



Elizabeth Glaser  
Pediatric AIDS  
Foundation

*Until no  
child has  
AIDS.*



THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION — ZIMBABWE

# ANNUAL REPORT

JANUARY — DECEMBER 2018



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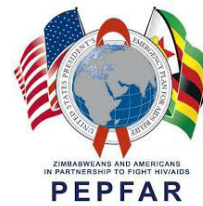
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## ACKNOWLEDGEMENTS

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is grateful for the continued support of our funding partners including Children’s Investment Fund Foundation, U.S. President’s Emergency Plan for AIDS Relief, Johnson & Johnson, and Unitaid, which has enabled us to assist the Zimbabwean government in addressing the remaining challenges in eliminating pediatric HIV and improving the quality of life of all people living with HIV.





## ACRONYMS

<b>ACT</b>	Accelerating Children's HIV/AIDS Treatment	<b>LTBI</b>	latent TB infection
<b>ALHIV</b>	adolescents living with HIV	<b>M&amp;E</b>	monitoring and evaluation
<b>ANC</b>	antenatal care	<b>MOHCC</b>	Ministry of Health and Child Care
<b>ART</b>	antiretroviral therapy	<b>MTCT</b>	mother-to-child transmission (of HIV)
<b>ARV</b>	antiretroviral	<b>MRCZ</b>	Medical Research Council of Zimbabwe
<b>CaP TB</b>	Catalyzing Pediatric TB Innovation	<b>NTP</b>	National TB Program
<b>CATS</b>	community adolescent treatment supporters	<b>NVP</b>	nevirapine
<b>CDC</b>	U.S. Centers for Disease Control and Prevention	<b>PCR</b>	polymerase chain reaction
<b>CIFF</b>	Children's Investment Fund Foundation	<b>PITC</b>	provider initiated testing and counselling
<b>DBS</b>	dried blood spot	<b>PMTCT</b>	prevention of mother-to-child transmission
<b>DFP</b>	district focal person	<b>POC</b>	point-of-care
<b>DNA</b>	deoxyribonucleic acid	<b>QI</b>	quality improvement
<b>EGPAF</b>	Elizabeth Glaser Pediatric AIDS Foundation	<b>QM</b>	quality management
<b>EID</b>	early infant diagnosis	<b>SMS</b>	short messaging service
<b>EMTCT</b>	elimination of mother-to-child transmission (of HIV)	<b>TA</b>	technical assistance
<b>FDC</b>	fixed dose combination	<b>TAT</b>	turnaround time
<b>HCW</b>	health care workers	<b>TOR</b>	terms of reference
<b>HTS</b>	HIV testing services	<b>VL</b>	viral load
<b>J&amp;J</b>	Johnson and Johnson	<b>WHO</b>	World Health Organization
<b>JSI</b>	John Snow, Inc.	<b>YAZ</b>	Young Adult Survey of Zimbabwe



# EGPAF ZIMBABWE

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a registered, private and voluntary nonprofit organization (PVO 10/2009) dedicated to preventing pediatric HIV infections and eliminating pediatric AIDS.

## EGPAF VISION

A world in which children and families live free from HIV and AIDS.

## EGPAF MISSION

EGPAF seeks to end pediatric AIDS through research, advocacy, and implementation of HIV prevention and treatment programs.

## EGPAF ZIMBABWE'S STRATEGIC GOALS

1. Support the expansion of high quality, integrated, and sustainable HIV services to end new HIV infections in children and keep HIV-affected families healthy.
2. Advance research and strategic information and evaluation (SIE), to generate evidence that serves to enhance prevention and treatment services and end pediatric AIDS.
3. Advocate for optimal policies, practices, and resources to achieve and sustain an end to pediatric AIDS.
4. Increase the organization's capacity to operate in a highly effective, accountable, and efficient manner – acting with integrity in all aspects of its work.

## EGPAF'S VALUES

- **Innovation:** EGPAF is committed to working with a creative and innovative manner: believing that this is integral to achieving its mission of eliminating pediatric AIDS.
- **Passion:** EGPAF began with a mother's love for her children. That spirit—embodied in each member of its hardworking staff—continues to inform its work around the world.
- **Excellence:** EGPAF is committed to providing top-quality services in every aspect of its work, challenging itself to achieve the greatest possible impact.
- **Teamwork:** Whether collaborating with national or local governments, working with researchers or engaging with partner organizations, EGPAF believes that working together is the best way to create a generation free of HIV.
- **Accountability:** EGPAF approaches its work with integrity, honesty, and transparency. In program implementation, the organization strives for the highest ethical standards, in support of its donors and partners.
- **Leadership:** From its humble beginnings among a group of friends seated at a kitchen table, EGPAF has emerged as a force in the global HIV response. The organization strives to maintain its expertise, and provide evidence-informed solutions to the HIV epidemic.



## EXECUTIVE SUMMARY

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported the Government of Zimbabwe, through the Ministry of Health and Child Care (MOHCC), since 2001. Since then, the organization has made significant progress, particularly in reducing new HIV infections in children. The 2017 country spectrum data estimates the mother-to-child transmission (MTCT) rate to be 6.74% - down from 24.97% in 2009. Thus, the World Health Organization's (WHO) elimination of mother-to-child-transmission (EMTCT) validation target of MTCT rate below 5% in breastfeeding countries is well within reach for Zimbabwe. EGPAF's partnership with the MOHCC has been crucial to the successes of the past 18 years, as both parties strived to use global gains in the HIV response to foster similar progress and innovation in the country.

Throughout 2018, EGPAF continued to focus on providing technical assistance (TA) to the MOHCC at all levels, in order to plan and develop comprehensive and integrated HIV program strategies and frameworks. A highlight of this TA includes the Young Adult Survey of Zimbabwe (YAZ). The MOHCC conducted YAZ with support from US Centers for Disease Control and Prevention (CDC), while EGPAF acted as lead technical implementing partner. YAZ is a national household survey that collected data on the health and life experiences of 13 to 24 year olds in order to study the epidemiological patterns of risk factors for HIV in Zimbabwe. The Zimbabwe YAZ is the second-ever nationally representative study to estimate the prevalence of sexual, physical, and emotional violence against children and youth in the country. Notably, it is also the second-ever Violence Against Children Survey (VACS) in the world to incorporate HIV testing. Further details are discussed under strategic goal 2 of this report. A full report of the results is also available.

EGPAF also provided TA to the MOHCC in the following ways:

- Rolled-out point-of-care early infant diagnosis (POC EID) using a hub and spoke model, through support from Unitaid
- Provided pediatric TB prevention, treatment, and care, through support from Unitaid
- Undertook the Accelerating Children's HIV/AIDS Treatment (ACT) initiative, through support from the Children's Investment Fund Foundation (CIFF)
- EMTCT for public sector, guided by the Start Free, Stay Free, AIDS Free framework, through the support of Johnson and Johnson (J&J)
- Pioneered quality management (QM) and quality improvement (QI) initiatives, supported by the U.S. Centers for Disease Control and Prevention (CDC) through the Global Cooperative Agreement for Technical Assistance Services (Project DELTA)
- Conducted service delivery operations research that generated evidence to inform program implementation: approved by the Institutional Review Board (IRB) and supported by various donors (refer to table on page 21).

Energized by the MOHCC's achievements, EGPAF looks forward to supporting the next phase of Zimbabwe's HIV response, while continuing to strengthen collaboration with the MOHCC in all areas, and bolstering program sustainability through resource mobilization and documentation.

This annual report covers the period of January 1st to December 31st, 2018, highlighting achievements and challenges under each of EGPAF's four strategic goals.

**Yours sincerely,**

**Dr. Tichaona Nyamundaya (MBChB, MPH)**  
Acting EGPAF-Zimbabwe Country Manager





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## LIST OF PROJECTS ACTIVE IN 2018

### **Catalyzing Expanded Access to Early Testing, Care, and Treatment among HIV-exposed Infants (Unitaid POC EID) Project**

The overarching goal of this project is to increase the number of HIV-positive infants whose HIV status is known, in order to facilitate early antiretroviral therapy (ART) initiation. Thus, the project seeks to ensure that HIV-exposed infants have timely access to EID through the scale-up of POC EID technology in nine countries. During the project's four-year duration (August 2015 to July 2019), EGPAF expects to test up to 215,000 infants across all project countries and identify 30,960 HIV-positive infants, thereby positioning POC EID to capture 30% of the total EID market.

