

Implementing status neutral HIV testing services: Challenges and lessons learned



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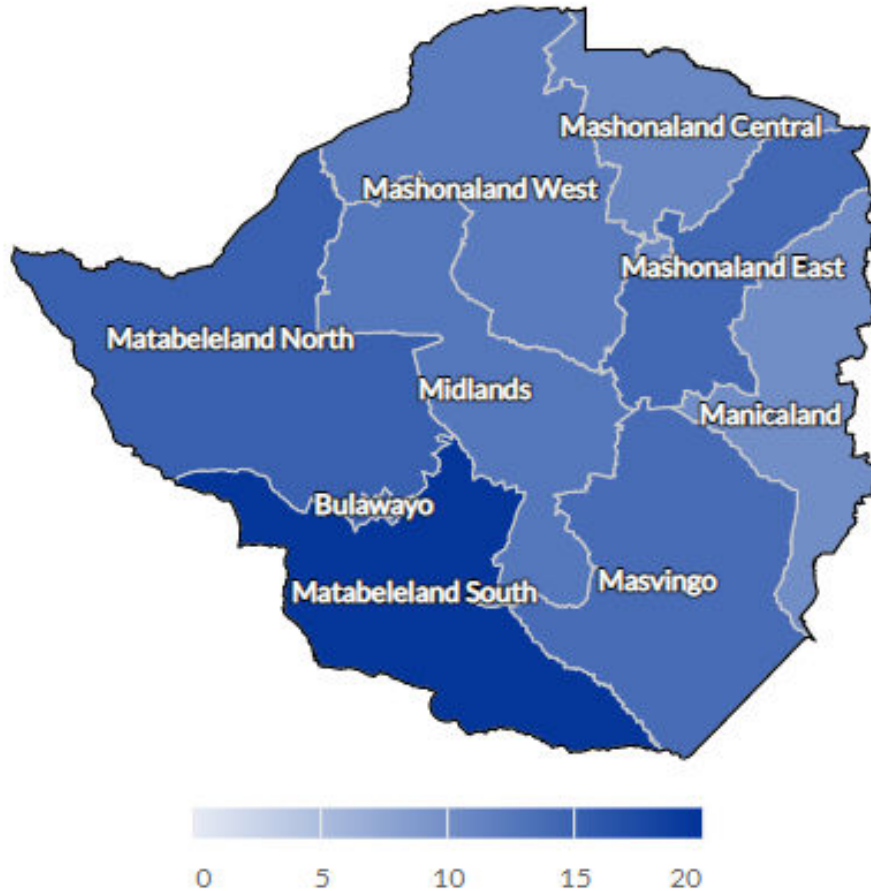
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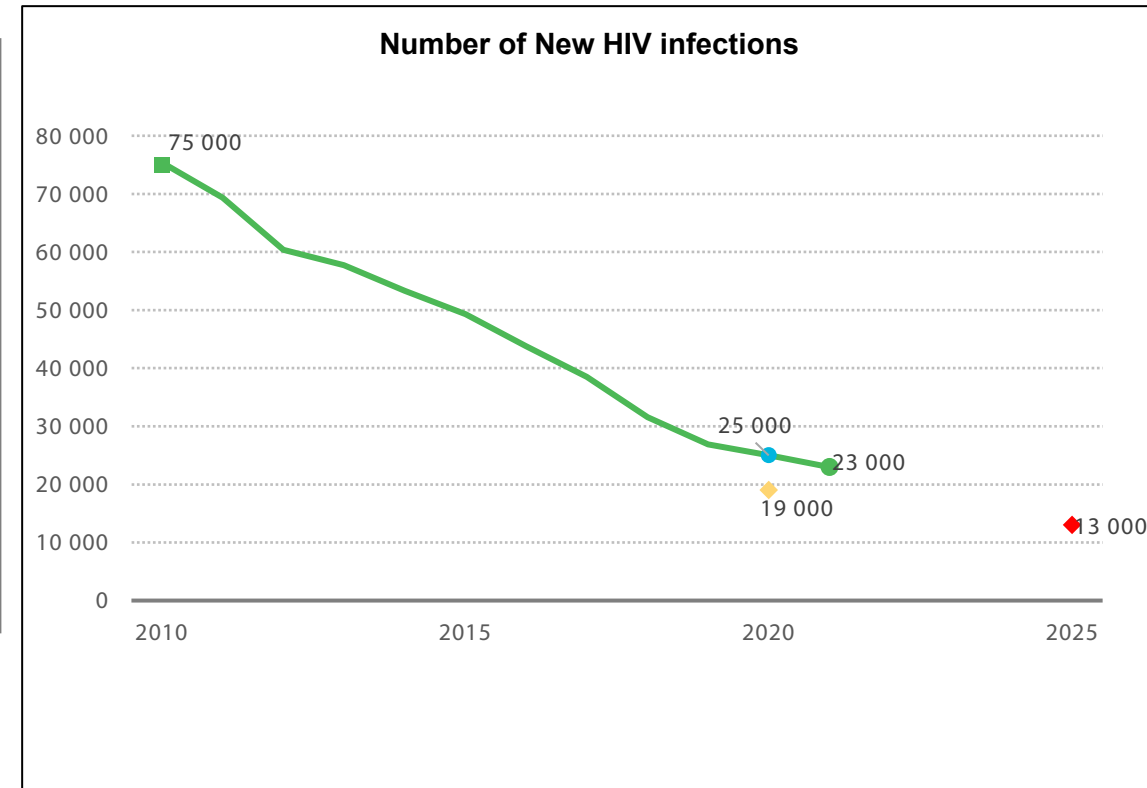
HIV Infections in Zimbabwe Have Declined Significantly Due to Progress Made Within the Overall National HIV Programme

