



Linkages from testing to prevention and treatment services

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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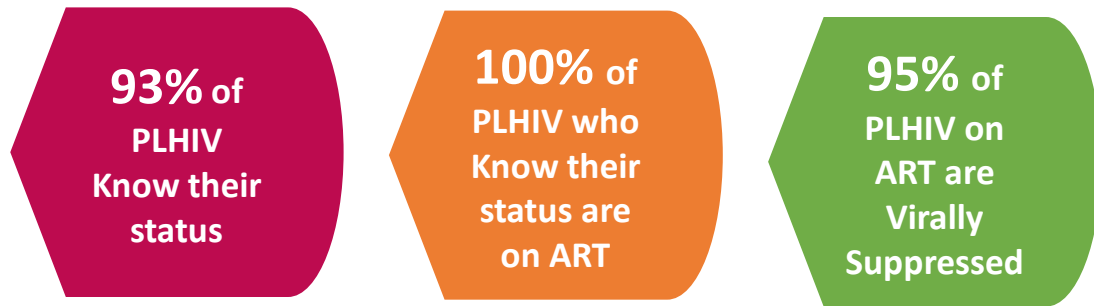


Agenda

- 1. Country Context and HIV Prevention Background**
- 2. Linkage to Prevention Overview**
- 3. Linkage To Treatment Overview**
- 4. Post-Test Linkage learnings**

The National HIV Response in Zimbabwe has achieved gains against the UNAIDS 95-95-95 target which has seen a reduction in new HIV infections

Zimbabwe UNAIDS 95-95-95 Results, 2021

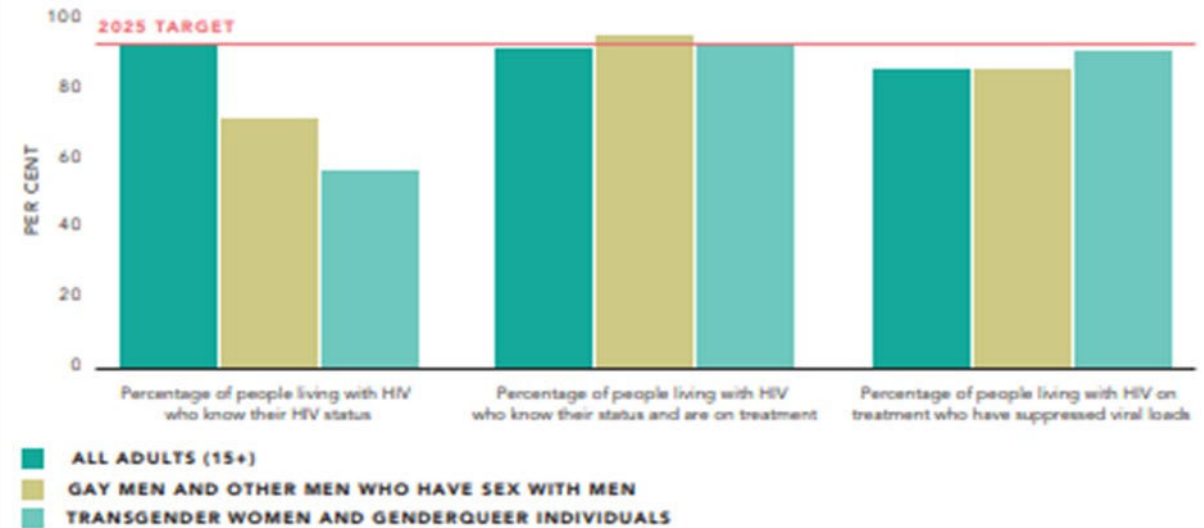


Source: Zimbabwe HIV Estimates, 2022

Gaps remain in knowledge of status among key and priority populations, including:

