



# Principles of Cost Effectiveness Webinar: Zimbabwe Experience

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**Getrude Ncube**

National HIV Prevention Coordinator

Ministry of Health and Child Care,

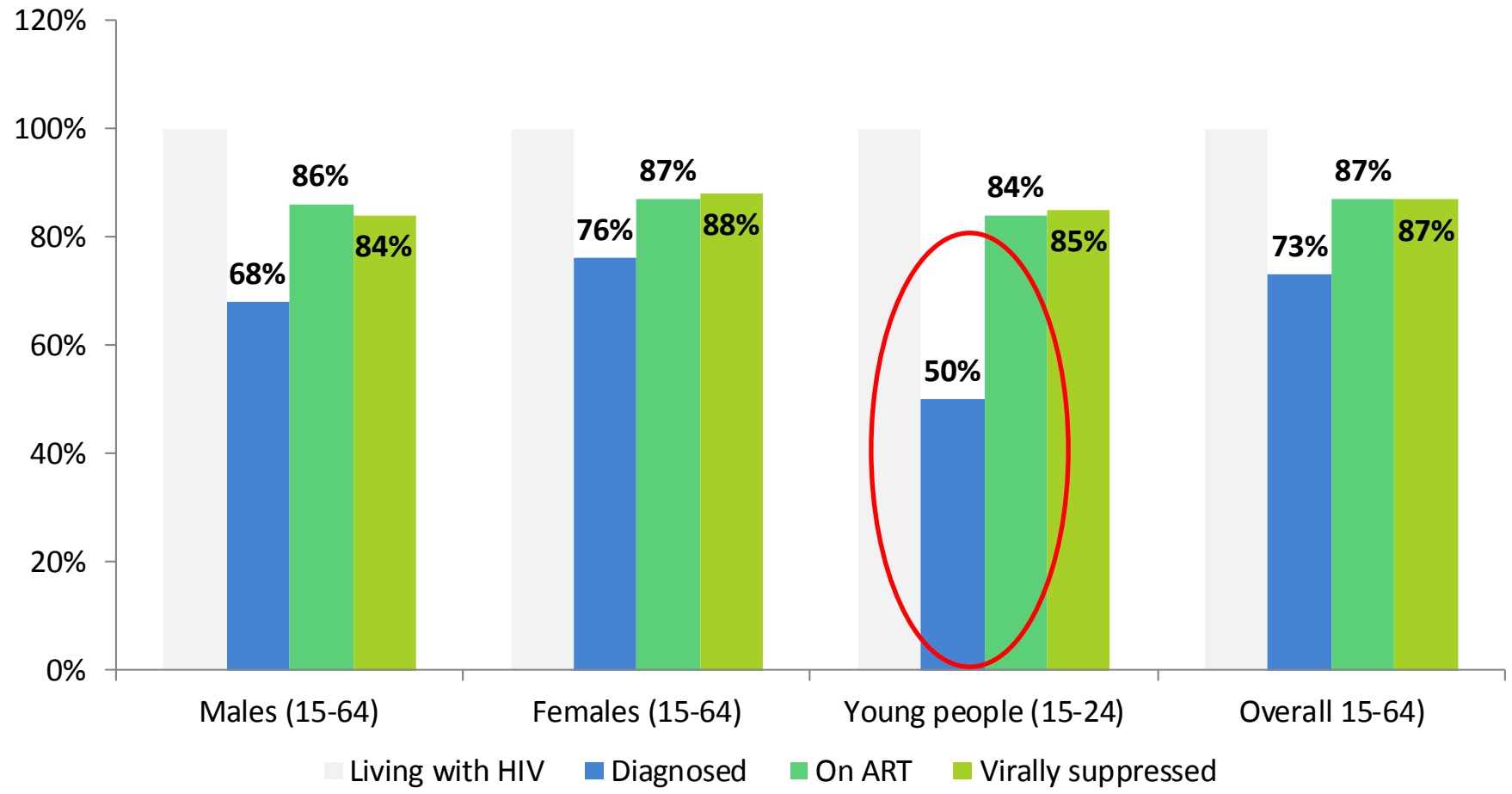
Zimbabwe

## Zimbabwe's progress in HIV prevention programming which includes HIV Testing Services, has been driven by several factors

- **Collaboration:** Strong collaboration between Ministry of Health and Child Care and its partners which has resulted in increased uptake of HIV prevention services including HTS
- **Piloting:** All new strategies are piloted first, operational lessons are learnt, and gaps are identified before national roll out ensuring cost effective and safe implementation of programs
- **Data driven decision making:** Evidence based programming seen as key to inform programming and policy formulation. Decisions on new programming and policies are based on global, regional, and local evidence.
- **Monitoring & Evaluation:** Strong M&E systems are in place to monitor program performance, identify and address gaps and ensure data quality

