



Photo: Heather Mason/EGPAF, 2014



**Elizabeth Glaser
Pediatric AIDS
Foundation**

THE ZIMBABWE PROGRAM

Working with Women, Children, and Families to End Pediatric AIDS

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IN ZIMBABWE

Zimbabwe is one of the countries hardest hit by the AIDS epidemic in sub-Saharan Africa. In Zimbabwe, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) brings clinical HIV expertise, a focus on strengthening data quality and health systems, and a wealth of expertise on community-level interventions to address this epidemic in-country.

Since 2001, EGPAF has been the lead implementing partner in Zimbabwe, supporting the national prevention of mother-to-child transmission of HIV (PMTCT) and pediatric HIV care and treatment programs. In 2011, Zimbabwe's Ministry of Health and Child Care (MOHCC) made elimination of new pediatric HIV infections a national goal and renewed commitment to decrease the rate of new HIV infections among children to 5%. EGPAF-Zimbabwe, through policy development, program implementation, and operations research activities, has contributed to the steep decline in the mother-to-child transmission rate in Zimbabwe, down to 5.7% in 2016. The program has expanded its partnership with the MOHCC by supporting a package of district level activities on HIV prevention, care and treatment services including activities that promote high uptake of and retention in HIV antiretroviral treatment (ART) for all. Program expansion has included strengthening of district level HIV prevention, care and treatment services towards achievement of the UNAIDS 90-90-90 targets, as well as strengthening PMTCT and pediatric services towards achieving full-scale elimination of pediatric HIV in Zimbabwe.

KEY PROGRAM ACCOMPLISHMENTS**

Since 2001, EGPAF-Zimbabwe has:



Reached over 3.4 million pregnant women in antenatal care



Ensured over 80,000 babies were born HIV-free

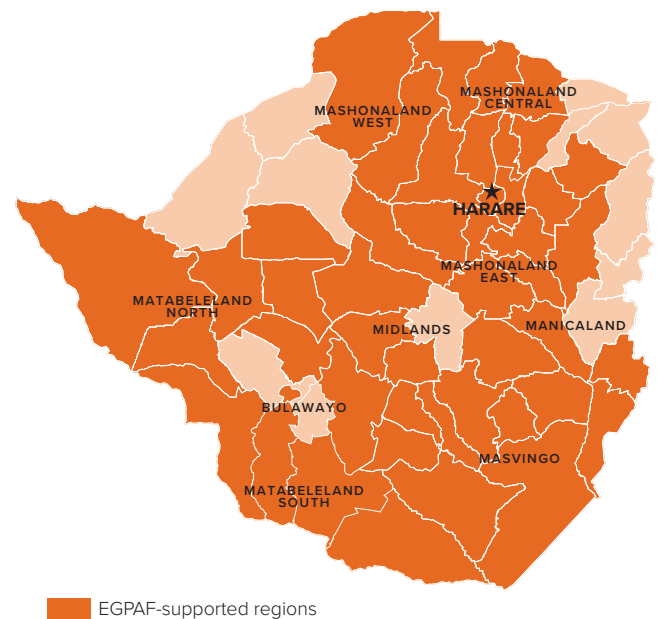


Ensured a virologic HIV test to over 2,500 HIV-exposed infants before two months of life

COUNTRY PROFILE*

Population	13,061,239
People living with HIV	1,300,000
Adult (15-49 years of age) living with HIV	1,200,000
Women aged 15 and older living with HIV	720,000
Children (0-14 years of age) living with HIV	77,000
Deaths due to AIDS	30,000
Adult ART coverage	75%
Children aged 0 to 14 receiving ART	66,200
PMTCT coverage	93%

EGPAF-ZIMBABWE PROGRAM GEOGRAPHIC COVERAGE



* Sources: UNAIDS 2017

** Data as of May 2018

PROGRAM IMPLEMENTATION

Scaling-up Innovative Approaches to Save the Lives of Children

Without treatment, up to 30% of HIV-infected children will die by their first birthday. With Unitaid and other stakeholders, EGPAF is implementing an approach to expand access to early infant diagnosis (EID) and treatment for HIV-infected infants through procurement, placement, and training on the use and monitoring of point-of-care (POC) HIV diagnostic technology. Working hand-in-hand with Zimbabwe's MOHCC, EGPAF is placing POC EID platforms in high-volume facilities, with lower-volume sites sending samples to POC platforms through a short-haul, hub-and-spoke model. This project has significantly increased the proportion of test results returned to caregivers, and placed a higher proportion of HIV-infected infants on life-saving treatment sooner, as compared to conventional EID testing.

Building on this work, Unitaid is funding the Catalyzing Pediatric Tuberculosis Innovation (CaP TB) project, which aims to improve TB screening in children by accelerating access to TB diagnosis and new child-friendly treatments for both active and latent TB - a disease which affects one million children worldwide. This project, launched in 2018, will bring new child-friendly TB drug formulations and improved diagnostic technology to ten countries, including Zimbabwe.

