

# Enhancing Linkage to HIV Prevention Services: Results from an Operational Assessment on Healthcare Worker Training and Job Aid Implementation in Zimbabwe.

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## BACKGROUND / INTRODUCTION

### Overview of HIV in Zimbabwe:

- One of the highest HIV burdens in sub-Saharan Africa, with a generalized epidemic.
- HIV prevalence among adults (15–49 years) reduced from 25.4% in 1996 to 10.5% in 2023. HIV incidence rate: 0.98 per 1,000 population (all ages).
- 18,000 new infections in 2023, down from 24,000 in 2022.

### HIV Testing Strategy:

- Historically focused on identifying positive clients and linking them to treatment with emphasis on linking clients testing positive to ART.
- To meet the 2030 HIV/AIDS elimination target, Zimbabwe is shifting to a more holistic, status-neutral approach that emphasizes not only linking HIV-positive clients to ART but also helping HIV-negative individuals understand their risk and adopt prevention strategies to stay negative.
- Ministry of Health and Child Care (MoHCC) developed: **Guidance for Linkage to Prevention document**, simplified into a **job aid** to assist healthcare workers and revised: **Linkage to Prevention indicators** and **Monitoring and Evaluation (M&E) tools** to track true linkage outcomes

## METHODS

MoHCC piloted the job aid and conducted training on linkage to prevention indicators in 9 facilities across 3 provinces to inform national scale up.

**Objective 1:** To assess the effectiveness of a training and job aid intervention in enhancing healthcare workers' ability to link HIV-negative clients to Prevention, using PrEP data as a proxy measure of impact (before and after the pilot).

**Objective 2:** To assess the acceptability, utility and feasibility of the job aid and the impact of the training on healthcare workers' knowledge and capacity to link HIV-negative clients to Prevention services.

**Pre-pilot Assessment:** Prior to implementation, each pilot site underwent an assessment to identify current screening and risk assessment practices and tools.

**Training and Rollout:** Pilot sites received targeted training to familiarize service providers with the job aid. Implementation with the job aid commenced.

**Support & Mentorship Process:** The team conducted two support supervision exercises, one after the first month and another at the end of the pilot.

- **Document Review:** Abstract data from HTS registers and MRF on clients, prevention methods, and risk classification.
- **Interviews:** Conducted with HCWs to explore their perceptions, challenges, and utilization of the job aid.
- **Observations:** Assessed tools, SOPs, guidance, and staff capacity, observed healthcare workers' use of the job aid in client risk assessment.

### Data Sources:

- Revised HTS Registers with linkage to prevention indicators, Retrospective data for PrEP initiations, HCW interviews documented through MoHCC-developed questionnaires.
- PrEP uptake was used as a proxy indicator to track linkage to prevention efforts. By counting individuals who received PrEP, we estimated the proportion linked to HIV prevention services, acknowledging that some individuals may have received combination prevention.

## DISCUSSION

### Job Aid Feedback:

- The Job Aid has proven valuable in linking clients to HIV prevention services and supporting HCWs in risk profiling.
- HCW reported ease and comfort in its use, challenges such as difficulty profiling clients for risk information, requires ongoing mentorship

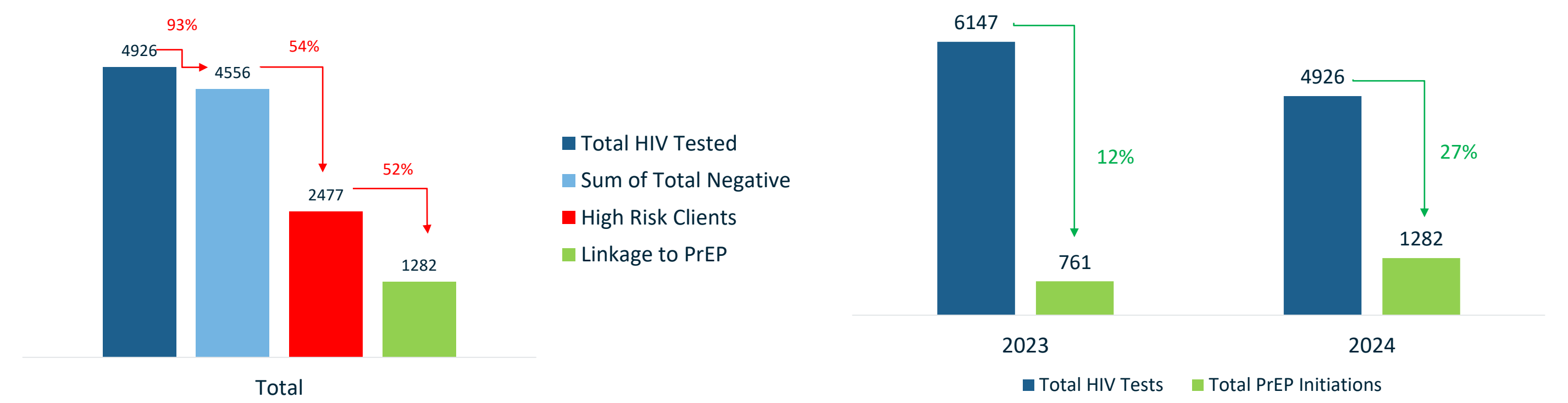
### Increase in PrEP uptake:

- A comparison between the pilot period (March–June 2024) and the previous year (2023) showed increased PrEP initiations. However, there is still a need to improve client identification and reporting to ensure clear disaggregation of services by population.

