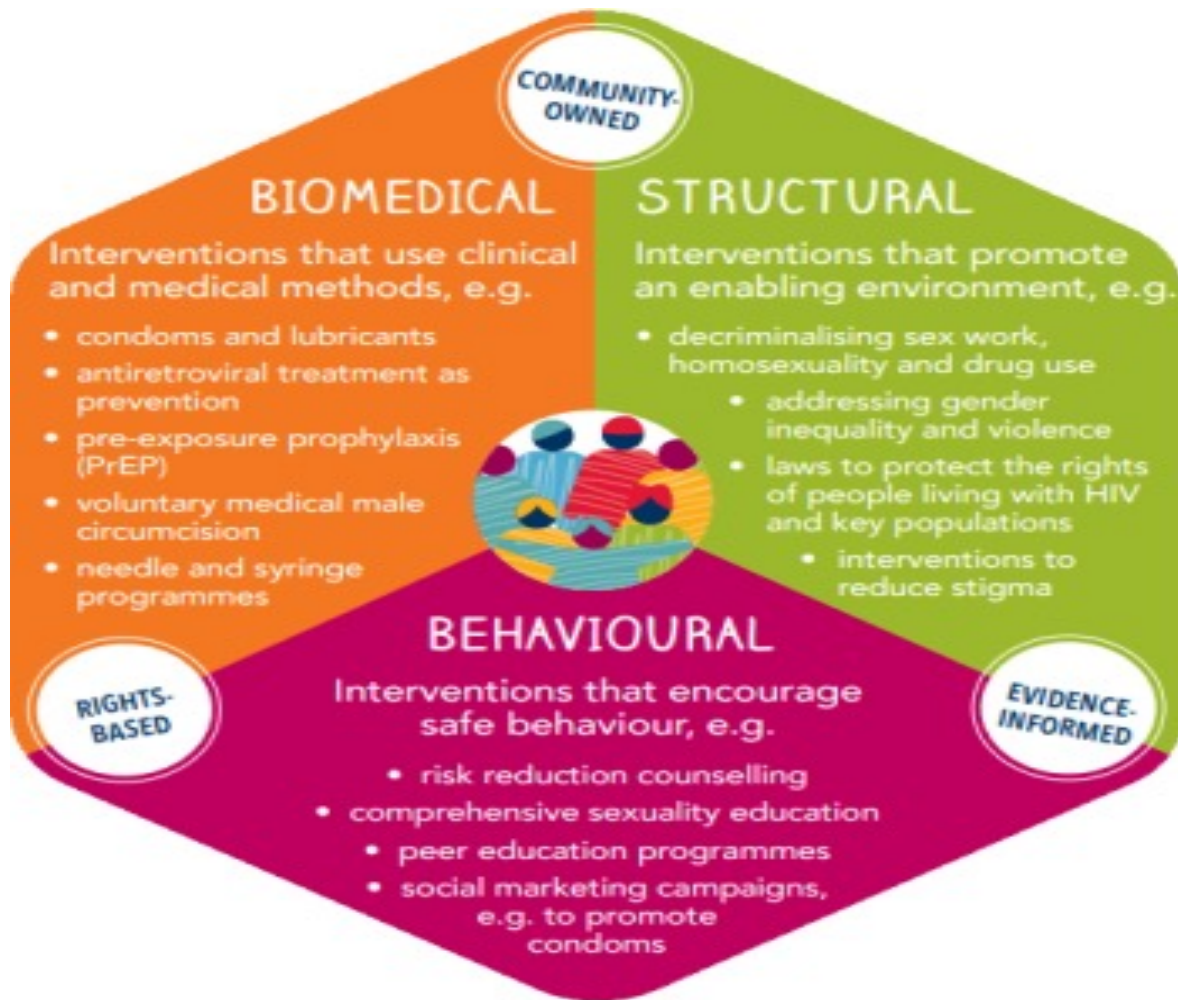


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Steps Taken To Improve Programmes And Policies That Enable Improved Prevention Outcomes Across The Population



