

ZIMBABWE

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, new HIV infections reduced by over 75% compared to the 2010 baseline.	SLOW PROGRESS	In 2020, there were 25 000 new HIV infections in Zimbabwe, a 66% decline from 2010 (GAM 2021).
Mother-to-child transmission of HIV (MTCT) is reduced to less than 5%.	SLOW PROGRESS	In 2020, mother-to-child transmission of HIV, including during the breastfeeding period was 9% (GAM 2021).
By 2021, AIDS-related mortality reduced by over 50% among adult and children compared to the 2015 baseline.	ACHIEVED	AIDS-related death fell by 64%—from 61 000 in 2010 to 22 000 in 2020 (GAM 2021). By 2020, an estimated 93% people living with HIV knew their HIV status, of whom >95% were on treatment, and 89% of those on treatment were virally suppressed (GAM 2021).
By 2021, stigma and discrimination are eliminated in the country.	SLOW PROGRESS	An estimated 31% of men and 28% women reported discriminatory attitudes against people living with HIV in 2019 (ZIMSTAT and MICS 2019). A stigma Index Study is underway.
By 2021, domestic investments increased to 30% of the total expenditure on the HIV response.	SLOW PROGRESS	2020 data is not available; a NASA is planned for 2021. In 2017, 30.6% of the total national HIV response expenditure was generated from domestic resources (NAC 2018, Zimbabwe NASA).

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Zimbabwe has been implementing the 'Test and Treat' strategy since 2017, and the Joint Team continued to provide critical support to expand treatment and viral load testing services enabling the country to get on track to achieve the 90-90-90 targets. In 2020, country support focussed on scaling up HIV combination prevention programmes, including HIV testing, condom distribution, and economic empowerment to fast-track progress towards reduction of new HIV infections among high-risk groups and elimination of mother-to-child transmission of HIV. Technical support was also provided to improve and integrate comprehensive sexuality education in school curriculums and peer education sessions to empower adolescent and young people to make safe and healthy life choices and stay in school. The COVID-19 pandemic and famine exacerbated the socio-economic downturn in Zimbabwe, threatening the sustainability of the HIV response. The Joint Team worked with the Government, development partners, and civil society raising over US\$ 900 million to maintain the national HIV programmes. Notable advances were also made to put in place laws and policies that protect the basic rights of people living with HIV, and gender equality of women and girls.

COMBINATION PREVENTION AMONG ADULTS AND CHILDREN POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

In 2020, the Joint Team prioritized combination prevention to address the slow progress towards reduction of new HIV infections in Zimbabwe. In collaboration with the Ministry of Health and Child Care (MoHCC), more than 3 million male and female condoms, and information education materials on sexual and reproductive health (SRH) were distributed at over 1500 food distribution points, covering 311 157 households in 60 districts. In 2020, the Condomize Zimbabwe campaign, with leadership and partnership coordinated by the UN, continued to implement the condom awareness creation and distribution campaign in Hopley—an HIV hotspot due to high level of unemployed and migrant population, poor infrastructure, and weak public services. Over 1.8 million male condoms and 88 000 female condoms have been distributed to food distribution points for onward distribution to communities. The campaign also offered HIV testing and other prevention services, including voluntary medical male circumcision and family planning. Virtual Condomize campaigns were also implemented sensitizing young people during COVID-19 pandemic.

To help adolescent and young people make safe and healthy choices by reducing early sexual debut, unwanted pregnancies, early marriages, HIV, and other sexually transmitted infections (STIs), and school dropouts, the Joint Team provided technical and financial support in finalizing the review of Guidance and Counselling, HIV and AIDS & Life Skills Education curriculum and learner modules for Grades 5-7. An estimated 3000 copies of the Early and Unintended Pregnancy (EUP) booklet were printed and distributed in 10 provinces using the Junior Parliament structures.

The Joint Team engaged with faith-based organizations to strengthen knowledge and build capacity of the Zimbabwe Council of Churches on SRH, HIV and male engagement, towards improving access to HIV prevention, care and treatment and other health services by men and boys.

Virtual and in-person peer group behavioural change initiatives in Sista2Sista Clubs reached an estimated 20 000 adolescent girls and young women in 23 districts to create awareness about sexual and reproductive health rights, promote safe and healthy lifestyle, and minimize school drop-out.

The Joint Team supported the development of an optimized HIV/SRH services package for adolescent girls and young women. In addition, a petition was filed and presented to the Speaker of the Parliament to raise the current legal age of consent for sexual debut from 16 to 18 years, to protect adolescent and young people, particularly girls, from sexual exploitation and assert their rights to access SHR services.

ELIMINATION OF HIV MOTHER-TO-CHILD TRANSMISSION POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

With support from the Joint Team, an assessment was conducted to identify bottlenecks in the national prevention of mother-to-child transmission of HIV (PMTCT) programme and progress towards the eMTCT validation targets. Assessment results revealed that with the 8.7% MTCT rate (against a target of less than 5%) and 1160 new infections among the children (against a target of less than 250 cases per 100 000 live births) in 2020, the country is yet to attain the minimum requirements for any of the tiers on the path to elimination.