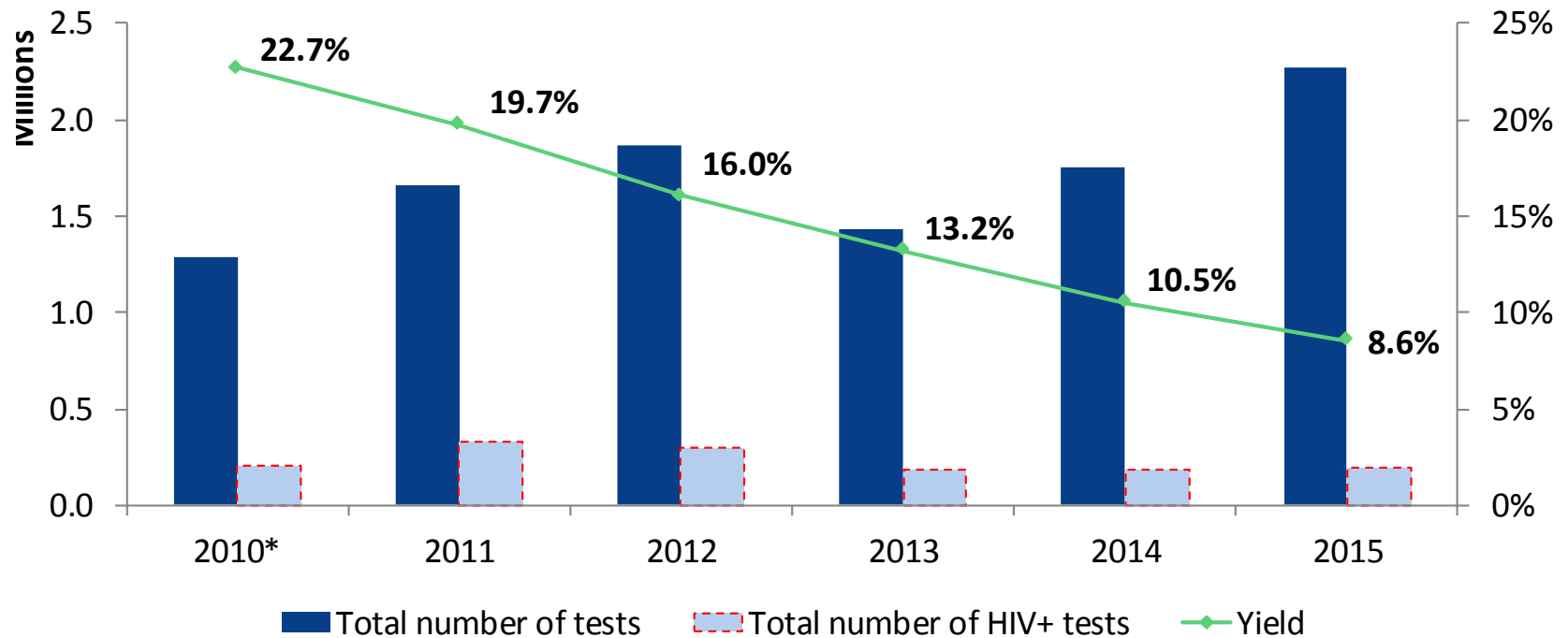
# Zimbabwe has made tremendous progress towards the 90-90-90 targets but gaps remain among men and young people

