

Country Progress towards 90-90-90
targets: Innovative approaches to close
the gaps across the continuum of care

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90-90-90 Targets Workshop

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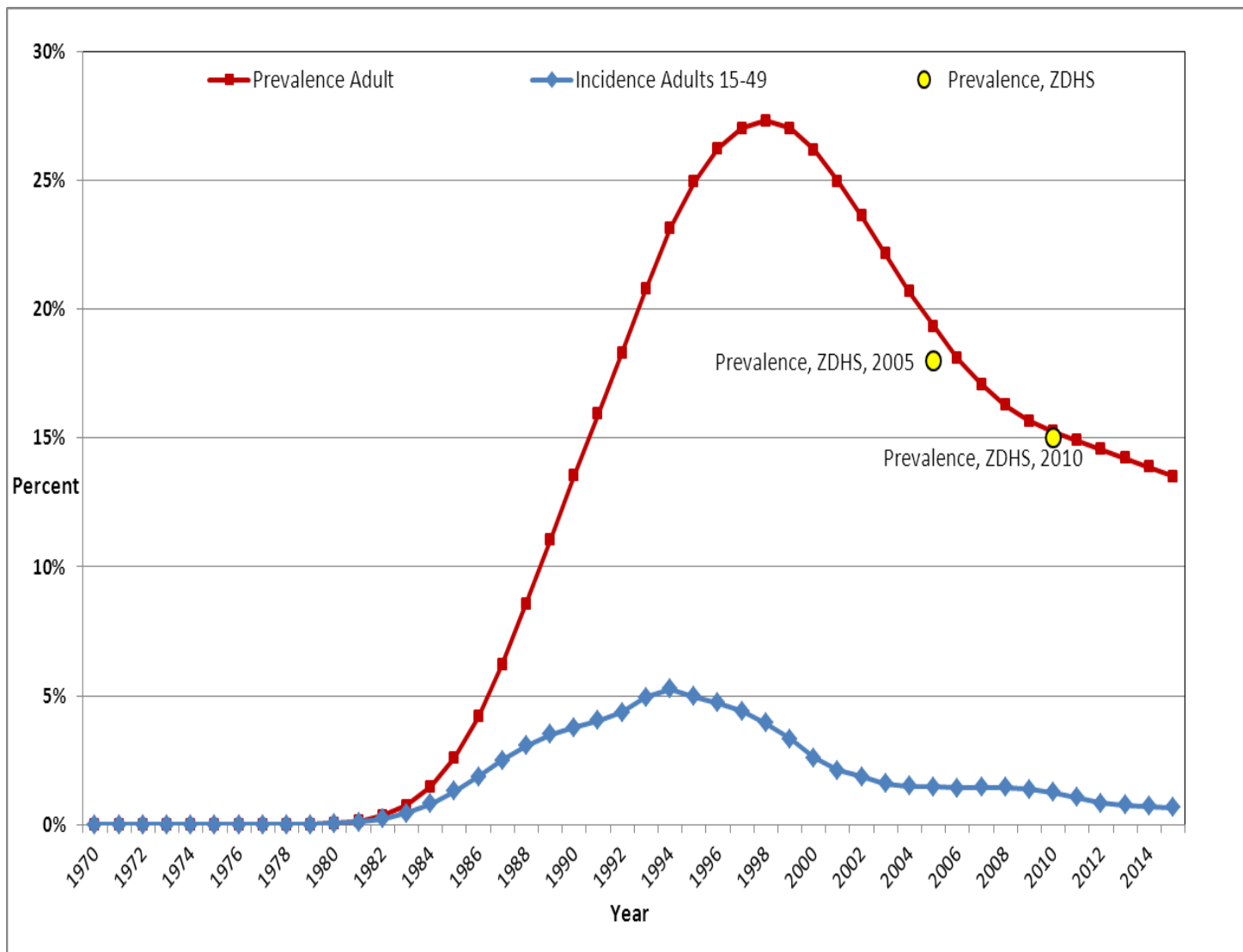
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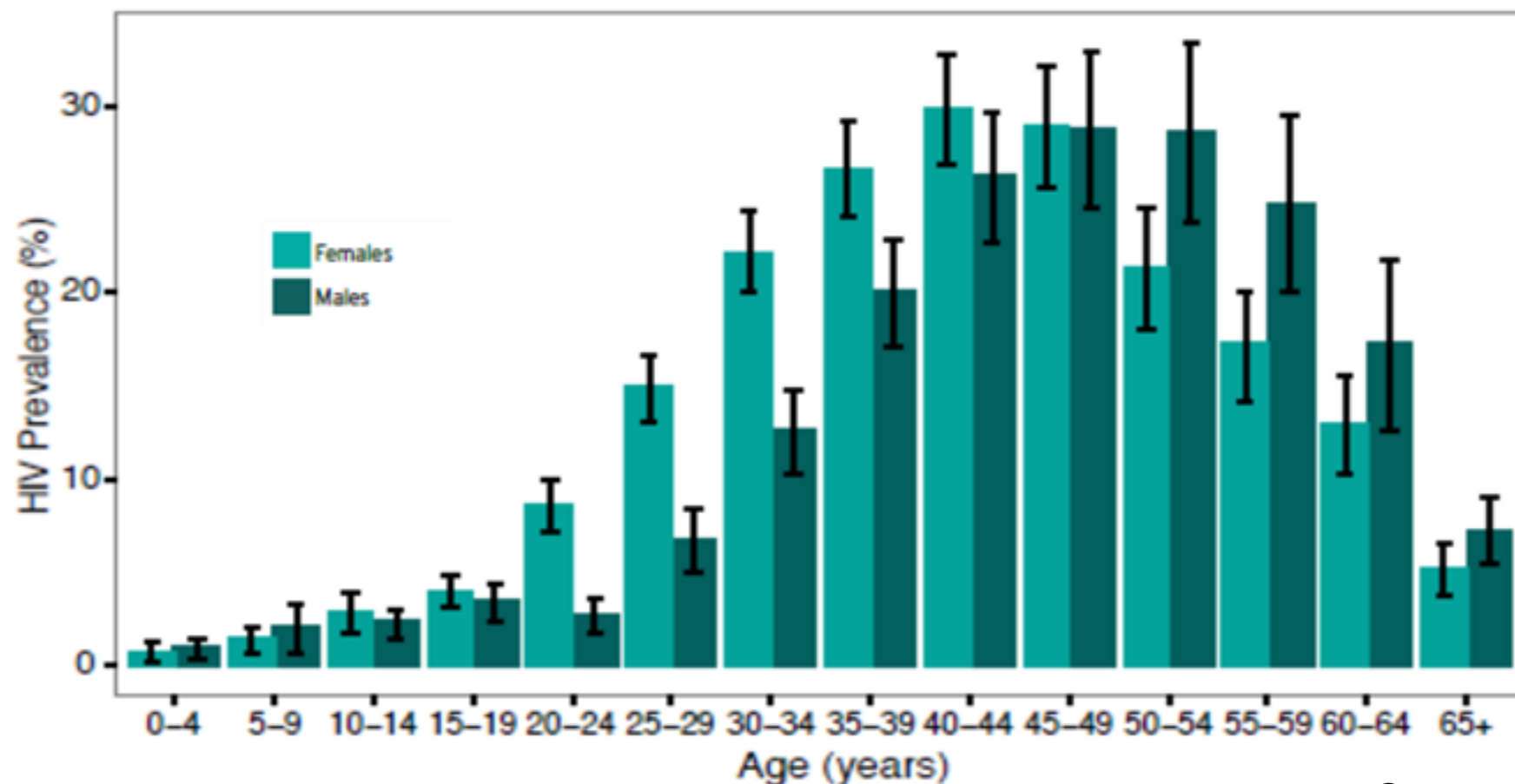
Zimbabwe has seen a significant reduction in both HIV incidence and prevalence from the late 1990s to date



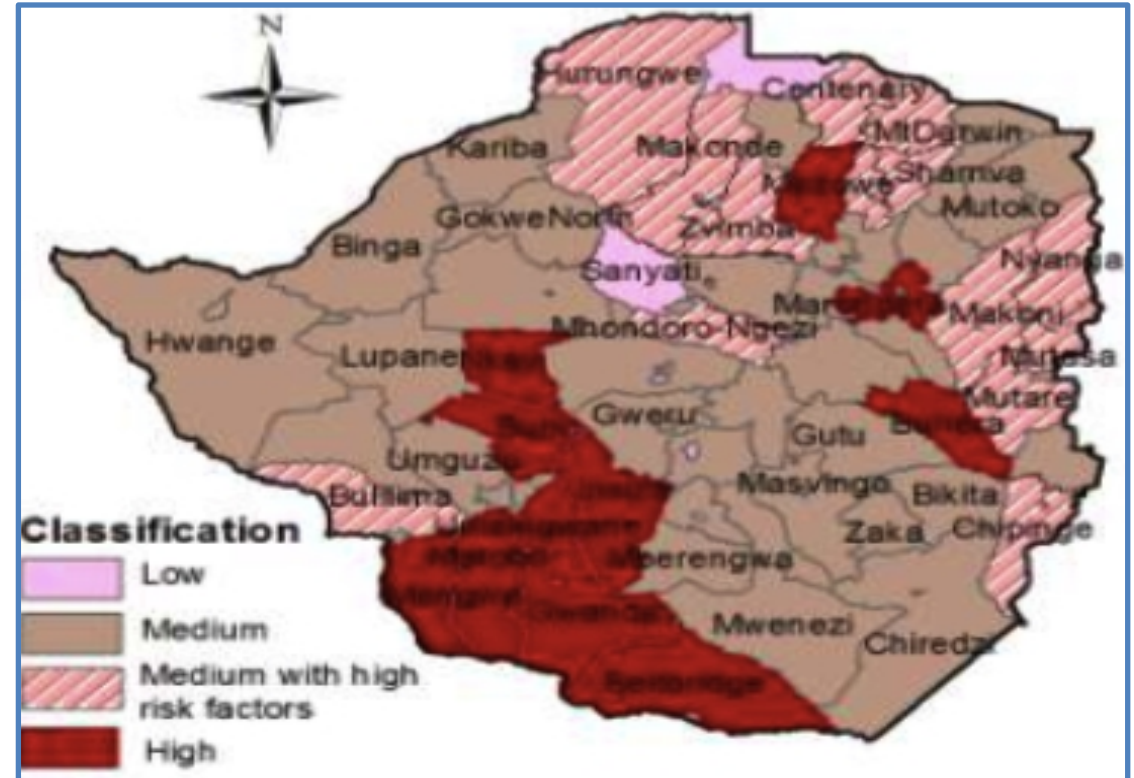
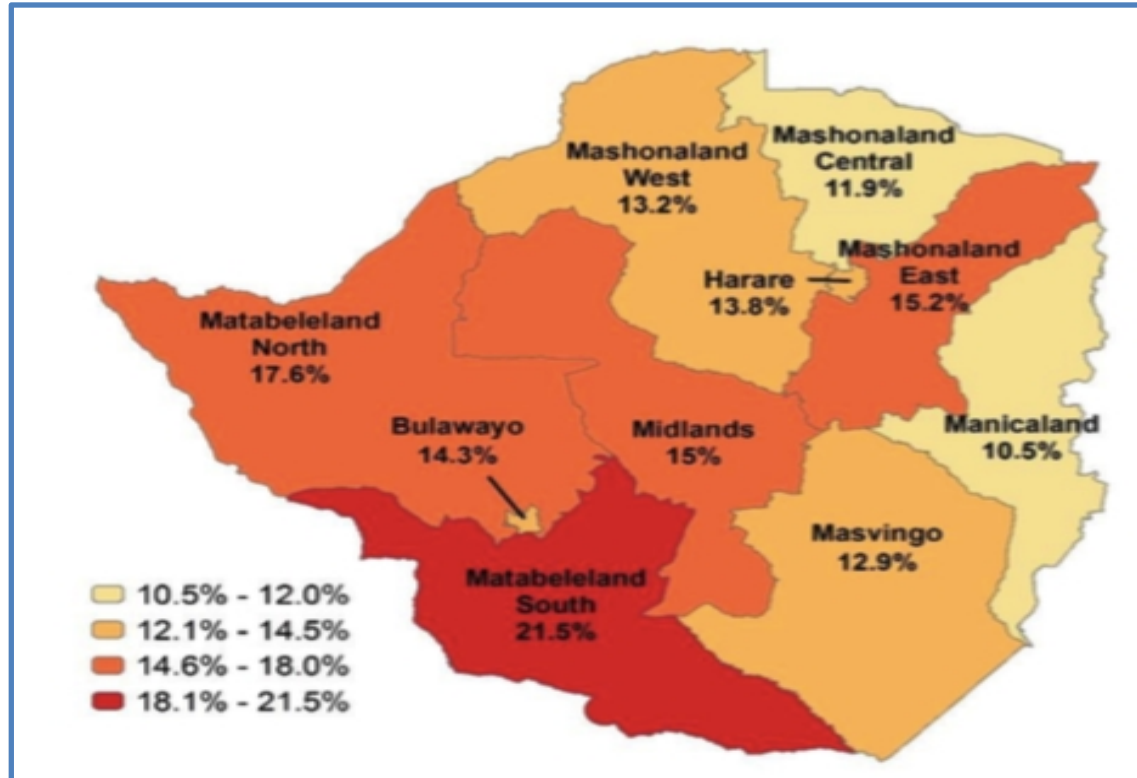
- Zimbabwe has a generalized HIV epidemic
Total population: 13.5 million (Census 2012)
- Total PLHIV: 1,2 m (76,682 children)
 - Prevalence
 - (0-14 yrs) 1.6%
 - 15-49 yrs) 14%
 - Incidence rate 0.50%
 - Approx 32 000 new HIV infections/yr
 - MTCT rate 5,2%
 - Need for PMTCT 65 158
 - TB/HIV co-infectivity rate 72%