### **Catalyzing Pediatric Tuberculosis Innovation (Unitaid CaP TB) Project**

EGPAF continued implementation of the CaP TB Project, with funding from Unitaid. This project seeks to improve TB screening in children and accelerate access to TB diagnosis and treatments for both active and latent TB, a disease that affects one million children worldwide. Cap TB is implemented across 10 countries, providing innovative, child-friendly drug formulations as well as improved diagnostic technologies. Fighting these two diseases simultaneously, and integrating our response to the epidemics, provides the best opportunity for EGPAF to deliver on our promise to improve health outcomes for the children of Zimbabwe.

### **Accelerating Children's HIV/AIDS Treatment (ACT) Adolescent HIV Project**

The objectives of this CIFF-funded two-year project are to improve identification, initiation, retention, and viral load suppression of adolescents in 10 high-burden districts in Zimbabwe, in addition to strengthening the knowledge base related to adolescent HIV.

### **Elimination of mother-to-child HIV transmission (EMTCT) project**

This project was funded by Johnson & Johnson and supported MOHCC to implement the Start Free, Stay Free, AIDS Free framework and continue its efforts towards national EMTCT initiatives. The project also supported HIV-positive adolescents: providing community-based and differentiated adolescent-focused HIV services in targeted districts, in line with Start Free, Stay Free, AIDS Free and EMTCT frameworks.

### **Global Cooperative Agreement for Technical Assistance Services (Project DELTA): Continuing Support for Facility and District Level QI/QM in Zimbabwe**

EGPAF continued to provide essential support to strengthen quality improvement (QI) and quality management (QM) activities at the national, district, and site levels in selected CDC-supported districts. This guidance contributes to the ongoing scale-up and sustainability of Zimbabwe's National QI Program and the adoption of coaching / mentorship activities at facility and district levels.

#### **(Project DELTA): 2016 Young Adult Survey of Zimbabwe**

EGPAF was requested by the MOHCC to complete a TA assignment by conducting this survey. The initiative sought to estimate the prevalence of HIV in children and youth, as well as the magnitude of violence and other risk factors they experience. This data was intended to inform stakeholder efforts to reduce violence against children and improve child health in Zimbabwe. EGPAF successfully completed data collection in August 2017 and held a national stakeholder meeting to engage the data and develop a national action framework to guide sector-specific responses to HIV and childhood violence in July 2018. EGPAF continues to liaise with key national stakeholders and survey data is expected to aid the development of youth-centric, health and social protection programs and policies.



## PROGRAM ACHIEVEMENTS BY STRATEGIC GOAL

**GOAL 1: SUPPORT THE EXPANSION OF HIGH QUALITY, INTEGRATED, AND SUSTAINABLE HIV SERVICES TO END NEW HIV INFECTIONS IN CHILDREN AND KEEP MOTHERS AND FAMILIES AFFECTED BY HIV HEALTHY**

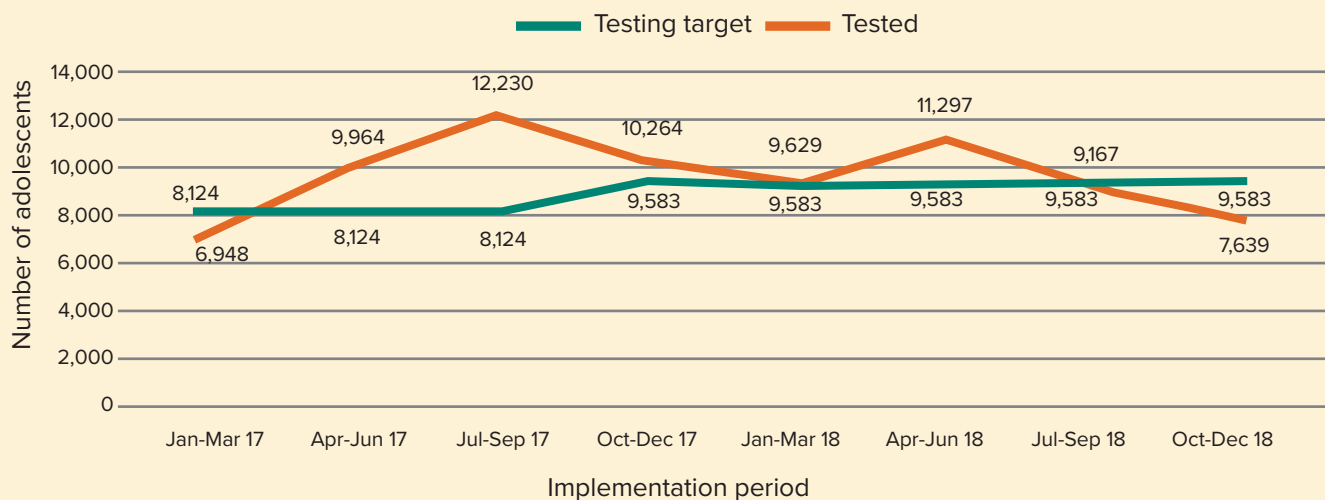
### Accelerating Children's HIV/AIDS Treatment (ACT) Adolescent HIV Project

EGPAF, in collaboration with its sub-recipient Africaid and the MOHCC, implemented the ACT initiative in 60 sites, across 10 Zimbabwe districts with a high burden of HIV among adolescents. The project aims to offer comprehensive HIV testing, care, and treatment services for adolescents in order to lead to a reduction of HIV-attributable mortality among adolescents. The specific objectives of the initiative are:

1. To improve the identification of adolescents living with HIV in 10 high-burden districts by 2019
2. To increase the proportion of HIV-positive adolescents initiated and retained on ART in the focal districts by 2019
3. To increase the percentage of HIV-positive adolescents on lifelong ART who are virally suppressed in the focal districts by 2019
4. To strengthen systems that support the collection and use of high quality health facility and community adolescent data regarding HIV care and treatment services and support the use of data for effective program management and performance measurement
5. To broaden the existing knowledge base related to adolescent HIV, through the documentation and dissemination of best practices and lessons learnt in the implementation of an adolescent-focused HIV care, treatment, and support program.