## Zimbabwe Progress towards 90-90-90 targets (ZIMPHIA 2016)



# Finding these remaining PLHIV will only get harder as more patients are initiated on treatment

## National Testing volumes and yields Zimbabwe 2010-2015

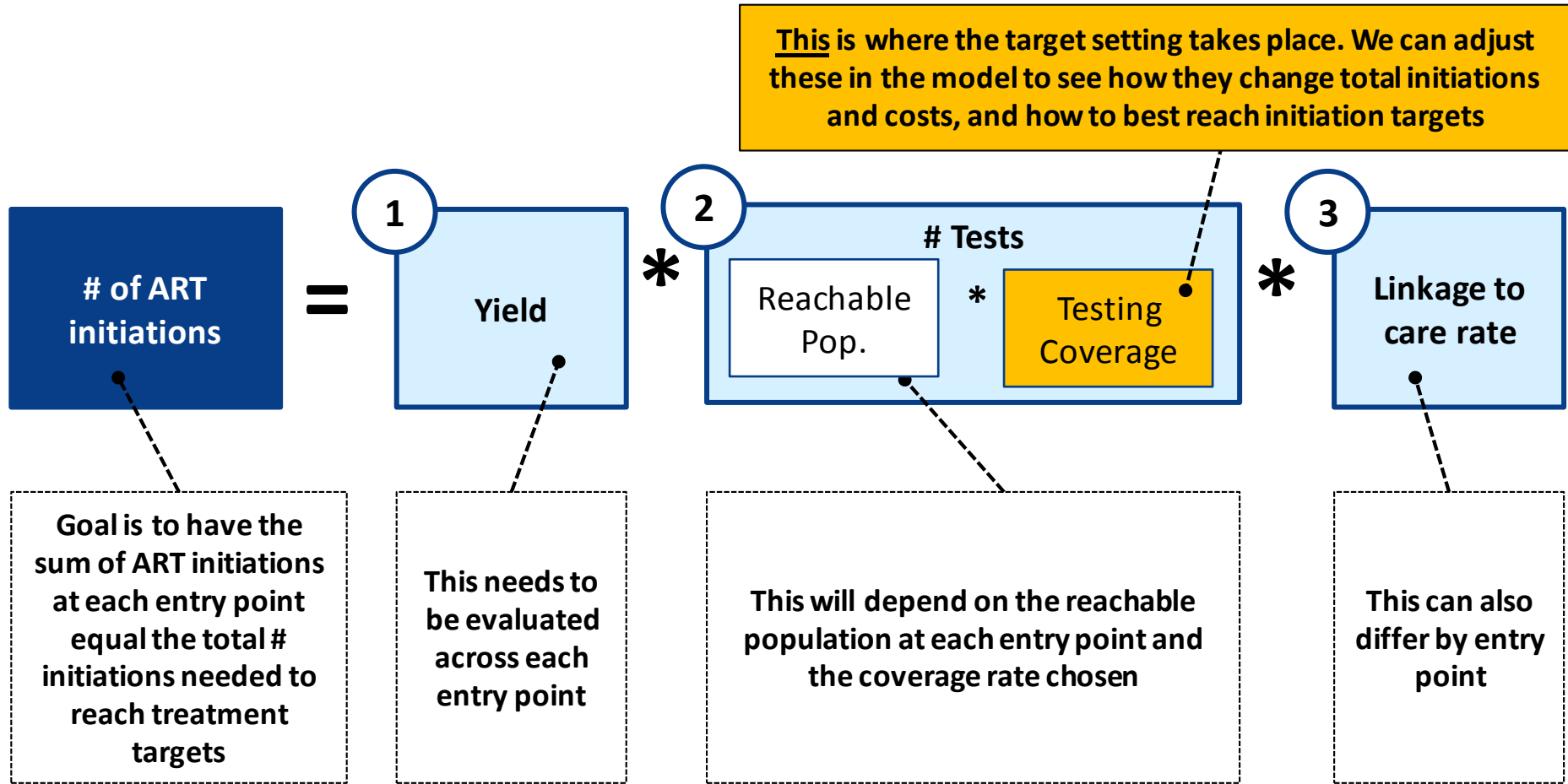


ART Coverage	29%	28%	33%	38%	43%	47%
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**The National testing yield decreased by 62% between 2010 and 2015**

