GLOBAL AIDS RESPONSE PROGRESS REPORT 2018

FAST-TRACK COMMITMENTS TO END AIDS BY 2030

GAM ZIMBABWE COUNTRY REPORT

Reporting Period: January 2017 - December 2017

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Report writing process

The inclusiveness of the stakeholders in the report writing

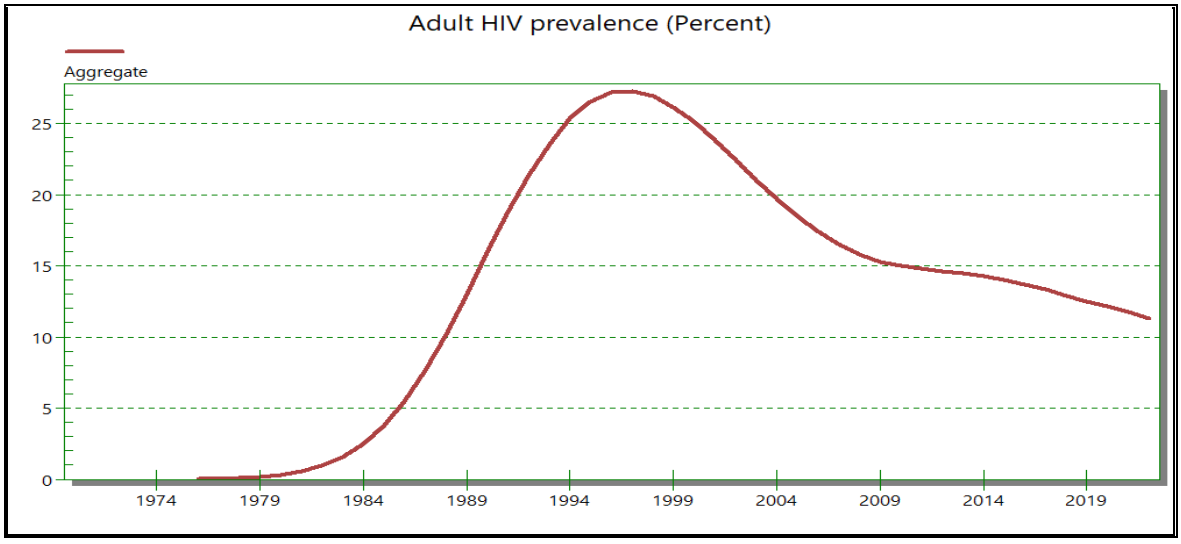
The National AIDS Council and Ministry of Health and Child Care (MoHCC) with support from UNAIDS, compiled this report. A Technical Working Group (TWG) gave their technical input on HIV Estimates and on the report. Data was collected and populated on the online reporting tool, the draft of the report was presented to stakeholders for validation before submission.

Status at Glance

Overview of HIV epidemic

Zimbabwe has an estimated 1.3 million people living with HIV (PLHIV)[1]. The adult HIV prevalence by 19% over the last ten years, from 16.5% in 2007 to 13.3% in 2017[1]. The following epidemic curve shows the trend in HIV prevalence over the years.

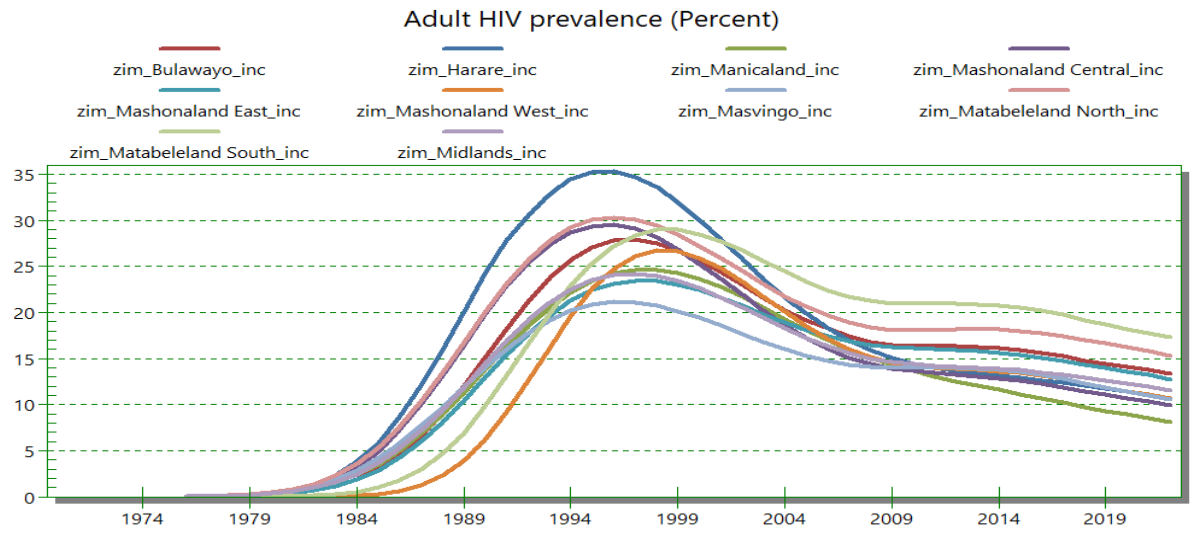
Figure 1: Trend in HIV prevalence among adults (15-49) in Zimbabwe



HIV prevalence varies by region with Matabeleland South having the highest adult prevalence of 19.7% while Manicaland has the lowest prevalence of 10.2%. The following figure illustrates the provincial trends of HIV prevalence.

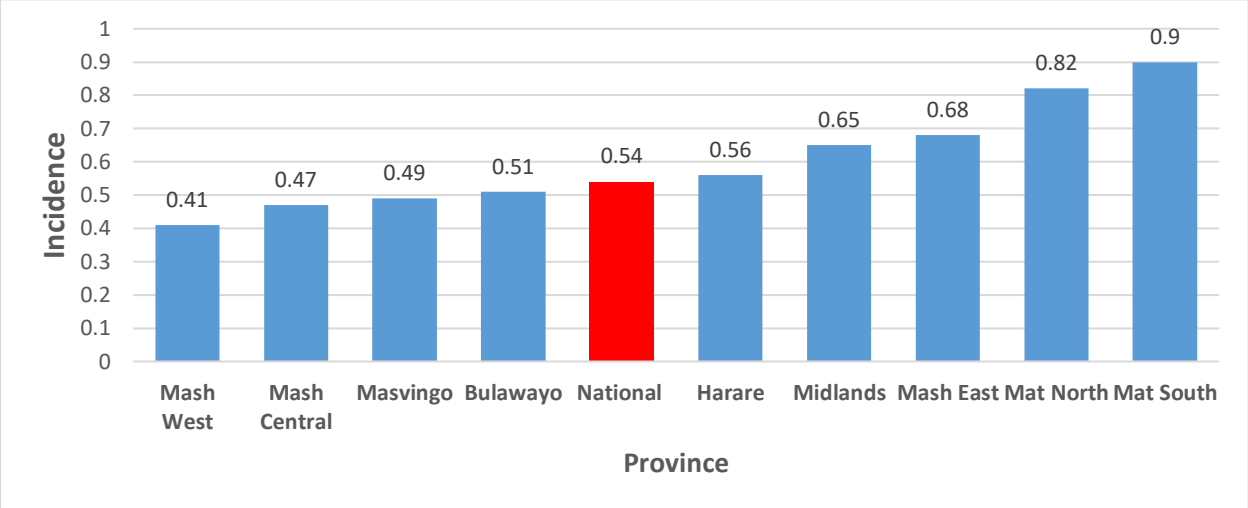
Figure 2: Trend in Provincial Adult HIV Prevalence 15-49 years

[1] Draft 2017 HIV Estimates



According to 2017 HIV estimates, the HIV incidence in Zimbabwe was 0.541. The incidence varies by province with Matabeleland South having the highest incidence of 0.9 while Manicaland has the lowest incidence of 0.29. The following figure shows the incidence by province.

