

Abstract category: E56 Scaling-up methods and experiences for HIV programmes

**Title:** **An innovative, rapid national scale-up of effective PMTCT services in a resource- limited setting to facilitate virtual elimination of new pediatric HIV infections by 2015: A Zimbabwe experience**

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**Text:** **Background:** Zimbabwe's health system is challenged by a depressed economy and an estimated adult HIV prevalence of 14.3%. Yet thanks to strong political commitment, broad coverage with PMTCT services, and existing health infrastructure, scale-up of services to achieve elimination of new pediatric HIV infections is underway. EGPAF, with funding primarily from USAID and private donors, collaborated with the MOHCW in 2010 to design and rapidly scale up a national PMTCT program based on the 2010 WHO PMTCT guidelines.

**Methods:** In 2011, EGPAF and three sub-grantees, supported MOHCW to implement several novel strategies including introduction of a District Focal Person cadre within the district health management structure; intensive health worker training and supportive supervision (Option A of the WHO 2010 PMTCT guidelines); roll-out of point-of-care (POC) CD4 testing and ART initiation in antenatal clinics (ANC) and targeted community engagement

**Results:** Nationally, of the 1560 facilities providing PMTCT, 1344(86%) were supported under this program. In these facilities over 2653 health workers were trained between April and December 2011 resulting in facilities providing services in line with the new guidelines increasing from 124(9%) in 2010 to 1,334(99%) in 2011; 10(1%) facilities were mostly still providing sdNVP only for prophylaxis. The 1344 facilities enrolled 367,498 pregnant women between January and December 2011. Of these, 351,867(96%) were tested for HIV and 43,758(12%) were HIV-positive. Of these 15,753(36%) were estimated to be eligible for ART. Approximately 36,760(84%) HIV-positive women and 24,696(56%) HIV-exposed infants identified were initiated on ARV prophylaxis. The number of HIV-positive pregnant women receiving ART in ANC of the estimated ART eligible increased from 2,498(17%) in 2010 to 5,890(37%) in 2011.

**Conclusions:** Rapid roll-out of a national program to eliminate new pediatric HIV infections in resource-limited settings is achievable through innovative, comprehensive strategy developed and implementation by partners in collaboration with and coordinated by the ministry of health.