HIV Prevalence:

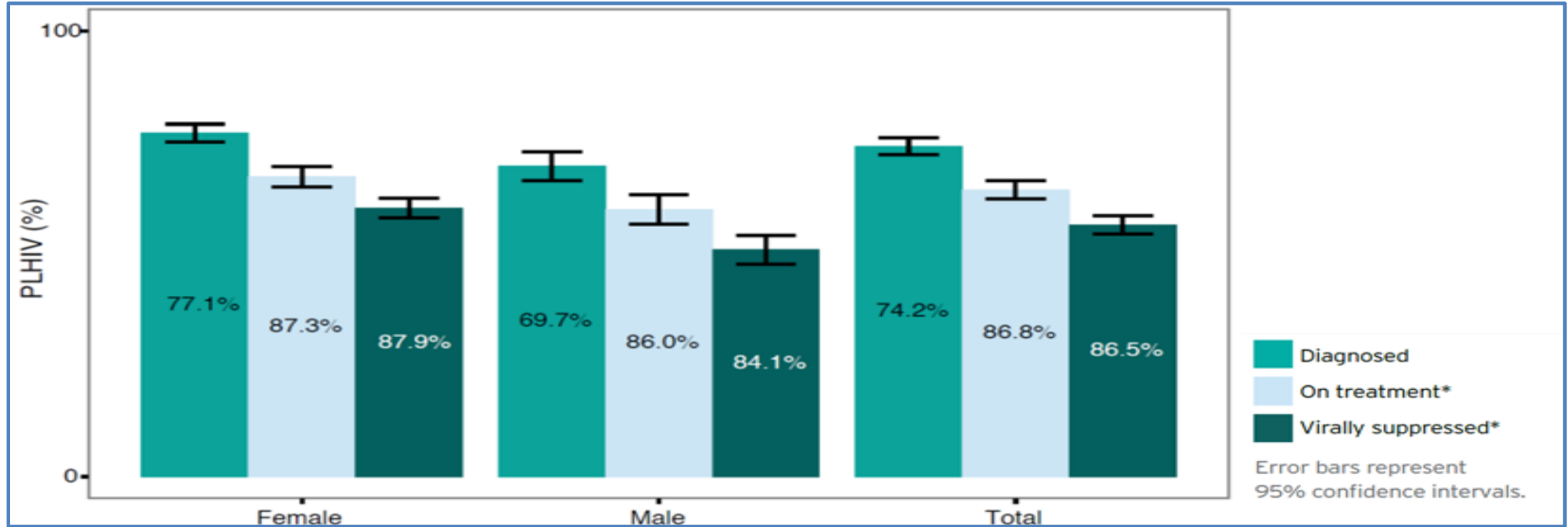
- Prevalence of HIV among adults 15-49 years in Zimbabwe is 14.6%; (females, 16.7% and males 12.4%)
- Young women 20-24 years of age have **three times higher** the prevalence of HIV compared to their male counterparts



Despite recording remarkable progress in HIV prevalence & incidence, wide variations still remain across provinces (Left) and districts (Right)....



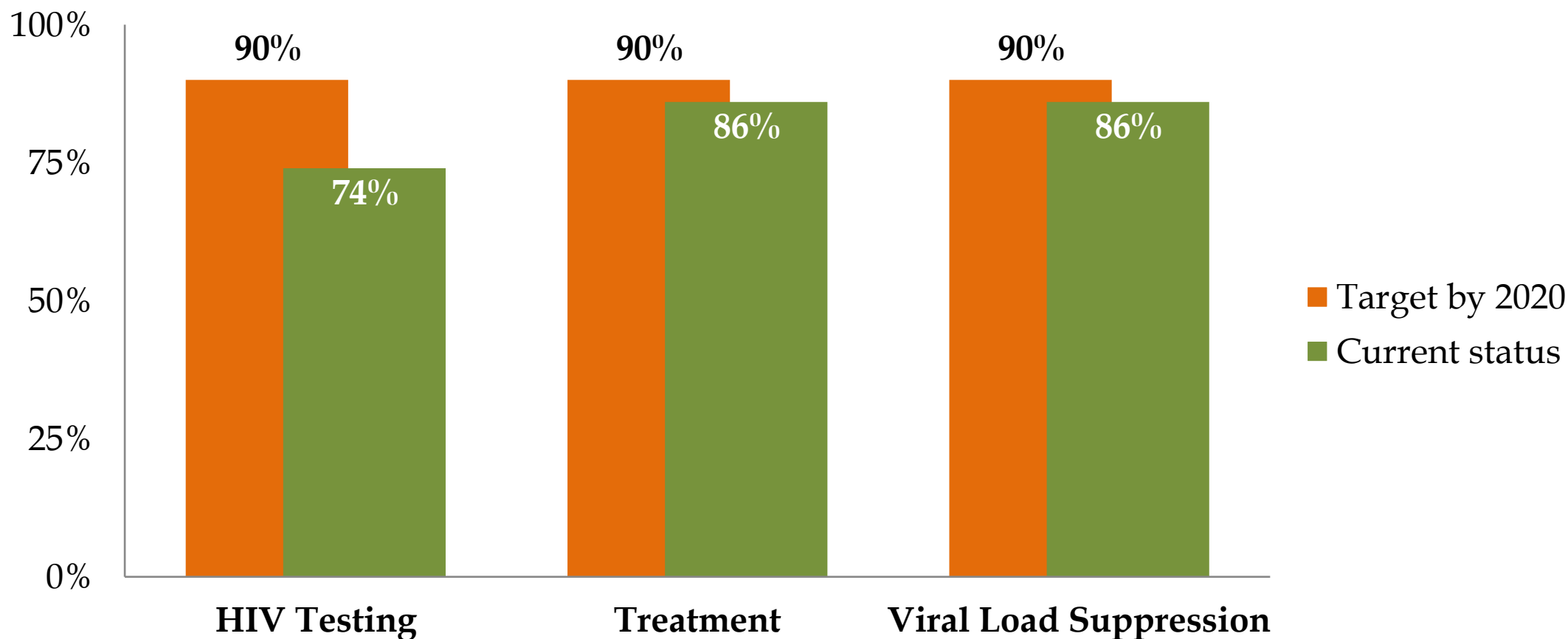
Progress Towards 90-90-90 Targets, by Sex (Zimbabwe 2016)



Though prevention gaps persist, the treatment cascade suggests the country is on track to achieve the 90-90-90 targets. As of 2016,

- 74.2% of all PLHIV know their status,
- 86.8% of those are on treatment (translating to 879,271 people as of 2015)
- 86.5% of people on treatment are virally suppressed

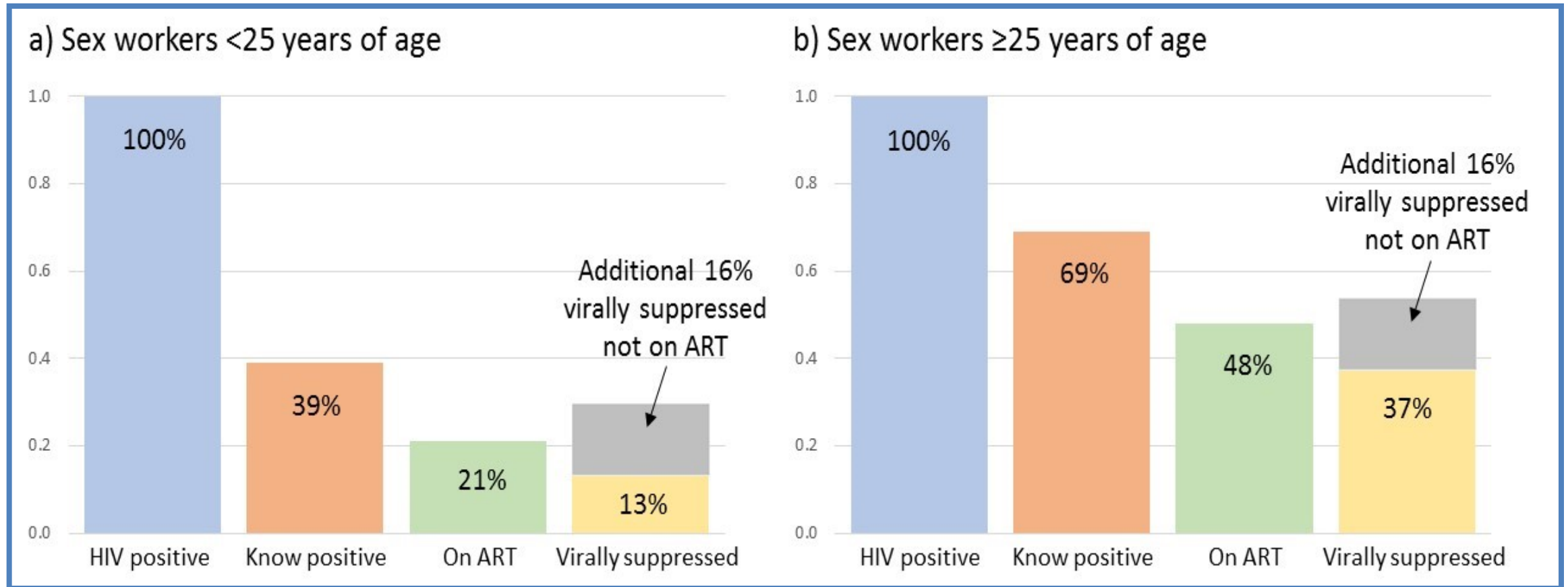
Zimbabwe has made great progress in controlling the HIV epidemic and is well positioned to achieve the 90-90-90 Fast Track targets