Figure 3: Incidence by province



Social, cultural and population dynamics influence the geographic variation of the epidemic. Efforts are in place to map the epidemic.

There were various response programs implemented in an effort to control the epidemic in 2017. Table below highlights the performance of core indicators of the national response.

Table 1: Overview of performance of core indicators

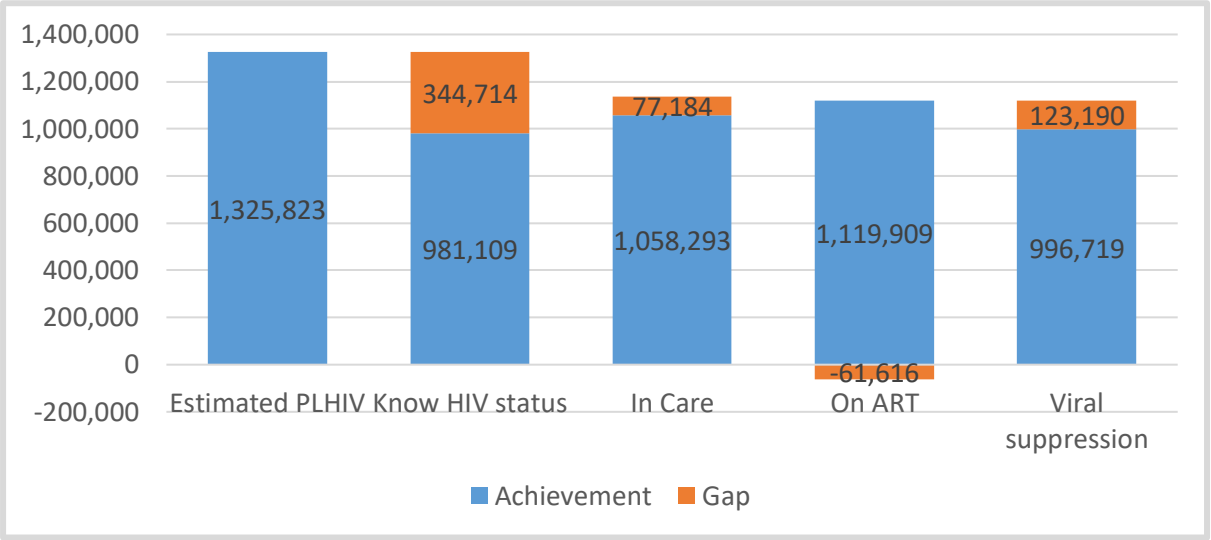
Year	2007	2009	2012	2013	2014	2015	2016	2017
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission.	22%	59%	85%	82%	79%	85%	92.1%	95.5%
Number of Adults 15-49 who were tested and received results	579,767	1,108,264	2,240,344	2,274,328	1,755,179	2, 201,246	2,664,844	2,851,049
Cumulative number of males circumcised according to national standards		2,801	40,775	112,084	400,235	601, 303	839,681	1,141,046
Percentage of adults and children currently receiving antiretroviral therapy.	Adults - 31.3%, Chn – 9.7%	Adults - 62%, Chn - 22.2%	Adults- 85% Chn- 43%	Adults – 76.8%, Chn – 40.5%	Adults – 63.6%, Chn – 45.5%	Adults 72% Chn 99.8%	Adults 66% Chn 83%	Adults 84% Chn 89%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults – 85.4%, Chn – 82.8) ;	85.7% (Adults- 87.1% Chn – 85.6%)	89.5% (Adults- 89.7% Chn- 88.3)	86% (Adults 85.5% Chn- 91.2% *ART outcome Report 2015-2016*	87% *(ePMS data)*	86.8% *(ePMS data)*

Progress towards Fast Track Commitments to end AIDS by 2030

Target 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020.

The following treatment cascade in Zimbabwe shows that the country is on track to achieve the 90-90-90 targets if current investments are sustained.

Figure 4: National Treatment Cascade and Progress towards 90-90-90 Targets

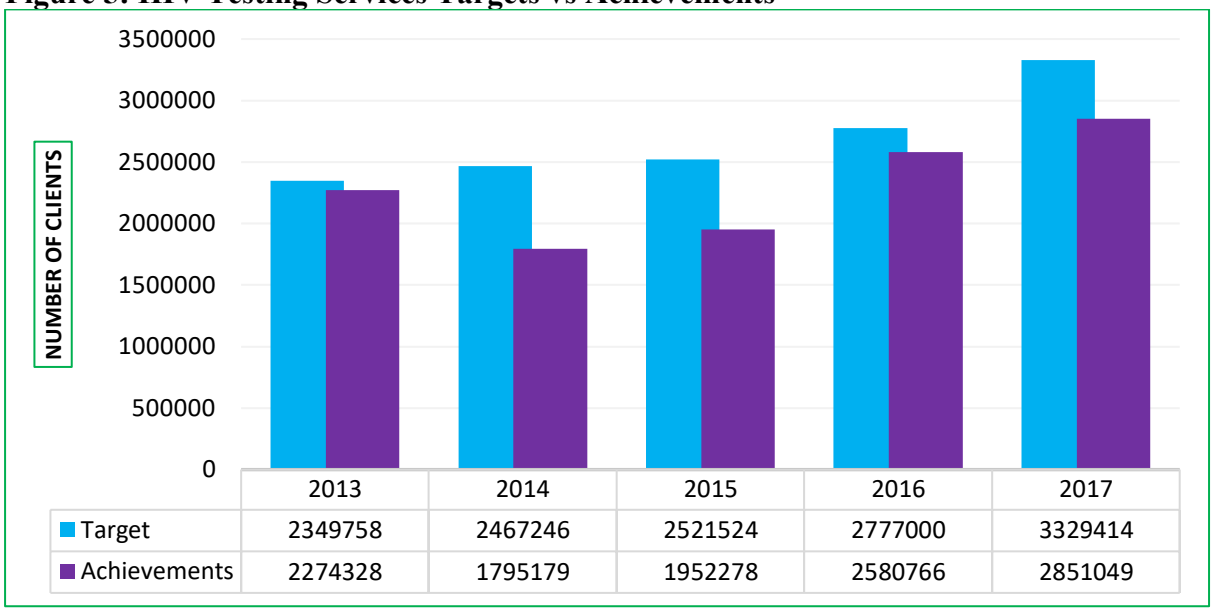


The biggest gap in Zimbabwe's treatment cascade is in the first target – ensuring that 90% of all people living with HIV know their status. The country have put in place strategies like index testing, lay testing, self-testing and community mobilizations for testing-HIV musical galas.