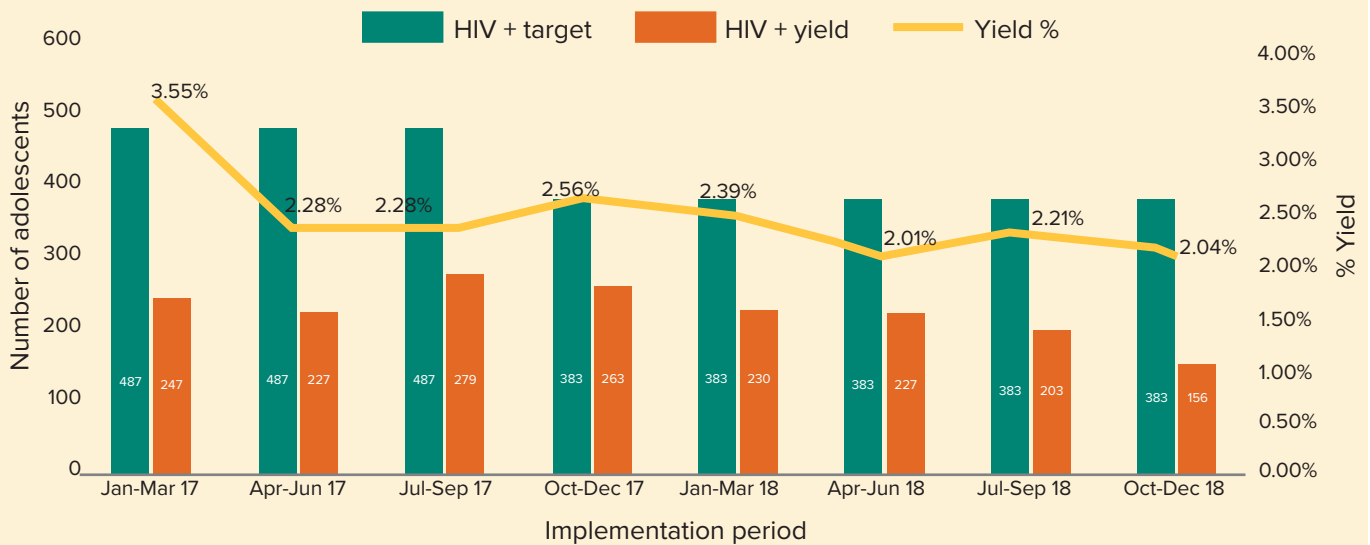
#### HIV testing of adolescents

**Figure 1. Trends in adolescent HIV testing in the 60 EGPAF supported sites (January 2017 - December 2018).**



The proportion of adolescents tested for HIV increased from 38% (6,948/18,201) in the January to March 2017 quarter to 79% (7,639/9,612) in the October to December quarter, remaining above the target of 35% throughout the project implementation period. Similarly, the absolute number of adolescents tested for HIV consistently remained above the testing targets, except during the January to March 2017 quarter (which largely focused on project start up activities) and the October to December 2018 quarter (which was the closeout period of the project). A total of 77,138 adolescents were tested for HIV over the two-year project implementation period, well above the target of 70,829. This achievement can be attributed to various HIV testing models used within health facilities and communities, including enhanced provider initiated testing (PITC) in all facility entry points, health facility and community index testing, targeted HIV testing outreaches and moonlight testing. Figure 2 shows trends in the identification of HIV-positive adolescents over the two-year project implementation period.

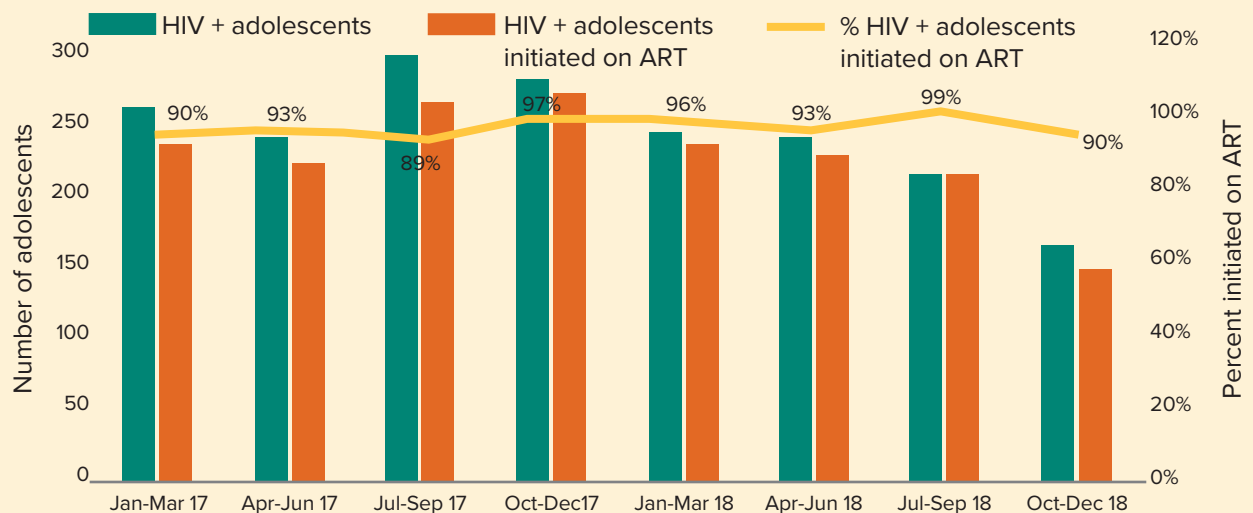
**Figure 2. Trends in identification of HIV-positive adolescents, January 2017 through December 2018.**



The project has shown a consistent HIV testing yield of approximately 2% throughout the project implementation period except the January to March 2017 quarter which recorded a yield of 3.5%. The project managed to identify 1,832 HIV-positive adolescents, below (53%) the target of 3,483. Health facility-based HIV testing was complimented by other testing strategies aimed at increasing the number of HIV positive persons identified, including testing family members of index cases, targeted outreaches, moonlight testing and community day testing. Some health facilities started introducing weekend adolescent days, during which adolescents would receive services such as HIV testing, ART initiation and psychosocial support.

**ART initiation of HIV positive adolescents**

**Figure 3. Trends in HIV positive adolescents initiated on ART (January 2017 - December 2018).**

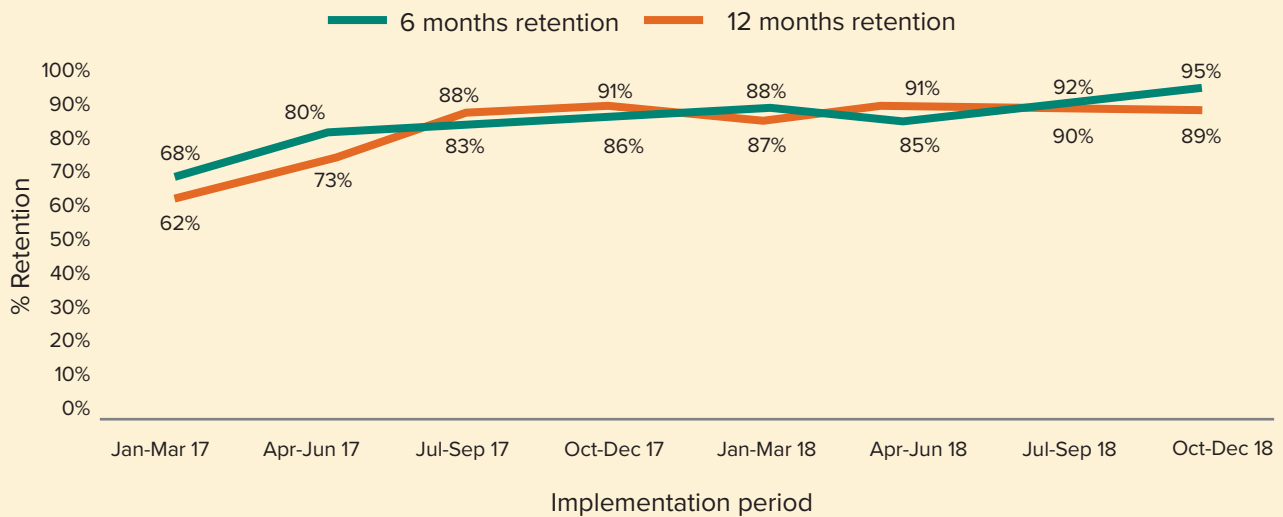




The proportion of HIV-positive adolescents initiated on ART remained above 90% throughout the project implementation period, except for the July to September 2017 quarter, which recorded 89%. Furthermore, a total of 1,710 HIV-positive adolescents were initiated on ART over the 2-year implementation period.

