

Outreach for Early Infant Diagnosis:

Building on existing routine services to expand entry points for EID in Mazowe District, Zimbabwe

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BACKGROUND

- Early infant testing, diagnosis and treatment for HIV exposed infants is an integral part of the expanding PMTCT programme.
- The WHO 2013 guidelines stipulate that an HIV exposed infant be tested for HIV at 4 to 6 weeks post-delivery and if positive, should initiate ART immediately.[1]
- Timely early infant diagnosis (EID) is reported to be as low as 45% in Zimbabwe's PMTCT programme.[2]
- Service integration is promoted as a strategy for increasing service accessibility and utilization. The Zimbabwe Expanded Program on Immunisation (ZEPI) presents an opportunity to provide EID services.
- OPHID in partnership with MOHCC Mashonaland Central Province explored this opportunity to integrate EID services with EPI outreach activities in Mazowe district.

DESCRIPTION

- In January 2015, Mazowe district started integrating EID services for HIV exposed infants into routine EPI outreach activities.
- From January to June 2015, an estimated total of 200 integrated EID/EPI outreach activities were carried out in 3 communities in Mazowe District
- Services offered included: routine growth monitoring, vaccinations, family planning (FP), HIV Testing and Counselling (HTC) including DBS sample collection for EID and channelling into care those identified HIV positive.
- A Primary Counsellor was added to the existing outreach team members for the additional HTC workload.

LESSONS LEARNT

Integrated outreach improves coverage of HIV testing services

- Integrated EPI outreach resulted in 998 HIV-exposed children and adults reached with HTC services. (Table 1)
- The intervention also created an opportunity for index case finding, by offering HTC services to other family members including 66 male partners.
- 43.2% of infants tested were > 9 months of age, indicating uptake of timely EID is a challenge for individuals living in hard-to-reach areas.

Chiringwa ichi chakanaka mufunge , nekuti zvanga zvakaoma kuti ndingoburitsa mari yekufambira kunoti mwana atorwe ropa chete nekuti Baba vaiti kutambisa mari. Zvino zvatinakira maunza pedyo asi dai mukaita kuti ma results abva abuda ipapo”

“This program is good because it was difficult to get money to travel with my child to have blood collected for testing, my husband was saying it's a waste of money. Its good for us that you have come closer and we wish to get the results right away”

- HIV positive mother who accessed EID services for her exposed infant during integrated outreach

LESSONS LEARNT

Table 1. HIV test yields at EPI outreach points in Mazowe District, January to June 2015

Category	No tested	HIV positive	% HIV Positive
Infants ≤2 mths	6	0	0
Infants ≥2 mths to 9 months	36	0	0
Infants 9 to 18 mths	32	1	3
Mothers/guardians of infants and children attending for EPI	858	14	1.6
Men	66	3	4.5
TOTAL	998	18	1.8

Higher HIV positivity among older infants, men

- HIV prevalence among those tested in outreach was low, cumulative prevalence of 1.8%.
- Men had the highest HIV test yield (4.5%) of all groups tested.
- Only 1 infant of 74 tested was HIV positive (1.4%), the HIV positive infant was 9-18 months.
- Those testing HIV positive were referred to the nearest Health facility for linkage to HIV treatment and care.

Process lessons in provision of integrated EPI/EID services

- Majority of outreach points do not have private rooms for DBS and Rapid HIV testing limiting confidentiality of HTC services provided



Figure 1. Attendance at an integrated EPI/EID outreach point in Mazowe District during EPI week in April 2015

NEXT STEPS

- Need to further explore possibilities of initiating ART at EPI outreach for those eligible in order to avoid delays associated with referral system.
- EPI outreach package of services should include ARV and CTX supplies to support clients who require monthly supplies and cannot easily access health facility.
- HTC tents should be provided to ensure confidentiality and provision of private pre and post-test counselling during outreach.
- Cost-effectiveness of integrated outreach compared to alternative strategies to increase HIV testing and treatment requires further investigation.

REFERENCES

- NMTPAC and AIDS TB Directorate, MOHCC, December 2013 ; Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe
- Zinyowera, S et al. The Zimbabwe HIV Early Infant Diagnosis (EID) Program for the period 2007-2012 Zimbabwe Ministry of Health and Child Care.

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