First 90 - ensuring that 90% of all people living with HIV know their status

The HTS Strategy 2016 to 2020 which is premised on the WHO 2015 Treatment Guidelines were launched in 2017. The country used the document to put strategies in place that focused on achieving the first 90 of the fast-track targets. Following the HIV Self Testing Pilot, the country is now geared to roll out HIV Self Testing. The graph below outlines the clients who were tested and received results in the five years from 2013 up to 2017 against the set targets.

Figure 5: HIV Testing Services Targets vs Achievements

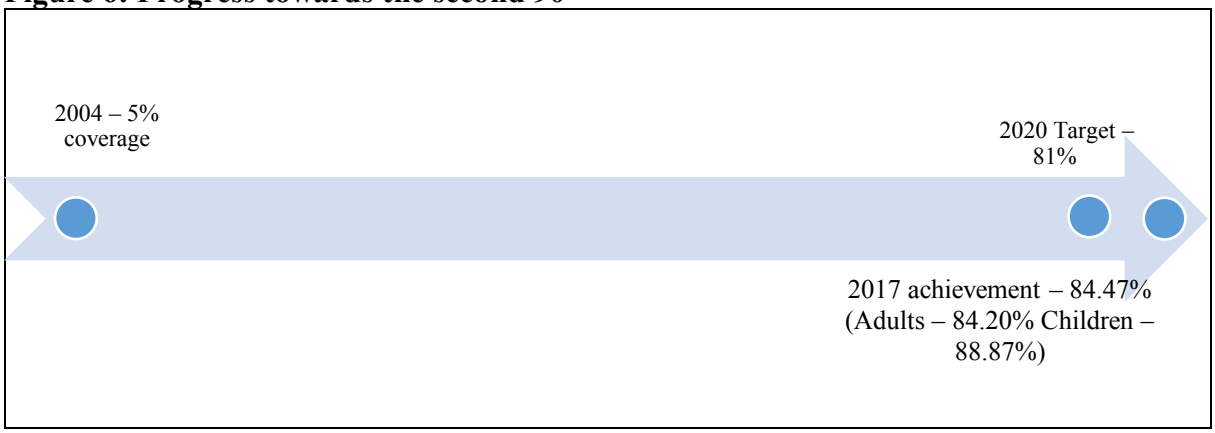


	2013	2014	2015	2016	2017
Target	2349758	2467246	2521524	2777000	3329414
Achievements	2274328	1795179	1952278	2580766	2851049

Strategies have been put in place to support HIV Testing Campaigns through the outreach approach and other differentiated HTS services. These strategies have seen an increase in the numbers who have accessed HTS services even though the numbers tested are still below the country's target for HTS.

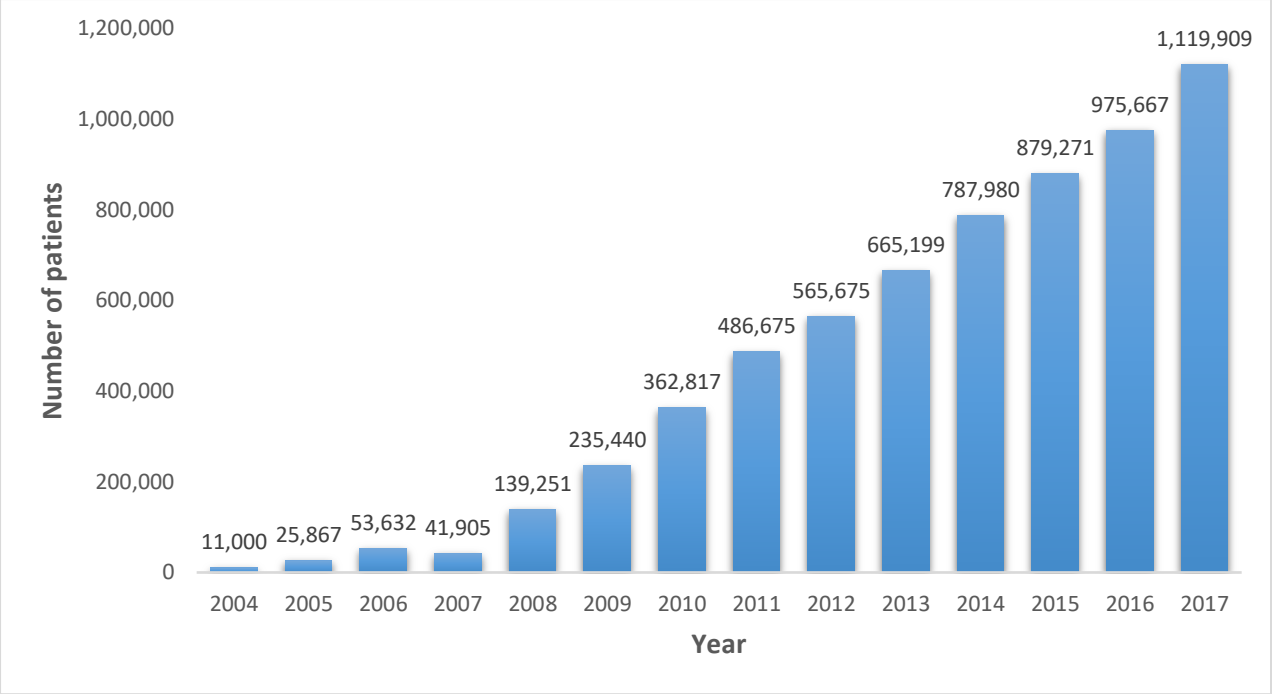
Second 90 - 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy

Figure 6: Progress towards the second 90



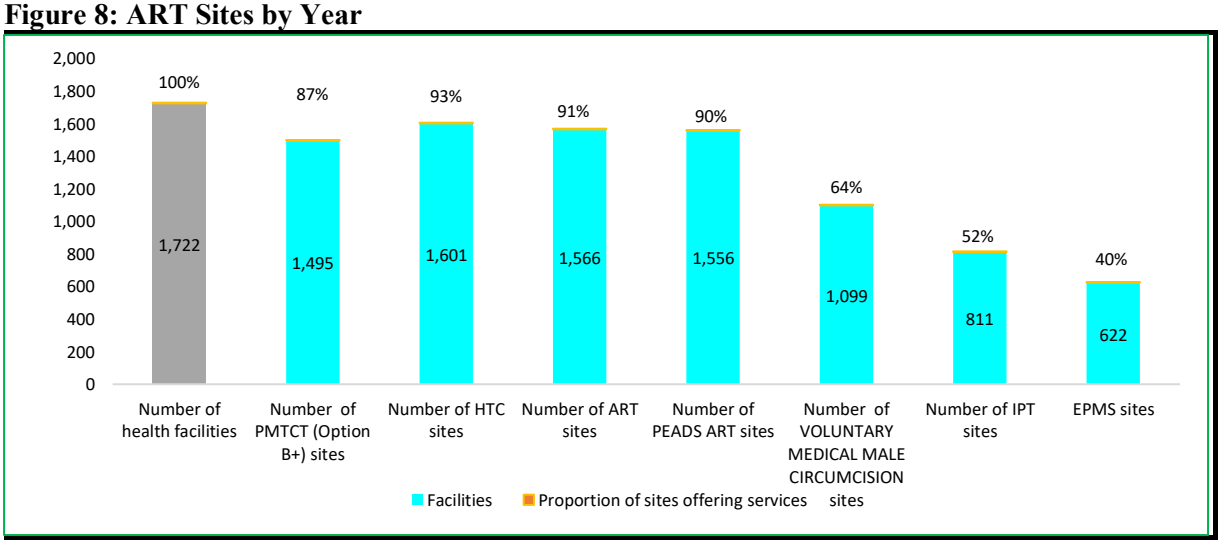
The country has achieved the desired target, based on 2017 HIV Estimates 84% of all people living with HIV are receiving antiretroviral therapy. The country has reached one million mark on PLHIV receiving ART. The total number of PLHIV who were receiving ART in Zimbabwe by the December 2017 were 1,119,909. The following figure shows trend in number of people receiving ART.

Figure 7: Trend in number of people on ART



There were 1566 ART sites (initiating and follow up) against an annual target of 1722. The following figures show health facilities offering HIV Services in Zimbabwe.

Figure 8: ART Sites by Year



About 91% of the health facilities in Zimbabwe are offering ART services in Zimbabwe.

Third 90 -73% of all people receiving antiretroviral therapy have durable suppression.

Viral load testing is still being scaled up in a phased approach in line with the country's Viral Load Scale-up Plan (2015-2018). There are only seven (7) laboratories or sites that are doing VL testing in Zimbabwe. In 2017 a total of 431,342 were tested for viral load.

Table 2:Performance of ART programme

Year	2007	2009	2012	2013	2014	2015	2016	2017
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults – 85.4%, Chn – 82.8) ;	85.7% (Adults-87.1% Chn – 85.6%)	89.5% (Adults-89.7% Chn-88.3)	86% (Adults – 85.5% Chn – 91.2%)	87% (ePMS data)	86.8% (ePMS data)
Percentage of health facilities dispensing ARVs for ART that have experienced a stock out of at least one required ARV in the last 12 months			1.89%	3.9%	9.4%	4.8%	2.6%	3.04%

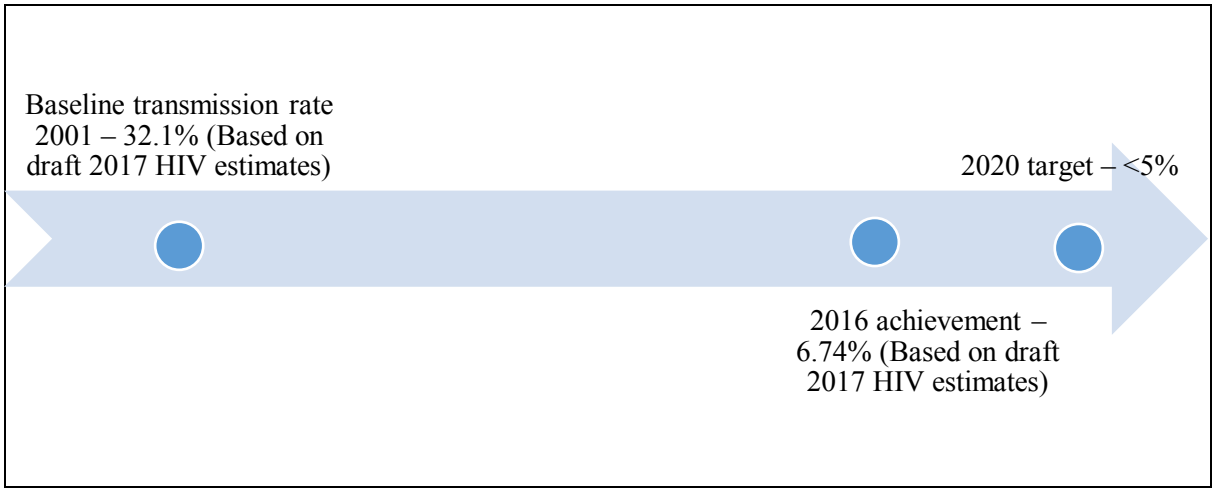
Key achievements

- The program managed to used differentiated care models (CARGS and CATS) in delivery of services
- Decentralization of community monitoring which empower PLHIV to take control over their treatment
- Blended learning that reduce cost of travel and subsistence but increase knowledge on health care workers

Target 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Zimbabwe developed and launched the Operational Plan for elimination of MTCT of HIV and Syphilis 2018 to 2022 supporting the Start Free, Stay Free and AIDS Free framework, towards the pre-elimination of mother to child transmission of HIV and syphilis. Zimbabwe has committed itself to elimination of new HIV infections in children and keeping their mothers and families alive. Progress towards the desired target is illustrated below.

Figure 9: Progress towards eMTCT target



Final transmission including breastfeeding period was at 6.74% in 2017 indicating that we are on track towards achieving the global elimination target of less than 5% by 2020.

There were 1,495 health facilities that offered Option B+ services in Zimbabwe. The following cascades outline the coverage of PMTCT services for the year 2017.