- Zimbabwe has generalised HIV epidemic, largely driven by unprotected heterosexual sex, with growing epidemics among key population (KP) groups at higher risk of HIV.
- As a result, well-designed combination prevention programmes are tailored to national and local needs.
- These programmes are tailored to meet individuals and communities' current HIV prevention needs.
- The combination approach recognises that an individual's risk of HIV infection and their HIV prevention needs change over time

Overview of HIV Prevention Interventions Available in Zimbabwe

Dapivirine Vaginal Ring (DVR) Approved in 2020

MCAZ approved DVR for women in July 2021, and MOHCC recommends that it should be implemented under research. Implementation studies are being conducted in 8 districts for women aged 18-25 years.

2022

PEP programme Established in 2016

PEP is the only way to reduce the risk of HIV infection in an exposed individual, reducing the risk of infection by over 80%.

2020

2016

VMMC programme Established in 2009

VMMC reduces the risk for heterosexually acquired HIV infection among males by ~60%. Impact modeling conducted in 2016 showed 2,600-12,200 infections (among men and women combined) had been averted and this was expected to grow.

2015

2009

PMTCT programme Established in 2002

Zimbabwe has achieved 99% testing coverage of all pregnant women and 93.5% of HIV-positive pregnant women on ART in 2019.

2004

2002

Condoms programme Established in 1990

Consistent and correct use of condoms can reduce HIV acquisition by up to 97%. Uptake of female condoms remains low at 0.1%. In 2015 Zimbabwe was one of only five countries to meet or exceed UNFPA's regional benchmark of 30 condoms/man/year.

1992

1990

Long-Acting Injectable Cabotegravir (CAB-LA) Approved in 2022

MCAZ approved CAB-LA in October 2022, as the first country in SSA to approve the product. CAB-LA may be offered to people at substantial risk of HIV as part of comprehensive HIV prevention approaches.

Daily Oral PrEP programme Established in 2016

High adherence to daily oral PrEP reduces the risk of HIV by over 90%. Daily oral PrEP cumulative initiations exceeded 60,000, as of 2021.

HIVST programme Established in 2015

57 out of 63 districts are implementing HIVST as an innovative approach to expand the reach of HIV testing services.

Treatment programme Established in 2004

On track to reaching the 95-95-95 target by 2030, with 97.0% of PLHIV initiated on ART and of those initiated 90.3% were virally suppressed.

HTS programme Established in 1992

Entry point to all HIV prevention programmes. There is increased acceptance of HTS, with 86.3% of PLHIV knowing their status in 2020.

STI programme Established in 1990

The presence of an untreated STI increases the risk of HIV infection. Integration of routine STI management with reported cases declining by 70% in 2020.