### Retention of HIV positive adolescents on ART

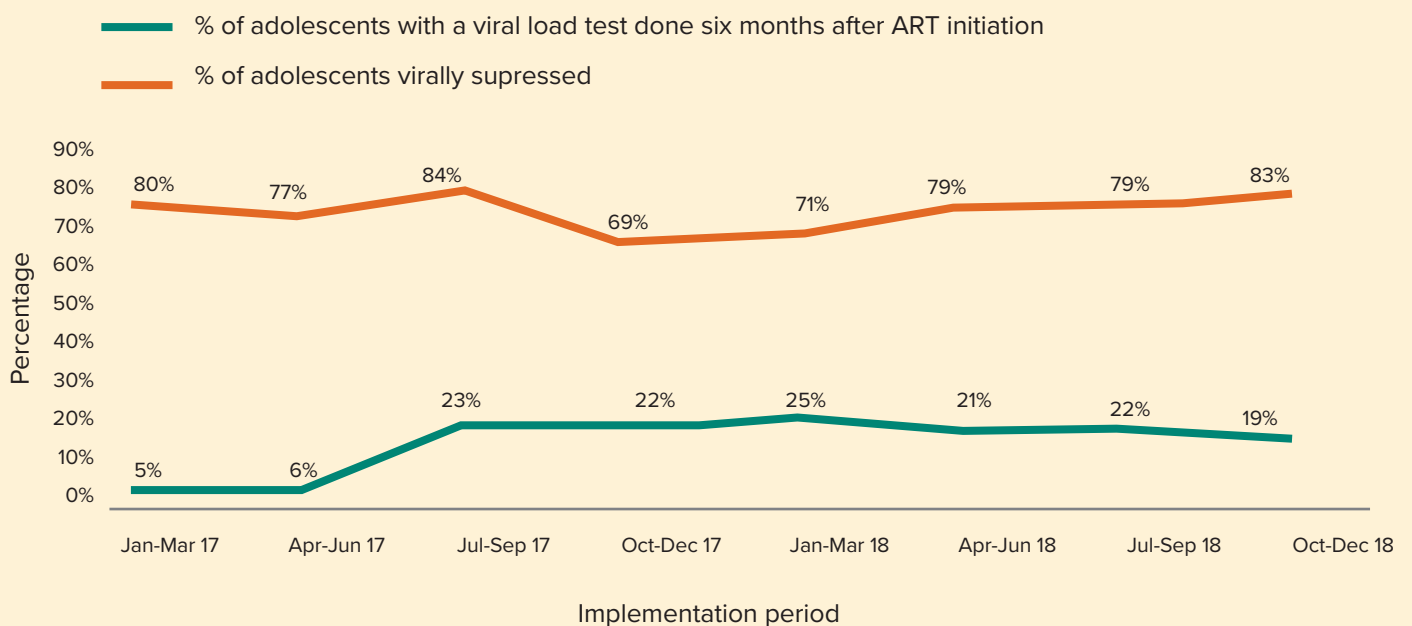
Figure 4. Trends in six and 12-month ART cohort retention (January 2017 - December 2018).



The proportion of adolescents retained on ART six months after initiation improved throughout the project implementation period, rising from 68% in the January to March 2017 quarter to 95% in the October to December 2018 quarter. This performance was above the project target of 90%. Furthermore, 12-month retention on ART increased from 62% in the January to March 2017 quarter to 89% in the October to December 2018 quarter.

### Viral load monitoring of adolescents on ART

Figure 5: Trends in viral load testing and suppression (January 2017 - December 2018).



Uptake of VL testing six months after ART initiation increased from 5% in the January to March 2017 quarter to a peak of 25% in the January to March 2018 quarter, before a marginal decline to 19% in the October to December 2018 quarter. The program target was 20%. Beyond this, the proportion of adolescents who were virally suppressed, (i.e. less than 1000 copies/ml) showed a marginal improvement from 80% in the January to March 2017 quarter to 83% in the October to December 2018 quarter. This data indicates a need for continued support to be extended to adolescents, so they adhere to their ART regimen.

## Improving the Quality of HIV Services

In 2018, EGPAF directly supported 92 health facilities across 17 HIV high burden districts, with funding from the CDC. The success of the initiative was highly dependent on quality improvement (QI) district focal persons (DFPs), who coached and mentored district and facility-level healthcare workers (HCWs). Each QI DFP provided extensive support to 10-18 health facilities. EGPAF recorded significant improvements across most QI indicators aligned to the United Nations 90-90-90 targets.<sup>1</sup> By September 30, 2018, a total of 237 QI projects were on file, and each of the supported health facilities were implementing a maximum of 3 projects per site. Table 1 summarizes the distribution of QI projects by indicator in the supported health facilities.

**Table 1. Distribution of QI Projects in the 92 EGPAF supported sites by Indicator from January to September 2018**

Service Delivery Area	Total # of QI Projects
Quality HIV testing services	
HIV testing for adolescents	6
Deoxyribonucleic acid polymerase chain reaction (DNA PCR) samples collected and results returned within a month	32
Retesting of positive clients to confirm HIV status, prior to ART initiation (all sub populations)	12
ART initiation	
ART initiation for infants and young children below 2 years of age	10
ART initiation for adolescents aged 10-19 years	14
ART initiation for general clients below 20 years of age	12
Retention of patients on ART	
Retention in care 6 months after ART initiation (all sub populations)	40
Missed appointments in the first 3 months of ART initiation	39
Retention in care 12 months after ART initiation (all sub populations)	11
Retention in care 18 months after ART initiation (all sub populations)	30
Retention of HIV-positive pregnant women on ART	16
Virological monitoring of ART clients	
Virological monitoring of ART clients 6 months after ART initiation (all sub populations)	15

<sup>1</sup>By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

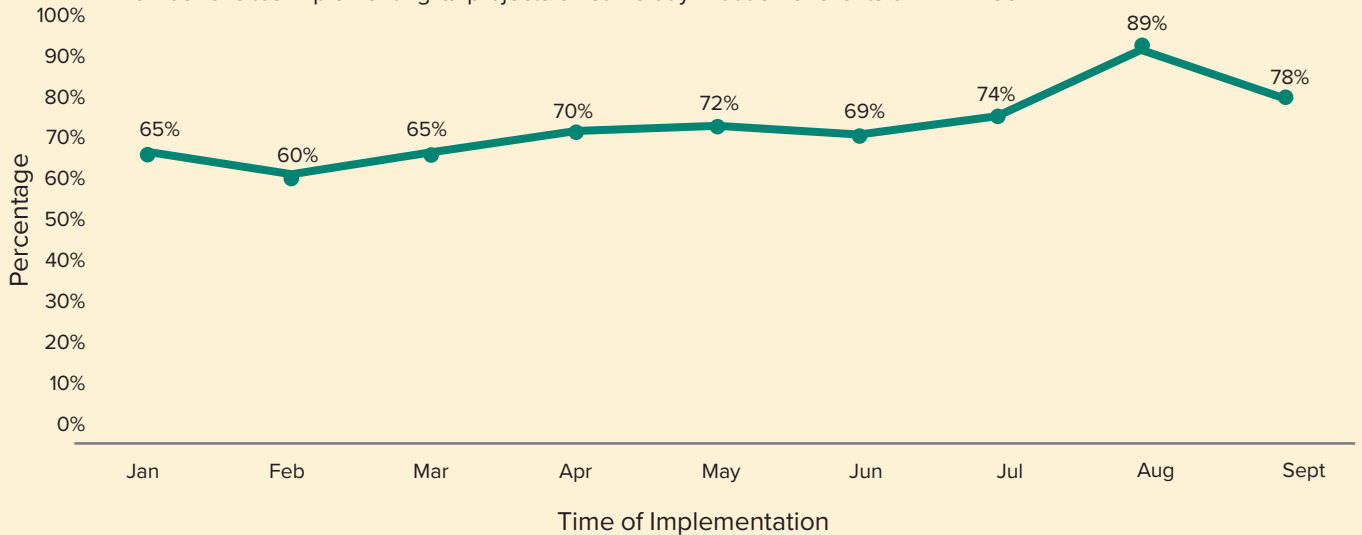


## ART Initiation

From April to September 2018, there was an improvement in the uptake of same day ART initiation in all the sub populations (e.g. children below two years old, adolescents, and general clients). The overall proportion of clients initiating ART on the same day as HIV diagnosis improved from 69% in January 2018 to 78% in September 2018.