- MSM, transgender and FSW
- Men and young people

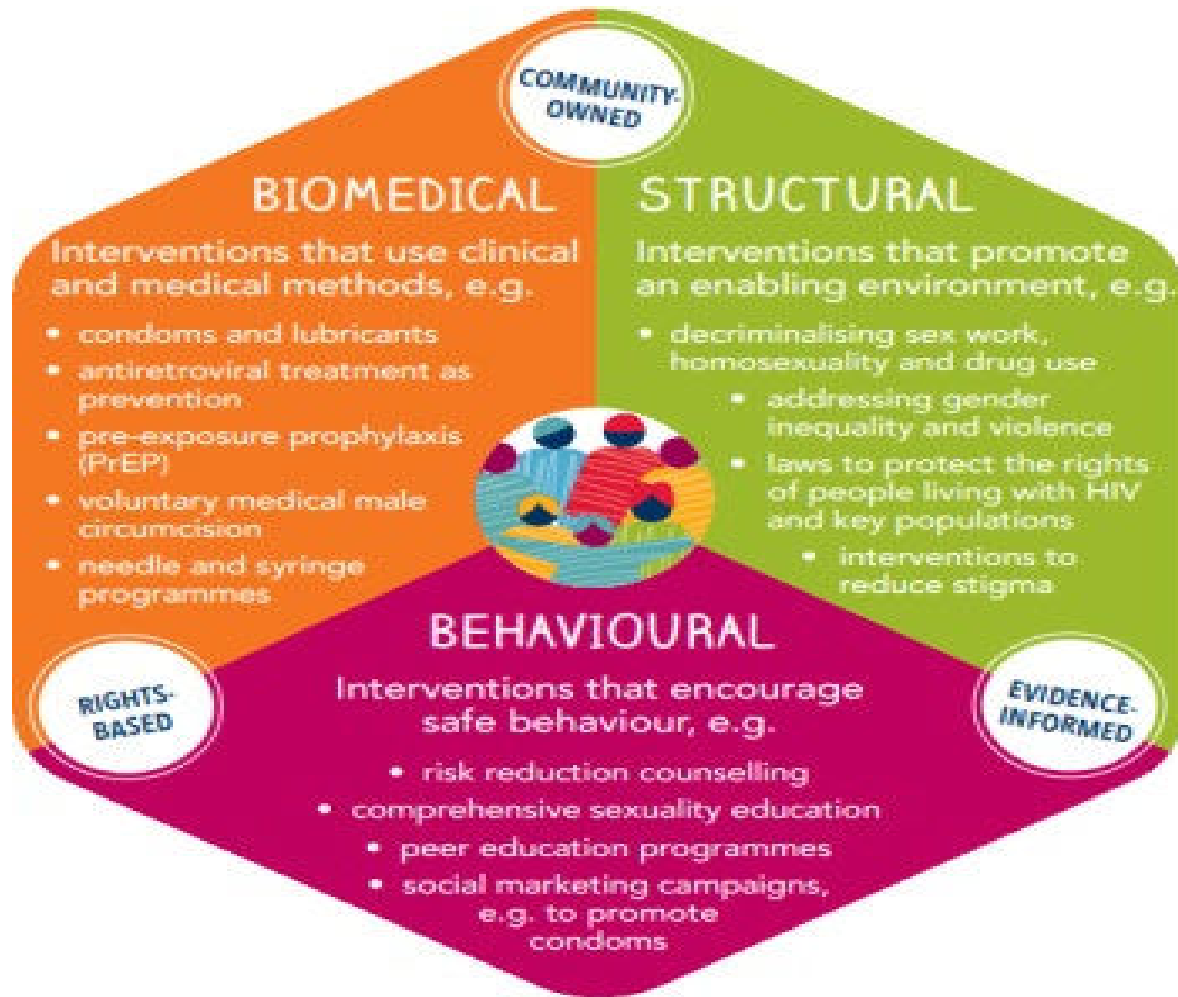
Figure 3. Inequalities in progress towards the 95-95-95 targets, by population, Zimbabwe, 2019



Gaps

- Inadequate differentiation for provision of targeted and tailored interventions (i.e. Precision Prevention)
- Complicated & heterogenous risk profiles sustain onward HIV transmission
- Experiences of inequities in access to HIV services

In line with Global standards, Zimbabwe has taken on-board the combination prevention approach to further reduce new HIV infections amongst Populations:



- The combination approach recognises that an individual's risk of HIV infection and their HIV prevention needs change over time
- Well-designed combination prevention programmes deliver combined services, tailored to epidemiological context and to the needs of populations and clients at risk of HIV infection.
- This is done to meet individuals and communities' current HIV prevention needs while achieving the greatest impact of reducing new HIV infections.

Zimbabwe has adopted several interventions as steps to improve programmes and policies that enable improved prevention outcomes across the population.

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. The flexible silicone ring slowly releases the ARV drug dapivirine in the vagina, with minimal absorption elsewhere in the body.