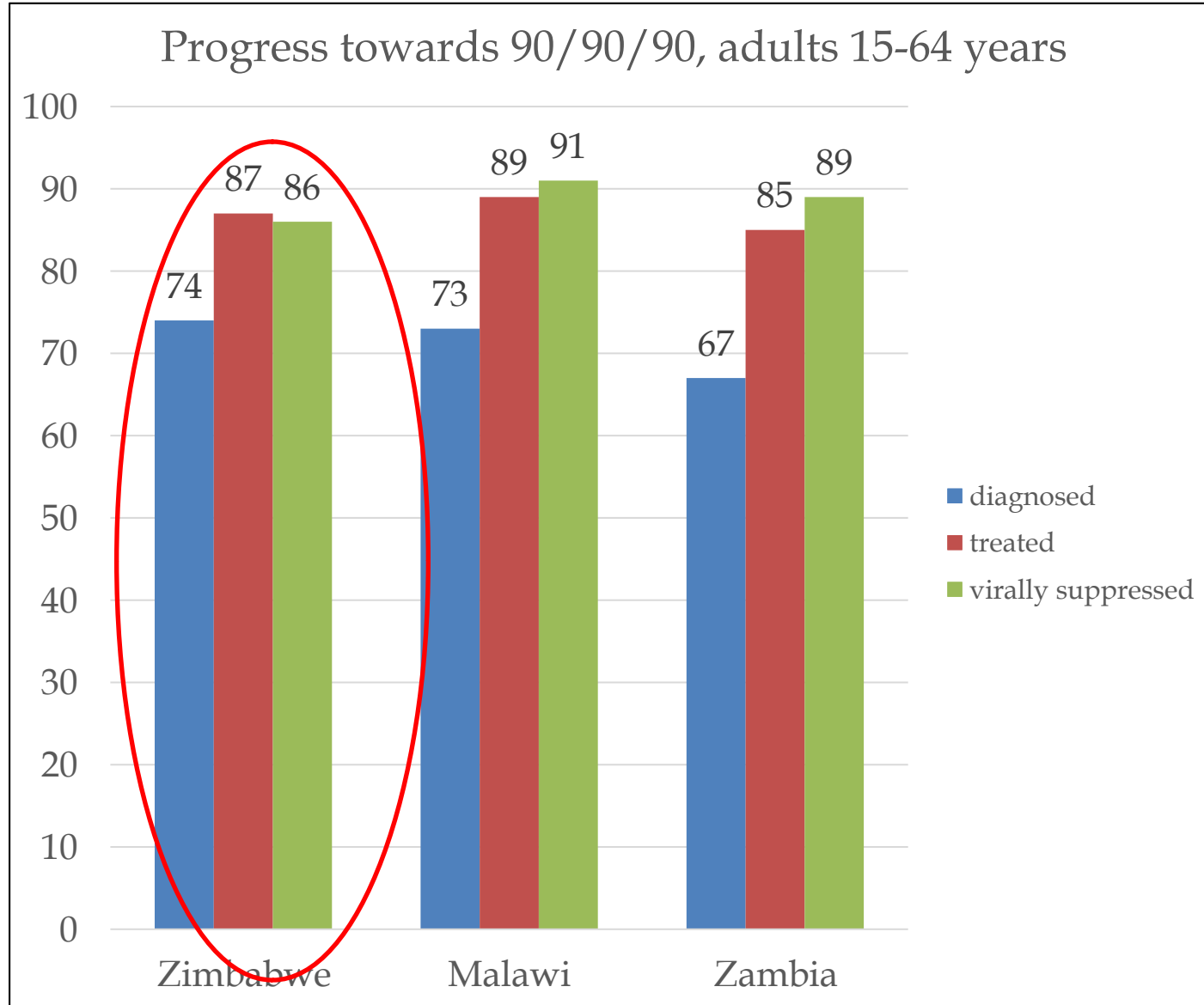
- The biggest gap to achieving the 90-90-90 targets is in **testing**.
- The new national HTS Strategy (2016- 2020) shifts focus from testing for coverage to targeted testing for identification of those living with undiagnosed HIV.

Source: ZIMPHIA, 2016; Spectrum Zimbabwe National HIV Estimate

Despite progress....significant gaps remain particularly pronounced among key populations



Overall progress with 1st 90

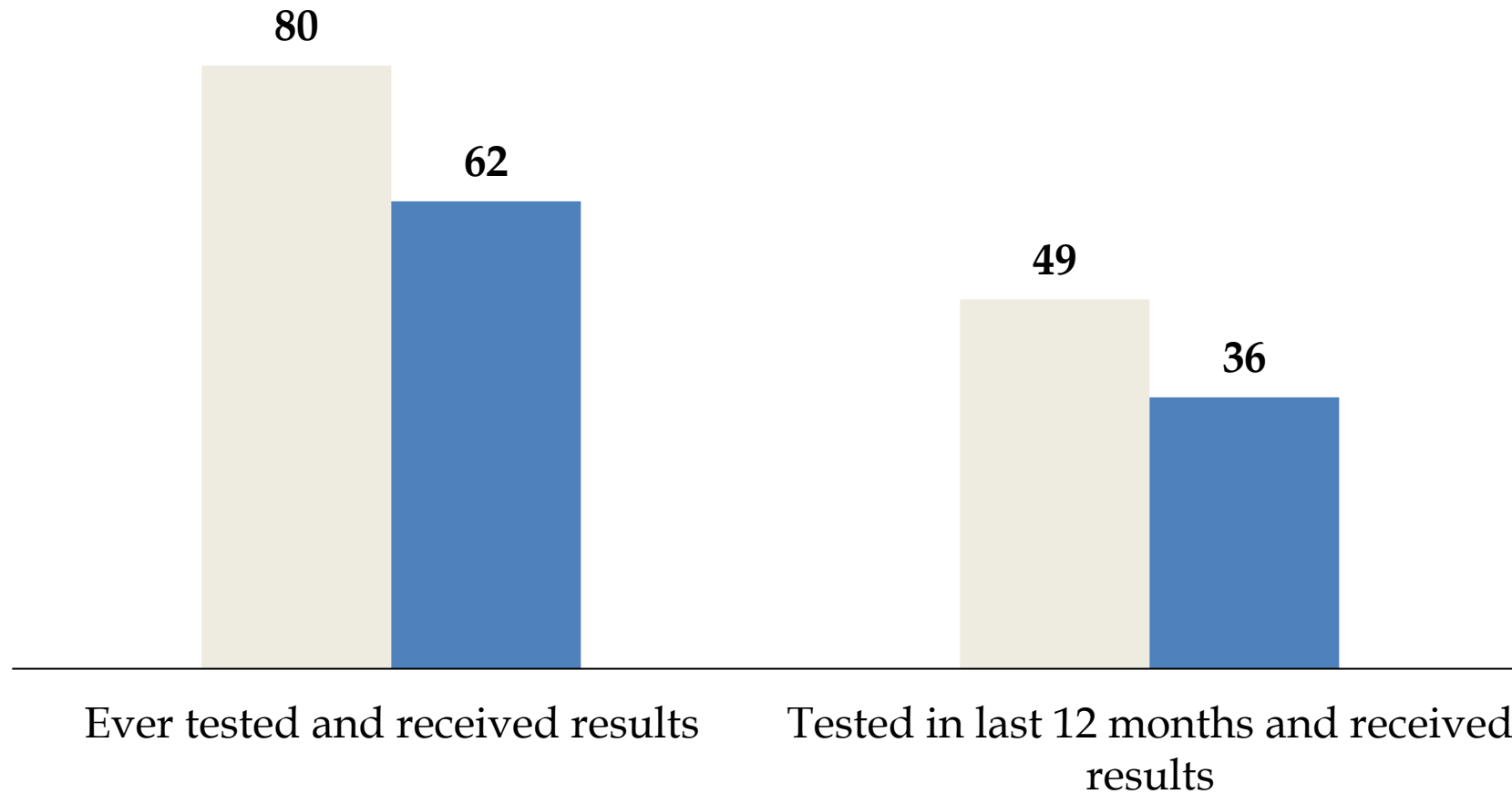


- ***Despite ZIMPHIA demonstrating excellent progress in epidemic control at regional, national & provincial level***
 - Biggest gap remains on the first 90% which is still 74,2%

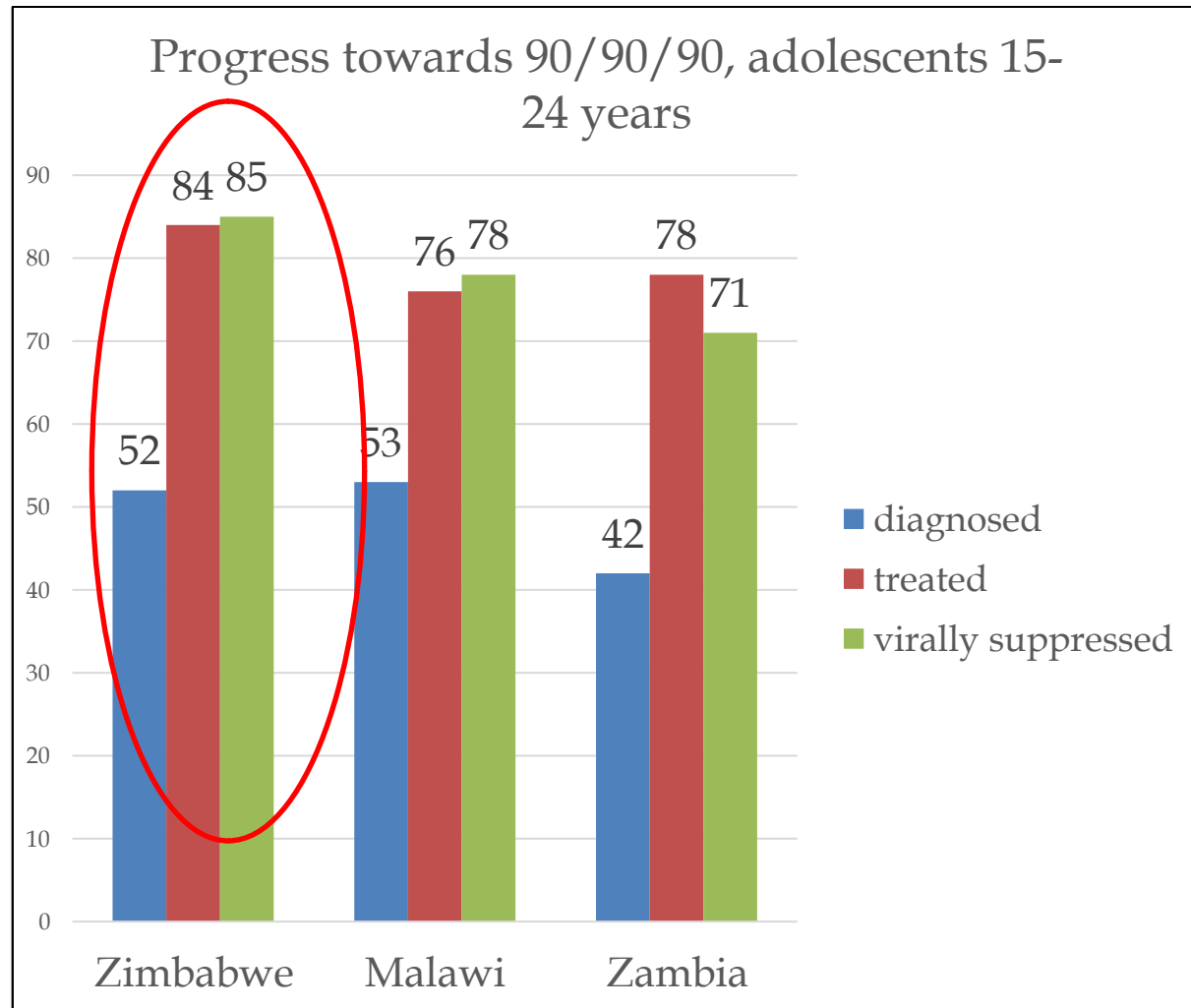
HIV Testing (ZDHS 2015/16)