**Figure 6. Overall trend in initiation of clients on ART on the same day as HIV diagnosis (January - September 2018).**

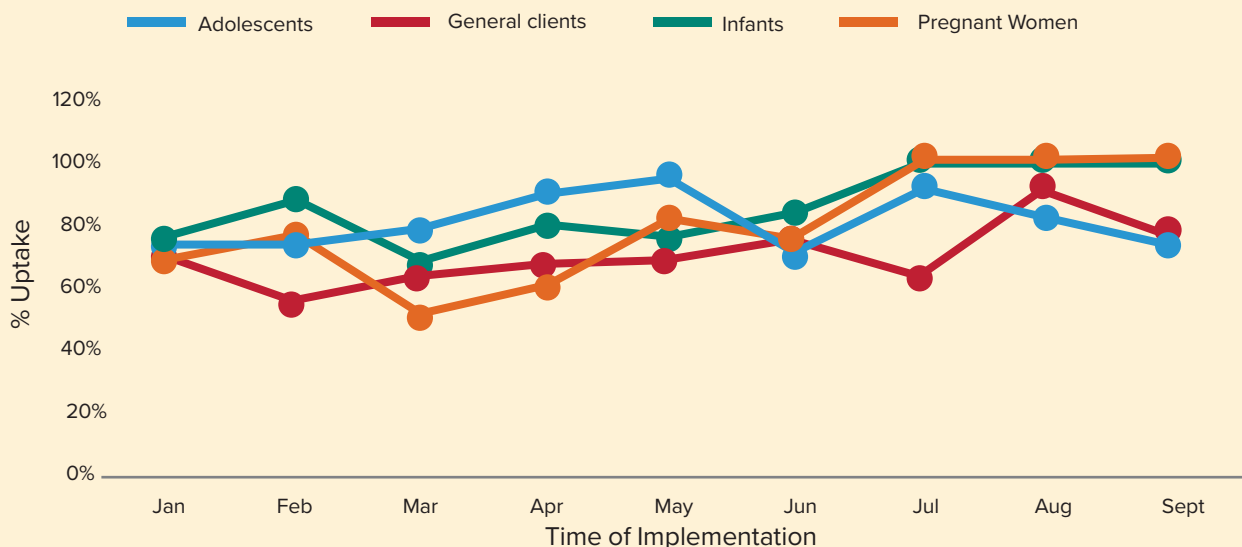
Number of sites implementing QI projects on same day initiation of clients on ART = 36



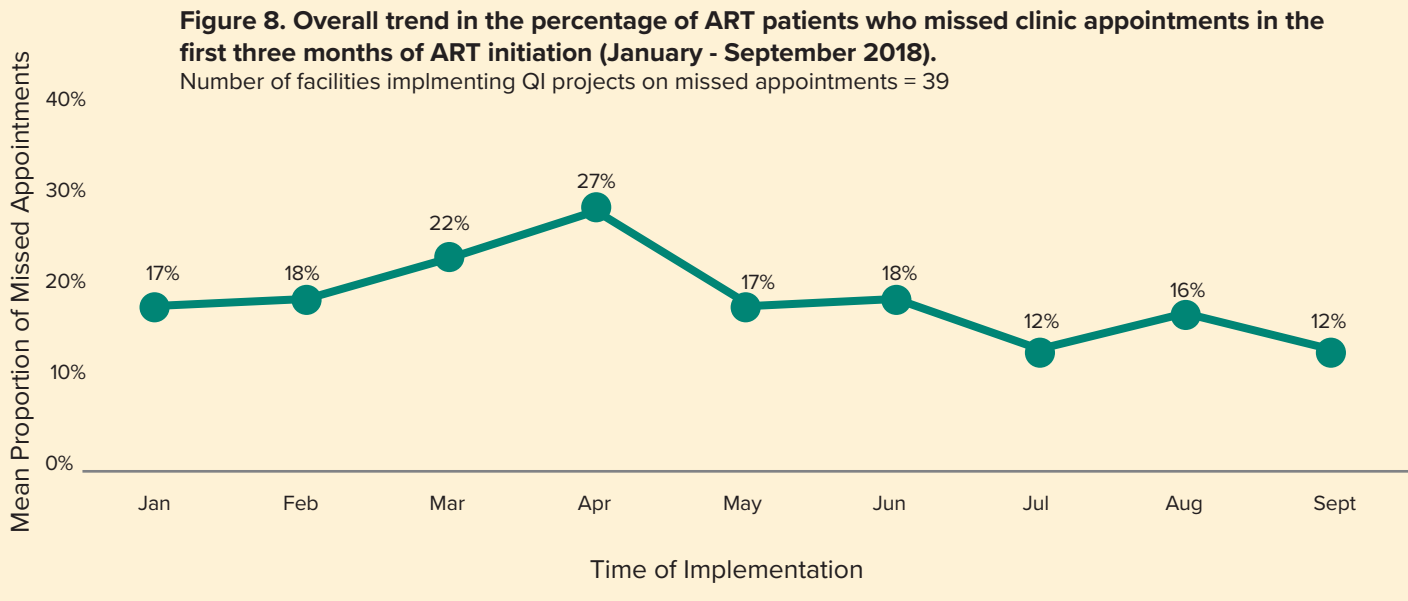
The improvement in same day ART initiation may be attributed to the increased staff stability within crucial departments. Facilities also made improvements by introducing patient navigation support (to reduce the number of patients lost between departments from testing to ART initiation) and moving HIV testing rooms closer to the ART initiating rooms. Moreover, facilities utilized routine meetings to discuss QI work, which facilitated continuous assessment that, in turn, encouraged improvement.

There was also an overall improvement in the percentage of pregnant women initiated on ART on the same day of diagnosis: from less than 50% in January to 100% in September 2018. A similar trend was observed for infants and children less than two years old. Compressed counselling sessions (reducing the number of sessions and their duration), prioritizing ART initiation before other relevant tasks (e.g. lab investigations), and shifting from group to individualized counselling for patients who opt out of same day ART initiation are among the factors that improved performance. While pregnant women and children showed overall improvement, figures regarding same day ART initiation for general clients and adolescents fluctuated with no clear pattern (Figure 7).

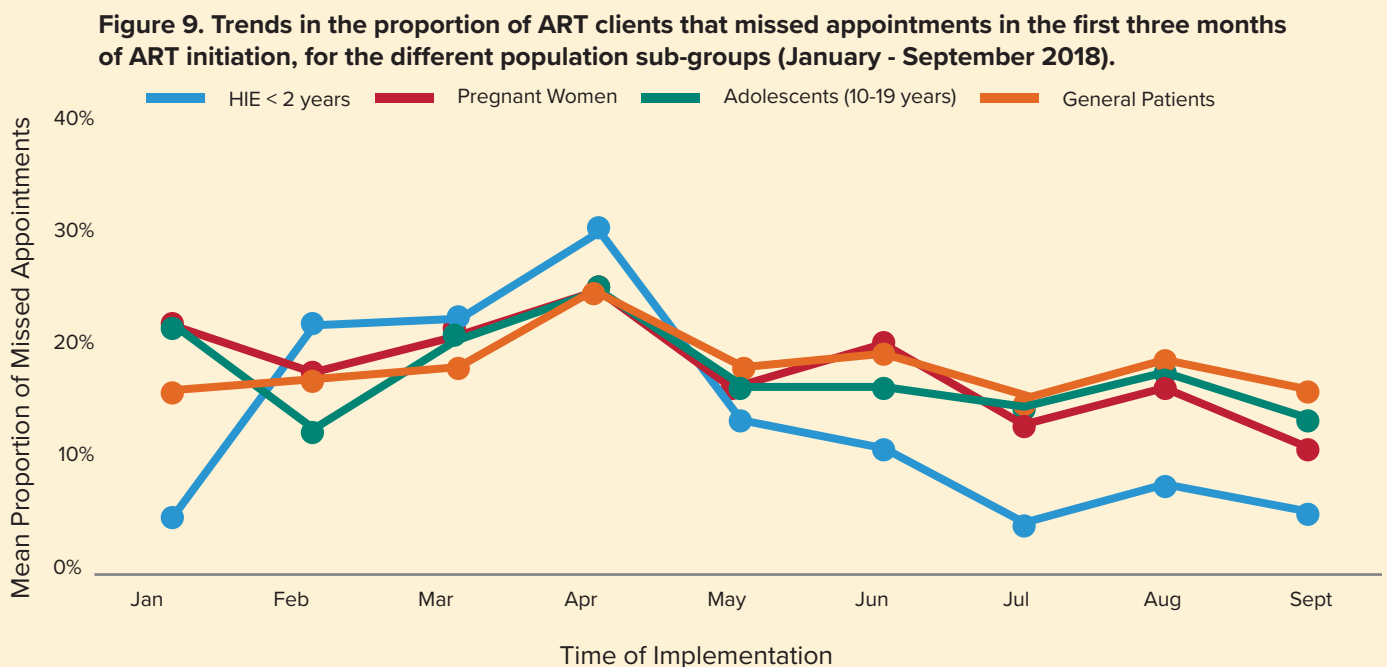
**Figure 7. Percentage of clients initiated on ART on the same day of diagnosis by target population (January - September 2018).**



## Missed Appointments



There was an overall decline in ART patients who missed clinic appointments – from approximately 17% in January to 12% in September 2018. During this period, effective improvement strategies included: streamlining ARV dispensing practices to mirror client visits expected in the first three months of ART initiation (as detailed in the national guidelines), programming client reminders and recalls in the form of mobile short messaging service (SMS) texts initiated by facility health workers, and capacitating providers to provide safe ART initiation and early follow-up services. As shown in Figure 9, there was a decline in the proportion of ART clients who missed appointments across all population groups.



