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 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 made elimination of pediatric HIV and AIDS a national goal and renewed commitment to decrease the rate of new HIV infections among children to 5%. The Ministry of Health and Child Care then adopted the World Health Organization’s PMTCT guidelines recommending lifelong ART among all pregnant and breastfeeding women living with HIV (Option B+). As of 2015, EGPAF-Zimbabwe helped the country, through policy development, program implementation and operations research activities, reach closer to the goal of near virtual elimination of new pediatric HIV infections. EGPAF is now providing direct support to a total of 1,495 sites across 62 districts of Zimbabwe, representing a 96% coverage of the total 1,560 national antenatal care sites.*

COUNTRY PROFILE*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>13,061,239</td>
</tr>
<tr>
<td>People living with HIV</td>
<td>1,390,211</td>
</tr>
<tr>
<td>Adult (15-49) HIV prevalence</td>
<td>14.9%</td>
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<tr>
<td>Women 15 years and older living with HIV</td>
<td>722,557</td>
</tr>
<tr>
<td>Children (0-14) living with HIV</td>
<td>170,717</td>
</tr>
<tr>
<td>AIDS-related deaths in 2013</td>
<td>63,853</td>
</tr>
<tr>
<td>Adult antiretroviral therapy (ART) coverage</td>
<td>76.7%</td>
</tr>
<tr>
<td>Pediatric ART coverage</td>
<td>40.5%</td>
</tr>
<tr>
<td>PMTCT coverage</td>
<td>82.1%</td>
</tr>
<tr>
<td>Mother-to-child HIV transmission rate as of 18 months postnatal</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

KEY PROGRAM ACCOMPLISHMENTS

Since 2001, EGPAF-Zimbabwe has:

- Reached more than 2.9 million pregnant women in antenatal care
- Provided more than 357,500 HIV-positive pregnant women and over 307,300 HIV-exposed infants with antiretroviral prophylaxis
- Reduced early infant diagnosis (EID) turnaround time from 16 to 10 weeks by 2014
- Provided HIV counseling and testing to more than 2.5 million pregnant women
- Recruited and trained 37 district focal persons to support PMTCT service delivery and quality improvement activities

EGPAF-ZIMBABWE PROGRAM GEOGRAPHIC COVERAGE


*Data as of June 30, 2015.
PROGRAM IMPLEMENTATION

Increasing Access to Comprehensive and Integrated HIV Services

EGPAAF-Zimbabwe supported the expansion and scale up of PMTCT services in maternal, newborn and child health (MNCH) settings throughout Zimbabwe through the introduction of a District Focal Person model. This approach, wherein a technical officer is placed within each district to liaise with MNCH facilities on all matters related to improved PMTCT service delivery, was adopted nationally by the Ministry of Health and Child Care in April 2011. District Focal Persons serve to strengthen health facility/community linkages and address bottlenecks in PMTCT services through on-site planning and mentorship. They help document achievements, lessons learned, and best practices, while building the capacity of district health teams through training activities.

Strengthening Data Collection and Use for Evidence-Based Programming

EGPAAF 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 MNCH settings, as well as community linkages. EGPAAF 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 Ministry of Health and Child Care. 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 Ministry of Health and Child Care to more directly link PMTCT services with infant HIV-free survival data.

EGPAAF provides routine national data quality assessments and data monitoring and evaluation tools to the Ministry of Health and Child Care. 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

EGPAAF 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, EGPAAF supports training of community leaders to ensure local communities are consistently informed of and better linked to health care sites. EGPAAF also supported the revitalization of the village health worker – a community member 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, EGPAAF-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 initiatives to address service utilization or management challenges in their health sites. EGPAAF-Zimbabwe has also developed standard operating procedures for tracing patients in order to improve retention in HIV care and treatment.

EGPAAF 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. EGPAAF 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 Ministry of Health and Child Care.

ADVOCACY

EGPAAF-Zimbabwe gathers parliamentarians from local communities throughout the country to meet and discuss key health issues affecting their local constituents. Informed by these dialogues, EGPAAF is able to advocate for policy change that favors better national health services, aligned with community needs. The parliamentarian dialogues have raised community and national awareness on key health issues, like PMTCT, implementation of globally-recommended PMTCT guidelines (Option B+) and the importance of EID.

RESEARCH

Research continues to be a priority for EGPAAF-Zimbabwe and plays a critical role in providing evidence to inform our programming. EGPAAF-Zimbabwe is currently implementing 12 Medical Research Council of Zimbabwe-approved operations research studies, focused on various areas of our technical work, including:

• The acceptability of Option B+ among HIV-positive pregnant and breastfeeding women in selected sites;

• An assessment of the turnaround time for EID and health worker capacity to manage patients after undergoing training on EID;

• Use and acceptability of recently-adopted client tracking tools; and

• An assessment on the effect of a set of community-based interventions on increased demand for, access to, and retention in, MNCH and PMTCT services at the community level (through the Advancing Community-level Action for Improving MCH/PMTCT [ACCLAIM] study).

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 EGPAAF and does not necessarily represent the official views of these donors.