Figure 10: PMTCT Programme Cascade

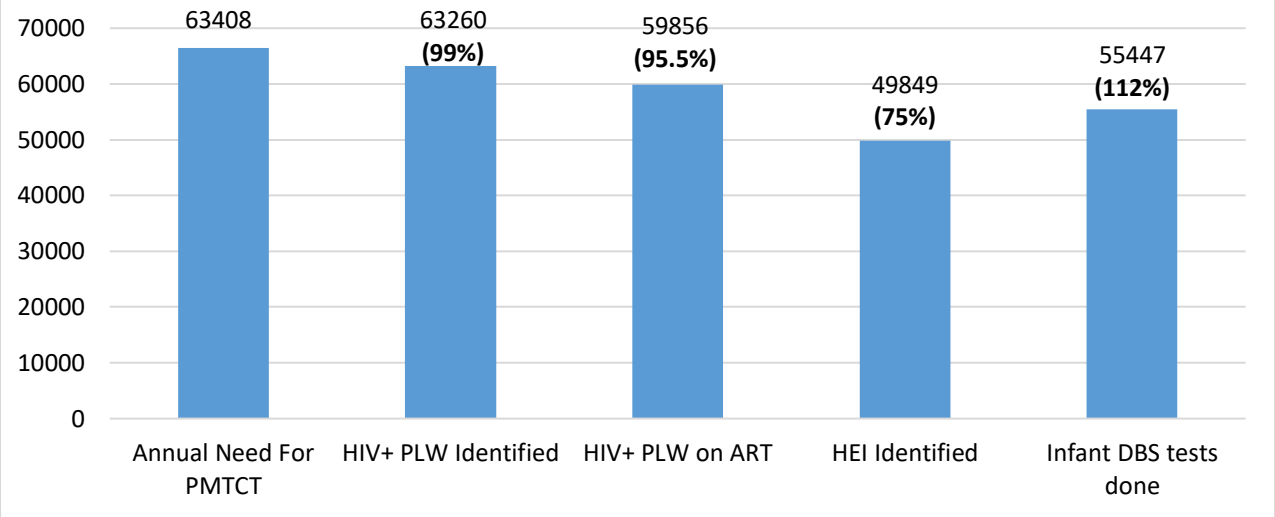
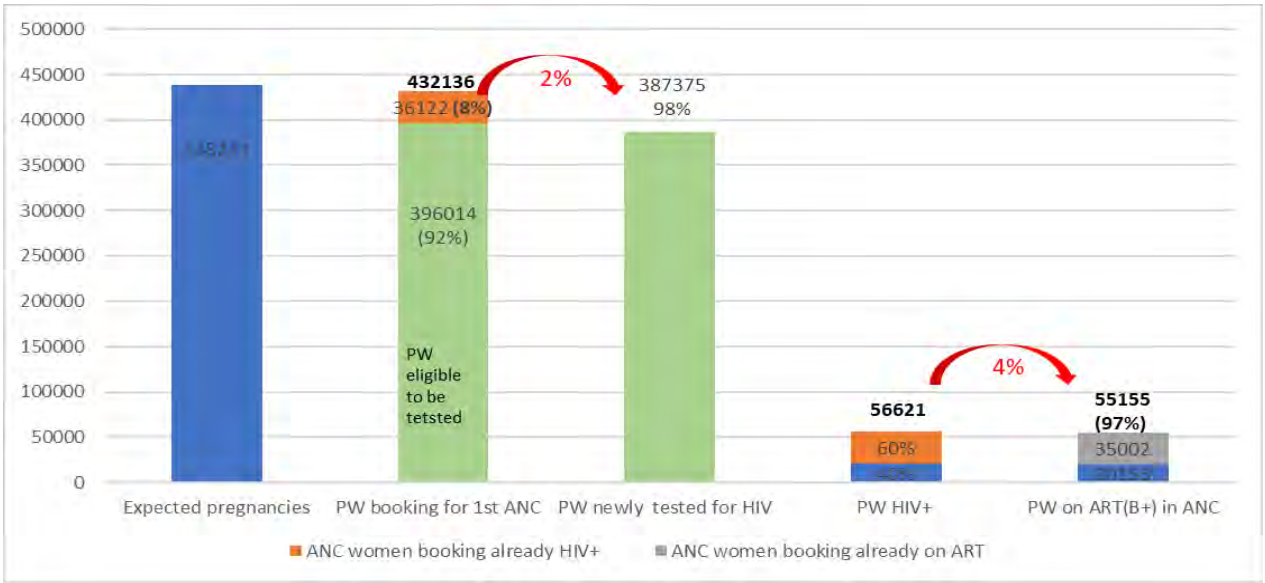


Figure 10, shows that the programme is performing so well. The programme has managed to reach 95% of mothers needing PMTCT with ART for prevention of mother to child transmission.

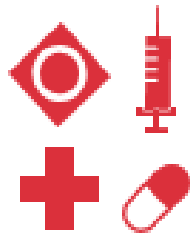
Figure 11: PMTCT Cascade



There was a leakage of 4% in care, were ninety seven percent of the HIV positive pregnant women were on ART in 2017. The following table shows PMTCT programme indicators.

Table 3: PMTCT performance

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018									
Year	**2007**	**2009**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission.	22%	59%	86%	85%	82%	79%	85%	92.1% (National HIV Estimates Report 2016)	95.5%
Percentage of infants born to HIV-positive women receiving. a virological test for HIV within 2 months of birth	Unable to report	Unable to report	29% [MOHCW, PMTCT Data base]	36% (PMTCT programme data)	57% (PMTCT programme data)	59% (Evaluation of PMTCT population based survey – UCB/CeSHHAR)	54.9% (PMTCT programme data and Spectrum)	69.5% (PMTCT programme data and Spectrum)	64.9%
Percentage of child infections from HIV infected women delivering in the past 12 months - Mother-to-child transmission of HIV (modeled).	No programme data available for this indicator	31.0% [MOHCW, PMTCT Report]	21% (National HIV Estimates Report 2009)	18% (National HIV Estimates Report 2011)	9.61% (National HIV Estimates Report 2013)	6.6% (PMTCT Eval – UCB/CeSHHAR)	7.24% (National HIV Estimates Report 2015)	5.78% (National HIV Estimates Report 2016)	6.74% (National HIV Estimates Report 2017)



Target 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.

Social Behaviour Change

SBC interventions were implemented in the community, workplace and in schools. The implementation of the BC programme in 2017 was conducted driven through the Door to Door approach and Sista2sista which are integrated approaches to address demand side barriers to accessing Sexual Reproductive Health (SRH) products and services.

A total of 785,433 new households were visited by the Behavior Change Facilitators (BCFs) during the year under review, reaching 2,220,319 people. A total of 871569 were referred for HIV services after home visits.

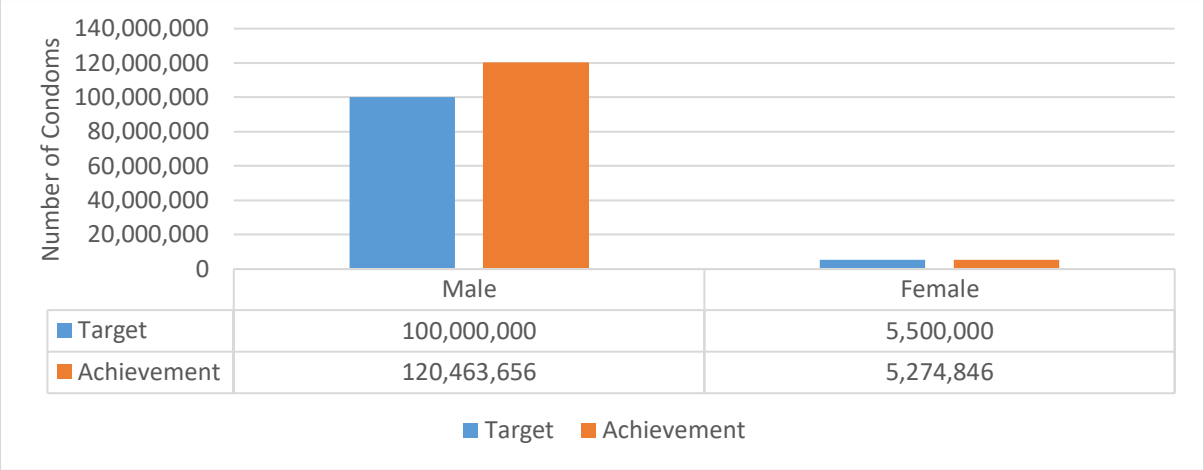
Voluntary Medical Male Circumcision (VMMC)

Cumulatively 88.7% (1,153,515/1,300,000) of the 2018 targeted population were circumcised. A total of 313, 834 men were circumcised from January to December of 2017, which is 97.3% of the annual target of 322,436.

