

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1] *	14.3% [13.4-15.4%]	2009
HIV prevalence - pregnant women (all ages) ^[2] *	13.6%	2009
Number of women living with HIV delivering ^[3]	52,700	2011
Est. # children (ages 0-14) living with HIV ^[1] *	150,000 [92,000-200,000]	2009
Maternal mortality ratio ^[4]	570/100,000	2010
Est. annual births ^[5]	374,000	2010
Infant mortality rate ^[6]	51/1,000	2010
Under-5 mortality rate ^[7]	78/1,000	2010

Adult HIV prevalence (ages 15-49) in Zimbabwe, although still high, declined significantly from 23.7% in 2001 to 14.3% in 2009^[1]. HIV prevalence among pregnant women is similar to the general adult population.

Facility coverage of PMTCT programming within ANC services is moderate (74%)^[8]. HIV testing among pregnant women increased significantly from 29% in 2005 to 90% in 2010^[9] and, in 2011, 78% of pregnant women living with HIV received ARVs for PMTCT^[3]. Between 2009 and 2011, Zimbabwe has seen a 45% decline in the number of new paediatric HIV infections – from 17,700 to 9,700^[3]. Coverage of early infant diagnosis (14%) was still very limited in 2010^[9].

Zimbabwe has adopted WHO Option A regimen for prophylaxis, and a national PMTCT scale-up plan (2011- 2015) is in place^[10]. Given the high level of ANC and skilled delivery coverage and the current performance of the PMTCT program, Zimbabwe is well placed to achieve Global Plan targets in 2015.

Reaching High Level Targets

Global 2015 Targets

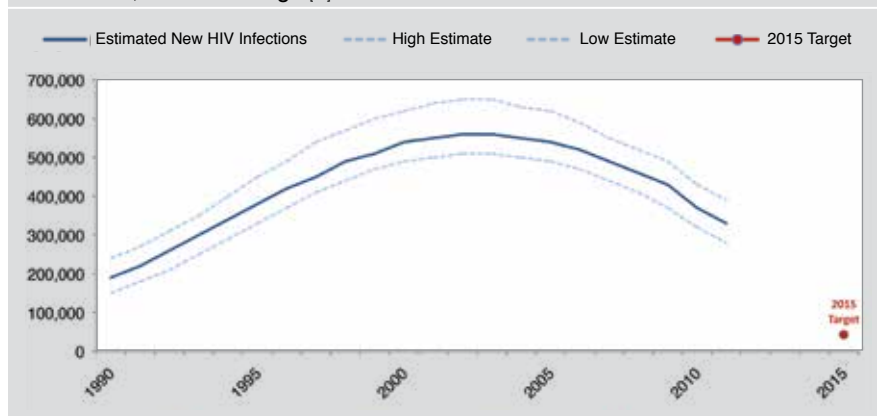
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015.^[11]

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	17,700	–	9,700	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	2,800 (2005)	1,680	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	25% ^[12] (2008)	20% ^[7]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	22%	–	37%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	1.68%	–	1.25%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	16% ^[13] (2006)	–	13% ^[14]	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	31%	–	18%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	11% ^a	–	78%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	2%	–	19%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	4%	–	51%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[11] *	Female: 6.9% [5.3-9.3%] Male: 3.3% [2.5-4.4%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[14]	Female: 39%* Male: 51%	2010/ 2011
Male partners of pregnant women attending ANC tested in last 12 months _[8] *	Male: 8%	2010
Unintended pregnancies (ages 15-49) _[14]	Female: 32%	2010/ 2011

* Based on small denominator (typically 25-49 unweighted cases)

Key Points

Among young people (ages 15-24), young women (6.9%) are more than twice as likely to be HIV-positive as young men (3.3%) in 2009. Condom use at last sex among young people reporting multiple partners in the last year was lower among females (39%) than males (51%) in 2010-2011 and 32% of pregnancies were unintended, indicating a high unmet need for family planning. In addition, HIV testing coverage among male partners of pregnant women attending ANC remains very low (8% in 2010).

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

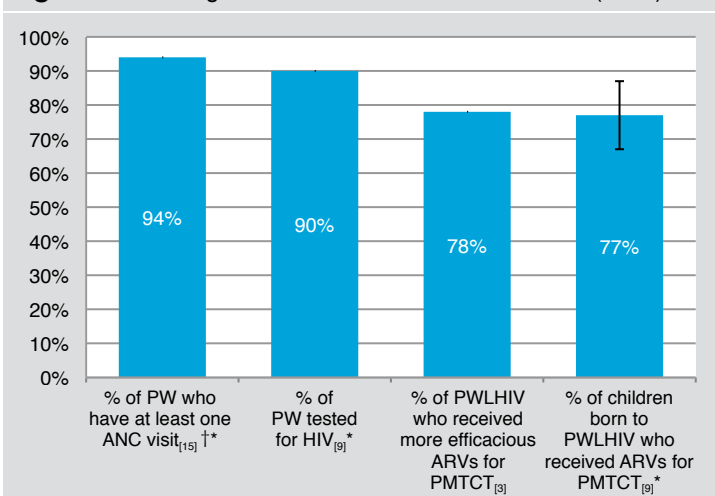
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[14]	No ANC: 10% <4 months: 19% 4-5 months: 40% 6-7 months: 26% 8+ months: 5% DK: <1%	2010/ 2011
Percentage of women attending at least 4 ANC visits during pregnancy _[14]	Total: 65% Urban: 66% Rural: 64%	2010/ 2011
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	90%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	77% [67-87%]	2010
Skilled attendant at delivery (%) _[14]	66%	2010/ 2011
Exclusive breastfeeding for infants <6 months _[14]	31%	2010/ 2011