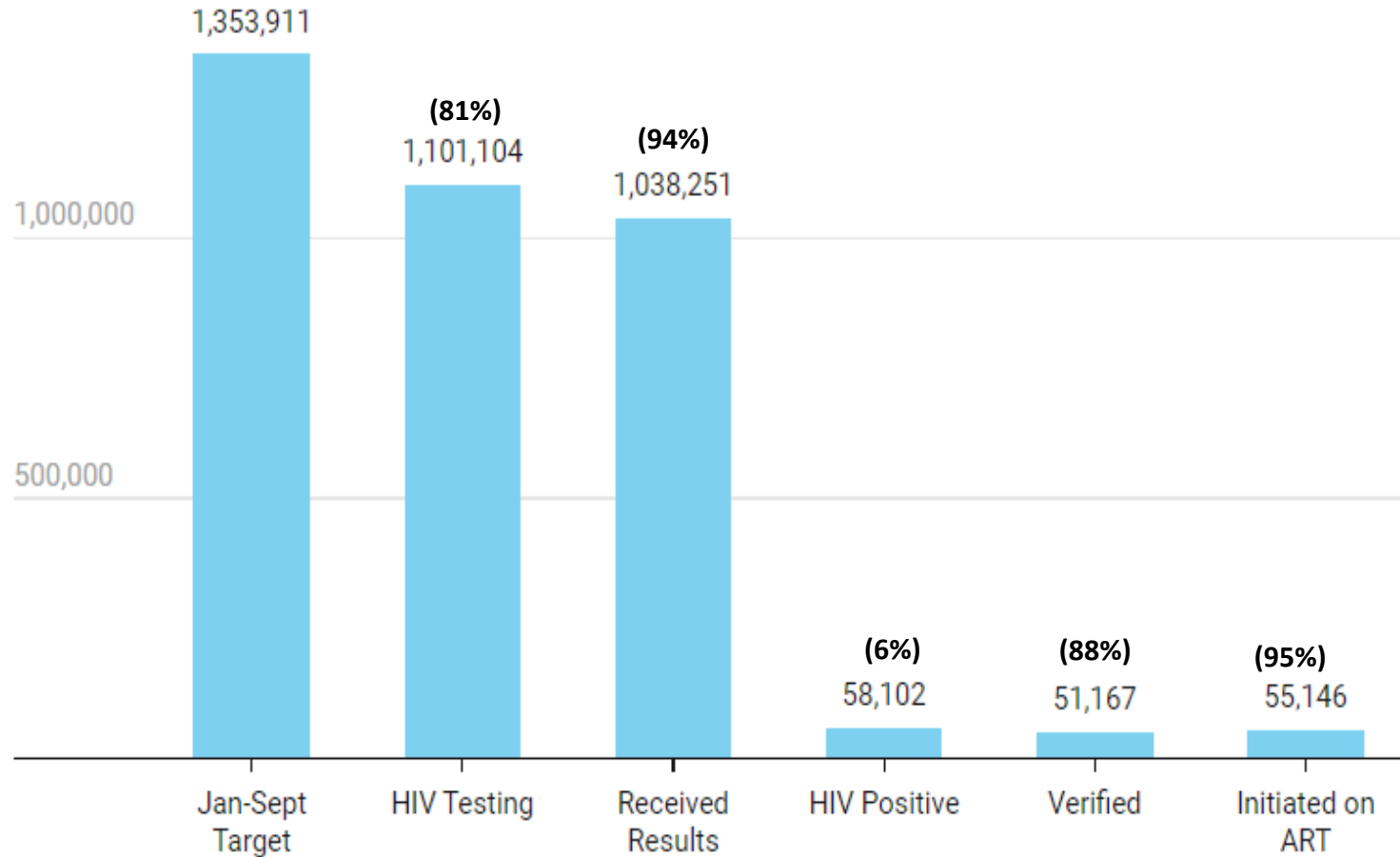
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Linkage to Prevention in Zimbabwe: National HTS Cascade