2022

2020

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%.

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%. Zimbabwe is 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 73,000, as of 2022.

HIVST programme Established in 2015

All 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 93% were virally suppressed.

HTS programme Established in 1992

Entry point to all HIV prevention programmes. There is increased acceptance of HTS, with 96% 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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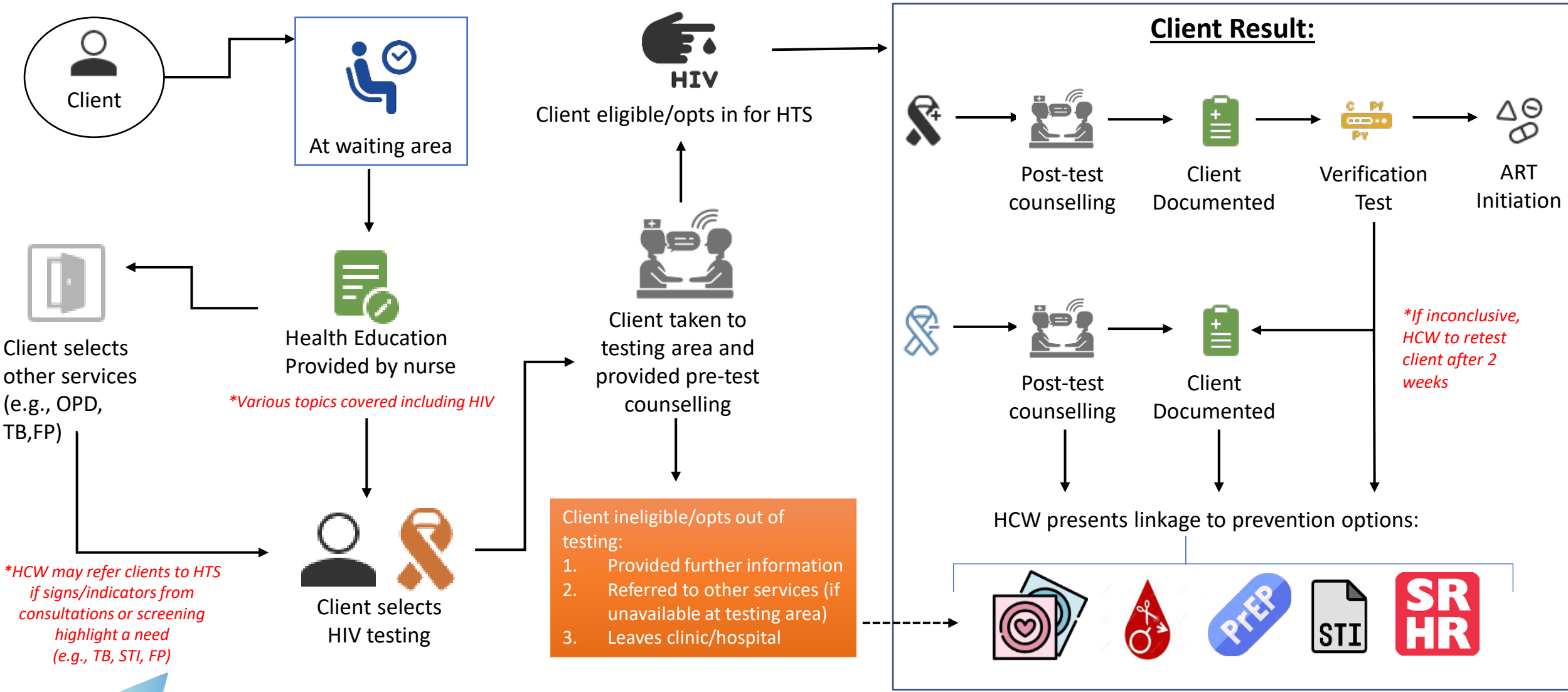
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Our Health Workers ensure that a client's journey despite their status is filled with information that caters to their needs.



