Increasing HIV screening, diagnosis, and treatment in a large Zambian correctional facility: Interim results from a prison-focused Universal Test and Treat program

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Background

Low uptake of HIV Testing Services (HTS) is an ongoing challenge in Zambian correctional facilities. Inmate ability to access HIV testing services is estimated at around 30% and those commencing anti-retroviral therapy (ART) at around 60%. We conducted an interim impact evaluation of a Universal Test & Treat (UTT) program in a large Zambian correctional facility, Lusaka Central.

Methods

We implemented a UTT program available to all new and existing inmates and offered immediate ART to inmates with newly diagnosed HIV or previously diagnosed HIV infection not yet on ART, regardless of CD4 count or WHO stage prior to national UTT adoption in Zambian HIV care and treatment guidelines.

To enable UTT, we strengthened the prison health system by: training corrections officers and health workers; hiring a dedicated study nurse and clinician; and supporting routine HTS and viral load (VL) testing.

To evaluate impact, we applied the RE-AIM framework:

➢ Compare reach, effectiveness, adoption, implementation and maintenance using routine and prospective data collected between the program period (1st July 2016—30th June 2017) and the year prior to UTT introduction (1st June 2015—30th July 2016).

➢ We compared outcomes for categorical variables using a two-sample test of proportions.

Results

REACH:

UPTAKE OF HTS WITHIN THE CORRECTIONAL FACILITY INCREASED

![Graph showing reach: Uptake of HTS within the correctional facility increased.](image)

9.7% (724/7,355) VS 49.9% (1,419/2,850)

Baseline VS Post-Implementation

EFFECTIVENESS:

ACCEPTANCE OF IMMEDIATE ART

![Graph showing effectiveness: Acceptance of immediate ART.](image)

58.8% (1,002/1,697) VS 78.6% (1,027/1,341)

Baseline VS Post-Implementation

ADOPTION:

FRAGMENTED BY RELEASE & TRANSFER PROCEDURES UNCOORDINATED WITH HEALTH SERVICES

![Graph showing adoption: Fragmented by release & transfer procedures uncoordinated with health services.](image)

46.3% Released or transferred within 3 months of ART initiation

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Conclusions

➢ We achieved:

➢ High uptake and fidelity of HTS and same-day ART

➢ Improved HIV service reach and effectiveness within Lusaka Central.

➢ Long-term UTT maintenance may be threatened by:

➢ Limited staffing & resourcing of the prison health system,

➢ Uncoordinated transfer & release for inmates newly starting ART.