National HTS Cascade Jan-Sept 2022

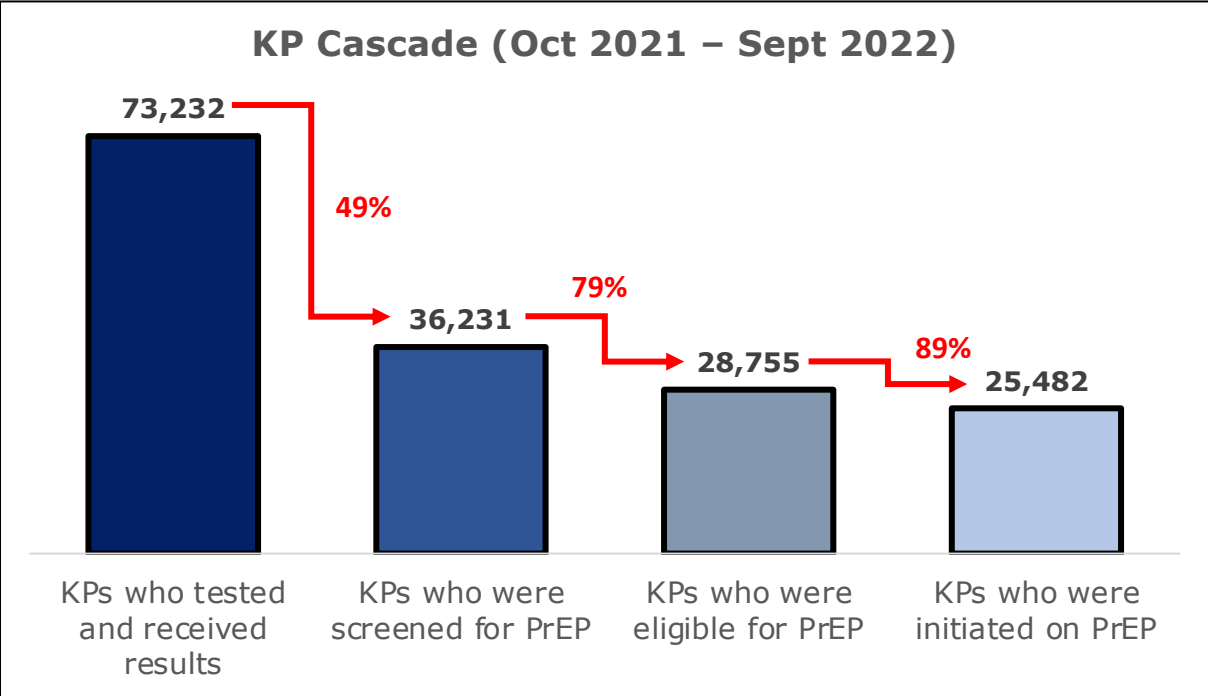
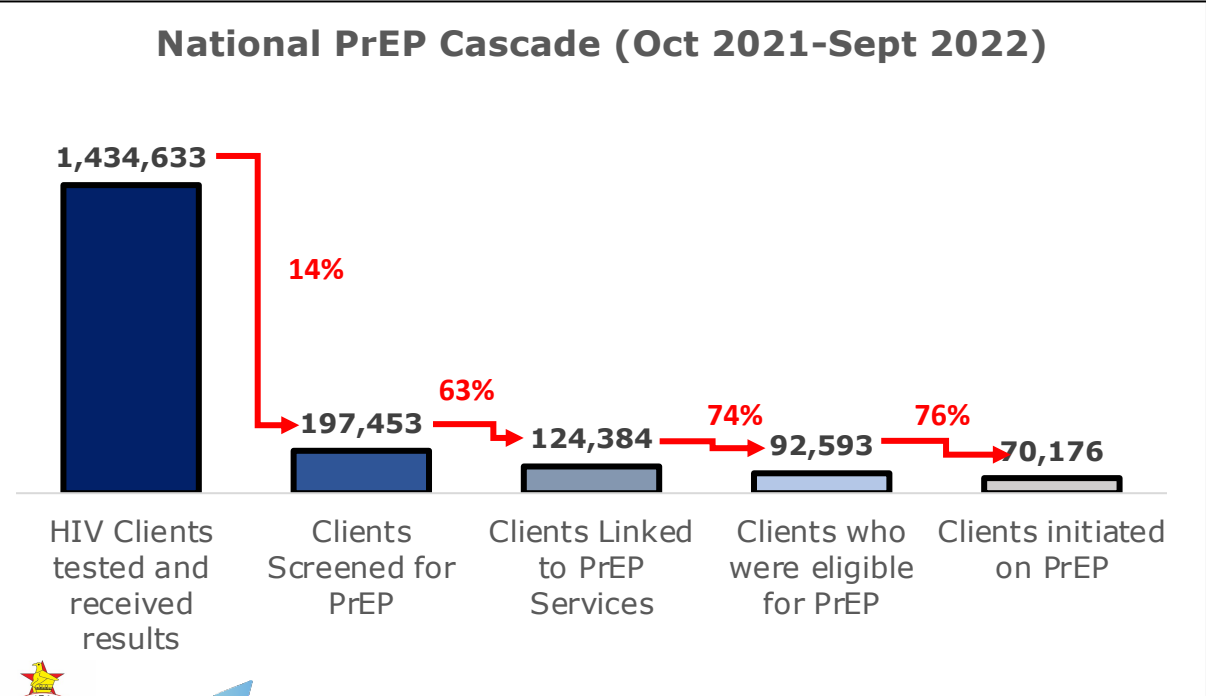