Percent of women and men age 15-49

■ Women ■ Men



1st 90 Progress among adolescents & youths



- However, **men and young people still experience lower level of testing**: 42% of women 15-24 and only 26% of men 15-24 had tested in the last 12 months in Zimbabwe
- **Nearly half of young people (15-24 years) living with HIV in Zimbabwe** do not know their status

Innovative approaches in addressing the 1st 90



- Revision of the HTS strategy to be in line with 90.90.90 global targets
- Adopted the 2015 HTS Guideline as well as the 2015 WHO Prevention and ART guidelines



- Strengthened the **Provider Initiated Testing and counselling** to identify the positives
- Community based targeted testing including **index case testing**
- Developed **SOPS to guide the implementation of Index case testing**
- **Moonlighting testing services** for hot spots and key population
- **Targeted testing** in hot spot areas including **tertiary institutions**

- Piloting of **HIV Self testing (HIVST)** using community based distribution model
- **HIV ST for key populations** (FSW and their clients)
- Plans are at an advanced stage to distribute HIVST to partners of PMTCT mothers

WHY HIV SELF-TESTING?

- HIVST is a promising and innovative model which may increase testing uptake
- MOHCC have partnered with PSI and CeSHHAR to answer the following questions through the STAR project: HIV-Self Testing Africa, funded by UNITAID
 - Feasibility - including ability to perform test accurately
 - Acceptability of HIVST
 - Models of distribution of ST that optimise uptake and linkage to care

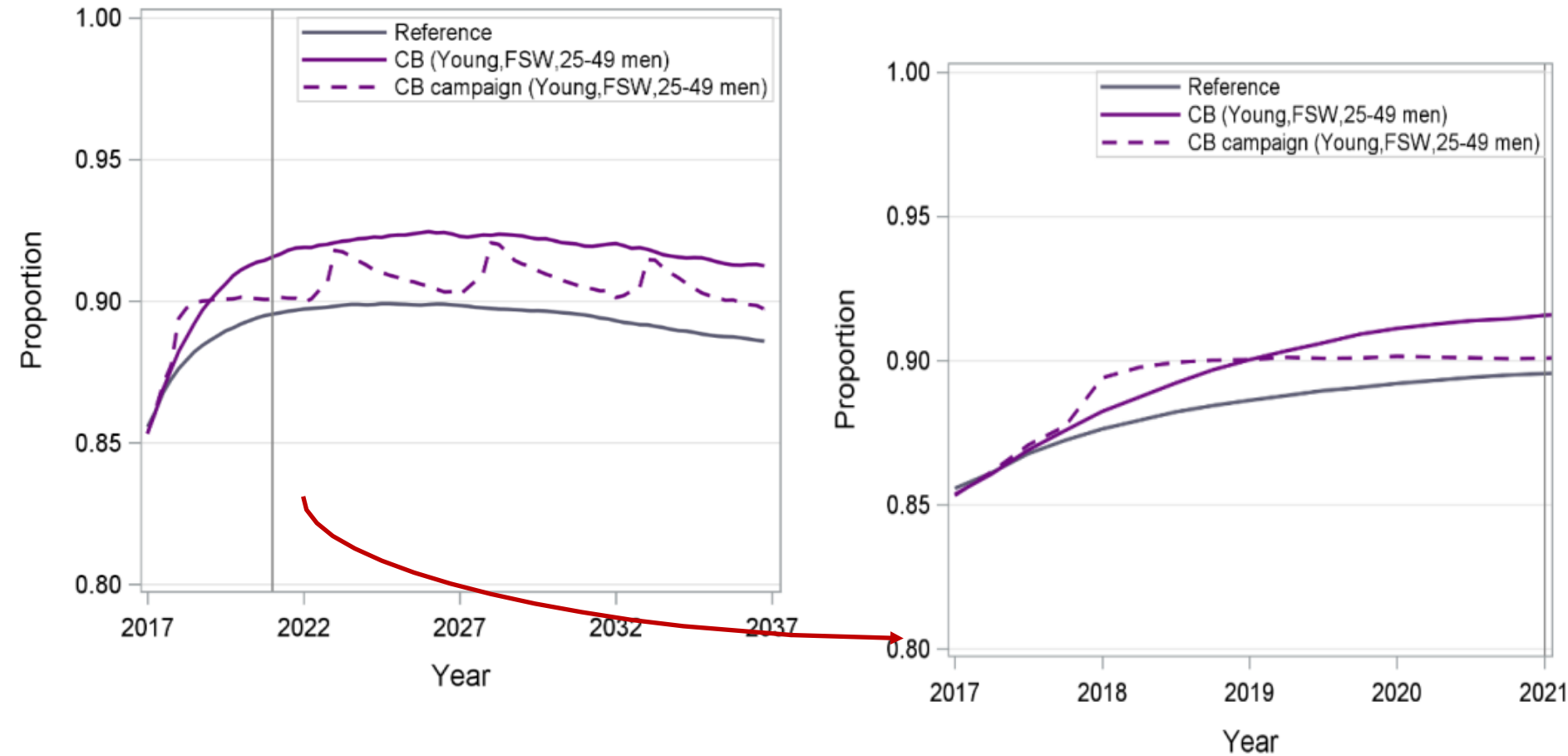


Lessons Learnt from HIVST

- Lay providers can be trained to demonstrate HIV ST kit use
- Self-testing reach populations that would otherwise not test: **men** and **adolescents**
- 52% of self-testers with reactive result at community level linked to health facilities within a week for a confirmatory test



Can we achieve the First 90 without HIVST?



Modelling Andrew Phillips and Valentina Cambriano, 2016

Modelling suggests that we would not be predicted to achieve the 1st 90 by 2020 if we maintain the current rate of testing

Only with the introduction of targeted community-based **HIVST in young people, FSW and adult men**, it will be possible to achieve the first 90 by 2019 !

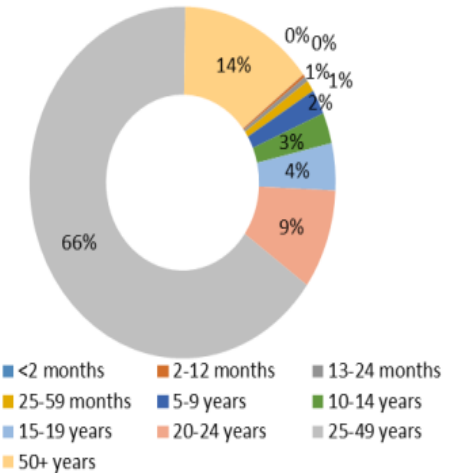
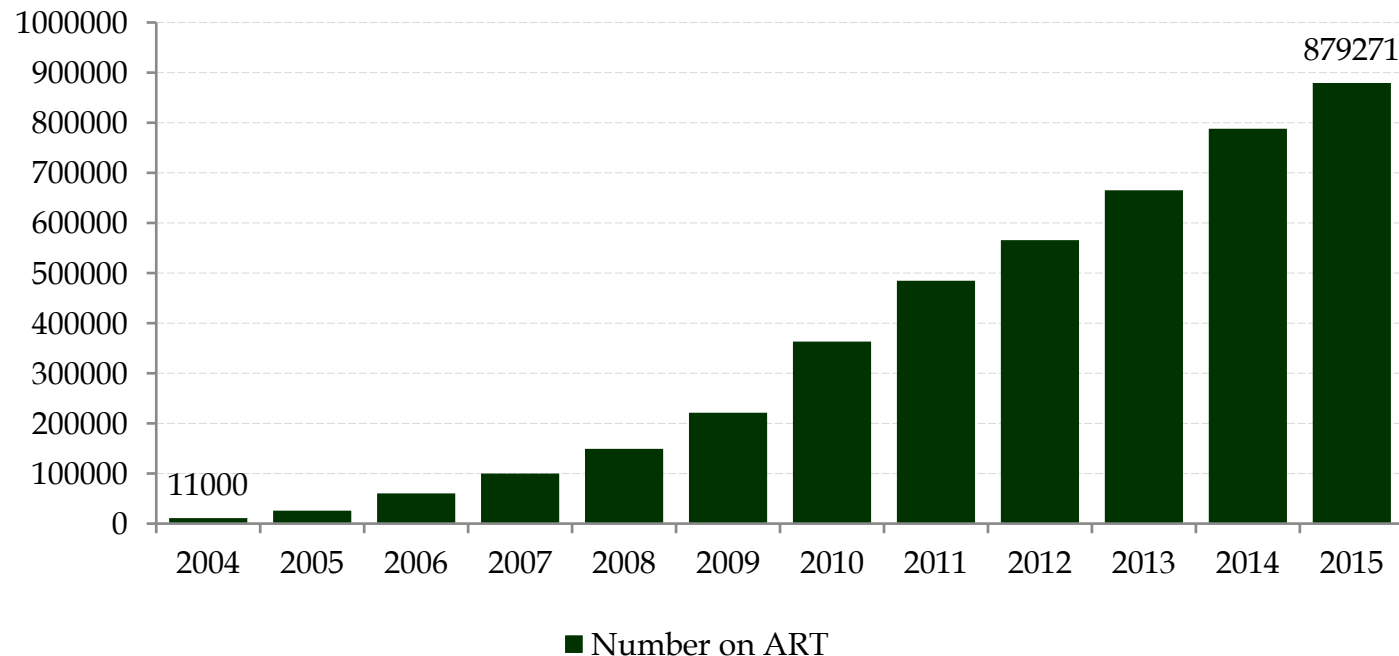
Early Infant Diagnosis:

- Birth DNA PCR test will be done within **48hrs** of birth, where available
- Early ART initiation as soon as birth PCR results are available
- ALWAYS retest and confirm results with repeat PCR but retesting should not delay ART initiation.
- Babies who test negative at birth (birth PCR) or not tested **MUST** be tested at 6 weeks.