### Risk Classification Challenges:

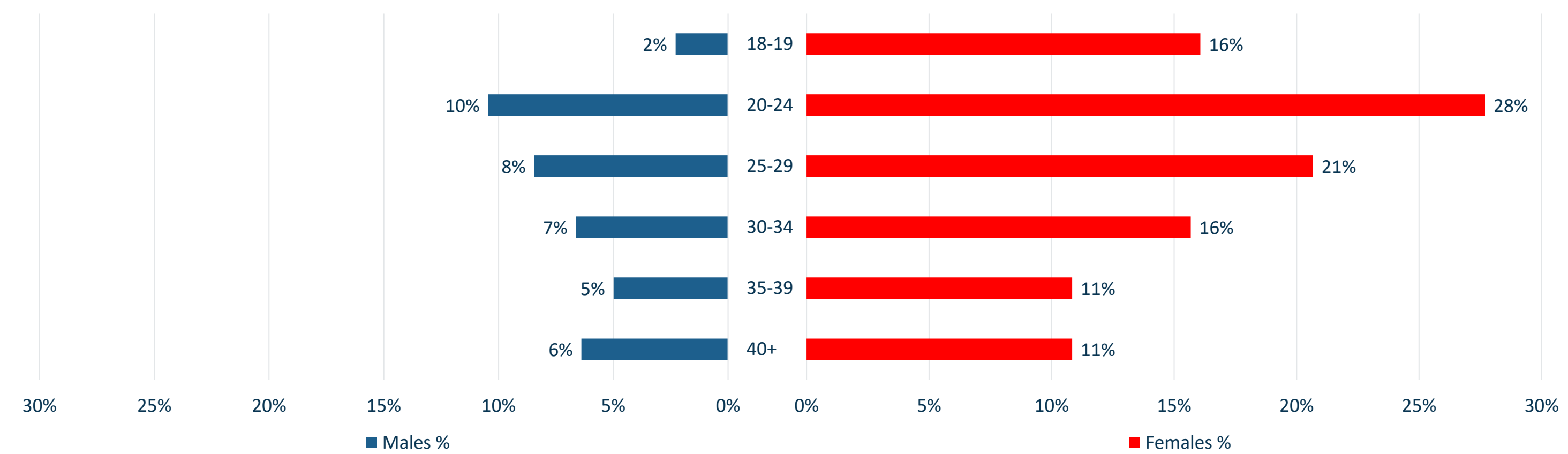
- While job aids guide the identification of specific risk behaviors using risk markers, there is no standardized risk classification tool, leaving decisions at the tester's discretion. This has resulted in discrepancies regarding how many risk behaviors or characteristics a client must exhibit for HCWs to classify them as high-risk.
- Additionally, further evidence is required to inform a risk classification system that incorporates risk weighting on each factor to accurately predict the risk of HIV infection and improve targeting of populations.

## RESULTS



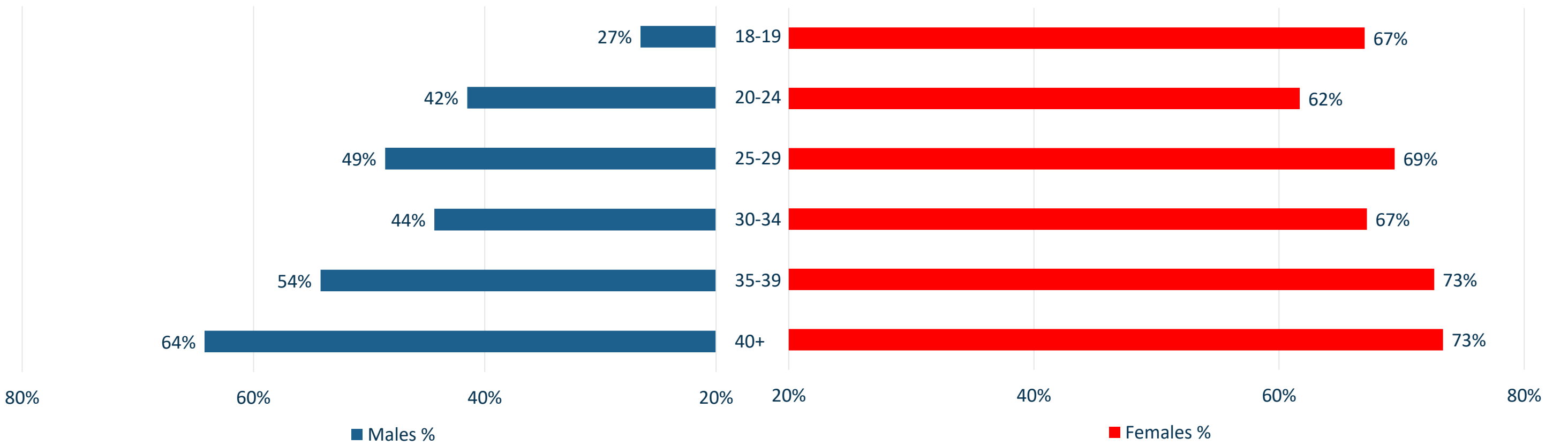
There was a noticeable increase in PrEP distribution from 12% in 2023 to 27% in the same period (pilot) in 2024.