- During the review period, HTS implementation was affected by challenges in HTS commodities, this also affected downstream linkages indicators
- Not all verifications were done—verification not done under one roof in some sites
- Linkages to care gap of 5% - clients not initiated on same Day



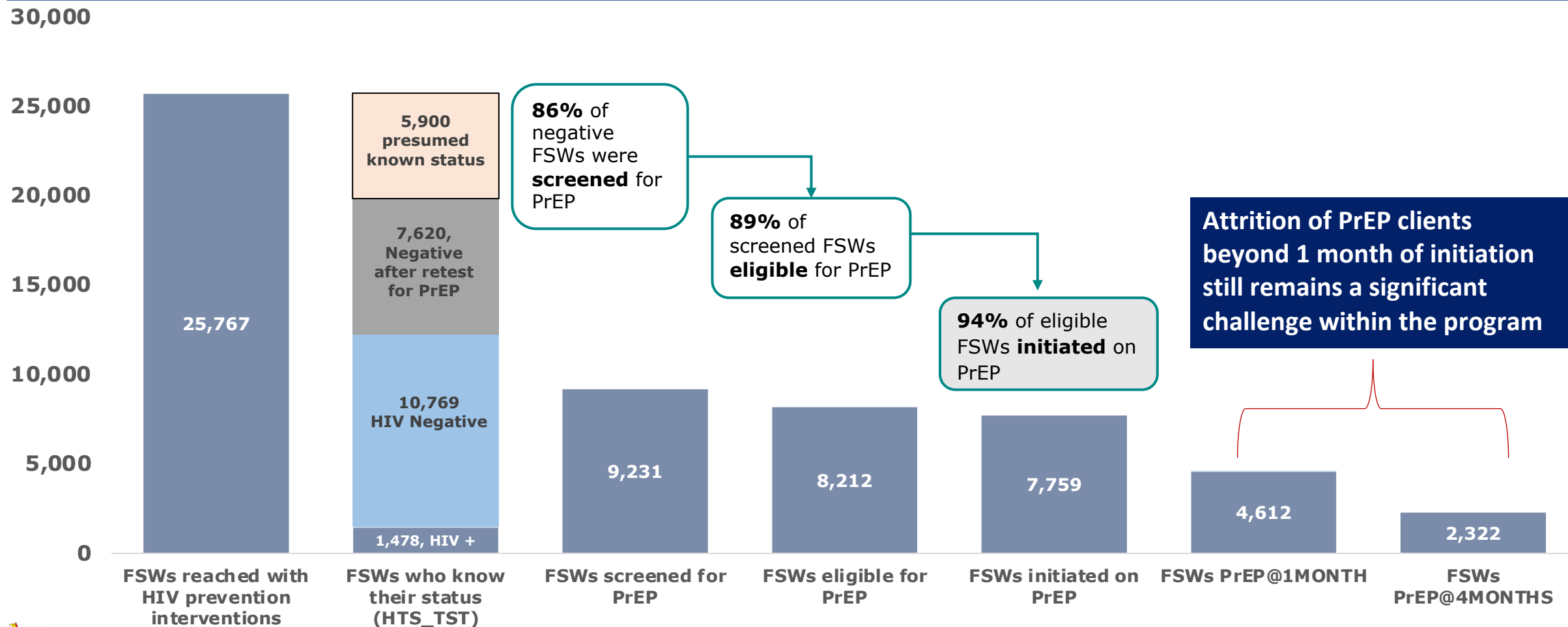
Linkage to Prevention in Zimbabwe: Pre-Exposure Prophylaxis