ART Progress in Zimbabwe 2004-December 2015

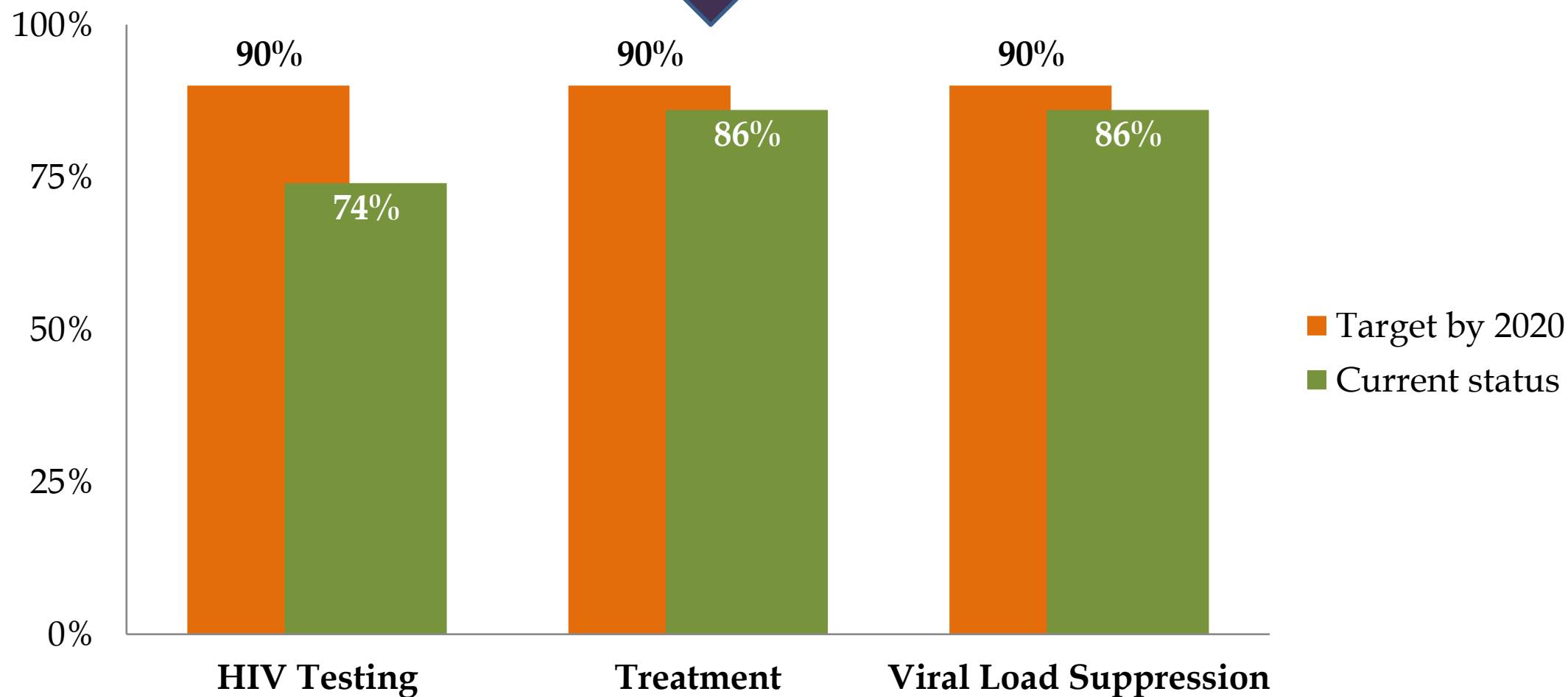
Number of PLHIV on ART 2004-September 2015



61,061
children
818,207
adults

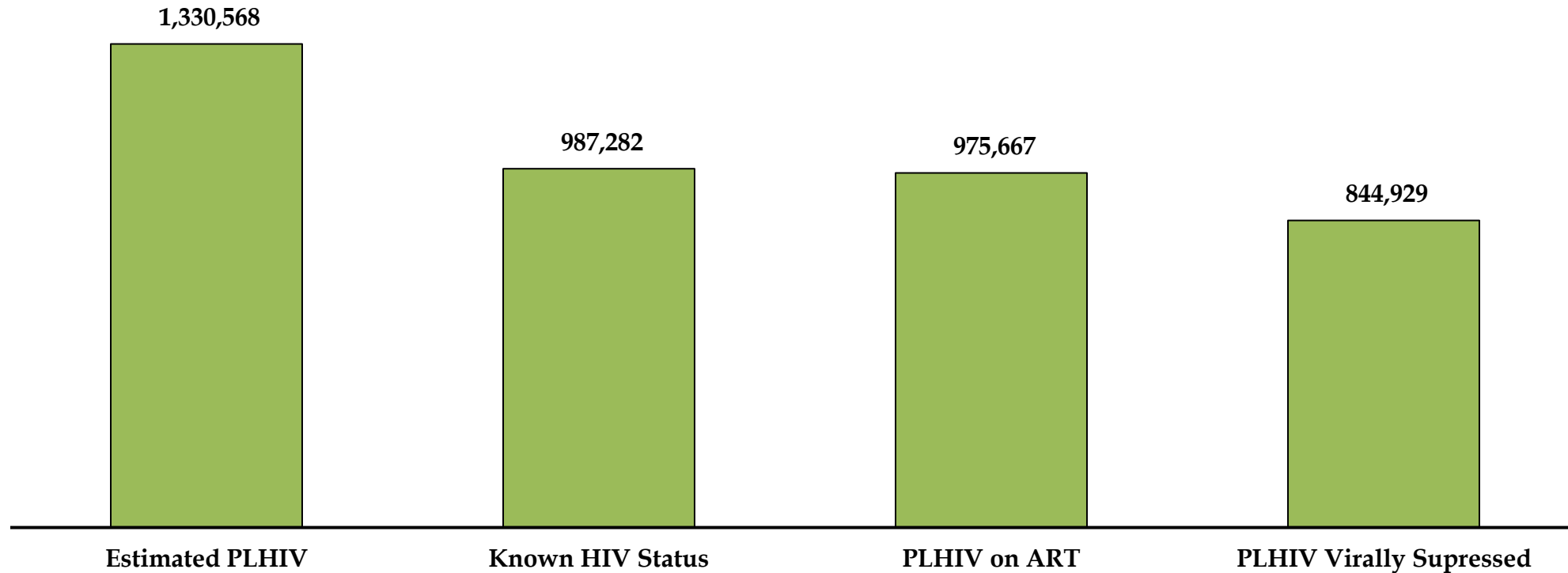
- 63% of the PLHIV on ART are females
- 66% of the PLHIV on ART are aged 25-49 years
- 7% of patients on ART are children aged <15 years, whilst 7% are adolescents 10-19 years
- Average monthly initiations of 650 and 9,446 for children and adults respectively
- Decentralised HIV services to 92% of facilities

Second 90



ZIMPHIA, 2016

HIV Care & Treatment Programme progress

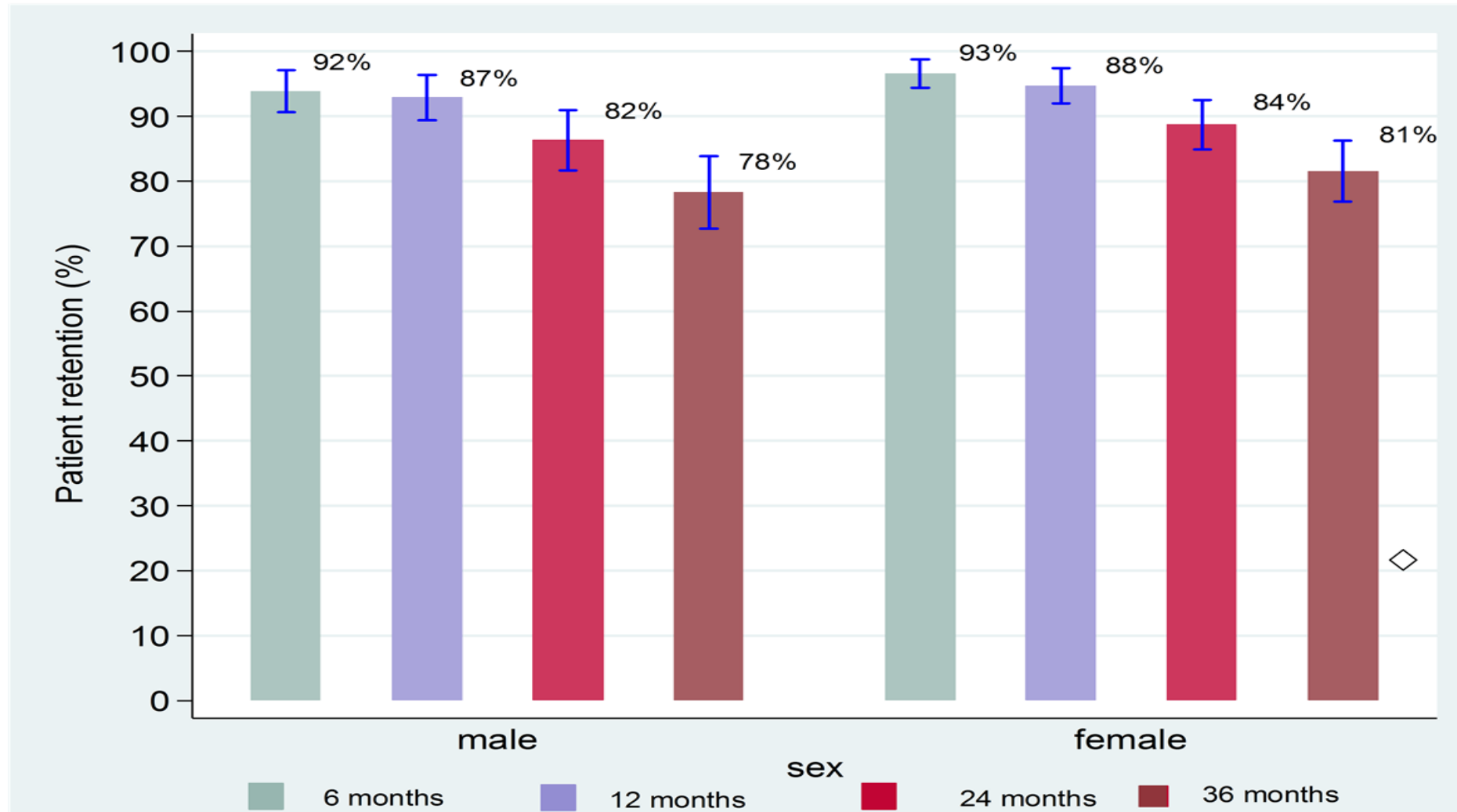


- 86% of PLHIV who know their HIV status are on ART (ZIMPHIA, 2016)
- Number of people on ART by March 2017 is 1,030,000 (86% ART Coverage)
- 86.6% of PLHIV on ART are virally Suppressed (ZIMPHIA, 2016)