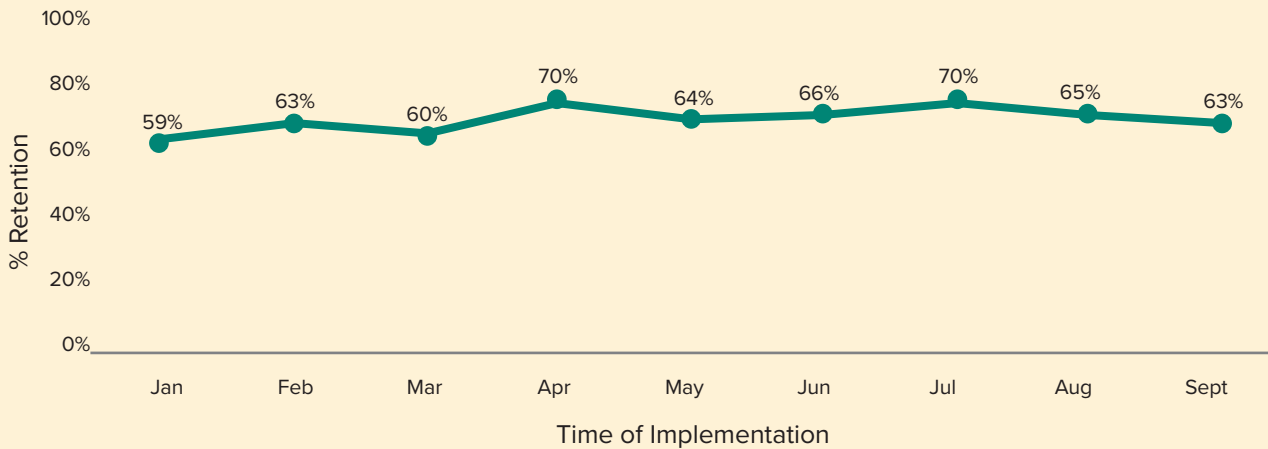
## Retention of Clients on ART

HIV-positive clients enrolled in HIV care should continue to visit health facilities, as prescribed by the HCWs, in order to receive consistent ART. The retention for all sub-populations six months after ART initiation increased marginally: from 59% in January to 63% in September 2018, as shown in Figure 10. There was, however, significant improvement in retention of adolescents from less than 45% in January to 100% by September 2018. This positive trend can be attributed to program staff's focus on improved retention of this vulnerable population at sites, due to the poor health outcomes that adolescents were experiencing.



**Figure 10. Trends in percentage of clients retained on ART six months after initiation (January - September 2018).**

Number of facilities implementing QI projects on 6 months retention = 40

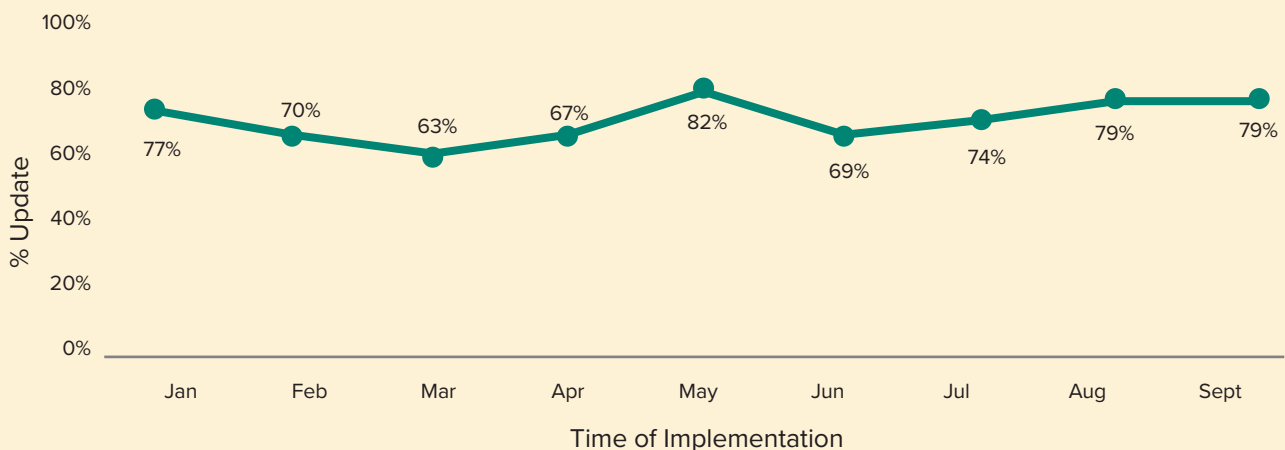


## Retesting of Pregnant Women at 32 Weeks of Gestation

Overall, there was some improvement in the HIV retesting of pregnant women at 32 weeks' gestation, from 63% in March 2018 to 79% in September 2018, as shown in Figure 10. Some of the interventions implemented to address these challenges included the use of red stickers in the primary source documents to alert and indicate all of the clients due for a retest, as well as the sensitization of health staff regarding the new HIV testing algorithm for pregnant women.

**Figure 11. Overall trends in retesting of pregnant women's retests at 32 weeks' gestation from (January - September 2018).**

Number of facilities implementing QI projects on retesting in 3rd trimester = 37

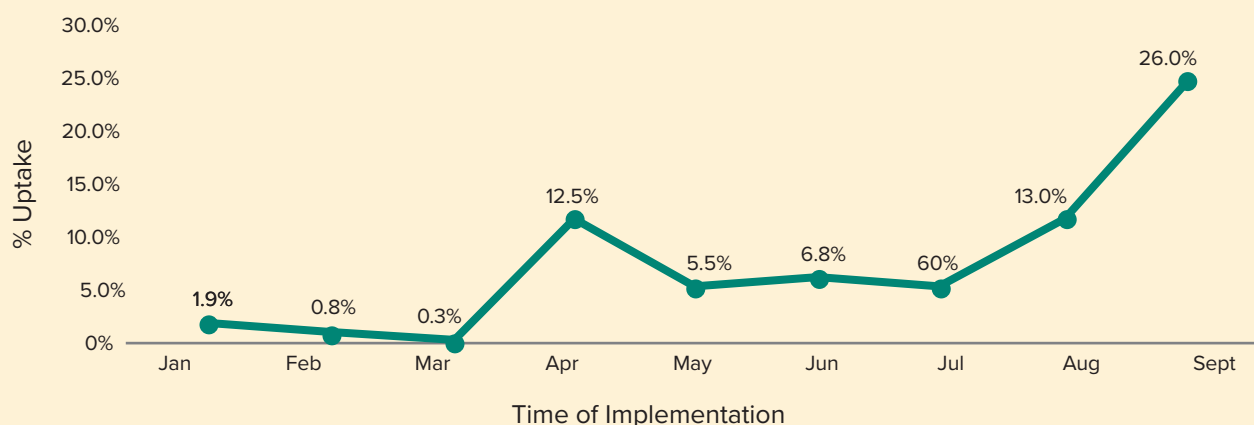


## Viral Load Monitoring

Improvement was also noted among ART patients that received a viral load (VL) test six months after initiation, from less than 2% in January 2018 to 26% in September 2018, shown in Figure 12.