Linkage to Prevention in Zimbabwe: Pre-Exposure Prophylaxis

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



AGYW



PLW



PWI/UD



SDC



MSM

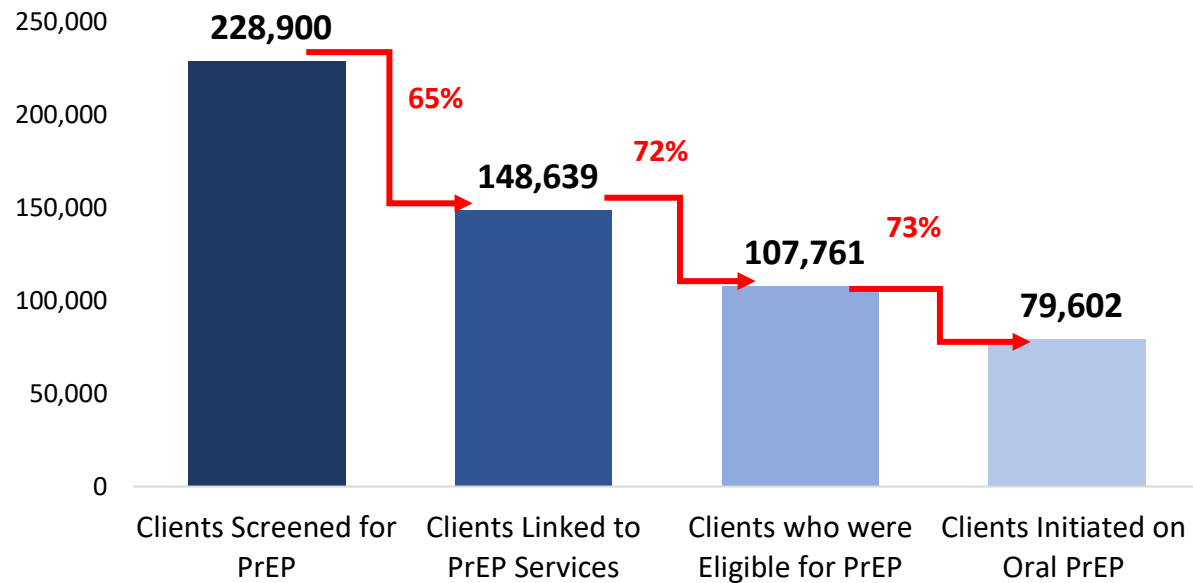


Transgender

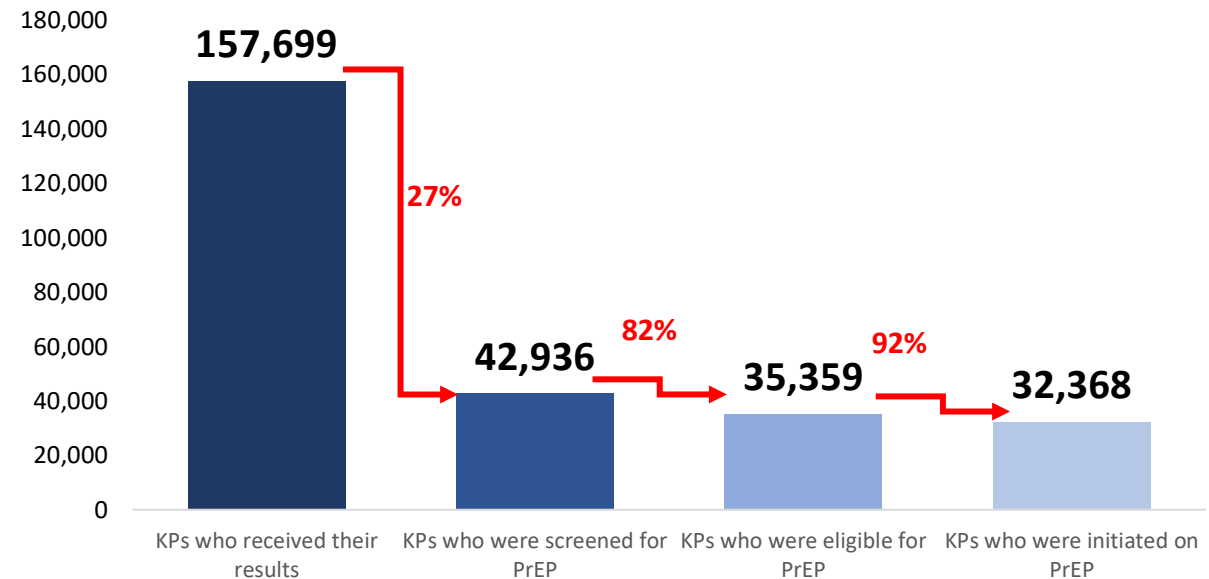


FSW

PrEP Cascade (Jan – Dec 2022)