- Yearly incidence 15 – 49 years 0.48%
- Prevalence 15 – 49 years 14.0

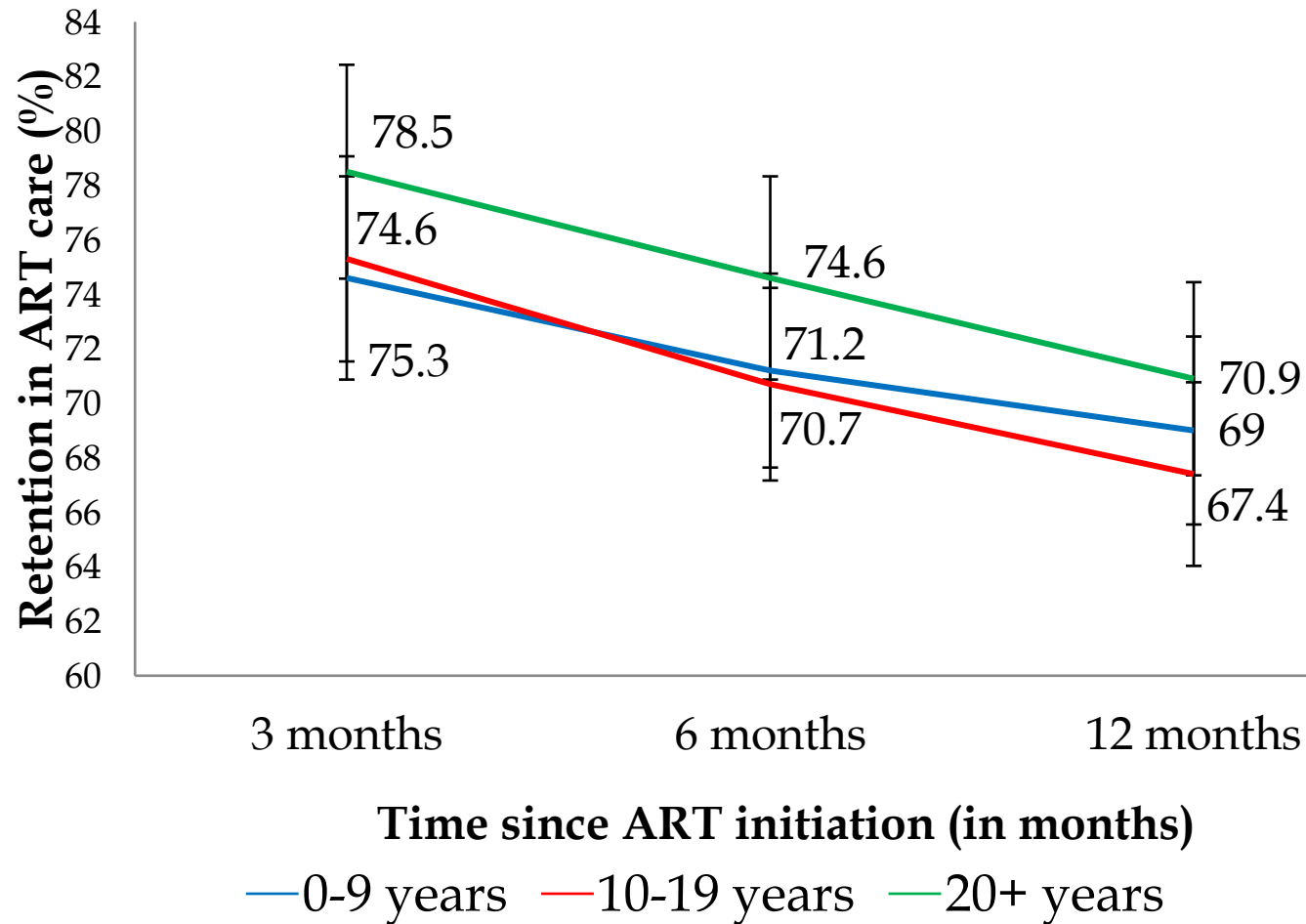
- Sources: 2015 HIV Estimates Report
- DHIS2 (30/09/2016)
- ZIMPHIA Report, 2016
- Source: 2016 ART Outcomes Study Report

Rates of ART Retention in Zimbabwe, 2013-2015

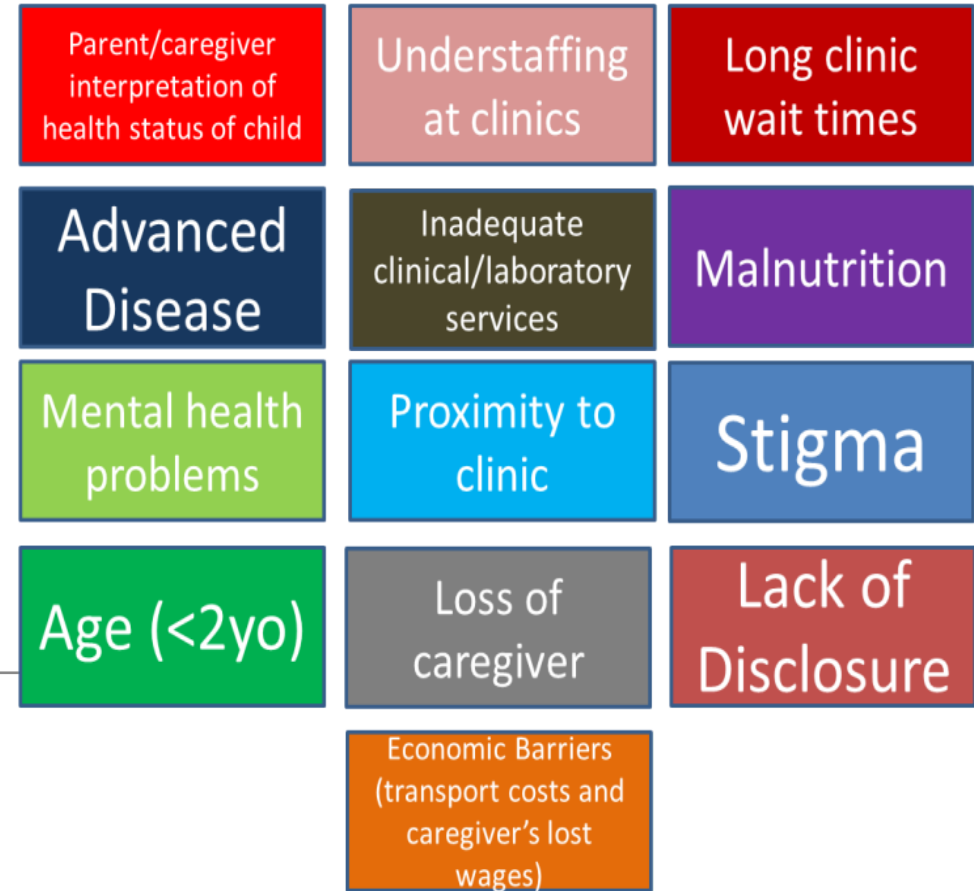


Source: Zimbabwe MOHCC (ePMS), 2016

Missed opportunities in ART retention among adolescents & young people which still remain relatively low



NB: Age groups exclude pregnant women at ART initiation



Barriers to Retention

B. Phelps, Linkage, initiation and retention of children in the antiretroviral therapy cascade: an overview, AIDS. Nov 2013; 27..

Innovations for reaching 2nd 90

Treat All

- Adopted treat all in phased approach since 2016
- Targeting back to care clients on pre-ART and newly diagnosed clients
- Initiations expedited within a week and latest by 2 weeks from identification
- Counselling tailored to ensure client readiness before initiation

Community based ART initiation

- Country piloting community based ART initiation targeted at clients identified within community
 - Index case testing
 - Outreach testing
- Clients followed up within community until ready to attend follow up at the clinic
- Referral to clinic should be completed by 6 months from initiation

Expert clients

- Facilities identify experienced clients who have been in care and doing well
- Expert clients trained to offer counselling and treatment support
- Expert clients assist with counselling newly diagnosed clients
- Expert clients escort clients from testing point to enrolment point to reduce attrition before enrolment
- Community Adolescent Treatment Supporters (CATS)

What is Differentiated care for HIV?

“Differentiated care is a **client-centred approach** that simplifies and **adapts HIV services** across the cascade to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while reducing unnecessary burdens on the health system. By providing differentiated care, the health system can refocus resources to those most in need”

(IAS, Decision Frame-work for Differentiated Care 2016)



Differentiated Service Delivery approach

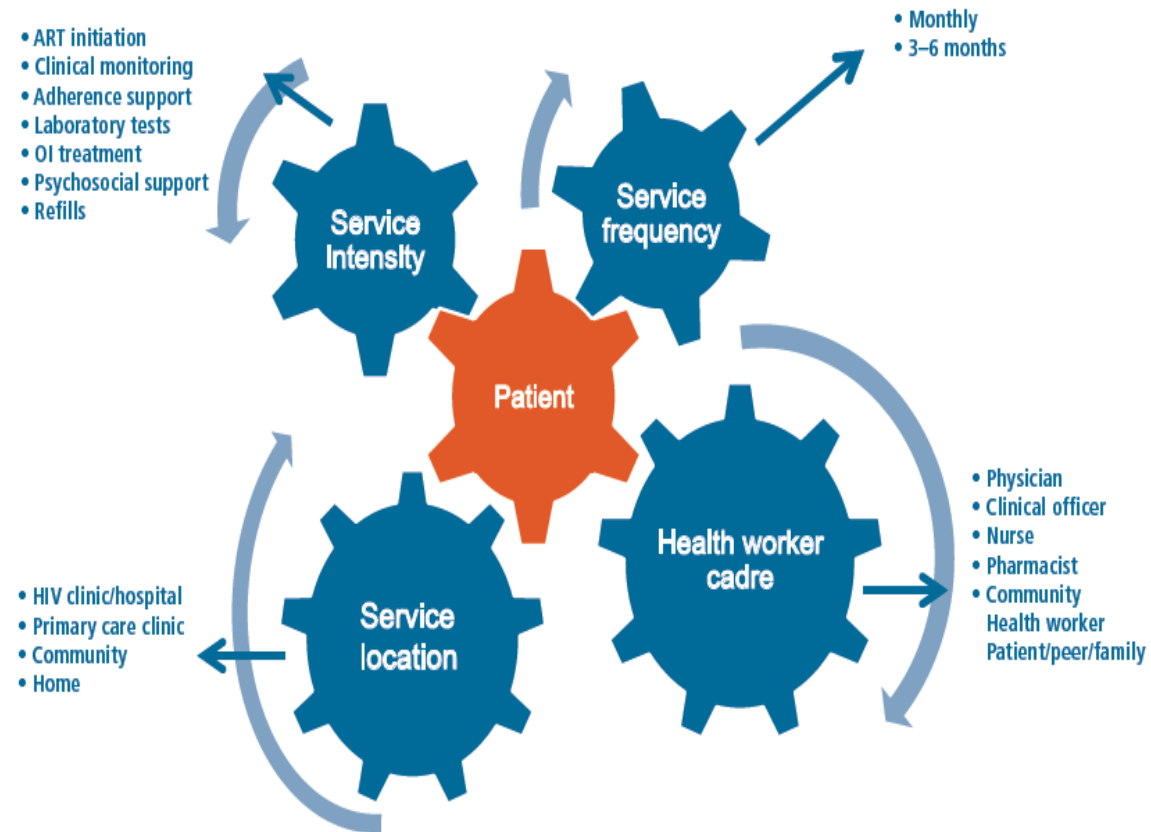
Different Care packages for different types of patients

- Stable on ART
- Unstable on ART
- Well Patients
- Late Presenters

Sub-populations:

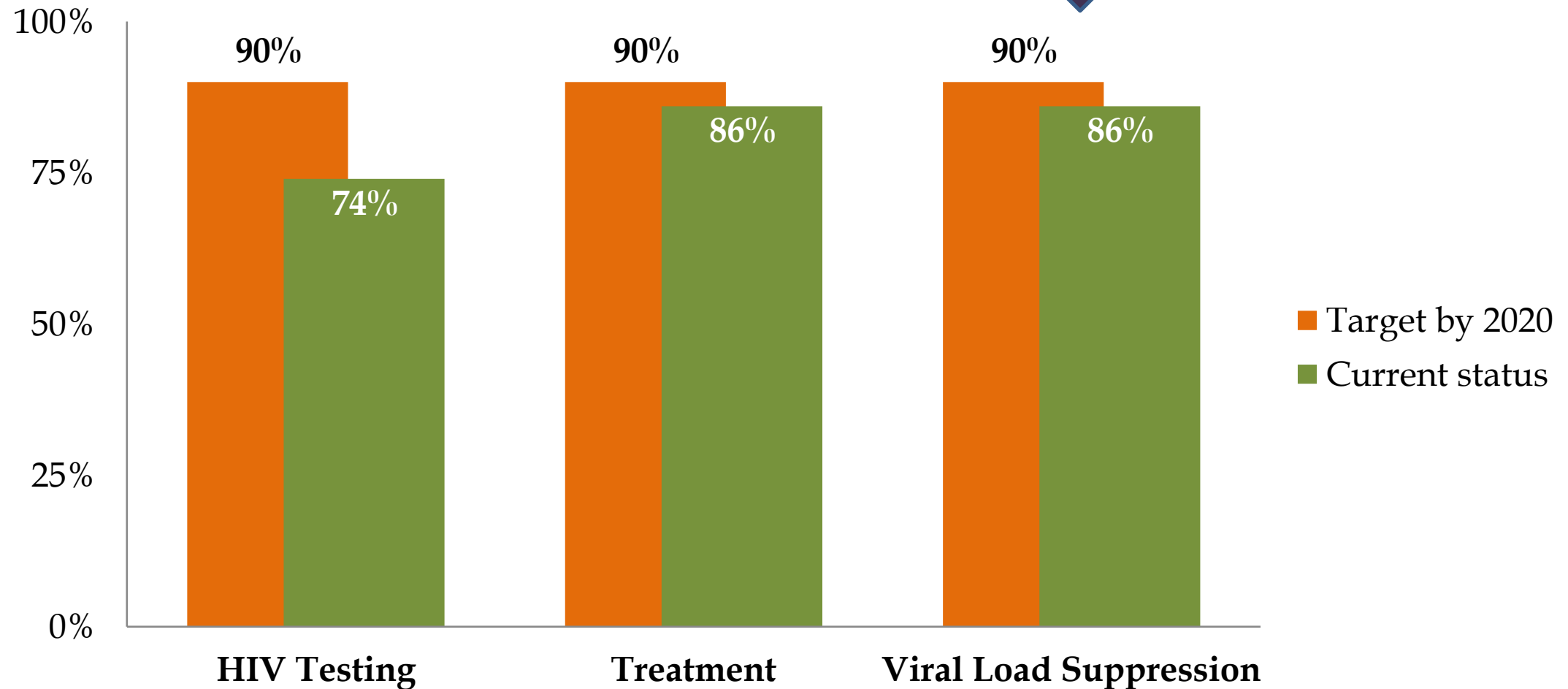
- Children
- Adolescents
- Pregnant & Breast-feeding Women
- Men
- KPs
 - SW, Prisoners, Migrant Workers

Fig. 3. Key factors in differentiated approaches to HIV care



Source: Duncombe C, Rosenbulm S, Hellmann N, Holmes C, Wilkinson L, Biot M et al Reframing HIV care: putting people at the centre of antiretroviral delivery Trop Med Int Health 2015 20(4) 430-47.

Third 90

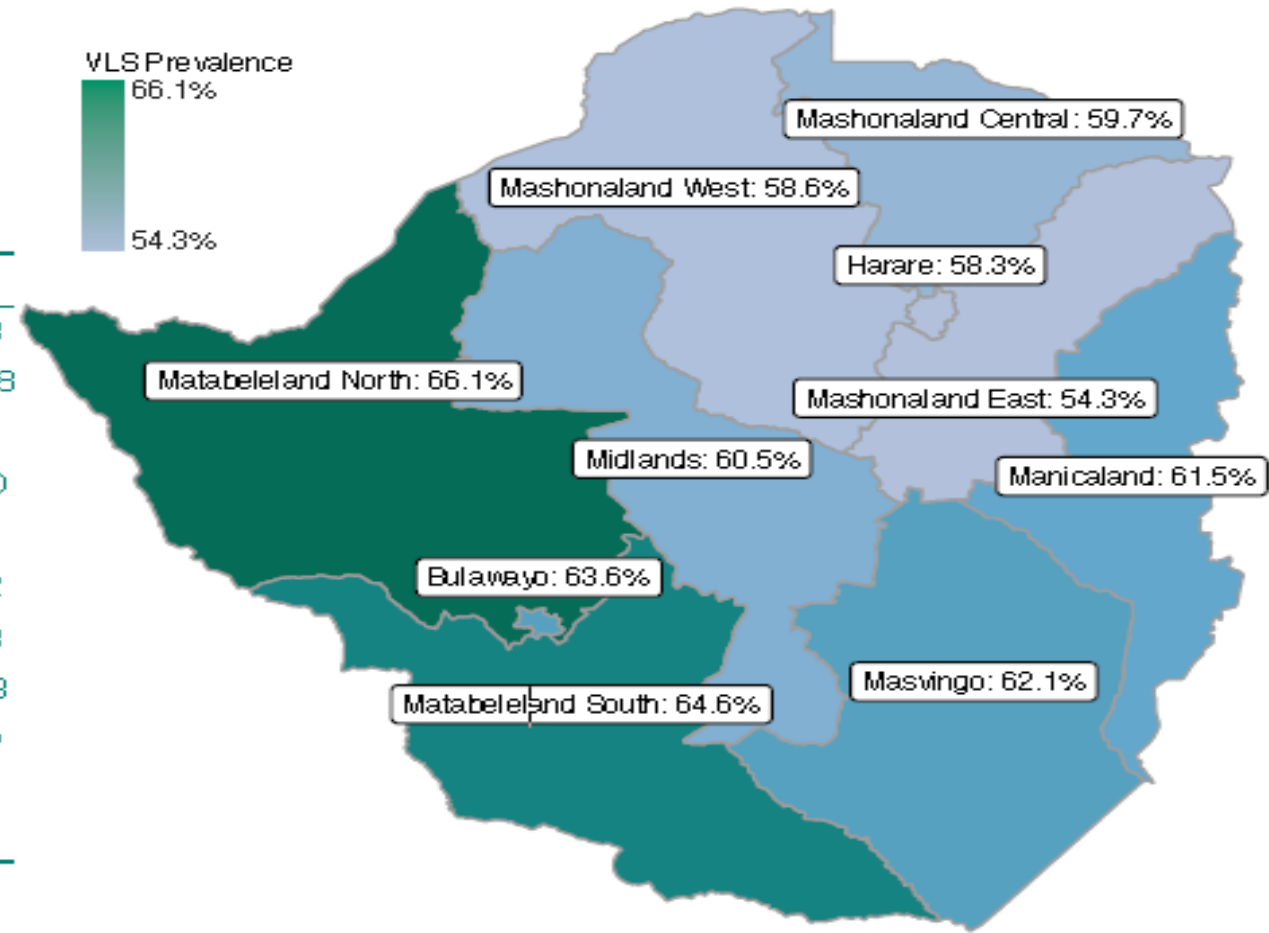


ZIMPHIA, 2016

Viral Load Suppression among HIV-positive adults (15-64yrs), by province

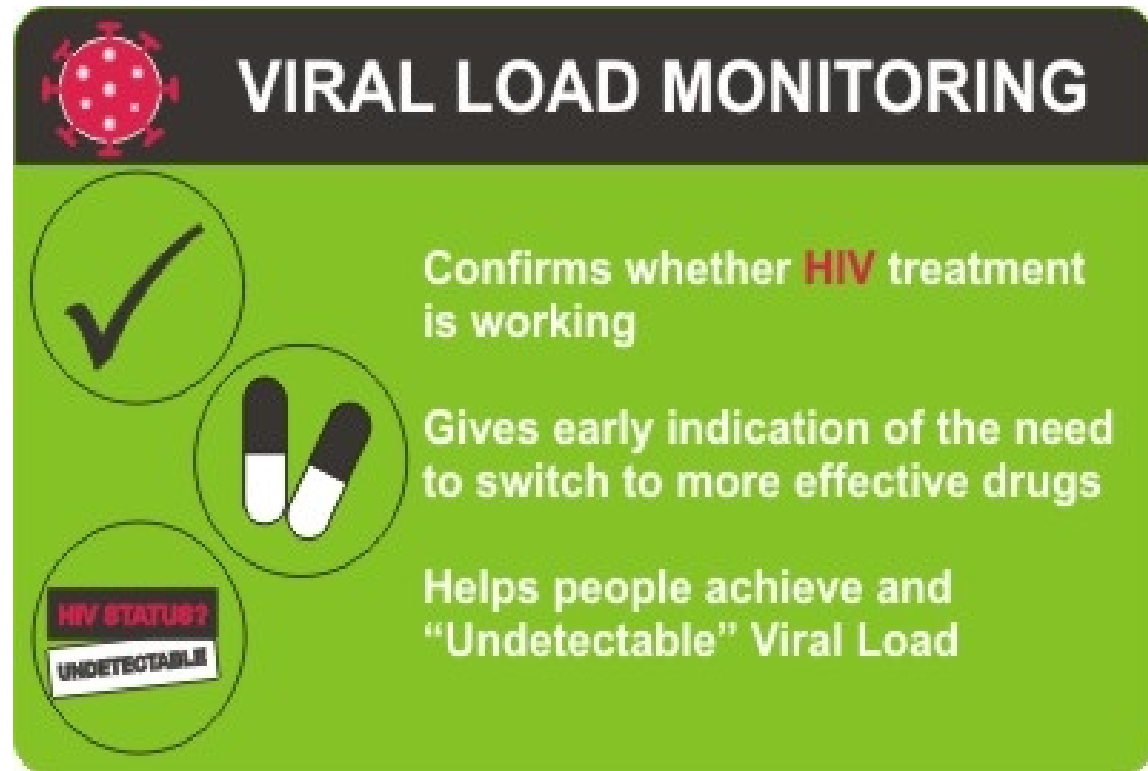
Among HIV-positive adults ages 15 to 64 years, prevalence of VLS varies geographically across Zimbabwe, ranging from 54.3 percent in Mashonaland East to 66.1 percent in Matabeleland North.

