

# Case example: peer-supported partner services for adolescents living with HIV in Zimbabwe

*This case example was generously provided by Zvandiri, Zimbabwe, for use in the WHO network-based testing toolkit*

Four decades into the HIV pandemic, progress for children and adolescents continues to fall behind that seen among adults. Adolescents living with HIV (ALHIV), 10-19 years, continue to face high rates of treatment failure, loss-to-follow-up and poor mental health. Early diagnosis and ART initiation is a key strategy to improving the health and well-being of children and adolescents living with HIV. WHO recommends the integration of mental health and psychosocial support services (MHPSS) within HIV service delivery for all ALHIV as a key strategy to optimise a range of outcomes in this population, including HIV diagnosis, retention, viral suppression and mental health. Furthermore, the power of peer-led models that deliver these integrated HIV and MHPSS services has been recognised, and peer-led models are now being prioritised as a key strategy to support the end of AIDS in children and adolescents.

The Zvandiri model is an evidence-based HIV and mental health service delivery model for children, adolescents and young adults living with HIV (CAYALHIV). Established in 2004 in Zimbabwe, young people living with HIV (18-24 years) are trained and mentored as lay counsellors and connected with other children and adolescents living with HIV. Through these peer connections and support, children, adolescents and young people living with HIV better manage the unique and complex challenges they face, ensuring they survive and thrive. Established, scaled and evaluated in Zimbabwe, the Zvandiri Model has been scaled to 14 additional countries in the region since 2016 as part of a sustained process of south-south learning and collaboration. Providing partner services is a central component of the work of Zvandiri's peer counsellors as part of their broader efforts to support CAYALHIV.

Zvandiri district teams work with health care workers, mentoring and supervising them on ethical offering of partner services to youths' sexual partners and adults' biological children particularly for those newly diagnosed with HIV and those with unsuppressed viral load.