### Risk classification by gender



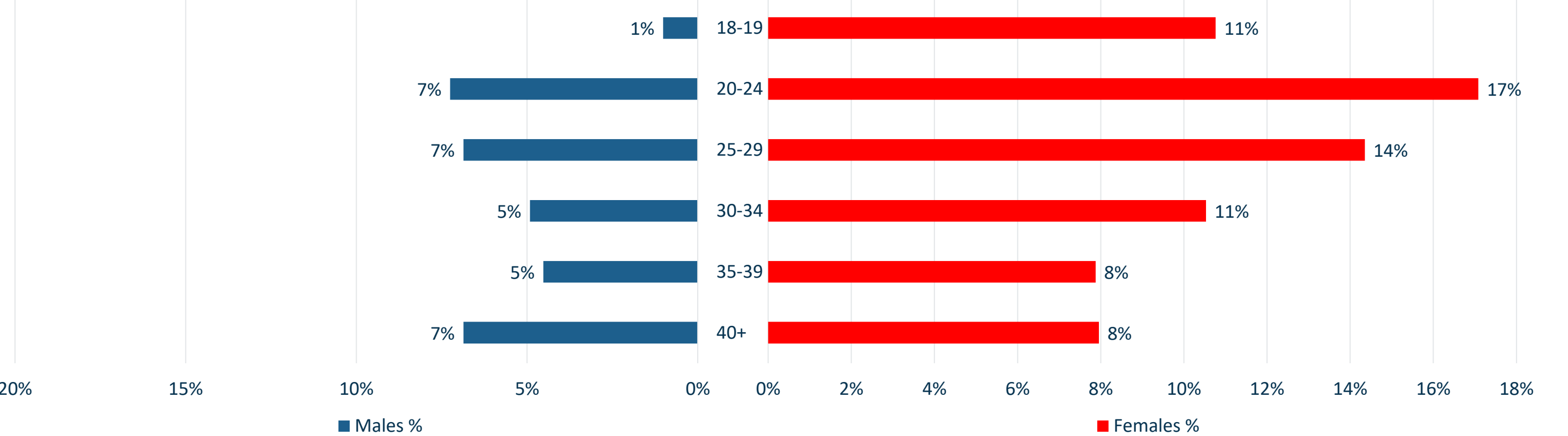
More females were identified to be at high risk both in absolute totals and in percentages as compared to their male counterparts which correlates with the HIV epidemiology of Zimbabwe (MOT Study, 2023).

### Proportion of High-Risk Clients initiated on PrEP



Females achieved a higher success rate of those at high risk and linked to PrEP. However, there is no standard risk classification tool.

### PrEP Initiation Structure by Age and Sex



Females have a higher PrEP uptake, possibly due to more access through delivery points such as ANC and prioritized prevention efforts.

### Other HIV Prevention Services

Pilot Facility	Total High-Risk (M+F)	Proportion of High-Risk				
		Linked to Condoms	Linked to PEP	Linked to STI	Linked to VMMC	Linked to PrEP
Pelandaba	290	99.68%	1.45%	1.45%	1.45%	24.92%
Pumula Clinic	221	92.31%	0.00%	0.00%	0.00%	73.76%
Khami Road Clinic	285	44.00%	0.00%	0.00%	0.35%	26.32%
Makusha	415	94.70%	0.00%	0.00%	0.24%	12.05%
Zvamabande	205	58.05%	0.00%	0.00%	29.76%	97.07%
Shurugwi Districts Hospital	285	100.00%	0.00%	0.00%	0.35%	26.32%
Brunappeg	156	18.49%	2.05%	6.16%	9.59%	83.56%
Ingwizi	206	86.77%	0.78%	20.62%	0.39%	97.67%
Plumtree District Hospital	128	85.90%	0.00%	0.00%	41.03%	147.44%

Whilst emphasis was on collecting data on high-risk clients linked to PrEP, other HIV prevention services were offered and condoms remain the most selected intervention.

### Job Aid Sections