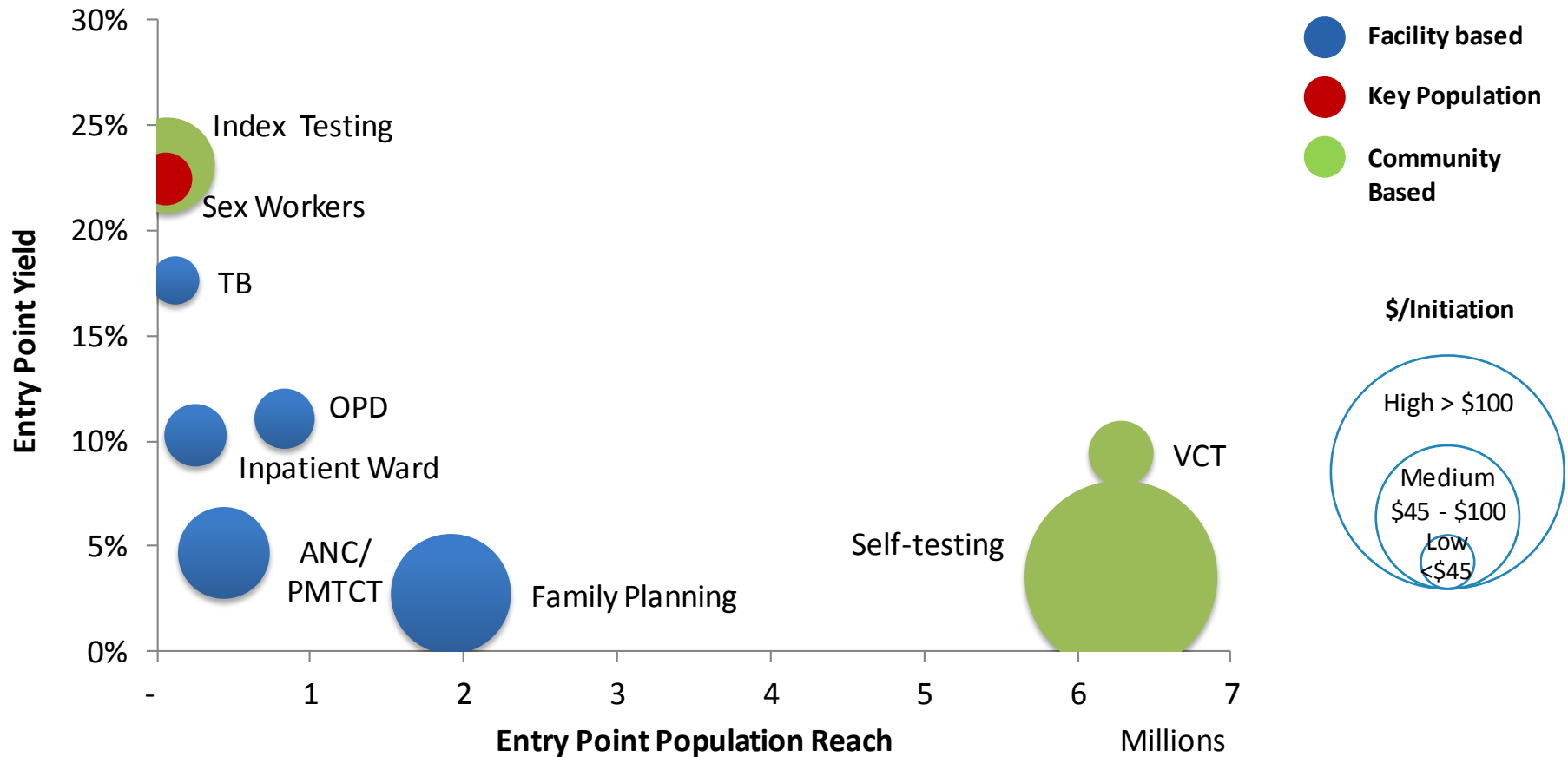
\* 2010 number of HIV+ tests and yield only represents tests conducted through VTC and PMTCT. ART/OI tests were not available.

# Identifying an optimal mix of testing strategies to efficiently reach ART scale up targets was a key element of the National HIV Testing Services (HTS) Strategy development



# The HTS strategy evaluated 19 individual existing and new testing strategies, taking into account yields, costs, and population reach

## Yield, Population Reach and Cost Per Test by HIV Testing Entry Point Zimbabwe- 2016



# Zimbabwe aims to maximize strategies that lead to new identifications and increase testing coverage across sub-populations



### MoHCC Health Facilities

- Screening as part of routine care and HIV testing services
- Human Resources for Health & technical assistance



### Facilities Support Client Initiated Testing (VCT)

- Client options: (1) Self-testing; (2) Provider delivered HTS
- Key population friendly facilities identified and capacitated



### Index testing

#### Facility

- Written invitation sent home
- Test return clients
- F/u non-return in community

#### Community

- F/u with phone call & home visit
- Test sexual partners & at-risk children in household



### HIV Self-Testing

- Used strategically in all modalities
- Procurement of kits, testing of other kits



### Targeted Mobile Outreach

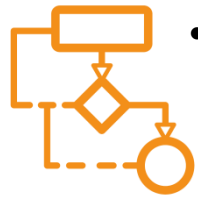
- Based on sub-population need
- Prioritize geographic areas & off hours



### Contact Tracing

- Trace sexual partners in community
- Test sexual partners & at-risk children

# In summary, decision Making for HIV Testing Strategies is a multi-stakeholder and evidence based process.



- **Adaptation and Adoption of World Health Organization guidelines** – this process includes various stakeholders from the facilities up to technical partners at national level



- **Piloting and Approval of New Testing Strategies and Kits.** Partners support piloting of new approaches and kits for HIV testing which are then reviewed by the Technical Working Group and if appropriate, approved for scale up by the Ministry of Health



- **Costing of different strategies and development of efficient operational models** – the HIV Testing strategy was costed to guide resource mobilization and investment while considering the cost per identification

Policy decisions are informed by these processes: global guidance, local evidence, and cost effectiveness of implementation