Condom Promotion and distribution

Condoms are distributed through public and private channels using the social marketing approach. The figure below shows that the uptake of male condoms in 201. There was an increase in uptake of males and female condoms from 104m males and 4.9m female in 2016 to 120m males and 5.3m females in 2017.

Figure 12: Condoms Distributed in Zimbabwe



Condom use among sex workers is high, with 96.1% of sex workers reporting using a condom with their most recent client.

Key Populations

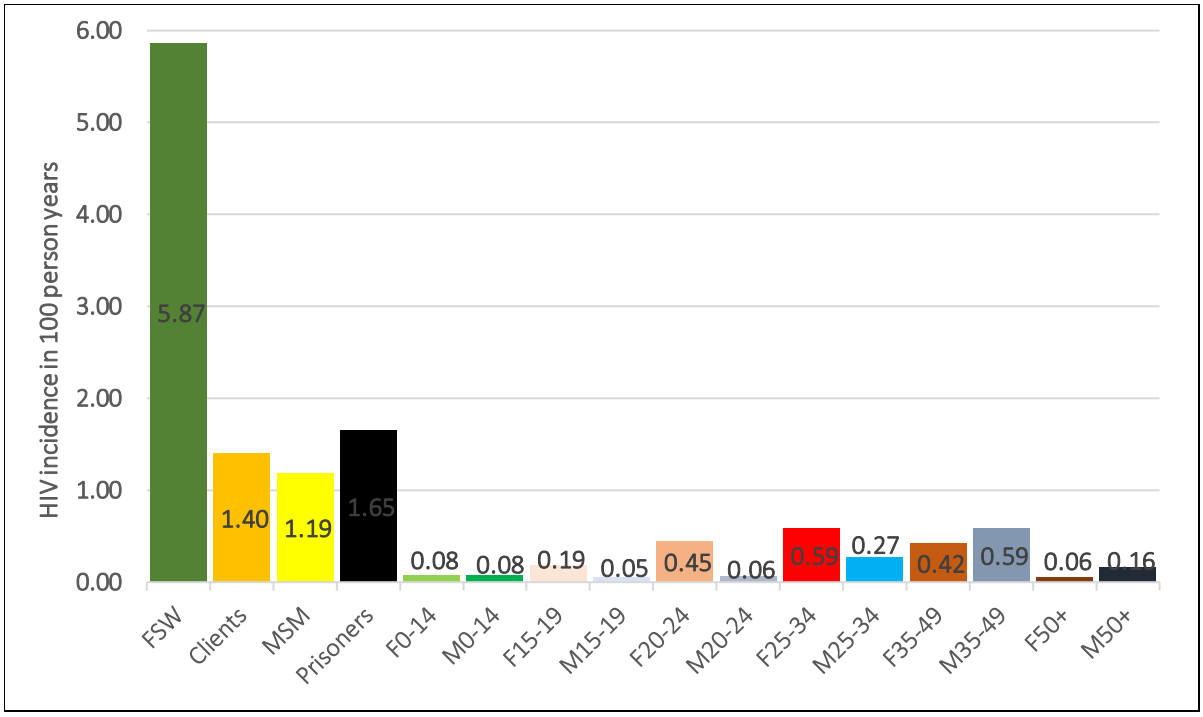
The country estimated the size of Female Sex Workers (FSW) in order to document the magnitude of FSW in Zimbabwe. The following table summarize the estimates.

Primary Grouping Classifications*	**Number sites**	**% SW among women 15-49 years**	**No. FSW for each group**
Growth points/farming	11	25.20	6410
Farming/Mining/Growth points	12	7.75	4833
Farming/Mining	7	5.98	2138
Mining/Truck stop	12	3.52	3899
Border town/City	8	2.64	3664
Truck stop/Growthpoint	2	9.20	599
Fishing/Borders	2	6.96	634
Tourism	1	5.32	452
City	1	4.03	6876
City	1	2.54	12863
Total=95% of FSW nationally			42,366
Total Estimated, % women 15-49			**44,586, 1.35%**

A national social mapping on young women selling sex was also carried out in 2017 in order to geographically quantify the problem.

HIV incidence among sex workers is estimated to be 5 folds higher of the general population. The following figure is an output from Optima modelling work done in 2017 that shows that incidence is high in FSW.

Figure 13: HIV incidence rates by sub-population



In response Zimbabwe is implementing a comprehensive package of prevention, treatment and support services through a peer-led model, with outreach conducted from six fixed sites, to provide a comprehensive package of care based on the international guidance for implementing comprehensive HIV/STI programs with sex workers. The comprehensive package includes condom programming, HTS that includes diagnosis and treatment of STIs, syndromic management and cervical cancer screening and linkage to care, among other RMNCAH services (including PMTCT) for sex workers and their children.

PrEP is being offered, combined with intensified adherence activities such as support groups and mobile phone follow-ups. Harm reduction services as well as interventions to address stigma, discrimination and violence against sex workers combined with legal support, legal

literacy, and service to prevent and respond to sexual, physical and GBV are being offered for sex workers.

Homosexuality is still criminalized in Zimbabwe therefore comprehensive package of services to men who have sex with men is delivered by CSOs. The following services were delivered to MSM, condoms and lubricant, STI screening, VMMC, PrEP, and comprehensive HTS. There were 1,488 MSM reached with HIV prevention interventions and a total of 111 MSM were reported to be on ART in 2017. Ninety-four (94) MSM were given PrEP in 2017.

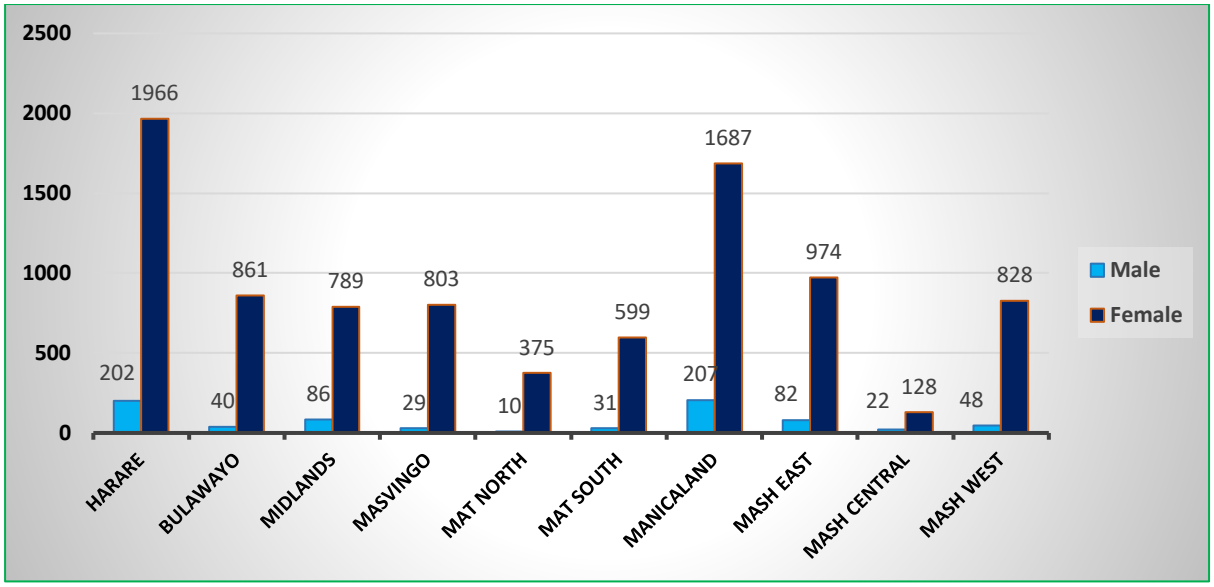
The government of Zimbabwe recognise prisoners as one of the Key Population groups. HIV prevention and treatment programmes were implemented in prisons. There were 19873 inmates in 2017 and 5,619 were living with HIV. A total of 4,604 prisoners were on ART in 2017.

