

Bridging the Gap in HIV testing and care for children in Zimbabwe (B-GAP)

Gugulethu Dladla

BGAP Dissemination Meeting

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LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Target population:

Children and adolescent aged 2-18 years living with HIV positive individuals



OBJECTIVES OF THE STUDY

1. To investigate the acceptability, uptake and yield of index-linked HIV testing
2. To investigate the effects of community-based support on linkage to care, retention and viral suppression
3. To estimate the cost and cost effectiveness of index-linked testing
4. To conduct a process evaluation of the interventions implementation

Bulawayo (HIV Prevalence: 18.7%)

- Clinics: Nketa , Entumbane ,Mzilikazi,Nkulumane, Pumula, Luveve

Mangwe (HIV Prevalence: 22.3%)

- Clinics: Madabe , Ingwizi, Empandeni



Biomedical Research
and Training Institute

Clinics
Bulawayo & Mangwe



Screen index cases

Offer HIV testing for children and adolescents



SCREENING METHODS

1. Identify indexes from HIV care entry points at the facility
2. Identify eligible children
3. Seek guardian consent
4. Place of choice preferred by index

FACILITY-BASED

1. Index brings child at the centre
2. Seek verbal consent
3. Perform blood-based test
4. Conduct follow-ups for those who do not come to clinic
 - Day 7, 14 and 21



COMMUNITY-BASED TESTING BY CHW

1. Community Health Workers were given locator details of children to be tested
 - Note: Research Assistants could also preform community testing
2. Make appointments and visit household
3. Preform blood-based test
4. Feed back outcomes to Research Assistants
 - Up to 3 follow up home visits conducted

CAREGIVER PROVIDED TESTING

At the facility:

1. Assess legal guardian status
2. Perform testing demonstration
3. Assess competency
4. Provide oral HIV test kit and instructions
5. Assess accuracy at home for the first 15 participants per clinic
6. Follow up for outcome within 7days



- CHW were provided with locator details for HIV positive children
 - Children diagnosed through B-GAP or HIV positive but not linked to care
- Provided psychosocial support through a set of 5-7 home visits



INTERVENTION OUTCOMES

- At 12 months post-diagnosis linkage to care, retention in care and viral load suppression assessed for all HIV positive children diagnosed/linked to care through B-GAP
- In depth interviews and focus group discussions were conducted with caregivers, research assistants, CHWs and adolescents at the end of the study

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Institutions

- Ministry of Health and Child Care (MoHCC)
- Biomedical Research & Training Institute (BRTI)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Organization for Public Health Interventions and Development (OPHID)
- Population Services International, Zimbabwe (PSI)

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B-GAP Study Protocol

Dziva Chikwari C, Simms V, Dringus S, et al Evaluating the effectiveness and cost-effectiveness of health facility-based and community-based index-linked HIV testing strategies for children: protocol for the B-GAP study in Zimbabwe *BMJ Open* 2019;9:e029428. doi: 10.1136/bmjopen-2019-029428

Open access

Protocol

BMJ Open Evaluating the effectiveness and cost-effectiveness of health facility-based and community-based index-linked HIV testing strategies for children: protocol for the B-GAP study in Zimbabwe

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