



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	12.9	United Nations
Population in urban areas (%)	2003	34.7	United Nations
Life expectancy at birth (years)	2002	37.9	WHO
Gross domestic product per capita (US\$)	2001	719	IMF
Government budget spent on health care (%)	2001	8	WHO
Per capita expenditure on health (US\$)	2001	45	WHO
Human Development Index	2001	0.496	UNDP

3. Situation analysis

- **Epidemic level and trend and gender data.** Zimbabwe is experiencing a generalized HIV epidemic. Each day an estimated 564 adults and children become infected with HIV. The prevalence of HIV in the adult population (15–49 years) is currently estimated to be about 24.6%. The total number of adults and children living with HIV/AIDS is about 1.8 million. About 50% of the people living with HIV/AIDS are infected during adolescence and young adulthood. The number of children who have been made orphans by HIV/AIDS is currently estimated to be 761 000, and this figure is projected to reach 1 million by 2005.
- **Major vulnerable and affected groups.** Women are disproportionately affected by HIV/AIDS, constituting 51% of the population and 53% of people living with HIV/AIDS in 2003. The estimated number of women living with HIV/AIDS has been higher than that for men since 1989, and the numbers of new infections among women have exceeded those among men since 1989. The prevalence of HIV infection also varies with place of residence. The most affected areas (with average HIV prevalence of about 34.9%) are large-scale commercial farms, administrative centres, high-growth areas outside cities and towns, state lands and mines. Urban areas have an average HIV prevalence of 28.1% versus about 20.9% in rural areas. Other groups severely affected by HIV/AIDS include women who engage in sex work, uniformed personnel and orphaned children.
- **Policy on HIV testing and treatment.** HIV testing is provided within the context of voluntary testing and counselling, diagnostic testing (preventing mother-to-child transmission, opportunistic infections and antiretroviral therapy) and blood safety.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	21.7–27.8%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	1 500 000–2 000 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	74 782	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	6 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	290 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	75.3%	WHO

Rapid tests are most frequently used, and other tests are used for quality assurance. There is no mandatory HIV testing. The country has a comprehensive response to HIV, especially for care and treatment, which includes treatment for opportunistic infections; community and home-based care and support; and antiretroviral treatment. In 2002, the government declared HIV/AIDS and the lack of antiretroviral therapy to be an emergency. The government intends to provide access to treatment to all people in need. However, because of resource constraints, a phased approach has to be adopted for scaling up antiretroviral therapy.

- **Antiretroviral therapy: first-line drug regimen, cost per person per year.** Zimbabwe follows WHO-recommended treatment guidelines for antiretroviral therapy. The first-line regimen is stavudine + lamivudine + nevirapine. The average cost is about US\$ 222 per person per year. There are currently two local manufacturers of generic antiretroviral drugs. All first-line and alternative generic drugs for antiretroviral therapy have been registered with the Medicines Control Authority of Zimbabwe.
- **Assessment of overall health sector response and capacity.** Zimbabwe has an organized health system with reasonable infrastructure. A strong network of health facilities in both urban and rural areas serves as a ready platform for expansion. Tuberculosis clinics are already operating at all hospitals in the country. Special opportunistic infection services are being set up at major health facilities. Services for the prevention of mother-to-child transmission are delivered at 174 sites throughout the country. Laboratory support is available, with two laboratories (Harare and Mpilo) capable of performing CD4 counts. Most hospitals can already



carry out rapid HIV tests as well as full blood counts and chemistry. However, additional laboratory support (especially with regard to equipment and reagents) is still required. The National Microbiology Reference Laboratory at Harare Hospital is now equipped to perform viral load tests and plays a vital role in ensuring the quality control of supplies and reagents related to HIV/AIDS.

- *Critical issues and major challenges.* The impact of HIV/AIDS, the prevailing harsh economic conditions and reduced donor support have all combined to severely strain the delivery of health services. The shortage of human resources is one of the major constraints, as trained health personnel continue to emigrate to other countries, and a growing number of other health workers succumb to HIV/AIDS. Shortage of drugs and supplies is another major constraint that is essentially due to high and rising costs and inadequate availability of foreign currency.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 145 000 people by the end of 2005 is between US\$ 319.5 million and US\$ 380.5 million.
- The government has committed an estimated US\$ 4 million for the purchase of antiretroviral drugs.
- Of the US\$ 10.3 million (for 2 years) approved in Round 1 by the Global Fund to Fight AIDS, Tuberculosis and Malaria, about US\$ 1.9 million is expected to support treatment scale-up for 2004–2005.
- WHO estimates that the total funding gap for Zimbabwe to reach 145 000 people by the end of 2005 is between US\$ 308 million and US\$ 369 million.