PrEP is offered as part of a comprehensive HIV prevention package for people at substantial risk of HIV infection



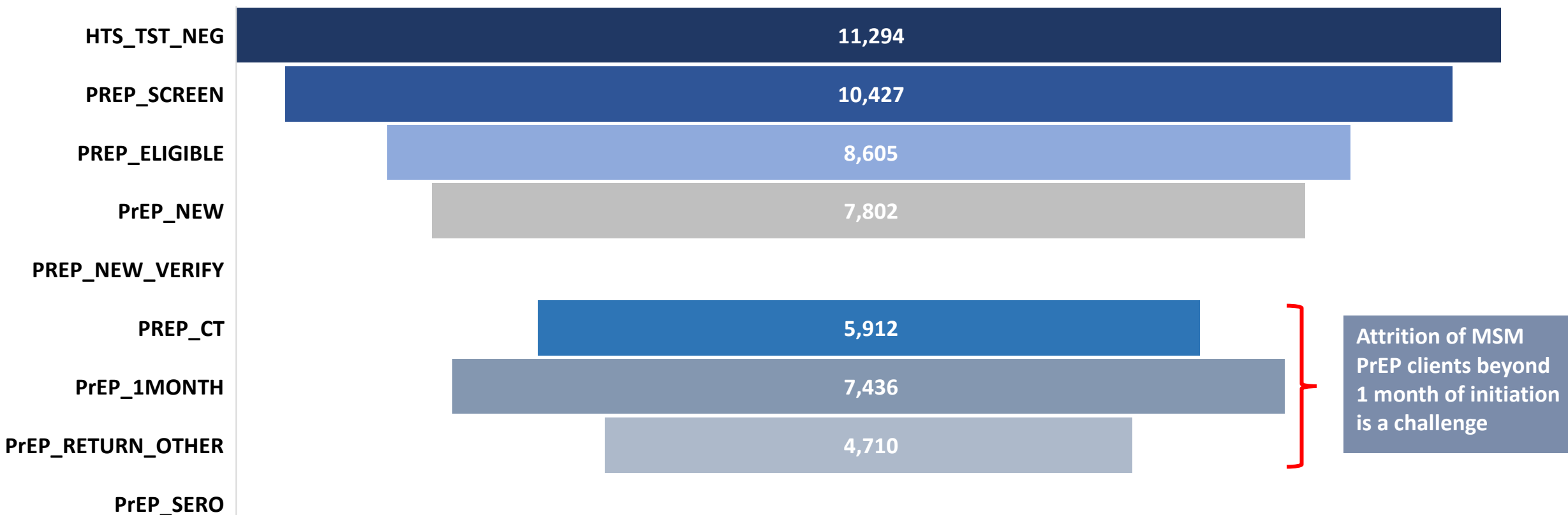
Linkage to Prevention in Zimbabwe: FSW Program