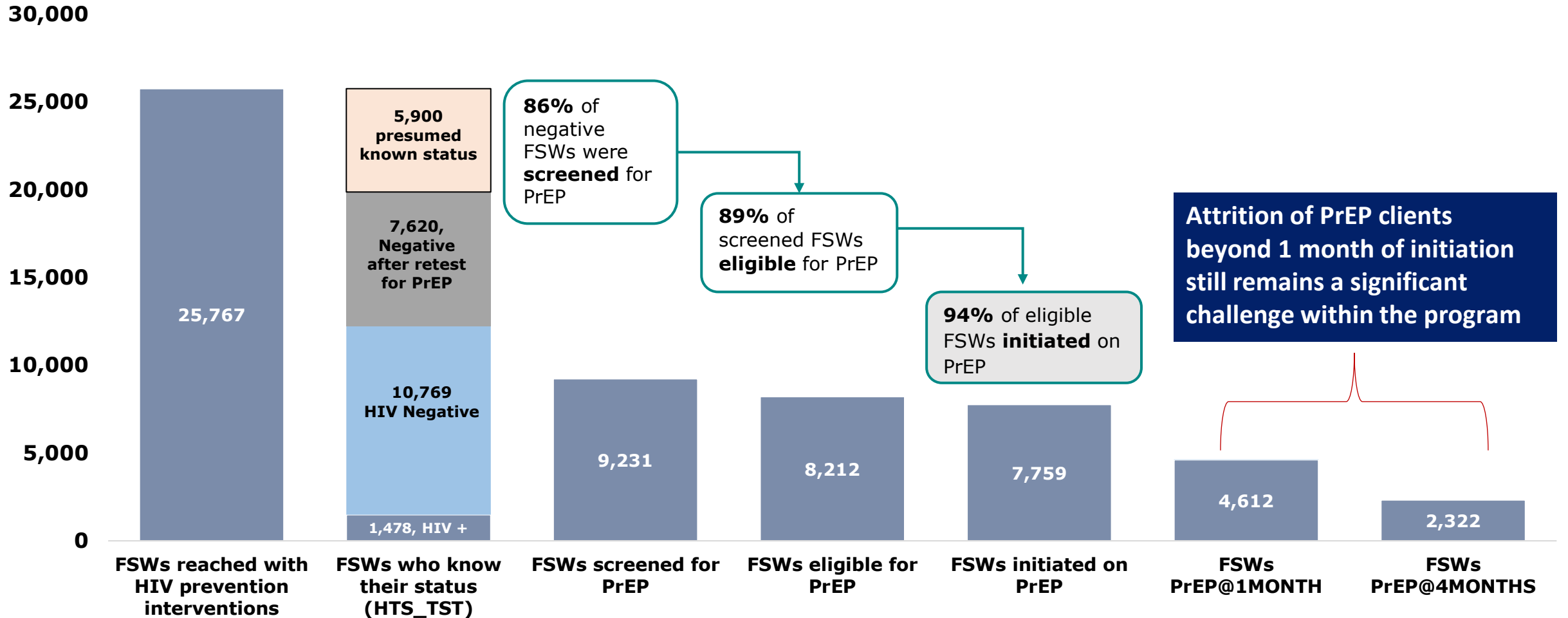


KP Cascade Jan-Dec 2022



Linkage to Prevention in Zimbabwe: FSW Program

FSW HIV Prevention cascade Oct 21- Sept 22



The MOHCC of Zimbabwe has identified Opportunities to Strengthen Linkages to Prevention:

Country Achievements

1

The country's national policies and guidelines have adopted normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative).