In response to limited availability of second- and third-line pediatric and adolescent treatment options, Johnson & Johnson, EGPAF, and the Partnership for Supply Chain Management launched the New Horizons project, which aims to improve sustainable ART service delivery for children, and confront challenges faced by adolescents around disclosure, adherence, and psychosocial support. The heart of the Collaborative is a darunavir/etravirine donation program, which increases access to third-line pediatric and adult ART for children and adolescents failing second-line treatment.

Community-Level Programming

EGPAF coordinates with Zimbabwe's National AIDS Council to organize community days, wherein community members are invited to an open forum discussion in a local, accessible location (schools, meeting halls, etc.) to discuss HIV, PMTCT, and other issues. Through these community days, EGPAF supports training of community leaders to ensure local communities are consistently informed of and better linked to health care sites. EGPAF also supported the revitalization of the village health worker program, which consists of community members who are recruited and trained on PMTCT and client tracing to ensure better linkages of health sites to an individual living with HIV. The community days and the trainings offered to local community members or lay health workers have resulted in greater demand for, uptake of, and retention in PMTCT and HIV care and treatment, and have helped address issues of social barriers and HIV-related stigma and discrimination in communities.

Health Systems Strengthening

With clinical expertise in HIV management, EGPAF-Zimbabwe provides continuous trainings and mentorship for health workers to provide comprehensive and high quality clinical HIV services for children, adolescents and adults. Our technical assistance aims to improve health worker skills and confidence in the delivery of services including; pediatric and adult HIV testing; care and treatment; PMTCT; support to women during pregnancy, childbirth, and through breastfeeding; and management of opportunistic infections and chronic diseases among both adults and children. In Zimbabwe, a high health staff turnover rate risks loss of quality in health service delivery; these trainings allow all incoming health staff to gain practical experiences and confidence in the delivery of high-quality health

services. EGPAF-Zimbabwe has also developed standard operating procedures to improve retention in HIV care and treatment.

EGPAF provides technical support to national sub-partners in the areas of financial management, donor compliance, and programmatic capacity-building. We also reinforce program management at the national level through secondment of key staff to the MOHCC.

Strengthening Data Collection and Use for Evidence-Based Programming

EGPAF systematically applies and promotes the use of data in planning, implementation, and management of Zimbabwe's health programs, which improve quality of HIV prevention, care and treatment services in maternal, newborn, and child health settings, as well as community linkages. EGPAF has supported the launch of a national electronic database, wherein data from antenatal care and PMTCT site visits among women and children could be quickly uploaded and analyzed by health workers, health site managers, and the MOHCC. The database has led to a more accurate understanding of women's adherence to PMTCT and HIV care and treatment among program implementers and improved efforts to follow mothers and their babies in the PMTCT continuum of care. EGPAF also provides routine national data quality assessments and data monitoring and evaluation tools to the MOHCC.

ADVOCACY

EGPAF-Zimbabwe gathers parliamentarians from local communities throughout the country to meet and discuss key health issues affecting their local constituents. Informed by these dialogues, EGPAF is able to advocate for policy changes that favors better national health services, aligned with community needs. The parliamentary dialogues have raised community and national awareness on key health issues, like the importance of EID, the implementation of the national PMTCT program, and the 2016 "Treatment for All" national guidelines in Zimbabwe.

RESEARCH

Research and strategic information and evaluation continue to be a priority for EGPAF-Zimbabwe and play a critical role in providing evidence to inform our programming. EGPAF-Zimbabwe is currently implementing multiple Medical Research Council of Zimbabwe-approved operations research studies, focused on various areas of our technical work. EGPAF-Zimbabwe also prioritizes strengthening data use, quality improvement/management, and the EGPAF's Program Optimization Approach to promote evidence-based program implementation. Recently completed or ongoing studies include:

- The acceptability of Option B+ among HIV-positive pregnant and breastfeeding women in selected sites;
- Documentation of lessons learned from data collected through an electronic database in the PMTCT program;
- Post opportunistic infection/ART management training and capacity building assessment in selected districts in Zimbabwe;
- An assessment of the turnaround time for EID and health worker capacity to manage patients after undergoing training on EID; and
- Use and acceptability of recently-adopted client tracking tools.

To learn more about EGPAF's work in Zimbabwe and to access program resources and publications developed by the team, please visit

<http://www.pedaids.org/countries/zimbabwe>

The activities described here were made possible by the generous support of the American people through the United States Agency for International Development and the U.S. Centers for Disease Control and Prevention under the U.S. President's Emergency Plan for AIDS Relief and with funding from the Children's Investment Fund Foundation, Johnson & Johnson, and Unitaid. The content included here is the responsibility of EGPAF and does not necessarily represent the official views of these donors.