FSW HIV Prevention cascade Oct 21- Sept 22



Linkage to Prevention in Zimbabwe: MSM Program

MSM PrEP Cascade: Oct-Sept 2022



131% PrEP_New Achieved

93% Screened

83% Eligible

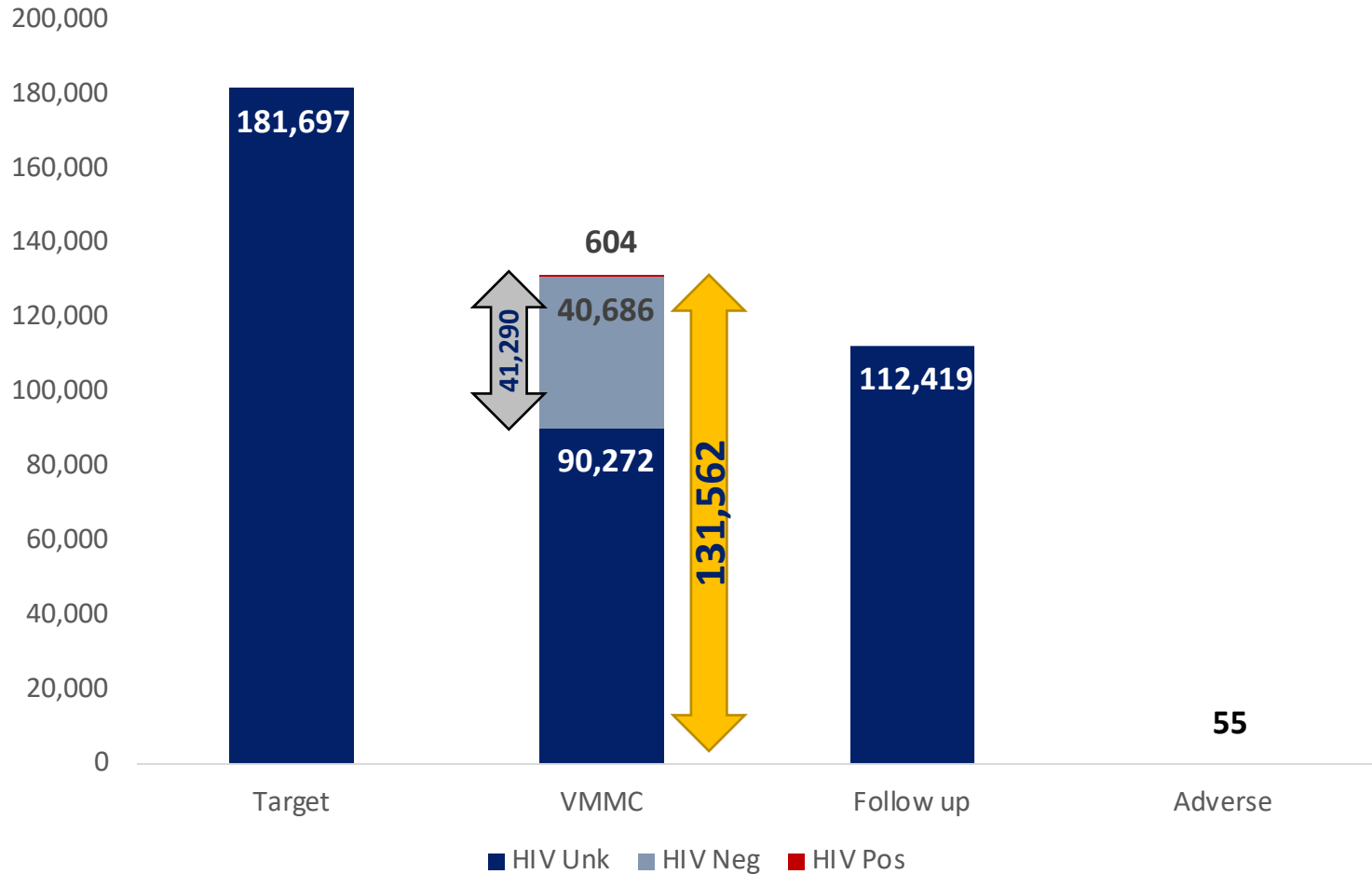
91% Initiated

Attrition of MSM PrEP clients beyond 1 month of initiation is a challenge



Linkage to Prevention in Zimbabwe: Male Involvement through VMMC

VMMC cascade and HTS linkage Jan- Sept 2022



- VMMC Program has pivoted towards targeted testing.
- Of the 131,562 clients accessing MC services during reporting period 69% were low risk and not eligible for testing.
- Of the 41 290 clients who were eligible for testing 1.5% tested HIV positive and were linked to care.