Province	VLS Prevalence	95% CI
Manicaland	61.5	52.8-70.3
Mashonaland Central	59.7	54.6-64.8
Mashonaland East	54.3	46.6-62.1
Mashonaland West	58.6	53.2-64.0
Matabeleland North	66.1	61.1-71.2
Matabeleland South	64.6	59.0-70.2
Midlands	60.5	52.7-68.3
Masvingo	62.1	55.9-68.3
Harare	58.3	51.8-64.9
Bulawayo	63.6	57.1-70.1






VL as monitoring Strategy of choice

**Viral load is the
monitoring
strategy of
choice**

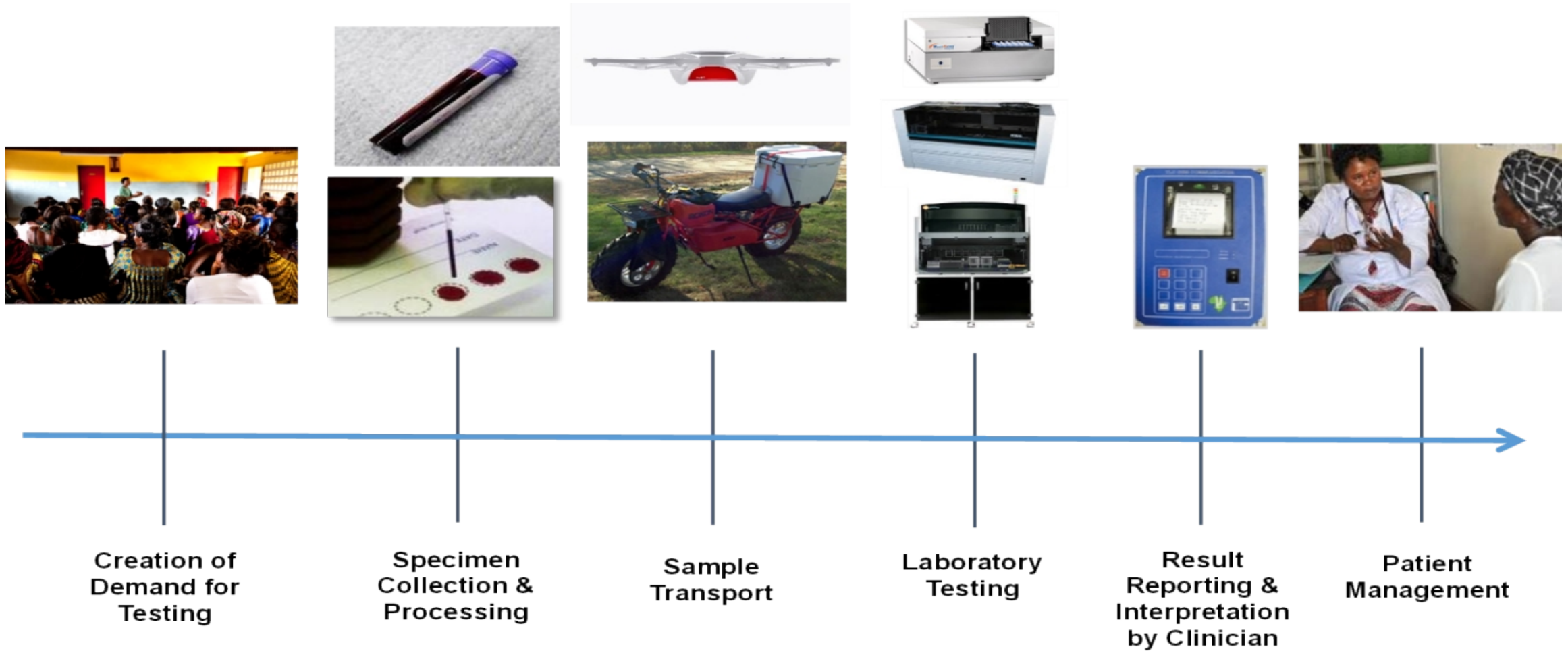


VIRAL LOAD MONITORING

-  Confirms whether **HIV** treatment is working
-  Gives early indication of the need to switch to more effective drugs
-  Helps people achieve and "Undetectable" Viral Load

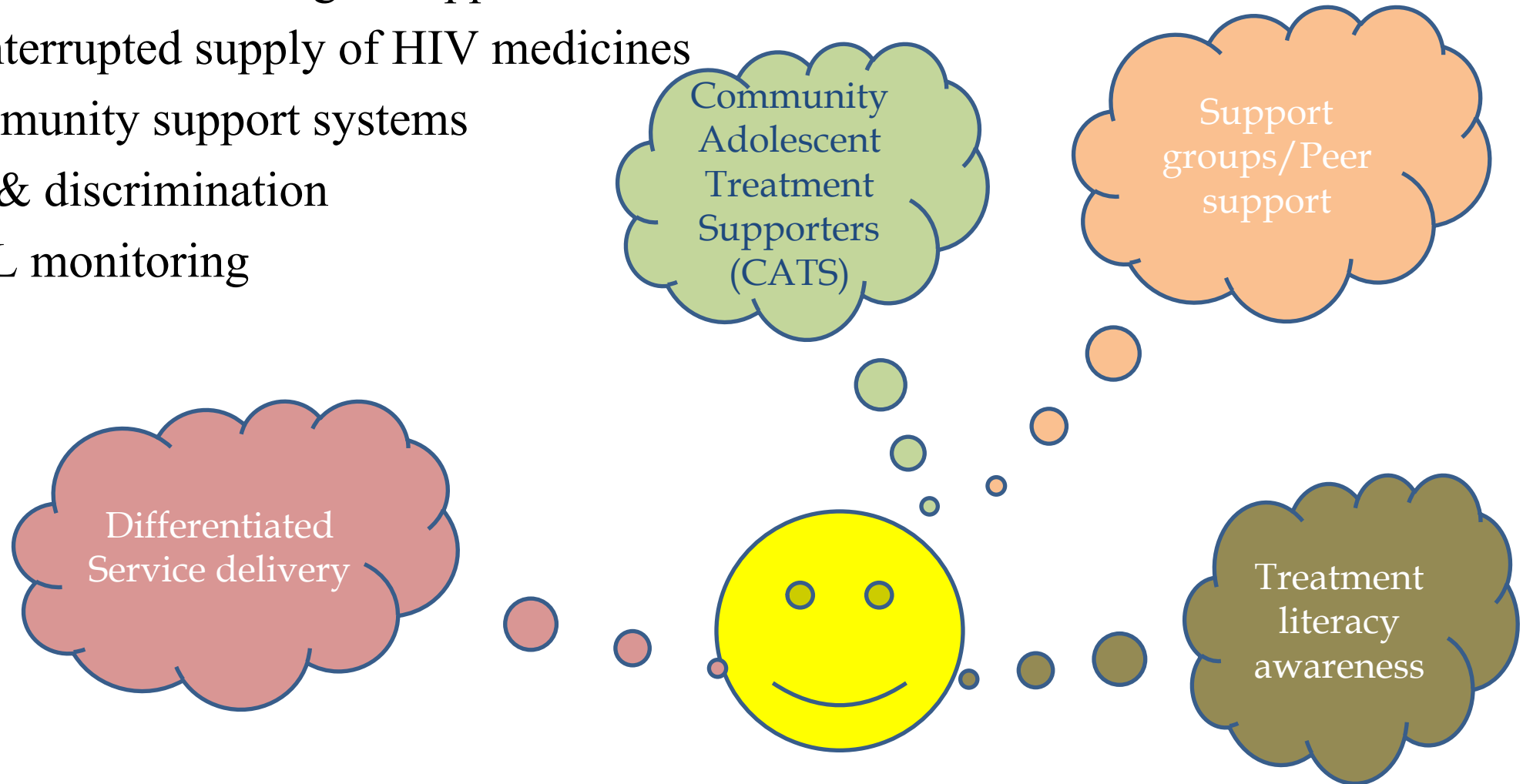
HIV STATUS?
UNDETECTABLE

Viral Load Cascade



Innovations for reaching 3rd 90

- Maximise adherence counselling & support
- Reliable & uninterrupted supply of HIV medicines
- Strengthen community support systems
- Reduce stigma & discrimination
- Guidance on VL monitoring



Framework for Differentiated approach to Care:

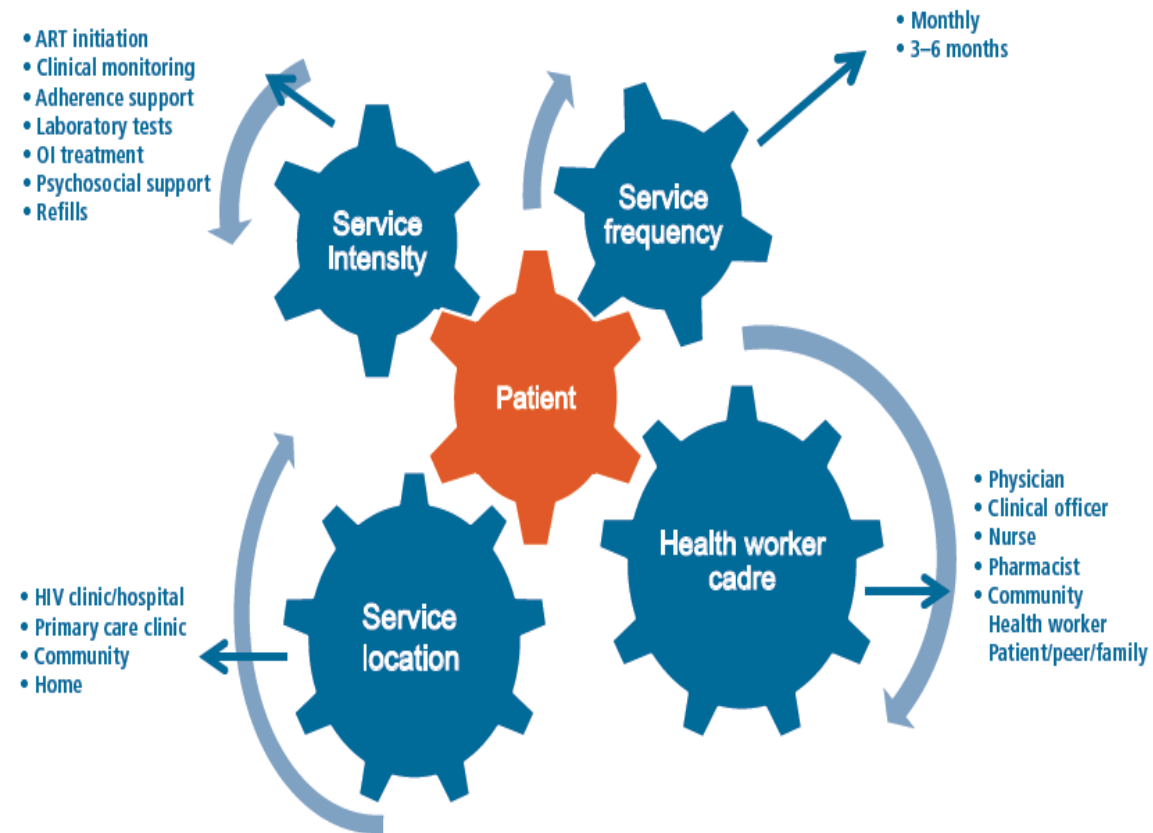
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Frequency of Clinic Visits

The frequency of clinic visits has been reduced for clients who are clinically stable and on chronic medication, they do not necessarily need to be seen by the clinician at every visit.

A stable patient on ART should be seen for a clinical assessment every 6 months or yearly. A stable patient on ART is defined as someone who:

- Has no current OIs,
- has a VL >1000 copies/ml and be
- at least 6 months on ART

Medication refill visits every 3-monthly



Conclusion

- Significant progress has been made in responding to the HIV epidemic in Zimbabwe, including access to HIV care & treatment services
- Concerted efforts from all stakeholders are required to ensure sustainable achievement towards 90 90 90 targets



I thank you