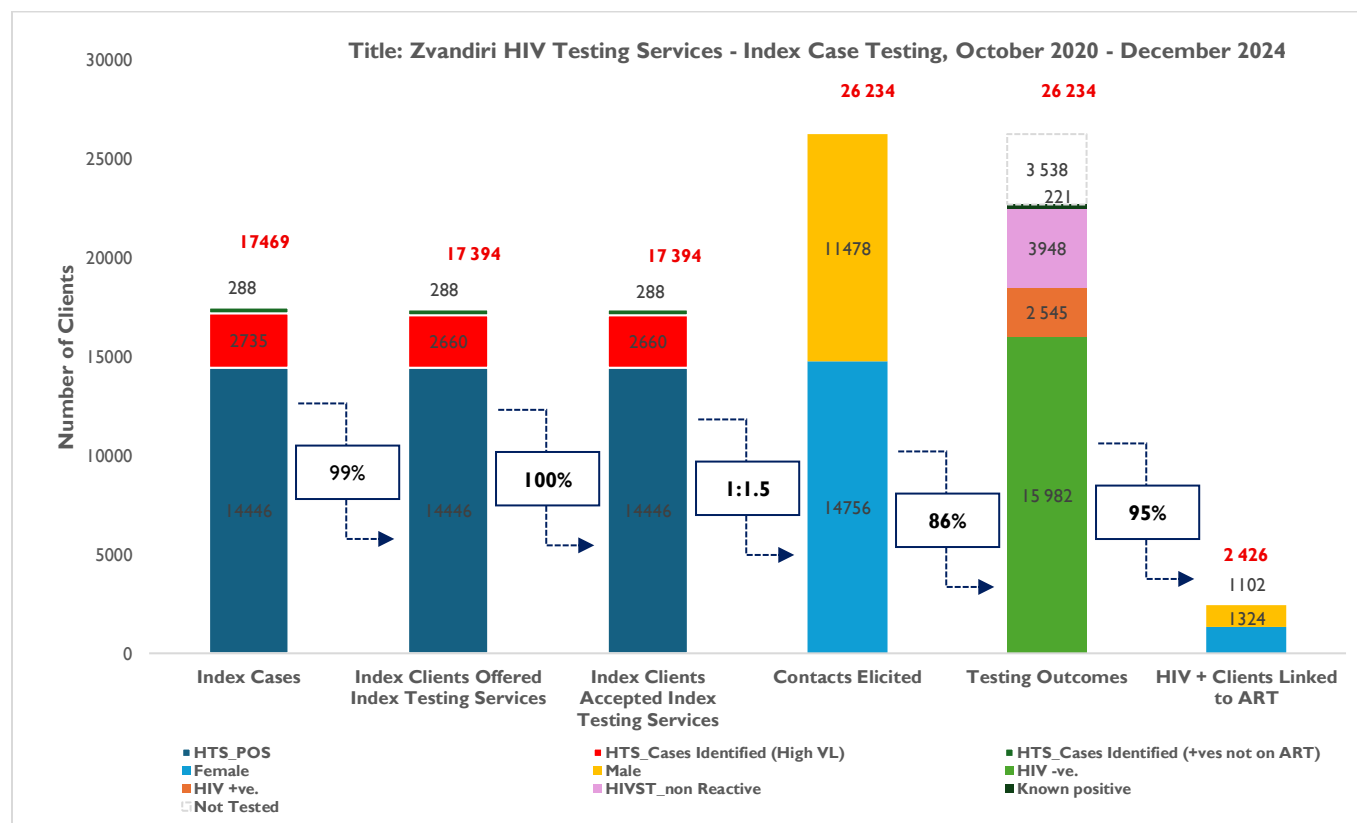
1. Zvandiri peer counsellors provide information and counselling to index clients, helping them to understand the importance of notifying their contacts and encouraging them to get tested. The index client can notify the contacts themselves, or a health care worker or peer counsellor can confidentially notify the partners on behalf of the index client with their consent.
2. Once contacts are identified, Zvandiri peer counsellors help to facilitate their access to HIV testing services. This includes arranging for home-based testing or linking to local health



facilities for testing or distribution of HIV self-test kits to eligible contacts. Contacts with reactive HIVST are also linked to confirmatory testing in the community or at the health facilities.

- Through the work of the peer counsellors, Zvandiri ensures that those who test positive for HIV are linked to care and treatment services. They are offered enrolment into the Zvandiri model for ongoing peer-delivered mental health and psychosocial support. Those who test HIV negative are provided education and referral to HIV preventive services, including offering PrEP to sexual partners of HIV positive index clients. Discordant couples are also supported with adherence counseling by the peer counsellors.
- Zvandiri peer counsellors are embedded in local health facilities and part of government structures. The collaboration ensures that partner services are conducted ethically while minimizing adverse effects and that all contacts are offered appropriate support and care.

The visual below shows Zvandiri's contribution to partner service testing over the period October 2020 to December 2024 from implementation of the Zvandiri model in selected districts of Zimbabwe. Healthcare workers in the project managed to offer and elicit contacts from nearly all (99%) index clients identified. With the support of Zvandiri peer counsellors assisting in offering partner services, 86% of the contacts were reported to have testing outcomes, with 10% newly diagnosed HIV positive.





Challenges exist in the Zvandiri peer-led network-based testing model. The target population of adolescents and young people is highly mobile, resulting in frequent difficulties with communication from the peer counsellors. Fear of HIV disclosure to partners also hinders partner services. Some index clients opt to notify their partners themselves even after assurance that a health care worker or peer counsellor could confidentially do this for them, but they experience challenges that prevent disclosure to partners. Some index clients also provide wrong addresses, and the unavailability of mobile phones among most of the target population also hinders successful follow-ups of partners in the community. Health care worker shortages due to staff attrition in Zimbabwe's health facilities has also led to challenges in contact elicitation.