Uptake of early infant diagnosis (EID) for HIV-exposed children and sample transportation systems were also evaluated to inform PMTCT programmes. Results included longer turnaround time for EID due to delays in specimen transportation. A PMTCT electronic tracker was developed to update data of mother-baby pairs on the District Health Information System (DHIS2).

Healthcare workers in 220 health facilities across ten high burden districts were trained to improve implantation of targeted HIV testing and treatment linkage for pregnant and breastfeeding women, adolescents, and children. A virtual training platform on syndromic management of STI was also established to strengthen PMTCT, HIV and syphilis service delivery.

HIV TESTING AND TREATMENT UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

The Joint Team provided continuous support to improve the pilot HIV case-based surveillance initiated in Mutare and Umzingwane districts in 2017, which are designed to understand the epidemic, including modes of transmission and subsequently scale up tailored HIV programmes for specific geographical areas. At the end of 2020, the case-based surveillance system was expanded to include Harare, Epworth, Chitungwiza, Goromozi, Bulawayo, Marondera, Seke, Zvimba and Chegutu.

HIV testing services were integrated into SRH services to improve access among adolescent and young people. Trained community adolescent treatment supporters (CATS) and young mentor mothers (YMM) reached 23 000 children, adolescent and young people living with HIV, including pregnant and breastfeeding girls and their infants to provide child- and adolescent-friendly HIV services and support via home visits, SMS, and other outreach activities in facility- and community-based groups that resulted in increased uptake of HIV testing and treatment adherence.

Additionally, 40 000 people working in the formal economy, received HIV testing and counselling services. The initiative promoted HIV self-testing targeting men and young people in the labour force, including workers in remote mining and agricultural sites. A community support programme was established to expand access to HIV services and support among people living with HIV within the informal economy.

A partnership with the Informal Economy Council and Zimbabwe National Network of People Living with HIV (ZNNP+) was created with technical support from the UN Joint Team. This allowed 10 provincial coordinators and 64 district chairpersons from ZNNP+ to widely-share information on the meaningful involvement of people living with HIV and counselling and psychological support services, including addressing stigma and rights of people living with HIV.

The Joint Team provided technical assistance for the integration of HIV indicators into the Zimbabwe Vulnerability Assessment Committee (ZimVAC) tools to examine the impact of food and nutrition security on health outcomes of people living with HIV and vulnerable populations. Results showed that access and utilization of essential health services, including preventive, curative and rehabilitation services across the country, declined between April and October 2020, compared to the same period in 2019. The number of people tested for HIV also decreased by 45% due to the COVID-19 pandemic.

SUSTAINABILITY, EQUITY AND SYSTEM STRENGTHENING

UPSTREAM ADVOCACY; POLICY ADVICE; TECHNICAL SUPPORT; RESOURCE MOBILIZATION

The National HIV and AIDS Strategic Plan 2021-2025 (NSP IV) was completed with technical and financial support from the Joint Team, and a monitoring and evaluation plan has been developed to manage the implementation process. HIV was prioritized in the National Development Strategy and the NSP IV was aligned with the newly developed Zimbabwe National Health Strategy 2021-2025.

The Joint Team supported efforts to mobilize adequate external resources for the sustainability of the pandemic response e.g., the Global Fund 2021-2023 grant proposal that was developed and submitted resulting in US\$ 700 million in grants for the HIV response. US\$ 230 million was also raised through the PEPFAR Country Operational Plan (COP20).

The Joint Team provided technical and financial support to improve strategic information for the HIV response. This includes, finalization of the 2019 HIV estimates and projections, and baseline determination and target setting for the “Together for SRHR”—a SIDA funded programme that supports integration of HIV and SRH services. Capacity building training on the UNAIDS Country Health Situation Room was also conducted for 53 relevant individuals from government, development partners, and civil society organizations, resulting in an increased appreciation for the regular use of user-friendly data dashboards to better inform decision-makers and implementers.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team conducted a rapid assessment to examine the impact of the COVID-19 pandemic on HIV services and guide prioritization, reprogramming and continuity of health service during the pandemic. Technical assistance was also provided in mobilizing an additional US\$ 20 million from the Global Fund COVID-19 Response Mechanism to ensure sustainability and continuity of HIV, tuberculosis, and Malaria services during the COVID-19 pandemic.

The Pan African Positive Women’s Coalition–Zimbabwe (PAPWC-ZIM) institutional and technical capacity was strengthened through a US\$ 14 985 grant to cover HIV and COVID-19 activities. As a result, PAPWC-ZIM created 15 WhatsApp platforms for women living with HIV in all their diversities and hosted the ZIM AIDSTHINKTANK, which became a bedrock of information sharing among various stakeholders in the national HIV response. In partnership with ZNNP+, 10 000 hygiene kits were distributed to vulnerable people living with HIV.

