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Zimbabwe

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults and Adolescents Greater than or Equal to 10 Years old](#)
- [Infants and Children less than 3 Years](#)
- [Children 3 to less than 10 Years](#)
- [Pregnant Women](#)

-  [Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe \(PDF / 3 MB\)](#)

Adults and Adolescents Greater than or Equal to 10 Years old

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

Adults and adolescents with a documented positive HIV test and meeting any one of the following criteria:

- Severe or advanced symptomatic HIV infection (WHO clinical stage 3 or 4): Treat all regardless of CD4 cell count
- Asymptomatic/mild HIV disease: Treat CD4 less than or equal to 500 cells/mm³ (CD4 less than or equal to 350 cells/mm³ as a priority)
- HIV sero-discordant couples: Treat infected partner regardless of CD4 cell count
- TB Co-infection: Treat all HIV Positive TB patients regardless of CD4 cell count
- HBV co-infection with severe chronic liver disease

Regimen Options:

First Line:

Preferred:

Adolescents (10-19 years) greater than or equal to 25kg Adults including pregnant & breastfeeding women, TB/HIV, HBV/HIV:

TDF + 3TC + EFV

Adolescents less than 35kg: AZT + 3TC + NVP

Alternative:

TDF + 3TC + NVP

AZT + 3TC + EFV/NVP

TDF + FTC + EFV/NVP

Adolescents less than 35kg: ABC + 3TC + EFV

Second

Line:

Preferred:

Adolescents greater than or equal to 10 years, Adults, Pregnant and Breastfeeding women:

- If TDF was used in first line ART: AZT + 3TC + ATV/r or LPV/r
- If AZT was used in first line ART: TDF + 3TC + ATV/r or LPV/r

Third Line:

Those failing second-line therapy will need to be referred for Specialist assessment which may include viral load and genotype testing prior to recommending the third-line medicines.

Adherence needs to be reinforced all the time. In adults, raltegravir (400mg) twice a day and darunavir (800mg)/ ritonavir (100mg) once daily will be used as well as any other medicines as determined by the laboratory tests where available.

Reference:

Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe (2013) Republic of Zimbabwe National HIV/AIDS and Tuberculosis Control Programmes National Guidelines for TB/HIV Co-Management (2010)

Infants and Children less than 3 Years

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

Early Infant Diagnosis (EID): All infants should have their HIV-exposure status established at their first contact with the health system, ideally before six weeks of age.

- Infants (less than 1yr): Treat all individuals
- 1 year to less than 5 years: Treat all individuals (children less than or equal to 2 years or with WHO stage 3 or 4 or CD4 count less than or equal to 750 or CD4 %less than 25% as a priority)

Regimen Options:

First Line:

Preferred:

AZT + 3TC + LPV/r

Second

Line:

Preferred:

If AZT used for 1st line then use ABC containing 2nd line, if ABC is used then use AZT:

ABC+3TC+LPV/r

If PI based first line regimen used less than 3yrs: No change from first line regimen used

Third Line:

You will need to be advised by the Paediatricians regarding third line doses for children.

First Line:

Alternative:

Children less than 3 years:

AZT + 3TC + NVP

ABC + 3TC + LPV/r

ABC + 3TC + NVP

Second

Line:

Alternative:

If PI based first line regimen used less than 3 yrs: ABC +3TC + NVP

If PI based first line regimen used 3 yrs to less than 10yrs:

TDF+ 3TC NVP

ABC+3TC+NVP

Third Line:

You will need to be advised by the Paediatricians regarding third line doses for children.

Reference:

Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe (2013) Republic of Zimbabwe National HIV/AIDS and Tuberculosis Control Programmes National Guidelines for TB/HIV Co-Management (2010)

Children 3 to less than 10 Years

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

- 1 year to less than 5 years: Treat all individuals (children less than or equal to 2 years or with WHO stage 3 or 4 or CD4 count less than or equal to 750 or CD4 %less than 25% as a priority)
- 5 years and above: WHO stage 3 or 4 or CD4 less than or equal to 500 (CD4 less than or equal to 350 as a priority)

Regimen Options:

First Line:

AZT + 3TC + NVP

Second

Line:

Preferred:

If AZT used for 1st line then use ABC containing 2nd line, if ABC is used then use AZT:
ABC+3TC+LPV/r

If PI based first line regimen used 3yrs to less than 10yrs: ABC +3TC + EFV

Third Line:

You will need to be advised by the Paediatricians regarding third line doses for children.

First Line:

Alternative:

ABC + 3TC + EFV

Second

Line:

Alternative:

If PI based first line regimen used 3yrs to less than 10yrs:

TDF+ 3TC NVP

ABC+3TC+NVP

Third Line:

You will need to be advised by the Paediatricians regarding third line doses for children.

First Line:

Special circumstances*:

d4T+ 3TC + LPV/r

d4T+ 3TC + NVP

*use d4T for children with anaemia or other contraindication to use AZT

Third Line:

You will need to be advised by the Paediatricians regarding third line doses for children.

Reference:

Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe (2013) Republic of Zimbabwe National HIV/AIDS and Tuberculosis Control Programmes National Guidelines for TB/HIV Co-Management (2010)

Pregnant Women

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

When to start ART in HIV positive pregnant and breastfeeding women

(Adapted from WHO 2013 guidelines Chapter 7)

- All HIV infected pregnant and breastfeeding women should initiate lifelong antiretroviral treatment (ART) irrespective of their CD4 count or WHO clinical stage (Option B+).
- Women who are not yet ready for lifelong ART should be initiated on triple ARVs (ART), which should be continued at least for the duration of breastfeeding to prevent further risk of mother-to-child transmission of HIV through breast milk.
- HIV infected lactating women meeting treatment eligibility criteria (CD4 500 or less) should continue lifelong ART according to criteria for adult non-pregnant populations as it would be inappropriate for them to discontinue ART after the breastfeeding period.

Regimen Options:

First Line:

Pregnancy and labor

Maternal:

Preferred:

Tenofovir + Lamivudine + Efavirenz

Alternative:

Zidovudine + Lamivudine + Efavirenz

Post-delivery (breastfeeding and non-breastfeeding)

Infant (Birth to six weeks)

BW <2500*: NVP 10mg daily

BW ≥2500: NVP 15mg daily

Always remember to change the dose when baby gains weight.

*For very low birth weight babies below 2000g dose of NVP is 2 mg/kg once daily for 6 weeks

For non breastfeeding infants NVP as above or AZT 4mg/kg 12 hourly for 6 weeks

Reference:

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