2

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

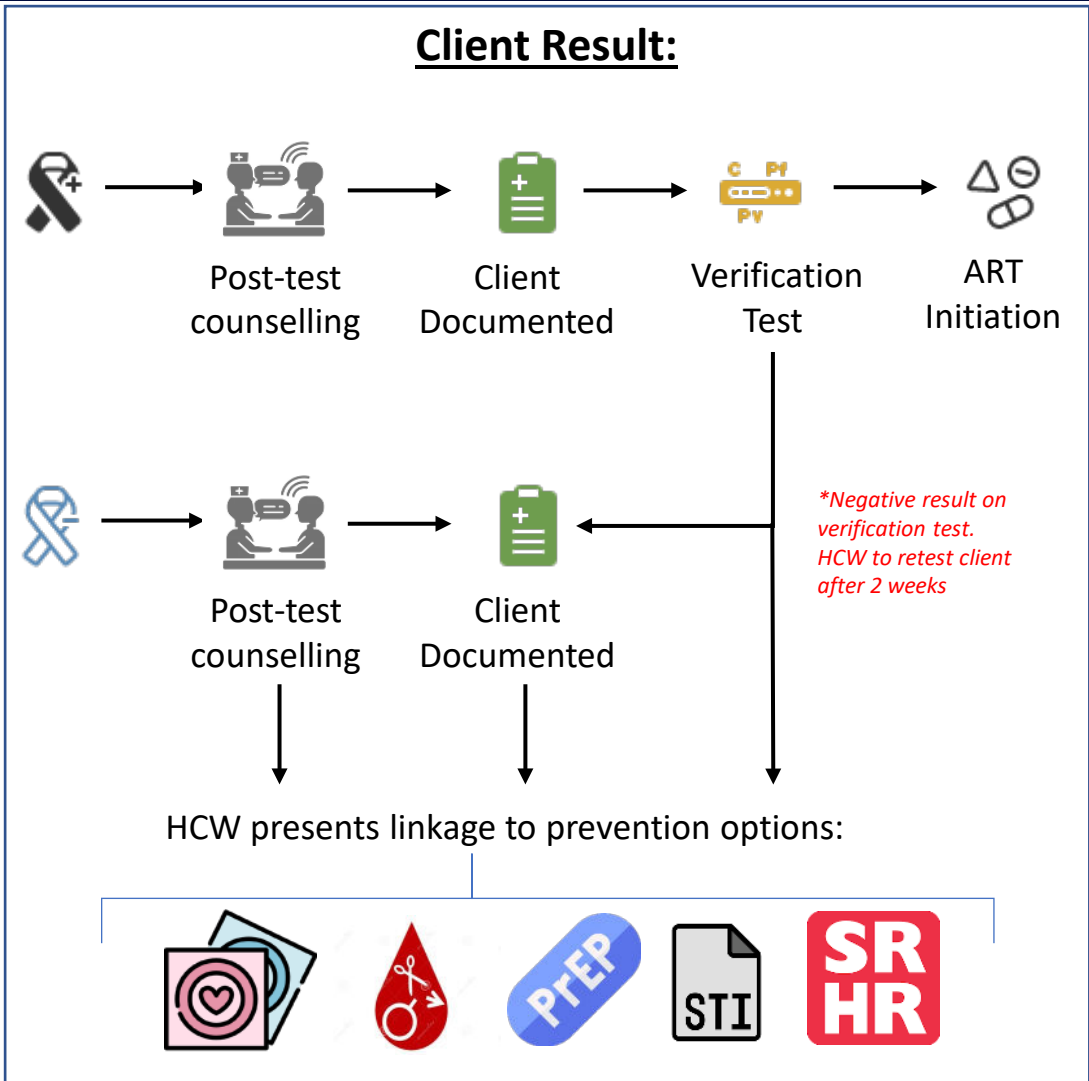
Linkage to Prevention opportunities:

- **Development of a Service Package on Intensifying Linkage to HIV Prevention Interventions** for Key and Vulnerable groups who test HIV negative. The goal is to ensure health workers effectively link and keep clients negative.
- Enhance post-test counselling to ensure effective referral to prevention services.
- Build on existing community structures to raise awareness of newer prevention services like PrEP through demand creation activities
- Improve integration of data and services between testing and all prevention services.
- Address funding gaps in HIV prevention to ensure that all at-risk clients are linked to the appropriate prevention methods.