5. Antiretroviral therapy coverage

- Zimbabwe's total treatment need for 2005 is estimated to be 290 000 people, and the WHO "3 by 5" treatment target is 145 000 (based on 50% of need).
- The government's declared national treatment target is 55 000 people by the end of 2005.
- As of June 2004, an estimated 6000 people have access to treatment, of which most are catered for by private practitioners and largely via their own means.
- Of this number, an estimated 760 people are catered for by operations research projects such as Development of Antiretroviral Therapy in Africa and the Zimbabwe AIDS Prevention Programme. Both are concentrated in urban areas. A rural faith-based organization also provides some treatment in Mutoko.

6. Implementation partners involved in scaling up antiretroviral therapy

- **Leadership and management.** There is strong political commitment to address HIV/AIDS and expand antiretroviral therapy provision in Zimbabwe. A special tax for HIV/AIDS (the National HIV/AIDS Levy) has been in existence since 1999. From funds generated by this tax, the government has been able to buy antiretroviral drugs worth about US\$ 3 million. The National AIDS Council was created by Parliament and charged with the responsibility for overall multisectoral coordination of the response to HIV/AIDS in Zimbabwe. The National AIDS Council is also responsible for allocating resources for HIV/AIDS. It manages funds from the National HIV/AIDS Levy and is the principal recipient of the grant for HIV/AIDS of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The AIDS and Tuberculosis Unit of the Ministry of Health and Child Welfare is the lead agency in scaling up antiretroviral therapy. It develops policies, plans, strategies and guidelines for providing antiretroviral therapy as well as coordinating with other implementing partners.
- **Antiretroviral therapy service delivery.** Over 70 hospitals of different sizes operated by the government, nongovernmental organizations and the private sector have been identified for delivery of antiretroviral therapy. The Zimbabwe office of the United States Centers for Disease Control and Prevention provides technical support for a range of areas including reinforcing laboratory capacity, management capacity, surveillance and research. WHO provides normative guidance in developing treatment guidelines and other tools for delivering antiretroviral therapy. UNICEF is currently supporting the procurement of antiretroviral drugs, and the National Pharmaceutical Company is responsible for drug storage and distribution. The Medicines Control Authority of Zimbabwe is the drug regulatory authority.
- **Community mobilization.** Several nongovernmental organizations are involved in community-related work. The nongovernmental organizations operate under the umbrella organizations Zimbabwe AIDS Network and the Zimbabwe National Network of People Living with HIV/AIDS. Other institutions involved in community mobilization include the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS).

- **Strategic information.** The Ministry of Health and Child Welfare is responsible for overall monitoring and evaluation of the programme and for operations research. Other agencies involved in generating strategic information include WHO, the United States Centers for Disease Control and Prevention and the University of Zimbabwe.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a scoping mission to Zimbabwe in February 2004 in collaboration with UNAIDS and the Ministry of Health and Child Welfare to assess the current status of antiretroviral therapy implementation and the opportunities for scaling up access to treatment and to identify areas for WHO support
- Supporting the AIDS and Tuberculosis Unit of the Ministry of Health and Child Welfare and other partners in developing a comprehensive national plan for scaling up antiretroviral therapy
- Supporting the Country Coordinating Mechanism in accelerating disbursement and implementation of the Round 1 funding from the Global Fund for AIDS, Tuberculosis and Malaria
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting the improvement of access to information on HIV prevention, sexual and reproductive health and infant feeding in the context of preventing mother-to-child transmission; making HIV counselling and voluntary testing available for couples, pregnant women and women contemplating pregnancy; and providing access to antiretroviral drug prophylaxis for the mother-to-child transmission of HIV and access to follow-up programmes for infants exposed to HIV transmission.

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Providing technical assistance in setting up systems for patient tracking and monitoring and evaluating programmes
- Assisting the government in reviewing policies and normative documents and standards on HIV/AIDS treatment and care for different levels of the health care system (primary, secondary and tertiary)
- Providing technical support in developing systems for monitoring drug resistance

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- Additional staffing needs identified include two National Programme Officers, one Administrative Assistant, one Finance Officer, one Logistics Officer and one Secretary.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Zimbabwe and the WHO Regional Office for Africa.