With support from the Joint Team, a HIV/COVID-19 call centre was established for people living with HIV and assistance was provided to the Youth Helpline Zimbabwe (YAZ) and the special key populations desk to ensure generation of real-time information around access to HIV and SRH services. Mobile one-stop centres for survivors of gender-based violence also increased their outreach to overcome increasing violence cases during the lockdown period.

The Joint Team provided technical and financial support for the dissemination of information on HIV, STI and COVID-19 prevention, SRH, and family planning during food distributions improving the knowledge of people from the poorest rural and urban areas around dual protection against HIV, STIs, and unintended pregnancy without them having to visit health centres. This initiative was also complemented with educational sessions on family planning, gender-based violence and COVID-19 at the distribution points.

The Joint Team provided technical and financial assistance for the design, printing, and dissemination of 63 000 copies of information cards on COVID-19 prevention and management targeting students and their parents. The cards were produced in Ndebele, Shona, English, and Braille languages and distributed using various platforms. Audio version of this information was also aired on three community radio stations in Bulawayo, Masvingo, and Mutare reaching an estimated 1.7 million people.

In partnership with the Ministry of Primary and Secondary Education, 54 guidance and counselling radio lessons for primary school students and 80 lessons for secondary school learners were developed and broadcasted for 9 weeks starting from July 2020 to ensure continuity of services during COVID-19.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

As a result of close coordination and collaboration between Government authorities, civil society, the Joint Team, and other development partners, several parliamentary debates were held to replace the Customary Marriages Act and the Marriage Act with a new Marriage Bill. The Marriage Bill seeks to close apparent gaps in the law that leave women vulnerable for violence and discrimination, including ending child marriages and decriminalization of wilful HIV transmission. These parliamentary debates led to the development and costing of the National Plan of Action to End Child Marriages by the Government. The Joint Team also supported the development of position papers to push for law reform and alignment to assert women's rights and end gender-based violence. These included, the Draft New Provisions on Sexual Offences of the Criminal Code to protect women and children from sexual abuse and exploitation; and the Draft Provisions of the Termination of Pregnancy Act to ensure the rights of women living with HIV to control their fertility and PMTCT decisions. Although, the bills have yet not been amended, these efforts prioritised parliamentary debate on the proposed reforms.

In addition, 549 women with vulnerabilities, including elderly women living with HIV, survivors of gender-based violence, women and girls with disabilities or taking care of children with disabilities, and women living in extreme poverty received economic empowerment support through skill building on income generating activities and small grants from the Joint Team.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Prevalence of HIV-related stigma and low access of HIV services among vulnerable and key populations pose significant challenge in the HIV response.</p>	<p>Organize awareness creation and skill building sessions for law enforcement official and parliamentarians on HIV and health challenges, as well as stigma and discrimination among key populations; and support the rollout of the Stigma Index 2.0 survey and implementation of the recommendations.</p> <p>Provide technical support to integrate the Social Protection Assessment recommendation into food security and child welfare programmes.</p> <p>Support the implementation of the Gender Assessment recommendations to ensure equitable and right based HIV response.</p> <p>Provide technical support for Ministry of Women, and other organizations and networks of women living with HIV to ensure active and meaningful engagement in the HIV and SRH programmes.</p>
<p>Closure of schools and tertiary education institutes coupled with COVID-19 lockdown measures constrained comprehensive sexuality education (CSE) formal learning and community-led outreach among adolescent and young people.</p>	<p>Provide technical and financial support to develop quality CSE teaching and learning materials that comprise HIV prevention, care, and treatment services for adolescent and young people in secondary schools.</p> <p>Support the Ministry of Primary and Secondary Education to initiate and sustain a multi-media engagement with adolescent and young people on HIV and COVID-19 issues to assess needs and epidemics impact and reinforce prevention measures.</p> <p>Facilitate rollout of the Great Zimbabwe University campus radio as a model for HIV, SRH and gender-based violence information dissemination in higher and tertiary education institutes.</p>
<p>The national HIV response, especially programmes targeting adolescent girls and young women and key populations rely heavily on external resources.</p>	<p>Hold policy dialogue with the Government and development partners on opportunities of increased budget allocation and efficiency for the HIV response.</p> <p>Support roll-out of the minimum SRH/HIV package for adolescent girls and young women.</p> <p>Technically support finalization and implementation of social contracting guidelines.</p> <p>Provide support for oversight, coordination, and management of the Global Fund 2021-2023 grant.</p>
<p>The COVID-19 pandemic resulted in extensive service disturbance in the health sector, including drug and commodity stockouts. For example, syphilis testing was disrupted due to stock-out of test commodities.</p>	<p>Provide technical support to strengthen private sector HIV response with focus on HIV self-testing and monitoring and evaluation (M&E).</p> <p>Support technical evaluation of the viral load testing system to address existing challenges and explore ways of expanding improved services across the country.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org