

STRATEGIC FOCUS

The Centers for Disease Control and Prevention (CDC) works closely with Zimbabwe’s Ministry of Health and Child Care (MOHCC) to further expand the robust national HIV response. CDC has implemented programs to build capacity and technical expertise, and to enhance the Zimbabwe infrastructure necessary for a sustainable, high-impact HIV response.

Current areas of strategic focus include:

- HIV prevention, testing, and treatment;
- Integration of HIV and tuberculosis (TB) management, and TB infection control;
- Laboratory support for HIV and TB diagnosis and monitoring; and,
- Health systems strengthening, surveillance, quality improvement, and health information systems

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Treatment Program

- Collaborative efforts between CDC and MOHCC have put over 1.1 million Zimbabweans on antiretroviral treatment (ART), which translates to approximately 80% coverage of PLHIV across the country. This is largely the result of technical, direct human resource support, as well as strong coordination among stakeholders.

Voluntary Medical Male Circumcision (VMMC)

- VMMC is the cornerstone of biomedical HIV prevention in Zimbabwe. An estimated one new HIV infection is averted with every eight male circumcisions. In FY 2017, CDC supported over 100,000 circumcisions.

Surveys, Surveillance and Program Information

- The first report of the Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA) provided the first national level HIV incidence of 0.47% among adults 15-64 years: 0.33% among males and 0.60% among females. This corresponds to approximately 33,000 new cases of HIV annually among persons aged 15 to 64 in Zimbabwe. HIV prevalence among adults aged 15 to 64 in Zimbabwe is 14.1%: 12.0% among males and 16.0% among females. This corresponds to approximately 1.2 million persons aged 15 to 64 living with HIV in Zimbabwe. (ZIMPHIA 2016)
- The country completed round two of the preventing mother-to-child transmission (PMTCT) Effectiveness Survey (2016-2017). The survey showed an increase in ART uptake in the preconception and pregnancy phases in adult women. Population 81.2% at six weeks and 85.2% at 12 months postpartum.
- A national tablet-based electronic health record (EHR) system piloted by CDC - and endorsed by the MOHCC, was installed at the end of 2016. The MOHCC proactively supported decentralization of patients to facilitate de-duplication of data. The system is being implemented in the capital city of Harare with plans for nationwide roll-out subject to funding availability.

TB support

- Recognizing the high risk of TB infection and transmission in health facilities, CDC is partnering with MOHCC to develop and implement a national policy for annual TB screening for all health care workers across Zimbabwe.

Laboratory Support

- MOHCC National Program Data shows the availability of viral load testing for PLHIV on ART increased from 5% in December 2015 to nearly 40% in 2017, subsequent to CDC placing six new platforms in labs across the country. Capacity building continues through proficiency testing and strong quality management.

Key Country Leadership

President:
Emmerson Mnangagwa

Minister of Health:
David Parirenyatwa

U.S. Ambassador
(designate):
Brian Nichols

PEPFAR Coordinator:
Mark Troger

CDC/DGHT Director:
Shirish Balachandra

Country Quick Facts

Per Capita GNI:
\$850 (2015)

Population:
16.15 million (2016)

Under 5 Mortality:
56 / 1,000 live births
(2016)

Life Expectancy:
61 years (2016)

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-64): 14.1% (2016)

Estimated People Living
with HIV: 1,390,042 (2017)

Estimated AIDS Deaths
(Age ≥15): 28,000 (2016)

Estimated Orphans Due to
AIDS: N/A

Reported Number
Receiving Antiretroviral
Therapy (ART): 1,114,598
(2017)

Global Tuberculosis (TB) Epidemic

Estimated TB Incidence:
208 / 100,000 (2016)

TB patients with known
HIV-status who are HIV-
positive: 67% (2016)

TB Treatment Success
Rate: 81% (2015)

Country Staff: 39

Locally Employed Staff: 29
Direct Hires: 8
EFM: 1
Fellows: 1