Target 4: Gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

According to the 2015 DHS, the proportion of ever-married or partnered women 15–49 years old who experienced physical or sexual violence from a male intimate partner in the past 12 months was at 19.8%. A total of 9010 cases of sexual abuse were reported among females compared to 757 among males with highest number of cases being reported in Harare and Manicaland provinces.

The following figure shows cases of sexual abuse reported in 2017 by province

Figure 14: Sexual Abuse by Province



There is still a huge gap in continuum of care that resulted in low uptake of PEP. A National Gender and HIV Implementation 2017-2020 was developed through a consultative process. The implementation plan which is anchored on the extended ZNASP 111 will guide the national response in ensuring gender is mainstreamed in planning, budgeting, programming, monitoring and evaluation.

There is still pockets of stigma and discrimination associated with being a FSW. About 5.9% of FSW reported that they avoided seeking healthcare in the last 12 months because of stigma.

Table 4: Gender and discrimination of Key populations

Indicator	2017 Achievement
Proportion of ever-married or partnered women 15–49 years old who experienced physical or sexual violence from a male intimate partner in the past 12 months	19.8% (DHS 2015/6)
Avoidance of health care because of stigma and discrimination by sex workers	5.9% (CeSHHAR)

Target 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

Zimbabwe continued to implement the DREAMS project in ten HIV high-burdened districts with support from PEPFAR and Global Fund. The programme has reached almost all 15-19 years with at least one DREAMS service; nearly three quarters have received 3 or more whilst it is on track to achieve high levels of coverage amongst 20-24 years.

Table 5: DREAMS achievements

Name of Indicator	Annual Target	Achievement	% achievement
Number of caregivers exposed to positive parenting	17, 425	18, 802	100%
Number of AGYW engaged in economic strengthening initiatives	17, 425	18, 802	100%
Number of AGYW provided with post GBV support	8,808	7,288	91%
Number of Sexually abused AGYW receiving PEP	1, 451	575	40%
Number of AGYW receiving family planning	4, 270	2, 842	66.5%

The DREAMS programme is on track regarding the achievement of results across all the districts except PEP uptake which is very low. Transport has been identified as one of the major challenges affecting PEP uptake. In response, the DREAMS consortium has introduced a transport voucher system to support AGYW and their guardians to access PEP within the stipulated time-span.

Target 6: Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

The government continued to implement the National Case Management System in order to address the needs of the OVC. School related assistance has improved coverage through the

Basic Education Assistance Module (BEAM). The figure below outlines various forms of support for OVC in 2017, compared with 2016.

Table 6: OVC Support

Indicator	2016	2017
	Total	Total
OVC receiving school related assistance	105 150	364 427
OVC receiving food/nutrition assistance	275 825	525 709
OVC receiving psychosocial support assistance	73 487	483 888
OVC receiving Assisted Medical Treatment Orders	11 517	17 265
OVC benefiting from Livelihoods projects	57 978	102 350

There was an increase in the number of OVC receiving food and nutrition assistance, psychosocial support, assisted medical treatment orders and those who benefited from livelihoods projects.

Support to PLHIV

In line with the general trend of reduced funding for HIV interventions, the support rendered to PLHIV reduced drastically in 2017 compared to 2016 as shown in the table below.

Table 7: Support to PLHIV

Indicator	2016			2017		
	Male	Female	Total	Male	Female	Total
No of PLHIV provided with food /nutrition	22284	40113	**62397**	8720	16898	**25618**
No of PLHIV provided with PSS	81751	152150	**233901**	22748	49134	**71882**
Number of PLHIV provided with medical support	47376	28031	**75407**	7246	22455	**29701**
Number of PLHIV provided with financial support	730	2154	**2884**	750	1179	**1929**
Number of PLHIV benefiting from livelihoods	3619	8984	**12603**	2502	7859	**10361**

Target 7: Ensure that at least 30% of all service delivery is community-led by 2020

Zimbabwe does not have restrictions to the registration and operation of civil society. There is a board in place to coordinate the operations of civil society. There are community cadres in place that include behavior change facilitators, expert patients, village health workers, community-based distributors for sexual and reproductive health (SRH) services, PLHIV support groups and community case care workers. These facilitate the delivery of health services at community level. The ART programme has adopted the differentiated care models of using the community cadres in monitoring treatment adherence through CARGS and CATS.

Target 8: Ensure that HIV investments increase to US$26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.

The HIV response is heavily donor funded. According to NASA 2014/15 report, 78% of the expenditure was from donor funds although the AIDS Levy remains a homegrown innovative domestic financing mechanism. The following table shows expenditure by year.

Table 8: HIV Expenditure

Indicator	Achievement						
	2011	2012	2013	2014	2015	2016	2017
Total HIV Expenditure	257.7m	308.8m	259m	341m	396m	No data	No data

The expenditure on HIV by year is generally increasing, while the local contribution is dwindling. The sustainability of the funding is still questionable. There is still a huge anticipated gap in ARV funding.

Target 9: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

The country has hired a consultant to do the Legal and Regulatory Environment Assessment (LEA) with the overall objectives of assessing the legal, regulatory and policy environment in relation to HIV and AIDS in Zimbabwe. Specifically, the LEA aimed at assessing the extent to which the current legal, regulatory and policy environment protects and promotes the rights of all people, including people living with HIV and other vulnerable and key populations to universal access to HIV prevention, treatment, care and support. Data collection is underway.