Zimbabwe HIV Prevalence among those 15+ years, Dec 2021



Source: UNAIDS, Naomi model

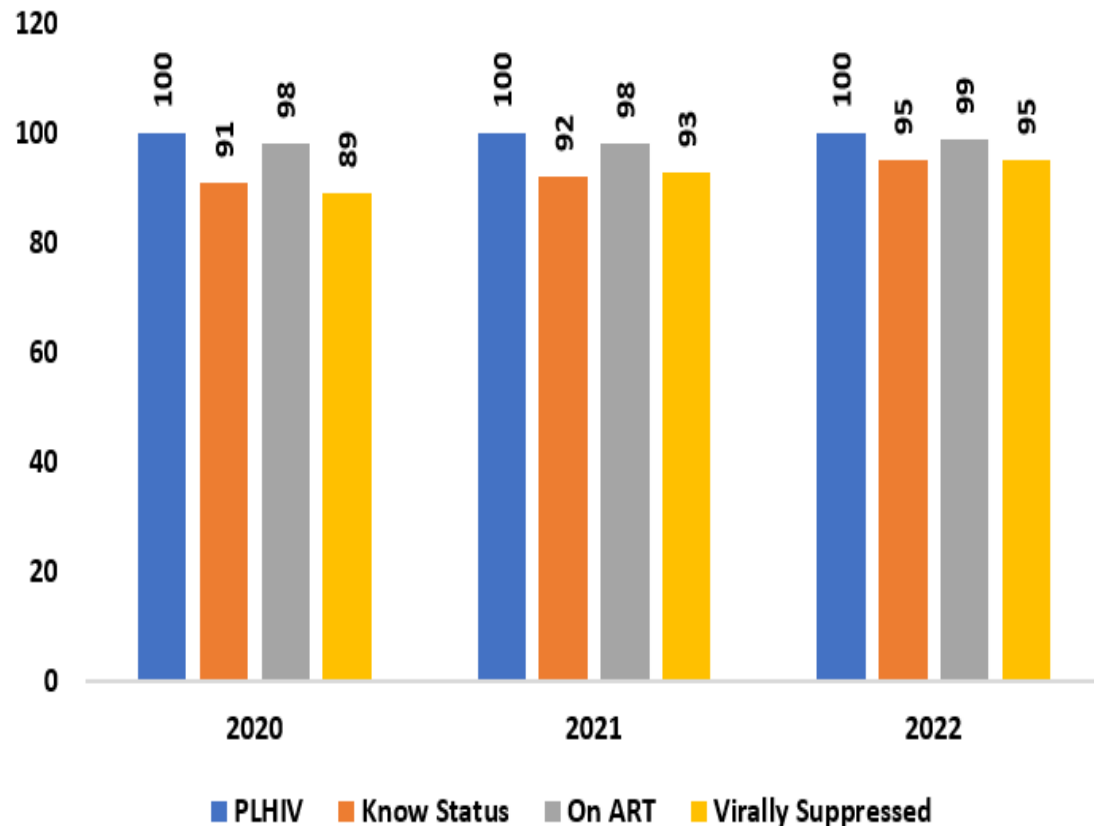
Zimbabwe HIV New Infections 2021



Source: Zimbabwe HIV Estimates, 2022 Strategic Information

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

Zimbabwe 95-95-95 results as of 2022



Source: Zimbabwe 2023 HIV Estimates

MOHCC has achieved 95% of the first UNAIDS 95 target: PLHIV are aware of their status (2022 HIV estimates).

Overall gaps remain among some populations regarding knowledge of HIV status when the 95-95-95 target is disaggregated. These include:

- Key populations such as MSM, transgender and FSW,
- Men and Young people
- Differentiated testing approaches continue to be implemented:
 - ✓ Provider-initiated testing and counseling across facility entry points with a wide population reach
 - ✓ Facility and community-based index testing,
 - ✓ HIV self-testing (community-based and facility-based)
 - ✓ Targeted mobile outreach testing

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- **Capability Maturation Model: Domain Results**

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Zimbabwe 2023 CMM Domain Results

Policy: Strategic Model Mix				
Policy: Optimizing HIV Testing				
SOPs				
Implementation and Scale-Up Plan				Private Sector Engagement/Oversight
dHTS Training	Policy: Linkage			Population Coverage
M&E	Financing and Resource Allocation		Linkage to Prevention and Other Services	Impact: Knowledge of HIV Status
Linkage to Tx: Timely Linkage	Meaningful CE	Coordination	EQA/IQC	Impact: Linkage to Treatment
Linkage Tx: Confirm/ Verification Testing	Procurement & Supply Chain Management	Proficiency Testing	Clinical Services	Impact: Linkage to Prevention



GUIDANCE TO LINKAGE TO HIV PREVENTION

1 UNDERSTAND
Understand
your client's risk profile.



2 EXPLAIN
Explain all available HIV
Prevention interventions at
facility and community levels
for maintaining and HIV
negative status.



3 SUPPORT
Support client in
choosing the most
suitable Combination
Prevention interventions.



4 RE-INFORCE
Reinforce risk reduction
plan and highlight the
importance of chosen HIV
prevention interventions to
maintain HIV negative status.