Linkage to Prevention: Best Practices

- Usage of peers (peer mobilisers, lay health workers, Microplanners etc.) in HIV prevention programs is impactful and should be scaled up
- Program adaptations like telehealth, home and community drop offs of HIV prevention supplies that were brought about by the COVID-19 pandemic should be fully integrated and continued even as COVID-19 wanes off
- Usage of DSD models (community outreach refills, CARGS, PrEP cohorts and client centred approach for service delivery) is vital to Prevention programs
 - Integrated HTS, HIVST, STI, FP, PrEP, GBV Response services offered at Drop-in Centres, static, mobile clinics, community points.
- Usage of local research goes a long way in proffering contextual solutions to HIV prevention programs challenges.
 - For example, insights gained from PrEP formative work on sex worker's experience were used to inform PrEP programming



Linkage to Prevention: Best Practices

M&E tools are available to track clients linked to various HIV prevention services post-testing.

1. Month					2. Year																												
16. Pregnant and Lactating Women Only F- First test R- Retest	17. Test A1				18. Test A2				19. Repeat Test A1 (if Test A2 is negative)				20. Test A3				21. Final Result		22. Received results and post test counselling Y/N		23. Tested for Recent Infection (For Newly)		24. Linkage to Post test Services	25. Consent/ Assent to Patient Tracing (multiple response) 1. Personal tracing 2. Index-case Testing Follow-up (use codes above)	26. Name of Tester (Surname, First Name)	27. Comments (For HIV positive clients tested for ART initiation and enrolled in care, write ART number).							
	Name of Kit	Batch Expiry Date	Lot. No.	HIV Result P/N	Syphilis Result P/N	Name of Kit	Batch Expiry Date	Lot. No.	Result P/N	Name of Kit	Batch Expiry Date	Lot. No.	Result P/N	Name of Kit	Batch Expiry Date	Lot. No.	Result P/N	For HIV: P- Positive N- Negative I- Inconclusive			Syphilis Result (For Pregnant women)	23 a) Tested Y/N					23 b) Result (use codes below)						
F	R				P	P			P				P				P	P	N	I	P	Y	N	Y									
					N	N			N				N				N				N			N									
F	R				P	P			P				P				P	P	N	I	P	Y	N	Y									
					N	N			N				N				N				N			N									

Post test Linkages

1.PMTCT 2.Medical Services 3.VMMC 4.STI 5.PEP 6.PrEP 7.Cervical cancer screening 8.OI/ART services 9.TB services 10.Nutrition 11Psychological support 12.EPI/Growth monitoring/under5 13.Family Planning 14. Admission/Inpatient 15.OPD 16.Adolescent Reproductive Health 17.Gender Based Violence 18.Other (specify)



Linkage to Prevention in Zimbabwe: Best Practices

Counselling remains the bedrock of all HIV prevention interventions. Combination Prevention Interventions like PrEP have to be “normalized” and there is need to buttress community awareness and understanding of prevention methods..... Counselling remains key to addressing gaps in uptake and continuation on prevention methods

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Status of Linkage to Prevention in Zimbabwe

Zimbabwe CQUIN Domain Result for Linkages: Yellow

Country Achievements

1 National policies and guidelines have adopted normative guidance on post-test linkage to treatment and prevention services

2 The guidelines specify standards for linking high risk HIV negative individuals to prevention services, including PrEP.

Opportunities to Strengthen Linkages to Prevention

- Strengthen standards and speed for linking high risk HIV negative individuals to prevention services
- Enhance post-test counselling to ensure effective referral to prevention services
- Establish effective referral and linkage to prevention and support services.
- Raise community awareness of newer prevention services like PrEP through demand creation activities (IEC material, mid-media etc)
- Improve integration of data and services between testing and all prevention services
- Develop an HIV prevention package (*currently in the pipeline*)
- Address funding gaps in HIV prevention to ensure that all at-risk clients are linked to the appropriate prevention methods.



Thank you!