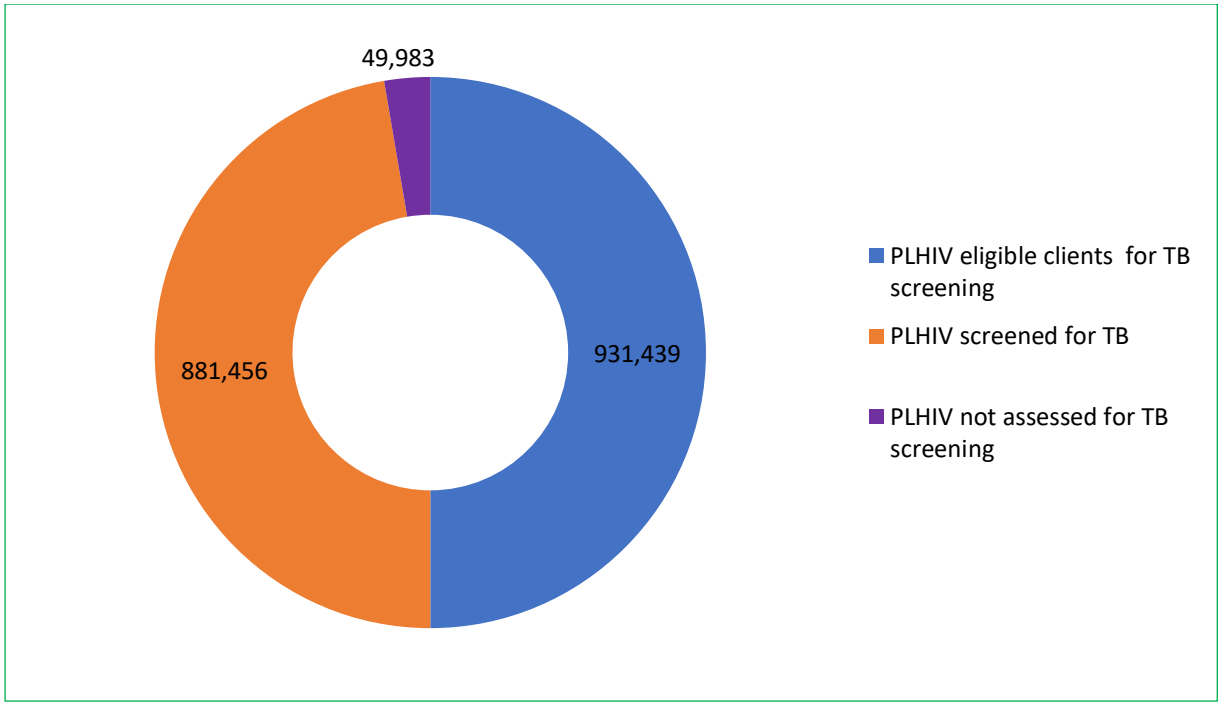
NAC with partners engaged and supported to interface with young women selling sex so as to help them understand the underlying factors of FSW.

Target 10: Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.

Zimbabwe remains among the World Health Organization's (WHO) list of 14 countries that are considered high-burden for TB, MDR-TB as well as TB/HIV co-infection.

Fifty-two percent (52%) of facilities are now offering Isoniazid Preventive Therapy (IPT) in Zimbabwe. Ninety- eight percent of the HIV patients were screened for TB in 2017 as shown below.

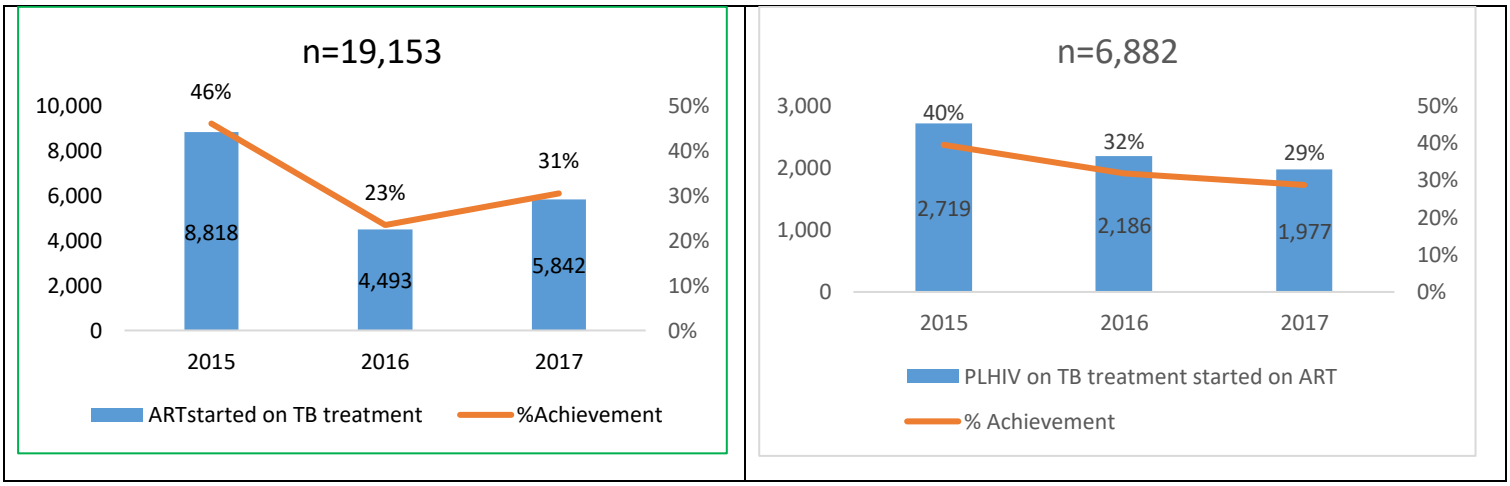
Figure 15: Proportion of PLHIV screened for TB



The country conducted community TB screening with support from TB partners and there is need to sustain the efforts.

The following figure shows the trend of PLHIV clients on ART started on TB treatment and vice versa.

Figure 16: PLHIV clients on ART started on TB treatment and vice versa



There is need to strengthen collaboration of HIV and TB

Cervical cancer strategy has been developed but it is integrated in some of the health facilities. There are guidelines for screening HIV positive women but there is no active screening of people living with HIV for cervical cancer.

A trial on immunization of young girls against HPV virus was conducted in Zimbawe and the country is going to roll out the programme. The newly born babies are immunized for hepatitis B and C while health workers are also immunized for hepatitis C. There is still limited integration of the HIV and hepatitis C treatment.

Coordination of the National Response

National AIDS Council led the coordination of the national response in Zimbabwe. All the six sectors conducted their coordination meetings with support from NAC, several coordination meetings we held at all levels. Sectoral coordination was strengthened for all the 6 sectors through their bodies.

Monitoring and Evaluation

The MOHCC has piloted the Electronic Health Record (EHR) system. Efforts are in place to roll out the electronic health systems in order to ensure that the Electronic Health Record (EHR) is the backbone of electronic health systems and all other disease specific systems.

The country conducted ANC survey and the results will be out in 2018. An evaluation of integration of HIV and SRH services was done with support from World Bank and an evaluation of Combination HIV Strategy was completed.

The country continued to use the centralized reporting source of all Health Indicators as the DHIS 2.

Major Challenges

The following challenges were experienced in 2017:

- Limited information on key populations like MSM
- Limited integration of HIV, Cervical Cancer and Hepatitis B and C testing and treatment
- Slow scale up of Isoniazid Preventive Treatment services
- Diminishing of international funding for HIV and AIDS and yet the response rely on external funding