



Photo: Heather Mason/EGPAF, 2014



**Elizabeth Glaser
Pediatric AIDS
Foundation**

THE ZIMBABWE PROGRAM

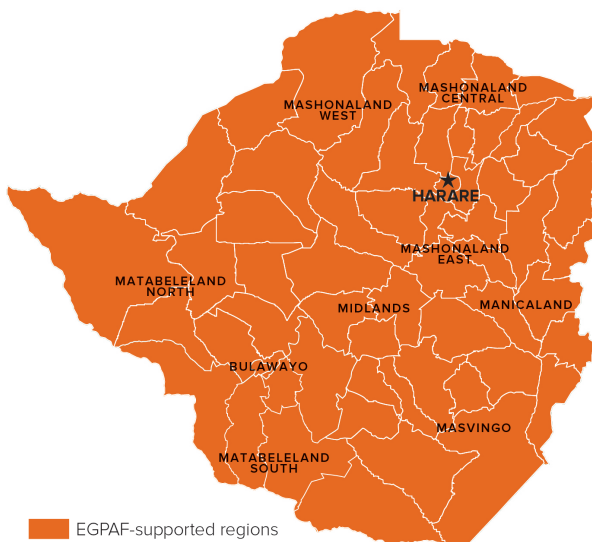
Working with Women, Children, and Families to End Pediatric AIDS

EGPAF IN ZIMBABWE

Zimbabwe is one of the countries hardest hit by the AIDS epidemic in sub-Saharan Africa. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Zimbabwe brings both clinical HIV expertise and 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, supporting the national prevention of mother-to-child transmission of HIV (PMTCT) and pediatric HIV care and treatment programs in Zimbabwe. 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 (MTCT) 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 the PMTCT and pediatric services nationwide towards achieving full-scale elimination of pediatric HIV in Zimbabwe.

EGPAF-ZIMBABWE PROGRAM GEOGRAPHIC COVERAGE



COUNTRY PROFILE*

Population	13,061,239
People living with HIV	1,400,000
Adult (15-49 years of age) HIV prevalence	14.7%
Women aged 15 and older living with HIV	790,000
Children (0-14 years of age) living with HIV	77,000
Deaths due to AIDS	29,000
Adult ART coverage	59.6%
Pediatric ART coverage	79.6%
PMTCT coverage	82.3%
Mother-to-child HIV transmission rate as of 18 months postnatal	6.7%

KEY PROGRAM ACCOMPLISHMENTS**

Since 2001, EGPAF-Zimbabwe has:



Reached over 3.3 million pregnant women in antenatal care



Provided HIV counseling and testing to more than 2.9 million pregnant women



Provided more than 407,000 HIV-positive pregnant women and over 350,000 HIV-exposed infants with ART prophylaxis

* Sources: ZIMSTAT National Census Report (2012); Zimbabwe Ministry of Health and Child Care HIV Spectrum Estimates (2015); and University of California Berkeley Zimbabwe PMTCT Evaluation (2014)

** Data as of June 30, 2016

PROGRAM IMPLEMENTATION

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. This database also allows the MOHCC to more directly link PMTCT services with infant HIV-free survival data. EGPAF provides routine national data quality assessments and data monitoring and evaluation tools to the MOHCC. These assessments and tools have ensured effective collection and use of program data toward improvements in the PMTCT and care and treatment programs.

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 (schools, meeting halls, etc.) location 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 supports continuous trainings for health care workers to provide comprehensive and high-quality clinical HIV services. This program 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 national trainings allow all incoming health staff to gain practical experiences and confidence in the delivery of quality and comprehensive HIV services. In addition, health workers are trained on use of quality improvement and quality management initiatives to address service utilization or management challenges in their health sites. EGPAF-Zimbabwe has also developed standard operating procedures for tracing patients in order to improve retention in HIV care and treatment.

EGPAF-Zimbabwe also provides technical support to national sub-partners in the areas of financial management, donor compliance, and clinical and programmatic capacity-building. We work to strengthen partner organizations' capacity in program management and resource mobilization. EGPAF also reinforced program management in the areas of PMTCT and pediatric HIV care and treatment programs at the national level through secondment of key staff 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 early infant diagnosis (EID), the implementation of the national PMTCT program and the 2016 "treat all" national guidelines in Zimbabwe.

RESEARCH

Research and SI&E 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/quality management and the Foundation'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. The content included here is the responsibility of EGPAF and does not necessarily represent the official views of these donors.

