

IAS 2012 Abstract:

Assessing gaps in prevention mother-to-child transmission of HIV (PMTCT) programming towards elimination of new HIV infections in children: A rapid assessment of the Zimbabwe national PMTCT program

Background:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported the national PMTCT program in Zimbabwe since 2001. By September 2010, over 834,000 pregnant women had received PMTCT services at 812 EGPAF-supported facilities in 38 of country's 62 districts. At the end of 2010, EGPAF secured funding to support national expansion of the PMTCT program towards elimination of new pediatric HIV infections by 2015 using the 2010 WHO PMTCT guidelines (option A) as a catalyst. A national baseline assessment of the PMTCT program was conducted to inform this expansion.

Methods:

A cross-sectional situation assessment was conducted between May and July 2011 at 1,317 health facilities in 59 of 63 districts in the country. A pre-tested questionnaire was interviewer administered to health facility management and service providers. This tool collected data on PMTCT services provided and gaps. Data were analysed using SPSS v 15.0

Results:

Although most facilities 1245 (94.5%) were offering HIV testing and counseling (HTC) for PMTCT, only 9% were offering PMTCT according to the adapted 2010 WHO guidelines. The majority (65%) still followed 2006 WHO PMTCT guidelines while the rest (26%) were referring clients to the higher level facilities for ARV prophylaxis. Other gaps identified included: limited ART eligibility assessment for pregnant women (with 50% of facilities performing WHO clinical staging, 7% with on-site CD4 testing), 14% initiating ART for pregnant women and lack of ART integration in PMTCT. Only 18.7% had mechanisms for mother-baby pair follow-up and only 44% were providing early infant diagnosis (EID) services.

Conclusions:

Although the national PMTCT program has registered many achievements since its inception in 1999, there were several gaps to be addressed to achieve elimination of new HIV infections in children by 2015. Findings from this assessment informed the national- and district-level planning and the roll-out for implementation of the 2010 WHO guidelines in Zimbabwe.