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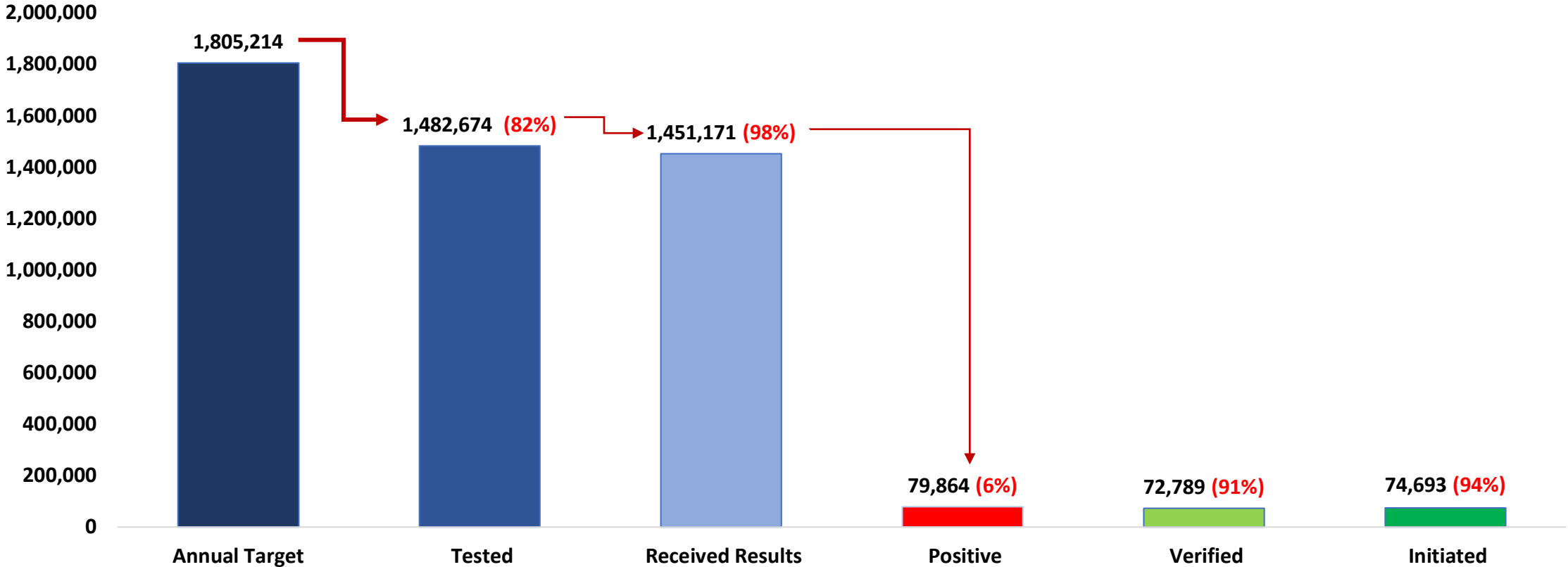


Linkage to Treatment

- Primary Counsellors provide counselling for our positive clients which includes adherence counselling.
- Health Workers look to ensure that clients are linked same day if possible
- Providing clear understanding of the result and helping clients through the start of this new period has ensured that 95% of clients are effectively linked to treatment
- Client is documented within our registers which ensures we begin tracking clients.

Linkage to Treatment in Zimbabwe has ensured that 95% of those identified and verified are linked to Treatment:

National HTS cascade Jan - Dec 22



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Health workers ensure that the clients result is clearly documented within the HTS register and their post test linkage option:

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						
F	R				N	N			N				N				N	P	N	I	N	Y	N	N						
F	R				P	P			P				P				P	P	N	I	P	Y	N	Y						
F	R				N	N			N				N				N	P	N	I	N	Y	N	N						

M and E tools have been adopted to enhance tracking of clients linked to various HIV prevention, care and treatment services post-testing.

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 and treatment: Best Practices

Linkage to prevention

- Usage of **DSD models is vital to Prevention** programs
- **Usage of peers** 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
- **Integration of services** including HTS, HIVST, STI, FP, PrEP, GBV response services at Drop-in Centers, static, mobile clinics, community points can strengthen uptake.
- **Local research provides contextual solutions** to HIV prevention programs challenges- formative work on sex worker's experience were used to inform PrEP programming
- **Meaningful engagement of community** is critical to ensure prevention services meet the needs of diverse clients

A strong investment case for testing and prevention will be critical to mobilize sufficient resources to implement best practices and strengthen linkage.

Linkage to Treatment

- **Case management**, often facilitated by peer-counselors, endorses HIV referral and linkage to care as an ongoing process rather than a one-time event.
- **Integrated care centers for Key Populations** can increase likelihood for treatment uptake and adherence.
- **Community-based ART delivery systems** can address structural barriers such as access to health facilities.
- **Same-day ART services** are critical to increasing treatment uptake.

Thank you!