**Figure 12. Overall trend in VL monitoring six months after ART initiation (January - September 2018).**

Number of facilities implementing QI projects for VL testing = 15



Although the turnaround time from blood sample collection to issuing VL results to clients remained lengthy, there was an increase in VL uptake. This improvement may be attributed to most facilities opting to synchronize VL blood sample collection with six-month client review dates.

## Point-of-care Early Infant Diagnosis

EGPAF began providing POC EID services in late 2016. The goal of this project is to increase the number of HIV-positive infants whose HIV status is known, ensuring that at-risk infants have timely access to HIV testing and those who test HIV-positive are promptly initiated on ART. By December 2018, POC EID scale-up had introduced 51 platforms using a phased approach; these platforms covered 281 facilities. There are three kinds of facilities providing access to POC EID: 1) 2 testing sites without spokes, 2) 49 hub sites that provide testing for patients at that site and smaller, nearby facilities (“spokes”), and 3) 231 spoke sites that send samples to the hub sites for testing. The first platform was installed in December of 2016. By the end of 2018, there were 282 sites accessing POC platforms, including standalone sites, hubs and spokes. Additional project results are summarized in Table 2, below.

**Table 2: POC EID achievements vs. targets (December 2016 - December 2018).**

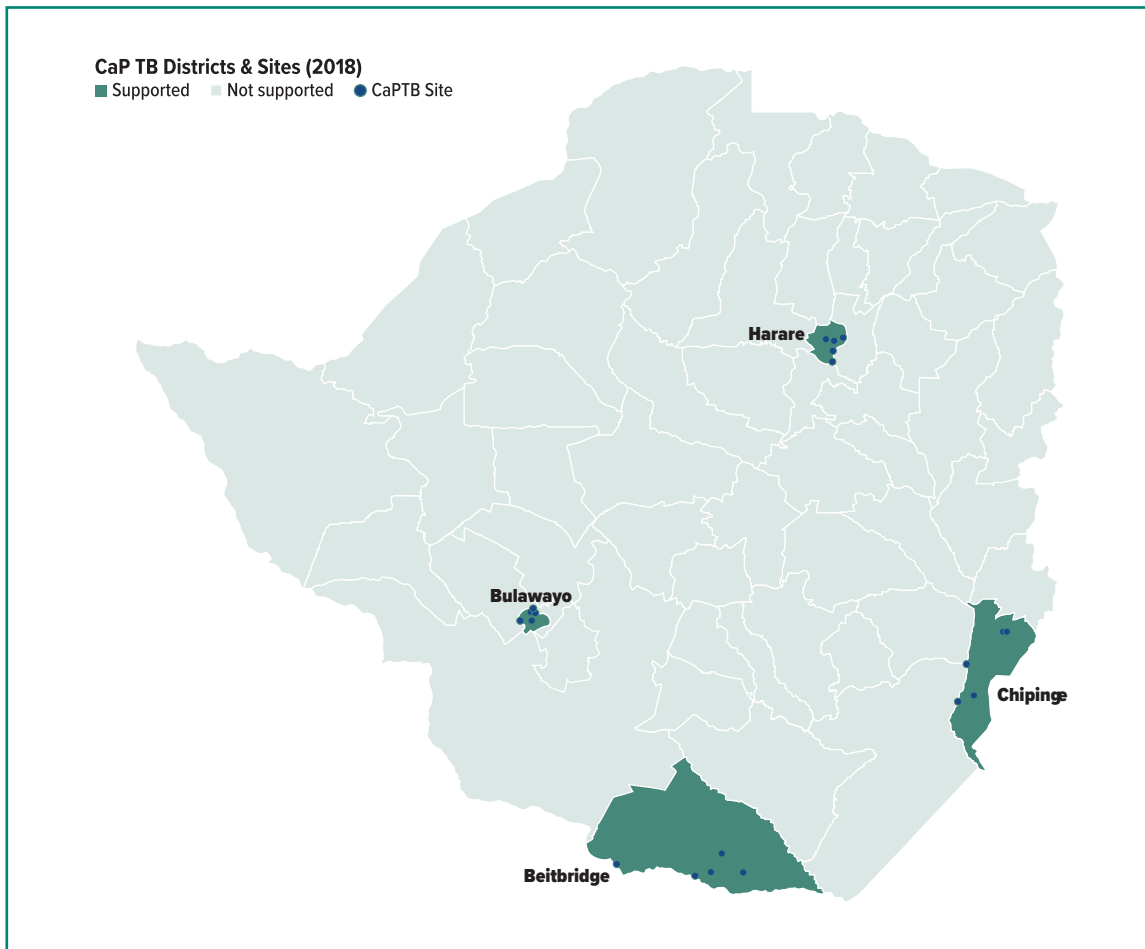
Indicator	Target (Dec 2016- Dec 2018)	Achieved (Dec 2016- Dec 2018)
Number of POC EID tests done	15,772	17,767 (113%)
Total HIV positive infants identified	563	510 (90.6%)
Proportion of HIV positive infants initiated on ART	100%	410 (80.3%)
Median turnaround time from sample collection to receipt of results	2 weeks	0 days
Median turnaround time from results receipt to ART initiation	2 weeks	0 days
Median turnaround time from sample collection to ART initiation for HIV positive Infants	4 weeks	0 days

The project achieved its targets for POC EID tests done, turnaround time from sample collection to receipt of results and ART initiation for HIV-positive infants. The project also achieved over 90% and over 80% of the HIV positive infant identification target and the target for infant ART initiation, respectively.

## Catalyzing Pediatric TB (CaP TB)

As a leading pediatric HIV care and treatment partner, EGPAF is well placed to improve pediatric TB diagnosis, care, and treatment services in Zimbabwe. A Unitaid-funded project, Cap TB aims to contribute to the reduction in pediatric TB morbidity and mortality in nine sub-Saharan African countries (Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Kenya, Lesotho, Malawi, Tanzania, Uganda, and Zimbabwe) and India. The implementation period extends from 2017 to 2021.

More specifically, this project seeks to reduce pediatric TB diagnostic and treatment gaps by improving the capacity to diagnose pediatric TB and to use innovative models of treatment and care to increase the uptake of new pediatric fixed-dose combinations (FDC) for the treatment of active and latent TB. Cap TB will strengthen and monitor the uptake and use of the new FDCs, treatment outcomes, and novel potential options for preventative treatment of latent TB infection. EGPAF will document the feasibility, acceptability, and impact of TB service integration into non-TB health structures. By 2018, EGPAF was implementing this project in 20 health facilities in Harare, Bulawayo, Chipinge and Beitbridge districts (Figure 13).



**Figure 13. Distribution of CaP TB sites**

The following section details the Cap TB program objectives, and the ways in which various initiatives served to facilitate their achievement.

### **Objective 1: Create an enabling policy and regulatory environment at the national level, to support the introduction and scale-up of effective and innovative pediatric TB diagnostic and treatment interventions**

- The CaP TB project was launched on the May 31st, 2018. Guests in attendance included the permanent secretary of health (representing the Minister of Health and Child Care), Harare's Minister of State for Provincial Affairs representative, Unitaid representatives, the French Embassy representative, EGPAF global and Zimbabwe staff, partner organizations and members of the local community – including beneficiaries of the national TB program (NTP).



- Sensitization of key stakeholders on the project was done at national and district levels.
- A landscape policy assessment was conducted in the first quarter of 2018 and a report with the findings was developed and shared with MOHCC. The landscape analysis culminated in the development of terms of reference (TORs) and the formation of the national Childhood TB working group
- Site assessments were conducted in February 2018 for all 20 supported health facilities, to assess the existing status of childhood TB prevention, diagnosis and treatment services. Assessment data were analysed and findings were shared with all stakeholders from national to facility levels.

