

**Women-Centered Diagnostics:  
A Vision for Getting to Universal Coverage for HIV, TB and Co-infection  
Services**

**Monday, 2 December 08:30-10:30**

**Venue: Jeanne Gapiya (MH 4)**

**STATEMENT BY ROSA MAHLASERA**

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Zimbabwe*

**Rosa's Story**

Thank you for having me. I would like to express my gratitude in being given the opportunity to be here today. I am very honored to share with you my story. My name is Rosa Tariro Mahlasera. I am 23 years old and am from Harare, the capitol of Zimbabwe.

During my childhood, I was always sick with different diseases. My mother was the only one to help me, since most people were afraid that if they held me I might die in their hands. My father took me to different hospitals before he passed away, but nothing changed. In 2005, when I was 9, the illness started to get better, but unfortunately that was the year my father passed away.

Then, in 2008, when I was 12, I got really sick. My family suspected Malaria, but the clinic tests came back negative. Then I was tested for HIV, and the results came out positive.

I was tested at Rutsanana Polyclinic, which is my local clinic. My beloved mother was the one who took me to get tested. The results took 5 minutes to

be returned. This was my first HIV test. My mother and I could not believe it when the Primary Counsellor told us the results, we both started crying, thinking that I am going to die anytime. A few days later, I was initiated on ART after I had finished the counselling processes.

Seeing how distressed I was, the counsellor managed to explain to me the different ways of transmission, the possibility that it was mother-to-child transmission, since my mother was and is still living with HIV. I see it as a good experience for me, because I managed to understand the root cause of my past illnesses. Because of this experience, I became a strong person in life who is able to help my peers living with HIV live positively.

### **Experience with diagnostic testing**

Since finding out about my HIV status, I have been taking treatment. Every year, I go to my local clinic for a viral load test, where they take blood and send it to the nearest hospital that has the viral load machine. The results usually take a very long time to be returned, but I'm happy to say that I am virally suppressed.

Unfortunately, I had to endure many illnesses during my childhood, and many visits to the clinic, before I finally got tested and diagnosed with HIV. The health care workers should have done the test earlier, instead of me falling sick all the time. I am still very grateful that I managed to know about my HIV status at a young age, because if I didn't, I wouldn't be standing before you today looking healthy, strong, confident and resilient.

The other diagnostic test that I expect to have as I grow into an adult is cervical cancer screening, since this is a disease which many HIV-positive women in Zimbabwe are dying of.

The most challenging aspect of diagnostics is the need to go to different places for different tests. There is also need for more Viral Load machines in health facilities, so that every HIV positive woman will be able to get access to the Viral load test and get their results in a timely manner. Currently they are testing a limited number of patients per day, and there are delays in receiving the results since the specimens will be tested at a bigger hospital, which has the viral load machine.

### **Rosa's vision of "women-centered diagnostics"**

What does "**women-centered diagnostics mean to me**"? It means having access to diagnostic tests for conditions that commonly affect women. In my own opinion, the ideal diagnostic service should be available at our local clinic, to reach young girls and women who receive treatment from our facility. The clinic nurse should be able to do the tests, and do them throughout the day. Diagnostic services for women and girls should be free of charge, because a lot of girls and women are dying without getting access to the tests and services they need, due to financial barriers. Some even die giving birth at home, since they can't afford the maternity fee.

I want to help change this. Since 2014, I've worked as a Community Adolescent Treatment Supporter. More recently, I became a member of the EGPAF

Committee of African Youth Advisors, where I give my perspective, as a young person living with HIV, to designing resources and services for adolescents and youth. I suggest that women centered diagnostics could benefit from a similar advisory platform, which could give women from different backgrounds and experiences a voice to partner in designing programs that aim to address their needs.

Thank you!