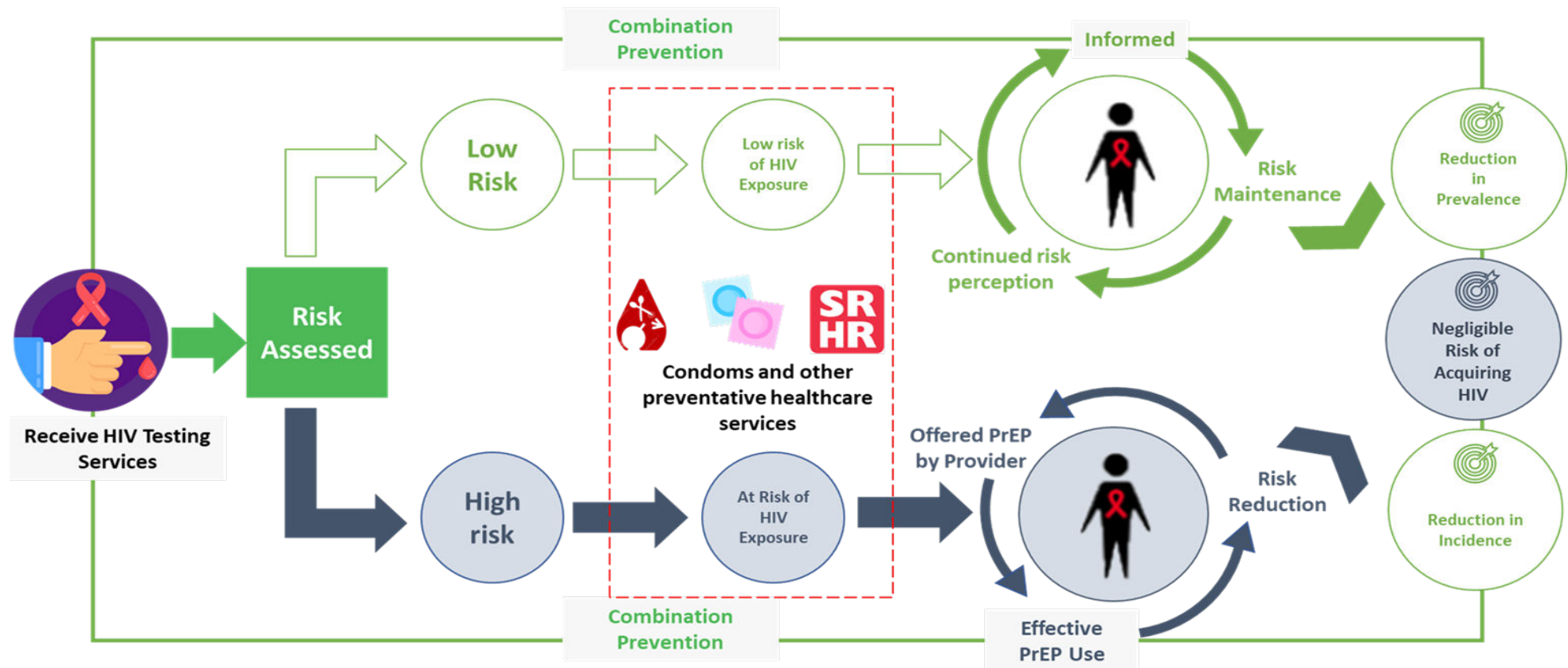
5 FOLLOW UP
Enquire about preferred method
of follow-up, referral & linkage to
community-based support &
services.

Domain: Policies 3 Linkage

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).

- To strengthen linkage to prevention services at the health facility level the MoHCC developed a guidance to linkage to prevention for Health Care workers (HCWs).
- The guidance seeks to help HCWs effectively assist different population groups in selecting HIV prevention services regardless of risk assessment results.
- The overall linkage to prevention tool provides 5 key steps to follow:
 - Understand
 - Explain
 - Support
 - Reinforce
 - Follow Up
- Further refinement and operationalization is ongoing.