### **Objective 2: Increase demand for pediatric TB treatment through improved detection**

- Revised and updated childhood TB training materials to improve the capacity of site level HCWs
- Conducted five district level trainings for facility level health care workers from all implementing health facilities. Topics covered included childhood TB prevention, diagnosis and treatment, contact tracing, sample collection and transportation, TB medicines and regimens as well as the CaP TB project and TB program monitoring and evaluation (M&E) system and tools
- Trained community health care workers on TB case identification, contact tracing, infection prevention and control of TB in the community, community to facility client referral, direct observed treatment (DOT) and use of community M&E tools

### **Objective 3: Increase uptake of and access to improved pediatric TB treatment for active and latent TB**

- Developed concept note and standard operating procedures (SOPs) for clinical attachment of HCWs from hub sites to a quaternary level teaching hospital with specialist physicians and paediatricians (center of excellence)
- Clinical attachment and mentorship of six health care workers (3 doctors and 3 nurses) from four hubs at the center of excellence
- Development of childhood TB dosing wheel (job aid) to be used by health workers in the treatment and management of active TB and latent TB infection (LTBI)

### **Objective 4: Generate novel evidence and cost-effectiveness data**

- Developed the country implementation plan which was submitted and approved by the local Medical Research Council of Zimbabwe (MRCZ) and the US-based ADVARRA
- Developed tools to collect appropriate CaP TB project data; the tools were distributed to implementing health facilities, following health care worker trainings

### **Objective 5: Effectively transition this work to management by national entities, thereby ensuring sustainability**

- Successfully advocated with the NTP and other stakeholders to incorporate CaP TB project activities into annual work plans
- Collaborated with civil society organizations, e.g. Rehabilitation and Prevention of Tuberculosis (RAPTI), to create demand for – and ensure sustainability of – quality TB services

## GOAL 2: ADVANCE RESEARCH AND STRATEGIC INFORMATION AND EVALUATION TO GENERATE EVIDENCE TO PREVENT, TREAT AND END PEDIATRIC AIDS

Research is a major priority at EGPAF, as it produces evidence that informs programming. By the end of 2018, nine Medical Research Council of Zimbabwe (MRCZ)-approved operations research studies and assessments were at various stages of implementation (see Table 3, below).

**Table 3. List of MRCZ-approved studies, as of December 2018.**

Title of Study	MRCZ Reference Number
Analysis of Routine Program data and Documentation and Dissemination of Lessons Learned (non-research determination of the EGPAF Program)	E/109
Evaluation of the Implementation and Effects of the	32
Unitaid/EGPAF POC EID Project in Zimbabwe	A/2118
POC EID Impact Evaluation	A/2176
Facility Time-Use Observations of the POC EID Process in Zimbabwe	A/2320
Evaluation of the Catalyzing Pediatric TB Innovation Project: A Pre and Post Implementation Assessment (TIPPI) Across Ten Countries	A/2372
Young Adult Survey of Zimbabwe	A/2094
Feasibility of POC HIV Birth Testing in Zimbabwe	A/2343
Zimbabwe HIV Quality Management and Improvement Program	E/145
Feasibility of adolescent focused HIV prevention, care and treatment differentiated service delivery (DSD) in Zimbabwe, 2018	A/2353

### The Young Adult Survey of Zimbabwe

As previously stated, EGPAF acted as a technical implementing partner in support of the MOHCC's implementation of the YAZ. The survey focused on the prevalence of childhood violence (defined as violence occurring before 18 years of age), the prevalence of violence in the 12 months prior to survey participation among adolescents (ages 13-17 years) and young adults (ages 18-24 years), the prevalence of HIV in the study population and the association between HIV and violence. The results were launched nationally at a high-level event in October, 2018. A total of 7,912 females and 803 males completed the survey (82.4% and 78.6% response rate, respectively). HIV status was obtained from 5,288 (67%) females and 496 (62%) males. Approximately 26.7% of females and 26.2% of males had experienced physical, emotional, or sexual childhood violence. About 24.3% of females who experienced sexual violence got pregnant; no males and 14.3% of females who experienced sexual violence received services. HIV prevalence among 16-24 year olds was 4.5% among females and 3.5% among males. HIV prevalence was higher (5.6%) among females who experienced any form of childhood violence than females who did not experience violence (3.7%),  $p < 0.05$ . A few YAZ 2018 dissemination activities are highlighted below:

### YAZ data analysis and data-to-action workshop

EGPAF supported the MOHCC and CDC to conduct a data analysis and data-to-action workshop in July 2018. Participants were: the YAZ core team, relevant government ministries, and other key stakeholders involved in child welfare, child protection and HIV program implementation. EGPAF presented the preliminary report to stakeholders, the data were reviewed and a national action plan framework with sector-specific interventions was developed.

### DREAMS implementing partner data-to-action workshop

In September 2018, EGPAF supported the MOHCC and CDC to conduct an abridged, secondary DREAMS data to action workshop to allow for further engagement of DREAMS implementers in Zimbabwe, specifically the United States Agency for International Development (USAID), Centres for Disease Control and Prevention (CDC), the United States President's Emergency Plan for AIDS Relief (PEPFAR), FHI 360, Family AIDS Caring Trust (FACT), Southern African HIV and Aids Information Dissemination Service (SAFAIDS), the United Nations International Children's Emergency Fund (UNICEF), Together for Girls, Youth Advocates, Youth Engage, Double Impact Youth Association and the National AIDS Council (NAC). This workshop informed DREAMS partners about survey data, the resulting priorities and goals, the development of SMART objectives, the existing resources, and the alignment with DREAMS priorities.

### Launch of YAZ results

In October 2018, EGPAF successfully organized and launched the primary survey results during a one-day event in Harare. This launch involved the survey core team, the survey steering committee, national and provincial government ministry representatives, the National AIDS Council (NAC), PEPFAR, CDC, USAID, United Nations agencies and other principal stakeholders involved in child welfare and HIV program implementation in Zimbabwe. The Deputy Minister of Health and Child Care was the guest of honor. Hundreds of key stakeholders attended this important event and it was widely considered a success.

## GOAL 3: ADVOCATE FOR OPTIMAL POLICIES, PRACTICES, AND RESOURCES TO ACHIEVE AND SUSTAIN AN END TO PEDIATRIC AIDS

Zimbabwe has made significant strides in reducing new pediatric HIV infections in children. Yet there is a need for more advocacy for policies that will ensure these gains are sustained. Indeed, this is all the more necessary as the country moves towards the validation of EMTCT of HIV and Syphilis. Throughout 2018, EGPAF supported the MOHCC to implement activities in the national EMTCT strategic plan and the Start Free, Stay Free, AIDS Free framework. This undertaking involved identifying poorly performing districts for targeted programming, training HCWs from the poorly performing districts and HIV testing and ART initiation outreach in remote areas. EGPAF also aided the establishment of a national validation committee (NVC) for the EMTCT of HIV and Syphilis. Chaired by the Minister of Health, the NVC was trained regarding global EMTCT validation criteria and tools.

### Supporting Grassroots Engagement for EMTCT

In 2018, EGPAF continued working with young women and mothers in the Murewa district, to advocate for EMTCT in Zimbabwe. This enhanced EMTCT awareness through peer advocacy by young women and mothers, known as "EMTCT champions." 20 EMTCT champions were recruited and trained in Murewa, a high HIV burden district. EGPAF, working with its sub-grantee, Africaid, engaged community adolescent treatment supporters (CATS) to work with their local health facilities and communities to provide peer support to adolescents living with HIV (ALHIV). This initiative extended psychosocial and treatment adherence support to ALHIV, furthermore, they received this support from trained peers who were openly living with HIV. This strategy is critical in addressing HIV status disclosure and stigma challenges among this vulnerable group.



**GOAL 4: ENHANCE AND SUSTAIN THE ORGANIZATION'S CAPACITY TO OPERATE IN A HIGHLY EFFECTIVE, ACCOUNTABLE, AND EFFICIENT MANNER, WHILE ACTING WITH INTEGRITY IN ALL ASPECTS OF ITS WORK**

EGPAF performed well in international and external annual audits processes across the financial and other program approaches. At the end of December 2018, the Zimbabwe country project portfolio supported 58 staff, including field-based and seconded staff, and six projects:

1. The Young Adult Survey in Zimbabwe
2. The Start Free, Stay Free, AIDS Free and EMTCT project
3. The ACT Adolescent HIV Project
4. Optimizing EID through the introduction of POC HIV testing
5. The Catalyzing Pediatric TB Project
6. Support for Facility and District Level QI/QM in Zimbabwe













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