

CDC *in* ZIMBABWE

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The Centers for Disease Control and Prevention (CDC) established an office in Zimbabwe in 2000, with an initial focus on HIV interventions and health systems strengthening through the Leadership and Investment for Fighting an Epidemic (LIFE) Initiative. CDC's support expanded in 2011 to include interventions for malaria under the U.S. President's Malaria Initiative. CDC works with Zimbabwe and local organizations to support health systems strengthening and increase access to and quality of HIV and malaria interventions.



Implemented integrated HIV Testing Services (iHTS) strategy in 2019 in response to a need for differentiated testing models to find undiagnosed People living with HIV (PLHIV). The proportion of new positives identified through index testing increased over time.



>50,000 PLHIV offered index testing in 2019 by CDC supported HIV programs. Of those, 96% accepted index testing and >70,000 contacts were obtained. Through index testing efforts, >10,000 new positives were identified.



PEPFAR and CDC have prioritized TB Prevention Treatment (TPT) scale-up as a strategy to end TB.



Transition from paper-based to electronic systems towards developing a comprehensive EHR and LIMS continued in 2019. The long-term goal is to build integrated electronic data collection systems that will feed into the District Health Information System (DHIS-2) national repository.



Data suggests that adolescent girls and young women are most likely to have a recent HIV test result across all districts. CDC Zimbabwe plans to scale up the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program that provides counseling and PrEP provisions.



Conducted the first Integrated Biobehavioral Survey (IBBS) among MSM and transgender women/gender queer individuals (TGW/GQ) in Zimbabwe between March and July 2019 through a partnership with ICAP at Columbia University.



Increased local partner funding from 6.4% to 27% in 2019. The Extramural Management Branch improved the capacity of local partners to manage cooperative agreements.



Released ZIMPHIA 2015-2016 in August 2019. This PEPFAR initiative, implemented in collaboration with CDC, showed the face of the epidemic has changed in Zimbabwe. ZIMPHIA 2020 began data collection in November 2019.



CDC supports the Inter-Country Support Team, East and Southern Africa (ESA) based in Zimbabwe. CDC provides technical support on the elimination of measles, the control of rubella/congenital rubella syndrome, and maternal and neonatal tetanus.



All ESA member states have established a goal for Maternal and Neonatal Tetanus (MNT) elimination and for measles elimination by 2020, in alignment with the Global Vaccine Action Plan (2011-2020) and the African Regional Immunization Strategic Plan (2014-2020).



Malaria cases and deaths increased in 2019. The President Malaria Initiative/CDC advisor provides support for major malaria interventions including vector control, pharmaceutical and supply chain management, surveillance, monitoring and evaluation, and social and behavioral change communication.



Viral Load testing capacity scaled up in 11 laboratories in 2019 from the 6 laboratories in 2016, with support from CDC laboratory program through a robust mentorship program, integrated sample transportation system, optimizing the Laboratory information management systems (LIMS).

PrEP SUCESS STORY IN MAZOWE

A young woman learns how to prevent HIV

Mazowe district is using a Peer-to-Peer model to raise Pre-Exposure Prophylaxis (PrEP) awareness and create demand for service uptake amongst adolescent girls and young women (AGYW) at risk of contracting HIV. Through the model, a total of 523 AGYW were reached with messages between January and December 2019, including a 21-year old sex worker who we will call Hope in this story.

CDC recommends PrEP as an HIV prevention strategy. Taking PrEP medication (a pill) as prescribed reduces the risk of getting HIV via sexual contact by about 99%.

Most of the time Hope uses protection during sex but occasionally, some clients pressure her into having unprotected sex by offering additional cash. Hope has also been physically and sexually abused. All her clients have been of unknown HIV status. Hope has been treated for Sexually Transmitted Infections (STIs) several times but does not have HIV.

Hope learned about PrEP through a PrEP Champion at Bare Clinic in February 2019. That month she decided to initiate PrEP as she considered herself to be at risk of contracting HIV. She also consented to follow-ups through phone calls and visits at her home by community health workers.

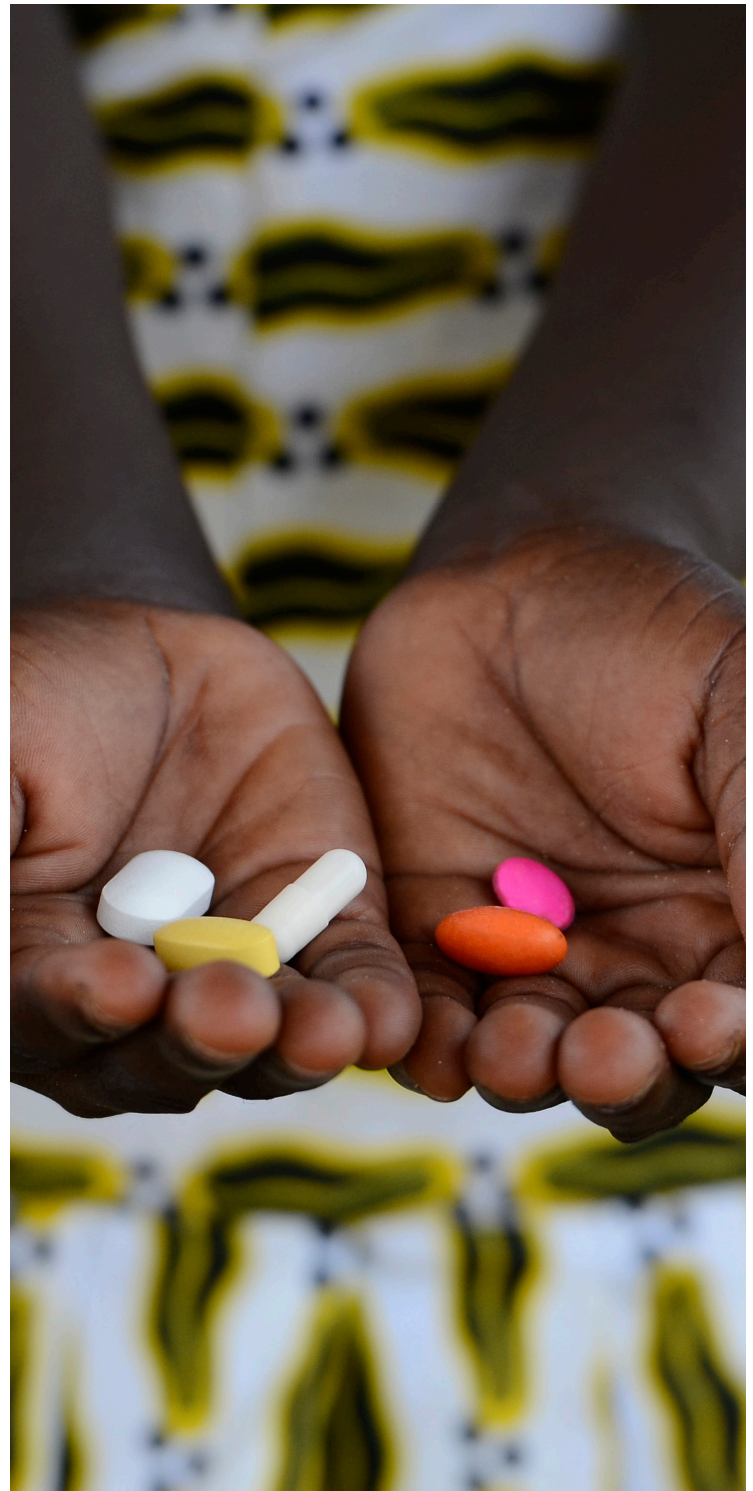
Two weeks after starting PrEP Hope failed to turn up to one of her scheduled visits. PrEP Champions followed-up with an in-person visit to her home.

“Taking pills daily is proving to be more work than I anticipated. Yes, I am at risk, yes, I want to remain HIV negative for the rest of my life, but the pill burden is way too much for me. What should I do?” Hope shared.

After noting her concerns, Hope was referred to her local clinic for further counselling. She received more information on the benefits of combination HIV prevention and provided with adherence counselling.

Hope decided to re-initiated PrEP in April 2019 and since then has been consistently taking her drugs. She continues getting adherence support from PrEP Champions. Hope last tested for HIV in September 2019 and her results came out negative.

Hope remains a role model sex worker who refuses to let her lifestyle determine her HIV status. “Though I still have unprotected sex once in a while, I feel safe because I know I have some level of protection. PrEP has given me control over my health. I am prepared,” Hope said during our last encounter.



CDC STAFF

- 8 U.S. Assignees
- 29 Locally Employed



AT A GLANCE

Population: >14,000,000 (2019)
 Per Capita income: >\$ 1,000
 Life expectancy at birth: 60 M/ 63 F
 Infant Mortality Rate: 60/1,000

Sources:
 World Bank 2019, Zimbabwe
 Population Reference Bureau, Zimbabwe



TOP 10 CAUSES OF DEATH

1. HIV/AIDS
2. Respiratory infections & TB
3. Enteric (intestines) diseases
4. Neglected Tropical Disease & Malaria
5. Other infections
6. Maternal & neonatal
7. Nutritional deficiencies
8. Neoplasms (cancers)
9. Cardiovascular (heart) diseases
10. Chronic respiratory diseases

Source:
 GBD Compare 2017, Zimbabwe



For more country information
www.cdc.gov/globalhealth/countries/zimbabwe

HIV

CDC has supported the Zimbabwe HIV Care and Treatment program since 2004. With support from the President's Emergency Plan for AIDS Relief (PEPFAR), antiretroviral (ART) coverage has increased nationally. By the end of 2019, ART coverage among all HIV positive adults was 82% for adult men and 88% for adult women. Coverage for children was slightly lower at 78%.

Zimbabwe has adopted the ambitious Joint United Nations Programme on HIV and AIDS (UNAIDS) Fast Track strategy for ending the AIDS epidemic by 2030. To meet this goal CDC helped Zimbabwe implement different strategies to increase convenience and access for patients, reduce out-of-pocket expenditure, and decongest clinical facilities.

One example is the integrated HIV Testing Services (iHTS) strategy that was fully implemented in 2019 to scale up index testing for newly diagnosed PLHIV and roll out of HIV self-testing.

Targeted testing strategies will remain important towards finding the remaining undiagnosed PLHIV to achieve 95-95-95 targets (95% of people living with HIV knowing their status; 95% of people who know their status are on treatment; and 95% of people on treatment with suppressed viral load).

Cervical Cancer Screening and Treatment

HIV remains an important risk factor for cervical cancer. HIV-positive women are 4-5 times more likely to develop cervical cancer compared to HIV-negative women. Many women are surviving HIV but dying from cervical cancer, a condition that is both preventable and curable. In 2019 CDC Zimbabwe collaborated with local partners to start new screening and treatment approaches. After the meeting Zimbabwe updated national guidelines to scale up TPT to reduce burden on TB among People Living with HIV (PLHIV) and include ART and TPT same day initiation for new HIV patients.

Tuberculosis

PEPFAR and CDC have prioritized TB Preventive Treatment (TPT) scale-up as a strategy to end TB. A target of 100% TPT coverage among all eligible patients over 2019 and 2020 was set. Kenya has had great success with their TPT program, where an estimated 85% of PLHIV have received TPT.

A TPT international learning session was conducted in May of 2019. Participants included representatives from the ministries of health of Zimbabwe, Uganda and Zambia that came to learn from Kenya's experience.

Laboratory Capacity Building

CDC has provided technical support and funding to the laboratory services of the Ministry of Health and Child Care (MoHCC) since 2004. In 2019, CDC laboratory program supported Viral Load scale up in 11 laboratories from the six laboratories in 2016. This was accomplished through a robust mentorship program, integrated sample transportation system, optimizing the Laboratory Integrated Management

System (LIMS). CDC has provided technical assistance to laboratories across the country to attain ISO 15189 accreditation for quality diagnostic services

Surveillance and Health Information Systems

CDC Zimbabwe supported the MoHCC's strategic information activities in 2019. Activities included providing technical leadership and programmatic guidance for routine monitoring and reporting, newly diagnosed HIV & recent infection surveillance, and health management information system support. The long-term goal is to build integrated and interoperable electronic data collection systems that will feed into the District Health Information System (DHIS-2) national repository.

Global Immunization

CDC supports a secondee to the WHO African Region's Accelerated Immunization Initiative (AII), within the Inter-Country Support Team, East and Southern Africa (IST/ESA) based in Harare, Zimbabwe. This position provides technical support and coordination for 20 member states within IST/ESA on the elimination of measles, the control of rubella/ congenital rubella syndrome and maternal and neonatal tetanus.

IST activities include promoting coordinated partner approaches, implementation of established strategies and policies, adapting guidelines to respond to country-specific needs, conducting and contributing to capacity building activities, and developing country-specific work plans.

In alignment with the Global Vaccine Action Plan (2011-2020) and the African Regional Immunization Strategic Plan (2014-2020) all member states in the ESA region have established a goal for Maternal and Neonatal Tetanus (MNT) elimination and for measles elimination by 2020.

Malaria

In 2019 malaria cases and malaria deaths increase in Zimbabwe compared to the previous year. According to DHIS2 data, approximately 310,000 malaria cases were reported in 2019, equivalent to an incidence rate of 22 cases per 1,000 population. This represented a 19% increase in the number of cases reported in 2018 (approximately 260,000). The number of malaria deaths also rose, from 236 in 2018 to 266 in 2019.

The U.S. President's Malaria Initiative (PMI) was launched in Zimbabwe in 2011. PMI is led by the USAID and implemented together with CDC. The PMI/CDC Resident Advisor works with USAID to provide technical support to Zimbabwe's malaria prevention and control efforts. PMI Zimbabwe provides financial and technical support for a widerange of major malaria interventions, including: entomological monitoring, vector control [insecticide-treated mosquito nets and indoor residual spraying (IRS)], malaria in pregnancy, case management, pharmaceutical and supply chain management, surveillance, monitoring and evaluation, operational research, and social and behavioral change communication.



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