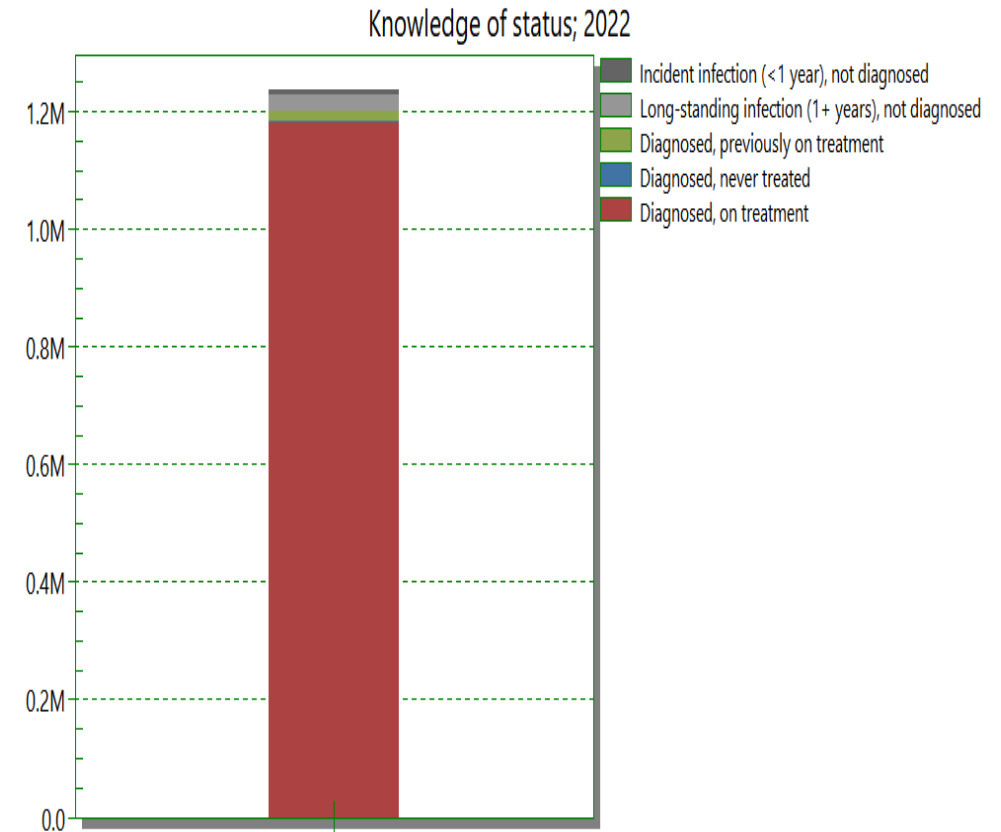
Domain Impact 3: Linkage to Prevention



- To help guide Health workers within linkage to prevention, the above schematic details the flow that HIV negative clients will be ushered within Health facilities.