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

The majority of pregnant women had at least one ANC visit (94%) and were tested for HIV (90%) in 2010. Only 65% attended at least 4 ANC visits_[14], as recommended by WHO. Additionally, ANC attendance during the first trimester of pregnancy was low in 2010 (19%). Although 66% of pregnant women had access to skilled birth attendance in 2010-2011, the maternal mortality ratio (570/100,000 live births) was still very high_[4]. In 2011, 78% of pregnant women living with HIV received more efficacious ARVs for PMTCT, and 77% of infants born to PWLHIV received ARVs for PMTCT in 2010.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^[9] *	38%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9] *	54% [47-62%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9] *	14% [12-16%]	2010

Key Points

In 2010, only a small proportion of HIV-infected pregnant women were assessed with CD4 testing (38%) to determine if they were in need of ART for their own health. Coverage of CTX prophylaxis was moderate (54%) in 2010, although coverage of early infant diagnosis (14%) remained low. Paediatric ART coverage increased from 22% in 2009 to 37% in 2011. Among pregnant women with HIV who received ARVs in 2010, 11% received ART for their own health, and 47% still received single dose nevirapine, a regimen no longer recommended by the WHO.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[9]*

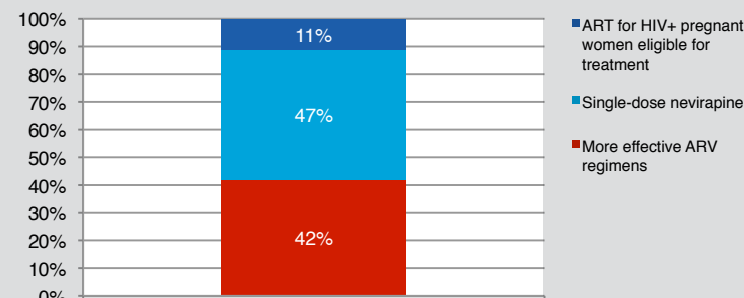
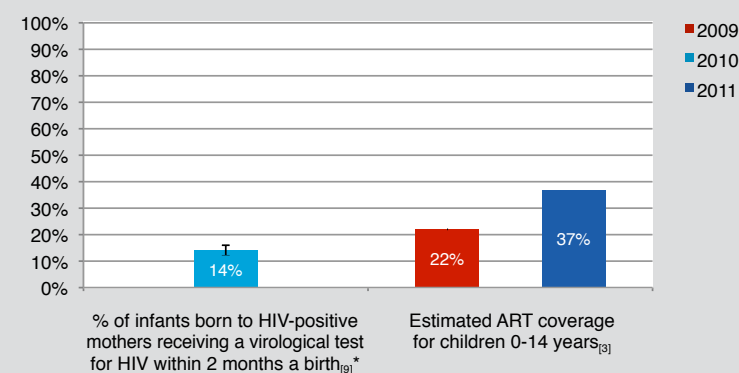


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

HIV prevalence in the adult population (14.3%) and among pregnant women (13.6%) is high

Although coverage of maternal (>95%) and infant (>95%) ARVs for PMTCT is high, quality of service could be improved. Limitations in the MNCH service delivery system result in limited access of HIV+ pregnant women to CD4 count (38%), high unmet need for family planning and low uptake of EID (14%) for HIV-exposed children.

Weak M&E systems with non-availability of data on some key PMTCT indicators at the national and subnational levels, hindering tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Zimbabwe are to be met by 2015, the following actions should be considered:

Scaling up Innovative approaches such as “treatment as prevention” and “test and treat” to pregnant women and discordant couples and the delivery of primary prevention and family planning services targeting young women is needed

Strengthening capacity within MNCH services for the delivery of quality MNCH/PMTCT antenatal and postnatal follow up care focusing on innovative approaches to improving retention to clinic visits and integration of FP

Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 Zimbabwe Ministry of Health and Child Welfare, *The National Strategic Plan for Eliminating New HIV Infections in Children and Keeping Mothers and Families Alive: 2011 – 2015* (unpublished), October 2011
- 11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 12 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 13 Zimbabwe Demographic and Health Survey 2005-2006, Final Report
- 14 Zimbabwe Demographic and Health Survey 2010-2011, Final Report
- 15 WHO/UNICEF/UNAIDS

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization