Country Situation

<table>
<thead>
<tr>
<th>Background Statistics</th>
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</thead>
<tbody>
<tr>
<td>HIV prevalence - adults (ages 15-49)</td>
</tr>
<tr>
<td>HIV prevalence - pregnant women (all ages)</td>
</tr>
<tr>
<td>Number of women living with HIV delivering</td>
</tr>
<tr>
<td>Est. # children (ages 0-14) living with HIV*</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
</tr>
<tr>
<td>Est. annual births</td>
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<tr>
<td>Infant mortality rate</td>
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<tr>
<td>Under-5 mortality rate</td>
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</table>

Adult HIV prevalence (ages 15-49) in Zimbabwe, although still high, declined significantly from 23.7% in 2001 to 14.3% in 2009. 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\[11\].

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Targets</td>
<td></td>
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<tr>
<td>Number new paediatric HIV infections</td>
<td>17,700</td>
<td>–</td>
<td>9,700</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths</td>
<td>2,800 [2005]</td>
<td>1,680</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)</td>
<td>22%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)</td>
<td>1.68%</td>
<td>–</td>
<td>1.25%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prong Three</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mother-to-child transmission rate</td>
<td>31%</td>
<td>–</td>
<td>18%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>11% [a]</td>
<td>–</td>
<td>78%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Breastfeeding ARV Coverage</td>
<td>2%</td>
<td>–</td>
<td>19%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>4%</td>
<td>–</td>
<td>51%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Source: UNAIDS, unpublished HIV estimates, 2012
Program Status According to PMTCT Prongs

**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 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

**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).

### Background Statistics

<table>
<thead>
<tr>
<th>Background Statistics</th>
<th>Female</th>
<th>Male</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Young people (ages 15-24) HIV prevalence</strong>&lt;sup&gt;[9]&lt;/sup&gt;</td>
<td>6.9% [5.3-9.3%]</td>
<td>3.3% [2.5-4.4%]</td>
<td>2009</td>
</tr>
<tr>
<td><strong>Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months</strong>&lt;sup&gt;[14]&lt;/sup&gt;</td>
<td>Female: 39%*</td>
<td>Male: 51%</td>
<td>2010/2011</td>
</tr>
<tr>
<td><strong>Male partners of pregnant women attending ANC tested in last 12 months</strong>&lt;sup&gt;[9]&lt;/sup&gt;</td>
<td>Male: 8%</td>
<td></td>
<td>2010</td>
</tr>
</tbody>
</table>

<sup>* Based on small denominator (typically 25-49 unweighted cases</sup>

### Global 2015 Targets

• Reduce unmet need for family planning among women to zero

### 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<sup>[14]</sup>, 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<sup>[9]</sup>. 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.

### Figure 2: Coverage of selected PMTCT interventions (2010)

![Figure 2: Coverage of selected PMTCT interventions (2010)](image)

1. 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.
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 | 38% | 2010 |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth | 54% [47-62%] | 2010 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth | 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 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.

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.
Unite For Children
Unite Against AIDS
March 2013

References:
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
11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 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