- Combination Prevention will be offered to both High and Low Risk clients to ensure options are available to them

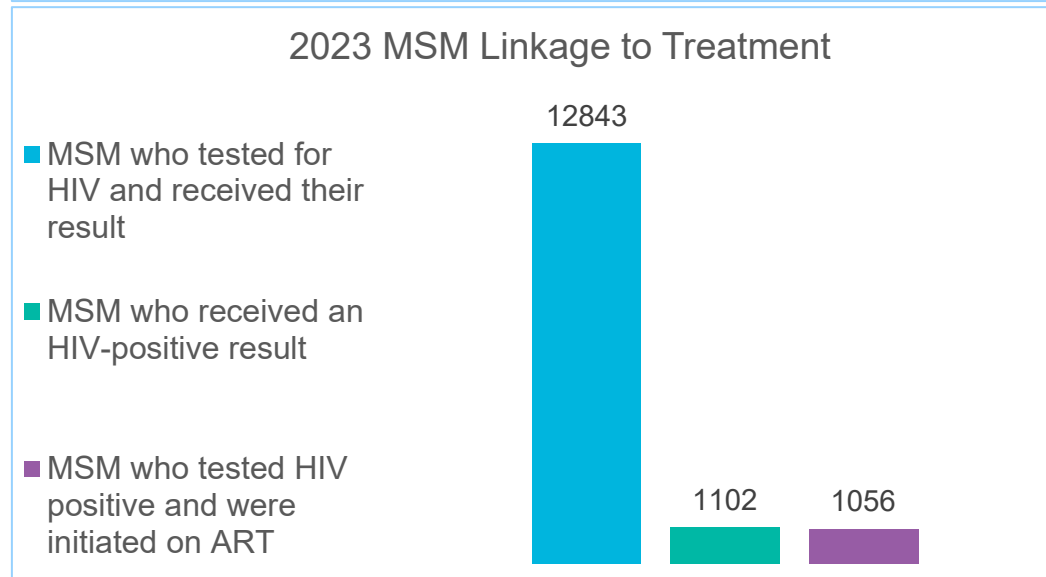
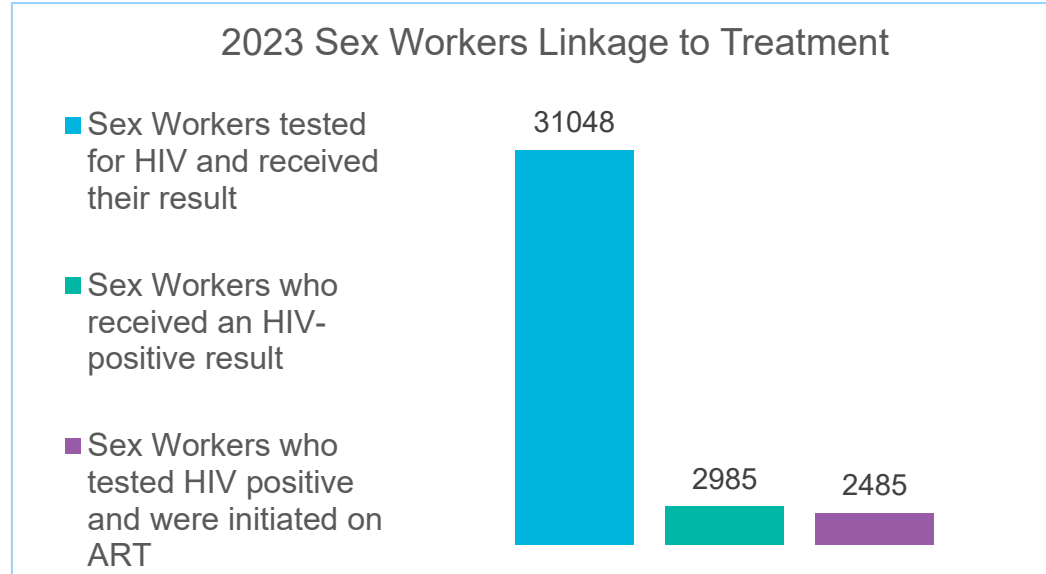
DOMAIN Impact 1: Know their HIV Status ■

- Within the last CQUIN staging, disaggregated data was not readily available across various populations.
- The MoHCC will utilize existing modeling platforms to further disaggregate across key populations where coverage of HIV Status known is yet to be understood
- Current data highlights that Less than 500,000 PLHIV still do not know their status according to the HIV Estimates of 2023 with most having long-standing infections (1+years)



Source: Zimbabwe HIV Estimates, 2022

Domain Impact 2: Linkage to Treatment



- The MoHCC has made considerable progress in identifying key and priority populations within the Linkage to Treatment pathways.
- Though the National DHIS2 has been expanded to provide a population-specific lens, further work is required to include populations such as PWID/UD.
- The MoHCC will look to incorporate this data into implementation approaches that would inform linkage and re-engagement pathways.

Source: National DHIS2, Jan-Aug 2023

Domain Impact 3: Linkage to Prevention



AGYW



PLW



PWI/UD



SDC



MSM



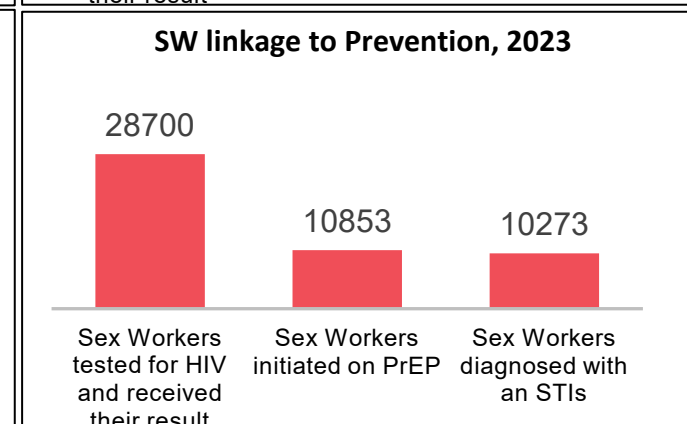
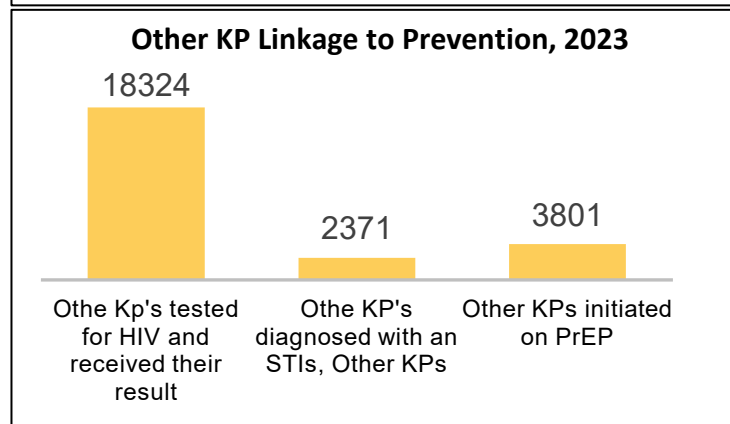
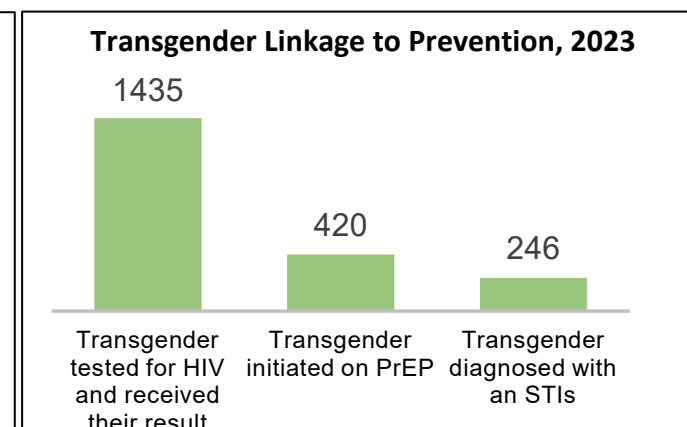
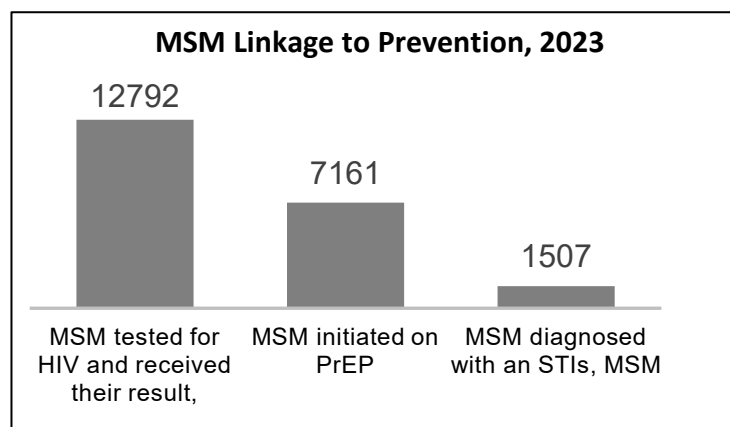
Transgender



FSW

- The MoHCC has placed great effort in expanding M&E systems to improve population-specific data collection.

- Granular data will go a long way to further refine and integrate interventions for improved targeting and overall impact within the Status Neutral Approach.



Source: National DHIS2, Jan-Aug 2023

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○ Challenges and lessons learned

- Next Steps

Challenges faced:

- 1 Consensus on the definition of Status Neutral among all stakeholders
- 2 Further understanding of financial implications of driving Status Neutral testing (i.e. Increase in Commodities required, demand generation &/or personnel?)
- 3 High staff attrition at health facility level continues to impact negatively on capacity building initiatives
- 4 Limited data on population-specific non-biomedical interventions within the National DHIS2.
- 5 Imprecise and gaps in data for Key populations (i.e. PWID/UD, MSM, Transgender) impacting target setting and overall Testing coverage

Lessons learned

1

Education and clarity on the status-neutral approach to Health workers is necessary for ease of acceptance

2

Intensification of counseling done by health workers to emphasize on risk reduction and available biomedical HIV prevention services

3

There is need to revise data tools within the Status Neutral Approach (develop & analyze HIV prevention cascades).

4

Importance of integrating biomedical and non-biomedical services within Status Neutral approach for all populations

5

Early inclusion of population-specific data disaggregation provides granular data to inform implementation approaches.

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Next Steps:



- Operationalize Linkage to Prevention indicators at the health facility level to track the effectiveness of tools and inform implementation approaches.



- Documentation of Lessons learnt of implementing Status Neutral Approach for dissemination across sub-national levels.



- Exploring Cost Effectiveness within Linkage to Prevention (i.e. Cost to initiate on PrEP).



- Conduct a National Target setting with population-specific testing targets applied at a sub-national level to drive linkage to prevention



ACKNOWLEDGEMENTS

- **Health Workers**
- **PEPFAR and Its implementing partners**
- **BMGF**
- **CHAI**
- **Global Fund**
- **Civil Society Organisations**
- **All populations**





Thank you!



1-3 Questions to the panelists

- The introduction of status neutral means more resources needed to test those who are HIV negative, are we assured of commodity security for (test kits, Condoms, STI Medicines, PrEP and VMMC) looking at that the budgets from our funding partners we understand for now they flat lined.
- Do we have enough resources to cater for all the combination HIV prevention interventions (structural, Biomedical and behavioral)